NHS Lancashire and South Cumbria

NHS Cheshire and Merseyside

Shaping Care Together Joint Committee

Friday 13 March 2026 (Meeting held in Public)
10:00am - 12:00pm
Ormskirk Civic Hall, Southport Road, Ormskirk L39 1LN

Agenda

Chair: Prof. Hilary Garratt

AGENDA NO. & TIME	ITEM	LEAD	ACTION / PURPOSE	Page No
10:00am	**Preliminary Business**			
SCT/26/03/01	Welcome, Introductions and Apologies	Chair	-	Verbal
SCT/26/03/02	Declarations of Interest	Chair	To note	Page 02
SCT/26/03/03	Minutes of the previous Committee meeting: • 04 July 2025	Chair	To approve	Page 05
SCT/26/03/04	Action Log	Chair	To note	Page 11
SCT/26/03/05	Decision Log	Chair	To note	Page 12
SCT/26/03/06	Matters raised with advance notice to the Chair	Chair	To note	Verbal
10:10am	**Business Items**			
SCT/26/03/07	Shaping Care Together – DRAFT Urgent and emergency care phase decision-making business case (DMBC)	Rob Cooper/Halima Sadia/Craig Harris	To approve	Presentation Page 13 DMBC Page 19
10:55am	**Any other business**			
SCT/26/03/08	Closing remarks, review of the meeting and any communications from it	Chair	-	-
CLOSE OF MEETING				
Link to Appendices to item 07				

REGISTER OF DECLARATIONS OF INTEREST FOR THE SHAPING CARE TOGETHER JOINT COMMITTEE 2025/26

Name	Position	Organisation	Committee Status	Nature of declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect	Date of interest from/to	Action taken to mitigate risk
Prof. Hilary Garratt	Non-Executive Member	NHS Cheshire & Merseyside ICB	Member (Chair)	Director of 90 Days Health Consultancy				Y	31.12.23 - ongoing	Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate where it is perceived to be of material conflict
				Director of Hilary Garratt Associates	Y				25.07.23 - ongoing	
				Honorary Professor at university of Salford		Y			2023 - ongoing	
				Visiting professor at Chester University		Y			25.07.23 - ongoing	
Clare Watson	Executive Director of Health and Integrated Care Commissioning	NHS Cheshire & Merseyside ICB	Member	Nil						
Andrea McGee	Executive Director of Finance and Contracting	NHS Cheshire & Merseyside ICB	Member	Stepson works in operational management role at Countess of Chester Hospital		Y			14.09.25 - ongoing	Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate where it is perceived to be of material conflict
				Mentor for key staff within Gibraltar Government and Care Agency	Y				15.12.25 - ongoing	
				Personal friend of owner of Sam Proffitt consultancy				Y	5.12.25 - ongoing	
Craig Harris	Chief Commissioning Officer	NHS Lancashire & Cumbria ICB	Member	Chair of the Board of Trustee's	Y				2011 - ongoing	To declare an interest and to be excluded from any funding decisions. The charity currently receives no funds from LSC ICB
				Presiding Justice of the Peace		Y			2007 - ongoing	None required
				Visiting Professor		Y			2026 – ongoing	None required
				Honorary Professor		Y			2024-2027	Declare an interest in any business relating to UCLAN
				Expert contributor for Health Connect (a global movement to improve health and care). This is an advisory (non-decision making role) which is unremunerated.		Y			2025 - ongoing	To declare the interest and manage in accordance with the ICB's policy for managing conflicts of interests.
				Advisor to the Parliamentary Ombudsman for Health		Y			2026 - ongoing	To declare the interest and manage in accordance with the ICB's policy for managing conflicts of interests.
Debbie Corcoran	Non-Executive Member	NHS Lancashire & Cumbria ICB	(Deputy Chair)	The East Lancashire Learning Group works directly with NHS organisations/Trusts/Primary Care Networks to deliver training. A Group Board Member		Y			2023 - ongoing	Declare interest and do not take part in decision-making or procurement, or other activities relating to this interest in accordance with ICB Policy

Name	Position	Organisation	Committee Status	Nature of declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect	Date of interest from/to	Action taken to mitigate risk
				is a non-executive Director of East Lancashire Hospitals NHS Trust and another is the Chair of University Hospitals of Morecambe Bay NHS Foundation Trust.						
				Husband is employee of Intersystems: commercial organisation which contracts with acute NHS Trusts for the provision of electronic patient record (EPR) systems.				Y	2017 – ongoing	None required
				Daughter is a volunteer with Trusthouse Lancashire				Y	2023 - ongoing	None required
				Consultancy support FE (further education) Colleges	Y				2026 - ongoing	To declare the interest and manage in accordance with the ICB's policy for managing conflicts of interests.
Dr Andy Knox	Interim Medical Director	NHS Lancashire & Cumbria ICB	Member	Partner Ash Trees Surgery	Y				2013 - ongoing	Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate where it is perceived to be of material conflict
				Director of Ash Trees Pharmacy	Y				2018 – ongoing	
				Director of The Well CIC (unpaid)			Y		2017 – ongoing	To declare when decisions made re social prescribing contracts and alcohol/drug services
				Associate of the Kings Fund					Jan 2022 – ongoing	Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate where it is perceived to be of material conflict
				Vice Chair of the Trustees Westmorland Multi-Academy Trust				Y	Sept 2020 – ongoing	
				Chair of The Well CIC			Y		18.06.24 – ongoing	To declare when decisions made re social prescribing contracts and alcohol/drug services
				Board Member of the Clinical Leaders Network		Y			Jan 2023 – ongoing	Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate where it is perceived to be of material conflict
				Faculty Member of the IHI	Y				Oct 2024 – ongoing	
				Associate of the Centre for Population Health		Y			Jan 2024 – ongoing	
				Honorary Professor at Lancaster University Management School		Y			Jan 2025 – ongoing	
Sarah James	Integrated Place Leader – Central Lancashire	NHS Lancashire & Cumbria ICB	Regular Attendee	Father is Chair of Lancashire and South Cumbria NHS foundation Trust				Y	01.12.22 - ongoing	Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate where it is perceived to be of material conflict
Tracy Jeffes	Associate Director of	NHS Cheshire & Merseyside ICB	Regular Attendee	Nil						

Name	Position	Organisation	Committee Status	Nature of declared Interest	Financial Interest	Non-Financial Professional Interest	Non-Financial Personal Interest	Indirect	Date of interest from/to	Action taken to mitigate risk
	Strategy and Transformation (Sefton Place)									
Rob Cooper	Chief Executive	Mersey and West Lancashire Teaching Hospitals NHS Trust	Regular Attendee	Chief Executive of Mersey and West Lancashire Teaching Hospitals NHS Trust	Y					Declare as necessary in any meeting or discussion and withdraw from any discussions as appropriate where it is perceived to be of material conflict
Halima Sadia	Programme Director Shaping Care Together	Mersey and West Lancashire Teaching Hospitals NHS Trust	Regular Attendee	Employee of Mersey and West Lancashire Teaching Hospitals NHS Trust	Y					Declare as necessary in any meeting or discussion and withdraw from any discussions as appropriate where it is perceived to be of material conflict
Matthew Cunningham	Associate Director of Corporate Affairs and Governance	NHS Cheshire & Merseyside ICB	Regular Attendee	Spouse is Managing Director of the Middlewood Partnership (Primary Care)				Y	15.04.24 - ongoing	Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate where it is perceived to be of material conflict

Former Members

Name	Position	Organisation	Committee Status	Nature of declared Interest	Action taken to mitigate risk	Meetings attended
Jim Birrell	Non-Executive Member	NHS Lancashire & Cumbria ICB	Member (Deputy Chair)	Nil	-	31 March 2025 04 July 2025 12 December 2025

Name	Position	Organisation	Committee Status	Nature of declared Interest	Non-Financial Professional Interest	Date of interest from/to	Action taken to mitigate risk	Meetings attended
Debbie Eyitayo	Chief People Officer	NHS Lancashire & Cumbria ICB	Member	Member of the board of trustees of a charity providing counselling, support and education in UK and Ireland	Y	29/06/23 - present	Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate where it is perceived to be of material conflict	31 March 2025 04 July 2025 12 December 2025

Name	Position	Organisation	Committee Status	Nature of declared Interest	Indirect	Date of interest from/to	Action taken to mitigate risk	Meetings attended
Mark Bakewell	Director of Finance (Interim)	NHS Cheshire & Merseyside ICB	Member	Spouse employed by NHS England in national role regarding Learning Disability and Autism	Y	01.07.24 - ongoing	Declare as necessary in any meeting or discussion and withdraw from any ICB discussions as appropriate where it is perceived to be of material conflict	31 March 2025 04 July 2025

Shaping Care Together Joint Committee

04 July 2025

10:30 – 12.30

The Committee Roo, Ormskirk Civic Hall, Southport Road, Ormskirk, L39 1LN

UNCONFIRMED Minutes

ATTENDANCE	
Name	**Role**
Members	
Prof Hilary Garratt	Non-Executive Member, NHS Cheshire & Merseyside ICB (NHS C&M ICB) (Chair of Committee)
Jim Birrell	Non-Executive Member, NHS Lancashire and South Cumbria ICB (NHS L&SC ICB) (Deputy Chair of Committee)
Debbie Eyitayo	Chief People Officer, NHS Lancashire and South Cumbria ICB (NHS L&SC ICB)
Mark Bakewell	Director of Finance (Interim), NHS Cheshire & Merseyside ICB (NHS C&M ICB)
Dr Andy Knox	Interim Medical Director, NHS Lancashire and South Cumbria ICB (NHS L&SC ICB)
Clare Watson	Assistant Chief Executive, NHS Cheshire and Merseyside ICB (NHS C&M ICB)
In Attendance	
Matthew Cunningham	Associate Director of Corporate Affairs & Governance / Company Secretary, NHS Cheshire & Merseyside ICB (NHS C&M ICB)
Rob Cooper	Chief Executive, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL)
Halima Sadia	Programme Director, Shaping Care Together, Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL)
Tracy Jeffes	Associate Director of Strategy and Transformation, NHS Cheshire & Merseyside ICB (NHS C&M ICB)
Sarah James	Integrated Place Leader – Central Lancashire, NHS Lancashire and South Cumbria ICB (NHS L&SC ICB)

Item	Discussion, Outcomes and Action Points
Preliminary Business	
SCT/25/07/01	**Welcome, Introductions and Apologies**
Hilary welcomed members of the public to the meeting and asked members and attendees around the table to introduce themselves. No apologies were noted	
SCT/25/07/02	**Declaration of Interest**
No declarations of interest were noted on top of those captured within the Committee register. Ask to make an amendment to the role title of Debbie to reflect her Chief People Officer role.	
SCT/25/07/03	**Minutes of the Shadow Joint Committee Meeting in Private**
No amendments were suggested. Minutes were approved as an accurate record.	
SCT/25/07/04	**Action Log**
Matthew talked to the Action Log noting that all actions had been completed. Committee agreed to close completed actions.	
SCT/25/07/05	**Matters raised in advance notice to the Chair**
No matters had been raised in advance with the Chair.	

Business Items	
SCT/25/07/06	**Shaping Care Together Programme Governance and future reporting**

The Committee was provided with an overview of the Shaping Care Together programme, outlining the governance structure, highlighting the delivery group composed of work stream leads, the clinical UDC subgroup with professionals from partner organisations, and the involvement of communications and engagement teams, as well as voluntary sector partners.

A brief summary was given of what was discussed at the last Programme Board meeting on 02 July, noting that the last programme board reviewed the draft pre-consultation business case and agreed to seek committee approval for the consultation document. It was highlighted that updates from the programme Board would be shared in future meetings as official reports.

The Committee noted the update.

SCT/25/07/07	**Shaping Care Together draft Pre-Consultation Business Case and draft Consultation document**

Rob and Halima talked to this item, and it was highlighted at the beginning of the item that at this stage no decision had been made and that a comprehensive consultation programme would be delivered following approval from the Committee.

The historical context leading to the current programme was detailed, including previous reviews, the formation of Mersey and West Lancashire Trust, and the ongoing need to address service sustainability and urgent care challenges. It was highlighted that a number of key milestones included the 2015 Deloitte report on service sustainability, the 2017 Northern England Clinical Senate Review, and the 2019 Care Commission noting the need for improvement, culminating in the programme's official launch in December 2023.

It was further highlighted that the transaction between St. Helens and Knowsley and Southport and Ormskirk NHS Trusts, which led to the formation of Mersey and West Lancashire Trust on July 1, 2023, following NHSE's approach due to sustainability concerns. It was stated that the formation of Mersey and West Lancashire Trust helped stabilise previously fragile services, reopening them to the local population and strengthening areas that had been vulnerable. It was emphasised that the programme is starting with addressing issues around fragile services as the best place to begin, noting ongoing efforts to ensure sustainability and quality in urgent and emergency care. It was clarified that while the programme focuses on urgent and emergency care, maternity services are not within the scope of this programme.

The Committee heard that several pressures have influenced the need for the programme, including workforce challenges with too many vacancies, difficulties in recruiting and staffing due to the configuration of services, outdated infrastructure not fit for purpose, financial pressures, and an aging and growing population with increasing demand and new housing developments. He emphasised the need to address these issues to stabilise urgent and emergency care services.

It was explained the process of developing and appraising options for urgent and emergency care reconfiguration, resulting in two shortlisted options—co-location at Ormskirk and co-location at Southport—with Southport emerging as the preferred option after evaluation. A wide range of options were initially considered, with input from public engagement and analysis of over 3,500 inputs, leading to 10 core options; six were discounted early for not meeting hurdle criteria, such as the new hospital proposal. The options were assessed using hurdle and evaluation criteria involving patients, public representatives, and NHS experts, with objectivity ensured by excluding programme leads from scoring. Co-location at Southport scored higher due to feasibility, cost, and timeliness, requiring less space and

costing less than half of the alternative, and was approved as the preferred option by the programme board.

The Committee heard how the programme's aims and proposed changes are aligned with the strategic priorities of Cheshire and Merseyside, Lancashire and South Cumbria ICBs, and the NHS 10-year plan, focusing on sustainability, digital transformation, and community-based care, aiming for more efficient and effective use of resources to improve patient safety and care value.

It was also stated that the programme is strategically aligned to address urgent and emergency care (UEC) challenges by reconfiguring services for greater efficiency, effectiveness, and patient safety. It was highlighted that the programme supports the three shifts in the NHS 10-year plan: moving care from hospital to community, embracing digital transformation, and focusing on prevention and treatment closer to home, all of which are relevant to UEC.

It was detailed that the programme's scope includes pre-hospital emergency (urgent treatment centres, walk-in centres), in-hospital emergency (emergency departments, specialty clinics, same day emergency care), and hospital flow (emergency surgery, critical care, assessment, board rounds), ensuring comprehensive UEC alignment. It was noted that the programme complements existing UEC transformation initiatives and is designed to ensure strong urgent care provision regardless of the chosen location.

The Committee then heard an overview about the development of the pre-consultation business case (PCBC) and the public-facing consultation document was detailed, outlining the legal and procedural steps, content, and assurance processes involved.

Regarding the pre-consultation business case (PCBC), it was described as a technical document outlining the case for change, clinical models, options appraisal evidence, engagement outcomes, and assurance against NHS England's five tests. The Committee heard further details about what the five tests involved and how helped to shape the PCBC and consultation document.

The Committee was informed how the consultation document is a condensed, clear and easy-to-read version of the PCBC, with plans for summary, BSL, and animated versions to ensure accessibility for diverse groups. It was clarified that links in the document would become active upon approval and that the document would be launched on the website, with clear instructions on how to get involved.

The Committee heard about the 10-week pre-consultation engagement period undertaken which involved patients, public, staff, and stakeholders from Southport, Formby, and West Lancashire, which included events, surveys, and outreach to gather insights. Nearly 3,000 survey responses were received, over 11,000 website visits, and a reach of 100,000 on social media, with additional radio and newspaper ads, in-person events, and document distribution to maximise input.

The engagement generated about 3,500 inputs, which were analysed to develop a list of 10 core options. The options appraisal process used the insights, applying hurdle criteria with input from public representatives and NHS experts to objectively score and narrow down the option. Options that did not meet hurdle criteria (such as a new hospital build) were excluded early on. It was noted that discounted options could be reconsidered if new evidence emerge.

The process led to two final options for co-location, which were then evaluated and scored, with co-location at Southport emerging as the preferred option.

*The Committee heard that m*ultiple partners, including NHS providers, have been engaged through one-to-one meetings, group sessions, work streams, and the options appraisal process. Commissioners and NHS England have participated via governance structures, and patients/public representatives (such as

Healthwatch and CVS) have been involved, including those who volunteered during pre-consultation events. Staff have been fully engaged throughout, with clinicians playing a key role in leading the process and participating in reviews. MPs and councillors have been consulted, especially through health scrutiny committees and targeted engagement.

The Committee also head how external legal assurance was obtained to ensure the process is legally sound, with positive feedback received. External expert review from professionals was conducted to identify gaps and suggest improvements, and a risk assessment workshop was held, with the legal team reviewing and providing final assurance. It was also highlighted that NHS England assurance is available in the appendices of the plan, confirming compliance with required tests.

The financial aspects of the proposed changes were addressed, including capital costs, funding sources, productivity gains, and the need for ongoing risk assessment and governance in financial planning. It was confirmed that a risk assessment was conducted to ensure financial risks are mitigated for the proposed options. It was stated that the capital cost for the Southport co-location option is £33 million, with much of the required funding already secured and only a portion needing to be sought through national routes. Productivity gains are expected by making services sustainable and reducing reliance on agency staff, leading to more efficient use of allocated resources.

The Committee then heard about the communication and engagement plans for the planned 13 week consultation. At least 20 events are planned, including in-person and online sessions, community workshops, and focus groups, with efforts to reach border communities and groups identified through impact assessments. The Plans include easy-read, BSL, and animated consultation documents, leaflet drops to all households, outreach to groups like U3A, and targeted engagement with communities that may be harder to reach, such as the deaf community.

An ask was raised by Jim Birrell regarding the need for more information to be included in the report regarding what would happen to urgent care services depending on the outcome of the consultation, specifically seeking clarity on the support and plans for the area if the preferred option is not selected. It was confirmed to the Committee that there was a strong commitment from the ICBs to ensure urgent care services are supported regardless of the consultation outcome, stating that a specific plan would be developed for the trust and place area if the preferred option is not chosen. Tracy added that work around urgent and emergency care would continue, with ongoing efforts to strengthen and improve services in the community, and that the program would support these improvements.

Mark Bakewell mentioned that there are capital and revenue plans related to the proposed changes, but these allocations are fluid and subject to change. He emphasised the importance of updating the governance charts and finance worksheet to clarify the current status and future expectations, and to ensure transparency as the process moves forward to national purchases. Mark also highlighted the need to clearly state the assumptions being made about financial gaps and coverage in the business case.

Dr Andy Knox emphasised the importance of public consultation, stating that the process is about listening to the community and working in partnership to provide the best health and care services possible. He highlighted that public expertise and lived experience are vital, and the consultation is not a pre-formed conclusion but an opportunity for communities to contribute and challenge the proposals. Andy outlined five components to focus on during consultation: improving population health outcomes, better access and experience, improved staff working conditions, financial sustainability, and tackling health inequity. He stressed the need to listen for feedback on these areas and to ensure the process is inclusive and responsive.

Dr Andy Knox supported the commitment to humility and openness, encouraging the team to genuinely listen and adapt based on community input, and reiterated that the goal is to make the best possible choice for the area.

The Chair highlighted the importance of learning from the pre-consultation engagement, specifically noting the need to put on more events, especially more face-to-face public events, and to reach out through non-digital routes such as a full leaflet drop to every household. This approach aims to ensure broader and more inclusive community engagement in the upcoming consultation.

Halima responded by agreeing with Hilary's points and emphasised that the key learning is about listening and being open to feedback. He mentioned plans to utilise GP surgeries, reach out to groups like U3A, and promote the message through various channels. It was also stressed the importance of holding events in border areas affected by changes and ensuring the engagement process is as wide-reaching and inclusive as possible.

The point was raised about soft intelligence and the need to collect insights from informal conversations, such as those in school playgrounds, youth groups, and other community settings. It was suggested that health and care participants encourage and capture these softer conversations to better understand community perspectives.

Members of the Committee expressed support for the process by highlighting the clarity of the case for change and the importance of public consultation. They emphasised that the process is about listening to the public and working in partnership with communities, not imposing decisions. The Committee acknowledged the thoroughness of the engagement and consultation steps, the commitment to transparency, and the value of including diverse perspectives. They also noted the significance of learning from previous engagement and making extra efforts to reach those who may find it hard to engage.

The Committee:

- **approved** the draft Pre-consultation Business Case
- **approved** the draft Consultation document
- **approved** the commencement of the consultation with the public.

SCT/25/07/08	Key Programme Timelines

Halima provided a short summary of the timeline for the consultation, highlighting a 13-week consultation is longer than usual, to maximise public participation, including during holiday periods.

A question was asked about how the public would receive insights or updates during the consultation, specifically regarding interim feedback and transparency. It was committed to sharing interim insights with the public during the consultation, analysing outputs independently, and adapting engagement strategies based on feedback and impact assessments.

There was a query about whether the consultation outputs would be analysed independently, to which it was confirmed they would be.

It was highlighted that even after the consultation, there will be significant work before a final decision is made, and any changes will not be immediate. The final business case is expected to be reviewed by the joint committee in the spring, emphasising that maintaining high-quality urgent care services remains a priority throughout the transition period.

SCT 25/07/09	Any items raised in advance

No items raised.

SCT 25/07/10	Closing remarks, review of the meeting
The Chair thanked Halima and Rob for all the work to get us to this point, members of the public in attendance and Board Members.	
Date of Next Meeting: date tbc	

Consent Items	
All Consent items were taken as read by Committee members and the minutes of the 04 July 2025	
Agenda No	**Item**
SCT/25/07/11	Committee Terms of Reference

Shaping Care Together Committee Action Log 2025

Updated: 10/02/26

Cmmtt Mtg Log No.	Original Meeting Date	Agenda Item Description	Action Requirements from the Meetings	By Whom	By When	Comments/ Updates Outside of the Meetings	Status	Comments / Recommendations
							NEW	
							NEW	

Shaping Care Together Joint Committee Meeting

add logo

Decision Log 2025-26

Decision Ref No.	Meeting Date	Agenda Item Topic Description	Declarations of interest	Decision (e.g. Noted, Agreed a recommendation, Approved etc.)	Respomsible Officer	If a recommendation, destination of and deadline for completion / subsequent consideration
SCT-DEC-25-01	**04.07.25**	**Shaping Care Together draft Pre-Consultation Business Case**	Nil	**The Committee:** **•approved the draft Pre-consultation Business Case** **•approved the draft Consultation document** **•approved the commencement of the consultation with the public.**	Rob Cooper & Halima Sadia	

NHS Lancashire and South Cumbria

NHS Cheshire and Merseyside

Meeting of the Shaping Care Together Joint Committee

Friday, 13 March 2026

Shaping Care Together – DRAFT Urgent and emergency care phase decision-making business case (DMBC)

Agenda Item No: STC/26/03/07

NHS Lancashire and South Cumbria

NHS Cheshire and Merseyside

Shaping Care Together – DRAFT Urgent and emergency care phase decision-making business case (DMBC)

1. Purpose of the Report

1.1 The purpose of the paper is to seek approval from the NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB of DRAFT Urgent and emergency care phase decision-making business case (DMBC) (Appendix One) for the Shaping Care Together (SCT) programme. Appendix Two is a presentation summarising the activities to date to inform the DMBC.

1.2 No final decisions have been made. The Draft DMBC is presented to support the Joint Committee in reaching a decision and does not predetermine any outcome.

1.3 The Decision-Making Business Case (DMBC) follows earlier stages of the programme, including the Pre-Consultation Business Case (PCBC) and the statutory public consultation. The DMBC brings together the full evidence base, consultation feedback, options appraisal, clinical review and impact assessments to support a final commissioning decision.

2. Executive Summary

2.1 **Introduction**

2.2 The Shaping Care Together (SCT) programme is a joint initiative led by Cheshire and Merseyside Integrated Care Board (ICB), Lancashire and South Cumbria ICB, and Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL). Its aim is to address longstanding urgent and emergency care (UEC) challenges across Southport, Formby and West Lancashire, ensuring sustainable, high-quality services that meet the needs of an ageing population and reduce health inequalities. Whilst MWL are a key partner in the Shaping Care Together programme, decision making sits exclusively with NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB

2.3 Beginning in spring 2024, the programme developed a case for change and undertook 10-weeks of pre-consultation engagement to inform the development of the pre-consultation business case (PCBC) and consultation document. Pre-consultation engagement subsequently supported the further development, refinement and assessment of the long-term options for co-locating adult and paediatric accident and emergency (A&E) (also referred to as emergency department (ED)) services. The PCBC and consultation document outlined two proposals including a preferred option and were approved by Joint Committee of

NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside, enabling the launch of a 13-week formal public consultation in July 2025, in line with national service-change guidance.

2.4 **Case for change**

2.5 The SCT programme builds on more than two decades of external reviews and clinical recommendations highlighting significant fragilities at the former Southport and Ormskirk Hospitals NHS Trust. These concerns led to external support in 2021 and the merger that created MWL in 2023, with the express purpose of stabilising clinical services.

2.6 Despite the improvements made to date, the current split site emergency care model remains unsustainable. Persistent challenges in workforce, estates, clinical dependencies, and performance cannot be resolved without reconfiguration. Co-locating services is therefore required to ensure the future resilience, safety and quality of urgent and emergency care.

2.7 **Options and preferred option**

2.8 Two options were taken forward for consultation and set out clearly in the PCBC and consultation document:

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.

2.9 Based on evaluation against agreed criteria, the option to co-locate services at Southport and Formby District General Hospital was identified as the preferred option. Both options, including the preferred option, were formally approved for consultation by the Joint Committee of NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside on 4th July 2025, which launched the consultation.

2.10 **Consultation approach**

2.11 The consultation was designed in line with NHS England best practice, ensuring clear information, multiple routes to participate, and targeted engagement informed by equalities and travel impact assessments. A pre-, mid- and post-consultation review process enabled real-time improvements, including additional events, enhanced outreach in under-represented areas, and independent polling. Consultation materials were accessible, widely distributed, and supported by a robust communications strategy, including a leaflet drop to 110,000 households, digital marketing, and strong media coverage. Political stakeholders and Health Overview and Scrutiny Committees (HOSC) were engaged throughout.

2.12 **How we have listened**

2.13 More than 7,840 people engaged in the consultation equating to just over 3% of the local population. This is well above the national average response rate of 0.7%, with 1% considered good practice.

2.14 Key engagement included:

- 5,009 survey responses, representing over 2.1% of the population
- 14 public events, attracting 800+ attendees
- 507 residents engaged through independent polling
- 10 public, stakeholder and staff focus groups, 382 pieces of written correspondence, and 170 voicemails

Participation levels were substantially higher than typical NHS consultations, demonstrating strong public interest and effective engagement

2.15 **Consultation findings**

2.16 More than 7,840 people took part in the consultation through surveys, events, written submissions and targeted outreach. Respondents widely recognised the need to address the fragility of the current split site model. Key themes included:

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

2.17 **Consideration of feedback**

2.18 An independent organisation, the Centre for Health Communication Research, analysed all consultation feedback received through surveys, written submissions, engagement events, polling, and social media. This ensured an objective and comprehensive assessment of all views.

2.19 All feedback was then reviewed through a structured process by clinical and managerial leaders across the ICBs, MWL and partner organisations. This process enabled decision-makers to understand the full range of issues raised, identify potential impacts, and consider alternative proposals ideas and mitigations.

2.20 Feedback was grouped and examined across key areas of impact. The analysis directly informed the development of the DMBC, with each issue assessed using a consistent "reassure, mitigate, change," framework to determine the appropriate response.

2.21 Alternative proposals submitted by consultees were also systematically reviewed through a two-stage check-and-challenge process.

2.22 This rigorous, transparent, and iterative approach ensured that consultation feedback was conscientiously considered, with the recommended way forward shaped to maximise benefits and mitigate negative impacts wherever possible.

