

Public consultation

On proposals for **changes**
to local **urgent** and
emergency care services



SHAPING CARE
TOGETHER

In Southport, Formby, and West Lancashire

A circular inset image showing a blurred hospital corridor with staff in blue scrubs moving quickly, conveying a sense of urgency.

Have your say by
Friday 3 October 2025

SHARE YOUR
VIEWS. TAKE
OUR SURVEY



www.bit.ly/sct200

Contents

About this consultation	3
Who we are and who we care for	5
Shaping the future of urgent and emergency care	6
The difference between urgent and emergency care	11
Why bringing our A&Es together makes sense	12
Our big conversation	14
Shaping proposals	16
Our proposals and what the new A&E could look like	22
Patient stories	28
The impacts and what we can do about them	30
How can you help?	37
What we're asking	39
After the consultation	40
Our promises to you	41
Get involved	42

We are the NHS in Southport, Formby and West Lancashire.

We're asking for people's views on proposals to change where and how we offer urgent and emergency care, affecting some of our services at Southport and Ormskirk hospitals.

About this consultation

The Shaping Care Together programme is actively seeking views on proposals for the future of urgent and emergency care services across Southport, Formby and West Lancashire.

We are consulting on two sets of proposals designed to deliver a way of providing safe and excellent-quality urgent and emergency care services. We want to make sure we do this in a way that makes services available to everyone, all day, every day. And we want to find solutions that will help us in the long term so we do not have to keep changing things.

We know the way services are currently set up means we are not delivering this. For example, pressures on services mean our children's A&E at Ormskirk Hospital cannot be offered safely all day and night. That is why, in April 2020, we took the difficult decision to reduce opening times. Since that time there has been no dedicated children's A&E service at Ormskirk Hospital between midnight and 8am.

Having children's and adult A&E services on different hospital sites comes with a number of challenges. At most hospitals across the rest of the NHS in England, children's and adult A&E services are on the same site.

This is the model underpinning both sets of proposals in the consultation.

What is a public consultation?

A consultation is when public bodies, like the NHS, ask for feedback from the public on things like policy ideas or service changes.

It is a way of hearing opinions, concerns and suggestions before making decisions.

Doing this helps us to make better decisions and builds trust with the people we serve.



Our proposals for urgent and emergency care

We are consulting on two options.

One is for locating children's and adult A&E services at Southport Hospital and the other is for services to be at Ormskirk Hospital.

The Southport site is our preferred option for reasons we explain later in this booklet.

This booklet is designed to give you the information you need to get involved. Your views and contributions will help make sure proposals are co-designed with the people who use and rely on our services.

No decisions have been taken yet

Based on the evidence, we feel the Southport option meets the programme goals better than Ormskirk. We explain why in the 'shaping proposals' section of this booklet.

Decisions will only be made, however, once we have heard a much wider range of views so we can be confident that proposals are based on all available evidence and reasoning.

How you can help

We are looking for people to help us:

- Select the best option for meeting programme goals for the whole area.
- Make sure we have looked at and considered all relevant, available evidence.
- Understand the impacts of the proposals and what can be done to limit them.

There are lots of ways you can get involved.



You can share your views by taking our survey and discover the latest news by signing up to our newsletter or visiting www.yoursayshapingcaretogether.co.uk

We will bring the conversation to where you live through a series of public events and discussion groups.

And we will do all we can to help everyone take part and to make sure people have the information they need, in the way they need it. If you, or someone you know, has specific needs that we have not thought about, please let us know how we can help.



Find more detailed information on proposals in our pre-consultation business case (PCBC) and supporting documentation.

Can't get online or you need documents in a format that suits you better? Get in touch and let us know how we can help. See back cover for details.

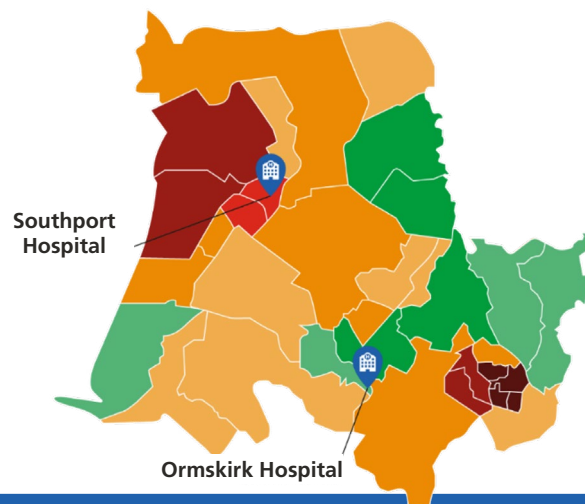
Who we are and who we care for

Who we are

We are the NHS in Southport, Formby and West Lancashire.

Our job is to help look after the health of our communities and people. That means making sure you can get the high-quality and safe care you need, when you need it.

This programme is a partnership between Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria.



Southport, Formby and West Lancashire.

The map is colour coded to show relative levels of deprivation in each area.

The dark red areas are the most deprived communities, and the dark green ones are the least deprived.

Who we care for

This is about helping you, the people who live here, and the people who rely on our services.

We know where you live can have a big impact on how long you live, and how much you are likely to suffer from illness and disease. This is what we call health inequality.

For example, in West Lancashire, people living in relatively deprived Birch Green are likely to die 10 years younger than people living in better off Tarleton.

And in Southport and Formby, the relatively affluent people in Ainsdale are expected to live between seven years (males) and nine years (females) longer than people living in the most deprived areas.

As your local NHS, we have a responsibility to reduce health inequalities and to give everyone the chance of longer and healthier lives, wherever they live, and whatever their background.

Life Expectancy



Shaping the future of urgent and emergency care

When we started the Shaping Care Together programme, we identified seven service areas that needed to change. You can read about them in our [Challenges and Opportunities](#) booklet in the 'library' section of our website.

One of the service areas was urgent and emergency care. That is what we are looking at first and what this booklet is about.

Getting people to the right place

The proposals in this consultation affect some services at Ormskirk Hospital in West Lancashire, where people aged under 16 went to A&E 32,457 times in 2023-24, as well as some services at Southport Hospital, where adults went to the emergency department 58,088 times over the same period.

We know many people who go to A&E could be assessed, cared for and treated somewhere else. This can lead to longer waiting times at A&E and can create additional pressures across our hospitals and wider NHS services.



Our data shows almost four in 10 adults who went to Southport A&E last year could have been seen and treated elsewhere.



For people aged under 16 going to Ormskirk A&E, this rises to more than seven in 10.



Changing this pattern may not be easy, but it is necessary. With your help, we are confident we can do it.

Getting urgent and emergency care right helps the whole system flow better.

That's why it's the first service we're looking at.

