



Shaping Care Together

Consultation Report

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**Consultation for NHS Cheshire & Merseyside,
NHS Lancashire and South Cumbria ICB, and
Mersey and West Lancashire Teaching Hospitals NHS Trust**

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The Centre for Health Communication Research (CHCR) was established in 2011. It undertakes independent research, teaching and consultancy in the broad field of health services. CHCR focuses on the communication, engagement and consultation issues and opportunities faced by organisations in the health sector. CHCR partners with Buckinghamshire New University to teach a postgraduate course in health communication, engagement and consultation.

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1 Executive summary

1.1 Background to the consultation

Shaping Care Together is an NHS programme looking at making changes to how urgent and emergency care services are offered across Southport, Formby and West Lancashire.

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

The local NHS is dedicated to providing excellent quality care to everyone at all times. However, like many NHS organisations across the country, they face a number of major challenges including staffing issues and financial challenges. Shaping Care Together was set up to address these challenges and design services that reflect the needs of the people and communities who rely on them.

Building on the development of a case for change, a pre-consultation engagement exercise and then an options appraisal process to help the programme make recommendations on which option, or options, should be included in the public consultation was undertaken.

The consultation to get people's views on the proposals was launched on 4 July and ran until 3 October 2025. This report is an independent analysis of the responses received to the consultation during this period.

1.2 The proposals

The options appraisal process began with a wide public engagement exercise, known as 'the big conversation', which took place in summer 2024. Approximately 3,500 people responded to a public survey and through other means, and their feedback provided insight into current experiences of urgent and emergency care and expectations for future services. A majority supported the programme's vision and goals, and there was a clear view that children's and adult A&E services should be located on the same hospital site. These findings helped shape the development of potential options for change which were then subject to an options appraisal process.

The detail of this process is described in the pre-consultation business case (PCBC) which was available throughout the consultation, along with other key documents.

The consultation document launched on 4 July 2025 outlined two options for the future of provision of A&E services in Southport, Formby and West Lancashire.

The options put forward are:

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 programme's **preferred option is the Southport option.**

1.3 The nature of public consultation

Public consultation promotes accountability and assists decision making. Public bodies give an account of their plans or proposals and listen to feedback. Consultation has therefore been described as a dialogue, based on a genuine and purposeful exchange of views.

It should be noted, however, that consultations are not referenda or 'votes' in which the loudest voices or the greatest numbers automatically determine the outcome. The feedback received often reflects widely varied and sometimes polarised views, and it is important to report these concerns and contrary views robustly, in order for decision-makers to be able to conscientiously take into account the issues raised.

1.4 Independent commission

Shaping Care Together approached Urszula Wolski, a senior research associate at the Centre for Health Communication Research to independently analyse and report on the consultation feedback.

The ICBs also commissioned a specialist marketing and communications agency, Freshwater, to support promotion of the consultation, and undertake some of the engagement events and in-depth targeted engagement activities outlined below.

All types of consultation responses are important, and this executive summary and the full consultation feedback report present an independent analysis so that all of them may be taken into account.

This executive summary and the full report also identify where strength of feeling may be particularly intense, either in relation to specific themes or possible outcomes, or coming from specific groups of respondents. This report is not however to 'make a case' for the proposals, or to make any recommendations as to how decision makers should use the reported feedback. It is for the appropriate bodies to take decisions based on all of the evidence available, of which consultation feedback is one part.

1.5 The consultation process

The Shaping Care Together public consultation offered patients, staff, stakeholders and members of the public a number of ways to share their views including:

- **Online survey** – this could be accessed through the Shaping Care Together website. The survey contained closed questions to gauge levels of support for the proposals and open-ended questions to give respondents the opportunity to express their opinions in their words.
- **Paper survey** – this mirrored the questions asked in the online response form. An Easy Read version was also available.
- **Written feedback** – letters, e-mails and long form submissions were sent to the Shaping Care Together email and freepost address. Petitions were also submitted by email or post.
- **Meetings** – a number of public meetings, collaborative events and focus groups were held during the consultation period and reports of these were submitted as part of the consultation.
- **Representative telephone and online survey** – a telephone and online survey of local residents, broadly representative by geography and demographics was conducted across Southport, Formby and West Lancashire.
- **Social media** – comments were received through partner organisations' Facebook and X channels.

A total of more than **5,000 people responded to the survey** during the consultation period. This included:

- **5,009 online and hard copy survey** responses received.
- **14 public events** saw over **800 people** reached:
 - 2 online public meetings with **over 55 attendees**
 - 6 in-person public meetings with **over 420 attendees**
 - **9 roadshow** 'drop-ins'
- **507 people** contacted via independent polling exercise: a representative sample of the population across the areas
- **7 public focus groups** with 52 attendees
- **3 staff focus groups**
- **800+ people engaged** with across 53 different community venues in West Lancs
- **382 pieces** of feedback to the Get Involved inbox
- **6 presentations and discussions** at collaborative forums
- **170 voicemails messages** about SCT received
- **2 All-Staff NHS Trust Brief Live** sessions with 100+ people

The full consultation feedback report brings together the feedback received through each of these different elements and provides a comprehensive evidence base to help inform the decision-making process for the ICBs. This executive summary concisely reviews the full range of feedback received and brings together those common themes that have emerged.

1.6 Executive summary and consultation feedback report

Verbatim quotes are used in the full report in order to clearly capture recurrent points of view. This report seeks only to portray them accurately and clearly.

Whereas this executive summary brings together the overall perspectives fairly quickly, the full report covers public, professional and stakeholder opinions and feelings in considerable detail to achieve a more comprehensive understanding.

By contrast, the full report considers the feedback from each element of the consultation in turn, which can at times be repetitive given that similar issues emerged across the different strands - but it is important that the full report provides an accurate reflection of all the feedback received. We trust that both the executive summary and full report will be helpful to all concerned.

1.7 Headline findings – quantitative feedback

Across nearly all questions, the Ormskirk option is viewed more positively by the overall respondent population.

However, geography appears as the single strongest determinant of preference:

- Those living near Southport and Formby overwhelmingly prefer the Southport option.
- Those living in West Lancashire overwhelmingly prefer the Ormskirk option.

It is important to note that the number of respondents to the online and paper copy of the survey was not wholly proportionate to the size of the local population.

Responses from Southport residents were underrepresented, while Skelmersdale and Ormskirk were overrepresented. This may be attributed to the consultation proposals put forward affecting certain areas and therefore influencing locally organised campaigns.

An independent polling exercise surveyed 507 people across the areas found that:

- Moving children's A&E from Ormskirk to Southport - support stands at 40% and opposition stands at 38%. 5% are unsure.
- Moving adult A&E from Southport to Ormskirk - support stands at 35% and opposition at 45%. The 10 point gap shows that the people questioned are less comfortable with moving adult A&E from Southport than with moving children's A&E to Southport.

1.8 Headline findings – qualitative comments

A consistent picture emerges from different strands of the consultation. There is mixed support for the proposals outlined in the consultation document including the preferred option for the purpose of the consultation. Potential changes to services understandably cause apprehension among those who may be affected. There has been clear and vocal opposition where this is potentially the case.

All the different strands of the consultation highlight clear concerns about the proposals including:

Travel, access and transport

- Views appear to be shaped by where people live. Southport and Formby respondents generally see Southport as the more accessible site; Ormskirk, Skelmersdale and rural respondents generally see Ormskirk as better placed geographically.
- Residents in Skelmersdale and rural West Lancashire emphasise the combined impact of journey length, indirect routes, low car ownership and absence of a rail station. Bus services are reported as infrequent, not running, late and not always stopping at hospital entrances.
- Respondents repeatedly link transport to deprivation, age and disability, stating that those on low incomes, older people and those without access to a car are most affected by longer and more complex journeys.
- Suggested mitigations include shuttle buses between sites, improved evening and weekend bus services, clearer information on ambulance travel times, and closer work with transport providers if services are consolidated.

Parking and on-site access

- Parking is a consistent practical concern but not the primary reason for or against either option.
- Respondents report that parking is already insufficient at both sites, with car parks routinely full, queues for spaces and congestion on surrounding roads.
- Southport attracts more criticism: people describe having to park in nearby retail car parks or side streets and then walk to the hospital, raising particular concerns for those escorting older people, small children or people with mobility problems.
- At Ormskirk, concerns focus on the total number of spaces and the effect of any expansion on narrow approach roads and local residential areas.
- Some respondents query the car park cost assumptions in the business case and question whether estimates (for example, for multi-storey parking) are reasonable.
- Across responses there is a clear expectation that any preferred option must be accompanied by a funded, deliverable parking plan, including disabled spaces close to entrances and safe drop-off points near A&E.

Buildings, waiting environments and services designed around needs

- Many comments state that existing A&E environments, particularly at Southport, are too small and congested, with reports of patients sitting or waiting in corridors and a

lack of personal space. Ormskirk is generally perceived as calmer but still in need of additional capacity.

- Respondents consistently ask for:
 - Larger, better designed waiting areas with sufficient seating, improved ventilation and natural light.
 - Clear separation of adult and children's areas, with child-friendly spaces and layouts that minimise exposure to adult alcohol, mental health or substance misuse presentations.
 - Quiet or low-stimulus areas for people with autism, learning disability or mental health needs.
 - Accessibility features such as handrails to entrances, wheelchair spaces, larger accessible toilets and clear help points.
- Better wayfinding is a recurring request, including clearer signage to A&E, site maps with colour-coded zones and clearly marked drop-off bays close to entrances.
- People expect basic amenities to match the reality of long waits: toilets close to waiting areas, refreshments available out of hours, water dispensers, charging points and, where feasible, outdoor or quieter waiting spaces.
- There are repeated calls for real-time information (for example waiting time screens) to help patients and carers understand delays and manage anxiety.
- One contributor presses for the existing, recently "re-acquired buildings at Ormskirk (old Primary Care Trust HQ and associated estate) to be structurally surveyed and costed for refurbishment", either to host a full A&E (with ICU) or to relocate other services, as a potentially more cost-effective way of strengthening Ormskirk hospital's role.

Children's services and maternity

- Children's A&E and maternity form a strong theme, especially in areas currently using Ormskirk. Ormskirk Hospital children's A&E is frequently described in very positive terms and is regarded as an important local asset.
- Many respondents in West Lancashire and rural areas express concern about the interdependence of paediatric A&E, neonatal services and maternity. They note that maternity was placed at Ormskirk partly because of its proximity to children's services, and infer that changes to children's A&E may have knock-on implications.
- Parents, particularly in Skelmersdale and surrounding settlements, say that the current journey to Ormskirk already feels challenging for acutely unwell children; a longer journey to Southport is seen as problematic.
- Formby feedback is more mixed: some residents value Ormskirk's paediatric and maternity services, but many report that road and public transport links to Ormskirk are poor and therefore support Southport if services must be co-located.
- There is a clear view that the consultation material has not set out in sufficient detail the potential consequences for maternity and neonatal services under each option. Respondents describe this as a gap that needs to be addressed in final decision-making.

Population, demand and equity

- Respondents frequently refer to differing population profiles: higher proportions of older people in Southport and Formby, and more children and younger families in

West Lancashire, particularly Skelmersdale and growth areas such as Burscough and Maghull.

- Many comments highlight significant housing development in West Lancashire and Sefton, with references to hundreds of new homes and estimates of population growth in some communities. People question whether this growth is fully reflected in demand modelling.
- Some submissions draw attention to relative population size, suggesting that when West Lancashire's residents and Edge Hill University's students are included, Ormskirk may serve a similar or greater number of people than Southport and Formby combined.
- Respondents emphasise Southport's role as a major tourist destination and argue that visitor numbers, particularly families in summer, will continue to generate substantial urgent and emergency demand.
- There is an expectation that any configuration should be explicitly tested against current and projected population patterns, including age profile, housing growth, deprivation and transient populations, and that this analysis should be transparent in the final business case.

Consultation process, preferences and trust

- A proportion of respondents, particularly in West Lancashire and Skelmersdale, question whether the process will influence the final decision and use terms such as "done deal" to describe their perception.
- People say they have not been given clear, honest information about what each option would mean for maternity, paediatrics, ward closures and the future of the Ormskirk site.

Misunderstandings and misconceptions

It should be noted that some comments made in response to the consultation survey and at the various consultation events suggested that there were sometimes some misconceptions. As the information can be complex, proposals and issues can naturally be misunderstood and wherever possible, the programme sought to counter any factual inaccuracies that arose.

The common misconceptions centred around a belief that the consultation was predetermined; confusion about maternity and neonatal services where respondents assumed they were included in the proposals or that maternity closure was planned; uncertainty about what services would remain at the site that does not host A&E; and concerns that costs were manipulated, especially due to adjustments in Southport capital estimates prior to the consultation launching.

2 Consultation overview

2.1 Introduction

Shaping Care Together is an NHS programme looking at making changes to how urgent and emergency care services are offered across Southport, Formby and West Lancashire.

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

The local NHS is dedicated to providing excellent quality care to everyone at all times. However, like many NHS organisations across the country, they face a number of major challenges including staffing issues and financial challenges. Shaping Care Together was set up to address these challenges and design services that reflect the needs of the people and communities who rely on them.

Building on the development of a case for change, a pre-consultation engagement exercise and then an options appraisal process to help the programme make recommendations on which option, or options, should be included in the public consultation was undertaken.

The consultation to get people's views on the proposals was launched on 4 July and ran until 3 October 2025. This report is an independent analysis of the responses received to the consultation during this period.

2.2 The challenges facing services

In July 2024, the programme published a case for change outlining the key challenges facing emergency care services across Southport, Formby, and West Lancashire. The key drivers for change are:

- **Workforce:** The NHS in these areas continues to face persistent challenges in recruiting and retaining staff, leading to a costly dependence on temporary staff. It is more expensive and less effective. It is acutely felt as the separation of adult and paediatric emergency departments mean that senior clinical cover for both emergency and anaesthetic care has contributed to the overnight closure of the paediatric emergency department at Ormskirk District General Hospital.
- **Infrastructure:** Ongoing investment in healthcare infrastructure is critical to avoid expensive repairs and NHS services require buildings that are up to the job and help them deliver high quality and safe services.
- **Quality:** The Trust is committed to delivering safe, sustainable services centred on excellent patient care. However, the last Care Quality Commission (CQC) report in 2019 highlighted that services at both sites 'require improvement.'

- **Financial constraints:** With no new funding available, the Trust must deliver high-quality care within existing financial limits. This means that the NHS needs to be innovative, changing its approach to reduce inefficiencies, eliminate duplication, and make the best use of the available resource.
- **Ageing population:** Projections say that the population in Southport, Formby, and West Lancashire is ageing more rapidly than the national average. By 2036, a significant rise in the number of residents aged over 65 is expected, increasing demand for emergency and long-term care services. Many individuals are also living with multiple, and increasingly complex health conditions.

2.3 Developing the options

The options appraisal process began with a wide public engagement exercise, known as ‘the big conversation’, which took place in summer 2024. Approximately 3,500 people responded to a public survey and through other means, and their feedback provided insight into current experiences of urgent and emergency care and expectations for future services. A majority supported the programme’s vision and goals, and there was a clear view that children’s and adult A&E services should be located on the same hospital site. These findings helped shape the development of potential options for change.

A long list of ideas was considered, but six options were ruled out early because they required resources that were not available or fell outside the programme’s scope. This left 10 options focused on the two existing hospital sites in Southport and Ormskirk. These were assessed by panels involving NHS experts, staff, patients and members of the public. Eight of the 10 options were removed because they either maintained existing arrangements, expanded services across two sites or required levels of staffing, funding or infrastructure that could not be delivered safely or sustainably.

The two remaining options placed children’s and adult A&E together on a single site, either at Southport Hospital or at Ormskirk Hospital. Both options were examined in detail using evidence packs covering clinical quality, workforce, estates, finance, environmental impact and transport analysis. Participants in the review process agreed that both sites could deliver safe, high quality services available to everyone at all times, but they also identified notable differences in areas such as service co-dependencies, the scale of required service relocations and the environmental implications of each option.

The assessment found that the Southport option required significantly less relocation of co-dependent services, needed much less development space, could be completed more quickly and would cost considerably less than the Ormskirk option. These differences led the assessment panel to identify Southport as the preferred option. The programme partners agreed that both options should progress to public consultation, with a preferred option for locating services in Southport, and with final decisions to be informed by feedback gathered during the consultation period.

The detail of this process is described in the pre-consultation business case (PCBC) which was available throughout the consultation, along with other key documents.

2.4 The proposals

The consultation sets out two options for bringing children's and adult A&E services together on a single hospital site. Both options aim to deliver 24-hour emergency care for all age groups and ensure that current A&E services remain operational during construction. Both proposals also include improvements to site layouts, building standards and parking capacity.

Southport Option (Preferred)

Under this proposal, both adult and children's A&E services would be located at Southport Hospital, with the children's A&E relocated from Ormskirk and extended to a full 24-hour service. The plan includes refurbished facilities for both adult and children's departments, with an expanded treatment area for adults and a children's unit similar in size to the current Ormskirk provision. It also includes a new dedicated ambulance entrance for children and the creation of up to 354 new parking spaces across the site.

Ormskirk Option

This option proposes relocating the adult A&E from Southport to Ormskirk, bringing both services together there and extending the current children's A&E to provide a 24-hour service. The adult A&E would be refurbished and expanded by around 10 per cent compared with the current Southport facility. A new ambulance entrance for adult A&E would be created, while the existing children's unit would remain in place. This option includes up to 200 new parking spaces to support increased demand.

2.5 The commission

Shaping Care Together approached Urszula Wolski, a senior research associate at the Centre for Health Communication Research to independently analyse and report the consultation feedback.

The ICBs also commissioned a specialist marketing and communications agency, Freshwater, to support promotion of the consultation, and undertake some of the public events and in-depth targeted engagement activities.

2.6 The public consultation

The 13-week public consultation period began on 4 July 2025 and ended on 3 October 2025, during which time patients, public, staff and stakeholders were invited to give feedback on the proposals and share their views.

The Shaping Care Together communications and engagement workstream designed and delivered a comprehensive communications and engagement plan to raise awareness of the consultation to ensure local residents, stakeholders and staff knew about the available opportunities to get involved.

Consultees were provided with paper documentation or signposted to the Shaping Care Together website – www.yoursayshapingcaretogether.co.uk. A range of information and resources was available online and in hard copy upon request, including the full consultation document, a separate summary version, easy read versions, the full pre-consultation business case and appendices including integrated impact assessments. Documents and resources were proactively distributed to a range of stakeholders and organisations as outlined in section 2.7.

Paper copies of documentation and the consultation survey were distributed at in-person meetings and engagement events, as well as being available on request via telephone or email. Approximately 2,150 items (including leaflets, summary documents, Easy Read version, posters, surveys) were distributed in response to requests over the consultation period.

2.7 Promotion and engagement

A comprehensive media and communications strategy was developed at the outset to ensure the consultation was promoted to as many potential consultees as possible.

Key resources and documentation were widely circulated and made accessible throughout the consultation period to make sure anyone who wanted to take part had enough information about the proposals to give an informed opinion on them.

A summary of key promotional activity is set out below.

- A website with all resources: <https://yoursayshapingcaretogether.co.uk/>
- 5,000+ summary consultation documents and leaflets distributed across community venues.
- 800+ people engaged with via community outreach at 53 different locations in West Lancashire.
- 110,000+ addresses in Southport, Formby, and West Lancashire were sent a leaflet by the programme advertising the public meetings and how to get involved.
- 273,000+ people reached via digital marketing for the consultation survey and events programme. This included targeted advertising aimed at demographics with lower response rates, such as younger males.
- Regular newsletter (five in total) sent to 3,500+ subscribers.
- Materials including promotional collateral such as posters and leaflets were sent to local community organisations including libraries, community centres and patient groups.
- Media launch and proactive media activity generated 60+ pieces of coverage across local radio, online articles, TV, and print.
- 300+ leaflets and consultation documents were distributed during four staff drop-ins across both hospitals.
- Social media activity from both ICBs and the Trust promoted the consultation and events programme across social media platforms.
- 507 people representing a sample of the population engaged via telephone and online polling.

Posters, leaflets, and summary consultation documents contained links and QR codes to signpost readers to the consultation website where they could find out about available events, and contact details for the programme.

The programme also worked with local organisations and community groups to promote the consultation and encourage people to share their views.

The programme also set up the Engagement Process Advisory Group (EPAG). It was established to advise and support the process by which the programme is engaging with patients and public. It is made up of community groups, voluntary organisations and interested individuals. It enacted all recommendations put forward during the consultation process. Further details about the EPAG can be found in Appendix 9.

It should be recognised that where criticism of the consultation process was received (during the public meetings, focus groups and in written communications for example), these were noted and acted upon where possible. The programme undertook a review of communications and engagement activity eight weeks into the 13-week consultation. This was completed by an independent assessor and proposed a number of recommendations to address issues in communications and engagement activity.

Recommendations included holding more events in areas where there have been calls for more public meetings, such as then holding drop-in sessions in Burscough and Skelmersdale, while it also suggested conducting an independent telephone polling exercise and increase the frequency of the EPAG meetings. The programme took all findings on board and enacted the recommendations.

2.8 Staff engagement

A comprehensive programme of staff engagement was undertaken to ensure clinical and non-clinical staff within Mersey and West Lancashire Teaching Hospitals NHS Trust had opportunities to provide feedback on the proposals put forward.

Drop-in sessions were held in canteens twice at each of the two main hospital sites – Southport and Formby District General Hospital and Ormskirk District General Hospital over lunchtime. Open question and answer sessions were also hosted online and advertised on the staff intranet and through regular all staff bulletins and staff social media groups.

In-person focus groups were also held with staff at both sites where participants shared their views and raised their ideas about the proposals.

2.9 Social media reach

Social media was used extensively throughout the consultation process to:

- Raise awareness of the consultation

- Signpost potential consultees to the survey and other methods for getting involved (e.g. promoting events)
- Correct misinformation or misunderstandings that had arisen during the consultation period
- Direct interested stakeholders to up-to-date information on the consultation website.

A combination of organic social media – sharing information on existing channels, including ICB and partner channels – and paid-for advertising was used to maximise the reach and influence of the promotional activity.

In total around 250,000 people heard about the consultation through social media and paid-for advertising was seen more than half a million times during the consultation.

Figure 1: Social media promotion statistics

Type	No. of posts	Impressions	Reach	Link clicks
Partner organisations organic	88	39,344	29,818	304
Pay-per-click advertisements	N/A	745,515	231,527	9,081
TOTAL:	88	784,859	261,345	9,385

2.10 Public engagement events

Open engagement opportunities were provided to ensure any member of the public, member of staff, or other interested person/organisation could find out more about, and provide feedback on, the proposals. A summary of activity undertaken is as follows:

- Eight public meeting events (two online and six face-to-face in Formby, Banks, Skelmersdale, Tarleton, Ormskirk, Southport).
- Five public drop-in sessions in Maghull, Skelmersdale (x2), Upholland, Burscough.
- Two collaborative forum events at both hospital sites with six sessions in total.

2.11 Targeted engagement

Targeted engagement was undertaken to ensure the views of potentially impacted populations, and those most likely to be affected by the proposals due to underlying health inequalities or barriers to access, can be fully understood and considered by decision-makers. A wide range of methodologies were used to adapt to the needs and expectations of each population group. A summary of activity undertaken is provided below.

- Seven focus groups (including with carers, disabled people, veterans, people with learning disabilities, parents of children with special educational needs and

disabilities (SEND), Black, Asian, and Minority Ethnic communities, and LGBTQ+ communities)

- Four staff drop-in sessions in hospital canteens, two focus groups for staff at both sites, two online staff Q&A sessions
- Approximately 110,000 leaflets distributed to households.
- Approximately 50 community organisations directly contacted to drive awareness of the programme and reach specific groups identified in the Equalities and Impact Assessment.
- A telephone and online polling exercise was independently organised to reach people by another method, and target people from BME backgrounds.

2.12 Consultation methodology and response

All the activities outlined above offered participants the opportunity to give feedback in structured or informal conversations, and/or to take away consultation documents and surveys to complete later. While not all of the activities and events outlined above gathered feedback the engagement team took note of the views and concerns raised and shared these with CHCR for inclusion in the report. All events ensured the programme team were able to signpost people to where they could get involved.

Overall, the consultation programme resulted in feedback arising from the following activities:

- A consultation survey for all patients, public, staff and stakeholders. This was available online on the programme website, and paper surveys were circulated widely at events and available on request. Easy Read and other formats were also available on request.
- Public engagement activities undertaken by the programme, including:
 - Public meetings (in-person and online), across the areas in question.
 - Roadshows and drop-in activities in public and community spaces.
 - Attendance at areas of high footfall in the hospital sites to promote the consultation and capture feedback from patients and staff.
- Independently organised and facilitated in-depth engagement designed by the engagement teams, including:
 - Focus groups with people from various equalities strands or otherwise potentially affected groups.
 - Focus groups with staff at hospital sites.
 - Collaborative forums where participants presented evidence based ideas and alternatives.
- Written and email submissions from residents, stakeholders and statutory organisations as set out in the submissions chapter (Section 4).
- Comments and feedback arising on social media.

In summary, the primary purpose of the public meeting events, roadshows and drop-in sessions was to promote the consultation and provide information and respond to any questions on the proposals and signpost people to provide feedback. Feedback captured during discussions at these 'open' public engagement is reported in section 5, while the feedback from those who preferred to give feedback via the survey is covered in section 3.

The targeted and in-depth activities were designed to provide the opportunity to explore views and concerns around the proposed changes from the perspective of specific groups who might be particularly affected by the proposals or already be vulnerable to issues around health services. The verbal feedback from these in-depth and targeted activities is covered in section 6.

In some instances, there was opportunity for longer and more detailed conversations at some of the public meetings and drop-in sessions with, for example, parents and carers of patients with experience of the services proposed to change. Because these types of conversations captured detailed personal experience of specific services and/or focussed on specific needs or vulnerabilities of service users, CHCR feels that it is appropriate to include them alongside the targeted and in-depth feedback in section 6.

A total of more than **5,000 people responded to the survey** during the consultation period. This included:

- **5,009 online and hard copy survey** responses received.
- **14 public events** saw over **800 people** reached:
 - 2 online public meetings with **over 55 attendees**
 - 6 in-person public meetings with **over 420 attendees**
 - **9 roadshow** 'drop-ins'
- **507 people** contacted via independent polling exercise: a representative sample of the population across the areas
- **7 public focus groups** with 52 attendees
- **3 staff focus groups**
- **800+ people engaged** with across 53 different community venues in West Lancs
- **382 pieces** of feedback to the Get Involved inbox
- **6 presentations and discussions** at collaborative forums
- **170 voicemails messages** about SCT received
- **2 All-Staff NHS Trust Brief Live** sessions with 100+ people

3 Analysis of consultation survey

3.1 Introduction

This section reports on the response to the Shaping Care Together consultation survey that was available online and as a pull out section at the back of paper versions of the consultation document. A copy of the survey questions is included in Appendix 1.

The consultation document provided information on the proposed changes and details to help respondents understand how the proposals had been reached. The survey had prompts in it to direct respondents to where to find any further information.

The consultation survey was open to all members of the public throughout the consultation period and promoted in a number of ways (see section 2). As with all public consultations, the response cannot be seen as representative of the population but rather a cross section of interested parties who were made aware of the consultation and were motivated to respond. We have conducted analysis on the response using statistical software and coding software.

Quantitative and qualitative findings for each area are reported on in this section as well as views and issues raised by respondents as part of the consultation process.

Where there is a notable difference in responses we have included breakdowns of the data by type of respondent, geography and demographics. For quantitative data, we have included a base figure to highlight the number of responses.

3.2 Consultation survey response

A total of 5009 responses to the consultation survey were received. Of these, 4868 were submitted online, 135 were paper copies and 6 were Easy Read versions of the survey.

The demographic profile of respondents is shown in figure 2.

Figure 2: Demographic profile of respondents

Demographic information	Total	Percentage
Age		
Under 19	11	0%
19-30	353	7%
31-45	1,257	26%
46-60	1,151	24%
61-75	1,468	30%
Over 75	648	13%
Total recorded	4,888	100%
Gender		
Male	1,253	25%
Female	3,572	72%
Prefer not to say	140	3%
Total recorded	4,965	100%
Ethnicity		
White: English, Welsh, Scottish, Northern Irish or British	4,573	94%
White: Irish	60	1%
White: Gypsy or Irish Traveller	3	0%
Any other white background	116	2%
Mixed / multiple ethnic groups	35	1%
Any other mixed / multiple ethnic background	9	0%
Asian / Asian British	34	1%
Black, African, Caribbean / Black British	8	0%
Any other background	30	1%
Total recorded	4,868	100%

3.3 The options – key findings

The consultation document outlined two options for the future of provision of A&E services in Southport, Formby and West Lancashire.

The options put forward are:

Southport option: One brings children’s and adult A&E together on a single site at Southport Hospital, relocating the children’s A&E from Ormskirk Hospital and extending it to an all-day service (24-hours).

Ormskirk option: The other brings services together at Ormskirk Hospital, relocating the adult A&E from Southport to Ormskirk and extending the current children’s A&E to an all-day service (24-hours).

The programme’s preferred option is the Southport option.

In the consultation survey, respondents were asked to rank how well they thought each option met a series of different goals and objectives. The questions were split by each option. They were also asked to explain the reasons for their preference and were invited to offer suggestions as to how to reduce the negative impacts of the proposals and if there was any further evidence that needs to be considered.

3.4 Presentation and interpretation of data

Data from the consultation survey has not only been combined to produce ‘overall’ feedback. Respondents’ roles and connections with NHS services can be strong factors informing their opinions and it is therefore most appropriate to consider those from different stakeholders (i.e., organisations, individual NHS staff members and other individual respondents) separately. This ensures that the views of each, regardless of the size of the group, are given due consideration.

In the charts in this report, the views of respondents who identified themselves as NHS staff members are reported first, then those of respondents who identified themselves as ‘individual’ respondents (rather than responding from an organisation). Finally, ‘non-specified’ respondents (typically those who opted not to complete the profile section) are reported. This is in no way intended to suggest that views from NHS staff are considered as any more or less important than those from non-staff members or other respondents, but rather to provide a consistent format throughout.

The ICB identified some demographic groups that might be particularly affected by or vulnerable to changes to health services, including groups with protected characteristics under the Equality Act 2010 (e.g., age, disability, ethnicity, etc.).

The charts that break down the views of respondents who complete some or all of the voluntary equalities profiling section of the survey are located in Appendix 2.

For simplicity and ease of access, the feedback of the consultation survey are presented in a largely graphical format. Where possible, the colours used on the charts have been standardised with a 'traffic light' system in which:

- Green shades represent positive responses;
- Yellow shades represent neutral responses;
- Red shades represent negative responses; and
- Bolder shades highlight responses at the 'extremes' (for example, strongly agree or strongly disagree).

It should be noted that, when reporting combined percentages of 'well' and 'very well', or 'poorly' and 'not well at all', the figure may sum differently (+/- 1%) to the figures shown on stacked bar charts due to rounding of decimal places.

The number of valid responses recorded for each question (base size) are reported throughout. As not all respondents answered every question, the valid responses vary between questions. Every response to every question has been taken into consideration. Quotes are edited using ellipses to ensure anonymity.

Where percentages do not sum to 100, this may be due to computer rounding, the exclusion of 'don't know' categories, or multiple answers. Throughout the report an asterisk (*) denotes any value greater than zero, but less than half of one per cent. In some cases, figures of 2% or below have been excluded from graphs for presentational reasons.

Finally, feedback from the three organisations and the six Easy Read survey responses are incorporated into this section.

3.5 Interpretation of geographic data

For the purpose of the analysis presented in this report, SCT has defined five geographic areas. This enables us to interrogate the data for geographic variations and supports the programme's equalities impact assessment work.

Geographic segmentation is based on short postcode data only (for example, PR8 or L40). Short postcodes often cover wide areas which may simultaneously include both rural and urban populations. Each of the short postcodes from the respondents have therefore been allocated to one of five geographic locations.

This introduces a higher margin of error into the data than would be the case if we had full postcode data available for analysis. Therefore urban data is likely to have been augmented with the inclusion of adjacent rural responders and the rural data is likely to contain the largest margin of error.

We sometimes refer to 'Northern Parishes and other areas' in this document for the sake of brevity. This cohort is defined by those short postcodes which have not been used to define

Southport, Formby, Ormskirk and Skelmersdale. It will therefore include smaller towns and larger villages which would not normally be regarded as from specific areas.