2.23 **Impact Assessments**

2.24 The updated Integrated Impact Assessment (IIA), Equalities and Health Inequalities Impact Assessment (EIIA) and Quality Impact Assessment (QIA) confirm that while both co-location options deliver clinical benefits, they create different travel and accessibility impacts, with older people, disabled people, low-income households, carers, pregnant women and families with young children most affected. The Ormskirk option generates greater travel impact for Southport and Formby population, while the Southport option increases travel for West Lancashire population. The assessments indicate that although both options strengthen clinical quality, each would require proportionate, targeted mitigations to address differential travel and access impacts, supported by an appropriate monitoring framework as the changes are implemented.

2.25 **The recommended way forward**

2.26 Following full consideration of consultation feedback, updated modelling, impact assessments and clinical standards, the recommended way forward is the co-location of adult and children's A&E services at Southport and Formby District General Hospital.

This option remains the strongest clinically, operationally and financially, offering faster delivery, fewer service moves, less workforce impact and improved workforce sustainability and significantly lower capital costs. No new viable alternatives emerged through consultation, and concerns raised have been addressed through planned mitigations. The recommended way forward will deliver a safer, more resilient, cost effective and sustainable emergency care model for the future.

3. Ask of the Committee and Recommendations

3.1 **The Committee is asked to:**

- Consider and approve the Decision-Making Business Case provided
- Make final decision on recommended way forward

4. Reasons for Recommendations

4.1 Following full consideration of consultation feedback, updated modelling, impact assessments and clinical standards, the recommended way forward is the co-location of adult and children's A&E services at Southport and Formby District General Hospital. This option remains the strongest clinically, operationally and financially, offering faster delivery, fewer service moves, less workforce impact and improved workforce sustainability and significantly lower capital costs. No new viable alternatives emerged through consultation, and concerns raised have been addressed

through planned mitigations. The recommended way forward will deliver a safer, more resilient, cost effective and sustainable emergency care model for the future.

5. Background

5.1 A draft DMBC document has gone through the following governance routes:

- SCT Programme Board:
  - 7 January and 29 January 2026; 4 March 2026
- NHSE Assurance 16 February 2026
- LSC ICB private boards 22 January 2026
- MWL private board 28 January 2026
- C&M ICB private board 29 January 2026

6. Officer contact details for more information

- *Rob Cooper – Chief Executive Officer, Mersey and West Lancashire Teaching Hospitals NHS Trust (rob.cooper@merseywestlancs.nhs.uk)*
- *Halima Sadia – Programme Director – Shaping Care Together, Mersey and West Lancashire Teaching Hospitals NHS Trust (halima.sadia@merseywestlancs.nhs.uk)*

7. Appendices

Appendix One: *Draft Decision Making Business Case and appendices*
Appendix Two: *NHS C&M and NHS L&SC ICB Joint Committee DMBC Presentation*

SHAPING CARE TOGETHER

NHS

Shaping Care Together
Decision-making business case

Version	Date	Author	Amendment history
0.1	22 / 12 / 2025	HS	First draft
0.2	02 / 01 / 2026	HS	Refinements made to the following sections: • Executive summary • 2.4.1.2 • 2.4.1.3 • 2.4.1.7 • 2.5.1 • 3.2.1 • 3.2.6 Updates made following legal, SRO, clinical, programme and workstream review/feedback: • All sections
0.3	07 / 01 / 2026	HS	Refinements to the following sections following feedback from SCT Programme Board • Executive summary • 1.2.1 • 4.1.2 • 4.2.1 • 6.4.1 / 6.4.1.1 • 8.3 • 9.1
0.4	30 / 01 / 2026	HS	Refinements to the following sections • 6.3 • 3.2/3.2.6 • 3.3.1 • 3.3.2 • 4/ 4.1/ 4.1.2
0.5	27 / 02 / 2026	HS	Amendments to the following sections: • Executive summary • 3.2 • 3.3 • 5.2 • 6.4 • 8

Contents

Executive summary

This summary should be read in conjunction with the full Decision-Making Business Case (DMBC), which provides the broader context, supporting evidence and detailed analysis for the recommended way forward.

Introduction

The Shaping Care Together (SCT) programme is a joint initiative led by Cheshire and Merseyside Integrated Care Board (ICB), Lancashire and South Cumbria ICB, and Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL). Its aim is to address longstanding urgent and emergency care (UEC) challenges across Southport, Formby and West Lancashire, ensuring sustainable, high-quality services that meet the needs of an ageing population and reduce health inequalities. Beginning in spring 2024, the programme developed a case for change and undertook 10-weeks of pre-consultation engagement to inform the development of the pre-consultation business case (PCBC) and consultation document. Pre-consultation engagement subsequently supported the further development, refinement and assessment of the long-term options for co-locating adult and paediatric accident and emergency (A&E) (also referred to as emergency department (ED)) services. The PCBC and consultation document outlined two proposals including a preferred option and were approved by Joint Committee of NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside, enabling the launch of a 13-week formal public consultation in July 2025, in line with national service-change guidance.

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

Case for change

The SCT programme builds on more than a decade of external reviews and clinical recommendations highlighting significant fragilities at the former Southport and Ormskirk Hospitals NHS Trust. These concerns led to external support in 2021 and the merger that created MWL in 2023, with the express purpose of stabilising clinical services. Despite the improvements made to date, the current split site emergency care model remains unsustainable. Persistent challenges in workforce, estates, clinical dependencies, and performance cannot be resolved without reconfiguration. Co-locating services is therefore required to ensure the future resilience, safety and quality of urgent and emergency care.

Options and preferred option

Two options were taken forward for consultation and set out clearly in the PCBC and consultation document:

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.

Based on evaluation against agreed criteria, the option to co-locate services at Southport and Formby District General Hospital was identified as the preferred option. Both options, including the preferred option, were formally approved for consultation by the Joint Committee of NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside on 4 July 2025, which launched the consultation.

Consultation approach

The consultation was designed in line with NHS England best practice, ensuring clear information, multiple routes to participate, and targeted engagement informed by equalities and travel impact assessments. A pre-, mid- and post-consultation review process enabled real-time improvements, including additional events, enhanced outreach in under-represented areas, and independent polling. Consultation materials were accessible, widely distributed, and supported by a robust communications strategy, including a leaflet drop to 110,000 households, digital marketing, and strong media coverage. Political stakeholders and Health Overview and Scrutiny Committees (HOSC) were engaged throughout.

How we have listened

More than 7,840 people engaged in the consultation equating to over 3% of the local population. This is well above the national average response rate of 0.7%, with 1% considered good practice.

Engagement included:

- 5,009 survey responses, representing over 2% of the population
- 14 public events, attracting 800+ attendees
- 507 residents engaged through independent polling
- Public, staff and stakeholder focus groups, 382 pieces of written correspondence, and 170 voicemails received

Overall, participation levels were substantially higher than typical NHS consultations, demonstrating strong public interest and effective engagement.

Consultation findings

More than 7,800 people took part in the consultation through surveys, events, written submissions and targeted outreach. Respondents widely recognised the need to address the fragility of the current split site model. Key themes included:

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

Consideration of feedback

An independent organisation, the Centre for Health Communication Research, analysed all consultation feedback received through surveys, written submissions, engagement events, polling, and social media. This ensured an objective and comprehensive assessment of all views.

All feedback was then reviewed through a structured process by clinical and managerial leaders across the ICBs, MWL and partner organisations. This process enabled decision-makers to understand the full range of issues raised, identify potential impacts, and consider alternative proposals and mitigations.

Feedback was grouped and examined across key areas of impact. The analysis directly informed the development of the DMBC, with each issue assessed using a consistent "reassure, mitigate, change," framework to determine the appropriate response.

Alternative proposals submitted by consultees were also systematically reviewed through a two-stage check-and-challenge process.

This rigorous, transparent, and iterative approach ensured that consultation feedback was conscientiously considered, with the recommended way forward shaped to maximise benefits and mitigate negative impacts wherever possible.

Impact Assessments

The updated Integrated Impact Assessment (IIA), Equalities and Health Inequalities Impact Assessment (EIIA) and Quality Impact Assessment (QIA) confirm that while both co-location options deliver clinical benefits, they create different travel and accessibility impacts, with older people, disabled people, low income households, carers, pregnant women and families with young children most affected. The Ormskirk option generates greater travel impact for Southport and Formby population, while the Southport option increases travel for West Lancashire population. The assessments indicate that although both options strengthen clinical quality, each would require proportionate, targeted mitigations to address differential travel and access impacts, supported by an appropriate monitoring framework as the changes are implemented.

The recommended way forward

Following full consideration of consultation feedback, updated modelling, impact assessments and clinical standards, the recommended way forward is the co-location of adult and children's A&E services at Southport and Formby District General Hospital. This option remains the strongest clinically, operationally and financially, offering faster delivery, fewer service moves, fewer workforce impact and improved workforce sustainability and significantly lower capital costs. No new viable alternatives emerged through consultation, and concerns raised have been addressed through planned mitigations. The recommended way forward will deliver a safer, more resilient, cost effective and sustainable emergency care model for the future.

1 Background and context

1.1 Background

The SCT programme has evolved over two decades in response to repeated reviews highlighting unsustainable services across Southport and Ormskirk hospitals. Starting with the Shields report in 1999, subsequent assessments by Deloitte, KPMG, and clinical senates consistently recommended consolidating emergency departments and adopting new care models.

In 2019, the Acute Sustainability Programme launched, paving the way for system partnerships and strategic planning. By 2021, the initiative rebranded as Shaping Care Together, with the decision to focus on urgent and emergency care taken in 2023. Key milestones in 2023–24 included clinical senate reviews, strategic checks, and publication of the UEC case for change, followed by pre-consultation engagement and options appraisal.

In July 2025, a PCBC was approved by the Joint Committee of NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside. The PCBC set out proposals to address the challenges within the emergency departments at Southport and Formby District General Hospital and Ormskirk District General Hospital.

A formal public consultation, seeking views on the proposed changes, was launched on 4 July 2025. The consultation ran for 13 weeks, closing on 3rd October 2025, and successfully engaged over 7,800 individuals, with more than 5,000 survey responses collected through both online and paper formats.

14 public events were held, attracting around 600 attendees across online and face-to-face formats. To ensure inclusivity, underrepresented groups were targeted through targeted engagement, as well as independent telephone polling which resulted in 500 completed calls. Additionally, nine focus groups were conducted, involving both public and staff participants, six presentations at collaborative forums and community outreach in West Lancashire engaged over 800 people.

The programme received over 380 written pieces of feedback via the dedicated email inbox and 170 voicemails through a dedicated voicemail system. A full leaflet drop reached over 110,000 addresses, helping to engage individuals who are not digitally connected and prompting requests for hard copy surveys.

Digital marketing efforts reached over 250,000 people, and the website saw more than 26,000 visits. Around 3,500 stakeholders received regular newsletters, and over 5,000 consultation materials were distributed across Southport, Formby and West Lancashire. Staff engagement was supported through the distribution of 300 promotional materials, and the consultation received significant media coverage.

The views and evidence gathered during this public consultation have been considered alongside other key information to shape this DMBC and inform the recommendations to be presented to the Joint Committee of NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside.

1.2 Context

1.2.1 Strategic context

The SCT programme spans two healthcare systems: NHS Cheshire and Merseyside, and NHS Lancashire and South Cumbria. Services at Southport and Formby District General Hospital and Ormskirk District General Hospital are delivered by MWL.

Mersey and West Lancashire Teaching Hospitals NHS Trust

MWL was created to stabilise fragile services and improve healthcare delivery. Its priorities include clinical sustainability, workforce development, estates optimisation, and digital integration.

MWL has strong governance in place to oversee transformation programmes, such as a unified anaesthetic strategy and improvements in emergency care. It also supports a new organisational structure under the ethos "One team, One Trust."

The SCT programme explores service reconfiguration between Southport and Formby District General Hospital and Ormskirk General Hospital, which serve communities across two ICBs. The programme ensures strategic alignment across all partners to support long-term service sustainability.

NHS Cheshire and Merseyside

NHS Cheshire and Merseyside ICB has outlined urgent and emergency care improvements in its Health Care Partnership Strategy and Joint Forward Plan (2023–2028). Key commitments include reducing waiting times, increasing vaccine uptake to prevent hospital admissions, avoiding unnecessary emergency department visits, speeding up patient discharge through better community services, and separating planned from emergency care.

Urgent care is a strategic priority, with coordinated efforts across nine Place Partnerships and hospital clusters. In Sefton, the urgent care programme is a key component of our neighbourhood health plan and brings together local authorities, primary care, community services, voluntary, community and faith sector and hospitals to align plans and support the wider MWL and ICB-wide recovery programmes.

Initiatives like the Better@Home programme are helping reduce admissions and improve discharge processes around Southport and Ormskirk hospitals. These efforts align with the SCT programme, ensuring high-quality urgent care is accessible both in hospitals and the community. The ICB has also committed to supporting any urgent care provision in Southport and Formby should the final decision be not to proceed with the preferred option.

NHS Lancashire and South Cumbria

The Lancashire and South Cumbria ICB Joint Forward Plan (2024) sets out a clear ambition to ensure equitable access to high-quality, efficient, and integrated services. A major focus is on improving urgent and emergency care through initiatives such as reducing A&E attendances, shifting care closer to home, avoiding unnecessary admissions, improving access, and cutting waiting times.

Complementing this, the ICB's five-year urgent and emergency care strategy (2024–2029) aims to build a system where people can easily access the right care at the lowest appropriate level of intervention, improving outcomes and affordability.

National strategies

In recent years, the NHS has experienced unprecedented strain on its urgent and emergency care services. This pressure has been intensified by factors such as the COVID-19 pandemic, seasonal flu surges, and persistently high hospital occupancy rates. In response to these challenges, NHS England, in collaboration with the Department of Health & Social Care, developed a comprehensive UEC recovery plan. The plan focuses on several key areas:

- Improving ambulance response times and reducing the number of avoidable callouts.
- Enhancing hospital discharge processes and strengthening intermediate care services to support patient transitions.
- Expanding Same Day Emergency Care (SDEC) and increasing the availability of Urgent Treatment Centres (UTCs).
- Utilising digital tools, such as the Federated Data Platform, to improve resource management and operational efficiency.

These initiatives are closely aligned with the goals outlined in the NHS Long Term Plan (2019), which aims to modernise healthcare delivery through the following strategic priorities:

- Shifting care delivery away from hospitals and into community settings.
- Expanding the capacity and reach of emergency services.
- Promoting personalised and preventative approaches to care.
- Digitally enabling primary and outpatient services.
- Prioritising population health and wellbeing.

Lord Darzi's 2024 review introduces a bold and forward-looking 10-year reform strategy designed to address systemic challenges and ensure the NHS is resilient and fit for the future. The review identifies several critical issues currently facing the NHS, including:

- Increasing demand for services amid constrained resources.
- Persistent delays in accessing routine care.
- Low staff morale and reduced productivity.
- Significant inequities in the accessibility and quality of care.

To address these challenges, the report proposes three transformative strategic shifts:

1. **Transition from hospital-based to community care**
   Services should be relocated closer to patients' homes to alleviate pressure on hospitals and improve health outcomes.
2. **Embrace digital transformation**
   The NHS should expand the use of telehealth, enhance electronic health record systems, and integrate digital tools to drive efficiency and improve patient experience.
3. **Prioritise prevention over treatment**
   Greater investment in public health initiatives and early intervention strategies is essential to reduce the burden of chronic diseases and improve long-term health outcomes.

These strategic shifts are intended to create a more sustainable, efficient, and patient-centred NHS. They also align with broader national healthcare strategies and the forthcoming NHS 10-Year Health Plan.

Through strong collaborative partnerships, the SCT programme demonstrates clear alignment with the wider UEC transformation initiatives across NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria. As outlined above, the programme directly addresses the challenges facing UEC services in both systems by operationalising the three strategic shifts proposed in Lord Darzi's 2024 NHS Review. These shifts are designed to enhance patient flow, lower hospital occupancy, and improve the overall efficiency and effectiveness of emergency care provision.

1.2.2 Population context

Southport and Formby

The Southport and Formby area is situated within the Metropolitan Borough of Sefton, to the north of Liverpool. It is predominantly coastal and semi-rural, extending along the Irish Sea coastline. The area has a population of 128,393[1], with Southport being a sizeable coastal town. The surrounding regions are less densely urbanised and consist of scattered villages, suburban residential neighbourhoods, open countryside, farmland, and pockets of woodland.

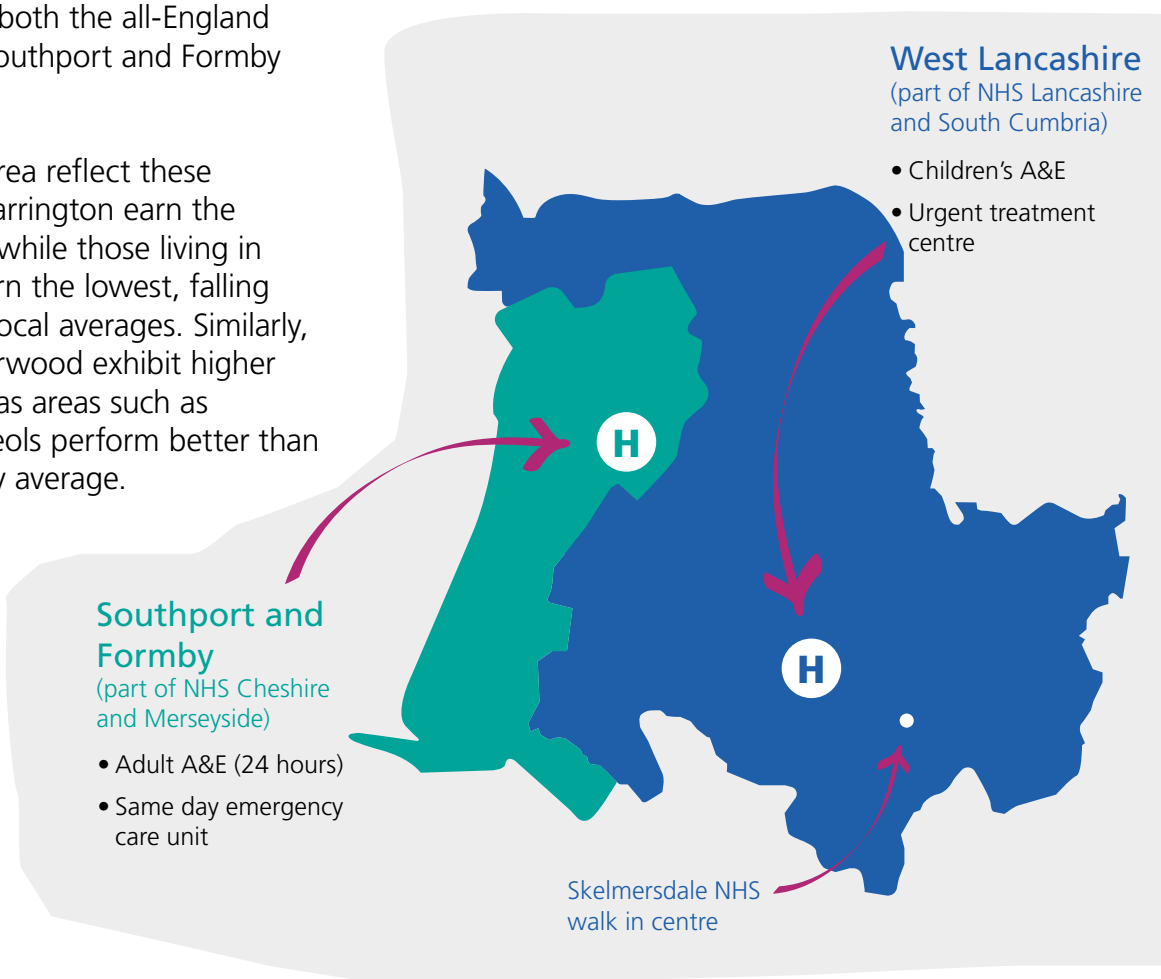
Although the area is generally considered affluent in comparison to other parts of Merseyside, significant social inequalities remain. For example, the wards of Ravenmeols and Harrington are relatively prosperous, with Harrington recording a score of 6.7 on the Index of Multiple Deprivation (IMD). In contrast, the wards of Cambridge and Duke's experience higher levels of deprivation, with IMD scores of 29.4 and 31.1 respectively. These figures are notably above both the all-England average of 21.7 and the Southport and Formby average of 19.2.

Income levels across the area reflect these disparities. Residents of Harrington earn the highest average incomes, while those living in Cambridge and Duke's earn the lowest, falling below both national and local averages. Similarly, the wards of Kew and Norwood exhibit higher overall deprivation, whereas areas such as Ainsdale, Birkdale, and Meols perform better than the Southport and Formby average.

West Lancashire

West Lancashire is a predominantly rural district located to the north-east of Liverpool, with a population of approximately 118,000[2]. The district includes the 1960s new town of Skelmersdale, the historic market town of Ormskirk, and several villages, most of which are located in the rural Northern Parishes.

While much of West Lancashire is relatively affluent, there are distinct pockets of poverty and deprivation. Areas such as Wrightington, Tarleton, Aughton Park, Parbold, Rufford, Newburgh, Knowsley, and Derby all have IMD scores below 10, placing them well above the national average of 21.7. However, deprivation is concentrated in several electoral wards within Skelmersdale, including Digmoor (IMD score of 49.9), Birch Green (43.5), Moorside (43.2), and Tanhouse (41.5). These high levels of deprivation contribute to pronounced social inequalities within the district.



[1] Source: January 2025 GP practice list size data
[2] Source: January 2025 GP practice list size data

1.3 Case for change

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 personnel. Despite targeted investment, workforce shortages remain due to a limited pipeline of new trainees and increasing demand driven by an ageing population with complex care needs. A particular pressure point is the medical workforce, where the separation of adult and paediatric A&E departments necessitates distinct senior clinical cover for both A&E and anaesthetic care. This 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 reactive repairs and to ensure facilities remain fit for purpose. This is especially important for delivering high-quality, safe care to older patients, whose needs are often more complex.

Quality

MWL is committed to delivering safe, sustainable services centred on excellent patient care. However, the latest Care Quality Commission (CQC) report highlights the need for service redesign and adaptation. Operating across two main hospital sites presents logistical and operational challenges that place additional strain on staff and resources.

Financial Constraints

With no new funding available, the Trust must deliver high-quality care within existing financial limits. This necessitates innovative, efficient approaches to reduce inefficiencies, eliminate duplication, and optimise resource use.

Ageing Population

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 living with multiple, complex health conditions. To maintain population health and ensure safe, high-quality care, future models must prioritise disease prevention and proactive management, supported by robust prevention programmes.

1.4 Consultation proposals

In response to the challenges outlined in the case for change, the programme initiated a 10-week period of pre-consultation engagement aimed at gathering insights and potential solutions from patients, the public, and staff. This extensive engagement process reached approximately 4,000 individuals through a variety of channels, including a public survey, live conversations at staff and public roadshows, public meetings, focus groups, and dedicated staff briefings and workshops. The feedback collected during this phase played a critical role in shaping the subsequent options appraisal process.

Following a rigorous and structured options appraisal process, two viable options emerged for consideration. The first option proposed the co-location of a 24/7 adults' and children's A&E department at Ormskirk District General Hospital. This would involve relocating the adult A&E from Southport to Ormskirk and extending the current children's A&E operating hours to provide round-the-clock care. The second option focused on co-locating adults' and children's A&E services at Southport and Formby District General Hospital. Under this proposal, the children's A&E would move from Ormskirk to Southport, with its hours similarly extended to 24 hours a day.

Bringing adults' and children's A&E services together and extending the children's A&E to operate 24/7 ensures continuous emergency care for all patients and strengthens anaesthetic cover for emergency cases. This change significantly reduces the need for overnight ambulance transfers of children to Alder Hey Children's Hospital, enabling faster and safer treatment. Children will also benefit from improved access to radiology services and more efficient management of blood tests and transfusions during emergencies. Furthermore, the integration enhances pharmacy support, ensuring comprehensive and timely care across both adult and paediatric services.

Through a weighted scoring process conducted by an independent panel, the option to co-locate adults' and children's A&E at Southport and Formby District General Hospital was identified as the preferred option. This aligns with NHS England guidance and scored higher due to meeting clinical standards with lower implementation costs, faster delivery timelines, and reduced space requirements for relocating the A&E department and associated co-dependent services. It also addresses workforce sustainability challenges and provides a safe and resilient model of urgent and emergency care for the population. The preferred option represents the most practical and cost-effective approach to improving emergency care provision for the local population.

2 How we've listened

7,840+ people have actively engaged with the programme

- 5,009 surveys – online and hard-copy
- 14 public events saw over 800 people reached - 2 online public meetings with over 120 attendees, 6 in-person public meetings with over 500 attendees, and 9 roadshow 'drop-ins'
- 507 representative sample of the population contacted via independent polling exercise
- 7 public focus groups with 34 attendees
- 3 staff focus groups with 18 attendees
- 800+ people engaged with across 53 different community venues in West Lancashire
- 382 pieces of feedback to the Get Involved inbox
- 6 presentations at collaborative forums
- 170 voicemails messages about SCT received
- 2 Trust Brief Live sessions with 100+ people

- **The average response rate for UK public consultations stands at 0.7% - the Consultation Institute suggests 1% can be considered a good response rate**
- **he population of Southport, Formby and West Lancashire is approximately 246,000. 7,840 people is approximately 3% of the local population**
- **Over 2% have responded to the survey alone**
- **Comparatively, similar NHS consultations have seen:**
  - **Around 2,000 survey responses to South and Mid Essex's proposed changes to community hospitals (population of the Trust is 1.2m)**
  - **Greater Manchester's Healthier Together consultation saw a 0.9% response rate**
  - **167 survey completions on proposals to develop a new A&E in Huddersfield (population of 141k)**

The consultation engaged over 7,840 people, representing over 3% of the local population (246,000). More than 2% responded to the survey alone, which is significantly higher than the UK average consultation response rate of 0.7%. Activities included 5,009 completed surveys, 14 public events reaching 800+ people, 507 independent polling responses, and multiple focus groups and community engagements. Compared to similar NHS consultations, this programme achieved a notably strong response rate.

2.1 Consultation approach

The consultation was designed to gather feedback from those most affected by the proposed changes, ensuring that all individuals wishing to participate had adequate opportunities, clear information, and sufficient time to share their views. The approach was carefully aligned with relevant guidance and best practice standards to maintain transparency and inclusivity throughout the process.

An Equalities and Inequalities Impact Assessment (EIIA) was undertaken to evaluate the potential impact on protected characteristics and identify groups that might be disproportionately affected. These insights informed targeted engagement activities to ensure that those most at risk of negative impact were given appropriate opportunities to contribute.

Learning from the pre-consultation engagement phase played a key role in shaping the consultation approach. For example, to address digital exclusion, the programme implemented a full household leaflet drop to raise awareness among those without online access. In addition, a diverse range of engagement events was organised to reach different patient cohorts and ensure broad representation.

Beyond protected characteristics, the consultation design also considered wider socio-economic factors such as deprivation, car ownership, and travel implications. Integrated impact assessments and travel impact assessments were used to identify individuals and communities likely to experience negative effects, enabling the programme to tailor its engagement strategy accordingly.

The consultation approach incorporated a pre-, mid-, and post-consultation review process to monitor effectiveness and support continuous improvement. This iterative approach ensured that feedback was acted upon promptly and meaningfully.

Finally, a communications and engagement strategy was developed and approved by NHS England during the Stage 2 assurance checkpoint. Its purpose is to set out a clear framework for informing, engaging, and involving stakeholders in the consultation process for the proposed options being consulted upon, ensuring transparency, inclusivity, and compliance with NHS guidelines. It covers the strategic context and objectives, desired outcomes, equalities and inclusion considerations, governance and best practice, external factors and contingencies, stakeholder analysis and mapping, detailed engagement approaches and phasing, timelines, a communications plan with key messages and channels, risk mitigations, and methods for evaluation and monitoring, along with supporting appendices such as the Member of Parliament (MP) engagement plan. This document was treated as a live document, updated throughout the consultation to reflect emerging insights and maintain alignment with best practice standards.

