



## **Helping you make a representation to the Shaping Care Together consultation on the future of urgent and emergency care services**

### **How do I have my say?**

Representations are made by completing a "survey" [Survey on proposals for urgent and emergency care services | Your Say Shaping Care Together](#)

### **That seems somewhat limiting and I don't like some of the questions?**

Don't be put off. You don't have to answer particular questions if you do not wish. For example, the Part 2 questions on age, sex, race etc

You can use **Questions 2, 11, 12 and 13** to write at length your views. We suggest that you write your views separately in a word processor document and then cut and paste your comments into the answer boxes for these 4 questions. We give you some arguments you might use below. Credit to the team under Neil Eccles at West Lancashire Borough Council for much of this material.

**Closing date: 11.59pm on Friday 3<sup>rd</sup> October**

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### **Questions 1 & 2**

**Question 1** asks how well the two options; Southport and Ormskirk meet the project goals which are:

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

When scoring Southport and Ormskirk you may want to take account of these points in favour of Ormskirk and then use these also in your answer to **Question 2**.

Importantly, Ormskirk occupies a central position within the wider catchment area, offering more equitable access for residents across West Lancashire and coastal areas alike. This geographical advantage supports a solution that works for everyone, not just one part of the region. One of the project goals is ***Providing safe, high quality urgent and emergency care to everyone all day, every day***. How is emergency care "provided" in the Southport option in the following scenario. A resident of central Skelmersdale without a private car faces children's emergency care being relocated from 5.5 miles distance to 14 miles distance.

In response to the project goal of ***Providing NHS services that meet people's needs, today and in the future*** you might wish to point out that Equity of access is not a secondary consideration but a core NHS commitment. The NHS Constitution requires the service to be available to all and places a wider social duty on NHS bodies to promote equity, particularly for groups with poorer health outcomes.

In Skelmersdale where the burden of ill health and barriers to access are concentrated and where life expectancy is among the lowest in Lancashire and almost a third of households have no car (rising to nearly 40% in Digmoor) the Southport option will increase barriers to access. Female life expectancy

in the area covered by the former Birch Green ward is the lowest in Lancashire, while the former Tanhouse ward is also among the worst. Rates of cardiovascular and respiratory disease are high, emergency admissions for COPD and heart failure exceed national averages, and premature mortality is well above England average.

These residents will be forced to take taxis in emergency or place higher demands on the ambulance service. The Ormskirk option is more equitable to all and better meets this project goal.

### **Question 3**

We suggest you choose option 1 What is best for the whole area of Southport, Formby and West Lancashire

**Questions 4, 5 and 6** Answer as appropriate

**Questions 7, 8, 9 and 10** ask about travel; car parking; access to buildings and services; and quality of waiting areas and comparing the two options

Please answer as you see appropriate.

**Question 11** allows you to expand on these matters and also to say how the proposals might negatively affect you, or those you care for, more than other people

On travel and public access if you rely on public transport and/or live in Skelmersdale or UpHolland stress the additional travel difficulties which siting accident and emergency on the edge of the catchment area in Southport will cause you, rather than right in the centre of the catchment area in Ormskirk.

You might want to say: For urgent cases such as stroke, cardiac arrest or severe asthma, longer travel times reduce survival. For planned appointments, complex journeys by public transport drive up "did not attend" rates, already highest in poorer communities. Consolidating in Southport would reinforce these patterns.

The only dedicated hospital-to-hospital link is the 152, a two-hourly daytime service that replaced the more frequent 315. The main through bus is the 375/385, running between Southport, Ormskirk, Skelmersdale and Wigan. These routes at least stop outside Ormskirk Hospital. Passengers boarding in Southport benefit from £2 capped fares under decisions made by the Liverpool City Region and Greater Manchester. In contrast, passengers in West Lancashire face a £3 fare cap set by Lancashire County Council, with no integrated ticketing and higher costs for poorer service. That inequity is built into the system.

**Question 12 asks for any possible mitigations from placing A&E on a single site**

You may want to make this point about shuttle buses between the two hospital sites.

Mitigations have been raised before. Past assurances that shuttle links would offset the lack of direct connections never materialised. The current business case again assumes shuttle buses would be "necessary" if Southport is chosen, but identifies no funding. That leaves an unresolved revenue burden. Experience shows that such mitigations are fragile, as seen in the downgrading of the former 315 to today's two-hourly 152.

**Question 13 is an important one – it asks essentially what has been missed. Please strongly consider answering this question:**

Here are some points you might make alongside your own perspective

**1. Nationally 85% of emergency hospital admissions are from people who live within 8 miles of an accident and emergency unit. If the Ormskirk option is chosen then that figure would be broadly achieved and no community would be in its entirety further than 8 miles- see below. Ormskirk is also much better positioned to serve people living in Maghull.**

**If the Southport option is chosen then the whole of Skelmersdale a town of approximately 40,000 people would be beyond the 8 miles as would UpHolland; Appley Bridge; Wrightington; Parbold; Newburgh and Bickerstaffe.**



## 2. The distance for onward treatment to specialist care

The Mersey and West Lancashire Teaching Hospitals NHS Trust is part of a wider network, with major services concentrated at sites such as Alder Hey (paediatrics), Aintree (major trauma, advanced cardiac), and Whiston (complex surgery). Defined transfer protocols already exist for obstetric emergencies, paediatric surgery, complex orthopaedics and other pathways.

