

Shaping Care Together Joint Committee Public Questions

Month: **July 2025**

Question Received	By	Date received
Skelmersdale has one of the lowest car to household ratios in the country, an appalling bus service, no train station, and a high proportion of low income families (making taxis an expensive option). How do you propose these people access an A&E that will be over 30 mins drive away?	Lyndsey Yates	01/07/25
Answer		
<p>Thank you for raising this important concern. We fully recognise the challenges faced by residents in Skelmersdale, including limited car ownership, inadequate public transport, and the financial barriers some families face when accessing healthcare.</p> <p>To ensure these impacts are properly understood and addressed, we have conducted a Travel Impact Assessment, a Quality Impact Assessment, and an Equalities and Health Inequalities Impact Assessment. These are available in section 9 of the pre-consultation business case (PCBC) - from page 87 and appendices 22-28.</p> <p>Our data shows that 4 out of 10 adults and 7 out of 10 children currently attending A&E could be safely treated in other settings. For non-life-threatening urgent care, patients can continue to access existing services such as the walk-in centre in Skelmersdale and the urgent treatment centre in Ormskirk. These services remain unchanged and continue to play a vital role in providing accessible care closer to home.</p> <p>To further support access, we are establishing a Travel Advisory Group that includes members of the public and patients, to help us understand and respond to real-world travel challenges and working closely with local authorities and public transport providers to develop services that reflect the needs of patients and staff, ensuring hospital sites remain accessible. We are committed to making sure that any changes do not disadvantage those who already face barriers to care, and we welcome continued feedback to help shape solutions that work for everyone.</p> <p>It's really important for us to learn the views of people, such as yourself, who rely on and use our services. I would encourage you to read the consultation booklet (a summary version is also available), take part in our survey, and consider attending one of the public events being held throughout the consultation period.</p>		

Question Received	By	Date received
Southport has a lower population of children than areas such as Skelmersdale, and a higher elderly population. Why then, does it make sense to close the children's A&E in an area where it is needed more?	Lyndsey Yates	01/07/25
Answer		
Our consultation documentation outlines the current paediatric populations attending Ormskirk Emergency Department, including a travel analysis assessing the impact of proposed options and the potential suitability of alternative settings, such as an urgent treatment centre (UTC). Comprehensive modelling and analysis have been undertaken to understand how these changes may affect children. If, after reviewing the documentation, you would like further information on the modelling, please do not hesitate to get in touch.		

Question Received	By	Date received
<p>The NHS target is to see 95% of A&E patients within 4 hours. Both Wigan and Southport have fallen short of this target repeatedly. Just last week I heard a man waited 27 hours in Wigan A&E. How is moving the Ormskirk children's A&E going to help this issue with waiting times?</p>	<p>Lyndsey Yates</p>	<p>01/07/25</p>
<p>Answer</p>		
<p>Thank you for raising this important concern. We absolutely recognise the pressures on A&E departments, including the recent challenges at Wigan and Southport. Improving waiting times is one of the key goals of the Shaping Care Together (SCT) programme, and the proposed changes to Ormskirk children's A&E are part of a broader strategy to address these issues.</p> <p>By co-locating adults and children's A&E services, we can deliver care more efficiently and effectively. This includes:</p> <ul style="list-style-type: none"> • Improved rota management, which helps ensure we have the right staff available at the right times. • Better staff supervision and training, which enhances the quality and speed of care. • Access to a wider range of specialist services - such as pharmacy, radiology, pathology, and microbiology - especially during evenings and weekends. • Greater flexibility to respond to emergencies and peaks in demand, thanks to shared resources across departments. <p>It's also important to note that in the proposed co-location options, children's and adult's A&E departments will have separate entrances, waiting areas, and treatment rooms, ensuring age-appropriate care and safeguarding.</p> <p>These changes are designed not only to improve clinical outcomes but also to reduce waiting times by streamlining how and where care is delivered. Ultimately, this means patients - both children and adults - can be seen more quickly and safely.</p>		