2.2 Consultation documentation

To ensure participants had sufficient information to provide informed feedback during the consultation, a comprehensive consultation document was prepared presenting the PCBC in a clear and accessible format.

This document outlined the background and rationale for change, the proposals being consulted on, the alternative options considered and discounted, and the potential impacts of the proposals. It also provided clear guidance on how people could get involved in the consultation and signposted readers to further detail within the PCBC and supporting documentation. In addition to the full consultation document, a 16-page summary and an easy-read version were created, with a commitment to provide alternative formats, such as braille, upon request.

All versions of the consultation materials were tested with the SCT Communications and Engagement Steering Group, which included communications and engagement leads from Cheshire and Merseyside ICB, Lancashire and South Cumbria ICB, MWL, Healthwatch representatives from Sefton and Lancashire, and representatives from Sefton Community and Voluntary Sector (CVS) and West Lancashire CVS. Feedback from this group was used to refine and improve the documents to ensure clarity, accessibility, and suitability for all audiences.

The dedicated SCT website was updated to provide a simple and accessible platform for all consultation-related information. This included a comprehensive document library containing the PCBC, supporting evidence, various versions of the consultation document (including easy read versions), frequently asked questions (FAQs), and a consultation explainer video (including British Sign Language). The website also hosted historical programme information, such as the case for change and the pre-consultation engagement report. Clear instructions were provided on how to give feedback and participate in consultation events and activities. Summary and full versions of the documents were also made available in hard copy at consultation events and through outreach work, with additional copies available on request.

2.3 Consultation survey

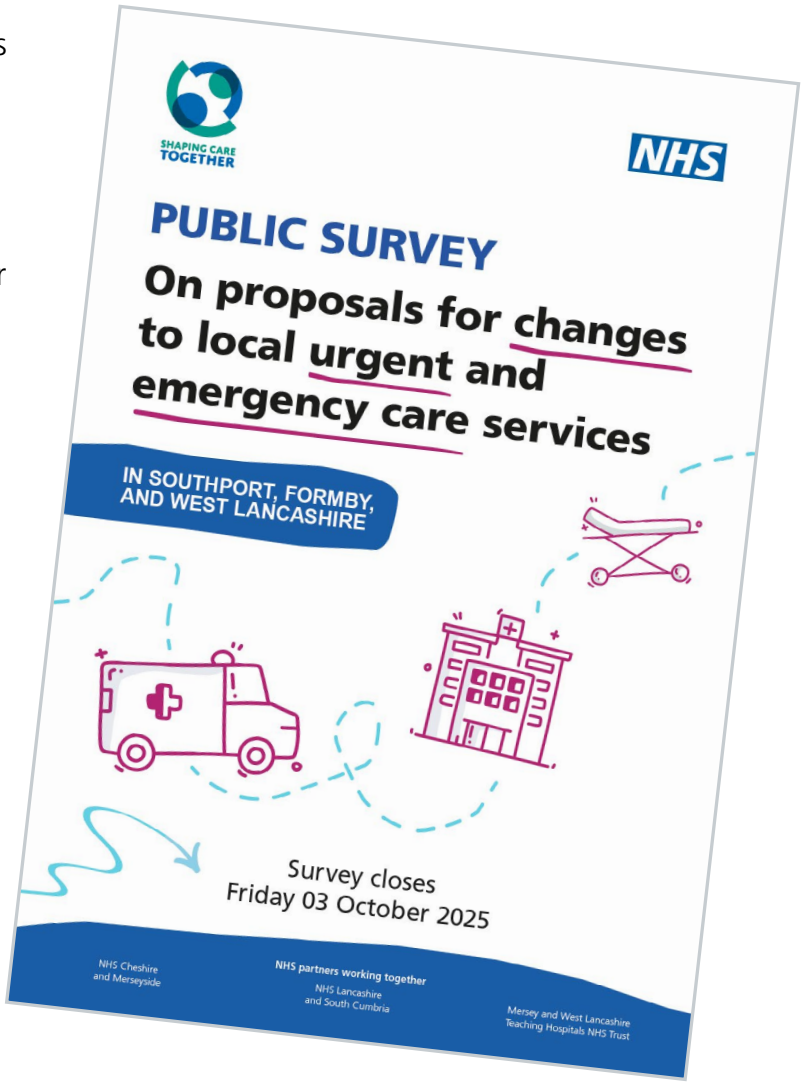
To gather structured and meaningful feedback on the proposals, a consultation survey was developed. The survey focused on key areas to understand the potential impact of the options, including how well they achieved the goals set out in the case for change, travelling to A&E, car parking, accessing buildings and services, and waiting areas in A&E. It also included a specific question inviting respondents to highlight any evidence they believed had not been considered during the options appraisal process.

The survey incorporated a combination of multiple-choice questions, using a scale from "very well" to "not well at all," alongside open-text boxes for respondents to provide additional detail. This approach ensured both quantitative and qualitative insights were captured. To promote inclusivity, an easy read version of the survey was produced at the request of Healthwatch and CVS colleagues, offering simplified text and visual cues to support participation from people with learning disabilities and younger audiences.

All versions of the survey were tested with the SCT Communications and Engagement Steering Group, which included representatives from Healthwatch and community and voluntary sector organisations across Sefton and West Lancashire. Feedback from this group informed refinements to the design, language, and structure of the survey, ensuring accessibility and clarity for all audiences. The full version of the survey was made available electronically via the SCT website, with the easy read version available for download. Hard copies were also distributed at consultation events and through outreach activities alongside freepost envelopes.

The survey reflected the material published on the SCT website and included clear summaries of the proposals before each set of questions, enabling respondents to provide informed feedback. Additional open-response opportunities were provided throughout, including questions specifically designed to allow participants to share views in their own words without restriction. Equality monitoring questions were also included to support ongoing analysis of participation patterns and identify any gaps in representation.

It is important to note that the survey formed only one part of a wider multi-strand engagement programme. Alongside the survey, the consultation included community conversations, targeted outreach to underrepresented groups, facilitated sessions, roadshows, drop-in events, and direct discussions with local community and voluntary organisations. These complementary activities ensured that detailed qualitative insights were captured from individuals who might not otherwise complete an online or hard copy survey, and from groups most likely to be affected by the proposals.



2.4 Marketing and promotion

As part of the consultation, a comprehensive communications and engagement approach was implemented to maximise reach and participation. Over 110,000 addresses were reached through a targeted leaflet drop, ensuring that households across the area of Southport, Formby and West Lancashire were informed about the consultation and how to get involved. In addition, digital marketing activities promoting the survey and consultation events reached more than 250,000 people, significantly extending the consultation's visibility online.

The programme website served as a central hub for information and engagement, attracting approximately 28,000 visits during the consultation period. To maintain ongoing communication, regular stakeholder newsletters were distributed to over 3,500 recipients, providing updates and encouraging participation throughout the process.

Accessibility was further enhanced by distributing more than 5,000 consultation materials across community venues, ensuring that information was available in locations frequently visited by the public.

Internal engagement was also prioritised, with over 300 promotional materials shared at staff drop-in sessions to encourage staff awareness and involvement. The consultation generated strong media interest, resulting in over 60 pieces of coverage, which helped raise awareness and reinforce key messages across a wider audience.

To support stakeholders in promoting the consultation, a comprehensive toolkit was published on the programme website. This included survey promotion posters, event promotion posters, a combined survey and events leaflet, and a downloadable public FAQs document, providing practical resources to help amplify engagement efforts.

Leaflet for public consultations

2.4.1 Consultation events

2.4.1.1 Public Q&A events

A series of presentation and questions and answers (Q&A) style sessions were held to outline the key aspects of the proposed changes. These sessions provided attendees with opportunities to ask questions, share their views, and contribute feedback and evidence on potential alternatives. Each event was focused on the clinical safety and sustainability of services with representation from ICB and programme clinical leads, supported by managerial representatives from ICB and the SCT programme.

The engagement events took place both during the day and in the evening, to maximise accessibility and ensure people could attend at a time that suited them. Sessions were held across several locations, including Formby, Banks, Skelmersdale, Tarleton, Ormskirk, and Southport, alongside two online sessions. The online events attracted 120 participants, while the in-person sessions collectively welcomed over 500 attendees, demonstrating strong community interest and involvement.

Feedback from all sessions were recorded and subsequently incorporated into the final consultation report, ensuring that stakeholder input was accurately reflected in the decision-making process.

2.4.1.2 Collaborative forums

Recommendations from the mid-point consultation review included introducing collaborative events designed to give members of the public a platform to present new information and evidence-based options for consideration. This ensured that innovative ideas were actively explored within the decision-making process. The approach aimed to promote transparency and inclusivity by enabling stakeholders to contribute directly to shaping future proposals.

Three events were held: one online and two in-person sessions at Southport and Formby District General Hospital and Ormskirk District General Hospital. Across these events, a total of six presentations were delivered.

To ensure robust evaluation, a subject matter expert panel from the programme was present at each session. The panel included specialists in clinical, estates, data analysis, commissioning, communications and engagement and members of the programme team, providing a comprehensive perspective on the proposals shared.

2.4.1.3 Mobile engagement (roadshows and drop-in sessions)

These outreach activities were designed to reach a broader cross-section of the community, raise awareness of the consultation, share key information, and gather feedback in everyday public spaces. This approach aimed to ensure more inclusive and representative participation by engaging people who might not attend formal events.

Initially, sessions were scheduled for Skelmersdale Shopping Centre and Maghull Town Square; however, following feedback from consultees, including local councillors, additional events were organised at the following venues: Burscough Town Council, Up Holland Artz Centre, and an additional session in the Ecumenical Centre in Skelmersdale.

The events were delivered in high footfall areas such as shopping centres and town squares to reach as many people as possible. The programme team also met key stakeholders at the events and used their platforms to promote to their audience and widen the reach. Local MP for West Lancashire Ashley Dalton attended the first roadshow event in Skelmersdale shopping centre.

More information about activity in communities can be found in the next section in 2.4.1.4.

2.4.1.4 Targeted public/patient focused engagement

Activities were designed with three key objectives in mind. The first was to understand the experiences of users and carers in relation to specific health and care services, including areas of particular interest such as services for children and young people across Southport, Formby, and West Lancashire. This involved exploring what has worked well, what has not, and identifying opportunities for improvement. The second objective was to ensure that the experiences of all sections of the community were captured, including seldom-heard groups and hard-to-reach communities. The EIIA was used to identify these groups, ensuring that everyone had a fair opportunity to provide feedback on the consultation. Finally, the sessions aimed to provide a forum for meaningful consultation and feedback on the proposed options.

To achieve these aims, alongside the broader engagement methods, targeted engagement was carried out with a wide range of groups. This included reaching out to single parents across Sefton and West Lancashire, with a particular focus on Skelmersdale and Southport, through organisations such as Trinity SNAP, Parenting 2000, and Home Start Southport. Individuals without access to transport were also engaged, including through collaboration with the North West Ambulance Service NHS Trust (NWAS) Patient Engagement Manager and the Care Home Managers Group. Efforts were also made to reach deprived communities in Skelmersdale and Southport via foodbanks, crisis centres, and local support organisations such as Compassion Acts and the Southport Salvation Army. Contact was made with faith and ethnic minority groups through the Southport Mosque, Sefton Faith Forum, and the Southport African Caribbean Heritage Association.

In addition, people with disabilities and long-term health conditions were approached through organisations such as Mencap Liverpool, Merseyside Society for Deaf People, People First and West Lancs and Merseyside Myeloma. West Lancashire and Sefton CVS also distributed information about the programme, signposting people from specific groups all across their networks. A full list of groups identified, targeted and spoken with are included in Appendix 4.

Seven focus groups were held with patients and members of the public - six online and one in person - bringing together a total of 34 attendees. The focus groups were held with a range of people from diverse backgrounds and explored the key issues in the consultation.

Alongside these sessions, extensive community outreach was undertaken to engage with local residents in their own environments. This approach proved highly effective in reducing barriers often experienced by deprived communities and allowed for listening to people where they are, rather than expecting them to travel to formal events. Through this outreach, over 800 individuals were engaged across 53 different community venues in West Lancashire. Consultation materials including leaflets and summary consultation documents were distributed across these venues, while people also had conversations about the programme and were signposted to associated resources. The list of areas and venues these took place is detailed in Appendix 5.

2.4.1.5 Staff engagement

To ensure that NHS staff were fully informed and had the opportunity to contribute to the consultation process, a comprehensive programme of staff engagement activities was delivered. These events provided a structured forum for staff to understand the proposed changes, ask questions, and share their perspectives. All sessions were designed in line with NHS England's consultation guidance [3&4], ensuring that staff feedback was meaningfully considered as part of the decision-making process.

The objectives of the staff consultation were threefold:

- To provide staff with a clear understanding of the proposed changes, including the rationale, expected impact on services, and potential workforce implications.
- To ensure staff had the opportunity to ask questions, raise concerns, and share insights based on their expertise and frontline experience.
- To gather constructive feedback that would help shape service developments and address workforce-related considerations.

Key messages were communicated through multiple channels, including the staff newsletter, weekly staff briefings, the staff intranet, and the CEO blog, ensuring broad awareness across the organisation.

Staff engagement activities included four roadshow/drop-in events - two at Southport and Formby District General Hospital and two at Ormskirk District General Hospital - alongside three staff focus groups (two in-person and one online) attended by 18 participants. In addition, two dedicated online Trust Brief Live sessions were held with programme leads to provide an overview of the consultation and allow staff to ask questions, which saw collectively 430 live attendees and 154 views on the MWL YouTube channel. A further online Q&A session was also delivered, offering staff another opportunity to engage directly with programme leads, with three attendees.

In terms of the survey responses, of the 5,009 total responses, 825 submissions were from staff in the health and care sector, accounting for 16.6% of all responses.

[3] https://www.england.nhs.uk/wp-content/uploads/2014/03/bs-guide-plann-part1.pdf
[4] https://www.england.nhs.uk/publication/planning-assuring-and-delivering-service-change-for-patients/

7,840+ people
have actively engaged with the programme

800+ people
engaged with across 53 different community venues in West Lancashire

507
representative sample of the population spoken to via telephone polling

4 staff drop-ins
(Southport and Formby DGH and Ormskirk DGH)

2 online Trust Brief Live sessions
and one online all staff Q&A session

5,009 surveys
online and hard-copy

382 pieces of feedback
to the Get Involved inbox

7 public focus groups
with 34 attendees (both online and in-person)

3 staff focus groups
with 18 attendees (both online and in-person)

170 voicemails
messages about SCT received

14 public events
saw over 800 attendees:

2 online public meetings with over 55 attendees

6 in-person public meetings with over 420 attendees

9 roadshow 'drop-ins'

Consultation events
tailored throughout the consultation, in line with C&E strategy, to ensure wide reach and meaningful consultation.

6 presentations
across 3 collaborative forums (online and in-person)

The programme has also completed a marketing cause-and-effect document (Appendix 5) which demonstrates cause and effect of marketing activity and programme engagement.

2.4.1.7 Political engagement

As part of the programme's stakeholder engagement activities, meetings were held with the MPs representing Southport, Formby, and West Lancashire. These engagements ensured that MPs were fully briefed on upcoming public events within their constituencies, fostering collaboration and enhancing visibility within local communities.

The programme regularly met with local MPs, Ashley Dalton MP (West Lancashire) and Patrick Hurley MP (Southport), and all received key stakeholder communications. Neighbouring MPs including Bill Esterson MP (Sefton Central), Peter Dowd MP (Bootle), Katherine Fletcher MP (South Ribble) received stakeholder communications.

In addition, meetings were arranged at the request of local councillors to discuss the consultation in-depth.

The programme received more than 30 pieces of correspondence from political stakeholders via the dedicated SCT email address. Furthermore, three individual presentations were delivered by local councillors across West Lancashire as part of collaborative forums, including a formal response from West Lancashire Borough Council, details of which can be found in Appendix 2.

Several motions and petitions were raised during this period. Sefton Council submitted a motion calling for the reinstatement of full 24-hour emergency care at Southport, including a dedicated children's A&E department. A petition titled "Let's Bring Children's A&E Back to Southport" was launched by Southport Conservatives and received 286 signatures. Local MP Patrick Hurley launched a petition calling for children's A&E at Southport received 327 signatures. Additionally, the Labour group of West Lancashire Borough Council tabled a motion formally adopting the position that the best provision of services for residents of West Lancashire and surrounding areas would be the co-location of both adult and children's A&E services at Ormskirk Hospital, with this provision operating on a 24-hour basis. Finally, the Our West Lancashire political group of West Lancashire Borough Council raised a petition, addressed to the West Lancashire MP, calling for the arrangement of a public meeting, which gathered 2,622 responses.

2.4.2 Health Overview and Scrutiny Committee engagement

Health Overview and Scrutiny Committees

Updates provided to the HOSC at both Sefton and Lancashire County Councils included attendance at public HOSC meetings, along with general progress updates. The relevant dates are listed in Table 1:

Table 1

Sefton HOSC	Lancashire HOSC
January 2024	November 2023
April 2024	April 2024
September 2024	September 2024
January 2025	December 2024
July 2025 (notification of publication of Joint Committee papers)	May 2025
September 2025	June 2025
October 2025	July 2025 (notification of publication of Joint Committee papers)
January 2026	September 2025
	December 2025

Under the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013, HOSCs have a statutory duty to establish a Joint Health Overview and Scrutiny Committee (JHOSC) when a proposed service change spans more than one local authority area. This requirement ensures coordinated scrutiny and accountability across all affected councils. In line with this legal obligation, a JHOSC has now been formally constituted for the SCT programme, and its first meeting took place on 20 January 2026. JHOSC members also visited Southport & Ormskirk Hospitals on 3 March and met further with SCT programme representatives on 6 March 2026.

2.4.3 Social media

Social media was actively utilised throughout the consultation period to raise awareness, encourage participation in the survey, and promote upcoming events. Marketing strategies were adapted as the consultation progressed to ensure engagement with specific target audiences, such as younger males.

The primary platforms used for this activity were Facebook and Instagram, chosen for their broad reach and ability to connect with diverse demographic groups.

In addition to direct promotion, content was amplified through partner organisations' social media channels, helping to extend the consultation's visibility and maximise engagement across different networks.

A summary of social media activity can be found in Table 2:

Table 2

Campaign	Impressions	Reach	Link Clicks	Click through rate (Benchmark: 1.57%)	Cost per click (£) (Benchmark: £0.57)	Shares	Reactions	Saves	Comments
Survey ads (all audiences)	317,167	77,760	5831	1.84%	0.14	154	144	49	82
Survey ads (younger male audience)	107,914	30,679	902	0.84%	0.25	9	3	3	1
Skelmersdale roadshow event ads	44,101	20,540	364	0.83%	0.27	31	11	-	6
Southport event ads	41,579	13,962	315	0.76%	0.32	8	2	3	2
Ormskirk event ads	49,704	21,940	393	0.79%	0.25	4	6	-	2
Tarleton event ads	48,166	15,901	322	0.67%	0.33	5	3	2	3
Online event ads	79,617	34,993	581	0.73%	0.18	6	7	1	3
Formby event ads	57,267	15,752	373	0.65%	0.28	5	8	2	-
Banks event ads	54,657	15,631	338	0.62%	0.31	1	5	-	1
Skelmersdale event ads	68,428	25,175	479	0.70%	0.22	2	1	-	-
Banks event ads	54,657	15,631	338	0.62%	0.31	1	5	-	1

Engagement for all

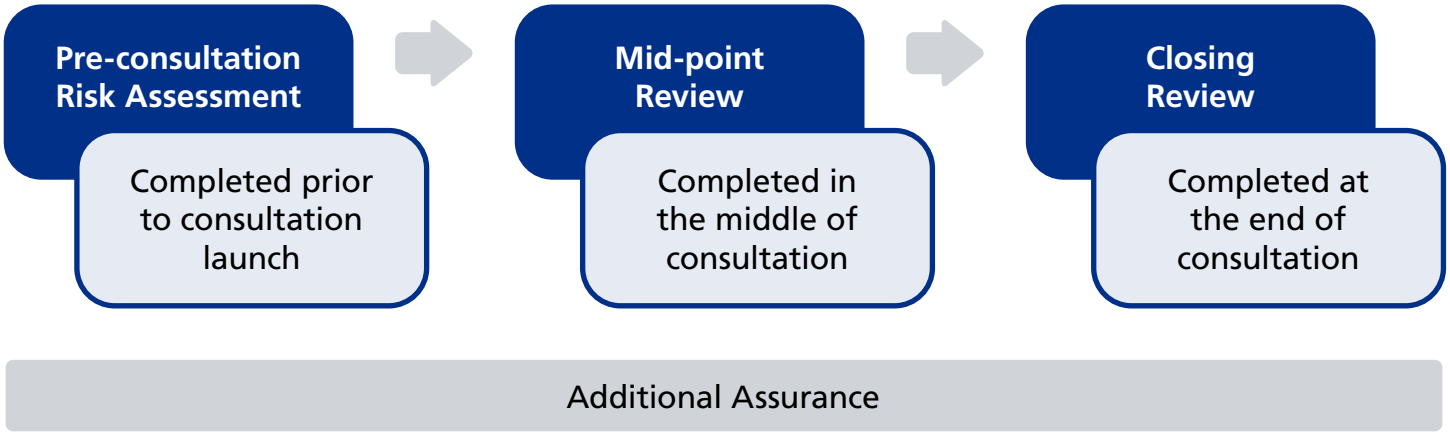
Open engagement opportunities were provided to ensure any member of the public, member of staff or other interested party could find out more information and provide feedback on the proposal.

2.5 Assurance

The NHS England Stage 2 assurance process for major service change is a critical checkpoint designed to ensure that proposals meet national standards for safety, quality, and public engagement before progressing to formal decision-making. This process involves a detailed review of the PCBC, governance arrangements, clinical evidence, and consultation plans to confirm compliance with statutory requirements and best practice guidance. For the SCT programme, the Stage 2 assurance meeting took place in March 2025. At this meeting, NHS England confirmed that the programme had satisfied the core assurance criteria and requested additional input for the DMBC to provide further assurance. This enhanced review was intended to strengthen transparency and confidence in the final recommendations.

2.5.1 Pre-consultation risk assessment, midpoint review and closing review

A comprehensive risk audit was undertaken in April 2025 by an independent expert ahead of launching the SCT programme consultation. The assessment reviewed the programme's approach and governance, categorising risks using a probability–impact matrix. Recommendations for mitigation were provided, and corresponding actions were developed collaboratively with the programme team and workstreams. These mitigations were applied to each identified risk prior to the commencement of the consultation phase.



The mid-point review was conducted eight weeks into the 13-week consultation period by an independent specialist. Its purpose was to assess whether the consultation plan was meeting its objectives and identify any risks or areas for improvement. The review examined consultation responses, Freedom of Information requests, emails, and submissions to detect potential challenges. It also evaluated engagement levels, event effectiveness, and stakeholder reach.

Key findings included strong overall engagement from the public, patients, stakeholders, and staff, but highlighted issues in promotional activity in certain geographic areas (e.g., Burscough, West Lancashire) and underrepresentation of specific demographic groups, such as people from Black Asian and Minority Ethnic (BAME) backgrounds. While there were limited grounds for challenge, ongoing monitoring was advised. Social media misinformation was noted as a concern, and qualitative feedback suggested few significant alternatives but warranted responses where appropriate. Recommendations included adjusting public meeting formats, adding collaborative events, targeting underrepresented groups, conducting independent telephone polling, and increasing the SCT Engagement Process Advisory Group (EPAG) meetings.

The closing review, conducted by an independent specialist, confirmed that all recommendations from the mid-point review were fully implemented. We actively reached out to BAME communities through engagement with organisations such as the Southport African Caribbean Heritage Association, Equality Voice Network Sefton, Equalities Forum Sefton CVS, and Southport Mosque, Torch Trust and West Lancashire CVS, independent telephone and online polling complemented these efforts to ensure inclusive representation. In addition, collaborative events were introduced, SCT EPAG meetings were held more frequently with an expanded membership, and clear guidance on addressing misinformation was provided at public meetings.

2.5.2 Legal review

The programme undertook a structured consultation process with a legal team at three critical stages: pre-consultation, midpoint review (informal), and post-consultation. The pre-consultation review ensured that all proposed activities, documentation, and compliance requirements were aligned with relevant legal frameworks before initiation. At the midpoint review, the programme engaged the legal team to validate progress against agreed standards, address emerging risks, and incorporate any regulatory updates or considerations. Finally, the post-consultation review was completed for further assurance. This phased approach strengthened risk management and ensured legal integrity throughout the programme lifecycle.

3 What we've heard

3.1 Approach to analysis and reporting

The programme commissioned the Centre for Health Communication Research to undertake an independent analysis of all consultation feedback. The consultation process gathered input through multiple channels, including:

- Online survey hosted on the SCT website, featuring both closed and open-ended questions, alongside a paper-based version and an easy read format.
- Written submissions received via letters, emails, and petitions sent to the designated email address and freepost service.
- Engagement events, such as public meetings, stakeholder sessions, collaborative workshops, and focus groups, with reports from these sessions incorporated into the consultation.
- Representative survey of 507 residents across Southport, Formby, and West Lancashire, conducted via telephone and online.
- Social media feedback collected through partner organisations' platforms, including Facebook and X.

The full report is available in Appendix 10.

3.2 Views on the proposals

The feedback gathered during the consultation was analysed and grouped into several overarching themes, reflecting the key issues and concerns raised by consultees. These themes include:

- Travel and transport
- Consultation process and trust
- Parking at Southport and Ormskirk hospitals
- Current buildings and services
- A&E waiting areas
- Children's services and maternity, neonates
- Population size and growth
- Staffing, training and workforce

3.2.1 Travel and transport

Qualitative feedback indicated that travel and transport were key concerns for respondents across the area. While views varied by location, the theme was consistently raised and frequently discussed.

Southport and Formby residents commonly reported difficulties accessing Ormskirk without a car. Challenges mentioned included narrow and winding lanes across Formby Moss, the absence of a direct bus service, and journeys that at times required multiple connections such as two trains and a bus. Taxi fares were considered high, with costs often exceeding £25.

In Ormskirk, Maghull, Skelmersdale and rural areas, Southport was perceived as remote and less central. Respondents in these locations viewed Ormskirk as a more practical and central point for West Lancashire settlements. Feedback from Skelmersdale and rural areas emphasised the combined impact of long journey times, limited public transport and low car ownership. Specific issues included the absence of a rail station in Skelmersdale, bus routes that did not operate late or stop at hospital entrances, and taxi fares that were high relative to income. For example, a taxi to Ormskirk was reported at around £17, compared to £30-40 for Southport.

Several respondents linked transport challenges to socioeconomic status and age. Feedback from Southport, Formby and rural areas highlighted an increasing elderly population without access to private transport, alongside concerns about low car ownership and rural isolation.

Suggested mitigations included shuttle buses between sites, improved evening and weekend bus services, and clearer communication regarding ambulance response modelling.

Additionally, many people who come to A&E could be assessed and treated more appropriately elsewhere. Our data shows that almost four in ten adults attending Southport A&E last year could have been seen in another service, and for under-16s at Ormskirk A&E this rises to more than seven in ten. As a mitigation, we are working closely with system partners to ensure people get to the right place first time.

3.2.2 Consultation process and trust

Respondents generally acknowledged the range of consultation activities undertaken, including public meetings, online events, surveys and outreach sessions. However, concerns were raised about the distribution and accessibility of these opportunities. Feedback from West Lancashire highlighted questions about why some early engagement events were not held in towns such as Burscough or Up Holland, despite the potential impact on those communities. Participants in Skelmersdale noted that a town with higher deprivation and no rail station might have required more visible and locally based events.

A proportion of respondents expressed scepticism about whether the consultation would influence the final decision. Some feedback suggested that the process was perceived as predetermined or lacking credibility, particularly in Skelmersdale and parts of West Lancashire, where residents linked the current approach to a longer history of perceived disinvestment in local services.

Overall feedback on the consultation process, identified concerns about the balance of engagement across different geographies, and whether the exercise was genuinely open to alternative outcomes, while also recognising the efforts of the programme.

3.2.3 Parking at Southport and Ormskirk hospitals

Qualitative feedback showed that parking at Southport and Ormskirk hospitals was a significant concern for respondents, although it was not viewed as the primary driver for change.

