



# Integrated Impact Assessment

Updated 5 January 2026

## Option 1: Ormskirk Co-location

Description: Relocate adult A&E from Southport to Ormskirk with 24-hour A&E for both adults and paediatrics

Theme	Positive Impact	Negative Impact	Comments
Clinical outcomes and effectiveness	<p>Consolidation of support services (such as anaesthetics) and reduction in duplication may result in better use/flexibility of the workforce resource (e.g. driving between sites), supporting improvements in waiting times and increasing stability, and better accessibility for patients during out of hours.</p> <p>The opportunity to optimise functionality of the walk-in-centre (Skelmersdale) and the urgent treatment centre at (Ormskirk), can provide greater access to urgent care services for the local population. Also the opportunity to maximise efficiencies in the clinical model to improve clinical outcomes and effectiveness due to stabilised clinical model</p>	<p>It is possible that some adult patients could attend the wrong hospital for urgent or emergency care as they were unaware of the service change. This could result in worse health outcomes.</p> <p>Implementation could be hindered by the needs of clinically interdependent services (such as critical care) which are currently only located at Southport - see clinical co-dependencies for more information.</p> <p>The need to co-locate 7 other services will delay the completion of the programme.</p>	

Theme	Positive Impact	Negative Impact	Comments
	<p>Opportunity to redesign UEC services to meet the needs of patients today and in the future through service reconfiguration</p> <p>Levels of demand for urgent and emergency care can be highly unpredictable. When emergency care services come under strain, the impact can be felt across the wider health and care system. Busy emergency departments often lead to more people needing hospital admission. That means fewer beds will be available for people already waiting to come into hospital for operations. The knock-on effect can be more cancellations and growing waiting lists. Making improvements to how we run A&amp;E isn't a guarantee of reduced waiting lists, but it can certainly help by reducing the pressure</p> <p>Delivers the clinical model and provides a 24/7 ED for all ages.</p>	<p>Modelling demonstrates that for the majority of ED service users, there will be increased travel times with an impact on ambulance transfers which could impact their ability to respond to emergencies.</p>	
Clinical Co-dependencies	<p>Co-located service would support delivery in the Ormskirk UTC</p> <p>Opportunity to redesign the clinically co-dependent services to meet the needs of the future.</p> <p>Consolidation of support services (such as anaesthetics) and reduction in duplication may result in better use/flexibility of the workforce resource (e.g. driving between sites), supporting improvements in waiting times and increasing stability, and better accessibility for patients during out of hours.</p>	<p>Clinical Senate guidance and best practice recommends that certain services must be co-located with an ED. At Ormskirk the following services would also need to be relocated, for which available space (estates) and funding would be needed. There would also be significant disruption to services due to the need to co-locate and time to deliver would be significantly longer:</p> <ul style="list-style-type: none"> <li>- Acute &amp; general medicine</li> <li>- Elderly medicine</li> <li>- Respiratory medicine</li> <li>- Medical gastroenterology</li> <li>- General surgery</li> </ul>	

Theme	Positive Impact	Negative Impact	Comments
		<ul style="list-style-type: none"> <li>- Critical care</li> <li>- Urgent diagnostic haematology &amp; biochemistry</li> <li>- Liaison psychiatry</li> </ul> <p>In order to accommodate the above co-location of co-dependent services, there is the potential that services will need to double-run during the implementation phase which would come at an additional cost.</p> <p>NWAS transfers for Stroke, major trauma and STEMI pathways are currently not in place at Ormskirk and would need to be reviewed and implemented, which could cause disruption to service delivery.</p> <p>Risk to the accreditation of trauma unit due to the relocation of the trauma unit currently at Southport.</p> <p>Current staffing arrangements for other clinical co-dependent services (as identified within the clinical model, e.g. pharmacy and social care) may need to change which may impact service delivery.</p>	
Patient experience and patient choice	<p>A 24h paediatric ED will be available which will mean patients will have care closer to home instead of travelling to Alder Hey during the overnight closure.</p> <p>Through better joined up working across the UEC pathway supporting patient decision-making to utilise the most appropriate resource, and a fit for the future newly designed ED could improve patient ED waiting times.</p>	<p>A proportion of the population will need to travel further who currently access Southport adults ED.</p> <p>There could be an increased cost and travel time for those patients travelling by public transport.</p> <p>Poor connectivity by all modes from the Sefton Coast (Crosby, Formby, Ainsdale etc.) east towards Ormskirk. Need to consider investment in better public or shuttle bus services or in the highway</p>	