Question Received	By	Date received
<p>When our daughter needed an ambulance, we waited nearly 2 hours on the cold ground of a dark park. Clearly there are already issues with ambulance waiting times. Our daughter was hurt badly enough that we could not move her, but had we been able to, we were 15 mins away from Ormskirk. How can you justify a longer journey for a child in pain?</p>	<p>Lyndsey Yates</p>	<p>01/07/25</p>
<p>Answer</p>		
<p>Thank you for sharing your experience. What you went through is deeply distressing and understandably raises serious concerns. Your story highlights the very real and urgent challenges that families face when emergency services are stretched, and it's exactly these kinds of experiences that the Shaping Care Together (SCT) programme is working to address.</p> <p>The proposals put forward and the preferred option followed extensive clinical review, public engagement, and a rigorous options appraisal process. The aim is to ensure that all patients - including children - receive safe, high-quality, and sustainable care, 24 hours a day, across Southport, Formby and West Lancashire.</p> <p>We know that travel time matters, particularly in emergencies. That's why the programme carefully considered not just geography, but also:</p> <ul style="list-style-type: none"> • Clinical safety and co-dependencies: Southport requires fewer clinical services to be relocated to support a co-located ED, meaning it can be delivered more quickly and with less disruption to existing services. • Workforce resilience: Co-location allows for a more sustainable staffing model, reducing reliance on temporary staff and improving 24/7 medical cover for both adults and children. • Patient outcomes: A single-site emergency department improves continuity of care, reduces handover risks, and ensures that critical support services like anaesthetics, radiology, and surgery are immediately available. • Deliverability and cost: The Southport option is significantly more affordable (£33 million for Southport vs. £91 million for Ormskirk) and faster to implement, meaning less disruption and improvements can be realised sooner. <p>We also recognise that for some families, including those in parts of West Lancashire, this may mean a longer journey. Our data shows that 4 out of 10 adults and 7 out of 10 children currently attending A&E could be safely treated in other settings. For non-life-threatening urgent care, patients can continue to access existing services such as the walk-in centre in Skelmersdale and the urgent treatment</p>		



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centre in Ormskirk. These services remain unchanged and continue to play a vital role in providing accessible care closer to home. We are also continuously reviewing our urgent care services: to ensure they meet the needs of our communities as effectively as possible. We remain open to exploring the possibilities for urgent care services within our current resourcing constraints, balancing our commitments to improving access, efficiency and quality.

The public consultation is designed to ensure that all perspectives are heard before any final decisions are made. If you haven't already, I encourage you to share your experience formally through the consultation process so it can be considered as part of the final decision-making. You can do this via our survey or attending one of our public events.



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Question Received	By	Date received
Southport hospital already has issues with finding beds (speaking from experience). How will it cope when the children that would have gone to Ormskirk A&E comes through it's doors?	Lyndsey Yates	01/07/25
Answer		
If children's A&E is co-located at Southport, there will be separate inpatient beds designated for adults and children, as well as separate entrances and waiting rooms, which will help manage capacity and ensure appropriate care for both groups.		
This will be the same with either co-location option.		

Question Received	By	Date received
Ormskirk currently has a walk-in centre. Given its closer proximity and easier access to those in Burscough, Skelmersdale, Ormskirk, Parbold, Newburgh, etc. have you considered that what is likely to happen is that this centre becomes more overwhelmed than it currently is with people hoping their child can be treated there, rather than making the journey to Southport?	Lyndsey Yates	01/07/25
Answer		
<p>The urgent treatment centre at Ormskirk treats minor injuries and minor illnesses. Where a child requires treatment at A&E they would be redirected to A&E. It is an essential requirement that the urgent treatment centre has protocols in place to enable transfer to A&E, where appropriate. If a child is taken by ambulance, the paramedic crew would identify the most appropriate facility to meet the child's needs.</p> <p>If the preferred option goes ahead, the number of people attending the urgent treatment centre in Ormskirk is predicted to rise by 15.5%. That equates to around 13 to 14 additional patients a day needing treatment for minor injuries and illnesses at the centre. These forecasts will be monitored and updated over time to support planning and ensure that the right level of care would be in place.</p> <p>We would also need to take into account future changes that will affect demand. For example, the Fit for the Future: 10-Year Health Plan for England, published by the government on 3 July, highlights the need to develop a neighbourhood health service and improve access to same-day GP appointments. These changes will influence how people receive urgent care over the coming years.</p>		

Question Received	By	Date received
What will happen to the children's ward in Ormskirk, and is there space in Southport for this? Is there space for extra parking provision? Parking in Southport is already difficult...	Lyndsey Yates	01/07/25
Answer		
The estate plans included in the consultation documentation includes the Children's Ward, Children's Emergency Department, and Children's Assessment Unit, as well as provisions for additional parking. These elements have been considered as part of the evaluation and hurdle criteria outlined in the pre-consultation business case (PCBC) and consultation documentation. If, after reviewing the documentation, you would like further information on the plans, please do not hesitate to get in touch.		



