



Frequently asked questions (FAQs) for the Shaping Care Together consultation phase

The below FAQs are also published on the homepage of the [programme website](#).

Question	Answer
1. If all A&E services move to Southport, which other services will have to move there too?	<p>When deciding where to locate A&E services, we also have to think about what are called <i>co-dependencies</i>. These are services that must be available on the same site as A&E to ensure safe delivery of emergency care. If children's A&E were to be relocated to Southport, one codependent service, the paediatric inpatient unit, would have to be moved along with it.</p> <p>We use the classification of co-dependencies for emergency care produced by the South East Clinical Senate in 2024. This definition has been accepted by the NHS across England.</p>
2. If all A&E services move to Ormskirk, which other services will have to move there too?	<p>When deciding where to locate A&E services, we also have to think about what are called <i>co-dependencies</i>. These are services that must be available on the same site as A&E to ensure safe delivery of emergency care.</p> <p>If adult A&E were to be relocated to Ormskirk, seven codependent services would have to be moved along with it: General medicine, critical care, elderly medicine, respiratory medicine, medical gastroenterology, urgent diagnostic haematology and biochemistry and liaison psychiatry.</p> <p>We use the classification of co-dependencies for emergency care produced by the South East Clinical Senate in 2024. This definition has been accepted by the NHS across England.</p>
3. Why do children's and adult A&E need to be on the same site?	<p>Locating adult and children's A&Es on the same site offers many important benefits. It would ensure that the workforce is in place to offer round-the-clock emergency care to children, that better anaesthetics cover for paediatric emergencies can be provided, and give better access to out-of-hours radiology. There would also be operational benefits that would improve the response to critical situations and peaks in demand. Importantly though, current pressures mean services cannot continue as they are today without a deterioration in standards.</p>
4. If you bring children's and adult A&E together on a single site will children be mixed in with adult patients?	<p>No. Children have specific needs which is why they receive emergency care in a dedicated, child-friendly environment where they can get age-appropriate care. Both sets of proposals include a dedicated entrance, waiting and treatment areas for children's A&E. This allows for more tailored and effective care, ensuring young patients receive the best possible treatment in a safe and supportive environment.</p>
5. Will there be enough staff and resources to operate 24 hours a day?	<p>Yes. Locating adult and children's A&Es on the same site offers many important benefits. One of these is ensuring that the workforce is in place to offer round-the-clock emergency care to both adults and children.</p>
6. Why can't you transfer adult A&E to Ormskirk?	<p>We can, and that is one of two options included in the current consultation.</p>
7. Why can't we extend the hours of children's A&E in Ormskirk?	<p>We can. Both of the options we are consulting on include extending the opening hours of children's A&E to 24 hours per-day. This would only be possible, however if we bring children's and adult A&Es together on a single site.</p>
8. Why is Ormskirk children's A&E closed overnight?	<p>The combined pressures of having the staff needed, maintaining NHS buildings, and of funding, as well as an ageing population, mean we need to look for new ways to provide NHS services. Five years ago, these combined pressures, alongside considerations of patient safety, led to the difficult decision being taken to close children's A&E at Ormskirk Hospital between midnight and 8am.</p>
9. Why can't we keep children's A&E in Ormskirk?	<p>We can, and that is one of two options included in the current consultation.</p>
10. Isn't this all just an admission of NHS underfunding?	<p>No. This is about doing better with current resources to meet people's healthcare needs. Financial pressures are a part of the picture, but this isn't all about money. We're looking for ways to get the most from all available resources which also includes our staff, buildings and estates.</p>
11. How much will this all cost?	<p>Current implementation costs are estimated at £33.1 million for the Southport option and £91.3 million for the Ormskirk option. You can find out more about how these costs were calculated in our Estates Feasibility study on our website.</p>