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	<p>Opportunity to identify or support transformational investment schemes such as new roads or rail stations (e.g. Skelmersdale Station) to improve site access to improve patient experience.</p>	<p>network itself to support access to care services for this population.</p> <p>Key car parks at both Ormskirk and Southport are operating over capacity on weekdays. Need to better spread parking demand across the estate or better encourage travel from staff and patients by non-car modes and/or look at options for a new multi storey car park(s).</p>	
Health and care equity and inequalities	<p>Reduced carbon footprint with potentially less travel to Alder Hey for overnight paediatric A&amp;E attendances and for patients who would have travelled to Southport adults ED from West Lancashire</p> <p>Opportunity to identify or support transformational investment schemes such as new roads or rail stations (e.g. Skelmersdale Station) to improve site access to support reduction in inequalities.</p> <p>The populations within the deprived communities in the West Lancashire patch, such as Skelmersdale, with low car ownership should benefit from a co-located ED at Ormskirk</p>	<p>Increased carbon footprint for patients travelling from Southport and Formby to Ormskirk, who would have travelled to Southport.</p> <p>A proportion of the population will need to travel further which may exacerbate the health inequalities for the more deprived communities.</p> <p>There is no UTC offer at Southport and out of scope to commission new services.</p> <p>There is an ageing population within the Southport and Formby area (with long term conditions and other co-morbidities), which means an increased demand for urgent and emergency care services. A big proportion of the user of adult UEC services will be impacted by the additional travel to Ormskirk. In addition, elderly patients are less likely to drive and require transport which may exacerbate their health inequalities.</p>	
Workforce	<p>The opportunity to manage both adult's and children's acute care could improve A&amp;E workforce skills for both medical and nursing staff.</p>	<p>Closer to neighbouring Trusts and increased competition for staff recruitment.</p>	

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	<p>Improved supervision and training for resident doctors may improve recruitment and retention and organisational reputation, as well as potentially increase the number of trainees.</p> <p>There could be an increased catchment area for recruitment therefore improving the vacancy rates.</p> <p>Efficiencies regarding rota management and on the current significant temporary spend.</p> <p>Potential upskilling of UTC staff for children's minor injuries.</p> <p>Due to higher education institutions which have both schools of medicine and nursing in Ormskirk and Liverpool (e.g. Edge Hill University, University of Liverpool), this may make MWL a more attractive place to work which could improve staff vacancy rates.</p>	<p>Some staff will need to travel further who currently work at Southport adults ED, and there could be an increased cost and travel time for staff travelling by public transport.</p> <p>Poor connectivity by all modes from the Sefton Coast (Crosby, Formby, Ainsdale etc.) east towards Ormskirk. Need to consider investment in better public or shuttle bus services or in the highway network itself to support access.</p> <p>Key car parks at both Ormskirk and Southport are operating over capacity on weekdays. Need to better spread parking demand across the estate or better encourage travel from staff and patients by non-car modes and/or look at options for a new multi storey car park(s).</p>	
North West Spinal Cord Injuries Centre (NWSCIC)	None	<p>There is a risk of losing the NWSCIC service because the service is commissioned directly by NHS England (NHSE) who have confirmed there is currently no intention to change the location of the service. Additionally, the national service specification for spinal cord injury makes reference to a number of co-located services which should be on the same site. Whilst this isn't possible for some of the services noted and that where such instances occur, Service Level Agreements are in place with partner organisations by way of</p>	

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		mitigation, and NHSE would not support a solution that worsened this position, which co-location at Ormskirk could do.	
LSC ICB Integrated Urgent Care (IUC) Service redesign	There is currently an IUC clinical model redesign which looks at redesigning UEC services across Lancashire and South Cumbria. The UTC at Ormskirk and the WIC at Skelmersdale are included as part of this redesign, which aims to improve patient outcomes.	Whilst the IUC redesign looks at standardising the IUC offer and accounts for local nuances, there is a risk that the co-location of EDs at both Southport and Ormskirk may not aligned to wider system work.	We are currently working with LSC ICB urgent care team to ensure there is alignment between programmes.
Impact to other providers	Alder Hey Children's Hospital: Potential reduction in activity overnight due to the 24/7 paediatric ED offer. Reduction in daytime activity through improved resources and workforce due to co-location e.g. operating on certain traumatic injuries locally instead of transfer to alternative hospital	Unknown and unintended impact to other providers, including North West Ambulance Service, Alder Hey Children's Hospital, Aintree Hospital, Royal Albert Edward Hospital, primary care (GPs), walk in centres/urgent treatment centres, community healthcare providers and social care.	