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Question Received	By	Date received
Impact on Accessibility: How will the relocation affect the accessibility of emergency services for children in our community, especially for those without transportation?	Claire Seddon	02/07/25
Answer		
<p>This has been considered as part of the Equality and Health Inequalities Impact Assessment, as well as the evaluation and hurdle criteria set out in the pre-consultation business case (PCBC) - section 9.2 and appendix 5 - and the consultation document - see the 'The impacts and what we can do about them' section from page 30. The programme is committed to identifying and supporting improvements in transport through a dedicated Travel Advisory Group. Learning from other areas has highlighted the potential role of voluntary services, NHS Trust shuttle buses, and close collaboration with local authorities and transport providers. We welcome your thoughts and feedback on what you feel would be most helpful in this regard as part of the consultation.</p>		

Question Received	By	Date received
Demographics Consideration: Has demographic data been analysed to determine the needs of the children versus the aging population in Southport?	Claire Seddon	02/07/25
Answer		
<p>Yes, demographic data has been thoroughly analysed to assess and address the distinct needs of children and the aging population in Southport, Formby and West Lancashire. This analysis forms part of a wider review covering the Sefton and West Lancashire areas and includes a detailed stratification of the population by age groups - children, adults, and older adults.</p> <p>The demographic and population health analysis has been critical in shaping the design of the department and the development of key clinical pathways across both acute and community services. Key findings include:</p> <ul style="list-style-type: none"> • Population Trends & Health Needs: The review examines population growth, age distribution, levels of deprivation, chronic disease prevalence, mental health issues, frailty, and projected emergency care demand. • Children’s Health Needs: The analysis identifies key drivers of emergency department use among children as obesity, respiratory conditions, and increasing mental health challenges. • Older Adults’ Health Needs: For the aging population, the primary factors leading to ED attendance are frailty, falls, and multi-morbidity. <p>This evidence-based approach ensures that service provision is tailored to meet the current and future health needs of all age groups in the Southport, Formby and West Lancashire area.</p>		

Question Received	By	Date received
Service Demand Analysis: What research has been conducted to assess the current and future demand for pediatric emergency services in both locations?	Claire Seddon	02/07/25
Answer		
<p>Research has been conducted to assess both current and future demand for paediatric emergency services in Southport, Formby and West Lancashire, as part of a comprehensive demographic and population health analysis covering Sefton and West Lancashire.</p> <p>This analysis stratifies the population by age group - including children - and provides valuable insights into the specific health needs and projected service demands of each cohort. For paediatrics specifically, the research identifies key drivers of emergency department usage such as obesity, respiratory conditions, and increasing mental health concerns among children.</p> <p>Additionally, the analysis considers broader population trends, including age distribution, deprivation, and anticipated emergency care demand, all of which help inform the design of the department and the clinical pathways across both acute and community services. This evidence-based approach ensures that future paediatric emergency care provision is aligned with the evolving needs of the local population.</p>		

Question Received	By	Date received
Response Times: How do expected response times compare between the current and proposed locations, and what impact could this have on children's health outcomes?	Claire Seddon	02/07/25
Answer		
<p>The North West Ambulance Service (NWAS) has carefully looked at how quickly ambulances would respond from both the current location and the proposed new location. They used detailed data from August 2024, including real incident and response times, and took into account changes in how they work since Covid-19 started.</p> <p>They also used GPS data to make sure their models reflect real road conditions, so the predictions about response times are as accurate as possible.</p> <p>Looking at the two options, the impact on ambulances would be quite different. If both A&E services were co-located at Ormskirk, ambulance travel times would increase by about 130 minutes each day, and ambulances would drive 197 extra miles daily. The Southport ambulance station would be most affected, with daily mileage expected to rise by 117 miles. In contrast, if both A&E services were co-located at Southport, travel times would increase by around 42 minutes a day, with 47 extra miles driven daily. The Preston ambulance station would be the most affected in this case, with an increase of 10 miles per day.</p> <p>NWAS has taken steps to understand these changes, and the modelling provides important information for considering how response times might shift between locations. The NWAS modelling can be found in Appendix 18 of the pre-consultation business case.</p>		

Question Received	By	Date received
Alternative Solutions: What alternative solutions were considered to improve or expand services at the current location rather than relocating?	Claire Seddon	02/07/25
Answer		
A full options appraisal is detailed within the pre-consultation business case (PCBC) and its appendices - these can be found in Section 5 (from page 44) and appendix 7. All options other than co-location at Southport or co-location at Ormskirk did not meet the established hurdle criteria. However, as part of the consultation process, dedicated sessions will be held to allow individuals to present alternative, evidence-based proposals for improving or expanding services at the current location.		