Many respondents reported that current parking provision at both sites was inadequate. Common issues included car parks being routinely full, queues for spaces, and congestion on surrounding roads.

Southport attracted the most frequent criticism. Respondents indicated that they often had to park in nearby retail car parks and walk to the hospital and questioned whether the site had sufficient space to accommodate the additional parking implied by the preferred option. Several suggested that a multi-storey car park would be necessary to make the Southport option viable.

Feedback also highlighted accessibility challenges, particularly for frail, disabled or older patients.

Concerns focused on the distance and gradients between parking areas and hospital entrances, with respondents noting that longer walks could be difficult, especially at night or in adverse weather. Families also raised practical difficulties in moving small children and equipment from distant car parks to emergency departments.

At Ormskirk, concerns centred on the overall volume of spaces and the potential impact of additional parking on existing bottlenecks around the hospital site. Narrow approach roads and nearby residential areas were cited as constraints.

A minority of respondents commented on cost assumptions within the business case, with some questioning the validity of estimated costs for proposed car park structures.

Overall, there was a strong expectation that any decision would need to be supported by clear, funded plans for additional and accessible parking.

3.2.4 Current buildings and services

Qualitative feedback highlighted several issues and suggestions relating to the design and functionality of existing hospital buildings and services.

Respondents requested improvements to emergency department layouts, including:

- Clear physical separation of adult and children's areas in A&E, with child-friendly spaces that minimised exposure to adult mental health, alcohol or substance misuse presentations.
- Quiet or low-stimulus areas for people with autism, learning disabilities or mental health needs.
- Accessibility features for those with mobility or visual impairments, such as handrails near entrances, slower automatic doors, wheelchair spaces, larger toilets, and help points or call bells outside cubicles.

Navigation and wayfinding were also raised as priorities. Suggestions included clearer signage to A&E, improved site maps with zones and colour coding, and obvious drop-off points close to entrances.

There was notable confusion about the role and capability of UTCs and walk-in centre (WIC) facilities. Feedback indicated uncertainty about the purpose of the WIC in Skelmersdale, with signage and service limitations contributing to misunderstanding. Others were unclear when to use Ormskirk's UTC instead of A&E.

Respondents proposed several alternatives to relieve pressure on emergency departments, including:

- Better utilisation of UTC and WICs (such as Skelmersdale and potential local clinics in Formby and Ainsdale), supported by clearer public information on available services.
- Ensuring sufficient inpatient beds, particularly in medical assessment units, to avoid patients waiting on trolleys in corridors due to full wards.

Some feedback recommended that the recently re-acquired buildings at Ormskirk (former PCT HQ and associated estate) be structurally surveyed and costed for refurbishment, either to host a full A&E (including intensive care unit (ICU)) or to relocate other services, as a potentially more cost-effective way of strengthening the Ormskirk hospital option.

3.2.5 A&E waiting areas

Qualitative feedback highlighted significant concerns about the size and design of existing A&E waiting areas, particularly at Southport. Respondents reported overcrowding, with patients standing or sitting on the floor, corridors being used as waiting areas and treatment spaces, and a lack of personal space.

Ormskirk was generally perceived as having a larger and calmer waiting area, but feedback indicated that both sites required more space to accommodate future demand and enable accessible layouts.

A strong theme was the need for larger, better-designed waiting rooms featuring sufficient seating, improved ventilation, natural light, and clearer circulation. Respondents called for expanded areas for patients in A&E, more treatment rooms, and a bigger building or extension at whichever site was chosen. Suggestions included using adjacent areas as overflow, creating open layouts, and ensuring space for wheelchairs and mobility aids. Privacy and dignity were emphasised, with calls to avoid overcrowded corridors and cramped reception areas where conversations could be overheard.

Additional improvements frequently mentioned included:

- Refreshment facilities (including out-of-hours), water dispensers, vending options or cafés open later, and access to essential shops.
- Comfortable seating, clean and appropriately sized toilets, and places to charge phones.
- Garden or outdoor waiting areas where feasible.

Respondents also repeatedly requested better real-time information, such as screens or boards showing waiting times and queue positions, to reduce anxiety and help carers plan.

3.2.6 Children's services and maternity, neonates

Children's A&E and maternity services were a focus of feedback, particularly in areas currently served by Ormskirk. Parents and carers from Ormskirk, Skelmersdale, Maghull and rural West Lancashire frequently described Ormskirk's children's A&E in highly positive terms, often highlighting its importance and providing examples of rapid assessment for serious childhood conditions.

Concerns were raised about the relationship between paediatrics, neonatal services and maternity. Respondents recalled that maternity was located at Ormskirk partly due to its proximity to children's services and inferred that changes to children's A&E could have implications for maternity and neonatal care.

Several parents stated that the current journey to Ormskirk already felt at the limit of what was safe for acutely unwell children, particularly from Skelmersdale and surrounding villages, and that a longer journey to Southport would be problematic. Feedback from Southport and Formby was more divided. Some residents valued Ormskirk's paediatric and maternity services, but many found the road network to Ormskirk challenging and therefore favoured Southport if services had to be co-located.

Across multiple areas, respondents commented that the consultation documentation did not provide sufficient detail on the potential consequences for maternity and neonatal services. Some described this as a gap that needed to be addressed.

3.2.7 Population size and growth

Feedback on population growth reflected a strong expectation that configuration decisions should align with current and projected population patterns, including age profiles, housing development and transient groups such as students and tourists. Respondents emphasised that this analysis should be transparent in the final business case.

Southport was frequently described as having a high proportion of older residents, while West Lancashire - particularly Skelmersdale and surrounding settlements - was characterised as having more children and younger families. Comments highlighted the need for services to reflect these differing patterns of use: for example, coastal areas with older populations and higher rates of falls and long-term conditions, and inland areas with growing demand for children's and family services.

A recurring theme from West Lancashire and rural areas was the impact of substantial housing development on local demand. Respondents noted examples of large-scale housing growth, including hundreds of new homes in Burscough and major developments in Maghull, largely aimed at young families. Feedback questioned whether these changes had been adequately factored into planning and highlighted concerns about the lack of corresponding investment in local primary and community care.

Repeated references were made to West Lancashire having significantly more under-18s than Southport, which respondents believed should influence decisions on children's A&E location. By contrast, Formby and Southport feedback often emphasised the size and seasonal variation of the coastal population, describing

Southport as a major population centre and tourist destination where visitor numbers significantly increased in summer, driving higher accident risk and urgent care demand.

Specific mention was also made of the student population in Ormskirk, with Edge Hill University contributing approximately 15,000 students, many of whom relied on walking or public transport. Respondents suggested that their needs and travel patterns should be considered in any reconfiguration.

Across all areas, there was a clear expectation that decisions about A&E location and the wider urgent and emergency care system should be explicitly tested against current and projected population patterns, rather than historic assumptions. West Lancashire respondents asked whether government housing targets and local building schemes had been fully incorporated into demand forecasts, and what this meant for the sustainability of a single-site model. Coastal feedback stressed that the higher proportion of older people, combined with visitor numbers, would continue to generate intensive demand for urgent and emergency care, and that estate and staffing plans at Southport should be sized accordingly.

3.2.8. Staffing, workforce and training

Staff described the proposed service changes as having significant implications for workforce stability, sustainability and wellbeing. Practical issues such as travel distance, transport availability and parking feature prominently, with many staff emphasising that changes to site configuration would affect their ability to commute. For those reliant on public transport, caring responsibilities or working early or late shifts, longer journeys were viewed as unmanageable depending on the changes. Several staff explicitly state that they would be unable to continue in their roles if relocated further from home, raising concerns about avoidable staff losses. Parking pressures compound these worries: staff describe arriving at work stressed after long searches for spaces, particularly at Southport but increasingly at Ormskirk too. This daily strain is seen as undermining wellbeing, punctuality and capacity for compassionate care, with some warning that workforce morale is already fragile due to burnout and high workloads.

Further concerns relate to the feasibility of safely staffing a consolidated service. Staff question whether the receiving site could absorb additional demand without worsening waiting times, overcrowding and strain on clinicians. Southport in particular is described as already overstretched, with insufficient space, high occupancy and chronic understaffing, meaning that any additional activity would require substantial investment in new posts, training and clinical leadership. Some highlight that reducing the number of A&Es does not reduce demand; rather, it concentrates pressure on fewer staff, increasing burnout and prolonging waits. Staff highlight shortages of paediatric-trained clinicians, emergency doctors, nurses and laboratory support, and question the realism of recruitment assumptions when services already rely heavily on locums and bank staff.

Training and retention emerge as a core part of workforce sustainability. Staff state the need for robust plans to support a 24/7 service, protect specialist skills, and strengthen multidisciplinary teams across acute, urgent and community pathways. Access to training, professional development and secondments is seen as essential to maintaining morale and retaining staff through any transition. Many call for investment in frontline roles, safer working environments and reductions in unnecessary bureaucracy to free time for clinical care. Others highlight opportunities, such as proximity to Edge Hill University, to strengthen training pipelines, provided service models remain attractive to new graduates. Overall, respondents argue that any service reconfiguration will succeed if it is accompanied by clear, credible and well-resourced workforce planning that protects staff wellbeing, clinical safety and long-term sustainability.

3.3 Summary of Alternative proposals

Many of those who disagreed with the proposed changes felt that solutions could be found without major reconfiguration of services, although several consultees did put forward alternative proposals and/or mitigations.

3.3.1 Alternative proposals

Majority of the suggested alternative proposals received during the consultation centred on options already considered as part of the programme options appraisal process and focused around maintaining the status quo in some form, including:

- Keeping Ormskirk children's, A&E open as it currently operates.
- Restoring or creating a full adult A&E at Ormskirk, including expanded emergency facilities.
- Retaining full adult and children's A&E across both sites (a two site model).
- Making Ormskirk's A&E a 24 hour service (for children or for all patients).
- Renovating or expanding Ormskirk by redeveloping older buildings to house a new A&E.
- Keeping both hospitals open and renovating both, rather than consolidating services on one site.
- Keeping both children's emergency care and maternity services at Ormskirk as linked services.

Other consultees suggested other forms of service reconfigurations, including:

- Moving all services to a completely new hospital located centrally between Southport and Ormskirk or in Formby, funded partly through sale of existing sites.
- If adult A&E were relocated to Ormskirk, ensuring it included full critical care support such as ICU, theatres, and sufficient inpatient beds.
- Responding to calls from Skelmersdale residents to establish an A&E there.
- Creating or expanding UTCs or WICs.
- Co-location at Southport hospital should include the relocation of paediatrics, maternity and neonatal services.

Other consultees suggested some improvements to facilities across A&E irrespective of location:

- Introducing dedicated facilities for specific patient groups (e.g., elderly assessment units) to reduce pressure on A&E departments.
- Creating or expanding UTCs or WICs.
- Co-location at Southport hospital should include the relocation of paediatrics, maternity and neonatal services.

Overall, consultees proposed a mix of maintaining current services, expanding Ormskirk's role, full two site provision, variations of both options, or constructing new facilities. Appendix 1 details the alternative proposals, suggestions and mitigations from the programme in line with governance arrangements.

3.3.2 Proposed mitigations

Consultees provided a range of views on potential suggestions that could be taken to mitigate the impacts of the proposed changes. The most common mitigations centred on travel and access, these and other suggestions are set out in Table 3.

Table 3

Theme	Key issues raised by the public	Suggested mitigations
Transport, travel & parking	Poor bus links; requests for shuttle buses; transport schemes; parking issues	Introduce shuttle buses; enhance buses; expand parking; improve signage; park & ride
A&E environment, estates & facilities	Overcrowding; need better waiting/seating; toilets; quiet rooms; refreshment	Expand A&E footprint; improve facilities; add quiet rooms; real-time updates
Community & primary care	Requests for walk-in centres; mental health capacity; GP access	Feed into ICB urgent care work; strengthen primary care; expand MH/social pathways
Staffing & workforce	Need more senior staff; training; safety concerns	Enhance staffing models; boost training; improve security protocols
Clinical processes & capacity	Improve triage; phone triage; increase beds; reduce inappropriate attendance	Enhance triage; expand capacity; public campaigns; demographic-based planning
Information & planning	Requests for clearer plans; layouts; transparency on costs	Provide detail post-decision; publish modelling; maintain transparent engagement

Over the course of the consultation process, patients, service-users, members of the public, NHS staff members, organisations and other stakeholders provided wide-ranging feedback on the proposals. Whilst there was broad recognition amongst consultees that services needed to change, a large proportion of respondents to the consultation raised concerns and/or cited their opposition to the proposed location. Opposition to the proposed location was particularly strong from people living in West Lancashire, especially those in and around Ormskirk and Skelmersdale.

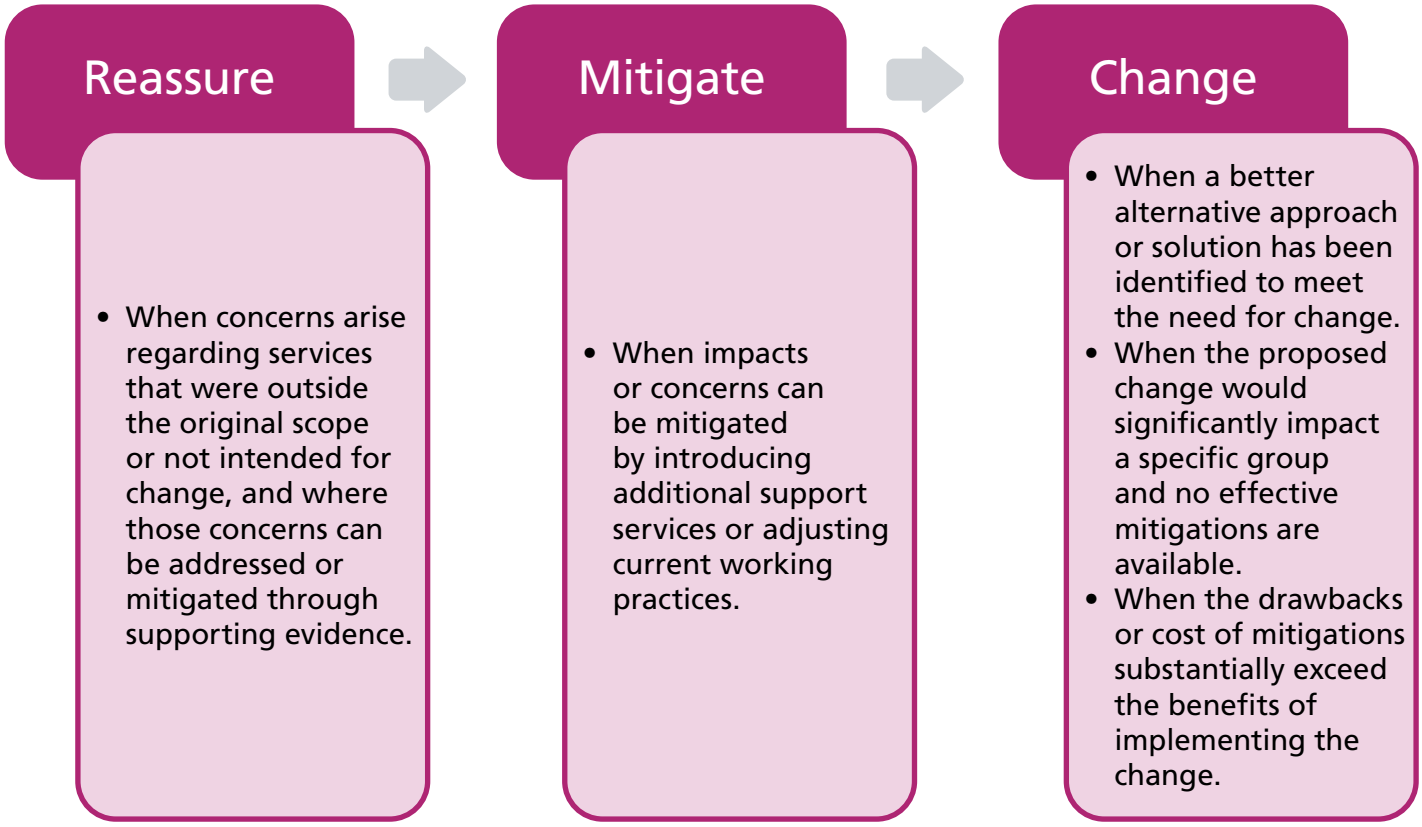
The main areas of concern and proposed mitigations raised through the consultation related to travel and access, though a broad range of other issues and concerns were also raised by participants in the consultation process.

All feedback has been independently analysed and reported on and carefully considered by clinical and managerial leaders across the ICBs, MWL and partner organisations.

4 How we are responding

A wide range of views and opinions on the proposal for change were gathered through consultation. Following analysis and reporting of feedback, the issues raised have been conscientiously considered by clinical and managerial teams in the ICBs, MWL and provider organisations and used to shape the recommended way forward contained within this DMBC. In reviewing feedback, the programme has sought to alleviate key concerns using evidence and outcomes of planning exercises, to mitigate against negative impacts wherever possible and to respond to alternative proposals and ideas that were put forward, making changes to the original proposals where it makes sense to do so.

The recommended way forward in this DMBC seeks to deliver the maximum benefits, whilst mitigating, wherever possible, the negative impacts that may arise as a result of the proposed change.



4.1 Approach to consideration of feedback

The purpose of the consultation was to gather views and feedback from a wide range of stakeholders on the proposals for UEC services across Southport, Formby and West Lancashire, as set out in the SCT programme. The goal was to support decision makers to better understand the potential impact of the proposed options, explore alternative approaches for addressing the challenges identified in the case for change, and consider any mitigations for possible negative consequences arising from the proposals.

To ensure that all feedback was carefully and conscientiously considered, independent analysis from the Centre for Health Communication Research of the responses was undertaken. This analysis identified the full breadth of issues, opportunities, challenges and concerns raised in relation to the proposed options. In addition, the EIIA highlighted any potential equalities impacts, ensuring that the views of patients, carers, staff and local communities were fully taken into account ahead of developing the DMBC.

The comments, ideas and feedback gathered through the consultation were reviewed by clinical and managerial leaders across the ICBs involved in the SCT programme, together with leaders from MWL and wider partner organisations. This iterative process of review, challenge and response underpins the recommendations presented within this DMBC.

In parallel, the programme team and system partners continued to refine plans for implementation.

This included reviewing and updating (where appropriate) the underlying assumptions, activity modelling, demand and capacity analyses, workforce modelling and financial implications. This work has been essential in providing more up-to-date and robust information on the anticipated impact of the proposed changes, ensuring that decision-makers are fully informed, and can be found in section 6.4.

4.1.1 Views on the proposal and key concerns

A wide range of views on the proposals for change were gathered through consultation. Some were about specific aspects of how the proposed changes might work, whilst others were about the proposal as a whole and how it might impact on individuals and/or groups within the population. Each issue or concern has been considered and grouped into three main categories to support clear and consistent analysis of the feedback raised through the consultation.

1. Reassure

- Where concerns have been raised by the public, staff and other stakeholders about services that were not in scope and/or not proposed to change.
- Where concerns can be alleviated, or lessened, with evidence of the anticipated impact (e.g., where the impact of a change is lower than expected or previously stated).

2. Mitigate

- Where impacts or concerns can be lessened through the addition of support services or by making a change to other existing ways of working.

3. Change

- Where an alternative approach or solution has been identified through engagement that could address the need for change in a better way.
- Where the proposed change has been identified as having a significant impact on a specific group or population cohort and where no suitable mitigations have been identified that would make the proposed change viable.
- Where the disbenefits and/or the mitigations that would be required significantly outweigh the benefits of making the change.

The descriptions are illustrative and responses to some issues raised straddle multiple categories, however, they have been used as a guide to identify how each issue raised has been conscientiously considered and responded to in coming to the recommendations within this (please refer to Appendices 1 and 2 for details).

4.1.2 Approach to alternative proposals

In addition to comments on the proposal itself, some respondents to the consultation put forward alternatives to the proposal that went out for consultation.

All suggested alternative proposals or solutions were reviewed through the same structured process. This check and challenge process ensured all suggestions were considered with appropriate rigour in developing this DMBC.

Each suggested alternative was first reviewed by the relevant workstreams to determine whether it replicated, or was only a minor variation of, options already assessed and discounted during the pre-consultation phase. A second stage of the process was in place to evaluate any completely new alternative proposals in more detail. However, this stage was not required, as all alternative proposals received were either iterations of options previously reviewed and discounted, or out of scope of the programme, and therefore did not constitute new alternatives needing further assessment. Figure 1 and Figure 2 below illustrates this process.

Within the consultation, we compared the differences between the Southport and Ormskirk options, in terms of service relocations, workforce implications, infrastructure development, timescales and costs. We heard from some consultees that this comparison should have included the relocation of maternity and neonatal services too. It is important to note that, at this phase of the SCT programme, maternity and neonatal services are outside the scope of this consultation. These services remain the subject of interconnected but separate regional and national reviews and service change programmes. Nonetheless, in carefully considering this feedback, we have evaluated whether including maternity and neonatal services in the comparison would significantly affect the balance of the options. Even if these services were included, the Southport option would only involve the movement of three additional services (rather than seven for the Ormskirk option), with corresponding implications for development, workforce, timescales and costs.

A regional service review programme is already underway for neonates with options for future reconfiguration in development, and a national and regional review is ongoing for maternity. Our evaluation of whether including maternity and neonatal services in the comparison would significantly affect the balance of the options in this consultation, as detailed above, does not pre-determine the outcome of the separate regional and national neonatal and maternity reviews. It has been undertaken solely to conscientiously consider the concerns raised through this consultation.

Additionally, we heard from some consultees that we did not set out the potential consequences for maternity and neonatal services in enough detail. We acknowledge and understand people's concerns and uncertainty about these services; however, we do not consider that any further meaningful detail could be provided at this stage. These services remain the subject of interconnected but separate regional and national reviews and service change programmes, which are ongoing and outside the scope of this consultation on urgent and emergency care. We have been clear about this throughout: the consultation document was explicit on changes to local urgent and emergency care and referred to the case for change and PCBC which included further details on the scope of this consultation, the separate maternity and neonatal reviews, and clinical co-dependencies. The relationship between these services was raised by a variety of people (including patients, general public, staff and elected members), from a range of places, and through various channels (responses to the consultation, public events and surveys). We are therefore satisfied that consultees had sufficient information to consider and respond to this consultation.

Figure 1 (Desktop review of alternative proposals (step one))

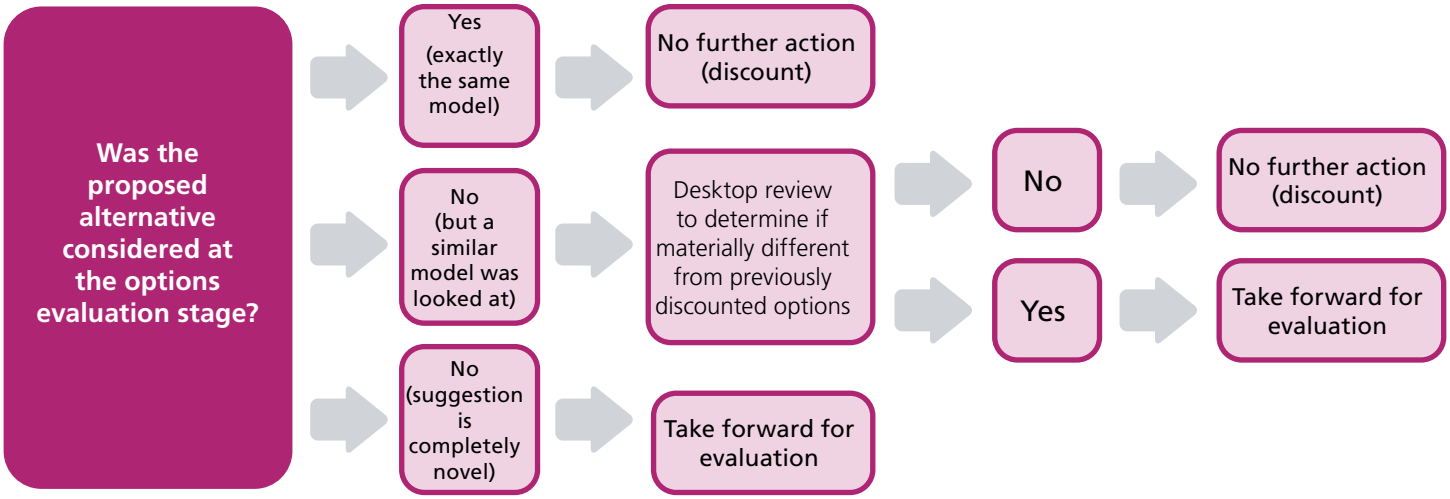
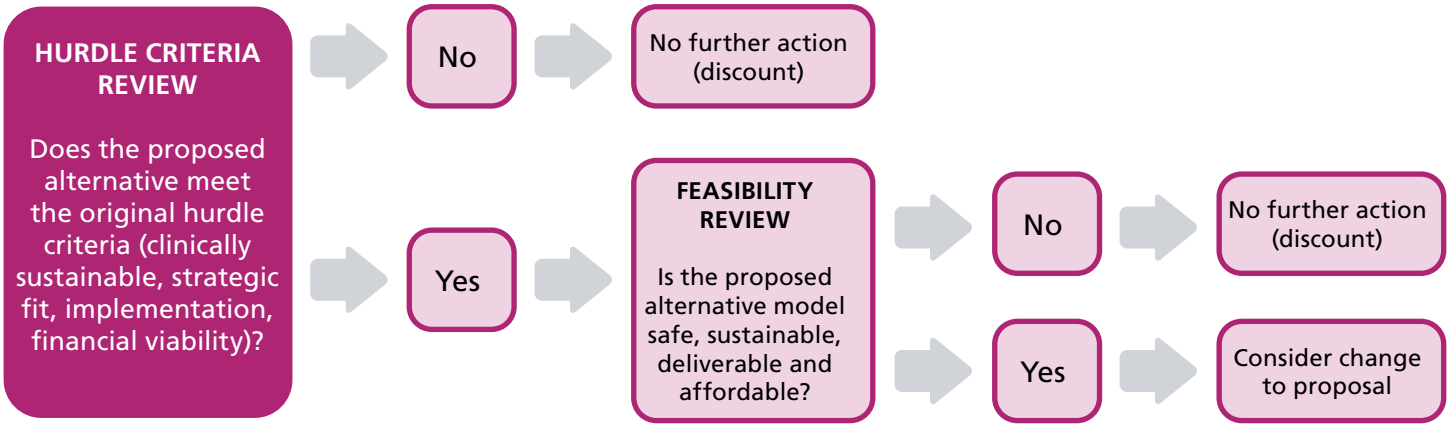


Figure 2 (Evaluation of alternative proposals (step two)



A detailed record of all the alternative suggestions that were reviewed and how they were evaluated is provided in Appendix 1 and the supporting You Said, We Did document found in Appendix 2.

4.2 Summary of responses

A wide range of issues and concerns were raised through consultation. These are set out in detail in the Consultation Feedback report and the responses categorised and logged within the You Said, We Did document (Appendix 2). Table 4 below summarises, at a very high level, the key areas that were raised and how these have been considered and responded to. These have been logged in detail in the supporting You Said, We Did document, which should be read alongside this summary.

An engagement log was also developed to log all responses to the programme during consultation. This can be found in Appendix 11.