As your local NHS, we need to work in the most effective and efficient way possible - providing a range of services to meet people's needs by making smart use of resources.

As well as looking at congestion in our A&Es, we also need to improve the flow of patients through our hospitals, avoiding discharge delays wherever possible.

We are always working towards making sure more people get the treatment they need without being admitted to hospital by making best use of our same day emergency care unit (SDEC), our urgent treatment and walk-in centres, and our community-based services which help us provide care for some people more locally or in their homes.

When you need urgent or emergency care, we will help make sure you know the best place to go.

Not sure if you need A&E?

It is not always easy to know if you need emergency care before you have been assessed by medical staff. If you are not sure where to go, **help is available from NHS111 by phone and online.**

They can check your symptoms and tell you what to do. They may suggest you go to one of our urgent treatment or walk-in centres or advise you to wait to see a GP or local pharmacist.



Our vision for future services

Our vision is to find a way to organise services that makes best use of NHS resources to provide safe and excellent quality care that can serve us well into the future.

Crucially, we have to make sure our urgent and emergency care services are there for everyone, all day, every day.

To make that a reality, we will have to make some changes as we outlined in our case for change last year.

Why change is needed

Five main factors are putting services under unsustainable pressure.



Our population is getting older

Projections say the number of working-age people (under 65) will stay around the same over the next 20 years. But there will be a lot more people over 65. This means there will be more people to treat and more people needing urgent and emergency care.



Having the staff we need

We need more healthcare assistants and senior doctors to do our job well. We often use temporary staff to fill the gaps. This is more expensive and less effective.



Quality of care

Services must be safe and built around excellent-quality patient care. The last Southport and Ormskirk official inspection in 2019 said services 'require improvement'. We know things have got better since then, but we also know there is more to do.



Buildings that are up to the job

We need to look after our buildings to make sure they are up to the job. We are not looking for quick fixes, as just doing the minimum can be more expensive and wasteful in the longer term.

It is about much more than just repairs. We need to have buildings that help us deliver high quality and safe services today and in the future.

We also have a duty to do that in a way that helps us protect the environment.



Feeling the financial strain

The amount of funding the NHS receives is decided by the Government.

Having more money could help with some things but wouldn't solve all the challenges we face.

We need to find solutions that make the most of what we have. That may mean not doing the same things in different places if there is not a good reason for it.

Why we are starting with urgent and emergency care

Urgent and emergency care services play a very important part in keeping us healthy. The NHS responds to more than 110 million urgent calls or visits every year, so it is crucial things run smoothly.

Urgent and emergency care services can have a big impact on many other NHS services. For example, trauma surgery, intensive care and high dependency units often sit alongside emergency care. When urgent and emergency care comes under pressure, these other services often feel it too.

That can make it harder for us to have the right staff in place to keep all these services running well. It can also mean more people leaving A&E and needing a hospital bed.

When the pressures get too much, and we do not have the beds or staff we need, we sometimes have to cancel appointments for operations.

The way we provide urgent care can also make a difference to how we care for and support people in their homes and communities.

Getting urgent and emergency care right helps the whole system flow better.

That is why it is the first service we are looking at.

Why doing nothing is not an option

We need to make sure A&E is available for everyone all day, every day. However, the pressures we have outlined meant that four years ago, we had to take the very difficult decision to close Ormskirk Hospital children's A&E between midnight and 8am.

To provide A&E services in a safe way, a lot of different, highly trained staff need to be there to support the emergency medical teams. In other parts of England, where children's A&E is at the same site as adult A&E, this support can be available in the wider workforce.

Our case for change also explains why we feel that A&E services need to be organised in this way where we live. The many people who shared their views with us strongly supported this.

If we do nothing, the pressures on services are only expected to get worse.

Achieving our goals may not be easy but, with your help, we are confident we can do it.



Read more about service pressures and why change is needed in our [case for change](#).

Can't get online or you need documents in a format that suits you better? [Get in touch](#) and let us know how we can help. See back cover for details.

The difference between urgent and emergency care

A&E

EMERGENCY CARE is for life-threatening illnesses or accidents that need to be dealt with straight away.

For adults, this could be things like signs of a heart attack or stroke, heavy bleeding, choking, sudden confusion (delirium) or attempted suicide. For children it could also mean when they cannot stay awake, if they are limp and floppy, or if they are crying non-stop.



More information can be found on the [NHS website](https://www.nhs.uk).



URGENT CARE is for when you need urgent attention for a non-life-threatening illness or injury.

You can get urgent care through NHS111, your local pharmacy, the out-of-hours GP service, or at a walk-in or urgent treatment centre.

If you are not sure where to go, NHS111 can help by phone or online at 111.nhs.uk

Our urgent treatment centres are available to everyone, without an appointment. They can help with things like sprains and strains, broken bones, injuries, cuts and bruises, chest and water infections or high temperatures in children and adults.

Why bringing our A&Es together makes sense



Our children have specific needs which is why we make sure we give them emergency care in a dedicated, child-friendly environment where they can receive age-appropriate care.

To do this we make sure the children's A&E has a dedicated entrance, waiting area and treatment areas. This allows for more tailored and effective care, ensuring young patients receive the best possible treatment in a safe and supportive environment.

If we locate the children's unit on the same site as the adult unit, however, there are many important benefits which can help us achieve our goals.



Clinical benefits

There are a number of significant clinical benefits, including:

- Ensuring we have the workforce in place to offer round-the-clock emergency care to children.
- Providing better anaesthetics cover for paediatric emergencies.
- Allowing us to treat more cases of children needing trauma and orthopaedics and general surgery without requiring transfer to more specialist facilities.
- Better access to radiology services out of hours (meaning fewer journeys and delays for patients needing x-rays and scans).

It would also help ease the management of blood tests and transfusions in cases of emergencies for under-16s and offer better ways of working for our pharmacy services.





Better service delivery

On top of the clinical benefits, we would also see better service delivery with improved rota management and more opportunities for staff supervision, training and workforce skills development.

We would be better equipped to respond to critical situations and emergencies, be able to move patients between services with less discomfort and risk and have better access to a broad range of key specialist skills such as pharmacy, radiology, pathology and microbiology, especially out of hours.

And we would be better placed to manage peaks in demand for care, with benefits coming through sharing resources across departments.

We cannot keep going as we are today

Current pressures on services mean we cannot continue with services as they are today without a further deterioration in standards and patient outcomes.

We have a duty of care to the people and communities we serve and we are not going to allow that to happen. **We are confident that, with your help, we can find the solutions we need.**



Read more about the benefits in our [pre-consultation business case \(PCBC\)](#) and supporting documentation.

Can't get online or you need documents in a format that suits you better? [Get in touch](#) and let us know how we can help. See back cover for details.