The geography of the main emergency hub matters. Ormskirk, further inland and south-east of Southport, lies closer to the M58 with more direct routes to several specialist hospitals. Standard driving time estimates (August 2025) show Ormskirk is consistently 10–20 minutes quicker than Southport to Whiston, Aintree, Alder Hey and Wigan.

A child stabilised at Ormskirk before transfer to Alder Hey could arrive over 10 minutes sooner than from Southport. These case studies make this point and the parents have given permission for their use.

### Case Studies

<p>Our 7 week old baby, Amelia became critically unwell in November last year. After speaking to 111 we <u>were directed</u> to our nearest a&amp;e department to have her examined - which was Ormskirk.</p> <p>She was subsequently rushed for a CT by Ormskirk staff, was severely anaemic and needed to be blue lighted to Alder hey at midnight, she had a bleed on her brain.</p> <p>The only reason our daughter is still here today at 10 months old is because of Ormskirk. She <u>was transferred</u> to Alder hey accompanied by multiple consultants, one of which was a consultant anaesthetist and nurses from the unit because of her condition being so unstable.</p> <p>She had surgery on her brain less than 12 hours later after needing multiple blood transfusions, which had <u>been initiated</u> by the team at Ormskirk. She had multiple blood clots removed from her brain which had <u>ultimately caused</u> the bleed and had resulted in the blood supply to the left side of her brain <u>being cut off</u> for a <u>period of time</u>. To this day she is normal bar having epilepsy, and hitting milestones due to the quick action of Ormskirk.</p> <p>In <u>June</u> this year she had a severe seizure at 2am. She stopped breathing and because Ormskirk <u>was closed</u>, we had no choice but to wait for an ambulance and first responder to attend our property when we called 999. One came from Fazakerley, the other from Southport. They took 18 and 20 minutes to arrive. That wait was the second worst wait of my life with my lifeless child lying on the floor in front of me. Had Ormskirk been open past midnight, I suspect someone would have been with us much faster. We are lucky the call handler who took our call was able to talk us through giving her rescue breaths to get her to start breathing independently again.</p> <p>If Ormskirk <u>was</u> to close its doors completely, we would have to either attend Southport, <u>Formby</u> or alder hey with our children, all of which are <u>in excess of</u> a 20 minute drive for us. With an added wait time of up to 20 minutes for an ambulance, this could make the difference between our children (particularly our daughter given her medical history now) surviving or not.</p> <p>Lizzie Culshaw</p>	<p>2 years ago my daughter, Lily who was <u>8</u> at the time accidentally amputated the top of her finger. We arrived at Ormskirk hospital in less than 10 minutes and they were immediately able to dress the wound and reattach it temporarily until we could get to Alder Hey in the morning.</p> <p>This urgent medical treatment my daughter received so quickly established blood flow to the tip of the finger which helped in eventually saving the whole finger.</p> <p>Had we gone to Southport hospital the chances of Lily saving the top of her finger would have <u>been massively reduced</u> due to travel time.</p> <p><u>Emma Sharples</u></p>
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## 3. The cost comparison between the Ormskirk and Southport option is a false one

The framing of costs is not neutral. The Trust decided at the outset to focus the consultation narrowly on urgent and emergency care. Maternity, neonatal and inpatient paediatrics, though nationally recognised as clinically interdependent, (South East Clinical Senate, 2023; YH Clinical Senate, 2019) were excluded from scope.

**The effect of this decision is stark. Ormskirk is costed as a whole solution, bringing adult acute services alongside the women's and children's unit already on site. Southport is costed as a partial fix, dealing only with adult A&E and deferring the future reconfiguration of maternity and paediatrics. In other words, Ormskirk looks more expensive precisely because it resolves the full set of problems now, while Southport looks cheaper because it pushes those problems into the long grass.**

Ormskirk's hospital despite having some older buildings, is on the whole more modern and can be made expandable with the right vision. Southport's estate can equally be expanded but it is older, fragmented and carries £26.8m of backlog maintenance, including £15.6m of high-risk works.

The central question, then, is whether the NHS and its partners want to choose a partial, cheaper fix that likely defers problems (Southport) or a fuller, costlier solution that resolves them (Ormskirk) and has the ability to be a much more transformational opportunity. The Trust's framing emphasises short-term deliverability, but a fairer test is long-term equity, safety and sustainability. On these terms, Ormskirk is the stronger option.

#### **4. Ormskirk hospital's position adjacent to a School of Medicine at Edge Hill**

Ormskirk sustains consultant-led maternity and paediatrics, services that are difficult to recruit for and is next door to new School of Medicine within the Faculty of Health, Social Care and Medicine at Edge Hill University. This potentially alleviates recruitment difficulties and provides a workforce pipeline and training platform that Southport cannot match.

**Question 14** is an option to provide an email address to receive updates. This is a matter for you.

**Part 2 Questions** relate to demographics and are optional but please click through to Part 2 to make your submission. At the base of the Part 2 questions is the option to review answers. If you want to review your answers you can click [previous](#) to go back a step. When you are ready at the base of the Page 2 questions **please remember to click [submit](#) to ensure your response is received.**

**The closing date for responses is 11:59pm on Friday 3<sup>rd</sup> October.**

Our West Lancashire, Putting Residents First and Foremost

15.09.2025