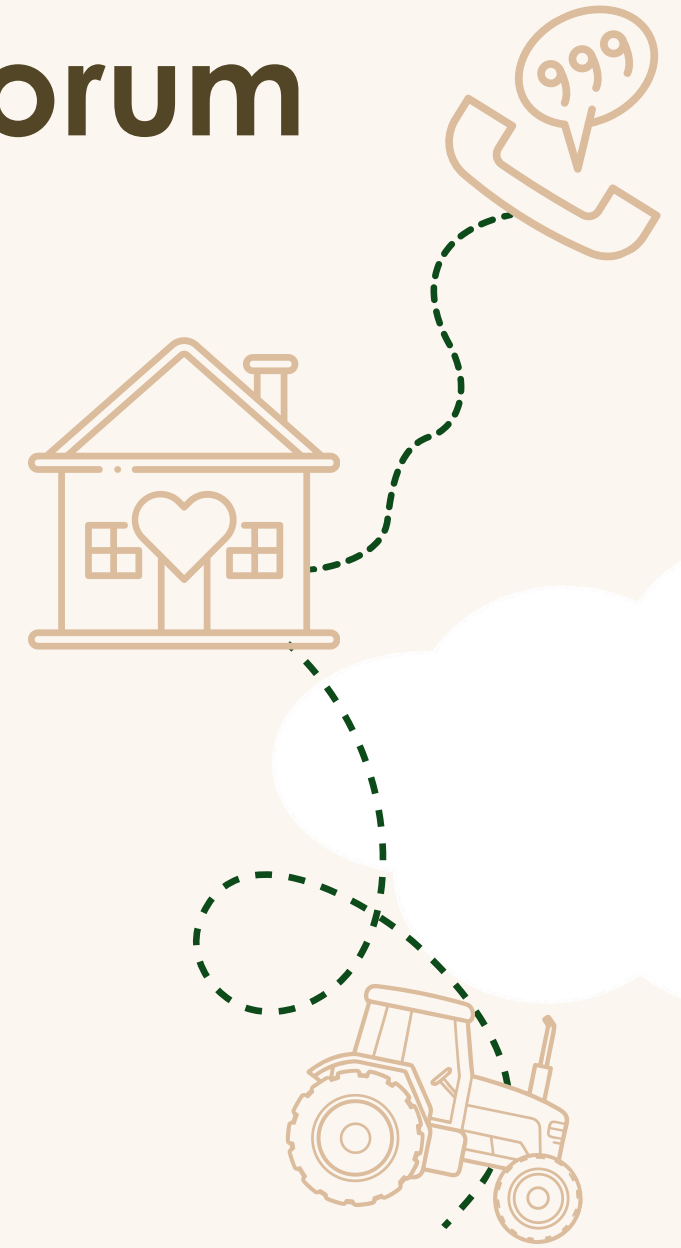


Shaping Care Together Collaboration Forum



Friday 19th September 2025

Ormskirk Hospital



The Consultation Proposal

The Proposal States that

“Our vision is to find a way to organise services that makes best use of NHS resources...Provide safe and excellent quality care that can serve well into the future and to make sure our urgent and emergency care services are there for everyone, all day, every day”.

Ormskirk option

Brings services together at Ormskirk Hospital, relocating the adult A&E from Southport to Ormskirk and extending the current children’s A&E to an allday service (24 hours).

- Adult A&E in Ormskirk
- Children’s A&E in Ormskirk
- Urgent treatment centre (UTC) in Ormskirk
- Walk-in centre (WIC) in Skelmersdale
- Out-of-hours GP service for everyone
- NHS 111 by phone and online
- Local GP services for everyone
- Local pharmacy services for everyone

Southport option

Brings children’s and adult A&E together on a single site at Southport Hospital, relocating the children’s A&E from Ormskirk Hospital and extending it to an allday service (24 hours).