Our big conversation

In summer 2024, the programme started a big conversation to find out more about what people wanted and needed from urgent and emergency care and what their experiences were of using services today.

Many said they felt too many people went to A&E who could be treated somewhere else and this was causing problems such as long waiting times. Indeed A&E departments are meant to be for serious injuries and life-threatening emergencies.

Our public survey, which received almost 3,000 responses, helped us find out more about people's views on future services as well as their experience of services today.

We were reassured to learn the programme's vision, principles and goals were supported by more than nine in 10 people who responded.

Survey question 3

"Our priorities for redesigning urgent and emergency care services are that we provide everyone with safe and excellent care, today, and in the future. Do you feel these are the right priorities?"

88.3%
strongly or
generally
agree

Survey question 4

"In your opinion, how important is it that we set up urgent and emergency care services in a way that can help reduce waiting lists across our local NHS?"

90.8%
find this
very or quite
important



You can find out more about what people told us in our [big conversation in our engagement report](#).

Can't get online or you need documents in a format that suits you better? [Get in touch](#) and let us know how we can help. See back cover for details.

Our big conversation

Survey question 5

“In your opinion, how important is it that urgent and emergency care is available for everyone, all day, every day?”

97.7%
find this
very or quite
important

Survey question 6

“In your opinion, how important is it that children and young people have the same access to emergency care as adults?”

98.4%
find this
very or quite
important

The insights we gained into people’s experiences of using services today helped us understand more about what they may need from future services, as well as how they may be impacted by any changes and what can be done to manage those impacts.

Importantly, when we asked for ideas on how services should be organised, **there was a clear view that children’s and adult A&E should be located together on the same hospital site**. This is how A&E services are organised at most general hospitals across the rest of the NHS in England.



You can find out more about what people told us in our [big conversation in our engagement report](#).

Can’t get online or you need documents in a format that suits you better? [Get in touch](#) and let us know how we can help. See back cover for details.

Shaping proposals

We heard a wide range of ideas for how we might bring our A&Es together. We know some of them are not possible because we simply do not have the resources in the local NHS - staff, buildings and finances – or the proposals were out of scope. **This ruled out the six options below early on.**



2 X Proposals to maintain current A&E services and add new A&E services elsewhere.

- We do not have the resources to maintain services as they are today. We cannot increase that burden by introducing new services.
- For safety reasons, an A&E is always located at a hospital site and so a new A&E at a new location means building a new hospital. The Government's New Hospital Programme does not currently include plans for our area.



2 X Proposals that required building a new hospital.

- Previous studies have shown this to be unaffordable given the significant financial investment required.
- The same studies have shown a new hospital cannot be delivered within a reasonable timeframe.
- The Government's New Hospital Programme does not currently include plans for our area.



2 X Out-of-scope proposals.

- One proposal included making changes to planned care services. These are services that are scheduled in advance and include things like outpatient appointments, diagnostic tests, surgery or cancer treatments. The programme has not been asked to look at planned care.
- Another proposal required commissioning a new urgent treatment centre. New services are out of scope of the programme.

The decision to remove these six options was unanimously supported by members of the assessment panel we invited to review the options. The panel included patients and members of the public.

Options for assessment

This left 10 options, all centred on our existing hospitals in Southport and Ormskirk. These were thoroughly assessed by review panels made up of NHS experts alongside members of the public and patients from across the Southport, Formby and West Lancashire area and local community and voluntary groups.

The process removed eight of the options for the reasons explained below.



3 x Options proposed doing nothing or keeping A&E units on two sites but with increased capacity or opening hours.

These were ruled out because:

- Current pressures mean we cannot continue as services are today without a further deterioration in standards and patient outcomes.
- These options do not make sure A&E is available for everyone, all day, every day.
- The options do not help address staffing, financial and infrastructural challenges or the need to maintain quality standards.
- Does not help us address growing demand.



5 x Options based on increasing the number of A&E units at Southport and Ormskirk

These were ruled out because:

- Pressures on services mean there are not the resources to safely carry on offering services as they are today.
- Adding more services will create more service duplication and stretch resources further.

This left one option at Southport Hospital and another at Ormskirk Hospital. Both options proposed bringing all of our A&E units together on a single site - children's and adult. These two options were then assessed in more detail to test whether they were both achievable and could help us reach our goals.

Reviewers were given an extensive evidence pack to help assess the remaining two options to see whether they could meet the programme goals.

Doing things properly

NHS and government guidance was followed throughout to make sure the process was fair, open, and included a wide range of voices.

NHS England has made sure we are doing things properly. We also had advice from the North West Clinical Senate, which is made up of healthcare professionals and patient representatives

Who was involved?

Members of the public were central to developing and assessing ideas for future services. Alongside them, a wide range of expert inputs helped shape the list of options.

The process was led by NHS clinical experts and supported by:

- NHS non-clinical experts including those working on estates, financial and workforce planning, management and development.
- NHS commissioners and staff from neighbouring trusts.
- Representatives from local Healthwatch groups and from the wider community and voluntary sector in our area.
- Local groups that represent patients and service users were also involved in the process.

What evidence was used for assessment?

You can find this in the supporting documents of the pre-consultation business case (PCBC).

We understand, however, that some of these documents are quite technical. If you would like our support to understand them better, get in touch and we will do all we can to help.

See back cover for contact details.

The assessment panel's view

Based on the available evidence the group's preferred option was Southport. Here's why.



Reviewers thought both options would:

- Achieve the desired goal of providing safe and excellent quality services, available to everyone all day, every day.
- Have similar impacts in terms of whether they would improve or worsen access to healthcare for people from different backgrounds and communities.
- Have similar impacts on our ability to tackle the staffing challenges we face.



They agreed there were some differences in:

- How the options fit with what is happening in the wider NHS.
- The environmental impacts.
- Travel impacts for people going to A&E.

Clear differences

When considering co-dependent services - those services that must be located alongside A&E so emergency care can be delivered safely - the group found clear differences between the options.

The Southport option requires just one service to relocate (paediatric inpatients). The Ormskirk option, however, would mean seven services would have to be moved away from Southport and another 10 services may be affected.

Service relocations could mean disruption to staff, patients and visitors across the wider hospital site.

Importantly, the scale of relocation work has a significant impact on costs, time to deliver and space required for development.

With fewer service relocations needed, the Southport proposals would:

- Require less space for development (1,800m² / 8,800m²).
- Be quicker to implement (five years rather than seven years for Ormskirk).
- Require just over one third the cost of the Ormskirk proposals (£33 million / £91 million).