Figure 3: Respondent postcodes that cover each of the five geographic areas

Town	Postcodes	Postcode total	Total (%)
Formby	L29, L37, L38	315	6%
Ormskirk	L39	889	18%
Skelmersdale	WN5, WN8	1260	26%
Southport	PR8, PR9	1448	30%
Northern Parishes and other areas	L40, PR4, WN6, L33, L31, PR7, PR26, BB1, BB2, BB7, CH2, CH43, K37, L10, L12, L14, L18, L20, L21, L22, L23, L3, L30, L32, L34, L35, L49, L6, L9, LA23, LA3, LA9, M22, P28, PR1, PR2, PR25, PR3, PR6, SK10, WA10, WA11, WA12, WA5, WA9, WN1, WN2, WN3, WN4, WN7	950	20%
Total	N/A	4862	100%

Figure 4: Approximate population of the five geographic areas based on ONS, census and GP practice list size data

Area	Population (approx.)
Formby	26,000
Ormskirk	28,000
Southport	102,000
Skelmersdale	39,000
Northern Parishes and other areas	51,000

The following table shows the total number of respondents in each of the five geographic areas analysed (1), and the percentage each cohort represents of the total number of respondents (2).

By comparison, it also shows the proportion each area represents of the programme areas' total population of approximately 246,000 (3).

Figure 5: Number of respondents by geographic area

Area * (1)	Total (2)	% surveys (3)	% population	+/- pp
Southport	1,451	29	41%	-11
Formby	318	6.4	11%	-4.6
Ormskirk	893	17.8	11%	+6.8
Skelmersdale	1,265	25.2	16%	+9.2
Northern Parishes and other areas	958	19.1	21%	-1.9
Unknown **	124	2.5	N/A	N/A

* Geographic data is based on short postcode only and so contains a small margin of error.

** Unknown is where respondents have not specified a postcode and therefore their location is not known.

As shown in the table, the number of respondents to the online and paper copy of the survey was not wholly proportionate to the size of the local population.

Responses from Southport residents were underrepresented, while Skelmersdale and Ormskirk were overrepresented. This may be attributed to the consultation proposals put forward affecting certain areas and therefore influencing locally organised campaigns.

3.6 Quantitative findings

In total, 5,009 quantitative responses were provided by respondents to indicate their preference for the different options or their decision not to select any of the options. The outcomes delivered from these responses are summarised below.

Respondent's views on each of the options based on programme goals

Following a summary of the options (alongside all the other consultation materials) the following question was posed to respondents:

Overall, how well would you say each option could help us achieve the following goals?

The goals of the programme are:

- *Providing safe, high quality urgent and emergency care to everyone all day, every day*
- *Giving us buildings that are up to the job for A&E*
- *Helping us meet our financial challenges*
- *Helping make sure we have the staff we need for A&E*
- *Getting the most out of what is available to us (staff, buildings and money)*
- *Providing NHS services that meet people's needs, today and in the future*

For all those that answered the Southport option, over a third (37%) supported the Southport option while just under half of respondents (48%) did not support the option.

Figure 6: responses to question 1 concerning the Southport option

Responses	Total (actual)	Total (%)
Number of people who supported the option	1856	37%
Number of people who did not support the option	2420	48%
Number of people who were not sure about the option	608	12%
Number of people who did not respond	125	3%
Total number of respondents:	5009	100%

For all those that answered the Ormskirk option, 56% of respondents supported the Ormskirk option, while 26% did not support the option.

Figure 7: responses to question 1 concerning the Ormskirk option

Responses	Total (actual)	Total (%)
Number of people who supported the option	2818	56%
Number of people who did not support the option	1315	26%
Number of people who were not sure about the option	732	15%
Number of people who did not respond	144	3%
Total number of respondents:	5009	100%

Broader support for the Ormskirk option prevailed amongst staff and non-staff as shown in tables 8 and 9.

Figure 8: Q1 responses for the Southport option by staff and non-staff

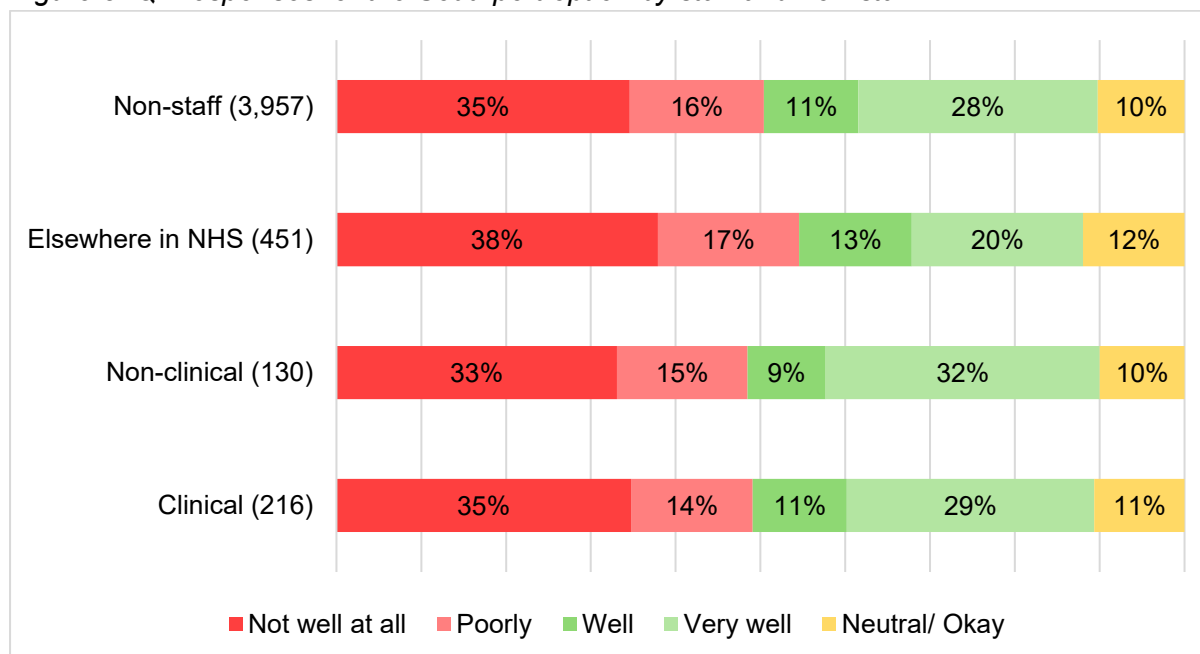
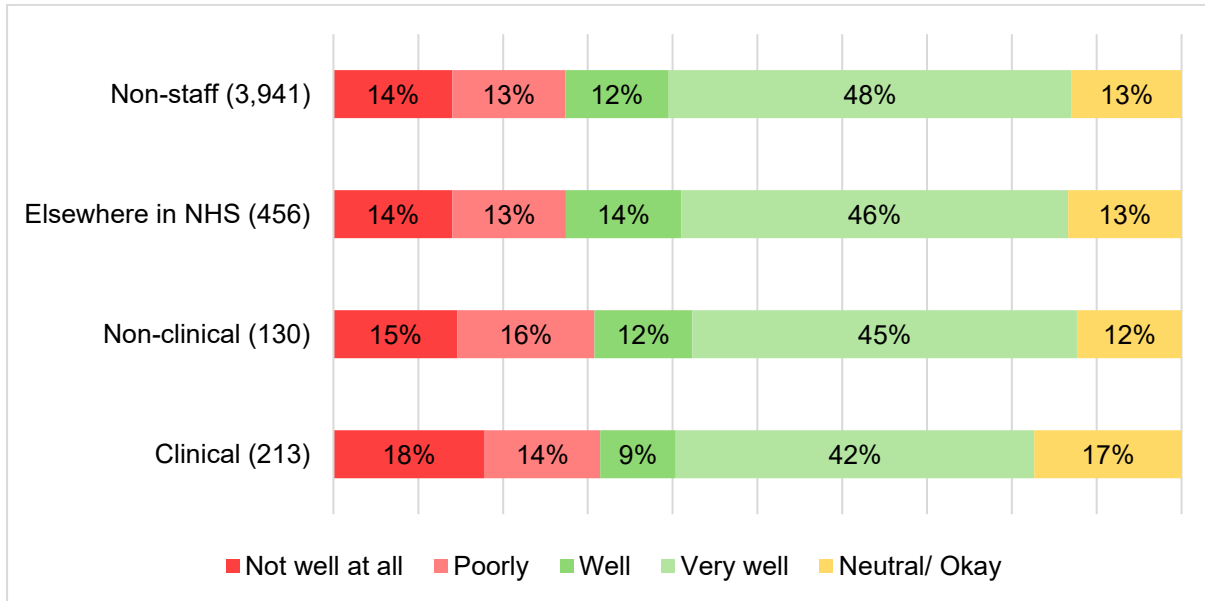


Figure 9: Q1 responses for the Ormskirk option by staff and non-staff



When looking at responses from residents who live across the whole area, people from Southport and Formby have a stronger preference for the Southport Option, while residents living across West Lancashire have a preference for the Ormskirk option.

Figure 10: Q1 Respondents who answered the Southport option

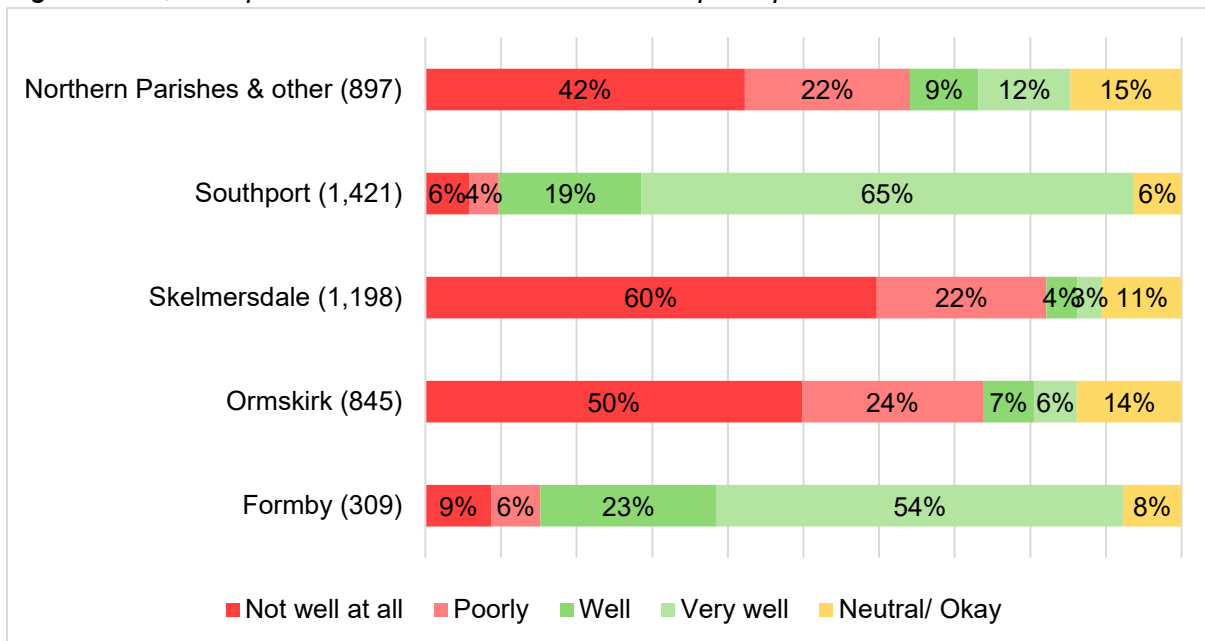
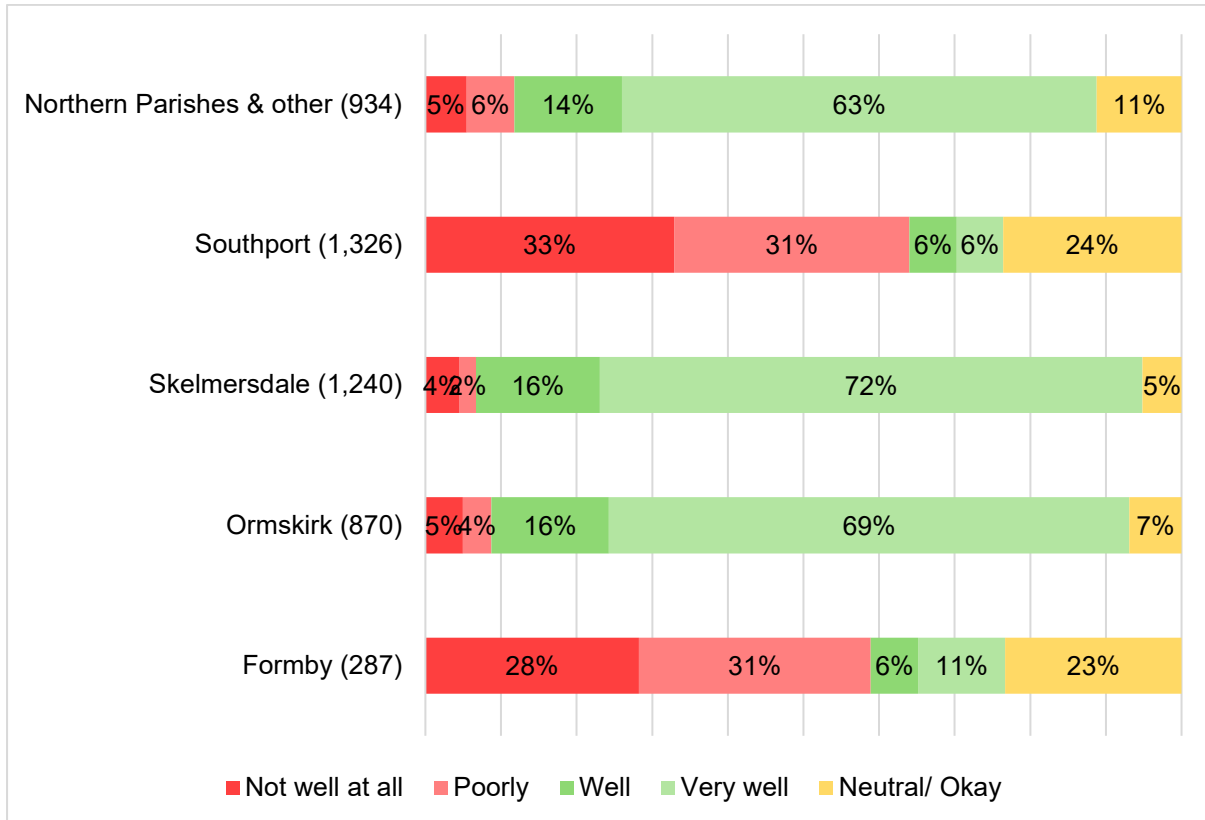


Figure 11: Q1 Respondents who answered the Ormskirk option



Respondent's views about what is most important to them when considering the options

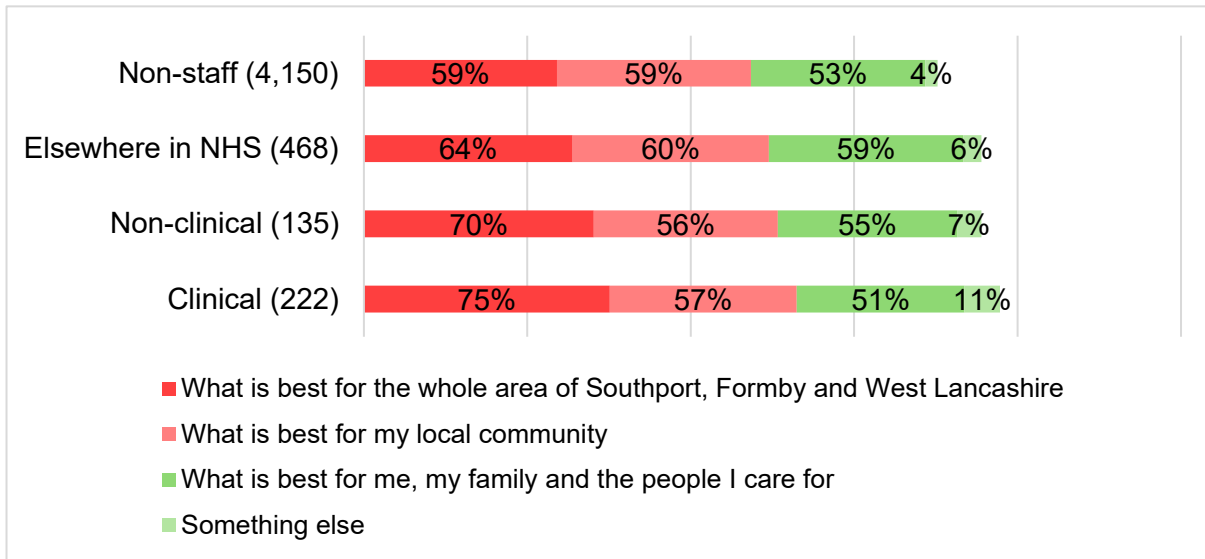
Following questions 1 and 2, the following question was posed to respondents:

What was most important for you when thinking about your answers to questions 1 and 2?

- *What is best for the whole area of Southport, Formby and West Lancashire.*
- *What is best for my local community.*
- *What is best for me, my family and the people I care for.*
- *Something else.*

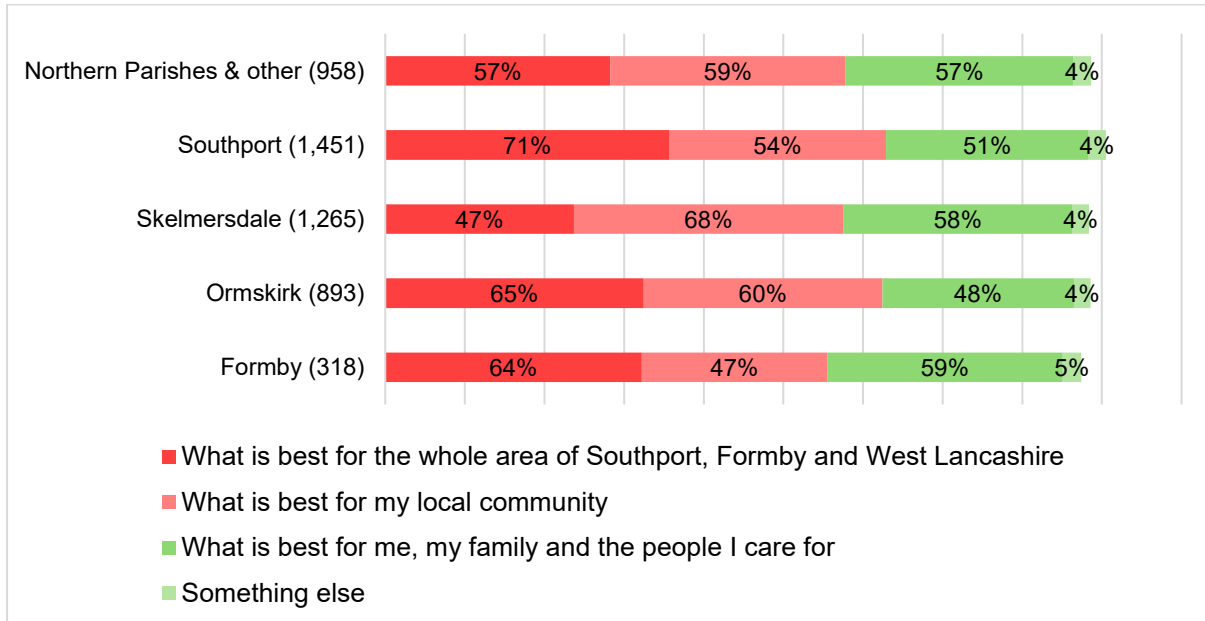
The majority of staff and non-staff responses said that the local community and the whole area were the most important factors in their response.

Figure 12: Q3 responses by staff and non-staff



The responses followed a similar pattern but were not quite as pronounced when looking at them from a geographic perspective, where the majority said that the whole area and the local community were the most important factors in their response.

Figure 13: Q3 responses by geography



Respondent's views about travel difficulties

Similar to all questions, this question had links and pointers to the consultation booklet that housed further information. The following question was posed to respondents:

How well could each option reduce difficulties you might face when travelling to A&E.

Overall, more individual survey respondents agreed that the Ormskirk option would reduce the difficulties more than the Southport option. This pattern became apparent for both staff and non-staff.

Figure 14: Q7 answers for the Southport option

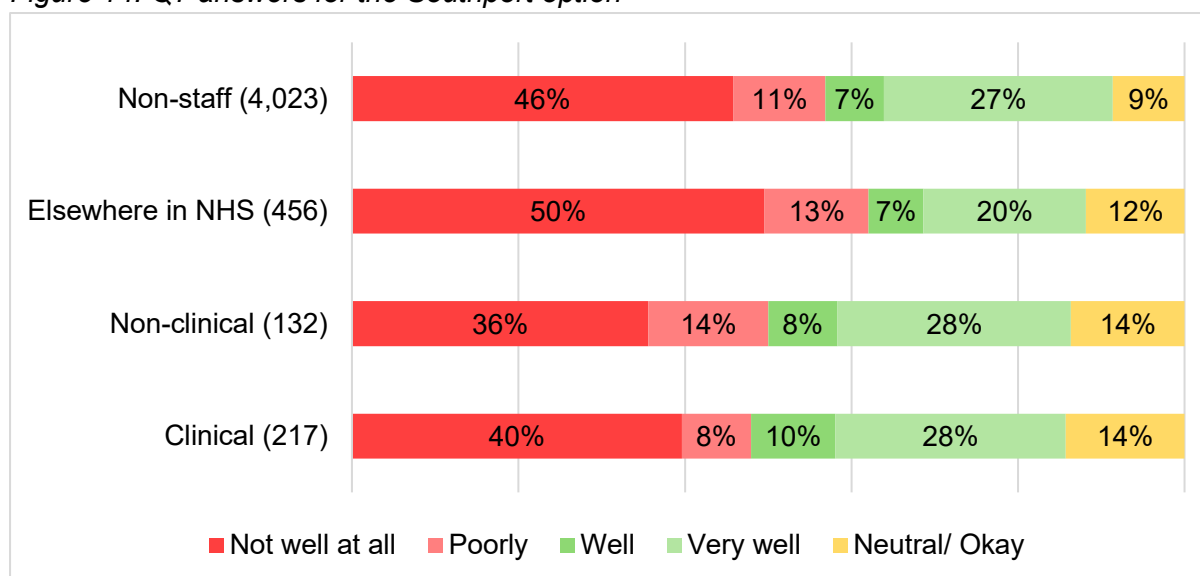
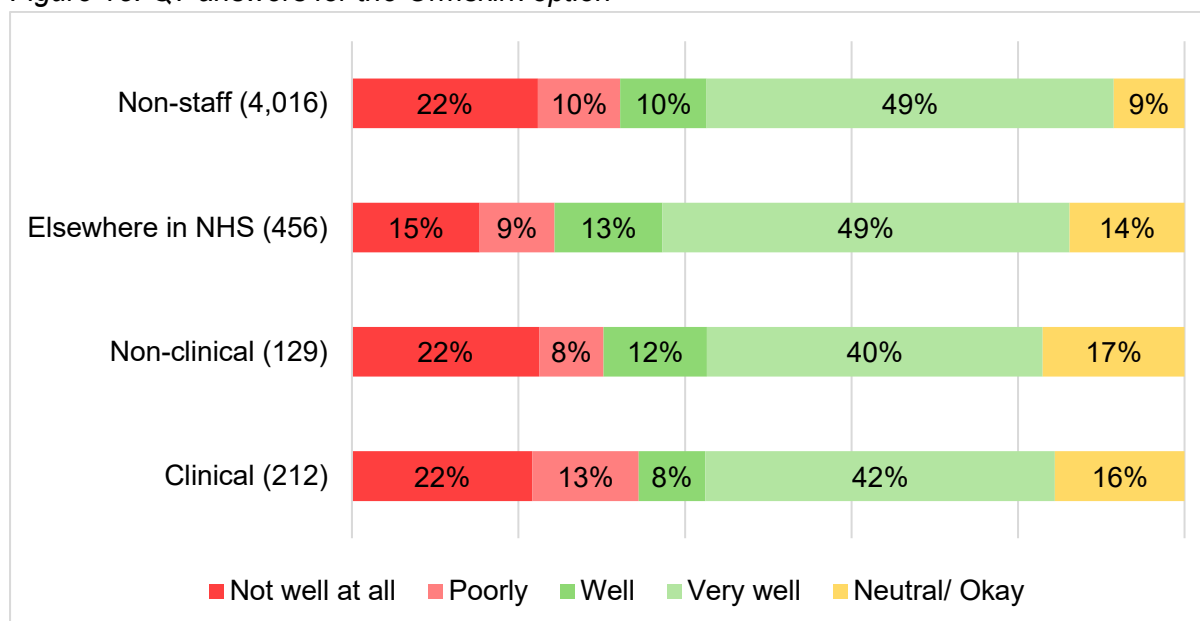


Figure 15: Q7 answers for the Ormskirk option



When the responses were broken down by geography, it became apparent that views varied significantly among respondents from different areas. Respondents who were located in Southport and Formby had less difficulty travelling to Southport Hospital, while respondents from West Lancashire said they had less difficulty accessing Ormskirk based A&E services.

Figure 16: Q7 answers for the Southport option

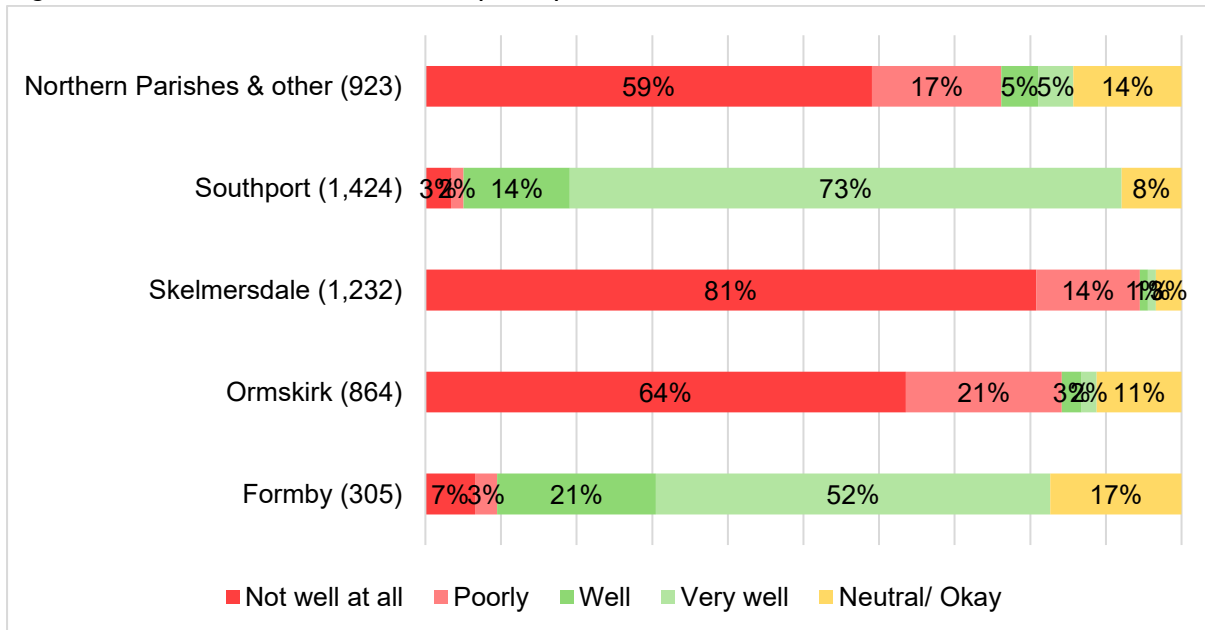
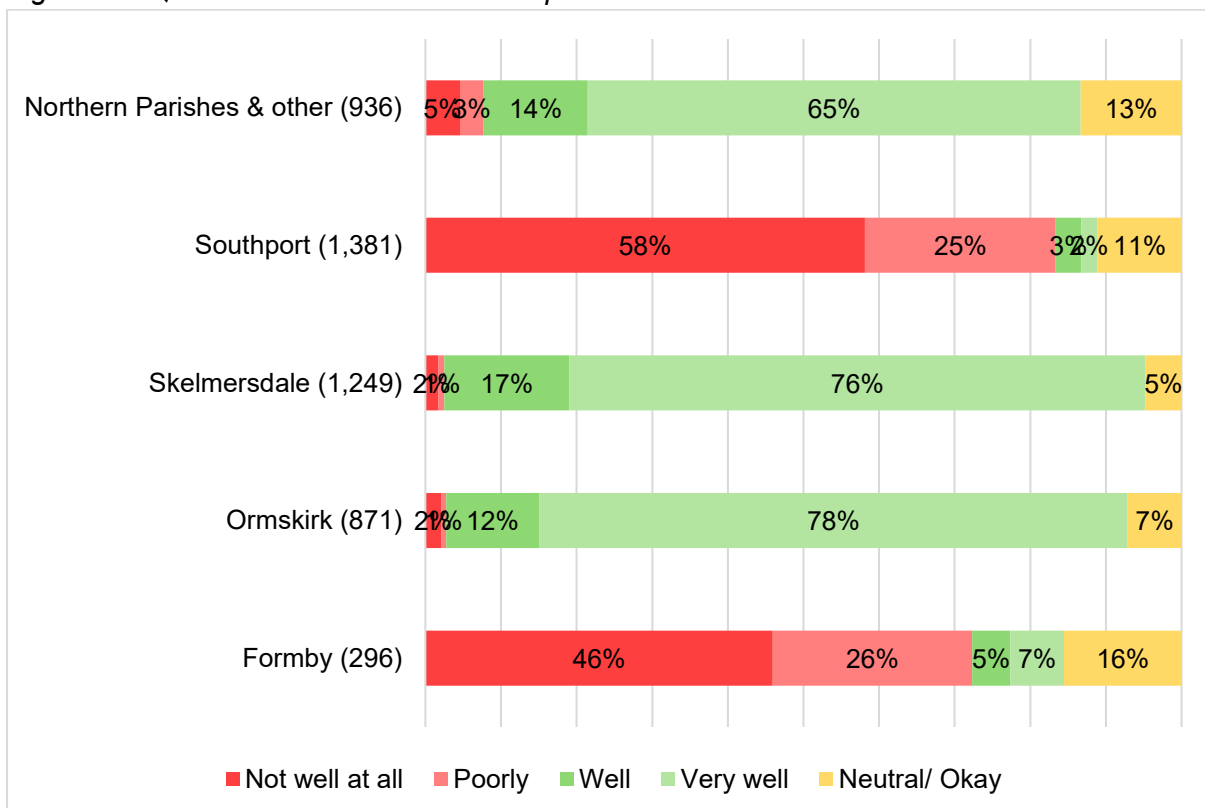


Figure 17: Q7 answers for the Ormskirk option



Respondent's views about car parking

The following question was posed to respondents:

How well could each option help you with parking when you go to A&E by car.

Responses from staff and non-staff tended to prefer the Ormskirk option for car parking. Similar to all questions, this question had useful information. It noted that public parking spaces at both sites would increase under any new proposals.