- Adult A&E in Southport
- Children’s A&E in Southport
- Urgent treatment centre (UTC) in Ormskirk
- Walk-in centre (WIC) in Skelmersdale
- Out-of-hours GP service for everyone
- NHS 111 by phone and online
- Local GP services for everyone
- Local pharmacy services for everyone

Cost Impact

Residents Travel, access

The consultation programme acknowledges travel will worsen for some areas and that Ormskirk is better connected overall, with particularly poor links between Skelmersdale and Southport. Simonswood sits on that axis. Concentrating A&E in Southport risks deepening access inequality for West Lancashires Rural South unless robust mitigations are funded and monitored.

THE RESIDENTIAL FIGURES PRESENTED IN THE CONSULTATION APPEAR TO BE SIGNIFICANTLY MISCALCULATED. SEE MAP

Longer emergency journeys. For Simonswood residents, car travel would rise from 17 mins to >31 mins in an emergency. That delay matters clinically.

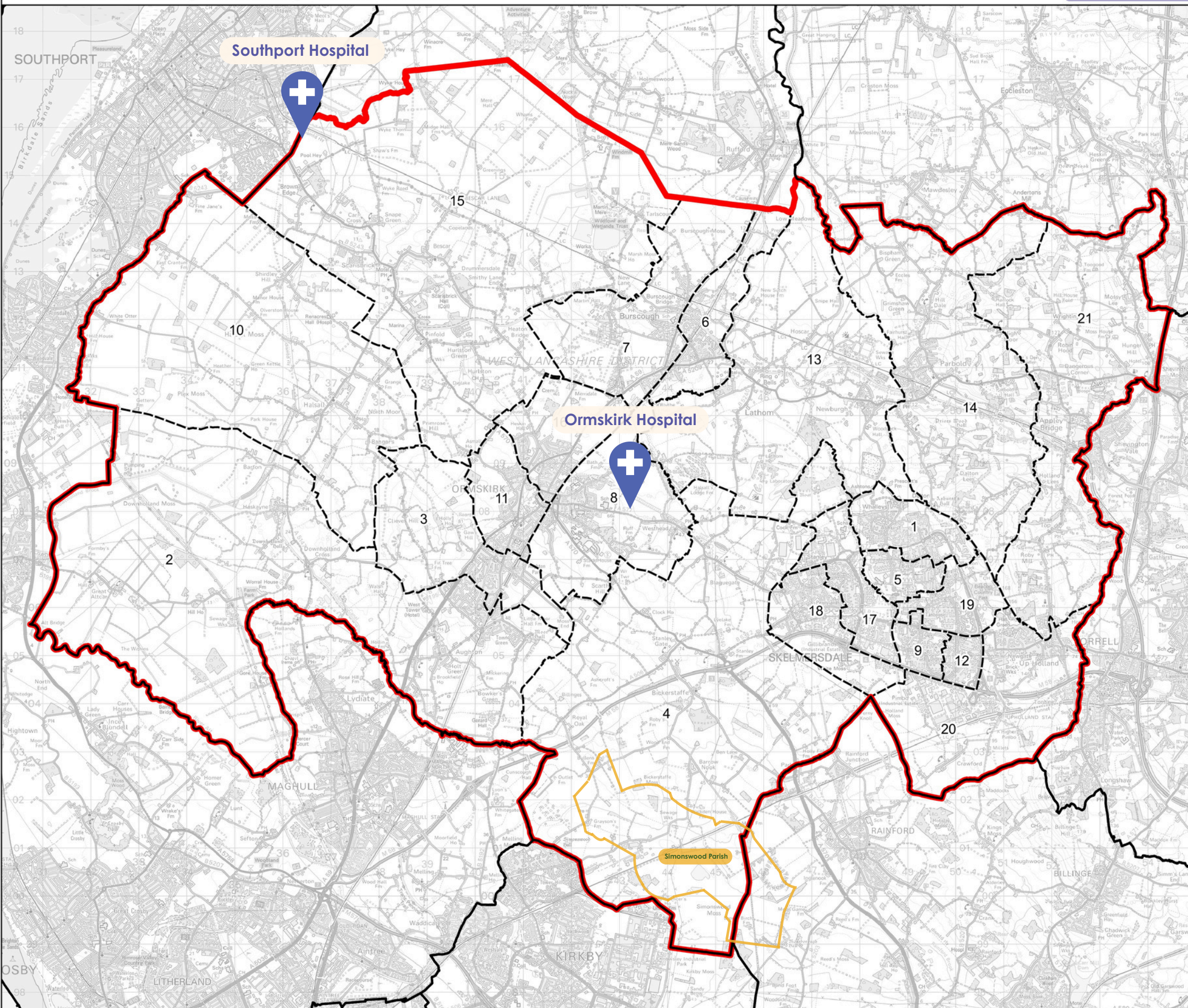
Weaker public transport links. The programme's own analysis says Ormskirk is generally better connected by both car and public transport, and notes poor transport options between Skelmersdale and Southport, which also affects Simonswood.