Southport option



1,800m²



5 years

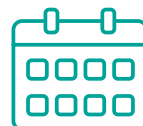


£33.1 million

Ormskirk option



8,800m²



7 years



£91.3 million

Two options for consultation

The panel recommended a future public consultation should include **a preferred option for locating services in Southport**, as well as an alternative option for bringing services together at Ormskirk.

The NHS programme partners agreed with the group's recommendation. Final decisions will only be made, however, once proposals have been informed by a broad range of views captured during the consultation.



Read more about how options were developed and reviewed, and the evidence used by the panel in our [pre-consultation business case \(PCBC\)](#) and supporting documentation.

Can't get online or you need documents in a format that suits you better? [Get in touch](#) and let us know how we can help. See back cover for details.

Our proposals and what the new A&E could look like

We are consulting on two different options we believe could deliver the solutions we need.

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).

Our preferred option is Southport.

Below is how urgent and emergency care could look under the new proposals.



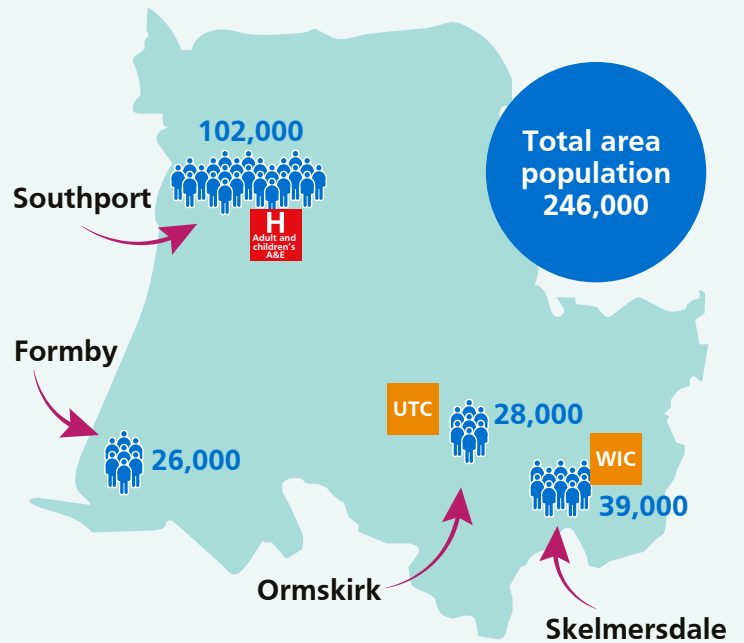
Southport option (preferred)

At our hospitals

- Adult A&E in **Southport**
- Children's A&E in **Southport**
- Urgent treatment centre (UTC) in **Ormskirk**

Community and closer to home

- Walk-in centre (WIC) in **Skelmersdale**
- Out-of-hours GP service for everyone
- NHS 111 by phone and online
- Local GP services for everyone
- Local pharmacy services for everyone



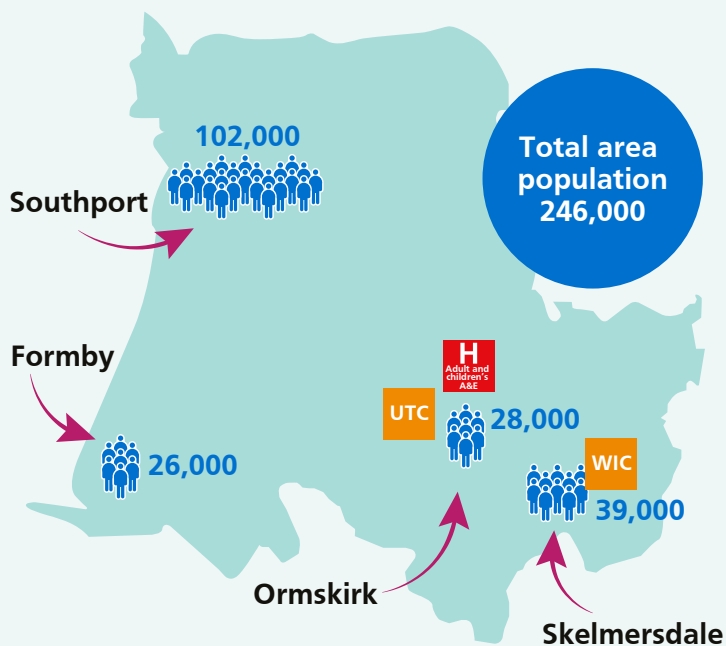
Ormskirk option

At our hospitals

- Adult A&E in **Ormskirk**
- Children's A&E in **Ormskirk**
- Urgent treatment centre (UTC) in **Ormskirk**

Community and closer to home

- Walk-in centre (WIC) in **Skelmersdale**
- Out-of-hours GP service for everyone
- NHS 111 by phone and online
- Local GP services for everyone
- Local pharmacy services for everyone



How would things look at the hospital?

In both cases

- Plans allow for the current A&E units to remain in place and continue operating during construction.
- All refurbishment works needed at either site would be carried out to modern standards.
- We know parking can already be challenging at both sites.

NHS guidance is, where possible, for people to either be driven to A&E or to call 999 for an ambulance. So we must do our best to make sure parking is available if you come by car.

Both sets of proposals include expanded parking capacity to address this.



What the Southport option includes



Today's adult A&E facility with 365m² additional, newly refurbished treatment space.



A new ambulance entrance dedicated to children's A&E.



A newly refurbished children's A&E and inpatient facility of around the same size as the current unit at Ormskirk Hospital.



Up to 354 new parking spaces.



What the Ormskirk option includes



A newly refurbished adult A&E with a 10% larger floor area than the current Southport facility.