Figure 18: Q8 answers for Southport option

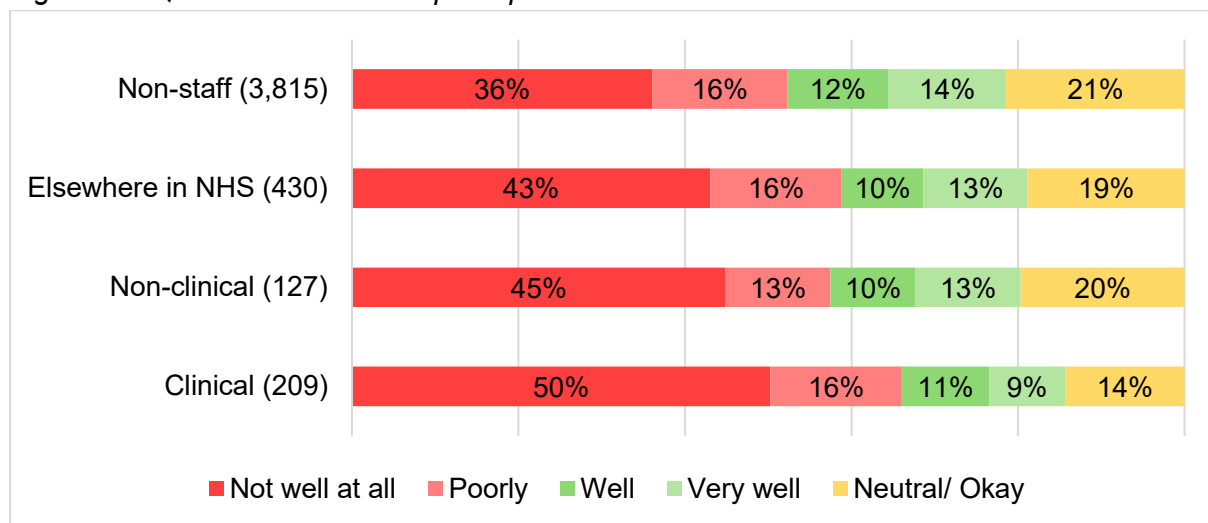
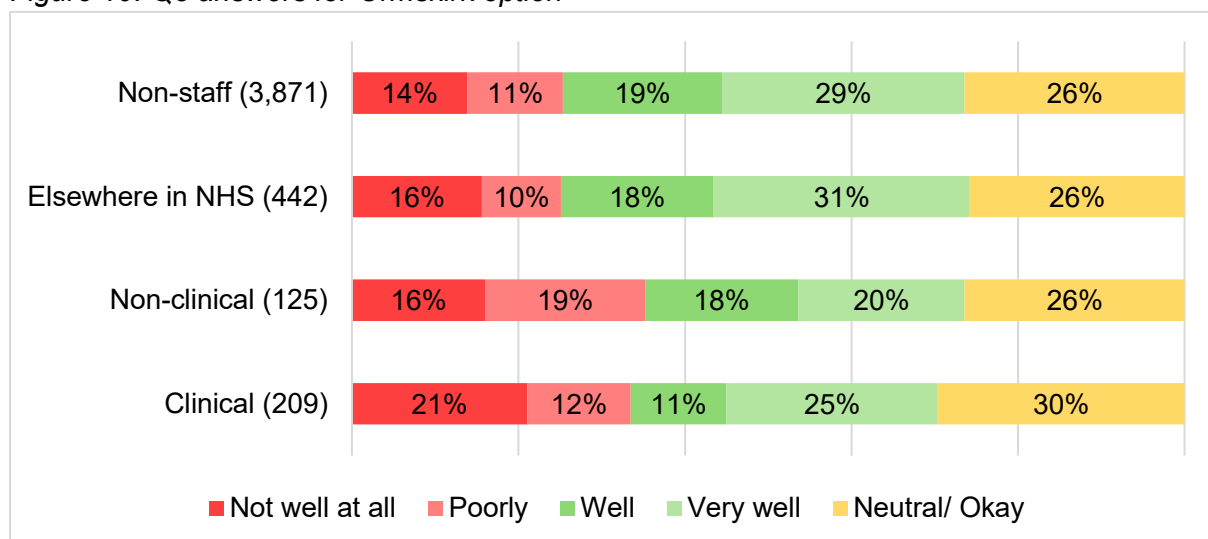


Figure 19: Q8 answers for Ormskirk option



Like other questions, a clear indication of views among survey respondents vary considerably based on geography. Those survey respondents who provided postcodes and live closest to a hospital, were substantially more in favour about the car parking at the closest site.

Figure 20: Q8 answers for Southport option

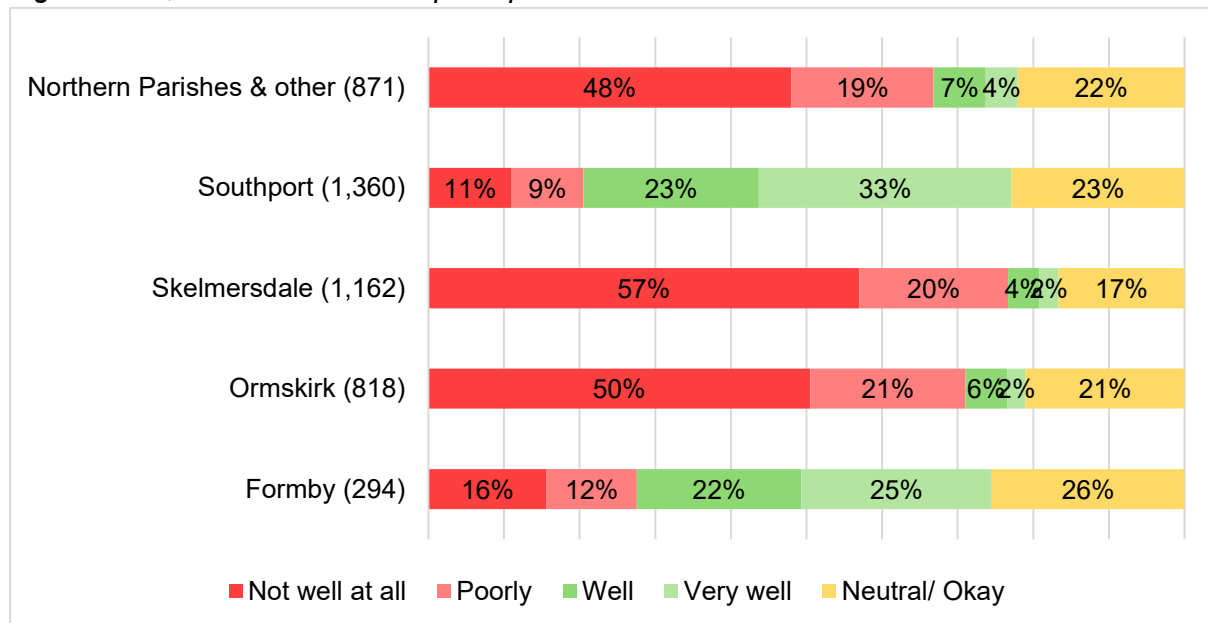
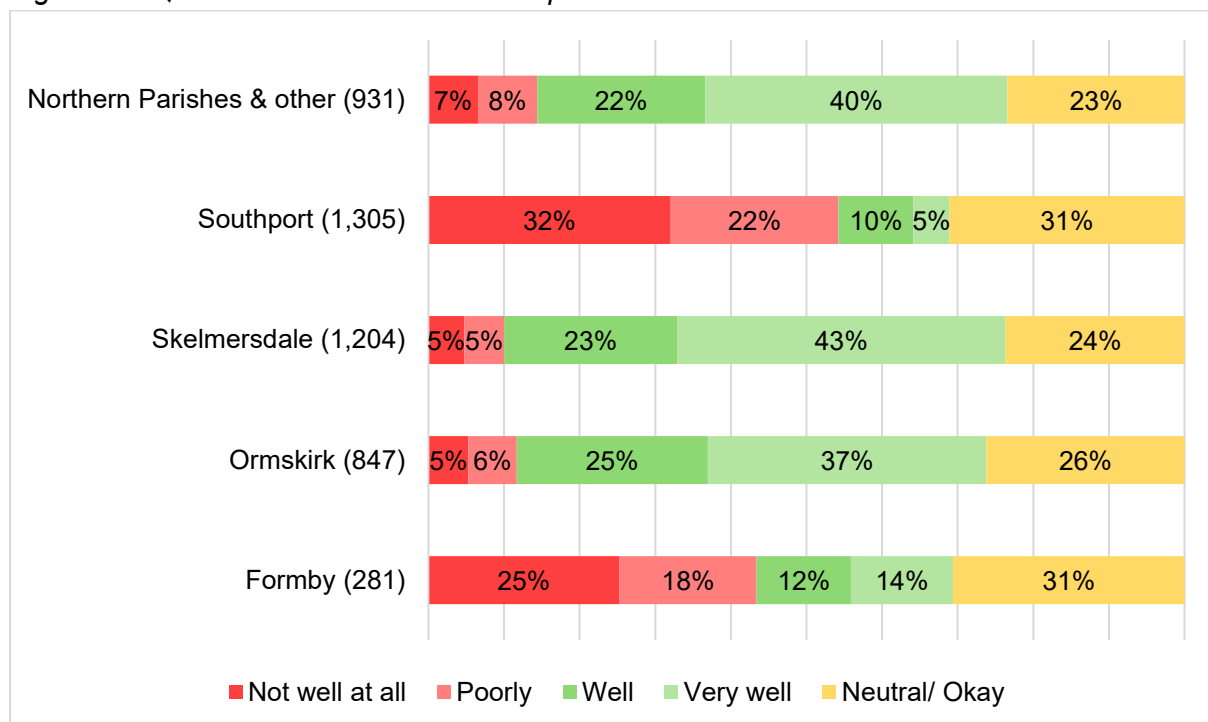


Figure 21: Q8 answers for the Ormskirk option



Respondents' views on accessing NHS buildings and services

The following question was posed to respondents:

How well would you say each option would give us buildings and services designed around your specific needs?

More people responded favourably to the Ormskirk option when considering this question. This pattern is clear for both staff and non-staff.

Figure 22: Q9 responses for the Southport option

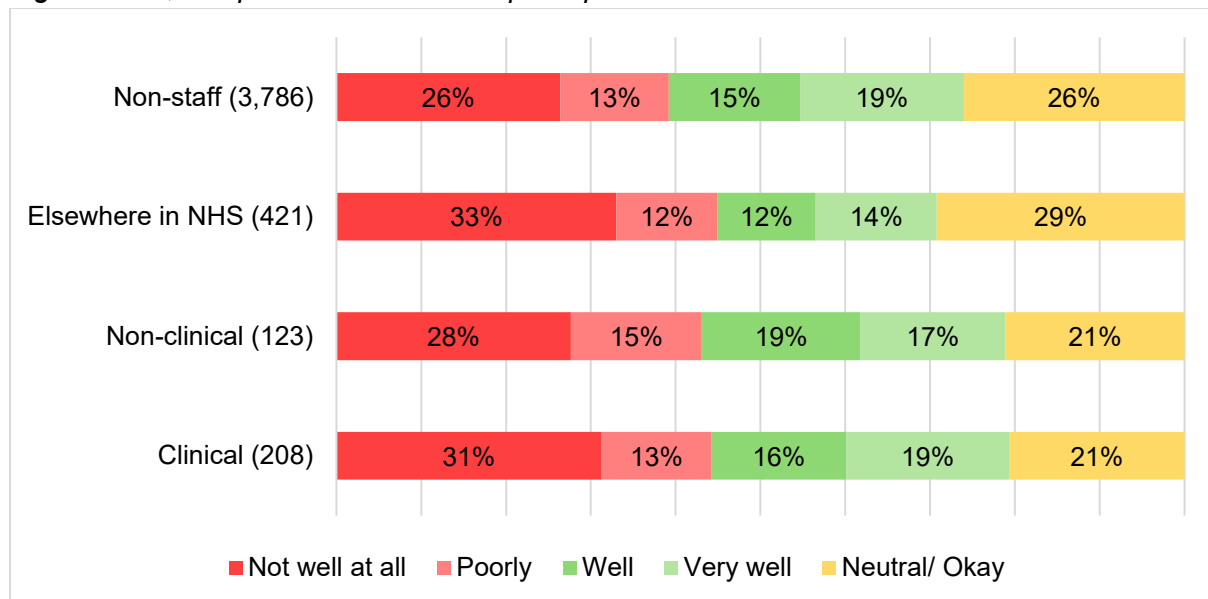
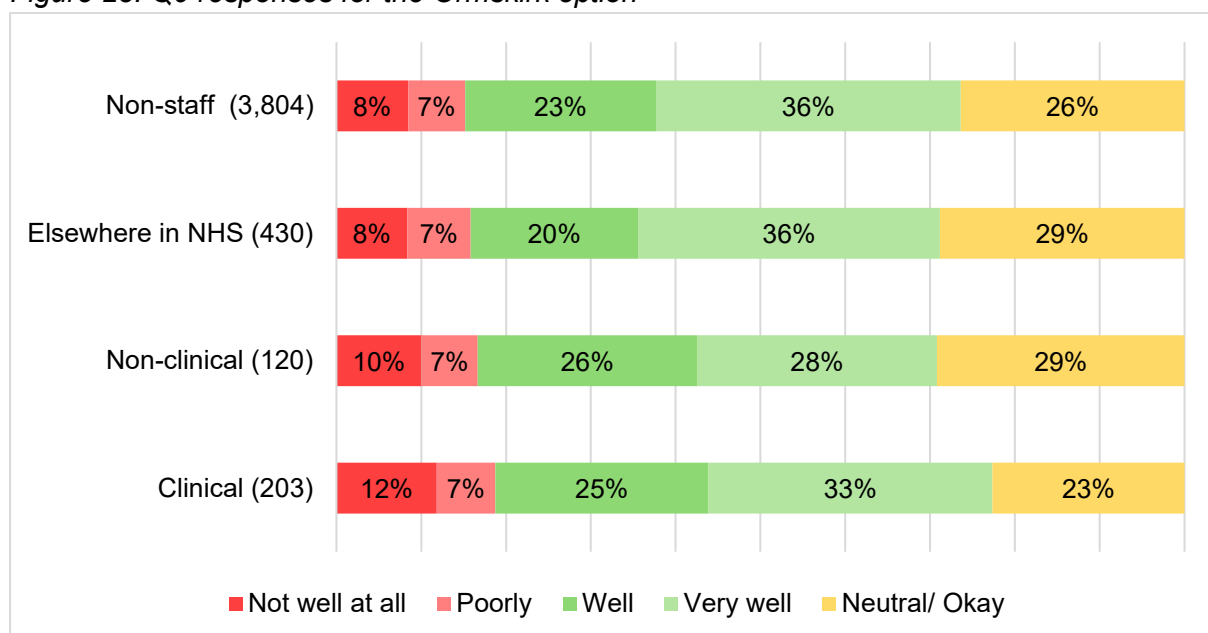


Figure 23: Q9 responses for the Ormskirk option



Similarly to other multiple choice questions, respondents' views varied considerably when factoring in geography. Those who responded with their postcode that lived in the Southport and Formby area, strongly prefer the Southport option. While those who stated their postcode in West Lancashire, Northern Parishes and other areas, favoured the Ormskirk option.

Figure 24: Q9 responses for the Southport option

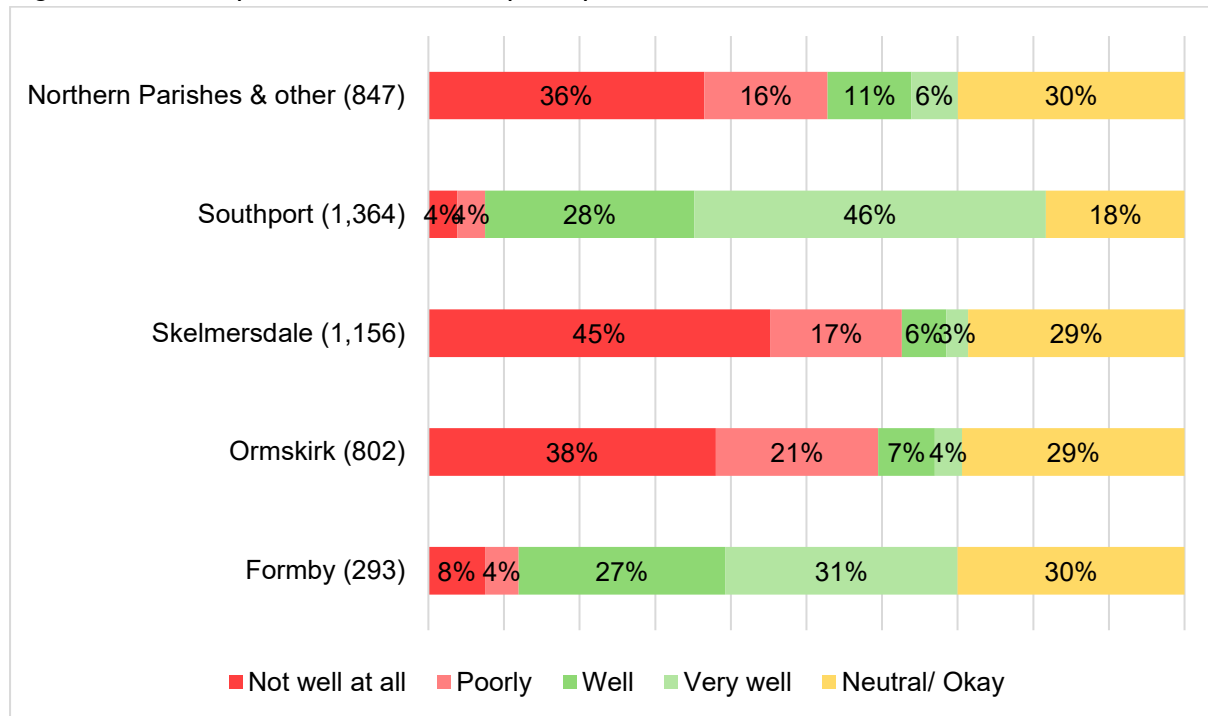
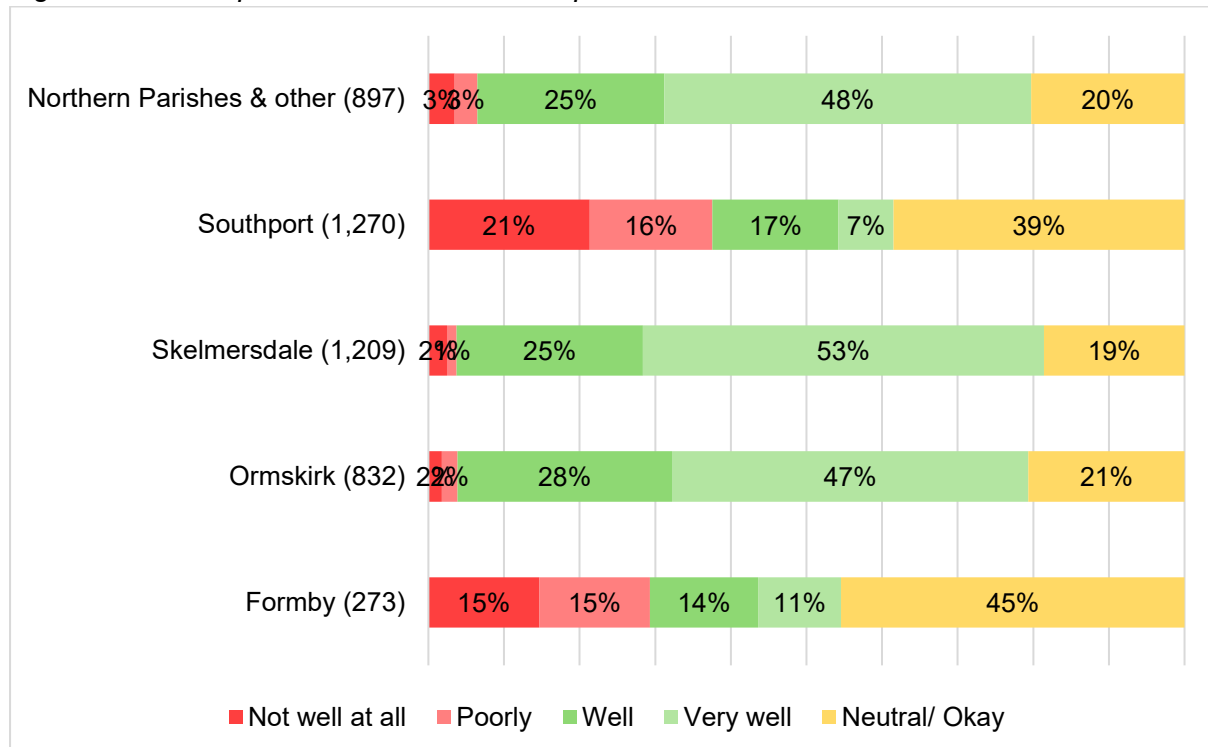


Figure 25: Q9 responses for the Ormskirk option



Respondents' views on waiting areas at A&E

The following question was posed to respondents:

In your view, how well would each option provide an A&E waiting area that meets your specific needs and expectations?

In a similar response to other questions, more people responded favourably to the Ormskirk option when considering this question. This pattern is clear for both staff and non-staff.

Figure 26: Q10 responses to the Southport option

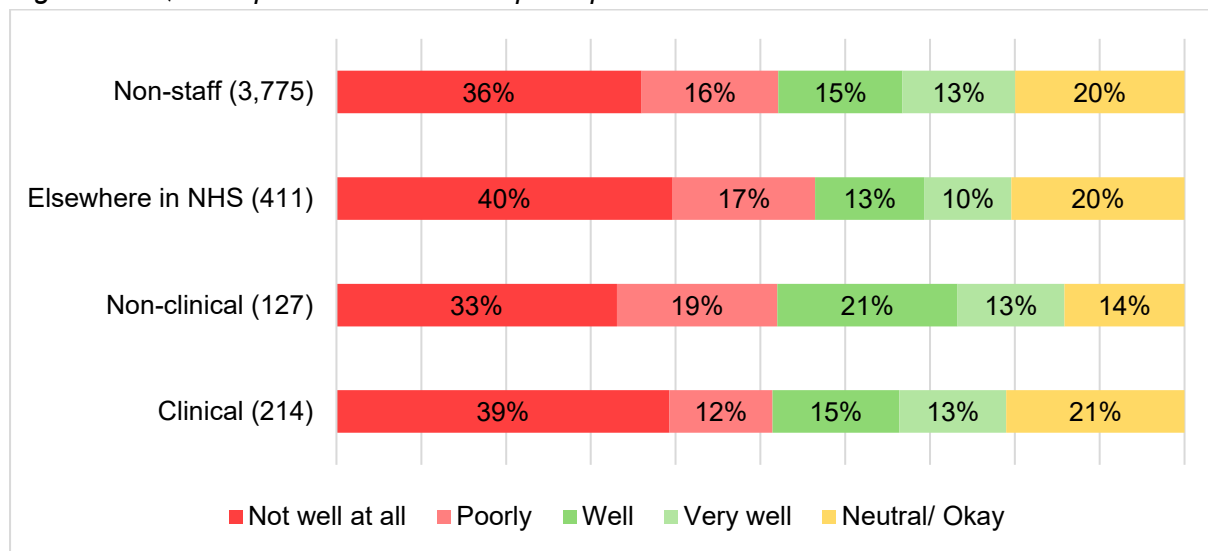
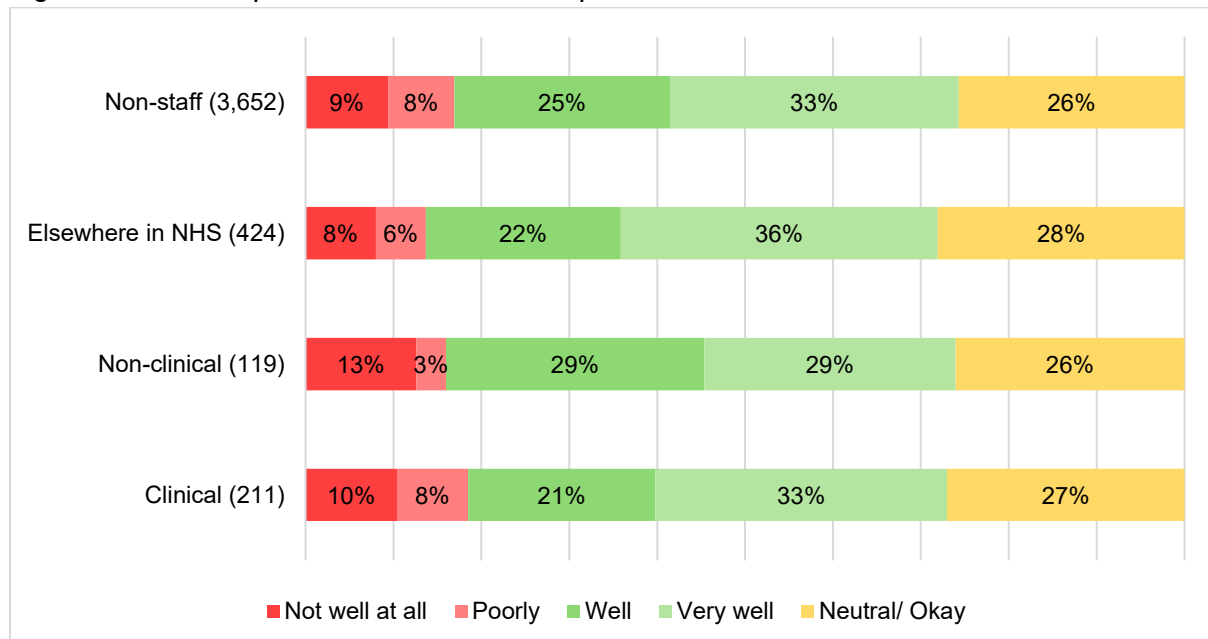


Figure 27: Q10 responses to the Ormskirk option



Views on the two options varied significantly by those who responded with a postcode. In a similar manner to other questions, those who live closer to Southport, preferred the Southport option, while those who live closer to Ormskirk, generally prefer the Ormskirk option.

Figure 28: Q10 responses for the Southport option

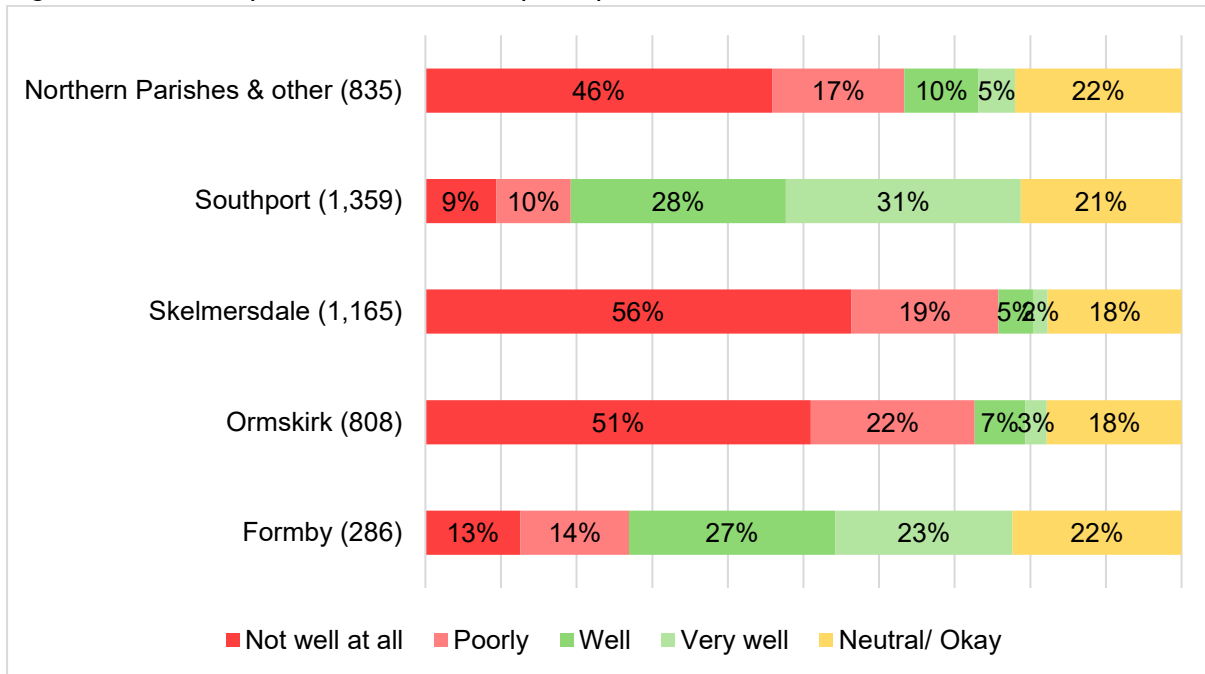
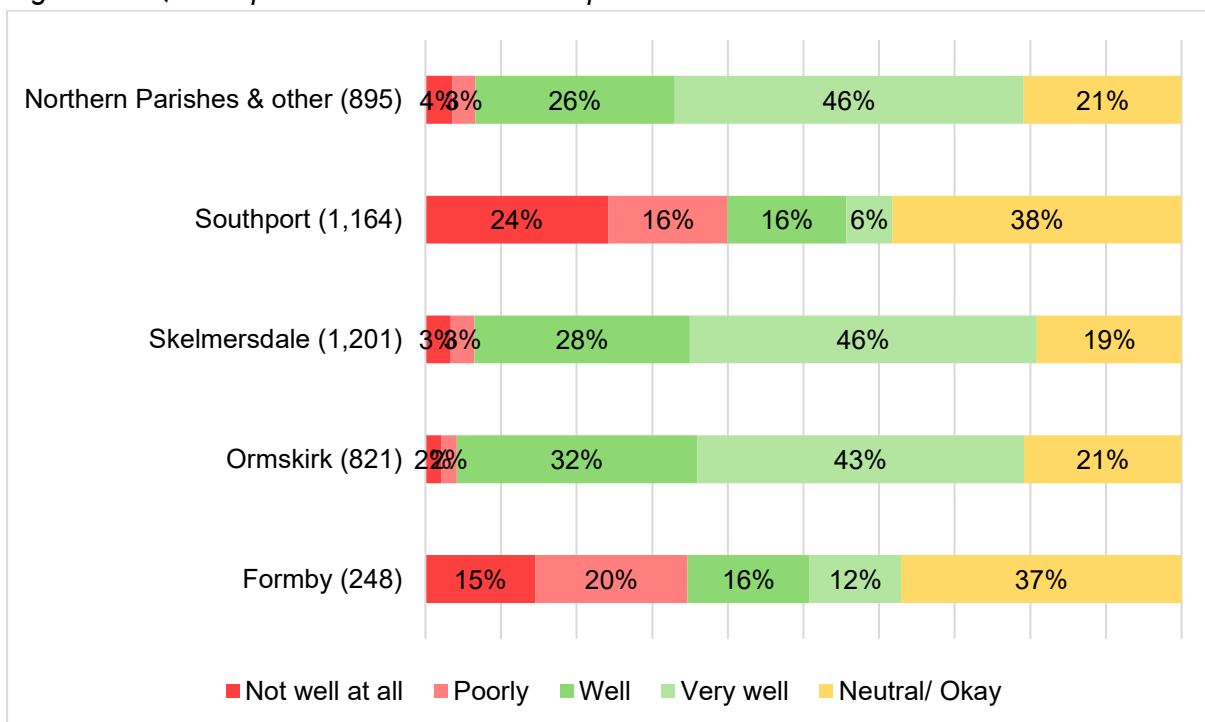


Figure 29: Q10 responses for the Ormskirk option



3.7 Qualitative comments

In total, 14,083 qualitative comments on the survey were made by respondents to explain their preference for the different options or their decision not to choose any of the options. Attitudes towards the proposed options, common themes from these responses and alternative suggestions to the proposals are summarised below.

Analysis of survey feedback from health and care staff

Staffing and workforce

Staff highlight workforce implications, particularly in relation to travel distance, transport availability, parking, and work-life balance. These practical considerations are framed as central to retention.

Many staff note that changes to site configuration could make commuting unmanageable, particularly for those reliant on public transport, caring responsibilities, or early and late shifts. Some explicitly state that they would be unable to continue working if changed, raising concerns about loss of staff.

Parking is repeatedly cited as a key issue, particularly at Southport, but also at Ormskirk. Staff describe arriving at work already stressed due to parking difficulties, which they believe has implications for wellbeing and patient care.

- *“By moving this to Southport you would potentially make staff lose their jobs.”* [NHS staff respondent]

- *“Many staff would struggle to travel further and some would have no option but to leave.”* [NHS staff respondent]

- *“Parking is already extremely limited.”* [NHS staff respondent]

- *“Staff burn out is already a major issue.”* [NHS staff respondent]

Services designed around needs

Staff raise concerns about safety, capacity, and the risk of overloading already stretched services.

Several comments describe Southport as already operating at or beyond capacity for adult emergency care. Staff question how additional paediatric demand could be safely absorbed without significant capital investment and workforce expansion. Concerns are also raised about Ormskirk’s ability to accommodate additional adult activity.

Staff emphasise that reducing the number of emergency departments does not reduce demand, but concentrates it. This is seen as likely to increase waiting times, crowding, and stress for both staff and patients.

- *“Southport cannot cope now just for adults.”* [NHS staff respondent]
- *“Reducing the number of A&Es simply makes waiting times longer.”* [NHS staff respondent]
- *“Services are already stretched with staff burnout.”* [NHS staff respondent]

Consultation process and trust

Staff express low confidence in the consultation process itself. Some perceive the exercise as procedural rather than genuinely exploratory, with a belief that decisions have already been determined. This sense of distrust is felt by the framing of questions, which some staff feel guide respondents towards particular conclusions rather than inviting open feedback. As a result, some staff view the consultation as undermining morale rather than building engagement.

Staff frustration is often directed at the perceived imbalance between organisational priorities and frontline experience. Several comments suggest that staff who deliver care daily feel excluded from meaningful influence, despite being asked to participate.