## Option 2: Southport Co-location

Description: Paediatric A&E relocated to Southport. Southport to provide 24-hour adults and paediatric A&E.

Theme	Positive Impact	Negative Impact	Comments
<p>Clinical outcomes and effectiveness</p>	<p>Consolidation of support services (such as anaesthetics) and reduction in duplication may result in better use/flexibility of the workforce resource (e.g. driving between sites), supporting improvements in waiting times and increasing stability, and better accessibility for patients during out of hours.</p> <p>The opportunity to optimise functionality of the walk-in-centre (Skelmersdale) and the urgent treatment centre at (Ormskirk), can provide greater access to urgent care services for the local population. Also, the opportunity to maximise efficiencies in the clinical model to improve clinical outcomes and effectiveness due to stabilised clinical model</p> <p>Opportunity to redesign UEC services to meet the needs of patients today, particularly for those in more deprived areas who should be able to access greater urgent care services locally, and in the future through service reconfiguration</p> <p>Levels of demand for urgent and emergency care can be highly unpredictable. When emergency care services come under strain, the impact can be felt across the wider health and care system. Busy emergency departments often lead to more people</p>	<p>Unlike Ormskirk and Skelmersdale, there is no Urgent Treatment Centre (UTC) or Walk-in Centre (WIC) at Southport.</p> <p>It is possible that some patients could attend the wrong hospital for urgent or emergency care as they were unaware of the service change. This could result in worse health outcomes.</p> <p>Implementation could be hindered by the needs of clinically interdependent services (such as acute paediatrics) which are currently only located at Ormskirk - see clinical co-dependencies for more information.</p> <p>Some of the most deprived populations will have to travel further for emergency care. Modelling demonstrates that these populations are less likely to require admission and could be managed by alternative resources.</p>	

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	<p>needing hospital admission. That means fewer beds will be available for people already waiting to come into hospital for operations. The knock-on effect can be more cancellations and growing waiting lists. Making improvements to how we run A&amp;E isn't a guarantee of reduced waiting lists, but it can certainly help by reducing the pressure</p> <p>Delivers the clinical model and provides a 24/7 ED for all ages.</p> <p>The majority of patients requiring acute admission reside closer to Southport and therefore there would be no change to travel distance to access emergency care.</p>		
Clinical Co-dependencies	<p>There are less clinical co-dependent services which would need to move from Ormskirk to Southport (as per Clinical Senate guidance).</p> <p>Opportunity to redesign the clinically co-dependent services to meet the needs of the future.</p> <p>Consolidation of support services (such as anaesthetics) and reduction in duplication may result in better use/flexibility of the workforce resource (e.g. driving between sites), supporting improvements in waiting times and increasing stability, and better accessibility for patients during out of hours.</p>	<p>Clinical Senate guidance and best practice recommends that certain services must be co-located with an ED. At Southport the following services would also need to be relocated, for which available space (estates) and funding would be needed:</p> <ul style="list-style-type: none"> <li>- Acute paediatrics</li> </ul> <p>Maternity and neonatal services are interdependent services but currently out of scope of the SCT programme and remain the subject of interconnected but separate and ongoing regional and national reviews and service change programmes.</p>	<p>We are currently working with the Cheshire &amp; Merseyside maternity services review programme and the NHS England North West neonates region-wide review programme to ensure there is alignment between programmes.</p>