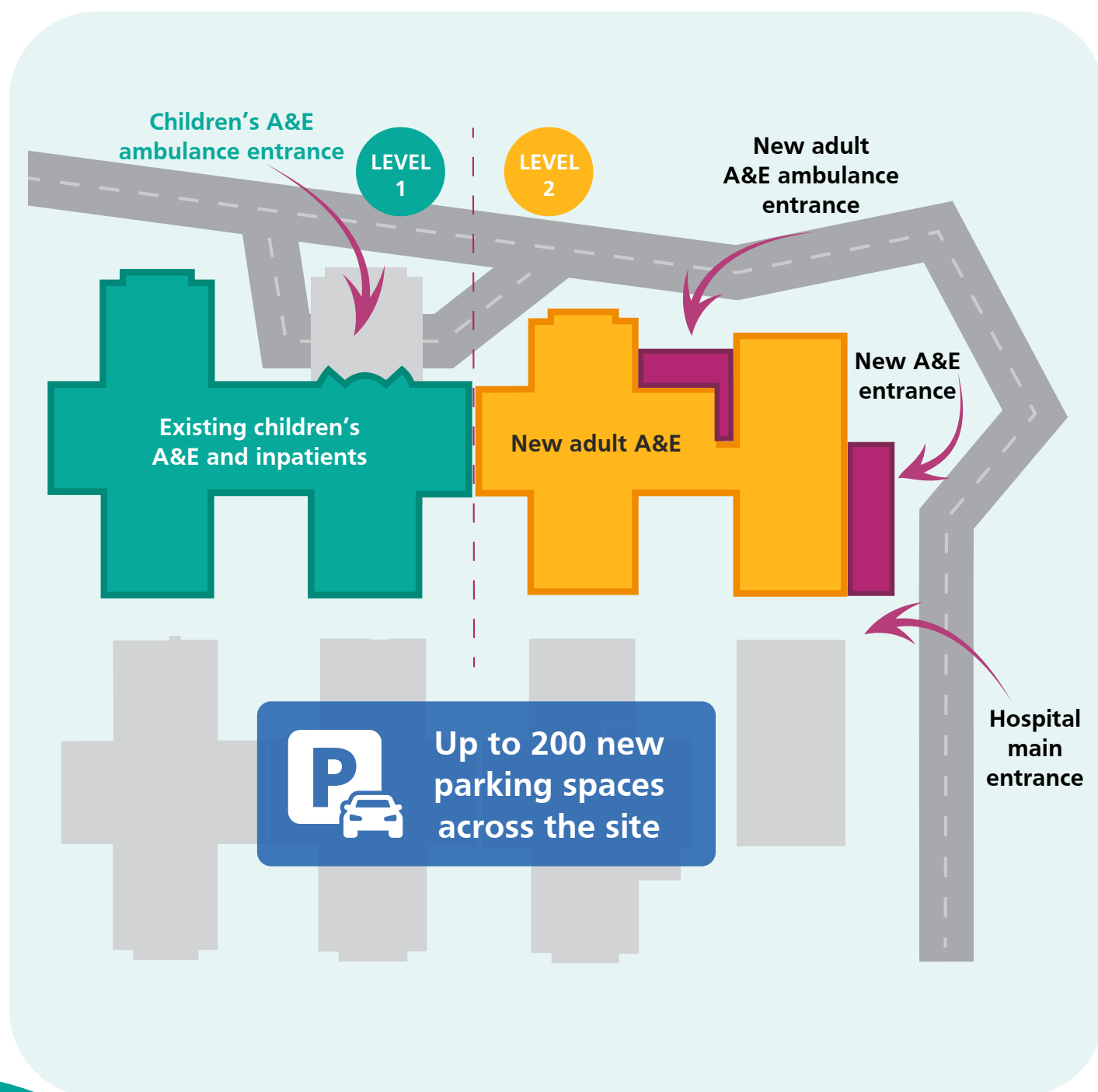
Today's children's A&E unit, which is in generally good condition.



A new ambulance entrance for adult A&E.



Up to 200 new parking spaces.



No decisions have been taken at this stage

We have developed the plans outlined in this booklet to look at what could be done with each option. However, nothing has been fixed at this stage.

Our choices must be based on all the available facts and we will stay open to other ways to organise services if new evidence comes to light.

Based on what we know today, however, we are asking people to consider which option can help us achieve our goals in the most efficient and effective way. It is only once we have heard from the people who use and rely on our services that a decision can be made.

As well as sharing views on which site is best for our A&Es, we also want people to let us know how they may be affected and what we could do about that. That will help us develop the best approach to implementing changes in the interests of our patients and public.

This is not just about bringing services together because of resourcing pressures. It is a chance to uncover smarter ways of working and to reflect on the things we already know could be better - aiming high and seizing the opportunities so we can build a smoother-running, more patient-focused, modern A&E.



Find more detailed information on proposals in our [pre-consultation business case \(PCBC\)](#) and supporting documentation.

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Patient stories

Olivia's story

Four-year-old Olivia has asthma and has been quite wheezy lately. The community respiratory nurse came to see her and made changes to her inhalers with a plan to check back the next day.

However, Olivia has woken up during the night with a high temperature, still struggling with her breathing. She has been admitted to hospital before, so mum Joanne thinks it is too risky to wait for the respiratory nurse in the morning. She could call 999 and wait for an ambulance, but decides it would be quicker to drive Olivia to Ormskirk. Joanne did not know Ormskirk children's A&E was closed overnight until she arrived. She starts to get concerned about wasting time as she now needs to drive another half an hour to get Olivia to Alder Hey.



When adult and children's A&E are on the same site there will be no overnight closures. Joanne will know that if Olivia needs to be seen in an emergency, she can take her to the local A&E at any time of day or night.

Shav's story

Faiza is driving her eight-year-old daughter Shav home from a football tournament in Ainsdale when a lorry in front jackknifes and overturns. Cars are driving towards them at speed on the other side. Faiza brakes, the car slides and mounts the pavement. The windscreen shatters, causing some cuts to Faiza, who also complains of pains in her neck. Shav is conscious but quite distressed.

When the ambulance crew arrive, paramedics decide to take them both to A&E for further assessment. Faiza is taken to the adult A&E at Southport Hospital and Shav to the children's A&E at Ormskirk.

When dad Jalal finds out, he goes straight to see Shav in Ormskirk. It is a huge relief to hear his wife's injuries are not critical as he could not visit her without leaving his daughter.

That is a tough choice that Jalal would not have to make if our A&Es were located on a single site, open all day, every day, for both adults and children.





George's story

George is 85 and lives alone. He has several long-term conditions, his health is deteriorating and he is under the care of the community respiratory team. As George is getting ready to go to a quiz at the community centre he gets quite dizzy and needs to sit down to catch his breath. He thinks about calling 999 but instead decides to call Nina, his community nurse.

Nina has been seeing George regularly for some time and thinks his symptoms could be better managed at home. She makes an initial assessment over the phone and arranges to admit George to a virtual ward, meaning he can get the care you might normally expect to only be available at a hospital while staying at home. George is happy to follow Nina's advice as he prefers to stay at home. To help the team monitor George's oxygen levels remotely, he is provided with a pulse oximeter, a device that measures the saturation of haemoglobin in the blood.

We know people with long-term conditions like George can lose some of their independence when admitted to hospital meaning they may need to be discharged to a care facility before going home. Wherever A&E services are based in future, it is reassuring for George and many others to know we can also provide urgent care in the community.

Sarah's story

Fifteen-year-old Sarah is at the skatepark enjoying a summer evening with her friends. She tries a new trick for the first time but falls on the ramp. Sarah's friend Katie was right behind her catching the action on video. Katie cannot stop in time and her board hits Sarah hard in the head, knocking her unconscious.