4.2.1 You Said, We Did

Table 4

Theme	Feedback	Reassure	Mitigate	Change	Evidence
 **Travel, access and transport**	Views differ by location; Southport seen as accessible for locals, Ormskirk better for West Lancashire (WL) residents.	✓			Travel Advisory Group (TAG) supports those most in need. While the NHS cannot resolve longstanding travel and transport issues, TAG can escalate these to local authorities and transport providers and help improve urgent care accessibility through wider health initiatives.
	Skelmersdale/WL face long, indirect journeys, low car access, limited buses.	✓	✓		TAG supports those most in need. While the NHS cannot resolve longstanding travel and transport issues, TAG can escalate these to local authorities and transport providers and help improve urgent care accessibility through wider health initiatives. We are strengthening and reprocuring urgent care services so residents can access the right care close to home, reducing the need to travel.
	Longer journeys hit low-income, older, car-less groups hardest.	✓	✓		TAG supports those most in need. While the NHS cannot resolve longstanding travel and transport issues, TAG can escalate these to local authorities and transport providers and help improve urgent care accessibility through wider health initiatives. We are reducing health inequalities by taking prevention and targeted support directly into deprived communities, so people get the care they need close to home.
	Public suggests shuttles, better bus timings, clearer ambulance info.	✓			Shuttle bus services will be considered as part of TAG prior to any implementation.
 **Consultation process and trust**	Some fear decisions pre-set ('done deal').	✓			Process follows NHS guidance; inclusive engagement and scrutiny ensure fairness.
	Unclear impacts on maternity, paediatrics, wards and Ormskirk future.	✓			Paediatrics is included within the proposals. The scope and interdependencies were fully addressed in the consultation information. Whilst maternity and neonates' remains out of scope, the impact of maternity and neonates has been assessed and does not significantly change the overall benefits of the preferred option. Further detail is provided in Appendix 2.
 **Parking and on-site access**	Parking insufficient but not main decision factor.	✓			Both proposals include extra parking spaces; relevant guidance and compliance planned; Patient Participation Group involved.
	Car parks full/queues/congestion common.	✓			Capacity increases proposed; compliance and Patient Participation Group involved.
	Southport parking overflow causes long walks esp. vulnerable.	✓			266 added spaces planned; improvements under review.
	Ormskirk concerns on space limits, narrow roads.	✓			Access impacts to be assessed by TAG.
	Cost assumptions for car parks questioned.	✓			Costs based on comparable projects; provisional with risk allowances. Methodology applied consistently. Final costs will be known at implementation stage.
	Expect funded parking plan incl. disabled/drop-off.	✓			Providers must meet all regulatory parking requirements, and these are fully built into the Shaping Care Together programme.

Theme	Feedback	Reassure	Mitigate	Change	Evidence
 **Buildings, waiting environments and services designed around needs**	Southport A&E cramped; Ormskirk calmer but needs capacity.	✓			Access impacts to be assessed by TAG.
	Need larger, well-ventilated, well-lit waiting areas.	✓			Costs based on comparable projects; provisional with risk allowances. Methodology applied consistently. Final costs will be known at implementation stage.
	Separate adult/children areas to reduce inappropriate exposure.	✓			Providers must meet all regulatory parking requirements, and these are fully built into the Shaping Care Together programme.
	Quiet/low-stimuli zones needed for neurodiverse.	✓			Long-term plans include added capacity.
	Improved accessibility: handrails, wheelchair spaces, larger toilets.	✓			Specs require such improvements; Patient Participation Group (PPG)/ patient-led assessments of the care environment (PLACE) inform design.
	Better wayfinding requested.	✓			Specifications mandate separation; patient groups involved.
	Expect amenities for long waits (toilets, refreshments, charging ports).	✓			Regulations require such spaces; PPG/PLACE support.
	Need real-time information displays.				Specifications mandate; improvements guided by audits.
	Alternative use of buildings questioned.	✓			Wayfinding strategy active; upgrades ongoing.
 **Children's services and maternity**	Ormskirk Children A&E valued highly.	✓			Continuity assured; staff remain; quality maintained.
	Concern over paediatrics-neonatal-maternity interdependence.	✓			Paediatrics is included within the proposals.
	Skelmersdale parents face difficult journeys; longer to Southport worrying.	✓			**The scope and interdependencies were fully addressed in the consultation information.**
	Southport and Formby mixed views: some value Ormskirk but poor transport.	✓			**Whilst maternity and neonates' remains out of scope, the impact of maternity and neonates has been assessed and does not significantly change the overall benefits of the preferred option. Further detail is provided in Appendix 2.**
	Consultation lacks clarity on maternity/neonatal impacts.	✓			**Scope and interdependencies were fully addressed in the consultation information.** **Whilst maternity and neonates' remains out of scope, the impact of maternity and neonates has been assessed and does not significantly change the overall benefits of the preferred option. Further detail is provided in Appendix 2.**

Theme	Feedback	Reassure	Mitigate	Change	Evidence
 **Population, demand and equity**	Different age mixes; West Lancashire perceived as younger; Southport older.	✓			Activity for A&E services mostly from Southport and Formby; 70% children attending A&E could be treated elsewhere; flows vary. Commissioners are strengthening Urgent care services to ensure patient are seen and treated at the right place first time, aligned with national policy, public feedback, and the wider shift toward community based care.
	Housing growth may increase demand.	✓			Modelling includes all published housing plans; ED historical trends reviewed to understand correlation between housing development and increase in demand, data does not suggest significant impact, however there is likely impact on primary care and community services.
	West Lancashire population incl. students may equal Southport & Formby.	✓			Data accounts for student usage; University data confirms that enrolments decreased (2016 v 2023).
	Tourism increases urgent demand.	✓			Seasonal variations included in modelling.
	Expect testing against population patterns.	✓			Modelling uses market share, growth, housing. All published information used from councils.
 **Staff, training and workforce**	Staff fear that relocation will prompt significant resignations, particularly among experienced paediatric clinicians, creating risks for rota viability, skill mix and the ability to maintain a safe 24/7 children's emergency service.	✓			The Trust acknowledges concerns and confirms improved training, recruitment and workforce planning will support a sustainable 24/7 service, with staff fully involved during implementation.
	Paediatric staff are concerned that co-locating with adults will lead to frequent redeployment into adult areas during pressure, eroding paediatric expertise, identity and safety.	✓			National standards guarantee minimum paediatric staffing and safeguarding, and changes will be codesigned over several years to protect specialist skills.
	Staff describe unique operational risks: children exposed to unsafe or distressing adult behaviours, paediatric spaces being closed or understaffed during surges, and safeguarding challenges.	✓			Plans include fully separate paediatric spaces and entrances with mandated staffing and safeguarding standards to ensure safety.
	Staff report that Southport already struggles with adult emergency capacity. Adding paediatrics without major expansion is seen as unsafe and likely to increase corridor care, congestion and clinical risk.	✓			A small extension at Southport A&E is underway to ease pressure, with long-term plans to expand capacity across both sites.

Theme	Feedback	Reassure	Mitigate	Change	Evidence
	Unclear timelines are affecting morale, personal planning and retention. Some staff are considering leaving depending on the final decision and timing.	✓			A decision is expected in spring 2026, with ongoing updates and engagement to support staff.
	Staff report learning updates through media or rumours rather than internal channels, and feel insufficiently involved in modelling, pathway design and estates planning.	✓			Multiple internal channels and engagement forums are in place, with ongoing opportunities for staff input.
	Staff express strong concern that moving services - especially into an adult-dominated emergency environment - will erode the supportive, child-centred culture central to high-quality paediatric care.	✓			Co-location preserves separate paediatric areas and staffing, maintaining a child-centred culture.
	Staff fear being asked to work in adult areas during escalation without appropriate training, which they view as a clinical safety risk rather than a preference issue.	✓			Staff will not work outside their competence, and any changes to roles would undergo full consultation.
 **West Lancashire Borough council**	West Lancashire Borough Council (WLBC) suggest Ormskirk is better placed to serve deprived inland and rural communities with limited transport, while Southport mainly benefits coastal Sefton, which already has strong links. Ormskirk meets national standards by co-locating maternity, paediatrics, and acute services, unlike Southport, and its proximity to tertiary centres ensures faster emergency care. Consolidating services at Southport would weaken accountability for West Lancashire by moving governance outside its Integrated Care Board, whereas Ormskirk aligns with Lancashire's strategy and benefits from Edge Hill University's medical school for workforce development. Southport faces higher costs and significant backlog maintenance compared to Ormskirk's more modern, expandable estate.	✓			Data shows Southport ED serves a larger, more concentrated population with significantly higher attendances and ambulance demand compared to Ormskirk, which has fewer, more dispersed attendances and minimal ambulance activity. Paediatrics is included in the proposals, but maternity and neonatal services remain outside the scope of this consultation, impact assessed (see appendix 2 for detail). For major trauma and stroke, patients bypass both hospitals to tertiary centres, and obstetric emergencies continue to follow agreed pathways to the most appropriate MWL site. Operational modelling confirms that moving emergency care to Ormskirk would create significant impact, while Southport offers a more sustainable model with fewer impact/disruption. Both hospitals are part of MWL under Cheshire and Merseyside ICB, with Lancashire and South Cumbria as associate commissioners. MWL supports Edge Hill University training across all of its sites. A&E locations are based on clinical need, not proximity to the campus. Southport's revised capital cost is £33m following transparent correction at a public meeting, prior to consultation launch, and investment plans cover both sites to reduce backlog maintenance.

4.3 Summary of recommended way forward

4.3.1 Rationale for recommended way forward

The recommendations within this DMBC respond to the key issues raised during the public consultation on the proposed changes. This chapter summarises the recommended way forward, drawing on the feedback received alongside updated (where appropriate) clinical, operational, workforce and activity modelling, where applicable, and any relevant changes to national policy, regulatory requirements or clinical standards.

Throughout the consultation, respondents raised a wide range of questions and concerns; however, no substantial or deliverable alternative options were proposed that would meet the required clinical standards, address workforce sustainability challenges, or provide a safe, cost effective and resilient model of urgent and emergency care for the population. In line with DMBC and NHS service change guidance, each suggested alternative was first reviewed by the relevant workstreams to determine whether it replicated, or was only a minor variation of, options already assessed and discounted during the pre consultation phase. Additionally, all feedback was reviewed using the 'reassure, mitigate, change' framework outlined in section 4.1.

Given this, and considering the overall evidence base, the programme recommends proceeding with the preferred option: the co-location of A&E services at Southport and Formby District General Hospital. This option remains the strongest in terms of clinical safety, workforce sustainability, affordability, deliverability and least disruption, while also providing the most sustainable model of care for the future. It best meets national standards, resolves the core workforce and interdependency challenges, and provides a stable and resilient emergency care service for the local population.

While the preferred option remains unchanged, the DMBC sets out a series of reassurance and mitigations to address concerns raised by the public, staff and partners. These include partnership working with local authorities and combined health authorities regarding travel and access measures, enhanced community pathways, workforce support arrangements, and detailed transitional planning to ensure safe and phased implementation.

This section sets out the recommended way forward for the future configuration of A&E services, reflecting the outcomes of the public consultation, updated modelling and assurance requirements.

As described in the PCBC, two viable options were identified for the future location of collocated adult and children's A&E services:

- **Option 1:** Co-location of adult and children's A&E services 24/7 at Ormskirk District General Hospital
- **Option 2:** Co-location of adult and children's A&E services 24/7 at Southport and Formby District General Hospital (preferred option)

Both options were tested against the agreed criteria set out in the PCBC. The PCBC concluded that option 2 offered the strongest long term solution for clinical sustainability, cost effectiveness and operational resilience and was proposed as the preferred option.

4.3.2 Impact of public consultation on the recommended way forward

Feedback from the consultation demonstrated a wide range of views, including concerns about travel and access, community service provision and workforce continuity. However, no substantial or deliverable alternatives were proposed through consultation that would meet clinical standards, resolve the underpinning workforce challenges or improve on either of the two options previously appraised.

The consultation did not provide evidence that would change the ranking of the options or justify revisiting the longlist, shortlist or the original appraisal conclusions. In line with NHS service change guidance, the programme has reviewed all consultation feedback and updated modelling and has concluded that:

- Option 2 (Southport co-location) remains the most clinically robust, operationally sustainable and cost-effective model.
- It offers the best overall position for affordability, deliverability and least disruption, particularly when considering activity flows, workforce, estates feasibility and transitional requirements.
- No alternative proposal submitted through consultation met the criteria for viability or required development into a formal option.
- While maternity and neonatal services remain outside of scope of this consultation and are subject to separate regional and national review and change programmes, their potential impact has been assessed and does not significantly change the overall balance or benefits of the preferred option; further detail is provided in Appendix 2.

4.3.3 Confirmation of the recommended way forward

Taking account of all available evidence and feedback, the DMBC recommends proceeding with Option 2: co-location of adult and children's A&E services at Southport and Formby District General Hospital. This remains the option that best meets national standards, ensures safe interdependencies with specialist services, minimises workforce impact (staff movements from interdependent staff relocations) and provides the most cost effective, sustainable model for the future.

The detailed rationale and associated benefits are outlined in Section 8 of the DMBC.

5 Impact assessments

5.1 Integrated Impact Assessment (IIA)

An updated IIA has been completed for the DMBC to reflect the findings from public consultation, further clinical review, and additional due-diligence undertaken since publication of the PCBC.
The assessment continues to evaluate the two options for the SCT programme - co-location of adult and paediatric A&E services at either Ormskirk District General Hospital or Southport and Formby District General Hospital - and considers their relative impact on clinical outcomes, patient experience, travel and accessibility, workforce sustainability, equality and health inequalities, interdependencies, and wider system effects.

Option 1: Ormskirk District General Hospital co-location
Relocating adult A&E from Southport to Ormskirk remains associated with clinical benefits through consolidation of co-dependent services and improved workforce flexibility. The updated assessment confirms that these benefits continue to be relevant following consultation. However, consultation feedback highlighted persistent concerns regarding increased travel time and costs for Southport and Formby residents, particularly for deprived coastal communities and those reliant on public transport. Stakeholders also reiterated risks related to the Northwest Regional Spinal Injuries Centre and its long-established care pathways. The option continues to require significant capital investment and changes to estates configuration, with associated disruption to current service delivery.

Option 2: Southport and Formby District General Hospital co-location
Relocating paediatric A&E to Southport continues to offer potential benefits in terms of service consolidation, clinical sustainability, and operational efficiency. The updated impact assessment takes account of consultation feedback, which raised concerns from West Lancashire communities regarding the additional travel burden for young patients and their families. This disproportionately affects groups with protected characteristics, including younger children, single-parent households, and families with limited access to private transport recognising that a high proportion of this population currently using emergency services could be treated through use of other urgent care resources. The assessment also reaffirms the need for alignment with regional programmes, including maternity and neonatal workstreams, recognising their interdependencies with acute paediatrics.

Overall assessment
Both options maintain the shared aim of improving safety, clinical effectiveness, and patient experience through co-location of emergency care services. Although there is recognition that relocating seven interdependent services to support the Ormskirk option would have material impact on workforce, cost, clinical sustainability and deliverability. The updated IIA confirms that each option has distinct impacts on health equity, workforce sustainability, patient travel, and alignment with other providers and regional programmes. Consultation feedback has not introduced new factors that fundamentally change the underlying assessment but has helped refine the understanding of who is most affected by each option and where mitigations would be required.

The full updated IIA provided in Appendix 6.

5.2 Equalities and Inequalities Impact Assessment

An updated EIIA has been completed for the DMBC to reflect the findings from the public consultation, new insights public, and additional analysis undertaken since the PCBC.

The purpose of the updated EIIA is to ensure that due regard continues to be given to the potential impacts of the proposed reconfiguration on individuals with protected characteristics and on communities across Southport, Formby, and West Lancashire. The EIIA also informs decision-making by identifying where the proposed changes could exacerbate existing inequalities and where mitigations are required.

This reflects the iterative nature of the EIIA process, which continues throughout the service change programme.

The full updated EHIIA is provided in Appendix 7.

Introduction

The evidence indicates risk of disproportionate impact whichever option is chosen. Geography is the dominant driver of perceived impact and preference, and travel is the clearest mechanism through which unequal impacts are most likely to arise.

Key trade off signals reported in consultation evidence are summarised below.

- Travel impact signals. Southport, Formby and Maghull (short postcodes) 11.8 percent negative for the Southport option and 74.0 percent negative for the Ormskirk option. West Lancashire (Skelmersdale, Ormskirk and Northern parishes short postcodes) 85.8 percent negative for the Southport option and 3.8 percent negative for the Ormskirk option.
- Parking and drop off impact signals. Southport, Formby and Maghull (short postcodes) 24.3 percent negative for the Southport option and 45.3 percent negative for the Ormskirk option. West Lancashire (Skelmersdale, Ormskirk and Northern parishes short postcodes) 67.6 percent negative for the Southport option and 11.5 percent negative for the Ormskirk option.

Impacts are amplified for older people, disabled people, unpaid carers, families with young children, pregnant women, and low income households facing transport poverty. Patient experience feedback also highlights that unsuitable waiting environments, crowding, and inaccessible information can create avoidable harm for disabled people and children.

Due regard is best evidenced when the decision is taken alongside deliverable mitigations and a monitoring framework with clear escalation routes. The DMBC therefore records the following commitments during the implementation phase and in business-as-usual operation as well as the key reassurances and mitigations highlighted in the EIIA and associated appendices.

Main equality mechanism	Who is most at risk	Minimum commitment during implementation phase	Minimum monitoring and escalation trigger
Travel time, distance and cost	People furthest from the chosen site, amplified for older people, disabled people, carers, pregnant women, and low income households	Transport and access plan that is practical at night and weekends, includes accessible journey planning, and sets out simple routes for travel support where applicable	Monitor travel related feedback and reasonable adjustment requests by locality. Escalate where sustained deterioration or delayed presentation themes emerge
Parking, safe drop off and arrival routes	Disabled people, frail older people, pregnant women, carers, and families with children	Accessible parking and safe drop off design with step free routes to the correct entrance, on request assistance, and clear wayfinding	Monitor parking and arrival complaints and safety incidents. Escalate where sustained rises occur or where incidents indicate unsafe access
Waiting environment and separation for children	Children and families, disabled people including neurodiversity and learning disability, people with mental health needs, and frail older people	Minimum waiting environment standard including seating, toilets near waiting, quieter space and sensory considerations, and safe separation for children where feasible	Monitor PALS, complaints and incident themes including distress and safety in waiting. Escalate where did not wait themes rise or where safety incidents increase
Accessible information and reasonable adjustments	Disabled people including sensory impairments, people needing alternative formats, language needs, and digital exclusion	Accessible Information Standard compliant communications and signage, interpreter and BSL access, and a clear route to request and deliver reasonable adjustments	Monitor AIS compliance and complaints linked to communication barriers. Escalate where repeated failures are identified

Monitoring dashboard minimum set

Alongside the above, the programme is committed to maintaining a quarterly dashboard deep dives covering emergency activity and outcomes by locality and deprivation, arrival mode by locality and time of day, four hour performance and breach reasons, did not wait and left without being seen, paediatric escalation events, and patient experience themes linked to access barriers and reasonable adjustments of perceived impact and preference, and travel is the clearest mechanism through which unequal impacts are most likely to arise. The consultation feedback has helped refine the understanding of where mitigations should be focused and which patient groups are most affected.

Workforce and evidence gaps

Relocation and rota changes can have uneven impacts on women, carers, staff working less than full time, disabled staff requiring predictable adjustments, and lower paid staff reliant on public transport. The Programme commits to a workforce equality mobilisation plan during transition and to monitoring retention, sickness, and staff experience indicators linked to bullying, harassment and discrimination.

Representation limits apply for some groups in consultation responses, including under representation of disabled respondents and small bases for some ethnicity groups and trans respondents. Targeted follow up engagement and post implementation monitoring should be used to strengthen assurance and address evidence gaps.

Clinical quality

A single co-located emergency department model is presented in the quality and safety evidence as reducing reliance on mitigation and addressing workforce and interdependency risks that can contribute to service instability. From an equality perspective, reducing instability and fragmentation may disproportionately benefit groups with higher emergency care need or lower ability to absorb barriers. This potential benefit must be weighed alongside consultation evidence on differential travel and access impact, with proportionate mitigation, monitoring, and escalation built into implementation

Overall, the updated EIIA confirms that the evidence indicates there is a potential risk of disproportionate impact whichever option is chosen and that older people, disabled people, unpaid carers, families with young children, pregnant women, and low income households facing transport poverty are impacted across both options. Geography is the dominant driver of perceived impact and preference, and travel is the clearest mechanism through which unequal impacts are most likely to arise. The consultation feedback has helped refine the understanding of where mitigations should be focused and which patient groups are most affected.

5.3 Quality Impact Assessment (QIA)

The QIA was produced with the SCT Clinical UEC sub-group, which consists of clinical, operational and commissioning leads across MWL, NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB; as well as partner provider organisations. The assessment highlights the potential benefits of improved patient safety, clinical effectiveness, and patient experience, while also noting the risks associated with increased travel times for some patients. Mitigations include providing a shuttle bus service and optimising urgent care centres.

The QIA has been refreshed for the DMBC, building on the original assessment undertaken with the SCT Clinical UEC sub-group. This multidisciplinary group includes clinical, operational and commissioning leaders from MWL, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, and partner provider organisations. The refreshed QIA incorporates insights from the public consultation, recent clinical discussions, and further due-diligence undertaken during the development of the DMBC.

Overall, the refreshed QIA confirms that both options continue to offer quality benefits but with different operational risks and mitigation requirements. Consultation feedback has helped refine the understanding of where mitigations should be focused and which patient groups are most affected.

The full detailed QIA is provided in Appendix 8.

6 Economic and financial analysis

6.1 Introduction

As part of DMBC development, all underpinning data and assumptions from the PCBC have been fully revalidated, including the clinical modelling, capital requirements for estates reconfiguration, activity modelling, and workforce modelling described in Section 6 of the PCBC. This refresh incorporated updated activity data, workforce trajectories, capital cost assumptions, estates constraints and interdependencies, as well as the outputs of consultation and assurance processes. The revalidated models do not demonstrate any material deviation from the projections originally included in the PCBC. The comparative capital requirements for estates reconfiguration remain largely unchanged, with co-location at Ormskirk still requiring investment associated with 8,757m² of reconfigured estate versus 1,789m² at Southport; the clinical co-dependency analysis continues to show that seven services would need to relocate at Ormskirk compared with one at Southport; and workforce modelling confirms the same pattern of greater disruption, longer implementation timelines and reduced sustainability for the Ormskirk configuration.

Accordingly, the refreshed modelling strongly reaffirms the validity of the PCBC conclusions and provides assurance that the preferred option remains the only deliverable, affordable and sustainable solution for the system.

Section 6 of the PCBC clearly demonstrated that the substantial cost difference between the two options is driven primarily by the number of clinical co-dependent services that would need to be relocated to support a co-located ED. Applying the national Clinical Senate co-dependency guidance[5] and working through the programme clinical workstream, seven services would have to move to Ormskirk to ensure safe operation of a combined adult and paediatric ED, compared with only one service requiring relocation at Southport. This results in a total required estate footprint of 8,757m² at Ormskirk versus 1,789m² at Southport, leading to far higher construction and refurbishment costs, as well as significantly greater disruption to existing clinical services. These findings remain unchanged following review and consideration of consultation feedback and continue to underpin the relative deliverability and affordability of the preferred option.

[5] https://secsenate.nhs.uk/wp-content/uploads/2024/01/The-Clinical-Co-Dependencies-of-Acute-Hospital-Services-Final.pdf

6.2 Consideration of consultation feedback on financial and economic position

During the consultation, some respondents expressed concerns that the financial analysis in the documentation did not account for potential requirements for maternity and neonatal services. Although these services are formally outside the scope of the SCT programme and are being addressed through separate reviews nationally and by NHS England, our IIA in the PCBC acknowledges their interdependencies while recognising they remain out of scope.

This DMBC considers these issues to ensure transparency. As outlined in Appendix 2, within the consultation, we compared the differences between the Southport and Ormskirk options, in terms of service relocations, workforce implications, real estate development, timescales and costs. We heard from some consultees that this comparison should have included the relocation of maternity and neonatal services too. It is important to note that, at this phase of the Shaping Care Together programme maternity and neonatal services are outside of scope of this consultation. These services remain the subject of interconnected but separate regional and national reviews and service change programmes. Nonetheless, in carefully considering this feedback, we have evaluated whether including maternity and neonatal services in the comparison would significantly affect the balance of the options. Even if these services were included, the Southport option would only involve the movement of three additional services (rather than seven for the Ormskirk option), with corresponding implications for development, workforce, timescales and costs.

6.3 Summary

The DMBC confirms the PCBC conclusion that the financial difference between the two options is directly attributable to the scale of required service movements. Because seven clinical services would need to be relocated for the Ormskirk option, the associated estate reconfiguration and capital requirement rises to £91.3m, compared with £33.1m for the Southport option, where only one service must shift to achieve clinical co-location. This fundamental structural difference also affects deliverability timeframes and operational disruption. In contrast, the Southport option enables faster implementation, and preserves the operational stability needed to maintain safe care.

The refreshed modelling does not significantly alter the activity assumptions. Following a refresh, the workforce related revenue savings are approximately £1m and can be applied across both options.

The financial and economic evidence therefore confirms that co-location at Southport remains the only viable, affordable and sustainable option.

The financial and economic evidence therefore confirms that co-location at Southport remains the only viable, affordable and sustainable option.

6.4 Updated non-clinical modelling

6.4.1 Activity

The modelling has been refreshed using the most up-to-date data (2024/25 data). Further details regarding the activity modelling assumptions are provided in Appendix 9.

Table 5

Option 1 – Co-location at Ormskirk Breakdown			
	Ormskirk ED Adult	Ormskirk ED Paeds	Ormskirk ED Total
Yr 1	40,241	32,542	72,783
Yr 2	40,085	33,421	74,265
Yr 3	41,457	34,323	75,780

Table 6

Option 2 - Co-location at Southport Breakdown			
	Southport ED Adult	Southport ED Paeds	Southport ED Modelled
Yr 1	55,617	19,580	75,197
Yr 2	56,451	20,108	76,560
Yr 3	57,298	20,651	77,949

6.4.1.1 Impact to other providers

Using the refreshed data, the impact of the co-location options has been revised. The updated activity impact for Alder Hey, Royal Albert Edward Infirmary, Aintree, the Ormskirk UTC, and the Skelmersdale WIC is presented in Table 7 and Table 8 below.

Table 7

	2025/26	Impact	Impact (%)	Impact (No patients per day)
Alder Hey	**64,631**	**-1,305**	**-2%**	**-4**
Royal Albert Edward Infirmary	**4,936**	**2,430**	**49%***	**4**
Aintree	**97,388**	**7,795**	**8%***	**21**

* This impact can largely be attributed to the adult activity

Table 8 (Co-location at Southport)

	2025/26	Impact	Impact (%)	Impact (No patients per day)
Alder Hey	**64,631**	**803**	**1%**	**2**
Royal Albert Edward Infirmary	**4,936**	**90**	**2%**	**0.25**
Ormskirk UTC	**28,533**	**5,644**	**20%**	**15**
Skelmersdale WIC	**15,260**	**2,328**	**15%**	**6**

6.4.1.2 Ambulance service

The location of co-located services affects NWAS operations and the resources required to support patient transfers. The programme worked in collaboration with NWAS to assess the potential impact of future service configurations.

NWAS produced a detailed report using its bespoke modelling tool (Optima) to analyse the impact of co-location at Ormskirk and Southport. The findings were documented in Appendix 10 of the PCBC. The ambulance activity has not been refreshed as NWAS have confirmed this would not make a material change to the original NWAS modelling.

Option 1 (Ormskirk): This scenario is projected to have a significantly higher operational impact, with the greatest strain on vehicles from Southport station, followed by Formby and Preston. The combined effect on Cheshire and Merseyside North and South Lancashire resources is notably larger compared to the baseline.

Option 2 (Southport): This option shows a much smaller increase in operational impact, with minimal changes to travel requirements for South Lancashire vehicles.

6.4.2 Estates, finance and deliverability

6.4.2.1 Co-location at Ormskirk

The modelling has been refreshed using 2024/25. Based on this updated analysis, co-locating the ED with the associated co-dependent clinical services would still require a total of 8,757m² of clinical space to be constructed or refurbished. This continues to represent a significant impact on existing service delivery across the site, comprising 1,500m² for the adult ED and an additional 7,242m² to accommodate the relocation of the co-dependent services.

6.4.2.2 Co-location at Southport

The modelling has been updated using the latest activity data. Based on this refreshed analysis, co-locating the ED with the additional co-dependent clinical services would continue to require 1,789m² of clinical space to be constructed or refurbished. While still significant, this remains considerably lower than the Ormskirk option, resulting in reduced disruption to other clinical services.