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Patient experience and patient choice	<p>A 24h paediatric ED will be available which will mean patients will have care closer to home instead of travelling to Alder Hey during the overnight closure.</p> <p>Through better joined up working across the UEC pathway and a fit for the future newly designed ED could improve patient ED waiting times.</p> <p>Opportunity to identify or support transformational investment schemes such as new roads or rail stations to improve site access to improve patient experience.</p>	<p>A proportion of the population will need to travel further who currently access Ormskirk paediatric ED.</p> <p>There could be an increased cost and travel time for patients travelling by public transport.</p> <p>Poor connectivity by all modes from the Sefton Coast (Crosby, Formby, Ainsdale etc.) east towards Ormskirk. Need to consider investment in better public or shuttle bus services or in the highway network itself to support access to care services for this population.</p> <p>Key car parks at both Ormskirk and Southport are operating over capacity on weekdays. Need to better spread parking demand across the estate or better encourage travel from staff and patients by non-car modes and/or look at options for a new multi storey car park(s).</p>	
Health and care equity and inequalities	<p>Reduced carbon footprint with potentially less travel to Alder Hey for overnight paediatric A&amp;E attendances and for patients who would have travelled to Ormskirk paediatric ED from the Southport and Formby area.</p> <p>Opportunity to identify or support transformational investment schemes such as new roads or rail stations (e.g. Skelmersdale Station) to improve site access to support reduction in inequalities.</p> <p>There is an ageing population within the Southport</p>	<p>Increased carbon footprint for patients travelling from West Lancashire to Southport, who would have travelled to Ormskirk.</p> <p>A proportion of the population will need to travel further which may exacerbate the health inequalities for the more deprived communities.</p> <p>There is no UTC offer at Southport and out of scope to commission new services.</p> <p>The populations within the deprived communities in</p>	

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	<p>and Formby area (with long term conditions and other co-morbidities), which means an increased demand for urgent and emergency care services. A big proportion of the user of adult UEC services will benefit.</p>	<p>the West Lancashire patch, such as Skelmersdale, with low car ownership could be disadvantaged from a co-located ED at Southport.</p>	
Workforce	<p>The opportunity to manage both adult's and children's acute care could improve A&amp;E workforce skills for both medical and nursing staff.</p> <p>Improved supervision and training for resident doctors may improve recruitment and retention and organisational reputation, as well as potentially increase the number of trainees.</p> <p>There could be an increased catchment area for recruitment therefore improving the vacancy rates.</p> <p>Efficiencies regarding rota management and on the current significant temporary spend.</p> <p>Potential upskilling of UTC and WIC staff for children's minor injuries.</p> <p>Due to higher education institutions which have both schools of medicine and nursing in Ormskirk and Liverpool (e.g. Edge Hill University. University of Liverpool), this may make MWL a more attractive place to work which could improve staff vacancy rates.</p>	<p>Interdependencies between acute paediatrics and neonates would result in an additional workforce requirement if these services are not co-located with the existing service at Ormskirk. Closer to neighbouring Trusts and increased competition for staff recruitment. Due to its coastal location, this may be a less attractive placement for recruiting new staff due to the reduced catchment. Some staff will need to travel further who currently work at Ormskirk paediatric ED, and there could be an increased cost and travel time for staff travelling by public transport. Poor connectivity by all modes from the Sefton Coast (Crosby, Formby, Ainsdale etc.) east towards Ormskirk. Need to consider investment in better public or shuttle bus services or in the highway network itself to support access.</p> <p>Key car parks at both Ormskirk and Southport are operating over capacity on weekdays. Need to better spread parking demand across the estate or better encourage travel from staff and patients by non-car modes and/or look at options for a new multi storey car park(s).</p>	
North West Spinal Cord	<p>As there is no proposed changes to current service provision for NWSCIC, the services would be retained.</p>	None.	

Theme	Positive Impact	Negative Impact	Comments
Injuries Centre (NWSCIC)			
LSC ICB Integrated Urgent Care (IUC) Service redesign	There is currently an IUC clinical model redesign which looks at redesigning UEC services across Lancashire and South Cumbria. The UTC at Ormskirk and the WIC at Skelmersdale are included as part of this redesign, which aims to improve patient outcomes.	Whilst the IUC redesign looks at standardising the IUC offer and accounts for local nuances, there is a risk that the co-location of EDs at both Southport and Ormskirk may not aligned to wider system work.	We are currently working with LSC ICB urgent care team to ensure there is alignment between programmes.
Impact to other providers	<p>Alder Hey Children's Hospital: Potential reduction in activity overnight due to the 24/7 paediatric ED offer.</p> <p>Reduction in daytime activity through improved resources and workforce due to co-location e.g. operating on traumatic injuries locally instead of transfer to alternative hospital</p>	<p>Alder Hey Children's Hospital: Due to the geographical location of Southport, there is an increased likelihood that Ormskirk-area residents will chose to attend Alder Hey A&amp;E than Southport A&amp;E for paediatrics.</p> <p>Unknown and unintended impact to other providers, including North West Ambulance Service, Alder Hey Children's Hospital, Aintree Hospital, Royal Albert Edward Hospital, primary care (GPs), walk in centres/urgent treatment centres, community healthcare providers and social care.</p>	