The ambulance takes her to the children's A&E at Ormskirk Hospital. She is still very confused when she gets there. The doctor is worried she may have a severe head injury and so contacts the anaesthetist in case Sarah needs sedation. However, the anaesthetist is busy helping a pregnant woman and so the on-call anaesthetist must be called in from home.

Sarah's condition takes a sudden and rapid turn for the worst, but the anaesthetist still hasn't arrived. The A&E doctor knows that to keep Sarah safe she has to provide one-to-one bedside care for her until the anaesthetist is there.

Emergency services rely on support from other specialties such as anaesthetics. When both A&Es are on one site, alongside critical care and emergency theatres, there will be more anaesthetists on hand to get to A&E patients much quicker when they need it.

The impacts and what we can do about them

Who might this impact?

To continue to shape proposals we need to understand how any proposed changes might affect the people who use and rely on our services. To help us to do this we completed an **Equality and Inequality Impact Assessment (EIIA)** report. We did this by looking at available data as well as by speaking with service users about their experiences of using services and their specific needs.

That helped us identify some groups and communities who might be affected the most. It also showed us that we need to hear more from certain other groups for us to have a more complete picture. As we progress through consultation, we will update the assessment, ensuring that we take steps to engage with and capture the views of underrepresented groups.

Here is a summary of what we found.

Age

Our population is getting older as people live longer while the birth rate is falling. **In Southport and Formby there is a large and growing community of people over 65**, many of whom live in the care homes community. They are more likely to need urgent and emergency care, so the location of A&E is of high concern for them.

This contrasts with communities of young adults with children living in Skelmersdale or the more deprived areas of Southport. Their priority is more likely to be about having urgent and emergency care as close to home as possible due to the costs involved with travelling further for care.

Race - including ethnicity and nationality

Our area is among the least diverse in England, with Sefton being 95.8 per cent white and West Lancashire 96.9 per cent. This is reflected in the ethnic backgrounds of people going to A&E. We know that we have not heard from enough people from ethnic minority rounds to reflect this and that we need to do more. This is important because national data provides strong evidence that people from minority communities face greater health inequalities.



Disability

Disability rates in our area are generally above the UK-wide level of 17.7%. Rates are highest in North Meols at 23.1% and lowest in Dalton at 13.5%.

Two particular issues were raised by the people we heard from. Disabled people and their carers discussed accessibility and on-site facilities for people with mobility issues, particularly those who are wheelchair bound. Some other, unsupported disabled people reported struggling with access and in some cases communication, especially for those affected by hearing or speech issues.

Having listened to these concerns we feel our proposals should deliver an improvement on current arrangements. However, we also want to hear about any other concerns held by people with disabilities during consultation, as well as what can be done about them when developing proposals further.

Carers

The 2021 Census found that there are 4.7 million people aged over five in England who are providing unpaid care for a family member or loved one. Carers must consider both the health of those they care for, as well as their own health. When the carer falls ill, they may fear for the person they care for. When the person they care for is ill, they are concerned about finding help for them.

The carers we heard from shared concerns about getting to A&E with the person they care for. Those who can go by car or taxi expressed concerns about getting from the car park or drop-off area to reception, more so if accompanying a disabled person and particularly a wheelchair bound person. Others said there is a need for additional support to get to A&E when ambulances are unavailable.

These concerns can affect the health and mental health of the carer which is why we want to hear from carers about how proposals can be developed to meet their needs.



People from other backgrounds

We are also looking at how proposals could affect people of other backgrounds, including people suffering deprivation, people who are pregnant or who are caring for babies up to two years old (maternity care), members and former members of the armed forces, those who live in rural areas, those whose first language is not English and people of different sexes or genders.

Understanding the impacts of proposals is important because we have a duty to ensure that everyone can receive the care they need.

Not everyone needs the same support, but some people have specific needs that we need to be aware of so that we can care for them as they need. Our work assessing the impacts is ongoing. Hearing from you about how to manage any possible negative impacts you might experience will help us develop proposals in a way that will lead to better patient outcomes.



What people said matters most to them

Whatever the outcome of this consultation, we know some services will need to move from one site to another and some people or communities may feel they are losing out as a result.

Among the concerns we have already heard are:



Travel impacts for people needing emergency care, particularly for people living in areas with low car ownership or poor road access.



The availability of onsite hospital parking, especially for people with a disability. **Our proposals outline plans to increase parking capacity with up to 354 extra parking spaces at Southport or 200 extra spaces at Ormskirk.**



Some aspects of how patients experience services onsite and concerns about the impact of increased patient numbers.

These concerns are real, we take them seriously and intend to do all we can to address them. Hearing from people on how we can do that is an important part of this consultation.

The proposals outlined will address some of these concerns, with refurbished, modernised entranceways, ambulance drop-off areas, waiting and treatment areas and increased parking capacity.





Travelling to A&E

Travel to hospital for emergency care has been raised as a significant factor in choosing the right site for services.

Wherever our A&E services are located in future we know that by putting them on the same site, it will take longer for some people to get to us in an emergency. Our travel impact analysis looks at all modes of transport, including bus, train, cycling and even walking.

The analysis provides an in-depth assessment of the impact our proposals could have on people travelling to A&E, as well as on staff travelling to work. It showed:

- Patients and staff across both hospitals combined live relatively closer to Southport than Ormskirk Hospital but Ormskirk is generally better connected to more places by both car and public transport.
- There are generally poor transport options between parts of the Sefton coast and Ormskirk as well as between Skelmersdale and Southport.



Car journey times

NHS advice is for people to either be driven to A&E or to call 999. Both of these mean going by road which is why we are particularly interested in looking at who is using our A&E departments and how their car journey times could be affected.

The report looks at average car journey times for people living in the 15 areas that most used our adult A&E in Southport and our children's A&E in



Ormskirk during 2023. The analysis includes average journey times at 9am, 11am and 5pm to reflect travel during typical busy periods.

Car journey time for adults going to Southport Hospital A&E

The 15 local areas that use Southport A&E the most account for seven in every 10 adults who went there last year.

For the large majority of those people (89%) it is quicker, on average, to go to Southport by car than to Ormskirk.

- The 4,400 people who came from Kew benefited the most by travelling to Southport (21 minutes quicker on average than going to Ormskirk).
- However, the 1,100 people coming from Skelmersdale South each needed 21 minutes more on average to travel to Southport than if services were available for them at Ormskirk.

Car journey time for children going to Ormskirk Hospital A&E

The patient catchment for Ormskirk Hospital is much more diverse than for Southport. The top 15 areas that used Ormskirk A&E make up just four in every 10 of the under 16s who went there last year.

For almost half the people living in these areas, driving to Ormskirk was quicker than going to Southport (43%), based on average journey times.