6.4.2.3 Finance and deliverability

Following the recent refresh of activity modelling, it was confirmed that these updates did not require any changes to the proposed estates reconfiguration. Consequently, both the estimated costs and the deliverability of co-locating adult and paediatric A&E services at either site remain consistent with the assumptions set out in the PCBC. This outcome reinforces the robustness of the original planning approach, indicating that the updated modelling has had no material impact on the feasibility or financial projections for this element of the programme (Table 9).

Table 9

Description	Ormskirk District General Hospital ED Co-location (£'000)	Southport and Formby District General Hospital ED Co-location (£'000)
Refurbishment providing co-located ED services	£19,351	£16,203
Refurbishment for clinical co-dependency requirements	£62,731	£7,140
Additional Car Parking	£9,247	£9,792
Total Cost	**£91,329**	**£33,136***

* These numbers have been rounded to the nearest decimal point. Full breakdown of numbers can be found in Appendix 8 of the PCBC.

Southport Option

Expected completion of work

June 2029

Ormskirk Option

Expected completion of work

June 2031

6.4.3 Workforce

Following the recent refresh of workforce modelling, it was confirmed that the updated activity data did not require any changes to the proposed workforce configuration for the co-located adult and paediatric A&E services.

The medical workforce is organised into three tiers. Tier 3 consists of consultants, Tier 2 includes specialty doctors and senior trainee doctors, and Tier 1 comprises clinical fellows, physician associates, GPs with specialty training, foundation year two doctors, and advanced clinical practitioners. This team is responsible for overseeing the co-located emergency department that serves both adult and children's services.

For nursing, adult and paediatric structures have been modelled separately because of the distinct nature of their roles, although general management is incorporated within the adult emergency department structure. Both models are based on the principle of staffing aligned to activity levels, with seniority reflected in bandings. The most senior nurse is the Band 8A Matron, followed by qualified nurses at Bands 7, 6, and 5, and unqualified staff at Bands 4, 3, and 2.

The refreshed modelling confirms that the original workforce assumptions remain appropriate and aligned with the projected activity levels.

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

7 Governance and decision making

Programme management is coordinated through the Programme Delivery Group, which oversees all SCT workstreams - clinical, workforce, estates, finance, business intelligence, and communications and engagement. Supporting this structure are dedicated groups, including the Communications and Engagement Steering Group, the EPAG, the TAG, and the SCT Clinical UEC Sub-group, which provides clinical leadership and assurance. The Programme Delivery Group, along with its workstreams and supporting groups, reports to the SCT Programme Board. The Programme Board is accountable to the Joint Committee of NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside. System partners - MWL, NHS Cheshire and Merseyside ICB, and NHS Lancashire and South Cumbria ICB - are represented across these forums to ensure alignment with assurance requirements and compliance with statutory consultation duties.

This DMBC represents the culmination of two years of evidence gathering, assurance, and rigorous review of proposals to deliver a solution that addresses the agreed case for change and implements the clinical model.

Jan - Jul 2024

EARLY EVIDENCE

- develop the clinical vision and model
- clinical senate stage 1 review
- develop and publish the case for change
- NHS England stage 1 assurance check

Jul - Oct 2024

EARLY ENGAGEMENT

- extensive pre-consultation engagement with public, stakeholders and staff
- engagement report

Oct 2024 - Jan 2025

PRE-CONSULTATION EVIDENCE

- impact assessments - integrated, quality, travel
- options appraisal - full, long and short list
- PCBC development
- PCBC to Clinical Senate for review and Clinical Senate stage 2 review

Feb - Jul 2025

REVIEWING PRE-CONSULTATION EVIDENCE

- NHS England stage 2 assurance check
- development of consultation materials
- ICB Joint Committee approval and publication of the PCBC and consultation document

Jul - Oct 2025

CONSULTATION

- public and staff consultation

Oct 2025 - Mar 2026

POST-CONSULTATION EVIDENCE REVIEW

- review of feedback from consultation
- impact assessment update
- development of the DMBC

The consultation proposals were approved as part of the PCBC by the Joint Committee of NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside in July 2025.

In line with national NHS service change guidance, ICBs have a statutory responsibility to lead engagement and consultation on any proposed service changes within their local systems. The ICB act as the decision-making bodies for determining whether to proceed to public consultation on specific proposals. The decision to consult is confirmed in partnership with HOSCs; completed with Lancashire County Council in December 2024 and Sefton Council in January 2025.

For the SCT programme, the decision-makers are the Joint Committee of NHS Lancashire and South Cumbria and NHS Cheshire and Merseyside. Independent assurance of these proposals is provided by NHS England, which ensures that any proposed changes can be implemented safely, appropriately, and within the resources available.

8 Recommendations

The public consultation sought views on proposals to change how urgent and emergency care services are delivered across Southport and Formby District General Hospital and Ormskirk District General Hospital. Following pre-consultation engagement and options appraisal, the consultation focused on two possible options for bringing adult and children's A&E services together on a single site. This considered the clinical co-dependencies, workforce and estates challenges, deliverability and affordability, with the ICB's preferred option being the co-location of these services at Southport and Formby District General Hospital.

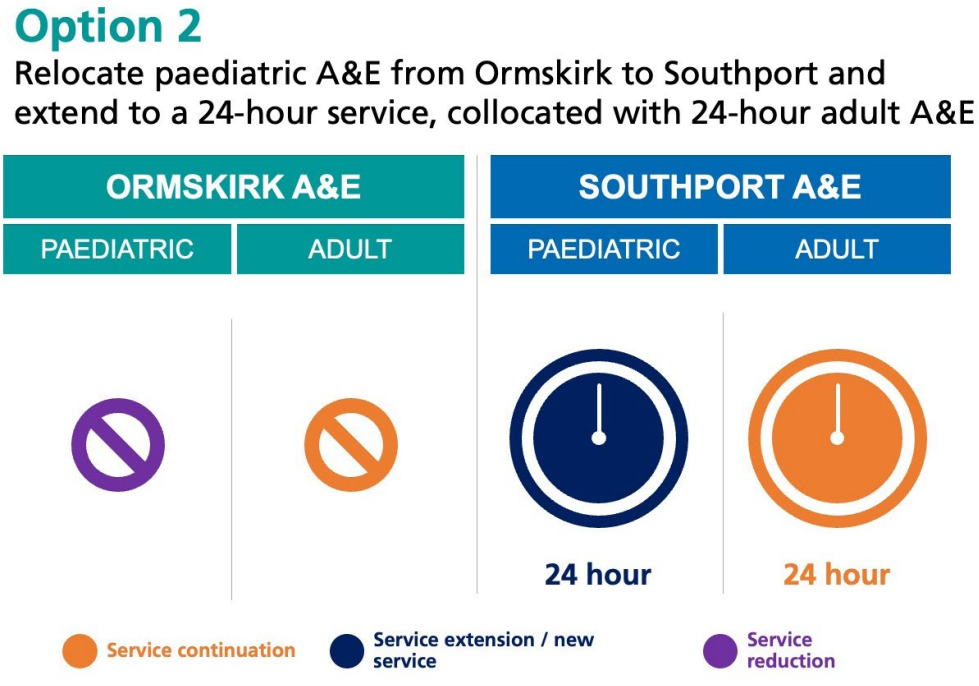
The aim of bringing adult and children's emergency services together on a single site is to create a safer, more resilient and clinically sustainable emergency care model for the future. By consolidating services, the programme seeks to ensure that people receive high-quality, consistently staffed and specialist-supported care.

This approach also enables the NHS to make best use of its buildings, workforce, funding and other resources, supporting a long-term model that is safe, efficient and capable of meeting current and future demand.

8.1 Recommended way forward

Fully considering the views and evidence provided during the public consultation, together with other relevant information such as changes to policy, regulations, equalities, clinical standards and refreshed activity and workforce modelling, the preferred option identified through the consultation is recommended as the way forward. This is set out in Figure 3 below.

Figure 3



8.2 Rationale

Following full consideration of the evidence gathered through the SCT UEC public consultation, alongside refreshed modelling and updated clinical and strategic information, the preferred option - co-location of adult and paediatric A&E services at Southport and Formby District General Hospital - is recommended as the way forward for the programme. This recommendation is supported by the following factors:

1. Strong alignment with pre consultation evidence and programme aims

The PCBC demonstrates that the preferred option best meets the programme's case for change, addressing longstanding issues of fragmented emergency care, workforce fragility and sustainability across Southport, Formby and West Lancashire.

The consultation materials also explain that current service pressures mean the status quo is not sustainable and that co-location supports safer, more resilient emergency pathways. The consultation did not provide any further evidence that significantly changed this position.

2. Workforce resilience and clinical safety

SCT has identified multiple fragile services linked to limited specialised workforce availability across the system. Consolidation improves access to a critical mass of staff and supports safe 24/7 cover for children requiring emergency intervention. The Southport co-location option aligns with national clinical standards for co dependencies required to deliver safe emergency care. The consultation materials set out the clinical co dependencies required for safe emergency care. If children's A&E were relocated to Southport, only one co dependent service - the paediatric inpatient unit - would need to move.

By contrast, if adult A&E were relocated to Ormskirk, seven co dependent services would be required to move: general medicine, critical care, elderly medicine, respiratory medicine, medical gastroenterology, pathology, and liaison psychiatry. This means the following:

- fewer services requiring new estate,
- reduced need to replicate diagnostics and critical care infrastructure,
- minimised internal reconfiguration,
- smaller workforce displacement.

This difference has major implications for capital cost, workforce movement, estates requirement and operational upheaval, and feedback from consultation did not significantly shift this.

Some consultees felt maternity and neonatal services should have been included, these are out of scope for this consultation and sit within separate regional and national reviews. In considering this feedback, we assessed whether including them would alter the balance of the proposals and confirmed it would not, as the Southport option would involve only three service moves compared with seven for the Ormskirk option. Further detail is set out in Appendix 2.

Population Health: modelling identified that co-location at Southport would provide overall greater access to emergency care for those who need it the most and are more likely to be admitted to an acute hospital ward.

3. Deliverability and reduced disruption

Co locating A&E at Southport could be delivered two years faster and with notably less disruption to existing services when compared to the Ormskirk option. This strengthens the case for recommending this option as the most feasible and operationally practical route to implementation.

4. Better value for money

Southport co-location is substantially more affordable, with the estimated capital cost of £33.1m compared with £91.3m for Ormskirk. As these high-level estimates have not changed and given the programme's need to maximise financial sustainability, this option still represents the best long term value.

5. No new consultation evidence requiring a change of course

The consultation feedback has been thoroughly considered and confirms that:

- no new viable options have emerged, and
- the existing rationale for the preferred option remains consistent with the consultation evidence base.

Whilst no new evidence was presented through the consultation that would require a change of course, we recognise the impact raised by people in West Lancashire regarding travel and access. These concerns have been fully considered, and the reassurances and/or mitigations we are putting in place are set out in Appendices 1 and 2.

8.3 Impact

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

Based on the updated modelling in section 6.4.1.1, the anticipated change in paediatric attendances is minimal. For Alder Hey, the projected impact is approximately an increase of 1-2 patients per day. An increase of around 1–2 patients per week is expected at Wigan. For Ormskirk UTC, the modelling indicates an increased shift, with an estimated 15 additional patients per day. Skelmersdale WIC is projected to see an increase of around 6 patients per day.

8.4 Benefits

The following outlines the clinical benefits of proceeding with the recommended way forward. These improvements will enhance patient care and service delivery across multiple areas:

- Having the workforce for round-the-clock emergency care for adults and children.
- Significantly less workforce to be impacted by relocation.
- Better anaesthetics cover for paediatric emergencies.
- Reducing ambulance transfers for children needing trauma and orthopaedics and general surgery.
- Better access to radiology services out of hours for all ages.
- Better management of emergency blood tests and transfusions for under-16s.
- Better ways of working for MWL pharmacy services.
- Reducing the impact on ambulance transport times.

The following outlines the operational benefits of proceeding with the recommended way forward. These improvements will strengthen MWL's ability to deliver efficient and effective services:

- Improved rota management.
- More opportunities for staff supervision, training, and workforce skills development.
- Better equipped to respond to critical situations and emergencies.
- Better access to a broad range of key specialist skills.

9 Implementation

Implementation of the recommended way forward will be led and managed by MWL, ensuring full engagement from key partners including ambulance services, ICBs, acute and community providers, primary care, neighbouring providers, the voluntary, community, and social enterprise sector, staff, patients and local communities.

Years one and two will focus on developing the detailed business cases to progress the recommended way forward. At a high level, the business cases will set out:

- The strategic case for change.
- The economic appraisal and confirmation of value for money.
- The commercial arrangements and procurement approach.
- The financial case, including capital and revenue implications.
- The management case, outlining delivery, governance, risk, assurance and benefits realisation plans.

Years three to five will focus on constructing and delivering the recommended way forward. This implementation phase will include the development of detailed clinical pathways, operational processes, workforce models, digital and estates plans, and supporting enablers to ensure safe, effective and sustainable service change.

Planning for implementation has been undertaken in parallel with public consultation, recognising that definitive implementation plans cannot be developed until after the outcome of the decision-making process is confirmed and it is clear which, if any, should be taken forward.

9.1 Delivery

Programme management support will be vital to the successful delivery of the proposed changes, which will include access to resource from key corporate services including estates, digital, information, human resources, communications and finance.

Key enablers to be reviewed are set out in Table 10 below. These will be adapted and amended as required, to ensure implementation is agile and responds to learning and constant review.

Table 10

Key Enablers	Key areas of focus
Clinical Governance	Standard Operating Procedures and policies (develop and embed); Alignment of pathways with other providers
Workforce	Staff engagement and consultation (if required); Rosters and work planning; Recruitment (if required)
Infrastructure	Estates planning, Facilities management, phased enabling works
Logistics	Equipment and supplies
Digital/IT	Digital/IT; Support services (e.g., diagnostics, theatres, clinical admin)
Transport	Ambulance (emergency 999) protocols; non-emergency transport, Mitigating non-statutory transport plan
Corporate support	Communications; Contracting; Finance; Procurement and Legal
Equalities	Equality risks and mitigations and monitoring and escalation triggers.

Definitive implementation plans cannot be developed until the decision making process is complete and it is confirmed which, if any, of the proposed changes will be taken forward. At this stage, only the high level sequencing and key enabling activities can be outlined. These will be refined once a final decision is made and detailed business cases are developed.

Throughout all phases, both A&Es will continue to operate according to their current hours (Southport A&E 24/7 and Ormskirk A&E from 08:00 to midnight), supported by robust clinical and operational plans to maintain safe emergency care during construction and service changes.

10 Glossary of terms and abbreviations

A&E	Accident and Emergency
BAME	Black Asian and minority ethnic
CQC	Care Quality Commission
DMBC	Decision-making business case
CVS	Community and Voluntary Sector
ED	Emergency Department
EIIA	Equalities and Inequalities Impact Assessment
EPAG	Engagement Process Advisory Group
HOSC	Health Overview and Scrutiny Committee
ICB	Integrated Care Board
ICU	Intensive Care Unit
IIA	Integrated Impact Assessment
IMD	Index of Multiple Deprivation
JHOSC	Joint Health Overview and Scrutiny Committee
MP	Member of Parliament
MWL	Mersey and West Lancashire Teaching Hospitals NHS Trust
NWAS	North West Ambulance Service NHS Trust
PCBC	Pre-consultation business case
PLACE	Patient-Led Assessments of the Care Environment
PPG	Patient Participation Group
QIA	Quality Impact Assessment
SCT	Shaping Care Together
SDEC	Same Day Emergency Care
TAG	Travel Advisory Group
UEC	Urgent and emergency care
UTC	Urgent Treatment Centre
WIC	Walk-in centre

11 Appendices

Appendix 1 – Consultation public suggestions and actions

Appendix 2 – You Said, We Did document

Appendix 3 – Equalities Groups Outreach

Appendix 4 – Community Outreach

Appendix 5 – Consultation marketing cause and effect document

Appendix 6 – Integrated Impact Assessment

Appendix 7– Equalities and Inequalities Impact Assessment

Appendix 8 – Quality Impact Assessment

Appendix 9 – Updated activity modelling assumptions (refreshed)

Appendix 10 – Centre for Health Communication Research consultation report

Appendix 11 – SCT Engagement Log

Appendix 12 – Pre-Consultation Business Case

Appendix 1 - Public alternative proposals, suggestions and mitigation

The following are suggestions and ideas put forward by respondents in written and verbal form. These are extracted from qualitative questions in the survey as well as public meetings, collaborative forums, focus groups, long-form written submissions.

Overall service configuration – Alternative proposals

Comment	Response
• Keep Ormskirk children's A&E open in its current form.	• This has already been considered as part of the SCT options appraisal and was discounted due to not meeting the hurdle criteria and was discounted by consensus – see PCBC page 47 Table 2
• Restore or create full adult A&E at Ormskirk, including rebuilding or expanding adult emergency facilities there.	• This option was one of the proposals put forward as part of consultation
• Have full adult and children's A&E on both sites (two site model) to share demand, reduce waits and improve access.	• This has already been considered as part of the SCT options appraisal and was discounted due to not meeting the hurdle criteria and was discounted by consensus – see PCBC page 47 Table 2
• Reinstate or extend children's A&E at Ormskirk to operate 24/7	• Co-locating a 24/7 adults and children's A&E at Ormskirk was one of the proposals put forward as part of consultation. • Reinstating 24/7 children's A&E only at Ormskirk was considered and discounted as part of the options appraisal process – see PCBC page 47 Table 2
• Expand the Ormskirk site by demolishing or redeveloping older, unused buildings and building a new A&E there.	• Ormskirk as a site has already been considered as part of the proposals put forward in the consultation. The proposal and associated costs are the most cost-effective solution to house A&E and clinical adjacencies
• Keep both hospitals open and renovate both, rather than closing or downgrading one to fund the other.	• This has already been considered as part of the SCT options appraisal and was discounted due to not meeting the hurdle

	criteria and was discounted by consensus – see PCBC page 47 Table 2
• Move everything to a completely new hospital on a large, more central site, for example a new build between Southport and Ormskirk or a new hospital in Formby, funded in part by selling existing land.	• New Build was considered as part of the SCT options appraisal and was discounted See Appendix 7 because: • Require substantial financial investment which cannot be secured at present. This option would require new hospital with currently no available funding and clinical co-dependencies would need to be duplicated for all three hospital sites with no funding or staff available. • Required significantly longer than 3-5 years as specified by the 'implementation' criterion. As this would require new build and internal reconfiguration, it would be expected this would take significantly longer to implement.
• Separate facilities for different groups, such as a dedicated elderly assessment unit, so minor falls and frailty issues do not block A&E beds.	We have carefully considered this feedback and can reassure that delivery of A&E services would incorporate national best practice e.g. GIRFT and SDEC standards to improve flow in hospital. Other initiatives to support this include utilisation of virtual ward and support Urgent Care Response (UCR).
• Skelmersdale residents call for A&E site due to population size.	• New Build was considered as part of the SCT options appraisal and was discounted See Appendix 7
• Create / expand urgent treatment centres (UTCs) or walk-in centres	• This was considered as part of the SCT options appraisal and was discounted See Appendix 7
• Address access issues through transport improvements rather than service relocation	• As this would fall under the BAU option, this has already been considered as part of the SCT options appraisal and was discounted due to not meeting the hurdle criteria and was discounted by consensus – see PCBC page 47 Table 2 • While the programme cannot resolve longstanding travel and transport issues, as these fall outside the remit of health, we

	have established a Travel Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services
• Keep both children's emergency care and maternity services at Ormskirk as linked services	• The Shaping Care Together consultation proposals are for urgent and emergency care. • It is important to note that, at this phase of the SCT programme, maternity and neonatal services are outside the scope of this consultation. These services remain the subject of interconnected but separate regional and national reviews and service change programmes. A regional service review programme is already underway for neonates with options for future reconfiguration in development, and a national and regional review is ongoing for maternity. We have been clear about this throughout the consultation material. The consultation document was explicit on changes to local urgent and emergency care and referred to in the case for change and PCBC, which included further details on the scope of this consultation, the separate maternity and neonatal reviews, and clinical co-dependencies.
• Co-location at Southport hospital should include the relocation of paediatrics, maternity and neonatal services	• The SCT clinical sub-group supporting the programme includes input from clinicians in paediatrics and neonatology. The options have considered the impact on workforce and the ability for neonatal and paediatric clinicians to provide separate rotas. This is strengthened by the closer working of clinicians across MWL neonatal units. • The impact of paediatrics is already included as part of the SCT proposals. • Within the consultation, we compared the differences between the Southport and Ormskirk options, in terms of service relocations, workforce implications, real estate development,

	timescales and costs. We heard from some consultees that this comparison should have included the relocation of maternity and neonatal services too, due to co-dependencies with emergency care. It is important to note that, at this phase of the Shaping Care Together programme, we are not taking a decision on maternity and neonatal services. These services remain the subject of interconnected but separate regional and national reviews and service change programmes, and outside the scope of this consultation. Nonetheless, in carefully considering this feedback, we have evaluated whether including maternity and neonatal services in the comparison would significantly affect the balance of the options. Even if these services were included, the Southport option would only involve the movement of three additional services (rather than seven for the Ormskirk option), with corresponding implications for development, workforce, timescales and costs. Therefore, we do not consider that doing so would significantly affect the comparison of the options, and the overall benefits of the Southport option. • A regional service review programme is already underway for neonates with options for future reconfiguration in development, and a national and regional review is ongoing for maternity. Our evaluation of whether including maternity and neonatal services in the comparison would significantly affect the balance of the options in this consultation, as detailed above, does not pre-determine the outcome of the separate regional and national neonatal and maternity reviews. It has been undertaken solely to conscientiously consider and address the concerns raised through this consultation.

	• We acknowledge and understand people's concerns and uncertainty about these services; however, we do not consider that any further meaningful detail could be provided at this stage. These services remain the subject of interconnected but separate regional and national reviews and service change programmes, which are ongoing and outside the scope of this consultation on urgent and emergency care. We have been clear about this throughout: the consultation document was explicit on changes to local urgent and emergency care and referred to the Case for Change and Pre-Consultation Business Case (PCBC) which included further details on the scope of this consultation, the separate maternity and neonatal reviews, and clinical co-dependencies. The relationship between these services was raised by a variety of people (including patients, general public, staff and elected members), from a range of places, and through various channels (responses to the consultation, public events and surveys). We are therefore satisfied that consultees had sufficient information to consider and respond to this consultation.
• If adult A&E were ever moved to Ormskirk, ensure it comes with ICU, operating theatres and adequate inpatient beds, not a standalone front door without critical care.	• This has been considered as part of the clinical co-dependencies required to move from Southport to Ormskirk and is part of the Ormskirk proposal put forward as part of consultation

Suggestions and mitigations

Transport, travel and parking

Comment	Response
• Improve bus services to both hospitals, including direct buses from Formby to Ormskirk, better bus links to Southport hospital, and more frequent and later running services.	• While the programme cannot resolve longstanding travel and transport issues, as these fall outside the remit of health, we have established a TAG. The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services. • The TAG brings together a wide range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust, local councils (Metropolitan/Borough/County), the North West Ambulance Service, Liverpool City Region Combined Authority, and Healthwatch. This ensures that recommendations are informed by local knowledge and practical experience. • We also recognise the importance of working closely with Local Authorities and transport providers to explore mitigations and improvements. While health services have a limited remit in transport matters, this collaborative approach helps us identify solutions that support safe, convenient, and equitable access for all communities, regardless of location.

• Introduce shuttle buses between Southport and Ormskirk hospitals, from rail stations to hospital entrances, and from off-site staff car parks.	• We welcome the suggestions for mitigating travel challenges, including shuttle buses between sites, enhanced evening and weekend bus services, clearer information on ambulance travel times, and closer collaboration with transport providers should services be consolidated. These proposals highlight the importance of ensuring access is as straightforward and equitable as possible for patients, staff, and visitors. • To address these considerations, we have established a dedicated Travel Advisory Group (TAG). This group brings together NHS organisations, local councils, transport authorities, and Healthwatch representatives to review travel analyses, consultation feedback, and provide practical recommendations. Potential solutions - such as a shuttle bus service - fall within the TAG's remit and will be actively explored. In addition, a shuttle bus service has already been identified within the Integrated Impact Assessment and Quality Impact Assessment included in the pre-consultation business case.
• Create dedicated hospital transport schemes, such as a 24 hour free hospital transport service when ambulances are not available, and community or volunteer transport for people who do not drive or have mobility problems.	• To make sure these concerns are explored, we have established a dedicated Travel Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services. • The TAG brings together a wide range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust, local councils (Metropolitan/Borough/County), the North West Ambulance Service, Liverpool City Region Combined

	Authority, and Healthwatch. This ensures that recommendations are informed by local knowledge and practical experience.
• Improve road infrastructure, including better, faster and safer roads to Ormskirk and significant upgrades to the local highway network (for example, a dual carriageway across the moss between Formby and Ormskirk).	• To make sure these concerns are considered, we have established a dedicated Travel Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services. • The TAG brings together a wide range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust, local councils (Metropolitan/Borough/County), the North West Ambulance Service, Liverpool City Region Combined Authority, and Healthwatch. This ensures that recommendations are informed by local knowledge and practical experience.
• A number of concerns in relation to car parking provision	• Parking is an important practical consideration for patients, visitors, and staff. While it may not be the primary factor influencing decisions, it remains a key area of focus. • We have carefully noted all feedback on parking as part of this consultation. Some of the specific actions people have suggested can only be fully developed during the implementation stage, and we will use this feedback to shape that work. Mersey and West Lancashire Teaching Hospitals NHS Trust will also ensure that any changes align with the latest NHS guidance, Health Technical Memorandum 07-03 (updated March 2022), to support fair and accessible parking arrangements.

	• In addition, any improvements will be discussed with patient and public participation through the MWL Patient Participation Group (PPG) as part of the implementation stage.
• Build more parking at both sites, especially if activity is concentrated on one hospital.	• As part of the proposals, the Southport option includes an additional 266 car parking spaces, and the Ormskirk option includes an additional 200 spaces. Further details on current provision and potential improvements are outlined in the pre-consultation business case (section 6.2.3) and the consultation document (pages 25–26).
• Construct multistorey car parks, suggested for Southport and also for Ormskirk.	• Both proposals include provision for additional car parking capacity through construction of a multistorey car park. The Southport option includes an additional 266 car parking spaces, and the Ormskirk option includes an additional 200 spaces. Further details on current provision and potential improvements are outlined in the pre-consultation business case (section 6.2.3) and the consultation document (pages 25–26).
• Increase disabled parking and involve disabled people in deciding the best locations for bays.	• In terms of car parking the building regulations for planning approval on the overall scheme would require the Trust to have a robust and viable car parking expansion plan to meet the anticipated additional demands on this service. Compliance with building regulations, Health care building notes, DDA and Health technical memorandums would dictate the provision of adequate drop off zones, accessible parking, lighting and special requirements.
• Provide dedicated parking for staff, including safe off site staff parking with shuttle transport.	• To make sure these concerns are reviewed and considered appropriately, we have established a dedicated Travel

	Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel and transport and to explore what strategies or investments might be required to improve patient and staff access to key services. • Parking is an important practical consideration for patients, visitors, and staff. While it may not be the primary factor influencing decisions, it remains a key area of focus.
• Designate short stay and drop off bays close to A&E and outpatient entrances, with clear signage and covered drop off zones for bad weather.	• In terms of car parking the building regulations for planning approval on the overall scheme would require the Trust to have a robust and viable car parking expansion plan to meet the anticipated additional demands on this service. Compliance with building regulations, Health care building notes, DDA and Health technical memorandums would dictate the provision of adequate drop off zones, accessible parking, lighting and special requirements. • Mersey and West Lancashire Teaching Hospitals NHS Trust will ensure that any changes comply with the latest guidance, Health Technical Memorandum 07-03: NHS Car Parking Management (updated March 2022), to support fair and accessible parking arrangements.
• Reduce parking charges, extend grace periods before payment is needed and install more pay stations.	• We recognise the cost burden of car parking charges, and car parking charges across the Trust are regularly reviewed to keep them as low as possible.
• Consider park and ride options from nearby supermarket or off site car parks for patients and visitors.	• To make sure these concerns are reviewed and considered appropriately, we have established a dedicated Travel Advisory Group (TAG). The purpose of the group is to identify potential risks, opportunities, and solutions in relation to travel

	and transport and to explore what strategies or investments might be required to improve patient and staff access to key services. • The TAG brings together a wide range of expertise, including representatives from the programme team, NHS Cheshire and Merseyside ICB, NHS Lancashire and South Cumbria ICB, Mersey and West Lancashire Teaching Hospitals NHS Trust, local councils (Metropolitan/Borough/County), the North West Ambulance Service, Liverpool City Region Combined Authority, and Healthwatch. This ensures that recommendations are informed by local knowledge and practical experience. • In addition, any improvements will be discussed with patient and public participation through the MWL Patient Participation Group (PPG) as part of the implementation stage.
• Clearer directional signage and navigation at sites.	• We acknowledge the request for better wayfinding, including clearer signage to A&E, site maps with colour-coded zones, and clearly marked drop-off bays close to entrances. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust has already addressed this issue and implemented improvements across sites within the last 12 months, although further work continues as part of the Trust Wayfinding Strategy. This strategy ensures that signage, maps, and navigation aids are consistent, accessible, and user-friendly. • Our improvement plan is informed by a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Future developments will take all necessary information into consideration to ensure safe and easy navigation for patients and visitors.