Staff question whether decision-makers fully understand pressures on emergency, maternity, and paediatric services, or the cumulative impact of previous service changes. Consultation fatigue is evident, with some staff referencing past exercises that did not lead to outcomes aligned with feedback.

- *“It’s actually pretty offensive to ask us to fill in a survey when decisions will have already been made.”* [NHS staff respondent]
- *“You are asking all the wrong questions in this survey.”* [NHS staff respondent]
- *“Stop pretending this is about quality and not just cost-cutting.”* [NHS staff respondent]

Impact on children’s services, maternity and neonates

A concern among staff is the absence of perceived detail within the consultation materials. Staff highlight gaps relating to maternity, neonatal services, workforce implications, and transitional arrangements. These perceived omissions are seen as significant because they say that they prevent informed responses and create anxiety about unintended consequences.

The most frequently suggested omission relates to maternity and neonatal provision. Staff working in or alongside these services emphasise that paediatric emergency cover is integral to safe maternity care. Where consultation materials do not clearly explain what would happen to maternity services under different options, staff see this as either an oversight or a deliberate avoidance of difficult issues.

There are also concerns about workforce modelling. Staff note a lack of clarity around how staffing levels would be maintained, how rotas would function across sites, and whether recruitment assumptions are realistic. Without this information, staff feel unable to judge whether proposals are viable in practice.

Staff report uncertainty not only among themselves but also among patients, which they attribute to a lack of clear, consistent messaging from the organisation.

- *“You don’t mention what happens to maternity services anywhere in this document.”* [NHS staff respondent]

- *“There is uncertainty around maternity and neonatal services.”* [NHS staff respondent]

- *“This has not been communicated to the public.”* [NHS staff respondent]

Staff state that children’s emergency care, maternity services, and neonatal provision are operationally and clinically interdependent. The removal or relocation of one element is viewed as destabilising to the others. This interdependency is described not as theoretical, but as a daily operational reality.

Staff working in maternity services express particular concern that loss of on-site paediatric cover would make it unsafe to maintain an obstetric-led unit. Several comments describe a cascade effect, where the removal of paediatric emergency care would inevitably lead to downgrading or closure of maternity services, regardless of whether this is explicitly stated in the proposals.

Staff also suggest that relocating services does not remove clinical risk but redistributes it, often onto women, babies, and families who may have to travel further or present later. Some staff raise the possibility of increased home births outside clinical guidance, delayed presentations, or higher numbers of births before arrival.

- *“If we lose paediatric cover at Ormskirk, we lose maternity.”* [NHS staff respondent]

- *“Without paediatrics at Ormskirk, you will close the maternity unit or downgrade it.”* [NHS staff respondent]

- *“This will cause a massive injustice for women in the area.”* [NHS staff respondent]

- *“You don’t plan to create a maternity unit at Southport.”* [NHS staff respondent]

Analysis of survey feedback from other respondents

Travel, access and transport

Travel time is the most dominant and consistently expressed concern among non-staff respondents. Many respondents describe access to emergency care in terms of minutes rather than miles, emphasising that delays during acute episodes could have serious or fatal consequences. This concern is particularly acute in relation to children, respiratory conditions, seizures, and pregnancy-related emergencies.

Respondents frequently describe journeys to hospital as stressful and frightening, especially when navigating congested roads, one-way systems, or seasonal traffic. There is a strong perception that increased travel distance equates to increased risk, with respondents often describing scenarios where they would delay seeking care or choose an alternative hospital outside the local area.

Many responses recount lived experiences of urgent journeys, long waits for ambulances, or being forced to drive during emergencies. These experiences underpin a strong resistance to any option that would increase travel times, even marginally.

Overall, this theme reflects a belief that proximity to emergency services is a core component of safety. Respondents tend to evaluate proposals primarily through the lens of how quickly care can be reached, rather than organisational efficiency or service configuration.

- *“Every second counts with asthma.”* [Individual respondent]
- *“I’d panic if I had to drive 45 minutes in an emergency.”* [Individual respondent]
- *“The journey with a sick child is extremely stressful.”* [Individual respondent]
- *“It cannot be safe to travel that extra distance for urgent care.”* [Individual respondent]

Another theme concerns access for people without private transport. Many respondents highlight that assumptions about car ownership do not reflect reality, particularly for older people, disabled residents, young families, and those on low incomes.

Public transport is widely described as infrequent, indirect, or unreliable, particularly between towns. Respondents note long journey times, poor evening and weekend services, and high taxi costs. For some, the absence of accessible transport is described as a complete barrier to care.

Several respondents express concern that service changes would disproportionately affect those already facing disadvantage. This includes people with mobility issues, sensory impairments, or conditions that make travel physically or psychologically difficult.

Respondents frequently argue that emergency care should be accessible to all, regardless of transport means, and that proposals risk widening existing inequalities.

- *“Not everyone drives.”* [Individual respondent]
- *“Public transport to Ormskirk is infrequent and takes a long time.”* [Individual respondent]
- *“Taxi costs are not affordable.”* [Individual respondent]
- *“I would have no access to these services.”* [Individual respondent]

Buildings and waiting environments

Many non-staff responses convey strong emotional attachment to local hospitals, rooted in personal and family experience. Respondents often describe hospitals as trusted community institutions rather than interchangeable service sites.

This attachment is added to by stories of childbirth, childhood illness, and long-term care. For some, hospitals are associated with reassurance, familiarity, and continuity.

Respondents often express pride in their local hospital and frustration that its value is not recognised. There is also a sense that repeated service reductions have already eroded local provision, leading to fear that further changes represent a gradual withdrawal of care.

- *“Ormskirk has looked after my family for years.”* [Individual respondent]
- *“This hospital is part of our community.”* [Individual respondent]

Buildings, waiting environments and services designed around needs

Respondents frequently compare hospitals based on personal experience, particularly waiting times, staff behaviour, and overall environment. These comparisons strongly influence preferences and perceptions of risk.

Ormskirk is often described as providing faster, calmer, and more personalised care, particularly for children. Southport is more frequently described as crowded, stressful, or overstretched, although some respondents report positive experiences there.

Waiting times are a particular concern. Respondents equate longer waits with poorer outcomes, discomfort, and distress, especially for children and older people. Respondents judge quality through what they have personally encountered and what they hear from others in their community.

- *“You’re seen quickly at Ormskirk.”* [Individual respondent]
- *“Southport A&E is overcrowded.”* [Individual respondent]
- *“The care at Ormskirk is second to none.”* [Individual respondent]

Impact on children's services and maternity, neonates

Respondents argue that children have unique needs from adults and should be treated in environments designed specifically for them.

There is general support for children-only emergency departments, with concerns about exposure to adult trauma, intoxicated patients, and noisy or chaotic settings. Respondents also highlight the needs of children with autism, sensory sensitivities, or disabilities, for whom unfamiliar or crowded environments can be overwhelming.

Parents and carers often describe children's distress as amplifying their own anxiety, reinforcing resistance to any option perceived to worsen children's experience.

- *"A children-only A&E is vital."* [Individual respondent]
- *"My autistic child struggles with new places."* [Individual respondent]
- *"Children should not be in adult trauma environments."* [Individual respondent]

Transport concerns

Older respondents frequently describe challenges related to mobility, fatigue, and reliance on family or carers for transport. Longer journeys are framed as exhausting, stressful, and sometimes unmanageable.

There is concern that older people may delay seeking care due to travel difficulties or avoid services altogether. Respondents also note the emotional burden placed on relatives who must provide transport or support.

- *"I am a pensioner and would struggle to travel."* [Individual respondent]
- *"Older people find travel exhausting."* [Individual respondent]
- *"Southport has a large elderly population."* [Individual respondent]
- *"We need services close to home."* [Individual respondent]

Population, demand and equity

Respondents, particularly from Southport, stress that population figures alone underestimate demand due to tourism, seasonal influxes, and large public events. Respondents argue that emergency provision should reflect peak demand rather than average use.

Tourists, visitors, and temporary residents are seen as adding unpredictable pressure, particularly during summer months. Respondents express concern that these factors are insufficiently weighted in decision-making.

- *"Southport is a seaside resort."* [Individual respondent]
- *"The population swells in the summer."* [Individual respondent]

- *“Large events bring additional risk.”* [Individual respondent]

Parking and on-site access

Practical factors such as parking availability, signage, and waiting space are often linked to stress and anxiety. Respondents describe parking difficulties as a barrier to timely access and a source of additional distress during emergencies.

Waiting environments are also criticised, particularly where space is limited or facilities are inadequate for children, disabled people, or long waits.

- *“Parking is horrendous.”* [Individual respondent]

- *“Not being able to park adds to the stress.”* [Individual respondent]

- *“Waiting areas are too small.”* [Individual respondent]

- *“Facilities are not suitable for families.”* [Individual respondent]

Consultation process and trust

Many respondents express fear that changes will have knock-on effects across the wider health system. There is concern that pressure will be displaced to already overstretched hospitals, increasing waits and reducing quality elsewhere. This consultation is seen as a step towards Ormskirk’s eventual closure.

There is also a strong sense of cumulative loss, with respondents describing previous service removals and fearing that further change represents a long-term decline.

- *“This will push people to Alder Hey.”* [Individual respondent]

- *“Other hospitals are already overstretched.”* [Individual respondent]

- *“Services are being taken away bit by bit.”* [Individual respondent]

Attitudes in favour of the preferred option (Southport)

The following section outlines the themes when considering the

NHS configuration models

A number of respondents, mainly staff, express support for the preferred option on the basis that it aligns with wider NHS service configuration models. These respondents contextualize their support in terms of organisational logic rather than lived experience. The idea of concentrating acute services on one site, with diagnostic or elective activity on another, is viewed by some as a rational response to workforce and financial pressures.

Supporters of this view often reference the consultation document itself, suggesting that when assessed against the stated criteria, the preferred option appears to perform better overall. However, this support is cautious and qualified, rather than overly keen.

- *“Document clearly shows that the Southport option is the better option for each of the considerations listed. It is the most viable option.”* [NHS staff respondent]
- *“Looking at the case for Southport it does look like a better option.”* [NHS staff respondent]
- *“Co-in line with sister trust. 1 acute site 1 diagnostic /cdc site ... it is essential that the standards for children in the emergency care settings will be fully compliant with: <https://www.rcpch.ac.uk/resources/facing-future-standards-children-young-people-emergency-care-settings>. The design of the new services - on whichever site - needs to ensure 100% compliance with the above document.”* [NHS staff respondent]

This theme is limited in frequency and is largely absent from non-staff responses. Where present, it reflects acceptance of system-level arguments rather than personal preference or confidence in outcomes.

Population, demand and equity

Some respondents, particularly from Southport, support the preferred option because they believe emergency services should be located where population density and demand are highest. This includes consideration of Southport's older population, tourism, and major public events.

Supporters argue that planning should reflect peak demand rather than average use, and that a coastal town with large visitor numbers requires comprehensive emergency provision.

However, even within this theme, support is often conditional on adequate investment and capacity.

- *“Southport is a holiday destination and also holds many large public events.”* [NHS staff respondent]
- *“Higher population in Southport and visitors so it makes sense.”* [NHS staff respondent]

Attitudes against the preferred option

Travel, access and transport

The strongest and most widespread opposition to the preferred option relates to increased travel times and perceived risk in emergencies. Respondents argue that longer journeys directly compromise safety, particularly for children, older people, and those with acute conditions.

This theme underpins much of the overall opposition and is consistently framed as a safety issue rather than inconvenience.

- *“Every second counts with asthma.”* [Individual respondent]
- *“It cannot be safe to travel that extra distance.”* [NHS staff respondent]
- *“If an A&E was moved to Southport this would be much further to travel impacting on patient outcomes.”* [NHS staff respondent]

Impact on children’s services and maternity, neonates

Many respondents oppose the preferred option because of its implications for children’s emergency care and the knock-on impact on maternity services. Staff in particular highlight the interdependency between paediatric emergency cover and safe obstetric provision.

There is concern that the preferred option would lead to downgrading or closure of maternity services, even if this is not explicitly stated. This theme is one of the most emotionally and professionally charged areas of opposition.

- *“Without paediatrics at Ormskirk, you will close the maternity unit or downgrade it.”* [NHS staff respondent]
- *“Children should not be in adult trauma environments.”* [Individual respondent]

Staffing, training and workforce

Respondents argue that the preferred option would concentrate pressure on already stretched services and staff. There is scepticism that the receiving site could safely absorb additional demand without worsening waiting times, overcrowding, and staff burnout.

Workforce implications, including travel, parking, and retention, are central to this concern. This theme reflects concern about long-term sustainability rather than short-term efficiency.

- *“Southport cannot cope now just for adults.”* [NHS staff respondent]
- *“Reducing the number of A&Es simply makes waiting times longer.”* [NHS staff respondent]
- *“Southport A&E is overcrowded and there is a lack of space.”* [Individual respondent]

Consultation process and trust

A further major point of opposition is the belief that the preferred option represents a step towards the gradual closure or downgrading of Ormskirk Hospital. This perception amplifies resistance and reduces trust in the consultation.

This theme cuts across staff and non-staff responses and intensifies opposition beyond the specific details of the preferred option.

- *“Listen we all know that Ormskirk is going to shut.”* [Individual respondent]

- *“It feels like Ormskirk is being closed bit by bit.”* [Individual respondent]

- *“If children’s services go, the site won’t be sustainable.”* [NHS staff respondent]

Responses grouped by geographic areas

Introduction

The following section covers the themes of issues that are raised in all of the five geographic areas.

The following table outlines where all the responses were received from. For a reminder of the approach to the geographic analysis please read section 3.5.

Figure 30: survey responses by postcode and town

Town	Postcodes	Postcode total	Total (%)
Formby	L29, L37, L38	315	6%
Ormskirk	L39	889	18%
Skelmersdale	WN5, WN8	1260	26%
Southport	PR8, PR9	1448	30%
Northern Parishes and other	L40, PR4, WN6, L33, L31, PR7, PR26, BB1, BB2, BB7, CH2, CH43, K37, L10, L12, L14, L18, L20, L21, L22, L23, L3, L30, L32, L34, L35, L49, L6, L9, LA23, LA3, LA9, M22, P28, PR1, PR2, PR25, PR3, PR6, SK10, WA10, WA11, WA12, WA5, WA9, WN1, WN2, WN3, WN4, WN7	950	20%
Total		4862	100%

Southport based responses

The following section outlines the key issues that were raised by people who responded in the survey that they were based in Southport. It is split broadly into the following themes:

- Travel, access and transport
- Consultation process and trust
- Parking and on-site access
- Buildings, waiting environments and services designed around needs
- Impact on children’s services and maternity, neonates
- Population, demand and equity
- Staffing, training and workforce

For an indication of the number of comments related to each theme, figure 31 gives a sense of the depth of concern.

Figure 31: qualitative comments per question for respondents based in Southport

Theme	Number of comments
Theme 1: Responses to question two (1,552 comments)	
Travel, transport, parking and accessibility	486
Which hospital	296
Quality of care and services	194
Population size and demographics	304
Facilities	127
Financial and practical costs	110
Overall/general comments	35
Theme 2: Travel, parking, access and waiting areas (1,325 comments)	
Travel, transport, parking and accessibility	595
Facilities	285
Which hospital	203
Waiting times	43
Quality of care	80
Population size and demographics	63
General /other comments	56
Theme 3: Reduce negative impacts (892 comments)	
Facilities	255
Location, travel, transport and parking	246
Quality of care	74
Which hospital	208
Financial and practical costs	26
Population size and demographics	13
General/other comments	54
Nothing/ don't know/ no opinion	16
Theme 4: Additional comments (431 comments)	
Facilities	110
Travel, transport, parking and accessibility	93

Quality of care	42
Population and demographics	44
Which hospital	77
General/other comments	56
Nothing/ don't know/ no opinion	9

Travel, access and transport

Respondents consistently identify travel time, congestion and limited public transport between Southport and Ormskirk as material barriers to timely care. The A570 single carriageway and Ormskirk's town-centre one-way system are repeatedly described as bottlenecks that can extend journeys to 40–60 minutes at peak times, during roadworks or when major events draw visitors. This is viewed as particularly risky for urgent presentations involving children, frail older adults and people who do not drive. Public transport is often reported as infrequent, indirect and expensive.

Several accounts describe needing two or more buses or rail changes, while taxi costs are prohibitive for many. A number of respondents suggest that poor connectivity can divert demand to other hospitals (Aintree, Alder Hey, Wigan), regardless of the programme's preferred model. Overall, travel and access concerns centre around speed, reliability and equity of reach for those most likely to rely on bus, rail or ambulance transport, with an emphasis on Southport being easier to reach via multiple approach routes and flatter terrain.

- *"The road between the two towns is maybe one of the poorest in the country involving many holdups."* [Individual respondent]

- *"Travel to Ormskirk by public transport is awful."* [NHS staff member]

- *"It can take an hour to get to the hospital... in an emergency this could end up killing someone."* [NHS staff member]

- *"With ambulance wait times currently at 3 hours minimum, for children needing emergency medical care, a drive to Ormskirk is traumatic to say the least."* [Individual respondent]

- *"Public transport between Southport and Ormskirk is not quick."* [NHS staff member]

Consultation process and trust

Respondents express frustration with the consultation process, describing some questions as confusing or leading and the overall exercise as driven by cost rather than care. Several ask for clearer evidence, fuller building plans and transparent modelling of impacts such as ambulance handover times, safeguarding environments for children, and the interdependencies with maternity and neonatal services.

A common request is a genuine dual-site option and stronger engagement with groups less digitally connected, including older residents and carers. Some staff and public respondents perceive decisions as predetermined, which can erode trust and reduce support for change. Others call for visible incorporation of frontline practice insights, covering ED flow, triage

pathways, streaming of mental health presentations and clear communication on what would be retained at the site losing services (for example, an urgent treatment centre or walk-in provision).

- *"How can there be a 'Proposal for your future A&E' if you're thinking about closing an A&E!"* [NHS staff member]

- *"Your questions are loaded... there seems to be little detriment in selecting the Southport option based on the leaflet information."* [NHS staff member]

- *"I don't want the either-or option. Both sites should have an A&E for both children and adults like they did years ago."* [Individual respondent]

- *"There has also been no explanation as to why the dept closes early each night."* [Individual respondent]

Parking and on site access

Parking is widely reported as inadequate at both sites. Ormskirk draws particular criticism for limited capacity, steep gradients and longer walks from bays to entrances. Southport is perceived to have greater scope for expansion and nearby overflow options such as supermarket parking or park and ride, yet respondents still describe difficulties finding spaces, high parking charges and insufficient disabled bays. Staff parking is a recurrent issue, with overspill into public areas and concerns about affordability and safety for late or night shifts.

Suggestions include multi-storey car parks, dedicated parent and child and blue-badge parking close to entrances, improved drop-off zones, clearer wayfinding and real-time occupancy signage. Accessibility inside and around buildings features heavily: flatter approaches and shorter distances are preferred, with calls for better lighting, ramps and wheelchair-friendly routes. Overall, respondents view parking and access as integral to patient experience and staff wellbeing, especially for those with mobility limitations or limited budgets.

- *"Ormskirk hospital parking is bad as it is and the extra spaces will not help with the additional seven services to be moved."* [Individual respondent]

- *"Southport has an excellent car park with lots of blue badge spaces near the main entrance."* [Individual respondent]

- *"Staff at Ormskirk cannot even park so I do not understand where you will find the extra space."* [NHS staff member]

- *"Parking at both sites is awful."* [Individual respondent]

Buildings, waiting environments and services designed around needs

Feedback on the built environment focuses on overcrowding, outdated spaces and the need for child-friendly and neurodiversity-aware design. Southport's ED is often described as cramped, hot and noisy, with insufficient seating and toilets and frequent corridor care.

Ormskirk's paediatric waiting area is praised by some for being brighter and well equipped, yet others find both sites dated and lacking privacy. Respondents recommend larger, segregated waiting areas for adults and children, clearer sightlines for staff to monitor waiting rooms, improved ventilation, more side rooms and better infection control. There are calls for designated quiet or sensory spaces for autistic patients or those with anxiety, and to avoid co-locating distressed mental health presentations next to children by using dedicated assessment areas and streaming.

Practical amenities such as refreshments and accessible toilets are cited as important when waits are long. Many also call for local walk-in or urgent treatment options, to reduce inappropriate attendance and align capacity to demand across the area.

- *"Southport waiting area is tiny and cramped."* [Individual respondent]
- *"Southport A&E is not fit for purpose anymore, the waiting room is tiny, with no comfortable chairs, no privacy."* [NHS staff member]
- *"Bringing both A&E together to the same site with acute beds would ensure smooth patient flow."* [NHS staff member]
- *"Waiting areas need to be more neurodiverse friendly. A quiet space could be offered with dimmed lights and sensory experiences."* [Individual respondent]

Impact on children's services and maternity, neonates

There is strong sentiment for reinstating children's A&E in Southport, driven by concerns over travel delays, limited opening hours at Ormskirk and safeguarding within mixed adult environments. Parents and carers emphasise the stress and risk of long journeys with acutely unwell children and the need for 24/7 local access in a tourist town. Several respondents ask how paediatric wards, neonates and maternity would align if services move; some fear a medical desert if co-dependencies are not addressed explicitly. Others recall good experiences at Southport's former maternity and urge clarity on the future of Ormskirk's unit should paediatric services shift.

- *"Children's A&E should never have been moved from Southport."* [NHS staff member]
- *"Ormskirk children's A&E not being 24/7 is also no good."* [Individual respondent]
- *"If children's A&E moves, we will lose the maternity unit. That is not in the public's interest."* [Individual respondent]
- *"If you remove the paediatric team, where will the NNU and maternity units go?"* [NHS staff member]

Population, demand and equity

Population arguments centre on Southport's larger resident base, older age profile and seasonal influx of visitors. Many cite Southport's population around 90,000–100,000 compared with approximately 24,000–28,000 in Ormskirk, alongside growth from new housing. Respondents contend that higher demand from elderly residents, care homes and

families warrant readily accessible local emergency care. Conversely, some emphasise equity for West Lancashire communities, including Skelmersdale, arguing that centralising services at one site creates winners and losers.

A recurring view is that both towns are growing and that demand patterns justify either dual-site ED provision or, at minimum, local urgent treatment and walk-in capacity across the footprint. Equity concerns also include transport affordability and the disproportionate impact of longer travel on non-drivers, people with disabilities and lower-income households.

- *"Two thirds of the population served live in Southport and Formby."* [Individual respondent]

- *"Southport has a large elderly population, and it is far quicker and easier for the elderly to access Southport hospital."* [Individual respondent]

- *"Formby, Ormskirk and adjacent areas are rapidly growing and need their own adult and paediatric A&Es."* [NHS staff member]

Staffing, training and workforce

Workforce feedback highlights chronic shortages, high pressure and the need for paediatric-trained staff if services are reconfigured. Staff and public respondents report burnout, corridor care and long waits as symptoms of demand outstripping capacity. Relocation risks, including travel burdens for staff, potential changes to job roles and retention, are raised alongside calls for practical support such as affordable parking, safe commuting and balanced rotas.

Training and recruitment are seen as pivotal: respondents ask for robust plans to staff a 24/7 model, protect specialist paediatric skills and strengthen multidisciplinary teams across acute, urgent and community pathways. Morale is linked to visible investment in front-line roles, streamlined processes and the ability to deliver compassionate, timely care. Several contributors urge management to reduce administrative layers and prioritise feet on the floor to stabilise services.

- *"A&E across the board is struggling and in desperate need for staff."* [NHS staff member]

- *"Insufficient qualified medical staff."* [NHS staff member]

- *"Southport Hospital chronically does not have the staffing... any decision would require a huge amount of investment in staffing."* [NHS staff member]

- *"With already using locum staff and bank staff will you be able to staff both sites?"* [NHS staff member]

Financial arguments, cost and value for money

Financial considerations are a strand in responses and are closely linked to views about feasibility, disruption and fairness. Many respondents compare the relative costs of consolidating services at Southport versus Ormskirk and argue that moving fewer services represents better value for money. A common position is that relocating children's A&E back

to Southport would require less capital investment, be quicker to deliver and avoid the higher costs associated with moving multiple acute services to Ormskirk.

- *“The difference in cost alone to relocate the services to the different sites is staggering.”*
[NHS staff member]

- *“It saves the NHS millions in building costs that could be spent on staffing, equipment and patient care.”* **[NHS staff member]**

- *“The Southport option is quicker and cheaper to implement with less disruption to existing services.”* **[Individual respondent]**

- *“You waste money that could have funded suitable infrastructure changes that would benefit all service users.”* **[Individual respondent]**

Formby based responses

The following outlines the key issues that were raised by people who responded in the survey that they were based in Formby. It is split broadly into the following themes:

- Travel, access and transport
- Consultation process and trust
- Parking and on-site access
- Buildings, waiting environments and services designed around needs
- Impact on children's services and maternity, neonates
- Population, demand and equity
- Staffing, training and workforce

For an indication of the number of comments related to each theme, figure 32 gives a sense of the depth of concern.

Figure 32: qualitative comments per question for respondents based in Formby

Theme	Number of comments
Theme 1: Responses to question two (259 comments)	
Travel, transport, parking and accessibility	117
Which hospital	57
Quality of care and services	26
Population size and demographics	21
Other facilities	19
Waiting times	6
Overall/general comments	13
Theme 2: Travel, parking, access and waiting areas (231 comments)	
Travel, transport, parking and accessibility	103
Facilities	43
Waiting area	25
Waiting times	15
Quality of care	15
Population size and demographics	3
General comments	27
Theme 3: Reduce negative impacts (185 comments)	
Facilities	63
Travel and transport	60
Quality of care	13
Southport option	12
Both hospitals	6
More/ new hospital	6
Ormskirk option	5
General/other comments	12
Nothing/ don't know/ no opinion	8
Theme 4: Additional comments (46 comments)	
Facilities	20

Travel and transport	11
Staff	4
General/other comments	11

Travel, access and transport

Travel and access dominate responses. Many respondents describe journeys to Ormskirk from Formby and coastal areas as difficult, unsafe and unreliable, particularly in winter or at night. Narrow, poorly lit rural roads, congestion through Ormskirk town centre and limited alternative routes are cited as risks for patients, families and ambulances. Public transport is widely viewed as inadequate, with no direct routes from Formby to Ormskirk and journeys often requiring multiple train and bus changes or costly taxis. This is seen as a particular barrier for older people, non-drivers and those on low incomes.

Southport is generally perceived as easier to reach, with clearer main road access and better public transport links. Respondents link accessibility directly to patient safety, arguing that emergency care must be quick and predictable to reach. Seasonal tourism and coastal events are seen as further reasons to prioritise access from Southport and Formby. While some acknowledge congestion and poor roads affecting both sites, the balance of opinion is that Ormskirk is comparatively remote for a large part of the population served.

Suggested mitigations include improved bus services, shuttle links from rail stations, dedicated hospital transport and road upgrades. However, there is scepticism about whether these measures are realistic or deliverable in the short to medium term. Overall, respondents frame travel and access as a fundamental constraint that should carry significant weight in decision-making.

- *“Transport to Ormskirk is difficult and limited. Out of normal service hours, getting to Ormskirk is impossible if you can’t afford a taxi there & back.”* [Individual respondent]

- *“From Formby, Ormskirk is a difficult drive on narrow winding country roads and is especially difficult in winter.”* [Individual respondent]

- *“Southport is more accessible by car and public transport.”* [NHS staff member]

Consultation process and trust

Many responses reflect low confidence in decision-making and consultation processes. Some respondents refer to previous service changes that were implemented despite local opposition, which continues to shape perceptions of the current proposals. There is concern that consultation materials do not clearly explain the full implications for linked services, particularly maternity, paediatrics and inpatient care, limiting the public’s ability to make informed judgements.

Trust is further undermined by the language used in proposals. Respondents highlight the use of non-committal terms such as ‘could’, interpreting this as a lack of firm commitment to promised improvements. Past examples of unfulfilled infrastructure or transport upgrades are cited as reasons for scepticism. Several staff and public respondents also question

whether financial pressures are driving decisions more strongly than quality, safety or long-term sustainability.

Respondents ask for clearer plans, firm commitments and transparent evidence on demand, staffing, travel impacts and service interdependencies. They also seek better communication about construction phasing, interim arrangements and mitigation for those most affected. While many accept that change is necessary, trust appears contingent on openness, detailed information and a credible track record of delivery.

- *“It’s difficult to clearly establish exactly what changes are being proposed from the plans.”* [Individual respondent]

- *“You can’t blame the public for being sceptical.”* [Individual respondent]

- *“I therefore have no confidence that these options will achieve the goals under the current leadership.”* [NHS staff member]

Parking and on site access

Parking is consistently described as stressful and inadequate at both hospitals. Respondents report difficulty finding spaces, long queues to enter car parks, and long walking distances from parking areas to entrances. These issues are particularly acute for people accompanying frail relatives, those with disabilities and parents attending A&E in urgent situations. Blue badge provision and the location of disabled bays are commonly criticised.

Southport is often described as operating at or near parking capacity already, while Ormskirk is seen as having limited physical space and difficult internal layouts. Construction phasing is highlighted as a risk that could worsen access unless temporary arrangements are carefully planned. Payment systems, lack of machines and unclear signage are also cited as sources of frustration.

There is strong support for substantial parking expansion, including multi-storey car parks, off-site parking with shuttle buses, more drop-off zones and clearer wayfinding. Staff respondents emphasise the need for safe, affordable parking for employees, with some calling for free staff parking. Overall, parking and on-site access are viewed as practical issues that significantly affect patient experience and should be resolved alongside any service reconfiguration.

- *“Parking at Southport is terrible.”* [Individual respondent]

- *“I had to queue to get into the car park at Ormskirk.”* [Individual respondent]

- *“More parking spaces. More disabled spaces near to the hospital entrances.”* [Individual respondent]

Buildings, waiting environments and services designed around needs

Respondents describe both hospitals as constrained by dated buildings and insufficient space. Waiting areas are widely criticised as too small, overcrowded and uncomfortable, with limited seating suitable for older people or those with reduced mobility. Poor ventilation,

lack of privacy at triage and inadequate separation of children, babies and vulnerable adults are seen as risks to dignity and infection control.

There is strong emphasis on the need for environments designed around diverse needs. Suggestions include quiet or calm spaces for people with autism or mental health needs, wheelchair-friendly layouts, stoma-friendly toilets and better security presence in adult A&E areas. Practical amenities such as refreshments, charging points, clearer signage and real-time information on waiting times are also highlighted.

Respondents link building design directly to staff effectiveness, noting that poor layouts limit observation, increase stress and contribute to corridor care. Many argue that any option chosen must deliver larger, better-designed clinical and waiting spaces that support safety, dignity and efficient care, rather than simply relocating existing problems.

“Waiting areas need careful consideration – size and more comfortable seating.” [Individual respondent]

“There needs to be proper thought given for children and adults with learning difficulties.” [Individual respondent]

“Small waiting room, poor ventilation, lack of toilets and facilities.” [NHS staff member]

Impact on children’s services maternity, and neonates

Children’s services generate strong views. Many respondents value the current children’s A&E at Ormskirk, describing it as calm, child-friendly and less overcrowded. There is concern that moving children’s emergency care to a combined site could lead to longer waits, a more chaotic environment and reduced ability to separate babies from infectious cases.

A major issue is the perceived lack of clarity about maternity and neonatal impacts. Respondents argue that paediatric emergency services are closely linked to maternity care, particularly for neonatal support and post-natal complications. There is concern that changes could split paediatric staff across sites, weaken senior cover or disrupt established working relationships. Staff respondents highlight risks associated with transferring sick children between sites if inpatient wards and emergency care are not co-located.

- *“The children’s A&E at Ormskirk is amazing and calm.”* [Individual respondent]

- *“The child would then need to be moved which could delay care.”* [NHS staff member]

- *“No mention of how this will impact maternity services.”* [Individual respondent]

Population, demand and equity

Respondents frequently reference population size, age and seasonal demand. Southport and Formby are described as having large and growing populations, with a high proportion of older residents and significant seasonal visitor numbers. Many argue that current A&E

capacity in Southport does not match this level of demand and that future planning must reflect continued growth.

Equity is a recurring concern. Non-drivers, older people, those with disabilities and people on low incomes are seen as disproportionately affected by longer travel distances and complex public transport journeys. Respondents worry that relocating services away from the coast could widen existing inequalities in access to urgent care. At the same time, some acknowledge that both hospitals struggle to meet demand, suggesting that any solution must include wider system changes.