- The 716 people who came from Skelmersdale South benefited most by travelling to Ormskirk (22.5 minutes quicker on average than going to Southport)
- The 1,100 people coming from Kew, however, needed an extra 17 minutes on average to travel by car to Ormskirk than if services were available for them at Southport.

We realise people in some areas are less likely to own a car or have somebody they could ask to drive them to A&E. The impacts would be different for them as they would need to also consider the time spent waiting for an ambulance or the cost of a taxi to take them to A&E.

What can we do?

- We are committed to working with local authorities and public transport providers to help make sure services are developed to reflect the needs of patients and staff to access our hospital sites.
- Wherever we locate A&E services, we have plans in place to provide a free-of-charge shuttle bus service between Southport and Ormskirk hospitals.

- We understand the significance of travel and how this can affect access to services. To help us better understand these impacts, and how they could be managed, we plan to set up a travel advisory group to include members of the public and patients.

Ambulance journey times



North West Ambulance Service (NWAS) looked at impacts on ambulance journey times, using a

specialist predictive tool, for both the Southport and the Ormskirk options. Predictions were based on the location of ambulance stations as they are today.

It predicted ambulances would have to spend more time on the road and travel further in both cases. However, there were some significant differences depending on where services were located.

Most affected ambulance stations

Some ambulance stations in neighbouring areas would also be affected, depending on where services are located. The most affected stations would be:

Ormskirk option

- Southport
- Formby
- Preston
- Buckley
- Crosby

Southport option

- Preston
- Birkenhead
- Skelmersdale
- Anfield
- Burscough

Ambulance impacts of Ormskirk option

- The predicted increase in ambulance travel time would be three times greater than if services were in Southport.
- In terms of increased miles travelled, the predicted impact would be more than four times higher than Southport.
- The most affected ambulance station would be Southport, where daily mileage is predicted to increase by 117 miles.

Ambulance impacts of Southport option

- Ambulance travel time is predicted to rise by 42 minutes each day compared to 130 minutes for the Ormskirk option.
- With services at Southport, NWS ambulances would travel a predicted 47 extra miles each day. This compares to 197 miles for the Ormskirk option.
- The most affected ambulance station would be Preston, where daily mileage is predicted to increase by 10 miles.

These findings are important when considering how long it could take people travelling by ambulance to get to A&E, but they are also relevant in terms of the impact each option could have on the environment.



Impacts felt by patients at our hospitals

In our survey last year, we asked people to share with us their experiences of A&E services at both Southport and Ormskirk hospitals to build understanding of what we will need to think about when designing future services.

A number of people expressed concerns about the impact of increased patient numbers. These included the size, quality and accessibility of the waiting areas, particularly at Southport.

People also highlighted the importance of making sure we develop services with patient welfare in mind, especially for more vulnerable groups such as people with disabilities or frailty related conditions, those with specific sensory needs, and people suffering with poor mental health.

What can we do?

- All redevelopment work will be carried out to modern standards of accessibility and with patient comfort and wellbeing prioritised.
- We will continue to work with our patient advice and liaison service (PALS) which helps us learn how to improve the patient experience at our hospitals through listening to concerns and suggestions from patients.
- We will continue working to reduce our reliance on hospital-based services by ensuring the availability of urgent care options closer to where people live, through services such as pharmacies, community-based services and local GPs.



Find more about the impacts of proposals in our [pre-consultation business case \(PCBC\)](#) as well as our [Equalities and Inequalities Impact Assessment](#).

Can't get online or you need documents in a format that suits you better? [Get in touch](#) and let us know how we can help. See back cover for details.

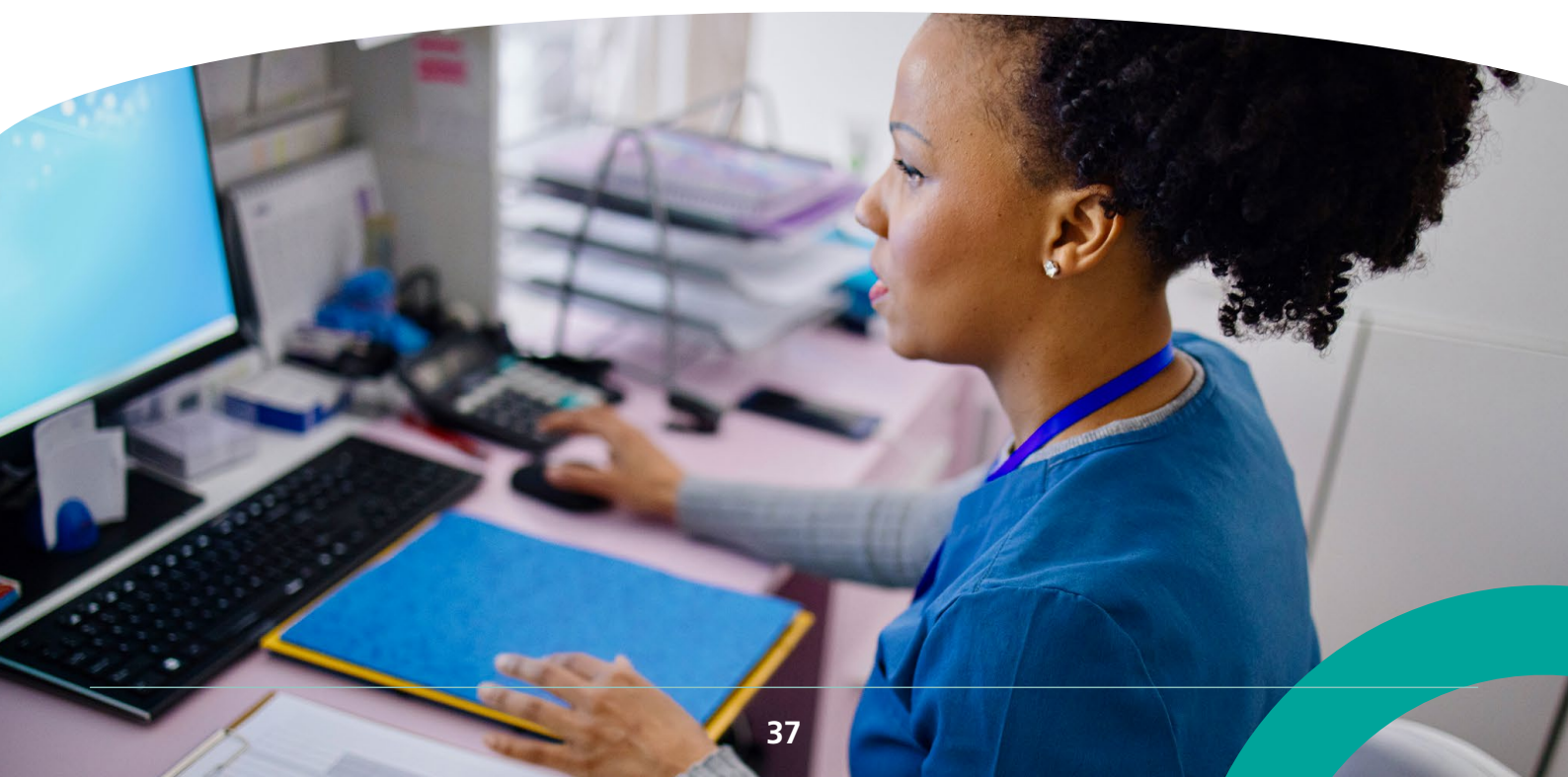
How can you help?