	• To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities.

A&E environment, waiting areas, estates and facilities

Comment	Response
• Increase the overall footprint of A&E, particularly at Southport, to reduce corridor care and overcrowding.	• This has been considered as part of the proposals that have been put forward as part of the consultation
• Provide larger waiting rooms with more seating, including different seat heights and arms for older or less mobile people.	• We acknowledge the feedback regarding the need for larger, better-designed waiting areas with sufficient seating, improved ventilation, and natural light. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust's improvement plan is based on a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Any future plans and developments will take all necessary information into consideration to ensure safe, comfortable, and accessible environments for patients and visitors. • To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities.
• Create overflow areas or adjoining rooms that can be opened at busy times.	• We have carefully noted all feedback as part of this consultation. Some of the specific actions people have suggested can only be fully developed during the implementation stage, and we will use this feedback to shape that work. Mersey and West Lancashire Teaching Hospitals NHS Trust will also ensure that any changes align with the latest NHS guidance.
• Separate children and adults more clearly in waiting and treatment areas, including fully separate child friendly spaces.	• This has already been considered as part of the proposals put forward in the consultation

• Provide quiet rooms and calmer spaces for people with mental health problems, autism or learning disabilities, and for very vulnerable patients.	• We recognise the importance of providing quiet or low-stimulus areas for people with autism, learning disabilities, or mental health needs. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust's improvement plan is informed by a comprehensive risk analysis (including condition surveys) and strict compliance with current building regulations. Any future plans and developments will take all necessary information into consideration to ensure safe, appropriate, and welcoming environments for neurodiverse patients and those with additional needs. • To support this, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities.
• Provide more comfortable, hygienic seating that people can tolerate for long waits.	• We acknowledge the feedback. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust's improvement plan is based on a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Any future plans and developments will take all necessary information into consideration to ensure safe, comfortable, and accessible environments for patients and visitors. • To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition,

	Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities.
• Improve toilet facilities, including stoma friendly toilets and reliable access to emergency stoma supplies.	• We acknowledge the feedback. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust's improvement plan is based on a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Any future plans and developments will take all necessary information into consideration to ensure safe, comfortable, and accessible environments for patients and visitors. • To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities
• Improve refreshment facilities such as water dispensers, affordable vending that takes cards as well as cash, and better on site café or restaurant options with 24/7 access to drinks and snacks.	• We acknowledge the feedback. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • Appropriate water amenities are available in line with infection control guidance, and toilets are located within waiting rooms. Refreshment options include a refreshment dispenser in the Southport waiting room, and 24/7 vending machines in the entrance of the restaurant at Ormskirk. We will review the suitability and activity of these provisions to ensure they remain demand-driven. • Our improvement plan is informed by a comprehensive risk analysis (including condition surveys) and compliance with

	current building regulations. To ensure these enhancements reflect patient priorities, we maintain strong patient and public representation through the Patient Participation Group (PPG), have established close links with Healthwatch, and utilise Trust-trained volunteers to carry out patient-led assessments of the care environment (PLACE).
• Consider outdoor or garden style waiting spaces where practical, to make long waits more tolerable.	• We have carefully considered the suggestion for outdoor or garden-style waiting spaces. When a decision is made on the recommended way forward, this will be taken into the next stage of detailed design and implementation planning, where practical options can be explored fully as part of developing the final detailed design.
• Provide continuous updates on waiting times, for example via display boards or screens.	• We will share these points with our system UEC groups for their review and consideration as part of potential future implementation
• Improve signage and maps, including clearer colour coded zones and more detailed site maps.	• We acknowledge the recurring request for better wayfinding, including clearer signage to A&E, site maps with colour-coded zones, and clearly marked drop-off bays close to entrances. NHS building specifications mandate that these requirements must be incorporated into any future modifications. • The Trust has already addressed this issue and implemented improvements across sites within the last 12 months, although further work continues as part of the Trust Wayfinding Strategy. This strategy ensures that signage, maps, and navigation aids are consistent, accessible, and user-friendly. • Our improvement plan is informed by a comprehensive risk analysis (including condition surveys) and compliance with current building regulations. Future developments will take all

	necessary information into consideration to ensure safe and easy navigation for patients and visitors. • To support this process, we maintain strong patient and public representation through the Patient Participation Group (PPG) and have established close links with Healthwatch. In addition, Trust-trained volunteers carry out patient-led assessments of the care environment (PLACE), ensuring that improvements reflect real patient experience and priorities.
• Ensure security staff presence in adult A&E to protect vulnerable patients from aggression or antisocial behaviour.	• Nationally, it is recognised that staff in emergency departments are being exposed to aggression, antisocial behaviours and violence. MWL has a zero-tolerance approach and will request police presence where staff are unable to de-escalate a situation. Vulnerable patients should be safeguarded by ensuring staff follow relevant processes, and where patients have specific needs and pose a risk to themselves or others, we utilise a service who provide specifically trained staff to safeguard the individual to ensure they do not harm themselves or others.
• Carry out a structural survey and feasibility study on the old PCT HQ and other recently acquired Ormskirk buildings.	• A high-level feasibility study has already been undertaken as part of the options appraisal. This confirmed that the Southport option is the most cost-effective solution for accommodating A&E and the required clinical adjacencies. Appendix 8 of the PCBC sets out opportunities for both new build and refurbishment across the Ormskirk site, along with information associated linked to the preferred option. • A high-level review of the previously provided data on service adjacencies within the Shaping Care Together proposals indicates that current timescales and spatial requirements remain representative at this stage of the RIBA process. These may be refined as the project progresses, but if the

	service scope remains comparable, associated timescales and cost estimates are expected to remain broadly consistent.
• Use refurbished buildings to house departments that would otherwise need new build.	• We have undertaken a high-level feasibility study as part of the options appraisal process. This work demonstrated that the Southport option offers the most cost-effective solution to accommodate A&E and the required clinical adjacencies. Appendix 8 of the PCBC outlines the opportunities for both new build and refurbishment across the Ormskirk site, as well as information associated with the preferred option.
• Share the detailed specification given to builders, the total interior space of the reclaimed Ormskirk buildings and full audits of costs for both the Southport and Ormskirk options.	• At this stage in the process, we are not able to provide detailed building specifications, full interior space plans for the Ormskirk buildings, or final costed comparisons for the options. This is because the purpose of the public consultation and the Decision-Making Business Case (DMBC) is to gather views, assess the options, and support an informed decision about the way forward — not to move into detailed design or procurement. • If a preferred option is approved after the consultation and decision-making process, we would then begin the next phase of work. This includes carrying out full surveys, developing technical designs, and obtaining detailed costings through the appropriate procurement routes. All of this would take place during the implementation stage, once a formal decision has been made. At that point, more detailed information would be made available
• Provide comprehensive interior photographs of empty buildings on the website.	• This has been provided within the FAQs on the SCT website

Community, primary care and urgent care services

Comment	Response
• Create new urgent treatment centres, for example a centre for children and one for adults in Maghull with x ray on site, and another in the Southport area.	• Improving urgent care remains a priority across Sefton and is being taken forward through the Programme Board and wider UEC improvement groups. However, creating new urgent treatment centres - such as separate children's and adult centres in Maghull, or a new centre in Southport - would require commissioning entirely new services, which is outside the scope of this programme. • These suggestions will be passed to the ICB through the "You Said, We Did" process for consideration alongside the wider urgent and emergency care programme.
• Develop walk in or minor injuries centres in Maghull and Ormskirk, co located with GP and primary care network staff.	• Developing new walk-in or minor injuries centres in Maghull or Ormskirk, co-located with GP or Primary Care Network teams, would require the commissioning of entirely new services. As these are not currently commissioned, they fall outside the scope of this programme. • These ideas will be shared with the ICB through the "You Said, We Did" process and can be considered separately through the wider urgent and emergency care programme. •
• Open walk in centres in Formby, Ainsdale and central Southport, ideally with extended or 24-hours opening where possible.	• Opening new walk-in centres in Formby, Ainsdale or central Southport — including extended or 24-hour services — would require the commissioning of wholly new services, which is outside the scope of this programme. • These suggestions will be shared with the ICB through the "You Said, We Did" process and can be considered separately as part of the wider urgent and emergency care programme.

• Develop better local health centres using empty buildings in Formby, with x-ray and blood tests available so fewer people need to attend A&E.	• Creating new local health centres in Formby with services such as x-ray and blood tests would require commissioning entirely new provision, which is outside the scope of this programme. • These suggestions will be shared with the ICB through the "You Said, We Did" process and can be considered separately through the wider urgent and emergency care programme.
• Improve GP access, including more face to face appointments, better out of hours provision and fewer telephone only consultations, to reduce unnecessary A&E use.	• Improving GP access, including increasing face-to-face appointments, strengthening out-of-hours provision and reducing reliance on telephone-only consultations, sits within the remit of the Primary Care Strategy. While this programme does not directly lead this work, we can provide assurance that these elements are being actively progressed through primary care and GP partners.
• Increase mental health and social care capacity so patients can be discharged sooner, and vulnerable people can be treated in more suitable settings rather than in general A&E.	• Increasing mental health and social care capacity to support earlier discharge and ensure vulnerable people are cared for in more appropriate settings is part of the wider system Urgent and Emergency Care (UEC) programme. This work is already being progressed as a core system priority and continues irrespective of the SCT programme. It is therefore considered a key system enabler and forms part of business-as-usual delivery. • Feedback will be provided to the groups as part of consultation
• Introduce outreach or street based services for weekend night time issues (for example, nightlife related problems), so not everything goes through main A&E.	• The review of outreach or street-based services to support weekend night-time issues, including those associated with the night-time economy, sits within the wider system Urgent

	and Emergency Care (UEC) programme. This work is being progressed as part of ongoing system responsibilities and continues irrespective of the SCT programme. It is therefore considered a key system enabler and forms part of business-as-usual activity. • Feedback will be provided to the groups as part of consultation

Staffing, training and workforce

Comment	Response
• Increase staffing levels in A&E and on wards, particularly more senior decision makers and experienced doctors.	• Increasing senior staffing in A&E and on wards is consistent with the Shaping Care Together PCBC, which highlights workforce, safety and sustainability pressures in the current configuration. Co-locating key urgent and emergency services on a single, better-staffed site strengthens senior decision-making, improves initial assessment and streaming, and enables faster access to diagnostics and specialist in-reach. This supports safer care, reduces delays, and improves patient flow - all core aims of the SCT UEC case for change • MWL continuously review ward function to ensure they have appropriate staffing levels and capacity for the bed base and will continue to do so.
• Increase triage staff so people are assessed and streamed faster.	• Increasing triage staff will help ensure patients are assessed and streamed more quickly. MWL already use a flexible triage model, aligned to Royal College guidance and best practice, which allows to draw on different skill sets to maintain safe triage activity and meet performance standards. This flexibility means we can adapt staffing to demand in real time, ensuring patients are seen, prioritised and treated as quickly and safely as possible.
• Strengthen out of hours medical cover, including more out of hours doctors to reduce pressure on emergency departments.	• Strengthening out-of-hours medical cover is already a core element of the wider system urgent and emergency care (UEC) programmes. This work is progressing regardless of Shaping Care Together, as it is a key enabler and part of business-as-usual improvements across the system. Your feedback on the need for more out-of-hours doctors and

	reduced pressure on emergency departments will be fed back to these programme groups to support ongoing delivery. This is also one of the key benefits of the clinical model.
• Improve recruitment and training offers, for example better training and development opportunities locally and financial support or grants for professional training.	• In MWL, ongoing collaboration with higher learning institutions continues to strengthen the local health workforce. This includes a growing number of training programmes delivered in partnership with Edge Hill University, supporting a wide range of allied health professionals, nurses, and, more recently, medical students
• Reduce reliance on less qualified roles such as physician associates in place of doctors, and ensure appropriate pay and scope of practice.	• MWL complies with national guidance and contractual terms and conditions relating to rates of pay and scope of practice. We celebrate a diverse workforce and skill-mix aiming to meet the needs of our patients
• Support staff safety with clear protocols, a visible security presence and safe working arrangements, including protection from violence and aggression in A&E.	• We recognise the importance of supporting staff safety and understand the feedback regarding clear protocols, visible security presence and safe working arrangements, particularly in areas such as A&E where the risk of violence and aggression can be higher. • At MWL, we continue to take this seriously and are actively working within our organisational policies and wider NHS guidance on violence prevention, security and safe staffing. This includes reviewing current arrangements, listening to staff experiences, and ensuring that the measures in place are practical, consistent and aligned with best practice. • We remain committed to strengthening how we protect colleagues and creating an environment where staff feel safe, supported and confident in the systems around them.
• Consult staff on practical changes (for example, design of waiting areas and car parks) before finalising plans.	• We recognise the importance of ensuring staff are consulted on practical changes to the environment, including the design of waiting areas, car parks and other facilities. Staff insight is

	essential in shaping spaces that are safe, functional and supportive of both patient care and operational flow. • We welcome MWL's ongoing work to strengthen staff engagement in these processes and encourage continued use of structured mechanisms to gather views before plans are finalised. This includes drawing on the experience of teams working directly in the areas affected and ensuring proposals align with relevant policy and guidance. • Maintaining a strong approach to staff involvement will help ensure that changes to the estate are well-informed, workable and reflective of the needs of those who use the environment every day.

Clinical processes, capacity and demand management

Comment	Response
• Improve triage and streaming, including faster initial triage and streaming lower acuity cases to urgent treatment centres or GP led services on site.	• We have a flexible triage model aligned to Royal College guidance and best practice which enables us to utilise different skill sets to maintain triage activity and performance targets. This flexible approach ensures that staffing is flexed to meet demand appropriately and patients and seen and treated as quickly and safely as possible. • Options to stream to a UTC or GP are not currently available, although this is being considered in the wider UEC improvement programme
• Consider phone triage or timed call backs to reduce crowding in waiting rooms.	• NHS111 should be the first point of call for anyone with an urgent healthcare need so that people are directed to the most appropriate resource rather than attending an emergency department. NHS111 provide phone triage and called backs.
• Increase inpatient bed capacity, especially medical assessment unit beds, so patients are not left on trolleys in corridors and ambulances can hand over quickly.	• Patient flow is considered within the wider UEC improvement programme and considers all elements of the patient pathway to streamline processes for medical assessment, reduce time away from home and support discharge once medically fit.
• Reduce inappropriate A&E attendance through public information and campaigns about what A&E is for, and better signposting to walk in centres, GPs and pharmacy.	• This is a key element of our communications strategy
• Plan capacity, staffing and estate explicitly around demographic change, including population growth, new housing and an ageing population.	• This is referenced within the PCBC and will be considered as we develop our future business case.

Information, engagement and planning

Comment	Response
• Provide clear, firm plans rather than vague ‘could look like this’ language, especially for promised improvements to A&E and estates.	• We recognise the feedback about the need for clear and firm plans, particularly in relation to A&E and wider estates improvements. At this stage, the proposals remain high-level because we are currently at the Decision-Making Business Case (DMBC) stage. The purpose of the DMBC is to bring together consultation findings, updated analysis and the full evidence base so that decision-makers can consider the recommended way forward in an open and balanced manner. It does not assume that a final decision has already been made. • Producing detailed architectural designs, costed schemes or final layouts before a decision is taken would risk pre-determination and could lead to significant investment in plans that may not ultimately be adopted. National guidance therefore sets out that detailed design, operational modelling and full estates development take place only after a formal decision is reached, during the subsequent implementation and Full Business Case stages. • Maintaining proposals at a high level at this point ensures that all options remain capable of fair consideration, with proportionate information provided to support an objective and transparent decision. Should a recommended way forward be agreed, a structured programme of detailed design work will then be developed, informed by clinical, operational, staff and service-user input.

• Share detailed layouts of new car parks and waiting areas, along with capacity numbers and how different patient groups will be catered for.	• Car parking proposals were presented in the PCBC, with Appendix 8 showing the proposed layouts, footprint and modelling, and Section 6 setting out the relevant capacity information. The proposed Emergency Department footprints are also included. • Both the PCBC and DMBC are high-level stages. The PCBC provides the information needed for consultation rather than detailed designs, and the DMBC updates this so decision makers can consider the recommended way forward without pre-determination. National guidance confirms that detailed design is developed in subsequent business cases. • For this reason, specific internal layouts for waiting areas are not included at this stage apart from the core principle of separate entrances and waiting areas for Children's and Adult EDs. Detailed layouts and accessibility features will be developed through post-decision design work and the Full Business Case process.
• Undertake and publish a full assessment of future demand, management and staffing models, and share the findings openly.	• We recognise the importance of assessing future demand, management arrangements and staffing models when planning for the long term. This work has already been undertaken and is set out in the PCBC. Section 6, together with its associated appendices, contains the detailed modelling, activity projections and underlying assumptions that informed the proposals. • Because this material is technical, it was included in the full PCBC rather than the shorter public-facing consultation document, and reference to the PCBC for further detail was linked in the consultation document. This ensured the information remained accessible for those who needed the

	detailed analysis, while still making it publicly available throughout the consultation period. • Further development of operational and workforce models will continue following any decision on the recommended way forward, and refined information will be included as part of subsequent design and implementation stages.

Joint Committee of NHS Cheshire and Merseyside ICB and NHS Lancashire and South Cumbria ICB

Shaping Care Together

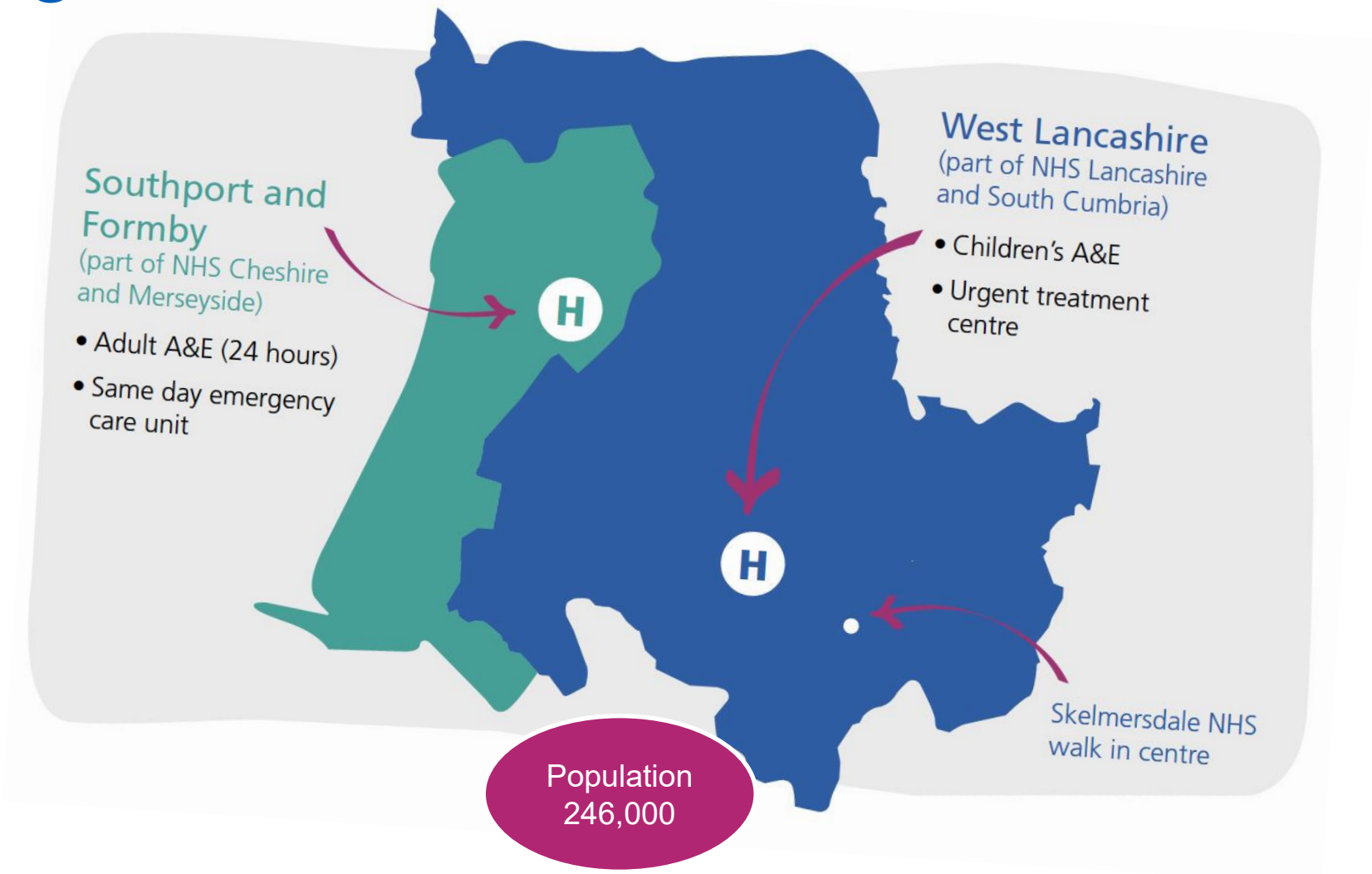
13 March 2026

Agenda

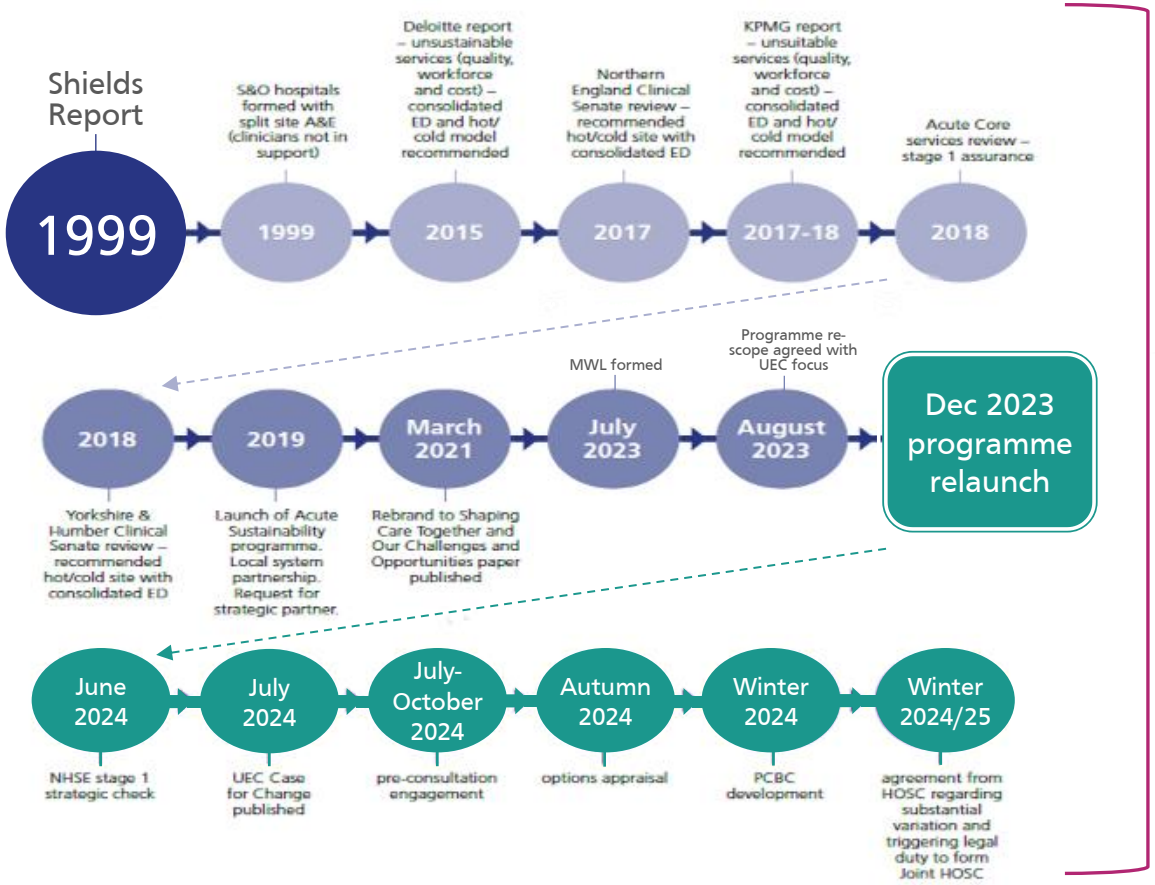
- How have we arrived here
- Options development and benefits
- Public consultation
- Overview & Scrutiny Committees
- Consultation feedback
- Approach to considering consultation feedback
- Impact assessments and further evidence
- Proposed recommended way forward
- Opportunities
- Ask of Board

How have we arrived here

The Programme



Our journey so far



Summer 2025

Public consultation on proposals for A&E services

Context

NHS 10-Year Health Plan for England

Alongside Shaping Care Together, there are a number of transformation programmes in place to improve urgent and emergency care.

The case for change

Five service pressure areas:

Our ageing population

Having the staff we need

Maintaining care quality standards

Feeling the financial strain

Buildings that are up to the job

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.

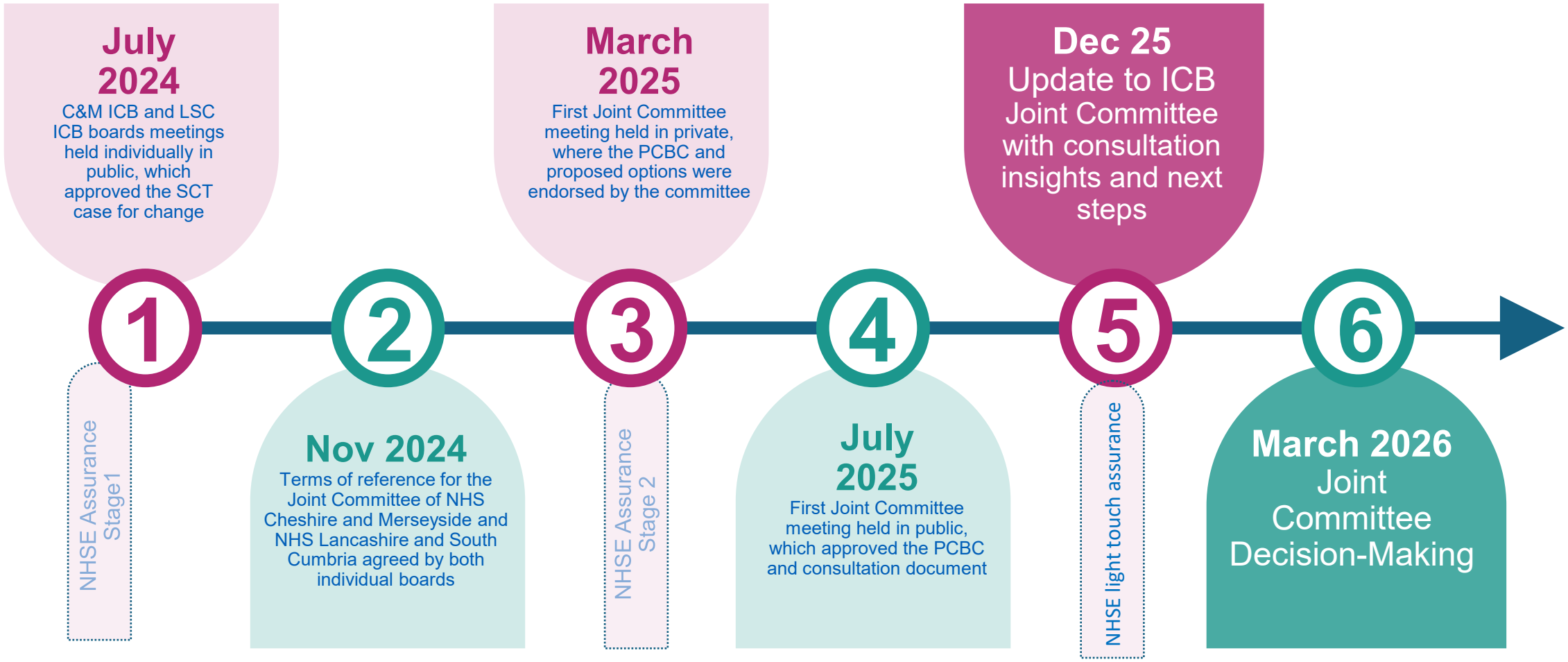
Crucially, we have to make sure our urgent and emergency care services are there for <u>everyone, all day, every day.</u>

Journey to decision-making

Where we are now

- Process set out in law and informed by NHS guidance
- We must be very thorough in respecting the process

ICB and Joint Committee Timelines



Options Development and Benefits

Developing the list of options

3,500+ views and ideas were heard and explored, and that produced a list of 10 broad options for review.