Proposals to address demand include improved GP access, walk-in or urgent treatment centres, better social care to support discharge and clearer triage to reduce inappropriate A&E attendance. Overall, respondents emphasise that decisions should be grounded in realistic assessments of population need and fairness of access.

- *“Southport is the main population centre in the area.”* [Individual respondent]
- *“Older Formby residents have complained about difficulties in getting to services.”* [NHS staff member]
- *“A walk-in centre could alleviate some of the pressure on A&E.”* [Individual respondent]

Staffing, training and workforce

Staffing is widely viewed as critical to the success of any option. Respondents describe current pressures from understaffing, high workload and inconsistent cover, particularly at night. Negative patient experiences are often attributed to system strain rather than individual staff, although concerns about training and skill mix are also raised.

Staff respondents emphasise the need for recruitment and retention strategies that align with any expansion of services. This includes access to training, development opportunities and secondments, as well as safe working environments. Issues such as staff parking, travel time and exposure to aggression in A&E settings are seen as factors that influence morale and retention.

There are also broader concerns about national workforce policy, including training costs and reliance on non-medical roles. Overall, respondents stress that buildings and service models will not deliver improvement without sustained investment in a well-trained, supported and stable workforce.

- *“Increase capacity at both units and staff it properly.”* [Individual respondent]
- *“Need to ensure staff safety as attacks on A&E staff are increasing.”* [Individual respondent]
- *“Have local staff training and development opportunities been considered?”* [Individual respondent]

Skelmersdale based responses

The following outlines the key issues that were raised by people who responded in the survey that they were based in Skelmersdale. It is split broadly into the following themes:

- Travel, access and transport
- Consultation process and trust
- Parking and on-site access
- Buildings, waiting environments and services designed around needs
- Impact on children's services and maternity, neonates
- Population, demand and equity
- Staffing, training and workforce

Figure 33: qualitative comments per question for respondents based in Skelmersdale

Theme	Number of comments
Theme 1: Responses to question two (1,498 comments)	
Travel, transport, parking and accessibility	690
Which hospital	326
Quality of care and services	176
Population size and demographics	121
Facilities	83
Waiting times	51
Overall/general comments	51
Theme 2: Travel, parking, access and waiting areas (1,310 comments)	
Travel, transport, parking and accessibility	613
Facilities	109
Which hospital	227
Waiting times	93
Quality of care	108
Population size and demographics	37
Waiting area	94
General comments	29
Theme 3: Reduce negative impacts (907 comments)	
Facilities	100
Location, travel, transport and parking	183
Quality of care	76
Which hospital	390
Waiting time	27
Waiting area	36
Population size and demographics	25
General/other comments	56
Nothing/ don't know/ no opinion	14
Theme 4: Additional comments (530 comments)	
Facilities	98
Travel and transport	161
Quality of care	26

Population and demographics	84
Which hospital	99
General/other comments	62

Travel, access and transport

Skelmersdale based respondents argued that moving services away from Ormskirk would increase travel times, complicate routes, and reduce timely access to urgent and emergency care, particularly for children and people without cars. Ormskirk is described as closer and better connected for West Lancashire communities, while Southport is seen as further, harder to reach and frequently congested.

Poor public transport in Skelmersdale and surrounding areas compounds these difficulties. Many non-drivers cited long bus journeys, unreliable timetables and costly taxis, with some reporting up to two hours by bus or fares exceeding £30. For urgent situations, especially paediatric emergencies where deterioration can be rapid, longer journeys are widely viewed as unsafe. Ambulance delays and challenging routes through Ormskirk to Southport were highlighted as additional risks. Overall, the prevailing view is that consolidating services at Southport disproportionately affects rural and deprived communities, raises barriers for disabled people and carers, and may shift demand to other hospitals perceived as nearer or more accessible.

- *“Southport is a 30-minute drive from me, Ormskirk is only 15 minutes, if something heaven forbid ever had to happen to my baby, time is of the essence.”* [Individual respondent]

- *“From Skelmersdale to Southport without a car can take two hours on a bus... it’s over £30.”* [Individual respondent]

- *“Residents of Southport & Formby have train links... however Skelmersdale, the biggest town in West Lancs has no train station and very poor standard bus service.”* [Individual respondent]

- *“Southport hospital has no access to any motorway... Ormskirk more central to motorway access if transfer needed to specialist units.”* [NHS staff member]

- *“A 2-hour bus ride to Southport is not an option for seriously ill patients.”* [Individual respondent]

Consultation process and trust

There is scepticism about the consultation’s neutrality and completeness. Many respondents felt the decision was pre-determined in favour of Southport, with concerns that the process under-weighted deprivation and transport barriers affecting West Lancashire. Several comments criticised limited information on linked services such as maternity, neonatal and paediatrics, and requested clearer mapping of alternative A&E sites to inform choices. Perceived cost-driven motives were seen to prioritise organisational efficiency over patient access. Calls were made for fuller disclosure of dependencies, long-term impact modelling,

and a choice that reflects local needs rather than binary options. Some respondents referenced community petitions and asked for a vote or stronger citizen involvement.

- *“The people of Skelmersdale once again are being abandoned as we all know the decision has already been made to move everything to Southport.”* [Individual respondent]

- *“There is already a petition on social media to stop this change.”* [NHS staff member]

- *“I feel that more information is required in the document... what the other 7+ services are that would need to be relocated.”* [NHS staff member]

Parking and on-site access

Parking capacity and on-site access emerge as practical barriers, particularly at Southport. Respondents reported frequent inability to park, long circulation times, overspill to nearby retail car parks, and difficulties for disabled drivers. Some noted site layout and wayfinding issues at Southport that complicate access to departments, while Ormskirk was viewed as simpler to navigate with more proximate drop-off. Both sites were said to require expansion, but Southport was repeatedly characterised as having limited space and challenging ground conditions that constrain build options. Several comments proposed multi-storey solutions and improved disabled provision, lighting and security. In emergencies, respondents emphasised that delayed parking can add stress and time to access. While parking alone is not determinative of clinical quality, it is seen as a key enabling factor for timely attendance, visitor support and staff working conditions.

- *“Parking at Southport is impossible.”* [Individual respondent]

- *“Car park facilities are completely inadequate. People have to do laps... sometimes for over thirty minutes.”* [NHS staff member]

- *“Ormskirk has easier drop off parking in an emergency.”* [Individual respondent]

- *“Southport hospital is not well designed or sign posted. Ormskirk is very easy to find where you need to go.”* [NHS staff member]

- *“It is impossible to find a parking space at Southport hospital, whereas I have never had the same issue at Ormskirk.”* [Individual respondent]

Buildings, waiting environments and services designed around needs

Built environment and waiting conditions matter to respondents. Ormskirk is often described as newer, cleaner and purpose-built, with layouts that feel calmer and easier to navigate. Southport is frequently depicted as old, cramped and poorly maintained, with references to cleanliness issues and crowded waiting rooms. Many respondents questioned the suitability of mixed adult and child waiting environments, highlighting distress and safeguarding concerns.

There were calls for larger, family-friendly waiting areas, improved seating and toilet provision, and child-appropriate spaces. Parents of autistic children and those with sensory needs reported that Ormskirk provides quieter rooms and supportive environments, which they feared would be lost or diluted in a consolidated A&E at Southport. Some asked for better refreshments and amenities during long waits. The overall preference is for environments designed around children and vulnerable users, with adequate space, clear wayfinding and high standards of hygiene.

- *“Southport Hospital is falling apart structurally... the hospital is generally filthy and not fit for its current purpose.”* [Individual respondent]

- *“Ormskirk children’s A&E is clean, light and airy and totally separate from adults ensuring safety.”* [Individual respondent]

- *“Southport A&E is very claustrophobic, depressing, lacks in seating.”* [NHS staff member]

- *“Ormskirk A&E provides separate spaces for people with and learning difficulties to wait.”* [Individual respondent]

- *“The current waiting area in Southport is ridiculously small.”* [Individual respondent]

Impact on children’s services and maternity, neonates

A linked-services theme concerns the interdependence of paediatrics, neonatal and maternity. Many respondents warned that moving children’s A&E to Southport without paediatric cover at Ormskirk would jeopardise neonatal and maternity safety, necessitating duplicate consultant cover and potentially fragmenting care pathways. There is anxiety about managing urgent neonatal events if paediatricians are not available on site.

Several comments argued that women, children and neonatal services should remain co-located at Ormskirk to protect clinical safety and continuity. Concerns were also raised about exposing children to adult A&E environments and the implications for infection risk and trauma during waits. A number of respondents advocated restoring 24-hour opening for Ormskirk children’s A&E to maintain timely paediatric access. Overall, the preference is to keep integrated women’s and children’s services together, with adequate staffing and facilities to meet unplanned events and routine demand.

- *“No paediatric cover for neonates?”* [Individual respondent]

- *“Ormskirk has the maternity ward & children’s ward including ICU for children. Certainly, doesn’t make sense to move children’s A & E to Southport away from all children’s other facilities.”* [Individual respondent]

- *“Neonatal and maternity services have not been taken into consideration... you would then need to have double consultant cover for both sites.”* [NHS staff member]

- *“Keep women and children and neonatal services together in Ormskirk.”* [NHS staff member]

- *“Children should not be exposed to some of the cases, which are seen in adult A&E.”* [NHS staff member]

Population, demand and equity

Respondents framed service location as an equity issue. Skelmersdale and parts of West Lancashire were described as growing, with many young families and significant deprivation. Low car ownership and poor transport were cited as structural barriers to accessing Southport. Some contributors contrasted this with Southport’s older and more affluent profile, arguing that moving services there would exacerbate health inequalities. Others referenced local housing expansion and the high number of schools to underline paediatric demand.

There were calls for decisions to reflect the distribution of need and for central, accessible provision for the largest and most deprived populations. A minority noted population figures and asked for clearer data publication to inform choices. Overall, the sentiment prioritises proximity and affordability for disadvantaged communities and emphasises that equitable access should be a core design criterion.

- *“Skelmersdale is a fast-growing town... without the infrastructure to match the growth.”* [Individual respondent]

- *“Skelmersdale is a deprived area.”* [Individual respondent]

- *“Some of the poorest families in Skelmersdale would have even less access to emergency care if both adults and children’s A&E was on the Southport site.”* [NHS staff member]

- *“The area of highest deprivation in the boroughs will have the lowest healthcare provision, this is no way equitable.”* [Individual respondent]

- *“As of 2021, Southport population is 94,421, Ormskirk 27,708, and Skelmersdale 34,907.”* [NHS staff member]

Staffing, training and workforce

Workforce capacity and configuration were recurrent concerns. Respondents noted staff shortages, high demand and burnout, particularly at Southport. Some argued that combining services on one site without additional staffing would worsen waits and care quality. Others highlighted the need for double staffing if services were split or if maternity remained at Ormskirk without on-site paediatrics. The proximity of Edge Hill University to Ormskirk was cited as a potential pipeline for nursing and allied roles, with opportunities for training and recruitment. Several comments called for investment in frontline staff over estate changes and for clearer workforce plans aligned to any reconfiguration. Overall, contributors emphasised safe staffing, sustainable rotas and skills mix as prerequisites for any service model, whether consolidated or dual-site.

- *“Southport, the workforce are burnt out already.”* [NHS staff member]

- *“You’d need double the staff to cover both locations.”* [Individual respondent]

- *“Southport A&E not enough staff to cope.”* [Individual respondent]

- *“Having A&E in one site without increasing staffing capacity to meet the demand will have a negative impact.”* [Individual respondent]

- *“Ormskirk also has Edge Hill University where a lot of nurses do their training so once qualified you have excellent*

Northern Parishes and other areas

The following outlines the key issues that were raised by people who responded in the survey that they were based in Northern Parishes and other areas. It is split broadly into the following themes:

- Travel, access and transport
- Consultation process and trust
- Parking and on-site access
- Buildings, waiting environments and services designed around needs
- Impact on children's services and maternity, neonates
- Population, demand and equity
- Staffing, training and workforce

Figure 34: qualitative comments per question for respondents based in Northern Parishes and other areas

Theme	Number of comments
Theme 1: Responses to question two (976 comments)	
Travel, transport, parking and accessibility	325
Which hospital	200
Quality of care and services	204
Population size and demographics	69
Facilities	92
Waiting times	35
Overall/general comments	51
Theme 2: Travel, parking, access and waiting areas (858 comments)	
Travel, transport, parking and accessibility	357
Facilities	198
Which hospital	110
Quality of care	104
Population size and demographics	21
Waiting times	39
General /other comments	29
Theme 3: Reduce negative impacts (549 comments)	
Facilities	157
Location, travel, transport and parking	98
Quality of care	61
Which hospital	163
Population size and demographics	8
General/other comments	50
Nothing/ don't know/ no opinion	12
Theme 4: Additional comments (357 comments)	
Facilities	102
Travel and transport	91
Quality of care	29

Population size and demographics	28
Which hospital	52
General/other comments	50
Nothing/ don't know/ no opinion	2

Travel, access and transport

Feedback consistently raises travel time and route quality as central risks to safe access if services are consolidated at Southport. Respondents describe Ormskirk as more central to the whole catchment, with shorter door-to-department times for communities such as Skelmersdale, Burscough, Lathom and Westhead. Rural road conditions, seasonal tourism, and event-related congestion towards Southport are cited as compounding delays. For residents who do not drive, public transport frequency and interchange requirements are reported to be poor, with hourly buses, lengthy walks from stations, and high taxi costs. Equity concerns are prominent. Elderly and disabled people, families on low incomes, and those in villages with limited transport links could face longer, more complex journeys in time-critical situations.

Ambulance availability and response are recurrent themes. People recount long waits, requests to self-transport, and journeys along congested or narrow roads. Several submissions connect these factors to potential clinical risk in emergencies involving asthma, cardiac events, or severe allergic reactions. In contrast, Ormskirk is repeatedly described as easier to reach, closer to motorways and specialist centres, and therefore more resilient for patient flows across the wider area. Proposed mitigations include improving bus and rail connectivity (for example reinstating the Burscough rail curves), clearer guidance on ambulance conveyance for paediatric cases, and modelling travel times for different localities at different times of day and year.

- *'Ormskirk is centrally located for residents who live in Skelmersdale, Ormskirk and surrounding areas.'* [NHS staff member]

- *'The transport links from West Lancashire to Southport are horrendous.'* [Individual respondent]

- *'With the lack of ambulances, children will die without a more local A&E.'* [Individual respondent]

- *'Southport is a holiday destination and the roads become very congested.'* [Individual respondent]

Consultation process and trust

Some comments question the legitimacy and transparency of the consultation process. Respondents believe the decision to favour Southport has already been taken and that the exercise risks being perceived as tokenistic. Specific concerns include the use and presentation of population data, the absence of clear information on consequential service changes (especially maternity and neonatal services), and limited engagement with groups who may be disproportionately affected, such as disabled people and low-income families.

Contributors call for clearer communication about what would happen at the non-selected site, publication of full cost and estate implications, and visible involvement of frontline clinicians in shaping options. Some propose iterative engagement that tests assumptions, publishes demand and travel-time modelling, and sets out how children's standards will be met.

- *'Reading the information, it is very clear that a decision to move emergency care to Southport has already been made.'* [Individual respondent]

- *'Figures from ONS have been ignored in favour of numbers produced at a local level.'* [Individual respondent]

- *'You need to be more transparent with what would happen to the other site once services move.'* [NHS staff member]

- *'I would encourage conversation and specific consultation with disabled people.'* [Individual respondent]

Parking and on-site access

Parking capacity is described as inadequate at both hospital sites, with Southport repeatedly cited as the most constrained. Respondents report circulating for extended periods, long walks from distant car parks, unclear payment systems, and limited disabled bays. Staff accounts highlight difficulty parking when moving between sites. While proposals to add spaces are welcomed, many feel they will not meet the combined adult and children demand if services are centralised. Some suggest multi-storey solutions, designated short-stay spaces by entrances for carers, and clearer wayfinding.

Accessibility within and around buildings is also raised. People note that walking distances from parking to A&E can be challenging when unwell or supporting someone with mobility needs. Several comments question the fairness of parking charges and call for concessions or low flat-rate fees. Overall, access issues are considered integral to patient experience and punctual arrival, especially for urgent and emergency care.

- *'Parking at Southport is poor as it is — you can never find a space.'* [Individual respondent]

- *'No parking as it is; staff can be driving round for up to 45 minutes just looking for parking.'* [NHS staff member]

- *'Parking should be free to all; charging is a tax on ill health and disability.'* [Individual respondent]

Buildings, waiting environments and services designed around needs

Comments about the physical environment emphasise cleanliness, layout, and comfort. Southport A&E is frequently described as old, cramped and in need of significant upgrade, with small waiting areas, limited seating, and poor ventilation. Ormskirk is described as cleaner and more spacious, with features perceived as more suitable for children and families. Across both sites, people ask for waiting rooms that can accommodate peak

demand, with adequate seating, separate areas for children and adults, and improved toilets and refreshment options.

Design around needs is a recurrent theme. Respondents want dedicated spaces for disabled and immuno-suppressed patients, quiet areas and sensory provisions for autistic children, and clear separation from adult presentations that may be distressing for children. Several suggest strengthening triage streaming, improving discharge planning, and ensuring wayfinding and signage are intuitive.

- *'Southport hospital feels old and unclean.'* [NHS staff member]

- *'The waiting rooms have very small waiting areas — there is always people standing up as not enough seats.'* [Individual respondent]

- *'I don't want children sat in A&E waiting rooms with drunks, drug addicts and prisoners.'* [Individual respondent]

- *'Ormskirk have a specific sensory area for children with disabilities to wait in.'* [NHS staff member]

Impact on children's services and maternity, neonates

Sentiments concern safeguarding children's emergency access and the interdependence with maternity and neonatal services. Many respondents oppose moving children's A&E from Ormskirk, citing proximity, established paediatric expertise, and links to maternity and neonatal units on the same site. Several accounts describe life-saving care delivered at Ormskirk, and fear worse outcomes with longer journeys to Southport.

There is widespread concern that relocating paediatrics would destabilise consultant-led maternity and neonatal provision at Ormskirk. Contributors state this risk has not been made sufficiently explicit in public materials. They request a full impact assessment, including operational cover for neonatal emergencies, on-call arrangements, transfer pathways, and the cost of any reconfiguration.

- *'Ormskirk children's A&E is vital for the children in our community.'* [Individual respondent]

- *'My daughter wouldn't have survived if Ormskirk children's A&E wasn't there.'* [Individual respondent]

- *'Maternity and neo-natal is at Ormskirk which means children's nurses are within the hospital to assist.'* [Individual respondent]

- *'It is obvious if paediatrics go to Southport there will no longer be a maternity unit.'* [Individual respondent]

Population, demand and equity

Views on population need and equity diverge. Many respondents argue that Ormskirk serves a growing population of young families across West Lancashire, including areas with higher deprivation and poorer transport, and therefore provides more equitable access. Others note

Southport's larger overall population and visitor numbers, but accept that its age profile is older and less aligned to paediatric demand.

Concerns about data quality and presentation recur, with calls to use consistent sources and to model future demand using local plans and housing growth. Equity arguments focus on non-drivers, low-income households, and rural communities at the edge of the catchment who could be disadvantaged by centralising services at the coast. Several contributors warn that moves perceived as favouring one area may widen health inequalities and shift demand to other trusts.

- *'Ormskirk hospital enables families with children living in Skelmersdale and surrounding rural areas access to urgent care.'* [Individual respondent]

- *'Southport is an ageing population — doesn't make sense to have paediatric units in an area with less children.'* [Individual respondent]

- *'Proposed changes would widen health inequalities for the Skelmersdale community by moving services to Southport.'* [NHS staff member]

- *'The population figures are incorrect and deliberately misleading to favour the Southport option.'* [Individual respondent]

Staffing, training and workforce

Workforce comments describe stretched staffing, high demand and concerns about retention if services move, particularly among paediatric clinicians. Some respondents perceive cultural and morale issues at Southport A&E, with calls to rebuild teams and strengthen leadership. Others highlight opportunities associated with Ormskirk's central location, including proximity to universities for training pipelines.

Suggested actions include safeguarding paediatric staffing, providing dual-site on-call cover where necessary, improving recruitment and retention, and embedding training and development. People ask for visible staff engagement in service design, realistic rotas, and adequate skill mix to meet peaks in urgent and emergency care.

- *'The staffing culture within Southport A&E is very poor... the department would need to be rebuilt from the ground up.'* [NHS staff member]

- *'I feel you would lose a significant number of staff with the move.'* [NHS staff member]

- *'The location being Ormskirk will open up more staffing options due to proximity to transport links and universities.'* [Individual respondent]

- *'A lot more staff is needed for the NHS.'* [Individual respondent]

Ormskirk based responses

The following outlines the key issues that were raised by people who responded in the survey that they were based in Ormskirk. It is split broadly into the following themes:

- Travel, access and transport
- Consultation process and trust
- Parking and on-site access
- Buildings, waiting environments and services designed around needs
- Impact on children's services and maternity, neonates
- Population, demand and equity
- Staffing, training and workforce

Figure 35: qualitative comments per question for respondents based in Ormskirk

Theme	Number of comments
Theme 1: Responses to question two (807 comments)	
Travel, transport, parking and accessibility	321
Which hospital	150
Quality of care and services	118
Population size and demographics	48
Other facilities	87
Waiting times	37
Overall/general comments	46
Theme 2: Travel, parking, access and waiting areas (681 comments)	
Travel, transport, parking and accessibility	320
Facilities	217
Which hospital	52
Waiting times	57
Quality of care	65
Population size and demographics	11
General comments	28
Theme 3: Reduce negative impacts (501 comments)	
Facilities	81
Location, travel, transport and parking	111
Quality of care	115
Which hospital	134
Population size and demographics	15
General/other comments	32
Nothing/ don't know/ no opinion	13
Theme 4: Additional comments (259 comments)	
Facilities	31
Travel and transport	68
Quality of care	45
Population and demographics	31
Which hospital	38
General/other comments/ don't know	46

Travel, access and transport

Respondents frequently position Ormskirk as the more central and accessible location for urgent and emergency care, contrasting it with Southport's coastal position and limited hinterland. Travel concerns focus on longer journey times to Southport, seasonal congestion and the single-lane A570, alongside poor public transport links between West Lancashire and Southport. These constraints are seen to disadvantage Skelmersdale and rural communities, particularly those without cars, and to heighten risk for children, frail older adults and disabled people.

Calls for mitigations include shuttle buses between sites, better rural bus services, hospital-supported transport for non-drivers and clearer road signage. Overall, respondents regard proximity, reliable transport and equitable reach as critical for safe access, concluding that sitting services at Ormskirk better meets these tests for the wider geography.

- *"Ormskirk is more central to all of Southport and West Lancashire, making it easier to reach quickly from local towns and villages."* [NHS staff member]

- *"For people in Skelmersdale it is a 45-minute drive to Southport A&E... many do not have a car."* [NHS staff member]

"Southport sits on the coast, making it less accessible for many inland communities and increasing travel times for ambulances and patients, critical minutes lost in emergencies."
[Individual respondent]

- *"Blue lights to Southport is a logistical nightmare."* [Individual respondent]

Consultation process and trust

A number comments challenge the consultation's neutrality, asserting that options are framed to favour Southport and that decisions are cost-driven rather than based on population need and clinical risk. Respondents ask for clearer modelling of ambulance handovers, waiting times, and the interdependencies with maternity and neonatal services, as well as transparent evidence on building condition, capacity and future expansion. Several cite low confidence in governance and call for genuine engagement with West Lancashire communities, frontline staff and those less digitally connected. Proposals perceived as predetermined or insufficiently evidenced are said to erode trust and risk community buy-in; many advocate for a dual-site model to avoid postcode inequity.

- *"The outcome has been decided before proper consultation... options look driven by cost, not care."* [NHS staff member]

- *"It is clear that you have already decided to move more services to Southport, this process is pointless. Lip service and box ticking exercise."* [NHS staff member]

- *"The criteria and questions didn't give me adequate scope for my opinion."* [NHS staff member]

- *"Would be good to know where and what the surplus monies would be spent."* [Individual respondent]

Parking and on site access

Parking is reported as problematic on both sites, but more acute at Southport where capacity is limited, bays are distant from A&E entrances and charges are high. Respondents describe stress in finding spaces during emergencies, reliance on nearby supermarket parking with time limits and the risk of fines. Ormskirk is often considered easier to navigate, though overflow into residential streets is noted at busy times. Suggested improvements include multi-storey car parks, expanded disabled and parent-and-child bays, larger drop-off zones with short-stay allowances, clearer wayfinding and reduced or abolished parking fees for patients and staff. Accessibility inside and around buildings is tied to parking: shorter, flatter routes and well-lit approaches are prioritised by those with mobility needs.

- *"Parking at Southport is already extremely challenging with people having to use the nearby Tesco supermarket as an overflow."* [Individual respondent]

- *"Drop-off zones at both hospitals are very small and often full... larger areas with time-limited waiting are needed."* [Individual respondent]

- *"Car parking awful at both sites, but Southport by far the worst."* [NHS staff member]

- *"Car parking is accessible in Ormskirk A&E and there is always multiple spaces available."* [Individual respondent]

Buildings, waiting environments and services designed around needs

Respondents characterise Ormskirk's buildings as newer, cleaner and more adaptable, with capacity to reconfigure space and expand. Southport's estate is described as older, cramped and hard to modernise, with waiting areas that feel small, hot and crowded, lacking privacy, seating and ventilation. There are repeated requests for larger, family-friendly waiting rooms, clear separation of adults and children, and designated quiet or sensory areas for autistic patients or those with anxiety. Cleanliness and basic amenities such as refreshments and accessible toilets are highlighted as essential during prolonged waits. Many contributors argue that service design should match population needs, with modernised, accessible environments and streaming of mental health presentations away from children.

- *"Southport A&E waiting area is a disgrace... very small, dirty, lacks privacy."* [Individual respondent]

- *"Ormskirk has modernised waiting areas better suited for families and children."* [Individual respondent]

- *"Make a bigger waiting room with windows... Southport A&E is a breeding ground when Covid is high."* [NHS staff member]

- *"Provide clean refreshment facilities within or close to the A&E department."* [Individual respondent]

Impact on children's services and maternity, neonates

Respondents emphasise the value of keeping children's emergency care close to maternity and the neonatal unit to avoid separation of mothers and babies and ensure timely specialist input. Many fear staff loss if services relocate, with paediatric specialists less likely to move, and warn that travel delays to Southport could harm outcomes, especially for high-risk pregnancies and acute paediatric emergencies. The prevailing view is that Ormskirk's paediatric services and maternity should remain co-located, with extended opening hours to 24/7 and clear safeguarding of child-friendly environments.

- *"Ormskirk's children's A&E is exceptionally well run, arguably one of the best in the region."* [Individual respondent]

- *"If paediatric A&E moves to Southport, what would happen to children's ward, NNU and maternity unit."* [NHS staff member]

- *"There is a risk of mum and baby being separated in different hospitals."* [Individual respondent]

- *"You will massively increase high-risk home births by moving maternity services that clearly will not function without paediatric services at Ormskirk."* [NHS staff member]

- *"A stand-alone children's emergency department avoids exposing children to adult A&E environments."* [Individual respondent]

Population, demand and equity

Arguments against proposals emphasise West Lancashire's growing and younger demographic, new housing across Burscough and Ormskirk, and the needs of Skelmersdale, described as a more deprived area with lower car ownership. Many feel that centralising in Southport would create winners and losers, disadvantaging inland communities and vulnerable groups. Respondents advocate either a dual-site model or restoring full A&E at Ormskirk to prevent a postcode lottery. A smaller but notable thread points to Southport's older population profile, suggesting dedicated services for age-related needs there while retaining children's and maternity at Ormskirk. Equity is framed in terms of distance, affordability and safe access for those relying on public transport.

- *"Ormskirk is a town that is expanding every year. Southport is more elderly."* [NHS staff member]

- *"Skelmersdale is the area with by far the greatest social need and it is a long way from Southport."* [Individual respondent]

- *"Population is too big for only one hospital to have A&E."* [Individual respondent]

- *"There is a large population of students in Ormskirk."* [Individual respondent]

- *“You cannot possibly provide the same safe care to everyone if you are moving emergency services away from one area to another.”* [NHS staff member]

Staffing, training and workforce

Workforce comments describe understaffing, recruitment freezes and low morale, particularly at Southport, and highlight the importance of retaining paediatric-trained staff. Respondents call for more doctors, nurses and lab staff, better recruitment and retention, consultant presence on the floor, and strengthened multidisciplinary teams. Some urge management reform to reduce administrative layers and improve support for frontline staff. A recurring risk is that relocating services could precipitate staff losses among paediatric specialists, undermining service quality. Overall, the workforce is seen as the limiting factor in delivering safe, timely care, regardless of estate changes, and investment in staffing is viewed as prerequisite to any reconfiguration.

- *“Southport always seems understaffed.”* [Individual respondent]

- *“Paediatric specialists are in short national supply. Relocating could cause staff losses.”* [Individual respondent]

- *“A&E needs more staff, doctors and nurses on duty 24/7 to reduce waiting times significantly.”* [Individual respondent]

- *“Morale at Southport is currently extremely low and the environment is outdated and bleak.”* [NHS staff member]

3.8 Alternative suggestions and mitigations

Throughout the survey, respondents suggested alternative ideas and suggestions to mitigate the challenges local healthcare faces. These are grouped into the following:

Alternative: Keep children’s A&E at Ormskirk as it currently operates, with no relocation.

This is the most frequently suggested alternative, raised by both staff and non-staff. It is often framed as the safest and least disruptive option, given current service performance and access patterns.

- *“Keep children’s A&E at Ormskirk as it is essential to communities such as Rainford, Skelmersdale, Burscough and surrounding areas.”* [Individual respondent]

“Keep Ormskirk site running as it is.” [NHS staff member]

“Don’t need more info. It is simple. People need A&E to remain at Ormskirk.” [Individual respondent]

Alternative: Protect both children’s emergency care and maternity services at Ormskirk as linked services.

This alternative is strongly advocated by staff, particularly those working in maternity and paediatrics, and supported by non-staff respondents with recent maternity experience.

- *“Keep children’s A&E and maternity at Ormskirk.”* [NHS staff member]

- *“If children’s A&E goes, maternity will go, so both must stay.”* [NHS staff member]

- *“It is imperative we keep a local maternity ward for local women.”* [Individual respondent]

Alternative: Retain emergency provision on both Ormskirk and Southport sites, either fully or with differentiation.

Respondents suggest this as a way to avoid overloading one site and to maintain local access across the geography.

- *“I think best to keep both going if possible.”* [NHS staff member]

- *“Two adult A&Es and two children’s A&Es, one Ormskirk one at Southport.”* [NHS staff member]

- *“Closing either of the services is a terrible result for local residents.”* [Individual respondent]

Alternative: Develop different specialisms at each site without removing children’s emergency care from Ormskirk.

Examples include Southport focusing on frailty, adult emergency care, or same-day emergency care, while Ormskirk retains paediatrics and maternity.

- *“Use Southport for a Same Day Emergency Care (SDEC), Frailty Unit as Southport is mainly elderly population.”* [NHS staff member]

- *“Southport is already focused on adult A&E, children should stay at Ormskirk.”* [Individual respondent]

Alternative: Build a new hospital or emergency centre in a more central location rather than moving services between existing sites.

This suggestion is raised less frequently but consistently as a way to resolve travel inequity.

- *“The best option would be a new hospital in a more central location.”* [NHS staff member]

- *“To bring the two sites together the best option would be a new hospital.”* [NHS staff member]

Alternative: Invest in upgrading current buildings, estates, and equipment rather than moving services.

Respondents argue that service quality issues should be addressed directly through investment.

- *“Ormskirk hospital deserves to be granted an upgrade.”* [NHS staff member]

- *“Southport site is old and needs essential works before adding more services.”* [NHS staff member]

Alternative: Reinstate or extend children’s A&E at Ormskirk to operate 24/7.

This is raised by staff as a practical idea that could reduce pressure elsewhere.

- *“Reopen the children’s A&E 24/7.”* [NHS staff member]

- *“A&E should be 24/7 in Ormskirk for children.”* [NHS staff member]

Alternative: Create or expand Urgent Treatment Centres (UTCs) or walk-in centres to manage non-emergency demand.

Suggested locations include Ormskirk, Southport, and areas such as Formby, Ainsdale, and Hightown.

- *“A walk-in centre can be placed in Ormskirk.”* [NHS staff member]
- *“There should be an urgent care centre closer to Formby/Ainsdale.”* [Individual respondent]
- *“Better urgent care provision would reduce pressure on A&E.”* [NHS staff member]

Alternative: Address access issues through transport improvements rather than service relocation.