Question Received	By	Date received
Financial Implications: What are the financial implications of this move for our local healthcare system, and how will it affect funding for pediatric services?	Claire Seddon	02/07/25
Answer		
The financial implications of the proposed options include both capital costs and potential revenue efficiencies. Capital costs are estimated at £33 million for the Southport option and £91 million for the Ormskirk option, with anticipated revenue savings of £1.5 million, as outlined in Section 6.2 of the PCBC. Following a final decision, detailed financial modelling will be carried out to inform subsequent business cases, in accordance with the NHS major service change process. Funding arrangements for paediatric services will remain unchanged and continue as they currently are.		

Question Received	By	Date received
Precedent: Are there examples from other regions where similar relocations have occurred, and what were the outcomes for children's health services?	Claire Seddon	02/07/25
Answer		
<p>Currently, Southport & Formby and Ormskirk District General Hospitals are the only District General Hospitals in England that provide both adult and paediatric emergency care across two geographically separate sites. As a result, we are unable to provide comparable examples of similar relocations. The widespread adoption of co-located A&E services reflects the recognised clinical benefits of this model, which is shown to support improved outcomes in children's healthcare. As outlined in our consultation document, the clinical benefits include:</p> <ul style="list-style-type: none"> • Ensuring we have the workforce in place to offer round-the-clock emergency care to children. • Providing better anaesthetics cover for paediatric emergencies. • Allowing us to treat more cases of children needing trauma and orthopaedics and general surgery without requiring transfer to more specialist facilities. • Better access to radiology services out of hours (meaning fewer journeys and delays for patients needing x-rays and scans). <p>It would also help ease the management of blood tests and transfusions in cases of emergencies for under-16s and offer better ways of working for our pharmacy services.</p> <p>Further detail on these benefits is provided in the pre-consultation business case (PCBC) in Section 4 (from page 41) and from page 12 of the consultation document.</p>		



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Question Received	By	Date received
Transition Plan: What is the plan for ensuring continuity of care during and after the relocation? How will families be supported in the transition?	Claire Seddon	02/07/25
Answer		
A detailed transition and implementation plan will be developed as part of the decision-making business case (DMBC) to ensure continuity of care during and after the relocation. We are committed to supporting families throughout the transition and want to hear your views on what support will be needed to make the process as smooth as possible as part of the consultation. During the consultation period, we have a number of ways in which you can share feedback, including our survey. You may also be interested in coming along to one of our public events which are being hosted both online and in-person, as well as volunteer to take part in one of our smaller discussion groups - details of which can be found on our SCT website.		

Question Received	By	Date received
Long-Term Vision: What is the long-term vision for paediatric healthcare in our area, and how does the relocation align with that	Claire Seddon	02/07/25
Answer		
<p>In January 2025, NHS England released guidance to standardise community health services, outlining the expected commissioning and delivery of children’s services across all regions. In alignment with this, the Lancashire and South Cumbria Roadmap 2030 envisions a unified paediatric model aimed at ensuring equitable access, consistent service provision, and improved outcomes for children and young people. The national guidance supports Integrated Care Boards (ICBs) in implementing this model, and benchmarking of local services is underway, including efforts to standardise continence and community paediatrics services.</p> <p>For West Lancashire LSC ICB recognise the importance of the connection to the Mersey area and that often, for their children and young people, there is a more natural flow to Alder Hey for some children’s services. LSC ICB have commenced discussions with Mersey West Lancashire Trust and Cheshire and Mersey ICB to work more collaboratively on their community health services pathways commencing with community paediatrics to make sure that there is an equitable offer for the West Lancashire children in Lancashire and South Cumbria but who may also choose to access Mersey services. The ICB do not have any current plans to make changes to where services are provided however, the new long-term plan highlights the need to bring care closer to home through the delivery of family hubs and neighbourhood health models of care, this may be through local children’s centres and community hubs. Any future changes to where services are delivered would be taken through proper process underpinned by an equality impact assessment and engagement with families in the local area.</p> <p>The long-term vision for paediatric healthcare in Cheshire and Merseyside is to give every child the best start in life and to enable all children, young people, and adults to maximise their capabilities and take control of their lives. This is being delivered through a comprehensive system-wide transformation programme, including the implementation of the NHS Long Term Plan for children and young people, the BEYOND Programme to improve outcomes across the children and young people’s pathway, and the Core20PLUS5 approach to addressing health inequalities.</p>		



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Key priorities include transforming mental health, neurodiversity, oral health, and support for children on the edge of care, as well as meeting statutory responsibilities around Special Educational Needs and Disabilities (SEND). Collaborative working with Directors of Children's Services and third-sector partners ensures joined-up, preventative approaches.