Higher out-of-pocket costs. Taxis to Southport are $\frac{1}{3}$ more expensive than to Ormskirk; this disproportionately affects households without cars.

Mitigation gap. The proposed free shuttle bus is hospital-to-hospital, not resident-to-hospital, so it doesn't help residents reaching A&E.



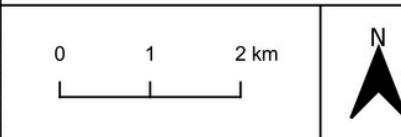
We request the NHS to provide their modelling on resident-facing transport mitigations (route frequency, first/last bus, affordability).



Wards:

- 1 Ashurst
- 2 Aughton and Downholland
- 3 Aughton Park
- 4 Bickerstaffe
- 5 Birch Green
- 6 Burscough East
- 7 Burscough West
- 8 Derby
- 9 Digmaor
- 10 Halsall
- 11 Knowsley
- 12 Moorside
- 13 Newburgh
- 14 Parbold
- 15 Scarisbrick
- 16 Scott
- 17 Skelmersdale North
- 18 Skelmersdale South
- 19 Tanhouse
- 20 Up Holland
- 21 Wrightington

- Constituency
- Local Authorities
- Wards



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Total Area for NHS Southport, Formby & West Lancashire

944,21 Southport
22,886 Formby

West Lancashire - 119,400:

2,011 Ashurst
5,602 Aughton & Downholland
8,034 Aughton Park
1,180 Simonswood/Bickerstaffe
2,732 Birch Green
9,935 Burscough East/West
6,946 Derby/Knowsley/Scott
2,185 Halsall
3,948 Moorside
1,065 Newburgh
2,500 Parbold
3,716 Scarisbrick
5,334 Tanhouse
7,376 Upholland
2,890 Wrightington
38,813 Skelmersdale/Digmaor

West Lancashire County Constituency

*According to 2021 census

Resilience & Risk

North West Ambulance Service

According to the consultation (P34) the ambulance service figures are unclear and do not allow for a straightforward comparison. NWAS modelling shows extra road time even with Southport. With A&E at Southport, ambulance travel time rises by +42 minutes per day and mileage by +47 miles/day and does not show the current base line, verses a 4 times increase for Ormskirk to 130 minutes and 197 miles/day for the Ormskirk option. Any increase eats into already stretched response & handover times.



We request that this NHS consultation publish NWAS's operational sign-off, the full modelling assumptions, and the mitigation plan (standby points, rota changes, handover targets) for the public to review before decisions are taken.

There is no mention of plans for a fit-for-purpose helipad at either hospital. Our research indicates that the current provision at both sites is unsuitable for modern emergency helicopter models. Given the NHS vision to deliver safe, high-quality care that meets future needs, we believe this is a critical factor when weighing initial capital costs against the long-term operation and delivery of a quality emergency service.



We request that the NHS provide details of the financial investment and ongoing operational forecasts required to deliver a fit-for-purpose airborne service at both sites.

Clinical co-dependencies (maternity, neonatal, paediatrics)

The consultation says that under the Southport option only paediatric inpatients relocate; it is silent on maternity & neonatal moves. If those services remain at Ormskirk while children's A&E and paediatric inpatients are at Southport, that raises clinical-risk and transfer questions.

As part of the NHS's responsibility to provide quality care, is it not best practice to keep maternity and neonatal services on the same site as adult and paediatric A&E care?



We ask NHS for West Lancashire, Southport and Formby to confirm to us whether maternity and neonatal will be co-located with children's A&E?



If this has not been considered, we request that the NHS publish its risk assessment, transfer protocols, additional staffing plans, and confirm whether Southport's costings include any future neonatal and maternity reconfiguration.