Suggestions include better public transport, cheaper parking, and clearer drop-off arrangements.

- *“Improve transport links between Southport and Ormskirk.”* [Individual respondent]
- *“Increase car parking and improve drop-off areas.”* [Individual respondent]
- *“Parking should be cheaper and more accessible.”* [NHS staff member]

4 Analysis of individual or organisational submissions

4.1 Introduction

While the vast majority of responses took the form of completed surveys, either on paper or via the online platform, a number of respondents chose to make separate written representations as part of the consultation. In total 382 written responses were made by email or letter, including some cases of more than one response by the same respondent.

As the majority of these written submissions do not follow the format of the survey, there is insufficient quantitative data across the letters and emails to provide a numerical breakdown of support for the options which have been proposed or details as to the demographic characteristics of respondents as a whole. It has also meant that many of the responses do not necessarily fit into the same sections as the qualitative responses provided to the survey. Consequently, rather than looking at responses by letter and email alongside the surveys, they have been analysed separately, the findings of which are covered in this section of the report.

The responses have been analysed thematically and the findings outlined in this section. Although the analysis has not inflated any single response over another, it should be noted that there were some extended or more technical responses received, addressing the viability of the proposed changes, and alternative proposals covering the consulted service areas and wider healthcare approaches.

The programme responded to all correspondence throughout the consultation. Where concerns were raised about engagement activities, for example, the programme then ensured solutions to issues were found and reported back to the contributor. Where information mentioned by contributors was possibly factually incorrect, they were pointed to accurate information that was housed on the website.

4.2 Summary of key themes from all submissions

The consultation process

A significant volume of feedback expressed concern about the perceived neutrality of the consultation. Respondents believed that a preferred option, specifically consolidation of adult and children's A&E services at Southport Hospital, had been decided prior to or during the consultation period. This perception, they said, was reinforced by media coverage, public statements, and revisions to published cost estimates during the consultation.

Several contributors stated that these factors undermined trust in the process and led to a belief that the consultation was being used to validate a predetermined outcome rather than to genuinely shape decision-making. Requests were made for greater transparency, clearer separation between option appraisal and consultation activity, and reassurance that feedback would meaningfully influence final decisions.

- *"This consultation was a done deal on the first day you recommended that Southport was the first choice."* [Individual respondent]

- *"It seems the cat [was] out of the bag at the first meeting on Monday, consultation over, job done."* [Individual respondent]

Transparency, costing and evidence base

Concerns were raised regarding the clarity, consistency and accessibility of financial information. Contributors questioned changes to capital cost estimates, particularly reductions in the projected cost of redevelopment at Southport and requested clearer explanations of how these figures were produced.

Some respondents expressed scepticism that costings accurately reflected whole-life costs, backlog maintenance, or refurbishment alternatives, and called for independent verification or greater disclosure of assumptions. There was also concern that perceived limited detail made it difficult for the public and councillors to assess value for money or compare options fairly.

- *"How do you justify reducing Southport from 45 million to 33 million with no figures?"* [Individual respondent]

- *"It worries me that they can reduce their quote so quickly with no accountability on the reduced quote."* [Individual respondent]

- *"[The] re-acquired buildings at Ormskirk (old Primary Care Trust HQ and associated estate) [need] to be structurally surveyed and costed for refurbishment"* [Individual respondent]

Access, travel and health inequalities

Travel time and accessibility emerged as a significant issue. Feedback highlighted concerns about increased travel distances for residents of West Lancashire, particularly Skelmersdale and surrounding areas, which are characterised by lower car ownership and poorer public transport connectivity.

Respondents questioned whether existing travel impact assessments adequately reflected deprivation, demographic differences, and the realities of emergency travel, especially for families with children. There was anxiety that longer journey times could worsen clinical outcomes and exacerbate existing health inequalities.

- *“Most localities aim to improve healthcare provision for more deprived areas, yet this proposal does the opposite.”* [Individual respondent]

- *“Whether travelling via ambulance, private or public transport, a longer journey will have an impact on health outcomes.”* [Individual respondent]

Impact on children, families and vulnerable groups

A proportion of feedback focused on the impact of proposals on children and families. Parents and carers described situations where proximity to emergency care was critical and expressed fear that increased travel distances could delay treatment in life-threatening situations.

Concerns were also raised about ambulance availability, paediatric capacity, and whether Southport Hospital could safely absorb additional demand. There was apprehension that urgent treatment or walk-in centres at Ormskirk could become overwhelmed if children’s A&E services were relocated.

Accessibility for disabled patients was also raised, including issues relating to reasonable adjustments and the adequacy of facilities to meet diverse needs.

- *“Children who stop breathing. Babies who suffer with breathing issues. How would they be able to help parents promptly?”* [Individual respondent]

- *“Closing the A&E would be catastrophic.”* [Individual respondent]

- *“Ambulance services cannot cope as it is with some ridiculous waiting times.”* [Individual respondent]

- *“There are so many schools and nurseries in the local area that rely on this hospital.”* [Individual respondent]

Capacity, estates and site constraints

Feedback indicated concern that Southport Hospital is already operating under significant pressure, with limited physical space, parking constraints, and high demand. Contributors questioned whether the site could accommodate additional emergency services without increasing overcrowding, delays or operational risk.

In contrast, Ormskirk Hospital was frequently described as having underused buildings and greater potential for expansion. Respondents queried why these assets were not more fully explored within the proposals and requested greater clarity on the condition and potential reuse of existing estate.

- *“The parking at Southport and Ormskirk is inadequate.”* [Individual respondent]

- *“Southport Hospital is already stretched and cannot safely absorb more services.”*
[Individual respondent]

Engagement with local authorities and stakeholders

Elected members raised concerns about the adequacy and timing of engagement with councillors prior to the consultation. Some felt that briefings were presented as information-sharing rather than consultation and that references to prior engagement were unclear or misleading.

There were also reports of practical barriers to engagement, including difficulties accessing surveys, unclear meeting information, and challenges for digitally excluded groups.

- *“Contrary to what was displayed, there has been no consultation whatsoever with councillors.”* [Individual respondent]

- *“It is extremely disappointing that elected members were not consulted.”* [Individual respondent]

Suggested alternatives and mitigations

While some feedback opposed service change outright, many respondents offered alternative approaches or suggested ways to tackle issues, including:

- Retaining or restoring full adult and children’s A&E services at Ormskirk, based on centrality and access for West Lancashire.
- Investing in both Southport and Ormskirk to maintain a level of emergency provision at each site.
- Expanding urgent treatment and walk-in centre capacity alongside any A&E reconfiguration.
- Repurposing and refurbishing existing buildings at Ormskirk as a lower-cost and faster alternative to new build solutions.
- Commissioning further independent reviews and capital assessments.
- Strengthening transport mitigation plans and reassessing modelling to better reflect deprivation, paediatric need and real-world travel barriers.

- *“It would be more productive to restore full services to Ormskirk.”* [Individual respondent]

“Local NHS services A&E for both children and adults should be bolstered and reinstated at both sites.” [Individual respondent]

- *“Instead of closing services, invest in what we already have.”* [Individual respondent]

- *“Urgent care should be strengthened locally so people don’t have to travel miles.”*
[Individual respondent]

4.3 Organisation submissions in detail

The next section covers written submissions by organisations. The programme received two written submissions, both of which were local authorities, and both attended a collaborative forum. The detail of collaborative forum sessions is in section 6.2.

West Lancashire Borough Council (WLBC)

The following is a summary of West Lancashire Borough Council's formal submission. The full submission can be found in Appendix 8.

WLBC position and key themes

The organisation identifies three overarching themes in its cover letter and six analytical themes in the main submission. These underpin its preference for Ormskirk Hospital.

Geography and access

The documents state that Ormskirk Hospital is more centrally located within the overall catchment area, with most residents living within ten miles, compared with journeys of up to twenty miles for some residents if services were consolidated at Southport. Particular emphasis is placed on inland communities such as Skelmersdale, where car ownership is low, public transport is described as limited, and health outcomes are reported to be among the poorest in Lancashire.

WLBC argues that moving children's A&E services to Southport would increase travel times for many West Lancashire residents, particularly for paediatric emergencies, and that this would disproportionately affect communities facing the greatest barriers to access.

Clinical co-dependencies

Their submission states that national standards require adult acute care, maternity, neonatology and paediatrics to be planned and delivered together. Ormskirk is described as already hosting a complete women's and children's platform, whereas Southport does not.

WLBC submission states that Ormskirk appears more expensive in the consultation because it is costed as a complete solution, while Southport appears cheaper because the future relocation of maternity and paediatric inpatient services is excluded from scope and costed separately or deferred.

Governance

The documents state that West Lancashire lies within the Lancashire and South Cumbria ICB, while Southport Hospital lies within the Cheshire and Merseyside ICB. WLBC argues that consolidating emergency services at Southport would place West Lancashire's principal acute services outside its own health system, potentially weakening accountability and alignment with local statutory authorities will reduce health inequalities.

Workforce

The submission states that Ormskirk Hospital already sustains consultant led maternity, neonatal and paediatric services, which are described as difficult to recruit to nationally. It highlights the proximity of Ormskirk Hospital to Edge Hill University's School of Medicine and

wider health faculty, which is presented as a workforce pipeline that could support recruitment, training and retention.

The submission also references performance and inspection findings at both hospitals, noting concerns raised by the Care Quality Commission about crowding and delays in Southport's emergency department, alongside generally stronger performance in Ormskirk's children's services within their current operating hours.

Financial elements

WLBC highlights what it describes as inconsistencies in published cost figures for the Southport option, including different headline capital costs and floor areas presented in different documents. It also notes that Southport Hospital carries a significantly larger backlog maintenance liability than Ormskirk, which is not included in the consultation cost comparison.

Travel and specialist transfers

The documents state that Ormskirk Hospital is closer in travel time and distance to several specialist centres, including Whiston, Alder Hey, Aintree and Wigan. WLBC argues that this reduces transfer times for time critical cases such as trauma, stroke and complex paediatric or obstetric emergencies.

WLBC conclusion and recommendations

WLBC concludes that the current split site model is unsustainable and that a single site solution is required. Based on the evidence presented, it states that co locating adult and children's emergency services at Ormskirk Hospital offers a clinically coherent, geographically fair and strategically aligned solution.

The submission formally urges the Joint Health Overview and Scrutiny Committee and decision makers to recommend full co location at Ormskirk Hospital on a 24-hour basis. It also asks that issues of equity, clinical interdependencies, governance alignment and transparency of cost information are given appropriate weight in the final decision.

Simonswood Parish Council

Access, travel and health inequalities

The document raises a theme around access to urgent and emergency care, particularly for residents in rural parts of West Lancashire. It is said that concentrating A&E services on a single site could increase travel times for some communities and worsen access for people who rely on public transport or do not have access to a car. The materials state that existing transport links are uneven across the area and that longer journeys in emergencies may have clinical significance. It is also said that proposed mitigations focus on hospital-to-hospital movement rather than resident-to-hospital access, and that further resident-facing transport modelling is requested.

Ambulance service capacity

The document says that the consultation does not present ambulance modelling in a way that allows straightforward comparison between options and that any increase in ambulance

travel time or mileage would place additional pressure on an already stretched service. It is stated that clarity is sought on modelling assumptions, operational sign-off by the ambulance service, and the specific mitigations that would be put in place to manage response times, handovers, and crew availability.

Emergency infrastructure and air ambulance provision

The organisation also raises issues relating to emergency infrastructure, particularly air ambulance provision. It is said that neither hospital site is shown to have a helipad suitable for modern emergency helicopters and that this is not addressed in the consultation. The document suggests that the absence of clear plans for airborne emergency access may be inconsistent with the stated aim of delivering safe, high-quality care that meets future needs, and it requests information on investment requirements and ongoing operational costs.

Clinical interdependencies

Clinical safety and the co-location of interdependent services form another major theme. The document says that the consultation is unclear about the future location of maternity and neonatal services if children's A&E and paediatric inpatient services are relocated. It is stated that separating these services could introduce clinical risk and transfer complexity. The organisation requests confirmation of whether co-location will be maintained and, if not, asks for publication of risk assessments, transfer protocols, staffing implications, and clarification on whether future reconfiguration costs are included in the proposals.

Population growth and future demand

The document highlights population growth and future demand as a concern. It is said that planned housing growth in West Lancashire and neighbouring areas will increase demand for urgent and emergency care over the next five to ten years. The forum states that the consultation should demonstrate how this growth, alongside household size and car-ownership patterns, has been incorporated into modelling for emergency department attendances, ambulance conveyances, and bed capacity. It is also said that this modelling should be provided both for West Lancashire specifically and for the wider system footprint.

Site capacity, expansion and long-term sustainability

Another theme relates to site capacity and long-term sustainability. The document says that while one option is presented as more favourable in terms of cost and delivery timescale, this may mask longer-term constraints on expansion. It is stated that one site is perceived to be more physically constrained, while the other is said to offer greater potential for future growth. The forum requests clarity on site planning, safeguarded clinical expansion space, and how future increases in demand would be accommodated without repeated disruption to services.

Estates risk and whole-life costs

The document also raises concerns about estates risk and whole-life costs. It is said that existing backlog maintenance, including high-risk works, may not be fully reflected in headline capital figures. The organisation states that without transparent inclusion of backlog clearance, enabling works, inflation, lifecycle and energy costs, decant arrangements, and business continuity risks, cost comparisons between options may be misleading. A detailed and transparent cost breakdown for each option is subsequently requested.

5 Analysis of public meetings

5.1 Introduction

Throughout the consultation period, eight public meetings were held at different locations around Southport, Formby and West Lancashire. The dates and details of these events are outlined in Figure 36 below. Each meeting was attended by representatives of several of the NHS bodies involved in the consultation. Overall, approximately 481 people attended the meetings.

Figure 36: Consultation events programme

Public meeting one	
Date and time:	Wednesday, 20 August 2025, 5.30pm
Location and venue:	Online meeting (MS Teams)
Programme representatives on panel:	Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Tracy Jeffes (C&M ICB), Dr Rob Caudwell (C&M ICB), Sarah James (L&SC ICB), Debbie Eytayo (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB), Dr Chris Gardner (L&SC ICB)
Public meeting two	
Date and time:	Tuesday, 26 August 2025, 1pm
Location and venue:	Online meeting (MS Teams)
Programme representatives on panel:	Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Jan Leonard (C&M ICB), Dr Rob Caudwell (C&M ICB), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB)
Public meeting three	
Date and time:	Tuesday, 26 August 2025, 5.30pm
Location and venue:	Formby Methodist Church, Formby
Programme representatives on panel:	Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Tracy Jeffes (C&M ICB), Dr Rob Caudwell (C&M ICB)
Public meeting four	
Date and time:	Tuesday, 2 September 2025, 1pm
Location and venue:	The Hub @ Banks, Banks
Programme representatives on panel:	Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB)
Public meeting five	
Date and time:	Tuesday, 2 September 2025, 5.30pm
Location and venue:	Greenhill Community Hub, Skelmersdale
Programme representatives on panel:	Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB), Dr Andy Knox (L&SC ICB)

Public meeting six	
Date and time:	Tuesday, 16 September 2025, 5.30pm
Location and venue:	Mere Brow Village Hall, Tarleton
Programme representatives on panel:	Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB), Dr Chris Gardner (L&SC ICB)
Public meeting seven	
Date and time:	Tuesday, 23 September 2025, 5.30pm
Location and venue:	Christ Church Ministry Centre, Aughton, Ormskirk
Programme representatives on panel:	Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB), Dr Andy Knox (L&SC ICB)
Public meeting eight	
Date and time:	Tuesday, 30 September 2025, 5.30pm
Location and venue:	Community Church Family Life Centre, Southport
Programme representatives on panel:	Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Jan Leonard (C&M ICB), Dr Rob Caudwell (C&M ICB)

Meeting format

Each public meeting followed a standard format. Panel members representing various NHS organisations were introduced, and one or more of them delivered a presentation of the consultation, proposals and option. A copy of the presentation delivered can be found in Appendix 10. A Q&A session with attendees then followed.

How issues were recorded

Each public meeting was attended by a panel of representatives from different NHS bodies involved in Shaping Care Together. The panel heard and responded to questions and concerns directly at the meetings. Attendees were also encouraged to complete the consultation survey or respond in other ways.

Each meeting was audio recorded in full. Recordings have been made available to download on the consultation website and were supplied to CHCR for summary analysis. Analysts have listened to the recordings and noted the topics of discussion and issues raised. A head count was conducted at each meeting to provide an estimated attendance, as detailed in the summaries in this section.

A brief summary of each meetings main topics of discussion is included in this section.

5.2 Issues raised by meetings

The following section includes topics of discussion at the public meetings. Full audio recordings of the meetings were collected by Shaping Care Together.

Online meeting (MS Teams)

Wednesday, 20 August 2025, 5.30pm

Panel: Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Tracy Jeffes (C&M ICB), Dr Rob Caudwell (C&M ICB), Sarah James (L&SC ICB), Debbie Eyitayo (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB), Dr Chris Gardner (L&SC ICB)

The meeting online on Teams was attended by approximately 34 people.

Attendees expressed concerns about how the proposed changes would affect access to urgent and emergency care, particularly for residents in deprived areas such as Skelmersdale where public transport links to Southport are limited. Many felt that relocating children's emergency services to Southport would create longer journey times, reduce equity and disadvantage families without cars. Some also challenged the travel analysis used to support the proposals and questioned whether current attendance patterns had been interpreted fairly.

Questions were raised about the practical feasibility of expanding Southport Hospital to accommodate combined emergency services. Participants highlighted existing pressures on parking, ambulance flow and the size of the estate, and asked how the site could realistically manage additional clinical activity. There was also concern that Southport could be left without any urgent treatment provision if adult services were moved to Ormskirk, which some considered unfair and unbalanced.

Staffing issues were a recurring theme, with the audience seeking clearer explanations about difficulties in recruiting key clinical staff and how local partnerships with training providers, including Edge Hill University, were being used. Several participants challenged the assumption that adult and children's services could not be sustained across two sites and asked whether financial pressures were driving the proposals more than clinical need.

Concerns were also expressed about the accessibility and inclusivity of the consultation process. Some attendees reported difficulties using the online platform and questioned whether marginalised communities had been adequately reached. Participants emphasised the importance of involving community organisations and ensuring that seldom heard groups were able to contribute meaningfully.

Overall, the audience sought reassurance that the proposed changes would not worsen access, deepen inequalities or reduce service quality, and they called for greater transparency about the evidence, the practical impacts and the long term implications for both hospitals and the communities they serve.

Online meeting (MS Teams)
Tuesday, 26 August 2025, 1pm

Panel: Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Jan Leonard (C&M ICB), Dr Rob Caudwell (C&M ICB), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB)

The meeting online on Teams was attended by approximately 22 people.

Attendees repeatedly highlighted concerns about travel and accessibility, particularly for communities in West Lancashire who felt that journeys to Southport would be significantly more difficult than to Ormskirk. They questioned the reliability of the travel modelling and argued that poor public transport links, low car ownership and rural geography had not been fully reflected in the analysis. This theme linked to wider doubts about population data, with several participants suggesting that growth in areas such as Burscough, Skelmersdale and around Edge Hill University had been underestimated.

Many attendees challenged whether Southport Hospital has the space, infrastructure and condition to accommodate an expanded emergency department. Personal accounts described long waits, overcrowding and safeguarding concerns in mixed waiting areas, with some expressing reluctance to attend Southport A&E because of previous negative experiences. Others contrasted this with positive experiences and argued that the pressures seen are part of a national picture rather than a site specific problem.

Questions were also raised about the sustainability of staffing across two sites. Some participants doubted whether workforce shortages alone justified the proposed configuration and asked whether local training partnerships were being fully used. Several suggested that financial pressures rather than clinical need appeared to be driving the direction of travel.

There was also discussion about the consultation process itself. Some participants questioned whether the outcome was predetermined and sought clarity on the cost of the consultation and the transparency of the evidence base. Linked to this were calls for greater engagement with seldom heard communities and for clearer communication of the data underpinning the proposals.

Concerns were raised about wider service implications, including future plans for maternity and urgent treatment services. Attendees sought reassurance that children would be safeguarded in any new configuration, that urgent care would remain accessible for all communities, and that changes would not inadvertently increase pressure on neighbouring hospitals.

Formby Methodist Church, Formby
Tuesday, 26 August 2025, 5.30pm

Panel: Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Tracy Jeffes (C&M ICB), Dr Rob Caudwell (C&M ICB)

The meeting in Formby was attended by approximately 100 people.

Participants expressed concern about the practical impact of increased travel times if services were relocated away from Southport. Residents highlighted difficulties associated with travelling to hospitals without a car, the limited reliability of public transport and the absence of clear data on how patients currently reach A&E. These concerns were matched by calls for stronger commitments to improving transport links and ensuring that any model adopted does not disadvantage communities such as Formby, rural West Lancashire or areas with low car ownership.

Questions about capacity and infrastructure were raised frequently. People described experiences of overcrowding, corridor care and lengthy waits at Southport A&E and asked how the site could manage additional demand without significant investment in beds, clinical space and patient flow. There was uncertainty about how proposed capital funding would be secured, how it would be prioritised and whether wider pressures on hospital capacity and discharge processes would be addressed.

Residents also voiced concern about the wider configuration of services, particularly children's care. They sought clarity on how paediatric inpatient and outpatient services would be reorganised and raised questions about continuity of care for children who currently rely on specialist pathways at Alder Hey. Some felt that community-based services and clinics were underused or poorly coordinated and highlighted how fragmented aftercare can create unnecessary travel and inconvenience for patients.

Financial considerations generated further questions. Attendees queried how large capital costs would be funded given the stated lack of new money and worried that other services might be cut to enable the preferred option. Some felt that cost differences between the options risked overshadowing the clinical factors that should guide decision making.

Residents sought reassurance about transparency, governance and the decision-making process. They asked who would ultimately decide on the final option, how evidence from the consultation would be weighed and how the needs of all affected areas, including those outside the core geography, would be taken into account. There was an ask for clearer communication, more joined up services and a long term plan that improves care without widening inequalities.

The Hub @ Banks, Banks
Tuesday, 2 September 2025, 1pm

Panel: Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB)

The meeting in Banks was attended by approximately 15 people.

Participants expressed concern about travel and accessibility, emphasising that public transport options in Banks and surrounding rural areas are limited and unreliable. Many noted that they do not benefit from Merseyside transport links despite living close to Southport, and that single-carriageway roads to both hospitals are prone to congestion and delays. These difficulties led to worries about reaching emergency care in a timely manner, particularly for older people who may lose the ability to drive, increasing dependence on already stretched alternatives.

Residents also questioned whether travel analysis had adequately reflected real life patient behaviour. Examples were shared of choosing to travel to Preston when Southport or Ormskirk were inaccessible, particularly during local events or heavy traffic. Attendees asked for reassurance that such patterns and the unique geography of rural West Lancashire had been fully considered.

Concerns were raised about the configuration of children's services. People sought clarity on when children would still be transferred to specialist centres such as Alder Hey and whether the proposed changes would reduce the need for long-distance transfers. Questions were also asked about why the split-site model had been introduced in the first place and whether the new plans would improve consistency of care.

Several comments focused on follow-up care and outpatient pathways. Residents described instances where minor postoperative dressing changes required repeated travel to hospital, despite believing these could be carried out locally. This prompted broader questions about how community, primary and hospital services coordinate and whether better integration could reduce unnecessary travel.

Financial concerns appeared in relation to the cost of patient transport, with examples of expensive NHS-funded journeys for routine specialist follow-up. Attendees asked whether expanding local outpatient services could help minimise such costs in future.

Questions were raised about governance and decision making. Residents sought clarity on who would ultimately decide the outcome of the consultation and whether the needs of border communities like Banks, who fall between administrative systems, would be given sufficient weight. Throughout the discussion, people emphasised the need for clear communication, realistic travel planning and a final decision that recognises the distinct challenges facing rural communities.

Greenhill Community Hub, Skelmersdale
Tuesday, 2 September 2025, 5.30pm

Panel: Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB), Dr Andy Knox (L&SC ICB)

The meeting in Skelmersdale was attended by approximately 50 people.

Participants raised concerns about inadequate consultation and engagement, noting that many residents had not received information, that the meeting was held in an inaccessible location and that the timing excluded people without transport or digital access.

This contributed to a wider feeling that Skelmersdale has long been overlooked in planning and investment decisions, deepening mistrust in the process and that community voices would not influence the decisions.

Travel and transport were central issues. Residents described long journey times, unreliable and infrequent buses, high taxi costs and the impact of single-route road networks that become congested during peak periods, events or accidents. They stressed that for communities with low car ownership, getting to Southport in an emergency is not realistically achievable, and feared that longer travel times would increase risks for children, older people and those with acute conditions. Several personal experiences were shared in which rapid access to Ormskirk had been critical and would not have been possible if travel to Southport had been required.

Many people expressed anxiety about the future of Ormskirk Hospital. They pointed to years of service reductions, unused estate and previous decisions that had gradually shifted services away from West Lancashire. Although reassurances were given, residents remained concerned that relocating children's A&E could trigger further loss of services and ultimately diminish the hospital's long-term sustainability. They argued that West Lancashire should not be left without a fully functioning emergency department.

Health inequalities were a common theme throughout the discussion. Attendees emphasised that Skelmersdale is one of the most deprived areas locally, with worse health outcomes, low car ownership and limited local amenities. They argued that relocating services to Southport would disproportionately disadvantage those with the greatest need and questioned whether the consultation's evidence base had sufficiently accounted for demographic change, rising housing numbers and the number of children living in the area.

Residents also highlighted broader problems in accessing NHS care, describing difficulty securing GP appointments, confusion about the purpose of urgent treatment centres and walk-in clinics and frustration with fragmented care pathways that often require multiple journeys. Some questioned the reliability of activity and population data used in the proposals. Others challenged the emphasis on financial considerations, arguing that funding constraints should not overshadow patient safety.

Participants sought clarity on governance and accountability. They wanted to know who will make the final decision, how their views will be reflected in the business case and how they

can engage directly with decision makers. Many stressed the need for genuine transparency, further local engagement and a commitment that emergency and urgent care services remain accessible to the communities that depend on them.

Mere Brow Village Hall, Tarleton
Tuesday, 16 September 2025, 5.30pm

Panel: Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB), Dr Chris Gardner (L&SC ICB)

The meeting in Tarleton was attended by approximately 35 people.

Attendees expressed concern that the consultation process might not be reaching those most affected, particularly families in deprived areas and people who are digitally excluded. They questioned whether the engagement approach adequately represented communities with high levels of health inequality and limited access to formal meetings.

Travel and accessibility were key issues. Residents described the difficulty of reaching Southport because of limited public transport, congested routes and unreliable journey times, especially for urgent care. They contrasted this with easier access to Ormskirk and highlighted the potential impact on those without cars. Parking capacity at Southport was also raised repeatedly, with fears that the site could not accommodate increased demand.

Some contributors voiced worries about the future of paediatric and maternity services should children's A&E move from Ormskirk. They questioned whether staffing would be sufficient, whether long-standing concerns about demographics had been properly considered and how continuity of care for children with long-term conditions could be maintained. Some felt that relocating services might prompt families in Skelmersdale and surrounding areas to bypass Southport altogether and travel instead to Wigan or Alder Hey.

Concerns about population growth were also raised. Attendees queried whether the modelling reflected recent increases in planned housing, which they believed would bring more young families and higher demand for local services. They stressed that older data sets had limitations and that new projections should be incorporated before any decision is made.

A sense of mistrust surfaced, with several residents feeling that West Lancashire has seen a gradual reduction in services over time. They feared that moving children's A&E could weaken Ormskirk Hospital further and were sceptical that both sites would remain secure in the long term. Experiences shared about long waits, overcrowding and disruptive behaviour at Southport's emergency department added to concerns about service quality.

Attendees also highlighted perceived gaps in community and primary care provision, particularly in areas experiencing rapid housing development. They questioned how early intervention and prevention could be strengthened and whether any financial savings from the preferred option would be reinvested locally to ease pressure on A&E.

Participants sought clarity about the data, decision-making process and accountability. They queried how new housing information, ambulance pressures and local demographics would be weighted in the final business case, and asked for transparency about who would ultimately make the decision and how the public would be informed.

Christ Church Ministry Centre, Aughton, Ormskirk
Tuesday, 23 September 2025, 5.30pm

Panel: Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Sarah James (L&SC ICB), Dr Lizzy MacPhie (L&SC ICB), Dr Andy Knox (L&SC ICB)

The meeting in Ormskirk was attended by approximately 160 people.

Attendees expressed deep concern that the consultation lacked neutrality and transparency. Many felt the process was predetermined and that the preferred option had been chosen before public engagement began. They highlighted difficulties accessing key documents and perceived gaps in the information provided, which increased mistrust and frustration.

Travel and accessibility were major issues for residents. People described significant challenges travelling between Ormskirk and Southport, particularly during peak traffic, in summer months and when road networks were congested. Attendees argued that Ormskirk's central position better serves West Lancashire and that many communities, especially those at the edges of the area, would continue to use alternative hospitals in Wigan, Aintree or Alder Hey. Parking pressures at Southport were also repeatedly raised.

Concerns about clinical safety were voiced, particularly regarding children. Several families shared personal experiences where rapid access to Ormskirk had been critical and questioned how similar outcomes could be guaranteed with longer journeys to Southport. They did not feel reassured by reliance on ambulances and were worried about delays, especially in rural areas or during busy periods.

Residents also questioned the condition and capacity of Southport Hospital, describing experiences of overcrowding and corridor care and expressing doubts about whether the estate could safely support expanded services. Some argued that Ormskirk had more usable space and that investment there would be more effective. Workforce shortages were seen as a fundamental challenge that would not be resolved by changing the service location.

Some attendees were concerned that the modelling did not reflect rapid population growth in West Lancashire, including large housing developments and the transient student population around Edge Hill University. They felt that planning for future demand should prioritise centrally located services rather than concentrating emergency care at the coast.

There was also anxiety about the indirect effects on maternity services. Although not part of the consultation, people feared that moving children's emergency care would undermine the sustainability of the Ormskirk maternity unit and reduce on-site paediatric expertise.

Finally, attendees sought clarity about the financial assumptions behind the options. Some questioned the cost estimates and argued that the figures presented did not reflect the condition of the buildings or the potential for redevelopment. Others raised broader concerns about NHS funding, the feasibility of proposed community-based models and the need for transparent decision making that accounts for the long-term needs of West Lancashire's population.

Community Church Family Life Centre, Southport
Tuesday, 30 September 2025, 5.30pm

Panel: Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), Halima Sadia (SCT), Jan Leonard (C&M ICB), Dr Rob Caudwell (C&M ICB)

The meeting in Southport was attended by approximately 65 people.

Participants sought reassurance about the affordability of the proposals and questioned whether the required capital funding would be available nationally. Some were concerned that cost differences between the options might influence decisions more strongly than clinical need and asked whether any financial advantage would translate into improved local services.

Residents emphasised the importance of retaining strong emergency provision in Southport and shared personal experiences illustrating how rapid access to the local A&E had been lifesaving. They wanted clarity on how the proposed model would ensure safe, round-the-clock care for both adults and children, including access to consultants, anaesthetics, diagnostics and children's inpatient services. People also asked how paediatric pathways would operate and whether more care could be delivered locally rather than relying on specialist hospitals.

Concerns were raised about waiting times, corridor care and ambulance handover delays. Attendees asked what specific measures were being implemented to improve patient flow now and how co-location might affect pressures on emergency services in the future. Some residents asked whether additional hospital space or community-based pathways could reduce unnecessary attendances and improve patient experience.

Questions were also directed at the role and readiness of urgent treatment centres. Attendees wanted clarity on which patients should be directed away from A&E, whether local urgent care sites could absorb additional activity and how mental health assessments and support would continue under either configuration.

The discussion also touched on diagnostics, specialist pathways and relationships with other providers. Residents sought reassurance that services such as scanning, laboratory work and hospice collaboration would remain robust and accessible. Transport issues were noted, particularly for people travelling from outside Southport who may face congestion, limited public transport or longer journey times.

Finally, the audience asked for transparency about how decisions will be made, who will make them and how public views will be incorporated. Many stressed that patient safety and service quality should take precedence over cost and urged decision makers to demonstrate clearly how their concerns will be reflected in the final outcome.

5.3 Summary of issues raised at all public meetings

Across all consultation events, people expressed strong views about how any changes to urgent and emergency care would affect their communities. While perspectives varied by location, several clear themes emerged repeatedly.