Question	Answer
12. Will this save the NHS money?	Our goal is to do more and better with the resources we have. The proposals would allow for improved service delivery, but we would also expect to see some significant future operational efficiencies by, for example, reducing reliance on more expensive locum and agency staff.
13. Why were the costs for Southport option lowered just before the start of consultation?	Shortly before publication of our pre-consultation business case on July 4, we identified some double counting in the independent architect's report. Specifically, this included the incorrect inclusion of gynaecology as a co-dependent service and a duplication in the area allocated for the relocation of paediatric inpatients. This lowered the estimated cost of the Southport option from around £45 million to £33 million.
14. Why is there such a big difference in cost between the two options?	The most significant factor behind the cost differences of the two options is the scale of redevelopment required. To understand this, we need to consider what we call <i>codependent services</i> . These are the services that must be located alongside A&E for emergency care to be delivered safely. The Southport option would require one other service to move from Ormskirk to Southport (paediatric inpatients), needing 1,800 m ² for redevelopment. The Ormskirk option would require the relocation of at least seven other services and need 8,800 m ² redevelopment space.
15. The Ormskirk option cost is £91m and the Southport option £33m. Where would this extra money come from?	<p>The trust has already set aside some funding for service reconfiguration. Whichever option is chosen, however, we know that additional funding will be required.</p> <p>We cannot know how much before deciding which site is to be redeveloped and forming more detailed plans. NHS England would make the final decision on any additional funding required.</p>
16. What is a public consultation?	A consultation is when public bodies, like the NHS, ask for feedback from the public on things like policy ideas or service changes. It is a way of hearing opinions, concerns and suggestions before making decisions. Doing this helps us to make better decisions and builds trust with the people we serve.
17. Who can take part?	<p>Anyone is welcome to contribute their views, but we especially want to hear from:</p> <ul style="list-style-type: none">• Patients, families and carers.• Underrepresented groups and communities.• Our staff and their representatives.• People from protected characteristic backgrounds as defined in the Equalities Act 2010.• Community, voluntary and faith groups.• Organisations who work with or depend on the local NHS.• People from neighbouring areas who may use and rely on NHS services here.
18. Have you calculated how long it will take for ambulances to reach A&E from the most rural areas during rush hour traffic?	North West Ambulance Service (NWAS) have modelled the possible impacts of each option on ambulance journey times. You can find out more in their report , available on our website.
19. Will there be enough car parking for the increased patient numbers?	We know parking can already be challenging at both sites. NHS guidance is, where possible, for people to either be driven to A&E or to call 999 for an ambulance so we must do our best to provide adequate on-site parking. Both sets of proposals include expanded parking capacity to address this.
20. Have you thought about how people who don't have someone to drive them, will get to A&E?	People who do not have somebody to drive them to A&E should call 999 for an ambulance, in line with NHS guidance. More information on how the options could impact ambulance journey times can be found in our consultation booklet .
21. Will there be enough public transport in place to get people to A&E from all areas of Southport, Formby and West Lancashire?	NHS guidance is, where possible, for people to either be driven to A&E or to call 999 for an ambulance. We understand, however, that sometimes people need to rely on public transport. More information on how the options could affect journey times by public transport can be found in our travel impact assessment . We remain committed to working with local authorities and public transport providers to help make sure services are developed to reflect the needs of patients and staff to access our hospital sites.
22. How long will it take before the work is finished?	This depends on which option is chosen. Our estimates are that the Southport option would take around five years to complete (two years preparation and three years for the works), and that the Ormskirk option would take around seven years to complete (three years preparation and four years for the works).
23. Why will it take less time to finish work for the Southport option?	The most significant factor behind the difference between the two options is the scale of redevelopment required. To understand this, we need to consider what we call <i>codependent services</i> . These are the services that must be located alongside A&E for emergency care to be delivered safely.