Population growth & demand

Government targets require councils to build a minimum number of new homes over the next five years, based on their local area. In line with these targets, West Lancashire must deliver over 570 new homes per year until 2030. Based on an average of two residents per household, this equates to approximately 5,700 additional residents who will require urgent and emergency care in West Lancashire alone by 2030 — not including Sefton Borough Council's housing targets for the same period.



We request that the NHS demonstrate how its demand modelling for emergency department attendances, ambulance conveyances, and bed capacity explicitly accounts for West Lancashire's population growth, average household size, and car-ownership patterns over the next 5 to 10 years conclusively, particularly for Lancashire's rural south communities.



In addition, we ask that the same modelling be provided for the entire area that NHS West Lancashire, Southport, and Formby are responsible for serving.

Site capacity & future-proofing

The paper portrays Southport as the better option financially, space and time.

Ormskirk		Southport	
 m²	8,800	 m²	1,800
	7		5
 £	£1.3m	 £	£33.1m

It is important to acknowledge that short-term convenience can hide long-term limitations if the Southport site lacks sufficient space for future expansion as the population grows. We strongly believe that, while the initial capital cost for Ormskirk may be higher, it better aligns with the NHS's long-term vision to provide safe, high-quality care that will meet future needs. Southport, constrained on all sides by the built environment, is the least suitable site for long-term growth. In contrast, Ormskirk's location, bordered by rural, undeveloped land, offers far greater potential for future expansion and service development.



We request the NHS to publish a site masterplan for Southport showing safeguarded clinical expansion zones (not just parking), decant strategy, and how additional theatres/critical care footprints would be delivered without repeated disruption.



We also ask to see the long term mitigated plan for both sites based on population growth, critical care, bed space and car park provision.

Estates risk & whole-life costs

Backlog maintenance at Southport is already reported at £26.8m, including £15.6m high-risk works. When combined with the Southport A&E capital of £33.1m, the true near-term spend and risk exposure could be materially higher than presented headline figures.



We request the NHS to provide a transparent cost breakdown for each option including, but not limited to, backlog clearance, enabling works, inflation, lifecycle/energy, decant, and business-continuity costs, to prove to the public that comparisons aren't distorted by excluded liabilities.

Summary

1. **Resident-Facing Transport Modelling** – Provide modelling on transport mitigations for residents, including route frequency, first/last bus times, and affordability.
2. **NWAS Modelling & Mitigation** – Publish NWAS operational sign-off, modelling assumptions, and mitigation plan (standby points, rotas, handover targets) before any decision is made.
3. **Air Ambulance Provision** – Provide investment and operational cost plans to deliver fit-for-purpose airborne services at both sites.
4. **Maternity & Neonatal Co-location** – Confirm whether maternity and neonatal services will be co-located with children's A&E.
5. **Risk Assessment if Not Co-located** – If not, publish risk assessment, transfer protocols, additional staffing plans, and clarify whether Southport costings include future neonatal/maternity reconfiguration.
6. **Demand Modelling (West Lancashire)** – Show how modelling accounts for population growth, household size, and car-ownership patterns over the next 5–10 years, especially in rural south Lancashire.
7. **Demand Modelling (Whole Footprint)** – Provide equivalent modelling for the entire area served by NHS West Lancashire, Southport, and Formby.
8. **Southport Site Masterplan** – Publish a masterplan showing safeguarded clinical expansion zones, decant strategy, and future theatre/critical care footprints.
9. **Long-Term Mitigation Plans** – Share long-term plans for both sites, addressing population growth, critical care capacity, bed space, and parking provision.
10. **Transparent Cost Breakdown** – Provide a detailed cost comparison for both options, including backlog clearance, enabling works, inflation, energy/lifecycle, decant, and business-continuity costs.



We request The NHS for West Lancashire, Southport and Formby, provide a written response, including the supporting evidence we have requested, by **26 September 2025** to ensure we have sufficient time to review and submit our feedback ahead of the 3rd October consultation deadline.

Please forward the information to:
clerk@simonswood-pc.gov.uk

Thank You
Simonswood Parish Council