Who we want to hear from

The programme is consulting on the proposals between 4 July and 3 October 2025.

Anyone is welcome to contribute their views, but we especially want to hear from:

- Patients, families and carers.
- Underrepresented groups and communities.
- Our staff and their representatives.
- People from protected characteristic backgrounds as defined in the Equalities Act 2010.
- Community, voluntary and faith groups.
- Organisations who work with or depend on the local NHS.
- People from neighbouring areas who may use and rely on NHS services here.



What we already know

There are some things that are clear to us already, mainly because there are no alternatives open to us. Of course, if circumstances change and other ways become available, we will need to consider them.

The evidence we have today, however, strongly supported by the views we heard from people when developing the options, means we are sure of three things.

1

The need for change

Our case for change sets out clearly why we need to change the way some services are organised.

- Our population is getting older and demand for services will rise in the future.
- We are facing significant challenges getting the staff we need with the right skills.
- Many of our buildings were designed decades ago. Some need important maintenance work and others need investment to make sure they are right for us to operate to modern healthcare standards.
- Our finances are already stretched, and no new funding is currently available to us.

All of these pressures combined are putting a strain on our ability to provide the safe and excellent care we aim for.

2

Doing nothing is not an option

Our children's A&E at Ormskirk Hospital is currently not available all day, every day which means we have to change how we do things.

The pressures on services we have today are only expected to get worse if we do nothing which is why that is not an option we can consider.

3

Programme aims and objectives

The 2,930 people who completed our survey last year strongly supported our aims and ambitions for urgent and emergency care.

- Providing everyone with safe and excellent care today, and in the future. (88.3%)
- Making urgent and emergency care available for everyone all day, every day (97.7%)
- Giving children and young people the same access to emergency care as adults (98.4%)

Lastly, when we asked people to help find ways for us to achieve our goals there was a strong sense that this should be by having both adult and children's A&E on the same hospital site. We agree.

What we are asking

In the first place we want to hear people's views on which set of proposals they feel would make best use of local NHS resources to meet the challenges outlined and deliver our goal of providing safe and excellent quality services available to everyone, all day, every day.

But we are not just asking people to choose between two options. We want to build on what we have learned already and find out more about how different people may be impacted and how we could reduce any negative impacts.

Although we are confident we have looked at all the options, we know circumstances can change and new evidence can come to light that we would need to consider.

We welcome all views, thoughts and contributions, but especially those which help:

- Select the best proposals for meeting programme goals for the whole area.
- Make sure all relevant, available evidence has been considered.
- Build understanding of the negative impacts of proposals and what we can do to limit them.
- Make sure that the voices of people who use and rely on our services are heard and accounted for in decision-making.

We want people to think about what is best for the whole area of Southport, Formby and West Lancashire as we have a responsibility to all people and communities we serve.



Find out how to take our [survey](#), submit your views and get involved in our [consultation events](#) on the [programme website](#).

Can't get online or you need documents in a format that suits you better? [Get in touch](#) and let us know how we can help. See back cover for details.

After the consultation

What will happen with your views?



Once the consultation has finished, we will thoroughly analyse all responses and feedback received.

We will look carefully at where responses came from to consider whether we have received views from a representative and balanced section of the people and communities we serve.

Our reporting will demonstrate we have both heard, understood and fully considered the views of respondents.

Finally, we will update our proposals considering what we have learned during the consultation as part of what is known as our decision-making business case (DMBC).

The DMBC will need to show how the proposed changes are achievable and sustainable in service, economic, environmental and financial terms.

At this stage we will also review and update the underlying evidence and assessments used to develop proposals considering the feedback received during consultation.

At that point we will be able to move towards decisions being taken about implementing plans.

Who makes the decisions?



Once everyone has had the chance to share their views during the consultation, the NHS organisations involved will be asked to make some final decisions about what to include in the DMBC. Local councils will also have a say.

There are three NHS partners involved.

Mersey and West Lancashire Teaching Hospitals NHS Trust, which provides the services at the hospitals in Southport and Ormskirk. NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria make the decisions about which services should be offered, and where.



Our promises to you

1

We promise to give you the facts you need, the way you need them.

We all have different needs. If you need help to find or understand information, or to know how you can join in, let us know and we will support you however we can.

2

We promise to listen, try to understand, and to always get back to you.

We cannot promise to do everything you suggest. But when we can't, we will let you know why. And when we can, we will show you how.

3

We promise not to hide anything. We will be open and honest.

Nobody wants to hear things that do not feel sincere. We will always do our best to say it like it is, to provide you with the facts and to be fair and balanced in everything we do.

Finding the best solutions will take time and effort. We will work as hard as we can to make it happen but we cannot do it without you.

By working together with our patients, our dedicated healthcare professionals, and our partners, we are sure we can get this right.



Get involved

We are consulting on the proposals between
4 July and 3 October 2025.

There are lots of ways to get involved.



Some are online, such as the website where you can share your views by taking the survey and discover the latest news.



We will also bring the conversation to where you live through a series of public events and discussion groups.



We will do all we can to help everyone take part and to make sure people have the information they need, in the way they need it. If you, or someone you know, has specific needs we have not thought about, please let us know how we can help.

We know not everyone can get online. If you would like a printed copy of our consultation summary booklet, please let us know. We will also send you a survey with a postage paid, pre-addressed envelope.

And please help spread the word. Share this booklet with any people or groups you think may want to get involved or let us know so we can get in touch.



Want to know more?

Find out about events in your area on our website or get in touch for more details
(see back cover)



SHAPING CARE
TOGETHER

We are committed to giving you the information you need, the way you need it.

Can't get online or you need documents in a format that suits you better? Get in touch and let us know how we can help.

A summary version of this booklet is also available.

**SHARE YOUR
VIEWS. TAKE
OUR SURVEY**



www.bit.ly/sct200

Get in touch

To learn more about the programme, stay up to date with latest news and developments and discover ways to get involved and have your say, visit the Shaping Care Together website, or contact us directly.



www.yoursayshapingcaretogether.co.uk



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