Travel and access

The most consistent concern was about travel and access. People in West Lancashire, Skelmersdale, Banks and rural villages felt that travelling to Southport for emergency care would be difficult, unreliable and, in some cases, unsafe. People from Southport and Formby felt that travelling to Ormskirk would be met with similar challenges. They described long and congested routes, limited public transport, high taxi costs and challenges for older people and families without cars. Many said that in practice they already rely on hospitals such as Wigan, Aintree or Alder Hey when Southport or Ormskirk are difficult to reach. People worried that the proposed changes could make access worse for those with the greatest need.

- *“We don’t get any of the benefits of our bus service... We don’t have a bus service from here.”* - Banks public meeting

- *“The road has too many bends and too many lights... it’s a nightmare. These aren’t small issues when people need emergency care.”* – Ormskirk public meeting

- *“It takes 30 minutes to get to Southport. In peak hours add 10 minutes. In summer add another 20. If there’s a crash it becomes an hour, sometimes two. Has anyone thought about that?”* - Skelmersdale public meeting

Impact on children’s, maternity and neonates

A second major theme was the safety of children and the role of Ormskirk. Many parents shared personal experiences showing how vital quick access to children’s emergency care had been. They feared that longer travel times to Southport could delay treatment in life-threatening situations. There was also anxiety that moving children’s A&E could weaken maternity services at Ormskirk, reduce specialist paediatric support on that site and create uncertainty for families of children with complex or long-term conditions.

- *“You are fighting for our children here. Skelmersdale gets forgotten every time.”* – Skelmersdale public meeting

- *“If Paediatrics moves to Southport what happens to maternity? You can’t split the two – that affects safety.”* – Mere Brow public meeting

- *“My daughter was turned away with meningitis years ago. We need services together so children get seen at the right place, first time.”* – Southport public meeting

Residents across meetings raised concerns about capacity and the quality of experience, especially at Southport. They spoke about overcrowding, corridor care, ambulance handover delays and difficulty parking. Some doubted whether Southport could safely accommodate a larger emergency department even with planned building work. Others described Ormskirk as calmer and more manageable and questioned whether services there were being under-used in the analysis.

- *“I was in the corridor being treated. It’s not fair on older people being shoved in corridors.”* – Skelmersdale public meeting

- *“Southport is classed as a dirty hospital because of infections — Ormskirk is a clean site. Why expand the wrong one?”* – Mere Brow public meeting

Staffing, workforce and training

People also highlighted workforce pressures, which they saw as a major underlying problem. Many questioned whether reorganising services could solve long-standing difficulties in recruiting emergency, paediatric and anaesthetic staff. They also raised worries about whether community services, GPs and urgent treatment centres would have enough staff and resources to pick up more activity if emergency care were centralised.

- *“Your real issue is staff. Not buildings, not models — staff.”* - Skelmersdale public meeting

- *“Where are these community nurses coming from? We haven’t enough for the hospital, never mind more at home.”* – Mere Brow public meeting

Population growth

Another recurring theme was the fairness and accuracy of data and modelling. Attendees queried whether projections had taken into account the rapid growth of housing in West Lancashire, increasing numbers of young families, and the significant student population around Edge Hill University. They also questioned whether the travel analysis reflected real-world road conditions, seasonal traffic and the experience of people living furthest from the coast.

“You haven’t counted 16 primary schools and two special schools here. That’s hundreds of extra children.” – Skelmersdale public meeting

“You haven’t taken Edge Hill’s 12,000 students into account.” – Ormskirk public meeting

Consultation process and trust

Across all events, people raised concerns about trust, governance and transparency. Some felt the consultation appeared to point towards a single preferred option from the outset. Many said documentation was difficult to understand or access and asked for greater clarity about how decisions would be made, which criteria were most important and how public feedback would shape the final outcome.

“This is a done deal. You’ve already decided.” – Skelmersdale public meeting

“This is the most biased consultation I’ve ever been involved in. It’s a tick-box exercise.” – Ormskirk public meeting

Financial elements

Residents also talked about money and priorities. They were unsure whether the capital required for the preferred option would be available, and questioned whether cost differences between options were influencing the recommendation more than clinical need. Some argued that any financial advantage should be reinvested into the areas most affected, including Skelmersdale and rural West Lancashire.

- *“You could build 1,800 square metres in Ormskirk for £9 million. Why is Southport so much cheaper? It makes no sense.”* – Ormskirk public meeting

Services designed around needs

People also asked for a clearer explanation of the role of urgent treatment centres, community services and mental health support, noting that many residents do not understand what these services can treat. They wanted reassurance that these parts of the system would be strengthened rather than stretched further.

Further suggestions

Finally, several alternative suggestions were raised. Some wanted to keep elements of emergency care on both Southport and Ormskirk sites to maintain local access. Others suggested expanding or repurposing space at Ormskirk to meet the clinical standards required. Many called for major improvements to transport links, including bus routes, road infrastructure or hospital shuttle services. A number of people said that a new, centrally located hospital would be the fairest long-term solution, even if not immediately affordable.

- *“Why not have adults and children at both? You did it before.”* – Ormskirk public meeting

- *“Ormskirk has space, Southport is full. Why not develop the one that works?”* – Skelmersdale Public meeting

- *“Why has a new hospital in the middle of the patch never been properly explored?”* – Ormskirk public meeting

- *“Reinvest the money into GPs and UTCs so people don’t need A&E in the first place.”* – Mere Brow public meeting

6 Analysis of in-depth targeted engagement

6.1 Analysis of targeted focus groups and one-to-one discussions

Overview

Transcripts were provided from seven public focus groups and other meetings (including detailed conversations at some of the drop-in events) that captured in-depth feedback from a range of specific groups including: carers, disabled people, veterans, people with learning disabilities, parents of children with special educational needs and disabilities (SEND), Black, Asian, and Minority Ethnic women, LGBTQ+ communities.

Key themes

A common theme across the discussions was pressure on accident and emergency services and the lived experience of overcrowding. Participants frequently described long waiting times, cramped and uncomfortable environments, and visibly overstretched staff. For some, this resulted in distressing experiences, particularly for older patients, people with disabilities and carers accompanying frail relatives. While staff were consistently praised for their professionalism and compassion, there was a strong sense that the system itself was operating beyond safe capacity. A minority of participants noted recent improvements at Southport A&E, such as better triage processes and environmental upgrades, but these were viewed as uneven and insufficient to address wider demand pressures.

Another common theme related to staffing and workforce sustainability. Participants perceived staff exhaustion as routine rather than exceptional, with repeated references to clinicians working under intense pressure and limited resources.

- *“The doctor we saw was absolutely exhausted.”* [Focus group participant]

“I’ve got nothing but good to say about the A&E staff. I think they do a good job despite the conditions that they’re having to work under.” [Focus group participant]

Concerns were raised about the ability to recruit and retain skilled staff under the current configuration, particularly given the split nature of services. Bringing adult and children’s emergency care together was often seen as beneficial for rota management, skill mix and patient safety, although this was tempered by anxiety about the wider consequences for other services and sites.

- *“The wait was horrendously long, the waiting room was packed, it was extremely hot. It was a really uncomfortable situation for an elderly gentleman with Parkinson’s.”* [Focus group participant]

Travel, transport and accessibility emerged as a critical issue shaping people’s views. Many participants emphasised that Southport was significantly easier to reach than Ormskirk, particularly by public transport. Ormskirk was frequently described as poorly connected, with infrequent buses, no direct train access and congested road routes. These issues were seen as particularly problematic in emergencies and for those without access to a car, including

older people, disabled residents and families with young children. Participants also highlighted the emotional and practical burden of travel for carers and visitors, not just patients.

- *“Ormskirk is a terrible option. There’s no train service, you’ve only got an infrequent bus service, and it’s a nightmare to get to.”* [Focus group participant]

Both hospital sites were described as having inadequate parking provision, with Southport perceived as especially difficult at peak times. Participants described circling car parks for extended periods, parking off site and walking long distances, which was seen as unacceptable during emergencies or for people with mobility issues. There was scepticism about cost estimates for new parking infrastructure, with some participants questioning whether projected figures were inflated and whether more creative or cost effective solutions had been properly explored.

- *“You can spend 10 or 15 minutes just driving round trying to find somewhere to park, and that’s bad enough for a routine appointment, never mind an emergency.”* [Focus group participant]

- *“There aren’t sufficient disabled spaces either, and if you’re not fit enough to walk from somewhere like Tesco, that’s a real problem.”* [Focus group participant]

Frustrations were raised about navigating the urgent and emergency care system. Participants described uncertainty about where to go in specific situations, such as suspected strokes, and about the role of specialist centres versus local hospitals. There was a feeling that clearer communication and public education were needed to help people understand which services to access and when. This lack of clarity was seen as contributing to inappropriate A&E attendance and additional pressure on services.

Some participants raised the absence of adequate alternatives to A&E as a significant gap. There was broad support for expanded walk in or urgent treatment centres to manage non-life threatening conditions and reduce pressure on emergency departments. Several participants suggested repurposing existing buildings, both on hospital sites and elsewhere in the community, as a more efficient and less disruptive way to deliver these services. The perceived gap between NHS 111 advice and A&E attendance was seen as particularly problematic, with concern that some conditions could deteriorate rapidly if not assessed promptly.

The discussions also revealed strong emotional responses linked to place, trust and perceived fairness. Participants from Ormskirk in particular expressed feelings of betrayal and fear of incremental service loss, viewing the proposals as part of a longer pattern of centralisation that could ultimately hinder the hospital’s future. Some described the consultation as divisive, pitting communities against one another and forcing people to argue for access to essential services. There was scepticism about whether the process was genuinely open, with concerns that cost considerations and a preferred option had already shaped outcomes.

- *"It feels like we're being pitted against each other, community against community."* [Focus group participant]

- *"It just feels like a done deal. All this talk about listening feels like box ticking rather than actually hearing people."* [Focus group participant]

Participants generally expected that any new or refurbished facilities should meet modern standards for accessibility, including for people with disabilities, sensory needs and mental health conditions. However, some questioned whether this issue meaningfully differentiated the options, assuming that inclusive design should be a baseline requirement regardless of location. There were also concerns about over reliance on volunteers for wayfinding and support, particularly for vulnerable patients arriving in distress.

"There's a huge gap between NHS 111 and A and E, and there needs to be something that bridges that gap." [Focus group participant]

Further suggestions

A frequently raised suggestion was the development or reinstatement of walk in or urgent treatment centres to sit between NHS 111 and full A&E provision. Participants felt there was a clear service gap for people with urgent but non-life threatening conditions, which was contributing to overcrowding in emergency departments. Some suggested that an existing building near Southport Hospital, formerly used for GP out of hours services, could be repurposed as a walk in centre relatively quickly and at lower cost. Others argued that Ormskirk should also retain or develop a similar facility if full A&E services were centralised elsewhere, to ensure local access for less acute needs.

- *"It shouldn't be all or nothing. There should be some level of urgent care at both hospitals."* [Focus group participant]

Another recurring alternative focused on better use of existing buildings rather than large scale new construction. Participants suggested relocating certain outpatient, diagnostic or community based services into underused buildings in Southport, Formby or Ormskirk, thereby freeing space on hospital sites for emergency care expansion. This was seen as a way to reduce disruption, speed up delivery and lower capital costs, while still improving emergency care capacity.

- *"There are quite a few buildings around Southport and Formby that could be utilised for some of those services that aren't needed in A&E."* [Focus group participant]

- *"That little building on the Southport site would make an excellent walk in centre and wouldn't need a huge amount of building work."* [Focus group participant]

Some participants questioned whether the proposals had sufficiently explored phased or shared with the public the models of care. Rather than a single dominant emergency site, they suggested retaining a more limited but meaningful level of urgent or emergency provision at both hospitals, particularly given the differing demographics of Southport and Ormskirk. This included ideas such as enhanced urgent care units, extended hours services or specialist emergency functions operating across both sites.

- *“There should be a walk in centre at Ormskirk as well for people who live closer and don’t need full A&E.”* [Focus group participant]

There were also suggestions related to system navigation rather than infrastructure. Participants proposed clearer public guidance on when and where to seek care, particularly for conditions such as stroke, sepsis or paediatric emergencies. Improving communication and coordination between ambulance services, NHS 111 and hospital sites was seen as an alternative way to reduce inappropriate A&E attendance and improve patient flow without relying solely on relocation of services.

A small number of participants challenged the cost assumptions underpinning the proposals. They suggested exploring alternative procurement or financing models for infrastructure such as car parks, including revenue sharing arrangements or lower cost modular builds. These ideas were presented as ways to reduce overall costs and avoid decisions being driven primarily by headline capital figures.

6.2 Analysis of collaborative forums

Introduction

Collaborative forums were set up to investigate resident and organisational ideas in-depth and to answer any questions they had about the programme. A panel of Shaping Care Together representatives included clinical leads, programme leads, estate leads, data and modelling leads, and communications and engagement leads.

They were chaired by Freshwater, and each session was 30 minutes in length. A summary of the detailed discussions taking place in each session is included here. Overall, there were six sessions.

Session 1: West Lancashire Borough Councillors

Financial assessments

- Councillors highlighted their concerns with inconsistencies in published cost figures for Southport and Ormskirk.
- Southport’s true cost was stated as over £71 million when backlog maintenance is included.
- This includes £26.8 million in maintenance, of which £15.6 million is high risk.
- Consultation materials list Southport at £33.1 million, which was described as misleading.
- Ormskirk’s £91.3 million proposal was described as fully compliant with modern standards.
- Ormskirk was seen as lower risk and more adaptable for future needs.
- Councillors said Southport’s lower headline cost was to hide ongoing repair costs and long-term risk.

- Ormskirk was described as better suited to deliver comprehensive, wraparound services.

Travel, transport and access

- Claims that travel times to Ormskirk would triple were challenged.
- These claims were said to focus only on residents living close to Southport.
- Many eastern West Lancashire residents already travel to Wigan, Whiston or Chorley.
- Ormskirk's central location could reduce travel times for these populations.
- A 10-mile radius from Ormskirk covers most local residents.
- A 10-mile radius from Southport excludes large parts of Skelmersdale.
- Public transport access was described as poor, especially at night.
- Buses from Skelmersdale to Southport stop after 11pm.
- Some rural areas have buses every two hours, with journeys up to 90 minutes.
- It was said that around 31 percent of Skelmersdale residents do not have access to a car.
- Taxi journeys were quoted at approximately £35 each way.

Community and urgent care development

- Councillors said there was no clear plan for investment in community or urgent care.
- Facilities in Burscough and surrounding villages were described as outdated.
- Many A&E attendances were believed to be urgent rather than emergency cases.
- Dedicated urgent care centres were suggested as a cost-effective alternative.
- Ormskirk was described as well placed to support integrated care for West Lancashire.
- Edge Hill University was highlighted as a workforce and training opportunity.
- Consultation materials were perceived as biased toward Southport.

Governance and strategic alignment

- Ormskirk was described as better aligned with Lancashire governance and devolution.
- Southport was seen as tied into Merseyside systems and funding priorities.
- Concerns were raised about cross-boundary transport and funding complications.
- Ormskirk was viewed as more consistent with integrated care system principles.

Engagement and consultation process

- High response rates were reported from West Lancashire residents.
- Council support helped promote consultation events.
- Concerns were raised about postal responses arriving after the deadline.
- Clarification was requested on whether late responses would be accepted.

Session 2: Resident

Estates and infrastructure costing

- Car park cost estimates were questioned.
- Quotes ranging from £2 million to £9 million were cited for a 200-space structure.
- The £9 million figure for Ormskirk was described as excessive.
- Selective quoting was alleged to justify preferred options.
- The £8–9 million cost difference between sites was challenged.
- Some stakeholders viewed the process as predetermined.

Consultation process

- Concerns were raised about limited influence for West Lancashire.
- Visibility and involvement of senior decision-makers were questioned.
- Communication gaps were said to fuel apathy and mistrust.

Buildings and facilities

- Strong emphasis was placed on reusing existing empty buildings.
- Buildings such as Bickerstaff House were proposed for service relocation.
- Walk-in, eye and hearing clinics could be moved off core hospital sites.
- A nearby listed building was suggested for outpatient services.
- Removing private providers from key areas could free clinical space.
- Reuse of buildings was seen as faster and cheaper than new builds.

Programme clarity and trust

- Lack of reference to the Green Book investment framework was criticised.
- This omission was said to undermine confidence in decision-making.
- Value for money and fairness were highlighted as major concerns.

Questions raised

- Accuracy and justification of car park cost estimates.
- Due diligence on market value for infrastructure costs.
- Use of private or revenue-share delivery models needs clarity.
- Governance safeguards against bias.
- Engagement levels of senior commissioners.
- Plans for unsafe or unused buildings.
- How wider consultation feedback is incorporated.
- Communication between overlapping ICBs.
- Access to detailed costings before decisions.
- Mitigation of disruption during construction.

Session 3: Resident

Hospital infrastructure and estates

- Ormskirk was described as having significant underused estate.
- Refurbishment was seen as cheaper than demolition.
- Ormskirk was viewed as having far greater expansion capacity.
- Southport's planned £3 million extension was described as too small.
- Physical constraints at Southport affect parking and ambulance access.
- Continued neglect of Ormskirk was seen as wasteful.

Pressure on services

- Closure of children's A&E at Ormskirk shifted demand to Southport.
- Southport A&E was described as overstretched and needing improvement.
- Staff were said to be reluctant to move from Ormskirk to Southport.
- Workforce instability was linked to morale and retention issues.
- Personal examples of delayed care at Southport were shared.

Population growth and access

- Rapid population growth in West Lancashire was highlighted.
- Around 122,000 residents plus 12,000 students rely on local services.
- Transport to Southport was described as costly and difficult.
- Taxi fares of £18–£41 were cited.
- Bus services were said to favour Sefton rather than West Lancashire.
- Delayed care due to access barriers was a concern.
- Ormskirk was described as easier to reach for most residents.

Financial considerations

- Investing in Ormskirk now was described as more cost-effective long term.
- Southport was said to require repeated costly repairs.
- Patchwork solutions were criticised as unsafe.

Community trust

- Strong resistance was reported to further service moves to Southport.
- Concerns focused on space, safety and long-term quality.
- Ongoing dialogue was seen as essential.

Questions raised

- Sources of capital funding.
- Configuration of specialist services.
- Criteria for refurbishment cost comparisons.
- How population growth is included in planning.
- Whether further meetings can be arranged.
- How transport barriers will be mitigated.

Session 4: Resident

Financial constraints

- A new hospital option was considered but ruled out - estimated cost was £1.3 billion.
- A national funding bid was unsuccessful.
- Lack of national funding was described as the main barrier.

Travel and ambulance access

- Direct motorway access was described as critical.
- Long-standing traffic congestion was highlighted.
- Ambulance delays were described as life-threatening.
- Current sites were questioned for accessibility.

Questions raised

- Improvements to meeting communications.
- Consideration of brownfield or alternative sites.
- Plans to reduce ambulance delays.
- Reasons for the rejected funding bid.
- How consultation feedback will influence decisions.
- Access to clearer information materials.

Session 5: Resident

Ambulance handover and capacity

- Ambulance delays were linked to overcrowded emergency departments.
- Occupancy rates of 150–200 percent were reported.
- Southport lost 3,072 ambulance hours in one year.
- Ormskirk lost 4 hours for paediatric handovers.
- Moving children's services to Southport could add further delays.
- Cross-site staffing was described as risky.

Patient experience

- Southport lacks adequate bereavement and family spaces.
- Family rooms were described as inadequate.
- Blackpool Victoria Hospital was cited as best practice.
- Neurodiverse needs were poorly supported.
- Separate adult and children's spaces were recommended.

Transport and access

- Bus services to Southport were described as limited.
- New housing areas lack adequate transport links.
- No safeguarded land for future ED expansion was identified.
- Park-and-ride opportunities were described as missed.
- Shuttle buses were suggested but seen as limited.

Digital innovation

- Support for live A&E waiting time data.

- Integration with NHS 111 was suggested.
- Virtual wards and digital queues were supported.
- Patient-led innovation was encouraged.

Care models

- Mental health pathways need improvement.
- Better coordination with Hartley Hospital and police transport.
- A 10-year neighbourhood health plan is in development.
- Dedicated children's emergency space was supported.

Workforce

- Specialist workforce shortages were highlighted as a long-term risk.

Session 6: Organisation (Simonswood Parish Council)

Travel and access

- Emergency travel times would increase significantly for residents.
- Ormskirk was described as having better transport links.
- Shuttle bus plans were seen as insufficient.
- Detailed transport and ambulance modelling was requested.
- Lack of helipad facilities at both sites was flagged.
- Ormskirk was seen as having expansion potential for a helipad.

Population growth

- Around 5,700 new residents expected within five years.
- NHS modelling was said to lack transparency.
- Concerns raised that growth is not fully accounted for.
- Ormskirk was described as better suited for long-term demand.

Financial clarity

- Backlog maintenance costs at Southport were highlighted.
- Full cost breakdowns were requested.
- Inflation, decanting and lifecycle costs were requested.
- Concerns about incomplete population data were raised.

Clinical risk

- Separation of paediatric, maternity and neonatal services raised concerns.
- Clarification and risk assessments were requested.

Communication and transparency

- Difficulty locating consultation documents was reported.
- Written responses were requested before deadlines.
- Some areas were said to be excluded from postal engagement.

Long-term vision

- Ormskirk was described as better aligned with a long-term healthcare vision.

- Southport's physical constraints were highlighted.
- Population growth trends were said to favour Ormskirk.

Questions raised

- Written evidence on travel, costs and modelling.
- Access to full consultation documentation.
- Clarification of public-facing maps and data.
- Future helipad planning.
- Demand modelling assumptions.
- Justification of capital cost differences.
- Proof of full population engagement.
- Timelines for formal NHS responses.

6.3 Analysis of staff focus groups and events

Introduction

A number of approaches were used by Shaping Care Together during the consultation to engage with and communicate with staff during the consultation period.

There were four drop-in sessions (staff at canteens during lunchtime hours) as well as three focus groups (one at Ormskirk Hospital, one at Southport Hospital and one online) and three all-staff online Q&A sessions. All of these included providing information about the consultation process and options, and signposting staff to attend public meetings and staff sessions. Staff were also encouraged to complete the online survey.

The themes arising from the staff focussed sessions largely mirrored the concerns of the community with a greater emphasis on how changes would impact on their services and therefore their job security.

Themes from the staff focus groups

Travel pressures and accessibility concerns

Participants raised worries about increased travel times for patients and staff if services were relocated. They highlighted that many families, particularly in Skelmersdale, do not have access to a car and rely on public transport. Staff felt that journey times would increase considerably, potentially leading to delayed access to emergency care for children and reduced attendance at the service altogether. They also noted that Southport was more difficult to reach due to limited road options, congestion and longer distances, whereas Ormskirk was described as more central and better connected.

- *“Skelmersdale has a high population of children and a lot of parents don't drive.”* [Focus group participant]

- *“It's a 40 minute drive in a car... that's without a bus that's stopping at however many bus stops on the way.”* [Focus group participant]

- *“Ormskirk... you have a choice of roads... Southport is right in the corner.”* [Focus group participant]

- *“For me it's a 10, 15 minute drive to here as a patient... whereas my next one would be to go to Alder Hey.”* [Focus group participant]

Workforce, staffing and training

A major theme was anxiety that relocation would prompt staff departures. Many staff members reported that the move would double their commute or make travel unmanageable, especially after long shifts. Concerns were raised that experienced staff would leave, creating skill shortages, particularly in paediatric emergency care. There was

also a fear that staff would be “pulled” into adult services if the departments were co-located, reducing specialist paediatric care and undermining professional roles and safety.

- *“From a staff point of view it would double my travel time.”* [Focus group participant]

- *“I will definitely say that I will find a new job. I will not move because it's too much.”* [Focus group participant]

- *“We're going to lose so many experienced staff... so then it's like, are we going to end up with staffing issues?”* [Focus group participant]

- *“Will they get pulled to go to wards? Will they get pulled to go and work on adult A&E?”* [Focus group participant]

- *“You put me on a ward, I haven't got a clue and it isn't what I want to do.”* [Focus group participant]

Service pressures

Staff raised worries that increased travel distance would place further strain on already overstretched ambulance services. They noted that some families without cars may have no alternative but to call for emergency transport, creating delays and posing safety risks. They also highlighted worrying existing delays for ambulances attending children at home.

- *“They're going to be calling more ambulances... they're already under pressure, aren't they?”* [Focus group participant]

- *“Sometimes they're told it's going to be 40 minutes to an hour before an ambulance can get to them.”* [Focus group participant]

- *“How are they going to get home? Public transport is only the bus... that's it.”* [Focus group participant]

Car parking

Participants described parking availability at both hospitals as poor, with Southport repeatedly described as significantly worse. They expressed concerns for personal safety when leaving late shifts and frustration at time lost searching for spaces. Many felt that proposed new parking numbers were underestimated.

- *“I can never find a car parking space.”* [Focus group participant]

- *“It's a horrible situation where at midnight you're trying to walk to your car across this deserted car park.”* [Focus group participant]

- *“I think you've grossly underestimated the parking issues.”* [Focus group participant]

Children, maternity and neonates

Participants expressed concern that children would experience poorer quality care if adult and children's emergency services were co-located. They feared that adult emergencies would dominate resources, leading to longer waits and children being exposed to inappropriate or distressing situations. They reflected on previous experiences of combined spaces and described the risk of children witnessing distressing adult behaviour or clinical activity.

- *"My experience is... children's services loses out because adults is so much more acutely busy."* [Focus group participant]

- *"Children end up seeing things they shouldn't see... drunk people, people on drugs, people on corridors."* [Focus group participant]

- *"It's all about the safety of the patient, isn't it?"* [Focus group participant]

- *"There was no one to staff it... the children's waiting room and reception were closed."* [Focus group participant]

Participants questioned how other services such as maternity, neonates, outpatients and paediatric wards would be configured, as many operate interdependently with A&E. They were concerned that final decisions on these would be deferred, leaving clinical pathways unclear. Staff highlighted potential safety issues if related services were split.

- *"Outpatients or neonates or maternity... that was going to be done as a separate consultation."* [Focus group participant]

- *"If you move A&E with paediatrics, the neonate is going to be uncovered."* [Focus group participant]

- *"Ward would come with us... but they don't know what's going to happen with maternity."* [Focus group participant]

Many staff expressed sadness and pride regarding the current children's A&E and paediatric services, describing them as high-quality, friendly and well-regarded. They feared that a move, especially to Southport, would erode this identity and diminish the specialist environment families value.

- *"We have the most beautiful department... an amazing culture."* [Focus group participant]

- *"We've developed a good service... I don't want to see that eroded."* [Focus group participant]

- *"People come here because we're children-friendly... it's such a feel-happy hospital."* [Focus group participant]

- *"They prefer us...our reputation."* [Focus group participant]

Communication and engagement

There was frustration that staff felt out of the loop. Some reported learning information from media or external colleagues before hearing formally from leadership. Participants strongly emphasised the need for early involvement of frontline staff in design and planning, especially clinicians.

- *"It feels like it's already been decided."* [Focus group participant]

- *"We've got a rumour mill going... they're already starting building."* [Focus group participant]

- *"Why wasn't the staff first being asked what they think?"* [Focus group participant]

Buildings, waiting rooms and estates

Participants reflected on practical needs such as sensory rooms, mental health spaces and adequate clinical layout to support safe paediatric care. They noted that some existing facilities, particularly in Southport, were not currently child-friendly.

- *"We have a sensory room... we'd need something like that."* [Focus group participant]

- *"We don't have a mental health room."* [Focus group participant]

- *"Southport's not very child friendly when you walk through it at the minute."* [Focus group participant]

Future planning

Staff sought clarity on the timeframe for any move, expressing difficulties in planning their personal and professional futures. Many feared prolonged uncertainty and asked for realistic timelines.

- *"Staff would like to know what is the timescale... I've heard anything from two years, five years, seven years."* [Focus group participant]

- *"A lot of staff just want to know how long it's going to take... how long have I got to find another job?"* [Focus group participant]

- *"I think I'll be retired by then."* [Focus group participant]

Themes from staff Q&A sessions

This section summarises the discussions between staff and NHS panel members at three all-staff sessions. The sessions were attended by a total of 110 people.

The panel at each of these sessions consisted of Rob Cooper (SCT/MWL), Dr Kate Clark (SCT/MWL), and Halima Sadia (SCT).

Decision-making process

Across all three sessions, staff sought clarity about whether the proposed changes were predetermined. Leaders stated several times that no decision had yet been taken, but staff continued to express concern that site works, local media reports and public assumptions implied otherwise. This anxiety appeared strong where staff perceived that the Southport option was already being treated as the default.

- *“Some local residents believe the decision has already been made.”* [Staff participant]

- *“People may well think decisions have already been made... that is about the need to make changes now to improve the environment for adult patients at Southport.”* [Staff participant]

- *“No decisions have yet been made... you will be listened to and your views taken into account.”* [Staff participant]

Travel, transport and access

Travel was one of the most prominent issues across the sessions. Staff highlighted the impact that relocating emergency services would have on travel time by car and public transport. Concerns included the long distances between Ormskirk and Southport, the lack of direct bus routes, increased costs for staff, and the implications for patients or families with limited mobility, especially those from disadvantaged communities. Staff were also worried about the effect on ambulance services and transfer times.

- *“It’s a long way... will additional support be built in to match the increased demands?”* [Staff participant]

- *“How would proposed changes be phased in safely... especially ambulance impacts?”* [Staff participant]

- *“Many staff members at PDD have concerns regarding travel time.”* [Staff participant]

- *“Is there a staff bus between Southport and Ormskirk?”* [Staff participant]

Car parking

Parking was reported as a major operational problem on both sites, particularly Southport. Staff described the current availability as inadequate and were apprehensive about how the sites would cope with increased activity. Concerns included safety when walking to cars at night, insufficient capacity, and the need for multi-storey or multi-deck solutions.

“Finding a car parking space is really difficult at Southport.” [Staff participant]

“Multi-storey is required as really difficult for both staff and patients and visitors.” [Staff participant]

“How could we cope with more people coming to this site?” [Staff participant]

Impact on children, maternity and neonates

Staff sought assurance about interdependent services, particularly maternity and neonates, if paediatric A&E and the children’s ward were relocated. They emphasised the clinical risks of separating paediatrics from maternity services and highlighted the need for robust modelling. They also noted that early clarity was essential for workforce planning and service safety.

- *“What would happen about paediatric cover for maternity neonates at Ormskirk?”* [Staff participant]

- *“We would need to think about paediatric cover across maternity and neonatal services.”* [Staff participant]

- *“Paediatric outpatient services need to be considered.”* [Staff participant]

Workforce, staffing and training

Workforce issues were voiced, including worries about recruitment, retention, rota pressures, anaesthetic cover and the ability to deliver 24-hour paediatric emergency care. Staff expressed concerns about unfilled vacancies, increased travel potentially leading to resignations, and whether additional staff would be funded. Leaders acknowledged these pressures and stated that detailed workforce planning would be completed only once a final option was chosen.

- *“Too many unfilled vacancies and we still rely too much on bank and agency.”* [Staff participant]

- *“Will extra ACP, therapy staff, diagnostics access or dedicated medical cover be factored in?”* [Staff participant]

- *“Would the staffing issue be addressed to run children’s ED 24 hours?”* [Staff participant]

Buildings and estates

Staff questioned whether Southport or Ormskirk could accommodate the expanded services required under either option. Concerns included the size of clinical spaces, the number of beds needed, flow for admissions and pressures on surgical capacity. Leaders pointed to planned capital investment, but staff stressed that both sites already operate at capacity.

- *“Southport is already not big enough. How could we create beds for children’s services?”* [Staff participant]

- *“Are there proposals to address space and flow for admissions?”* [Staff participant]
- *“What services may be lost or relocated to accommodate the changes?”* [Staff participant]

Communication and engagement

Staff asked how the programme was ensuring consultation with groups such as people with learning disabilities, ethnic minority communities, asylum seekers and those whose first language is not English. Leaders described ongoing work with community organisations, as well as impact assessments and targeted outreach.

- *“How are we engaging with the likes of people with learning disabilities or whose first language isn’t English?”* [Staff participant]
- *“We will be doing dedicated sessions with certain groups... and have BSL and alternative languages.”* [Staff participant]

Service changes

Staff sought clarity on how services would continue safely during construction and transition. Questions focused on phasing, risk management, interim pathway changes and the timeline for final decisions. Leadership confirmed that both emergency departments would remain fully operational during works and that detailed implementation planning would follow the consultation.