Question	Answer
	<p>The Southport option would require one other service to move from Ormskirk to Southport (paediatric inpatients), needing 1,800 m² for redevelopment. The Ormskirk option would require the relocation of at least seven other services and need 8,800 m² redevelopment space.</p>
24. How will maternity services be affected?	<p>The wider Shaping Care Together programme is looking at seven broad service areas, the first of which is urgent and emergency care. Maternity services, which are not part of the current work, will be looked at in the next phase of the programme. There is currently no timeline established for when this may begin.</p>
25. Why is Southport the preferred option?	<p>When our assessment panel looked at the evidence for both options, some of the more significant differences were that the Southport option could:</p> <ul style="list-style-type: none">• Be delivered two years quicker than the seven years needed for the Ormskirk option.• Need one other service to be moved compared to seven services for the Ormskirk option.• Require less space for redevelopment - 1,800 m² rather than 8,800 m².• Cost significantly less - £33.1 million rather than £91.3 million. <p>This led the panel to advise that Southport should be a preferred option. When deciding on what to include in the consultation, the programme followed that advice.</p>
26. Southport is your preferred option. Have you already made your minds up? What is the point in asking for our views?	<p>No decisions have been taken yet. Based on the evidence, we feel the Southport option meets the programme goals better than Ormskirk. We explain why in the consultation booklet. Decisions will only be made, however, once we have heard a much wider range of views so we can be confident that proposals are based on all available evidence and reasoning.</p>
27. Who makes the final decision?	<p>Decisions about which NHS services to offer and where to offer them are taken by commissioning bodies. Across most of England these bodies are Integrated Care Boards (ICBs). There are two ICBs involved in commissioning services in our area - Cheshire and Merseyside and Lancashire and South Cumbria. Final decisions will be made by a joint committee of these two ICBs and assured by NHS England.</p>
28. Who is the joint committee that is making the decisions?	<p>In autumn last year, the two Integrated Care Boards responsible for commissioning services in our area (NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria), decided to streamline the decision-making process for the Shaping Care Together programme and set up a joint committee with delegated authority. The members of the joint committee also sit on the boards of the two ICBs.</p>
29. Who came up with the two options?	<p>Last year we invited views from people who use and rely on our services on how to change the way we deliver urgent and emergency care. Over 3,000 people responded. The many ideas we received were assessed by a panel led by NHS clinical experts supported by:</p> <ul style="list-style-type: none">• Members of the public, patients and staff.• NHS non-clinical experts including those working on estates, financial and workforce planning, management and development.• NHS commissioners and staff from neighbouring trusts.• Representatives from local Healthwatch groups and from the wider community and voluntary sector in our area.• Local groups that represent patients and service users. <p>The programme took the panel's advice to include two options for public consultation.</p>
30. If all A&E services go to Ormskirk, will the facilities left in the Southport and Formby area be adequate to serve the urgent care needs of residents there?	<p>We have a duty of care to the people who use and rely on our services. That includes developing services to meet the urgent and emergency care needs of our communities. We will continue to do that whatever the outcome of this consultation. The proposals in this consultation will help us do that.</p> <p>Once decisions have been made on where to locate our A&Es we will take stock of our needs for urgent care before we start making any changes to services on the ground.</p>
31. If all A&E services go to Ormskirk, will you open an Urgent Treatment Centre in Southport?	<p>We have a duty of care to the people who use and rely on our services. That includes developing services to meet the urgent and emergency care needs of our communities. We will continue to do that whatever the outcome of this consultation. The proposals in this consultation will help us do that.</p> <p>Once decisions have been made on where to locate our A&Es we will take stock of our needs for urgent care before we start making any changes to services on the ground.</p>

Question	Answer
32. If all A&E services go Southport will the Walk-in-Centre in Skelmersdale be upgraded to an Urgent Treatment Centre? Will it have sufficient staffing? Will they be available 24 hours a day	<p>We have a duty of care to the people who use and rely on our services. That includes developing services to meet the urgent and emergency care needs of our communities. We will continue to do that whatever the outcome of this consultation. The proposals in this consultation will help us do that.</p> <p>Work is already underway for recommissioning some of our urgent care services independent of the Shaping Care Together programme. This is because some contracts are approaching their end dates. Proposals for how theses service may look in future, including staffing levels and operating hours, will reflect the outcome of this consultation. Should proposals include any significant changes to how the service is offered, they would also be subject to public consultation, as required.</p> <p>Once decisions have been made on where to locate our A&Es we will take stock of our needs for urgent care before we start making any changes to services on the ground.</p>
33. If all A&E services go Southport will you upgrade the Urgent Treatment Centre in Ormskirk to 24 hours a day? Will it have sufficient staffing?	<p>We have a duty of care to the people who use and rely on our services. That includes developing services to meet the urgent and emergency care needs of our communities. We will continue to do that whatever the outcome of this consultation. The proposals in this consultation will help us do that.</p> <p>Work is already underway for recommissioning some of our urgent care services independent of the Shaping Care Together programme. This is because some contracts are approaching their end dates. Proposals for how theses service may look in future, including staffing levels and operating hours, will reflect the outcome of this consultation. Should proposals include any significant changes to how the service is offered, they would also be subject to public consultation, as required.</p> <p>Once decisions have been made on where to locate our A&Es we will take stock of our needs for urgent care before we start making any changes to services on the ground.</p>