The review panel included:

- Patients, public, their carers and families from across the area
- NHS staff
- Local Healthwatch organisations
- Community groups
- Neighbouring NHS trusts

The programme team were not on the review panel.

Children’s A&E at Ormskirk has been closed overnight since 2020

Patient and staff benefits

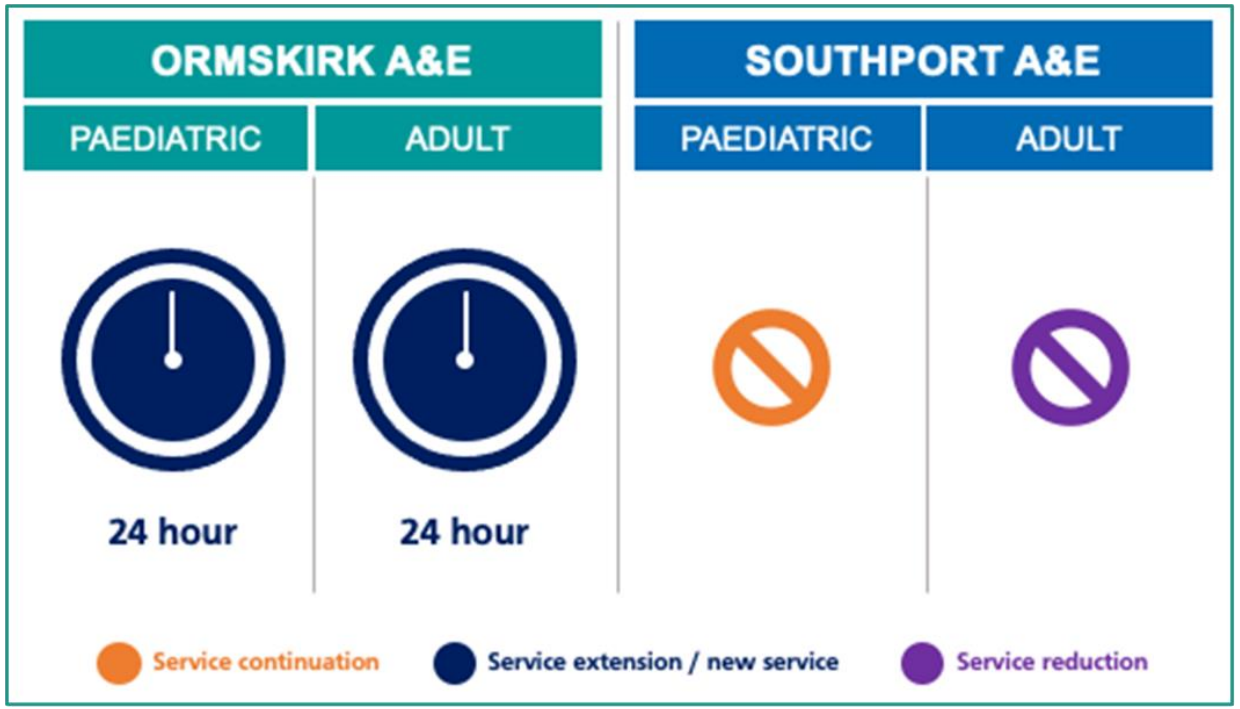
How patients will benefit

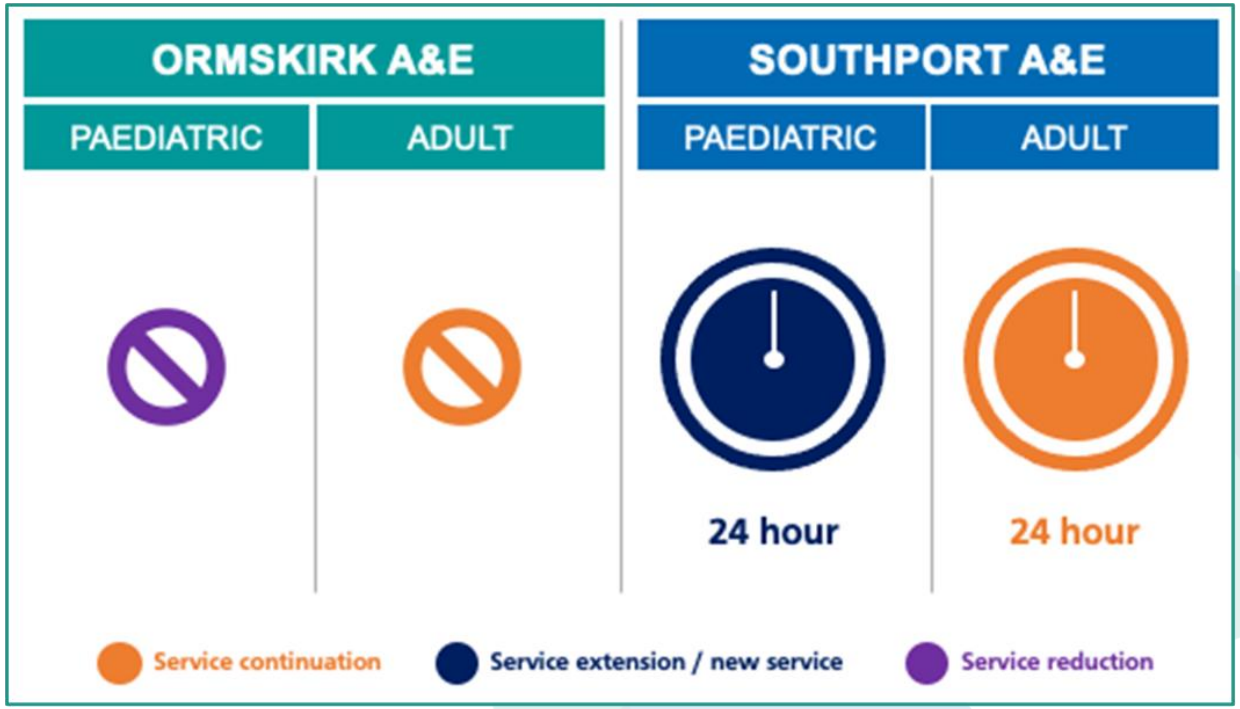
- Round-the-clock emergency care for all.
- Better anaesthetics cover for emergencies.
- Reducing ambulance transfers for children.
- Better access to radiology services.
- Better management of emergency blood tests and transfusions.
- Better pharmacy services.

Improved ways of working

- Improved rota management.
- Have more opportunities for staff supervision, training and workforce skills development.
- Be better equipped to respond to critical situations and emergencies.
- Have better access to a broad range of key specialist skills.

The options





Option 1 – Co-location at Ormskirk

Relocate 24-hour adult A&E from Southport to Ormskirk and return the paediatric A&E to a 24-hour service.

Option 2 – Co-location at Southport (preferred option)

Relocate paediatric A&E from Ormskirk to Southport and extend to a 24-hour service, co-located with 24-hour adult A&E

Both options

Southport option

1,800m²

5 years

£33.1 million

Preferred Option

Ormskirk option

8,800m²

7 years

£91.3 million

Key figures

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.

Public Consultation

Consultation statistics

7,840+ people have actively engaged with the programme

- 5,009 surveys completed – online and hard-copy
- 14 public events saw over 800 people reached - 2 online public meetings with over 120 attendees, 6 in-person public meetings with over 500 attendees, and 9 roadshow ‘drop-ins’
- 507 representative sample of the population contacted via independent polling exercise
- 7 public focus groups
- 3 staff focus groups
- 800+ people engaged with across 53 different community venues in West Lancashire
- 382 pieces of feedback to the Get Involved inbox
- 6 presentations at collaborative forums
- 170 voicemails messages about SCT received
- 2 Trust Brief Live sessions with 400+ people

- The average response rate for UK public consultations stands at 0.7% - the Consultation Institute suggests 1% can be considered a good response rate
- The population of Southport, Formby and West Lancashire is approximately 246,000. 7,840 people is approximately **3% of the local population.**
- **Over 2%** have responded to the survey alone.
- Comparatively, similar NHS consultations have seen:
    - Around 2,000 survey responses to South and Mid Essex’s proposed changes to community hospitals (population of the Trust is 1.2m)
    - Greater Manchester’s Healthier Together consultation saw a 0.9% response rate
    - 167 survey completions on proposals to develop a new A&E in Huddersfield (population of 141k)

Providing clear information

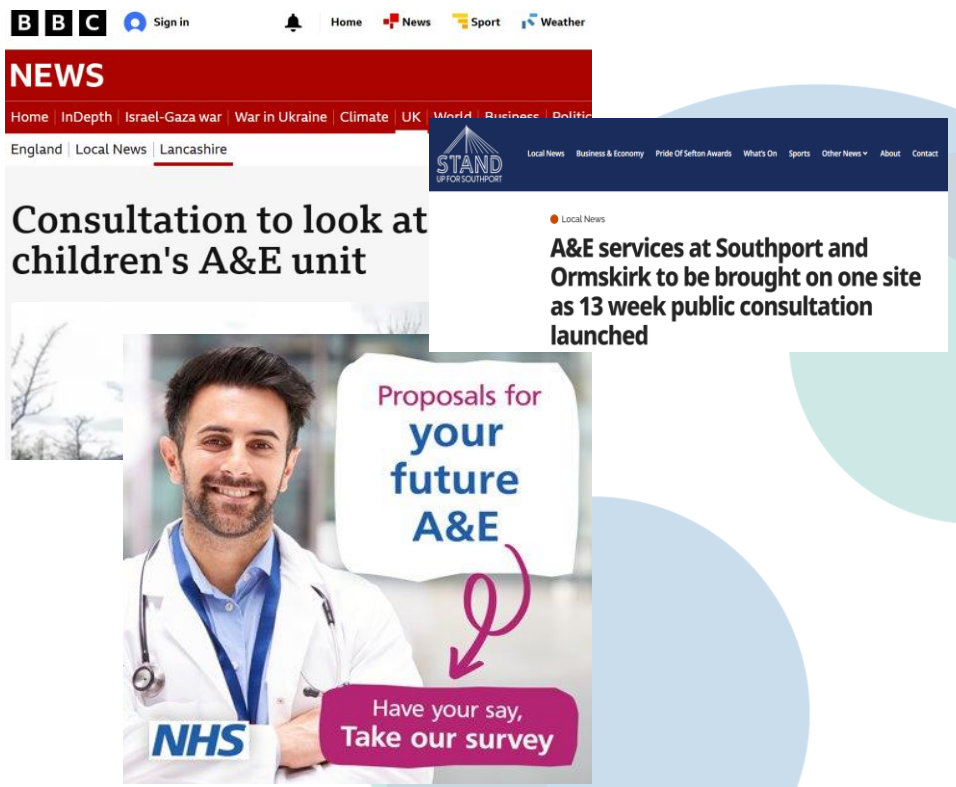
- Consultation documents
  - Long form
  - Summary (also in print)
  - Easy-read
  - Animated videos (also in BSL)
- Public survey (also in easy-read)
- More detailed information and evidence in our pre-consultation business case (PCBC)
- Other formats available on request e.g. braille

Promoting the consultation

- **273k+ people** reached through digital marketing of the survey and events
- **28,000 visits** to the programme website
- **110k+ addresses** sent promotional leaflets
- **3,500+ people** receiving regular stakeholder newsletters
- **5,000+ consultation materials** distributed across community venues
- **300 promotional materials** distributed at staff drop-ins
- **60+ pieces** of media coverage

"It's [the consultation] everywhere you go in the local community… everybody is talking about it"

– Engagement Process Advisory Group (EPAG) member



Overview & Scrutiny Committees

Overview & Scrutiny Committee engagement

Sefton HOSC
January 2024
April 2024
September 2024
January 2025
July 2025 (notification of publication of Joint Committee papers)
September 2025
October 2025
January 2026

Lancashire HOSC
November 2023
April 2024
September 2024
December 2024
May 2025
June 2025
July 2025 (notification of publication of Joint Committee papers)
September 2025
December 2025

Joint HOSC (JHOSC) made up of Sefton and Lancashire HOSCs met on 20 January 2026.

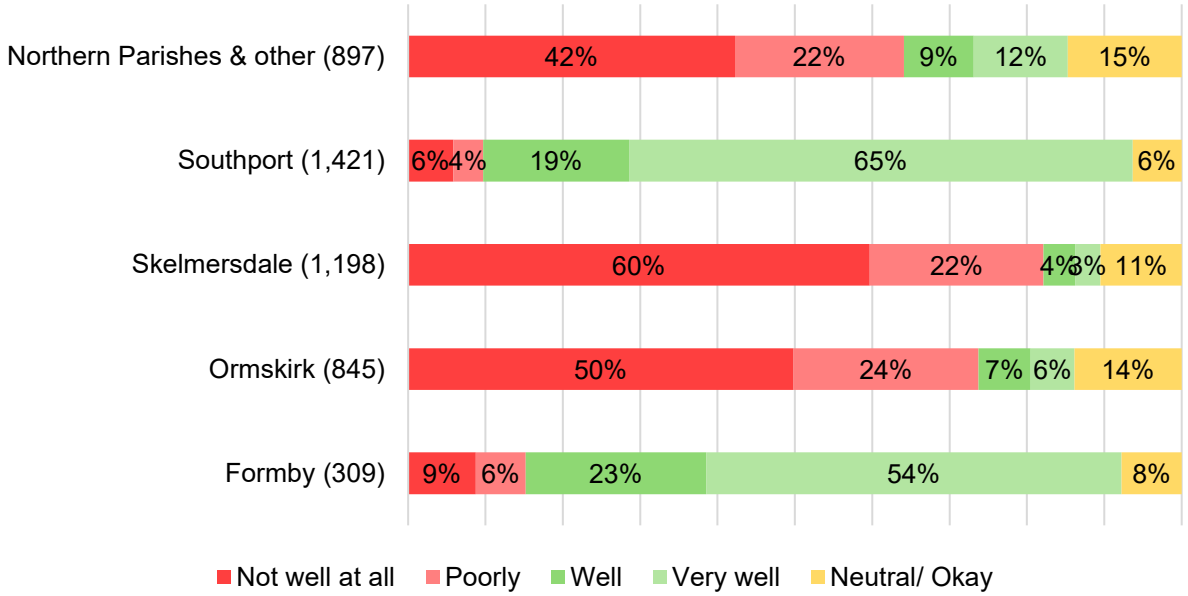
JHOSC members visited Southport & Ormskirk Hospitals on 3 March and met further with SCT on 6 March.

Consultation feedback

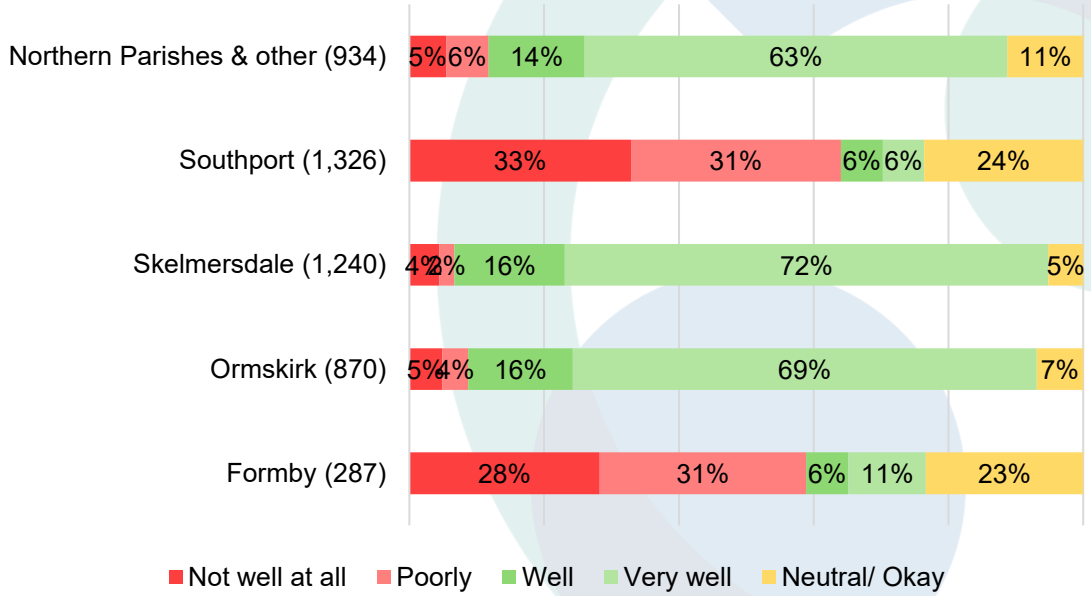
Findings - quantitative insights

- Residents across all areas show strong preferences for the option geographically closest to them. For example, in response to question 1, ‘overall, how well would you say each could help us achieve our goals?

Q1 Respondents who answered the Southport option



Q1 Respondents who answered the Ormskirk option



Geographic data

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).

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 & other	958	19.1	21%	-1.9
Unknown **	124	2.5	N/A	N/A

Findings - qualitative insights

- The survey also included four open (qualitative) questions.
- The analysis of these responses were combined with other stakeholder feedback received during the engagement period. This includes views recorded at our roadshows, public meetings, staff events, focus groups and all direct contact received either by post, email, phone or via the programme website.
- All feedback is captured in the full independent consultation report.
- Qualitative survey responses, combined with comments in the tracker, can broadly be categorised as follows:
    - 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
    - Staff, training and workforce
- As seen in the quantitative results, in many cases people expanded on their responses and expressed a preference for locating services closer to where they lived. For example, responses from people living in Southport and Formby tended to favour locating services in Southport, whereas responses from West Lancashire residents showed a similar bias for locating services in Ormskirk.

Independent polling insights

- Data collected via telephone and online means was completed by an independent organisation asking 10 questions in line with the survey.
- Responses were from the population aged 18+ across Southport, Formby and West Lancashire.
- Sample size of 507 with 10% from BAME background.
- Results to some of the key questions were:

    - 54% of respondents had heard about the programme
    - Moving children's A&E from Ormskirk to Southport - support stood at 40% while opposition stood at 38%.
    - Moving adult A&E from Southport to Ormskirk - support stood at 35% and opposition at 45%.
    - 43% of respondents felt that bringing together adult and children's A&E together onto a single site is a good idea and that the benefits outweigh drawbacks. Opposition stood at 38%.

Approach to considering consultation feedback

Approach

Consultation feedback report provided independently by the Centre for Health Communication Research

Structured review

- Clinical and managerial leaders across ICBs, MWL, and partners will review feedback to understand issues, impacts, and alternative ideas.

Framework applied

- Feedback will be reviewed using a consistent “reassure, mitigate, change” approach to determine appropriate responses. (see below)

Alternative proposals

- Alternative proposals/ suggestion from consultees will undergo a two-step process. (see below)

Informs You Said, We Did document in Appendix 2 and Appendix 1 of DMBC

Reassure, Mitigate and Change Framework

Reassure

- When concerns arise regarding services that were outside the original scope or not intended for change, and where those concerns can be addressed or mitigated through supporting evidence.

Mitigate

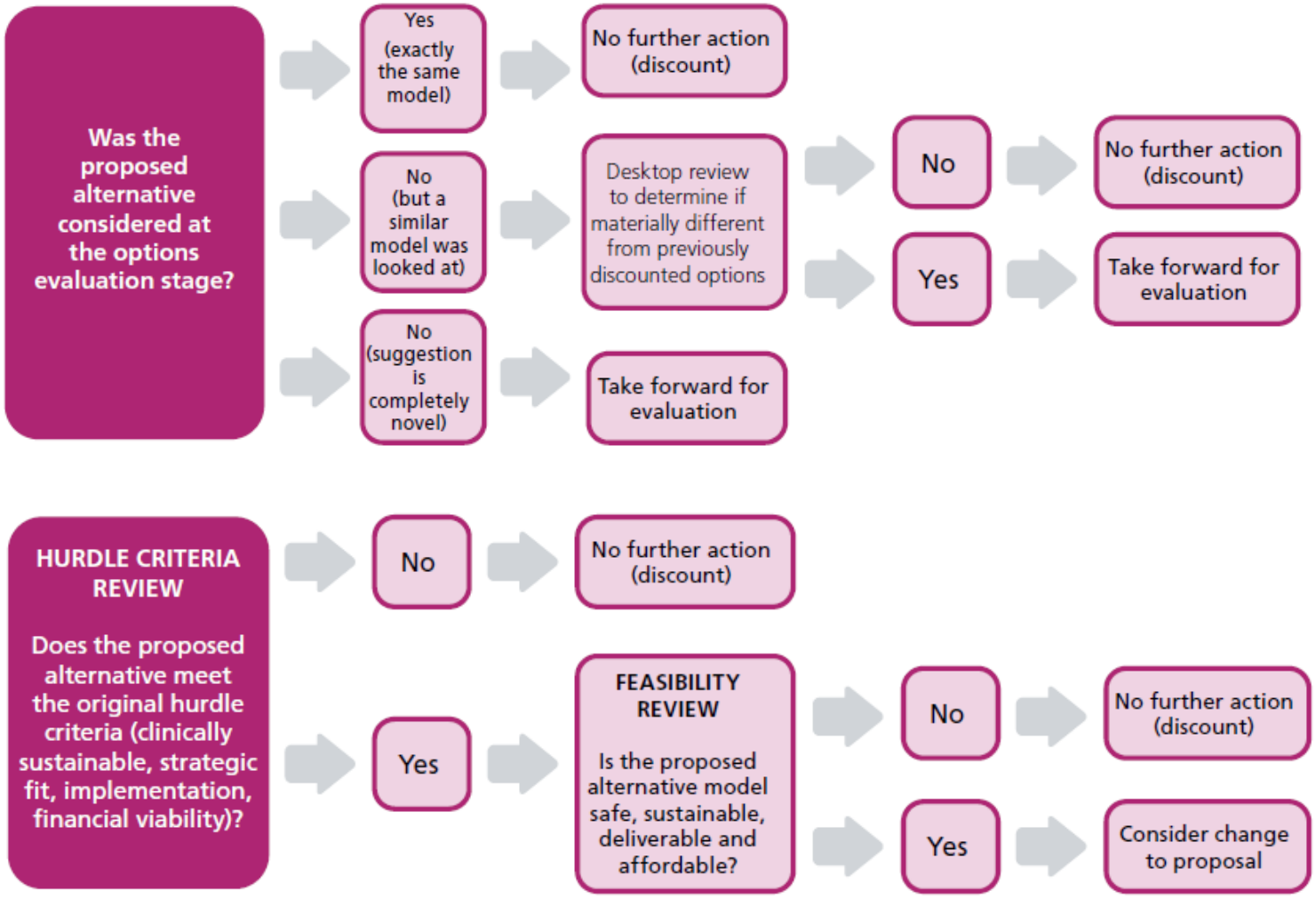
- When impacts or concerns can be mitigated by introducing additional support services or adjusting current working practices.

Change

- When a better alternative approach or solution has been identified to meet the need for change.
- When the proposed change would significantly impact a specific group and no effective mitigations are available.
- When the drawbacks or cost of mitigations substantially exceed the benefits of implementing the change.

Informs You Said, We Did document in Appendix 2 and Appendix 1 of DMBC

Two step approach of alternative proposals



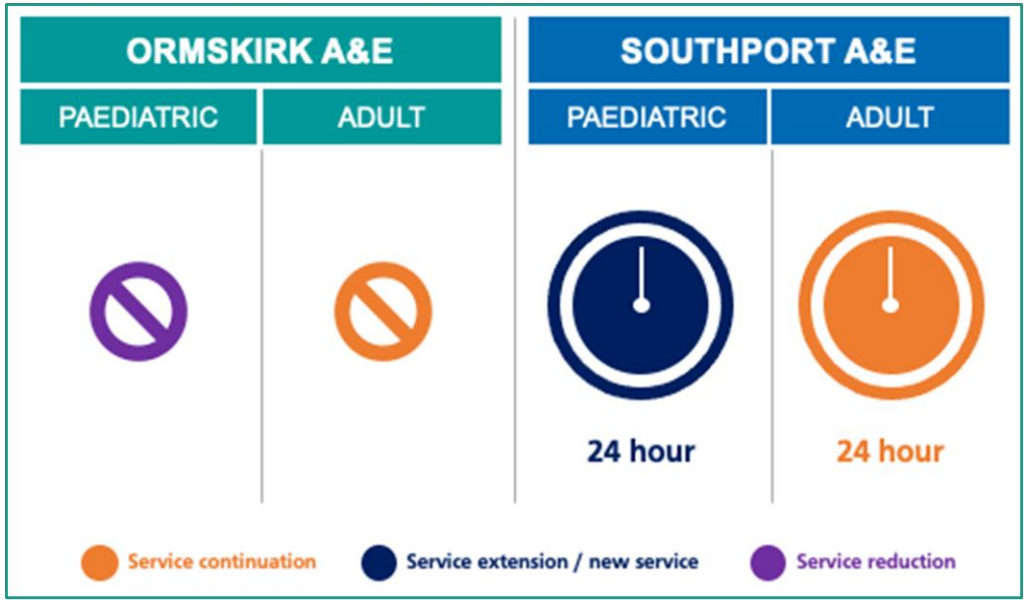
Impact assessments and further evidence

Refreshed modelling and further evidence

Equalities Impact Assessment

Recommended way forward

Recommended way forward



Option 2 – Co-location at Southport (preferred option)

Relocate paediatric A&E from Ormskirk to Southport and extend to a 24-hour service, co-located with 24-hour adult A&E

Rationale:

- Strong alignment with pre-consultation evidence and programme aims
- Workforce resilience and clinical safety
- Deliverability and reduced disruption
- Better value for money
- No new consultation evidence requiring a change of course

Opportunities

Key points

Ormskirk Hospital is not going anywhere

Clinical development opportunities

Investments setting up for future

Opportunities to improve care in West Lancashire

- We will continue to **ensure urgent care is there for you when it is needed** - continued provision of high quality, accessible urgent care settings such as the Urgent Treatment Centre (Ormskirk) and the Walk in Centre (Skelmersdale), and a commitment to review these offers to ensure they meet the need of our residents (for example paediatric skills).
- We will **invest in good quality services and estate offers in our most deprived communities** – such as the £4.4m health care centre development in Digmoor in addition to a wider £20m investment in the area.
- We will **develop and deliver a targeted approach to our GPs working proactively with our residents in most need** to support them to manage or treat conditions before urgent care is needed – starting with a £178k investment this year.
- We **will jointly develop and deliver a neighbourhood health approach** to local provision, through our three areas of Skelmersdale, Ormskirk and Northern Parishes – tailored support, where you live.

Implementation planning

Southport Option

Expected completion of work

June 2029

Ask of Board

Ask of Board

- Consider and approve the Decision-Making Business Case provided

- Make decision on recommended way forward