- *“How would proposed changes be phased in safely?”* [Staff participant]
- *“When will we know the final decision?”* [Staff participant]
- *“Both current EDs would remain fully operational whilst work is carried out.”* [Staff participant]

Information sharing

There was concern about public messaging, inaccurate media reporting, and local anxieties. Staff discussed the importance of clear communication to counter misinformation and manage expectations, particularly in Southport where refurbishment works were creating confusion.

- *“Not everything we hear and read will be true and sadly there will be some misinformation circulating.”* [Staff participant]

Service quality

Although the sessions were consultation-focused, staff expressed pride in existing services and emphasised the importance of ensuring that any change strengthens, rather than fragments, patient care. They stressed that decisions must be made holistically and avoid piecemeal adjustments to individual departments.

- *“Solutions need to be sustainable and avoid a cycle of frequent short-term fixes.”* [Staff participant]
- *“Emergency care must be available for everyone all day, every day.”* [Staff participant]
- *“We need to find ways to get more from staff, skill base, estates and finances.”* [Staff participant]

7 Analysis of independent polling

7.1 Introduction

This section reports the results from a telephone survey of 507 residents across Southport, Formby and West Lancashire. The telephone and online survey were conducted from 29 September to 3 October 2025.

The purpose of the telephone and online survey was to supplement the information provided by the other channels. This method captures views of a more randomised sample of the population than other self-selecting consultation channels and provide findings that are representative of the population.

Presentation and interpretation of results

Data was weighted to the profile of residence aged 18+ in Sefton and West Lancashire. Data was weighted by respondent's age, sex and ward. Targets for the weighted data are derived from the ONS.

Because only a sample of the full population was interviewed, all results are subject to margin of error, meaning that not all differences are statistically significant. For example, in a question where 50% (the worst case scenario as far as margin of error is concerned) gave a particular answer, with a sample of 507 it is 95% certain that the 'true' value will fall within the range of 5.28% from the sample result.

In the detailed report, all tables are shown in full, in the order and wording put to respondents.

In all questions where the responses are a list of statements, these will typically have been displayed to respondents in a randomised order.

The only questions which would not have had randomising responses would be those in which there was a natural order to maintain – e.g. a list of numbers from 0 to 10. "Other" and "Prefer not to say" options are not randomised.

Not all questions will have necessarily been asked to all respondents. They may be follow-on questions from previous questions or only appropriate to certain groups. Lower response counts should make clear where this has occurred.

Data was collected, analysed, and weighted by *Survation*.

7.2 Summary of analysis

In this section, there is a full report of each question asked.

Key trends that emerge from the findings are summarised first.

Current use of urgent and emergency care

A narrow majority of respondents, 51%, reported using at least one urgent or emergency care service in the previous twelve months. Adult A&E at Southport Hospital was the most used individual service, with 48% of service users indicating attendance. NHS 111 was used by 38% and children's emergency care was used by 24%.

Awareness of proposals

Public awareness of the service change proposals was moderately high. Just over half of respondents, 54%, were aware of the proposals before the survey. Awareness was not overwhelming but indicates that the issue had reached a good proportion of the population.

Views on specific proposals

Moving children's A&E from Ormskirk to Southport - support stands at 40% and opposition stands at 38%. 5% are unsure.

Moving adult A&E from Southport to Ormskirk - support stands at 35% and opposition at 45%. The 10 point gap shows that the public is less comfortable with moving adult A&E from Southport than with moving children's A&E to Southport.

Consolidation of A&E on a single site

Option A, consolidating A&E at Southport, received 33% support. Option B, consolidating at Ormskirk, received 29% support. However, 32% selected neither option. This is a significant finding because it indicates that nearly a third of respondents do not favour consolidation at all or do not find the options acceptable. Only 6% were undecided.

Perception of a combined adult and children's A&E

43% believe a single site is a good idea, while 38% disagree and 20% are unsure. This is one of the higher uncertainty levels in the poll.

Public priorities

When asked to choose a single most important factor, 38% selected clinical quality. A further 34% prioritised 24 hour access. Together, these represent 72% of respondents and show that reliability and quality of care are by far the dominant considerations. Travel convenience was prioritised by 18% and cost effectiveness by 10%. This suggests that, while travel time matters, the majority of residents place quality and availability above local proximity.

7.3 Independent polling findings in detail

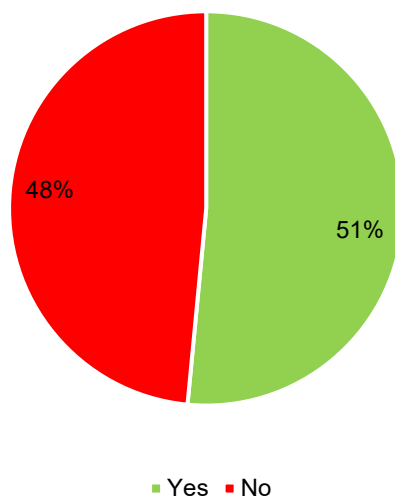
Just over half of respondents (51%) reported using at least one urgent or emergency care service within the past year. Almost an equal proportion (48%) did not use such services.

The results indicate a near-even split, with a slight majority of households having used urgent or emergency care, while almost half did not require these services over the past year.

As both users and nonusers represent significant segments, the results indicate that urgent care usage is common but not universal.

Q1: Have you or someone in your household used local urgent or emergency care services (for example A&E, the urgent treatment centre, GP out of hours, NHS 111, or the walk-in clinic) in the last 12 months?

Figure 37: response to Q1 of independent poll



*BASE: All respondents. Unweighted total: 507. Don't know: 2

Nearly half of respondents (48%) who used any service attended adult A&E at Southport Hospital. This makes it the most heavily used service listed.

More than a third (38%) used the NHS 111 system, reflecting its central role as a first point of contact for urgent medical help and triage.

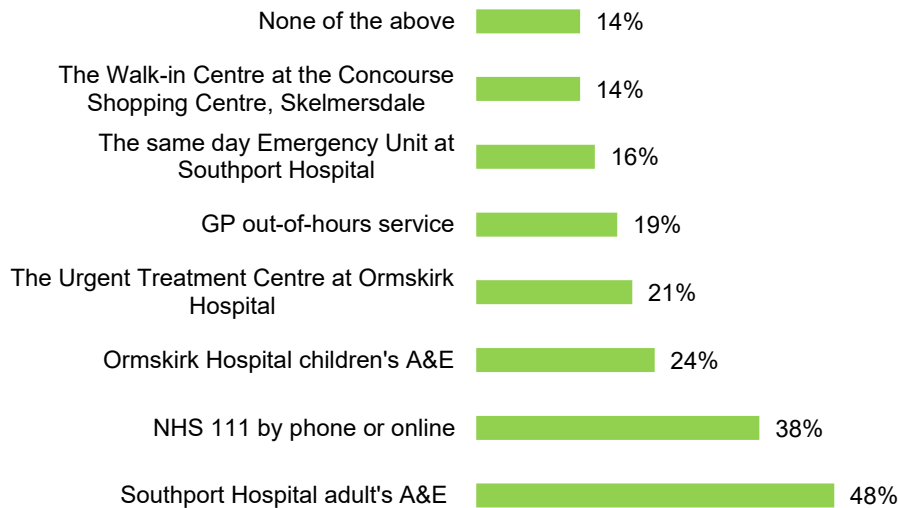
Around one in four households (24%) accessed children's emergency care, indicating significant use among families with children.

The fact that 48% visited adult A&E shows that Southport's A&E department continues to bear a substantial share of local urgent-care demand.

At the same time, the 24% usage of Ormskirk Children's A&E highlights high healthcare utilisation among families and the need for accessible paediatric emergency services.

Q2: Which of these services have you or someone in your household accessed in the last 12 months?

Figure 38: response to Q2 of independent poll



*BASE: Those who have accessed, or someone in their household has accessed local NHS services in the past 12 months. Unweighted total: 252

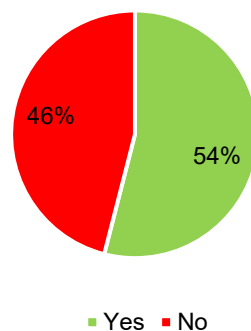
Just over half of respondents (54%) said they were already aware of the proposals before the date and nearly half (46%) had no prior awareness of the proposals.

54% is eight percentage points ahead of 46%, suggesting the majority is real but not overwhelming.

With 54% aware and 46% unaware, public awareness is moderate but far from common - with roughly one in two people already knew about the proposals.

Q3: The local NHS has two main proposals to bring adult and children's Accident & Emergency (A&E) services together at a single hospital site, either at Southport or Ormskirk Hospital. Did you know about these proposals before today?

Figure 39: response to Q3 of independent poll



*BASE: All respondents. Unweighted total: 507

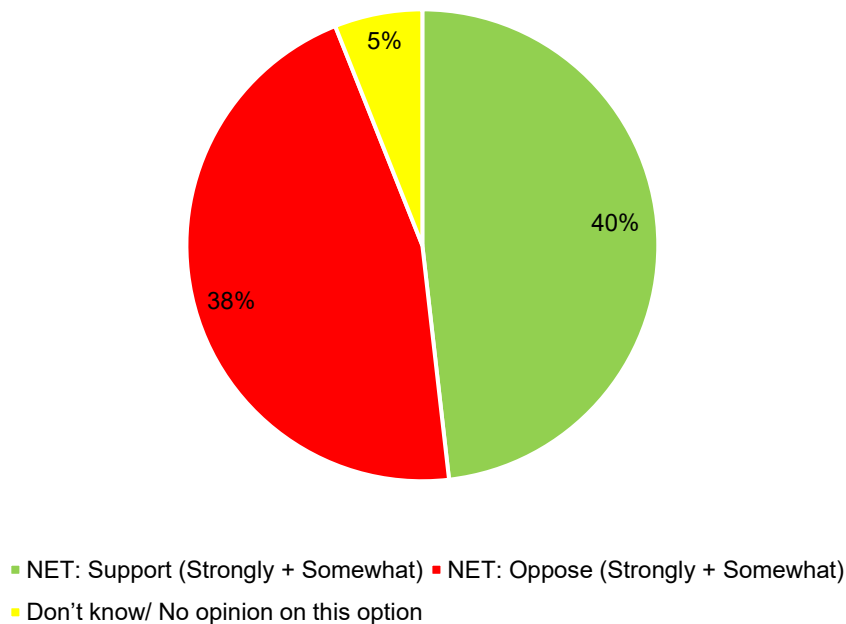
40% of respondents expressed support for the proposal, 38% expressed opposition and a small minority, 5%, selected “don’t know,” indicating low ambiguity in public views.

The difference between support (40%) and opposition (38%) is only two percentage points, suggesting the public is almost evenly split on this proposal and that support and opposition are closely balanced.

The low ‘don’t know’ figure (5%) is notable as only 5% are undecided, meaning 95% of people have a view. This indicates the issue is salient and well understood.

Q4: Please tell me how strongly you support or oppose the following option: Combining adult and children's A&E at Southport Hospital. This means moving the children's A&E away from Ormskirk to Southport A&E and making it a 24-hour service.

Figure 40: response to Q4 of independent poll



*BASE: All respondents. Unweighted total: 507

35% of respondents expressed support for the proposal, 45% expressed opposition and 6% were unsure.

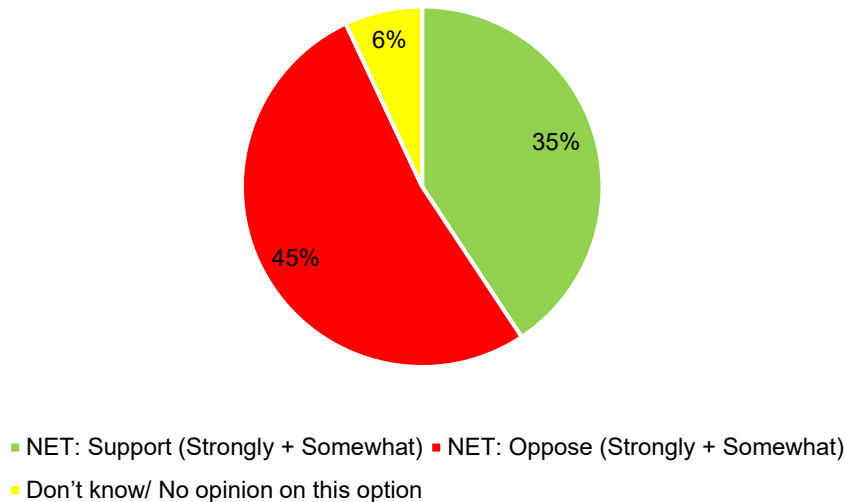
A 10-point gap indicates a meaningful tilt toward opposition, unlike the previous option where support and opposition were nearly equal (40% vs 38%).

This suggests respondents are less comfortable with moving adult A&E from Southport to Ormskirk than moving children’s A&E from Ormskirk to Southport.

The low “don’t know” rate implies people feel they understand the implications.

Q5: Please tell me how strongly you support or oppose the following option: Combining adult and children's A&E at Ormskirk Hospital. This means moving adult's A&E from Southport to Ormskirk A&E and make the existing children's A&E there a 24-hour service.

Figure 41: response to Q5 of independent poll



*BASE: All respondents. Unweighted total: 507

One-third of respondents (33%) prefer consolidating A&E at Southport, just under a third (29%) prefer consolidating A&E at Ormskirk, almost a third (32%) reject both consolidation options and a small proportion (6%) are undecided.

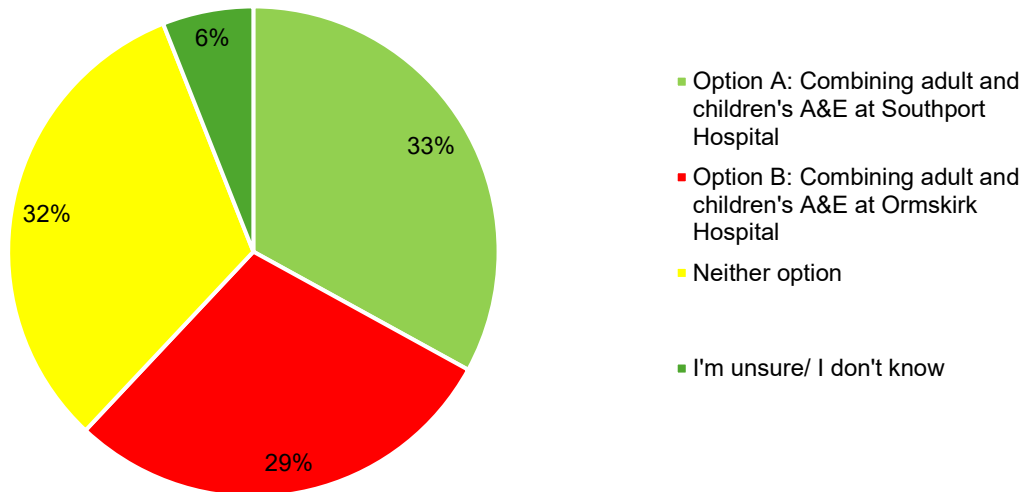
The gap between Option A (33%) and Option B (29%) is a narrow margin of four percentage points, suggesting an almost even split on preferences for the options. However, neither option attracts majority support, and opposition to Ormskirk is stronger.

32% selecting "Neither option" is almost as large as the leading preference (33% for Southport). This indicates a sizeable group opposed to consolidation in either location or unconvinced by the options as framed.

Only 6% are unsure, implying low uncertainty and that most people have considered proposals.

Q6: Which option do you prefer?

Figure 42: response to Q6 of independent poll



*BASE: All respondents. Unweighted total: 507

43% think that bringing adult and children's A&E together on a single site is a good idea and that the benefits outweigh the drawbacks, while 38% do not believe the statement and 20% say they are unsure.

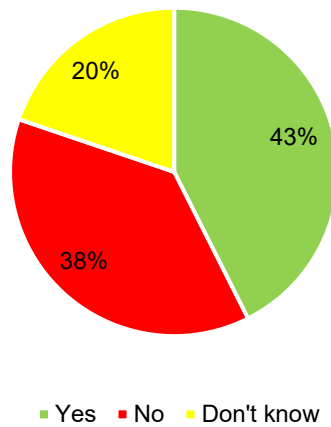
With 43% saying "Yes", more respondents view the concept of a single-site A&E positively than negatively.

However, this is not an absolute majority as 38% oppose the idea, only five points behind, meaning views are mixed and not firmly settled and that there is no significant majority.

One in five (20%) are unsure and this relatively high uncertainty suggests people feel they lack information about the benefits and risks. This is a bigger undecided group than in earlier questions such as Q4 and Q5 (which had 5–6% uncertainty).

Q7: Do you believe bringing adult and children's A&E together onto a single site is a good idea and that the benefits outweigh any drawbacks?

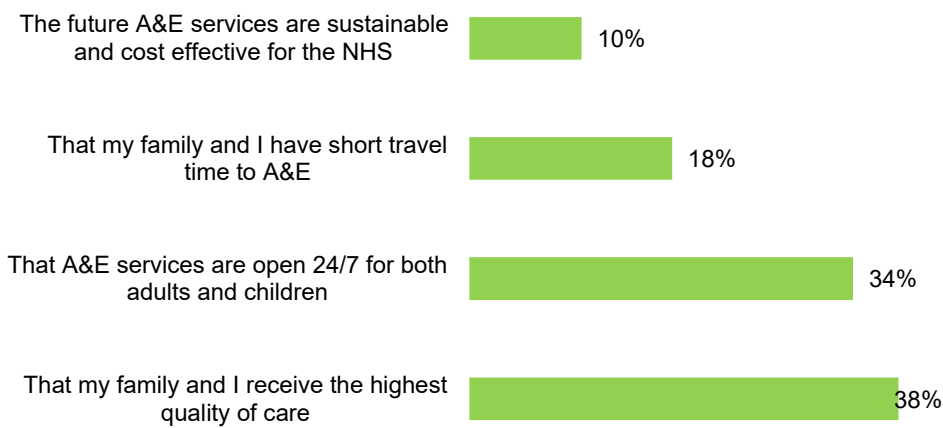
Figure 43: response to Q7 of independent poll



*BASE: All respondents. Unweighted total: 507

Q8: Which of the four following factors is the most important to you?

Figure 44: response to Q8 of independent poll



*BASE: All respondents. Unweighted total: 507

The top priority for the largest share of respondents (38%) is clinical quality. 24/7 access ranks second and is close behind (34%) quality. Convenience/travel time is important to a smaller, but still significant, group (18%). System sustainability/cost-effectiveness is the least selected (10%) when forced to pick a single top priority.

With 38% choosing quality of care as their top factor and 34% choosing 24/7 access, a clear majority (72%) place clinical quality and guaranteed availability above other considerations when forced to choose one priority.

18% prioritise short travel times - around one in five. This suggests that, while travel is a meaningful concern, most people accept longer journeys if they believe the care is higher quality and available 24/7.

8 Social media feedback

8.1 Introduction

A range of social media content was developed and shared on LinkedIn, Instagram, Facebook and X (formerly Twitter) across the Lancashire and South Cumbria and Cheshire and Merseyside's accounts.

The posts reinforced the programme's key consultation messages and were used to raise awareness and direct people to the consultation website and online survey. Content was then reshared and reposted by a wide range of partner organisations, including Healthwatch Sefton, Beacon Primary Care and West Lancashire Borough Council.

Both organic social media activity (using the ICBs existing channels) and paid-for advertising were used to maximise reach and impact. In total, over 250,00 people were reached via social media, with paid advertising generating more than half a million impressions during the consultation period.

Figure 45: Social media promotion statistics

Type	No. of posts	Impressions	Reach	Link clicks
Partner organisations organic	88	39,344	29,818	304
Pay-per-click advertisements	N/A	745,515	231,527	9,081
TOTAL:	88	784,859	261,345	9,385

8.2 Summary of main findings

The following section outlines the themes from people's social media comments and questions.

Views on the clarity of the consultation

People question whether the consultation accurately represents the true scale and consequences of the proposals. There is concern that what is presented as a single decision about A&E location would involve the movement, downgrading or loss of multiple interconnected services.

Residents argue that the consultation framing is overly simplistic and fails to make clear the knock-on effects for adult inpatient services, children's services, and maternity care. This lack of clarity leaves people feeling unable to make an informed judgement.

- "What is the whole picture of this consultation? It seems too simplistic." [Social media user]

- "It's not just moving an A&E, it's much more than that." [Social media user]

- *“Wouldn’t ITU, trauma, theatres, surgery and radiology have to move as well?”* [Social media user]

Consultation process and trust

A common theme is lack of trust in the consultation. Some people believe the decision has already been made in favour of Southport, pointing to current building work, language referring to a “preferred option”, and evidence that appears selectively presented.

There are accusations that the consultation is biased, misleading, or disingenuous, with several participants describing it as a foregone conclusion rather than a genuine exercise in public engagement. Political leadership, particularly the perceived absence or silence of the local MP, is also criticised.

- *“It’s quite clear the preferred site is Southport and the data is weighted to suit.”* [Social media user]

- *“This feels like a done deal.”* [Social media user]

- *“Savings figures and spin don’t save lives.”* [Social media user]

- *“Information is very limited and far too abstract.”* [Social media user]

Evidence in proposals

Several detailed posts focus on perceived flaws in the data underpinning the proposals. Residents argue that travel-time modelling excludes large sections of the population most affected, particularly in Skelmersdale, Ormskirk and rural West Lancashire.

There is significant frustration that financial savings are quantified, while clinical risk, mortality and social impact are not. Commenters question why increased risk from longer travel times has not been modelled if journey times themselves can be.

- *“They’ve only counted the people who already go to Southport – of course they live closer.”* [Social media user]

- *“Why not count all 246,000 residents affected?”* [Social media user]

- *“If they can model travel times, they can model risk.”* [Social media user]

- *“Would you wait for a shuttle bus if your child couldn’t breathe?”* [Social media user]

Imbalance in consultation engagement across West Lancashire

People raise concerns about an uneven consultation process, with far more events, publicity and engagement activity in Sefton than in West Lancashire. Skelmersdale is highlighted in particular as being under-served, with limited meetings, poor promotion, and unsuitable venues.

This feeds a wider perception that West Lancashire communities are being marginalised in a decision that could leave them without any local A&E provision.

- *“Lots of publicity in Sefton but very little in West Lancashire.”* [Social media user]
- *“Only one meeting in Skelmersdale – and the car park was already full.”* [Social media user]
- *“Residents in West Lancs deserve equal access to the consultation.”* [Social media user]

Impact on other services, especially maternity

There is concern that changes to A&E, particularly the relocation of children’s services, will directly result in the loss or downgrading of maternity services at Ormskirk. Contributors point to recent transfers of high-risk births to Whiston as evidence that these impacts are already occurring.

Several posts describe staff being relocated at extremely short notice and expectant mothers feeling pressured to change their place of birth, raising serious concerns about honesty and transparency.

- *“If children’s A&E goes, maternity will follow.”* [Social media user]
- *“High-risk births have already been moved to Whiston.”* [Social media user]
- *“This is not a temporary measure.”* [Social media user]
- *“Women have been bullied into moving for their births.”* [Social media user]

Increased travel times and risk to life

Across the comments, there is concern that longer travel times will directly endanger lives, particularly children’s lives. Contributors highlight that, in emergencies, even a few additional minutes can be the difference between life and death.

Some frame the proposals as financially driven decisions that disregard the realities of emergency care and rural or semi-rural travel conditions.

- *“It’s only 30 minutes more... no, that really matters.”* [Social media user]
- *“Anyone who’s dealt with an emergency knows five minutes is crucial.”* [Social media user]
- *“This is a financial decision that will cost lives.”* [Social media user]
- *“Where are the figures on how many lives could be lost?”* [Social media user]

9 Petitions and locally organised surveys

9.1 Introduction

This section summarises the findings from locally organised petitions. There were three petitions organised throughout the consultation.

Petitions are clearly important in indicating public anxiety about important aspects of the Shaping Care Together proposals, and so decision-makers must treat them seriously. Petitions should never be disregarded, for they indicate strong local feelings on specific issues.

Nonetheless, it should also be noted that petitions seldom provide detailed information explaining the specific proposals under consultation; nor do they tend to direct potential signatories toward available sources of information to consider before deciding whether or not to sign. Petitions can therefore exaggerate general public sentiments if organised by motivated opponents to change. These observations are not intended to undermine the sentiments expressed, but rather to provide a context within which petitions might be interpreted.

9.2 Analysis of petitions

Southport Conservatives

Southport Conservatives launched a petition in July 2025 calling for the reinstatement of children's A&E services at Southport Hospital. The petition received cross-party backing from all political groups represented on Sefton Council and included a short survey for local residents and other interested parties.

The petition was organised by Councillor Mike Prendergast and received 286 signatures.

“After many years of campaigning, the local NHS is recommending that a full 24 hour emergency service, which would include Adult and Children's A&E, should be located at Southport Hospital.

This is great news and a testament to the thousands of people who have supported the campaign to bring this vital service back to Southport.

As a town of over 90,000 people, with many families with young children, and thousands visiting every day, it's vital that we have a full emergency service, including Children's A&E. Following many years of campaigning, we now have the opportunity to get Children's A&E back in Southport.

It is not guaranteed that the service will return to Southport and that's why we need as many people as possible to sign our petition to make it clear to local NHS leaders that the people of Southport want to see this service back in our town.

So sign our petition, and let's make it clear that Southport needs this service back in our town and that 20 years after it was taken away from us, we want to see Children's A&E back in our town.”

Our West Lancashire

The Our West Lancashire political group initiated a petition in July 2025 urging Ashley Dalton MP to oppose the closure of Ormskirk’s children’s A&E and hold a public meeting regarding the future of Ormskirk Children’s A&E. The petition closed with 2,622 signatures.

Following the announcement in September 2025 that high-risk births would be transferred from Ormskirk to Whiston, Our West Lancashire updated the petition page and launched an additional petition calling on Ashley Dalton MP to speak out about the broader threat to maternity services and A&E at Ormskirk Hospital.

When a resident signs this petition, an email is automatically sent to Ashley Dalton MP urging her to publicly support her constituents, address the serious and immediate risks facing Ormskirk Hospital’s maternity and A&E services, and publish her own response to the consultation.

“Maternity Services have joined children’s A&E as under threat at Ormskirk Hospital. Less than 2 weeks ago, so-called “high risk births” were transferred to Whiston from Ormskirk and the whole service will be lost if children’s accident and emergency moves to Southport. Health chiefs have said as much, yet the current consultation omits this. Our MP has been largely silent and is failing to represent us.

So, please add your name to this petition calling on our MP, Ashley Dalton to speak out publicly in support of her constituents and the grave and current threat to Ormskirk hospital’s maternity and A&E services and to publish her own response to the consultation. Signing the petition will trigger an email directly to Ashley Dalton. You can view the letter and what will be sent to Ms Dalton by clicking to expand the box below.”

Patrick Hurley MP

Southport MP, Patrick Hurley, launched a petition calling for children’s A&E at Southport. The petition received 327 signatures.

The mission statement for the petition is stated below.

Southport needs a dedicated Children’s A&E service integrated with the adult accident and emergency services. Currently, there is no dedicated A&E service for children and young people between midnight and 8:00 am, as the opening times in Ormskirk A&E were reduced in 2020 and have since closed at midnight. We need a 24-hour A&E for children, and it needs to be in Southport.

Our town’s children and families deserve top-notch emergency healthcare around the clock.

At present, families have to travel to Ormskirk or even as far as Liverpool for care, which means children in need of urgent treatment often face journeys of over 45 minutes. This situation is unacceptable.

Our town is big enough to justify a full, functioning emergency department for both adults and children. Having a dedicated Children's A&E would mean quicker response times, less stress for parents, and, most importantly, better health outcomes for our children.

I encourage all residents to sign the petition and express their support for the "Shaping Care Together" consultation to keep the Adult A&E in Southport and reinstate the Children's A&E. It's important to ensure that our hospital services reflect the needs of our town. By signing and sharing this petition, we can unite in saying that Southport deserves a fully equipped, 24/7 emergency service for people of all ages.

Assistive technologies

This document contains some analysis generated with the support of artificial intelligence (AI) tools, including OpenAI's ChatGPT. The AI system has been employed to assist in analysis of client data. While every effort has been made to ensure the accuracy and relevance of the information presented, the following disclaimers apply.

- 1. Data accuracy and completeness:** The analysis is based on the data provided and does not independently verify the accuracy, completeness, or reliability of the information input.
- 2. Human oversight:** The AI-generated insights have been reviewed and validated by qualified professionals. However, the AI's contributions are to be considered as supplementary to human expertise.
- 3. No legal or financial advice:** This document is not intended to provide legal or financial advice. Decisions based on this information should involve appropriate human consultation and due diligence.
- 4. Confidentiality:** The client data utilised in this analysis has been handled in accordance with applicable data protection regulations and internal corporate policies to ensure confidentiality and security. Permission has been withheld for the source data to contribute to the development of the learning model.
- 5. Limitations of AI:** AI systems have inherent limitations and can occasionally generate inaccurate or incomplete results. Users are encouraged to critically assess the findings and seek further validation where necessary.

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Abbreviation and acronyms

Abbreviation	In full	Notes / definition
AD(H)D	Attention Deficit (Hyperactivity) Disorder	A condition where an individual finds it hard to concentrate, may be over-active and can struggle to manage their behaviour. It is not the same as a learning disability. The condition can be managed with good support and sometimes medication.
A&E	Accident and Emergency	See also ED.
ASD	Autism Spectrum Disorder	
C&E	Communications and Engagement	
C&M	Cheshire and Merseyside	
CHCR	Centre for Health Communication Research	
CfC	Case for Change	The formal document which introduces the reasons for seeking to make a service change.
CVS	Council for Voluntary Service	CVS is a type of organisation in England through which local voluntary and community organisations speak to each other. They offer a wide variety of services and support for other local organisations, for example training, or advice on funding.
DGH	District General Hospital	
ED	Emergency Department	See also A&E.
EIA	Equality Impact Assessment	A process of considering the equalities of a new policy or project will have on all groups of people, and making sure that no-one is left out or worse off. The aim is to see whether changes to the way things are done will have a good or bad result for people from particular groups, such as disabled people, older people and people from ethnic minority groups.
GP	General Practitioner	
HIV	Human immunodeficiency virus	
HOSC	Health Overview and Scrutiny Committee	A local authority committee responsible for scrutinising services relating to local NHS bodies and health services.
HW	Healthwatch	Healthwatch England is a national organisation that represents people who use health and care services in England. It is independent, and exists to gather and represent the views of the public, but does not have the power to change how things are done. It reports problems and concerns to the Care Quality Commission, which has

		the power to make changes. There is a local Healthwatch in every council area.
ICB	Integrated Care Board	An ICB is a statutory body that plans and funds most NHS services for a local population. ICBs are a key component of Integrated Care Systems (ICSs), which are partnerships between health and care organisations.
ICU	Intensive Care Unit	
L&SC	Lancashire and South Cumbria	
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual +	
LTHC	Long Term Health Condition	
ME	Minority Ethnic	
MIU	Minor Injuries Unit	NHS units which treat non-life-threatening injuries that require immediate attention.
MWL	Mersey and West Lancashire Teaching Hospitals NHS Trust	The trust which operates the local NHS services within the programme area.
NHS	National Health Service	
NHSE	NHS England	
NWAS	North West Ambulance Service	
PALS	Patient Advice and Liaison Service	A service within every NHS Trust that can provide information or advice on any aspect of your health care that you are concerned about. It can help you resolve problems, understand your options or make a complaint.
PCBC	Pre-Consultation Business Case	The PCBC is the legal document on which commissioner decides to consult.
SCT	Shaping Care Together	
SDGH	Southport District General Hospital	
SDEC	Same Day Emergency Care	SDECs are NHS units that provide emergency care without hospital admission. SDECs only accept patients by referral from other healthcare professionals.
SEMH	Social, Emotional and Mental Health	
SEND	Special Educational Needs and Disabilities	
Skem	Skelmersdale	

u3a	University of the Third Age	u3a is an international movement whose aims are the education and stimulation of mainly retired members of the community — those in their third 'age' of life.
UEC	Urgent and Emergency Care	
UTC	Urgent Treatment Centre	Somewhere you can go without an appointment instead of A&E, if you have a minor injury or illness that cannot wait for a GP appointment. Usually staffed by nurses and GPs. Sometimes also referred to as an Urgent Care Centre (ICC)
WIC	Walk-In-Centre	An NHS centre that you can go to without an appointment if you have an illness or injury that is not serious enough for you to go to an accident and emergency department (for example, minor injuries, infections, stomach aches, vomiting and diarrhoea).

Appendices

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