The vision is underpinned by strong system-wide collaboration across health, education, social care, and the voluntary sector. Engagement with children, young people, and their families is central to service design and delivery. A population health approach helps target those most affected by poor outcomes, and workforce innovation supports more effective and responsive services. This vision also aligns with national policy to bring care closer to home and supports the development of family hubs, neighbourhood models of care, and equitable access to services across the region.

Question Received	By	Date received
<p>Have the panel considered that moving Children's A&E services to Southport from Ormskirk will be asking patients to travel a further distance away from our local specialist children's hospital (Alder Hey)? Currently those travelling from Southport to Ormskirk are moving in the direction of Alder Hey, therefore reducing the travel time if a child would need to be transferred. Asking residents of Skelmersdale, Burscough, Ormskirk or surrounding areas to travel to Southport is moving in the opposite direction, therefore lengthening this possible transfer.</p>	<p>Fiona McFall</p>	<p>02/07/25</p>
<p>Answer</p>		
<p>We understand the concerns about travel distances and how they may impact access to specialist care, especially in relation to Alder Hey. As part of the programme's options appraisal process, the need for specific on-site services to support children's emergency care was carefully considered. When a child needs specialist input from Alder Hey, it's the clinical condition that determines the most appropriate course of action, rather than the distance alone. There are already well-established clinical pathways in place to ensure that children who need specialist care are taken directly to Alder Hey, regardless of their location. Alder Hey supports children across a very large area - including the North West, North Wales, and the Isle of Man - so it's well equipped to manage referrals from a wide range of locations.</p>		

Question Received	By	Date received
<p>Have the transport links to Southport been considered with regards to accessibility when compared to Ormskirk? It is common for Ormskirk to be considered as a commuter town due to its many travel links. Whereas Southport is notoriously 'out of the way' with little access to motorways. Asking all other local residents to therefore travel through Ormskirk to attend Southport in an emergent situation is adding additional travel time for an already time pressed problem.</p>	<p>Fiona McFall</p>	<p>02/07/25</p>
<p>Answer</p>		
<p>As part of the modelling, we have examined the reasons children may require urgent and emergency care to better understand the impact on travel times. This analysis has informed the Travel Impact Assessment, Equality and Health Inequalities Impact Assessment, and the evaluation and hurdle criteria outlined in the pre-consultation business case (PCBC) and consultation documentation. The programme is committed to identifying and supporting transport improvements through a dedicated Travel Advisory Group. Insights from other areas have highlighted the potential benefits of voluntary services, NHS Trust shuttle buses, and close collaboration with local authorities and transport providers. We welcome your views on what support you believe would be most helpful as part of this consultation.</p>		

Question Received	By	Date received
<p>what rationale has been used to justify moving Children's A&E away from the children's and maternity services that are currently only housed in Ormskirk and not in Southport hospital? Surely if specialist input is required it would provide safer outcomes to be in the same building as those specialists?</p>	<p>Fiona McFall</p>	<p>02/07/25</p>
<p>Answer</p>		
<p>It has long been recognised that services across Southport and Ormskirk have faced sustainability challenges. The coming together of Southport and Ormskirk Hospitals and St Helens and Knowsley Hospital to form Mersey and West Lancashire Teaching Hospitals NHS Trust has brought increased resources, helping to strengthen support for a number of services.</p> <p>We acknowledge that starting with urgent and emergency care is the most appropriate first step, and while the provision of maternity services is under review by NHS Cheshire and Merseyside ICB, and the commissioning of neonatal services is being reviewed by the NHS England North West region specialised commissioning, as part of major service change programmes, these services are out of the scope of this programme. However, it is important to note that there is clear interconnectivity between the outcomes of all three programmes. We are also fully committed to reviewing maternity services as the next phase of the SCT programme.</p> <p>It's important to note that, even once a decision is made, implementation will take time. This time will allow us the necessary opportunity to carry out a thorough and comprehensive review of maternity services.</p>		

Question Received	By	Date received
<p>The travel time data used in your impact assessment is flawed. It fails to break down data into the relevant demographic groups. To have a meaningful comparison you need to look at two hospitals' use by children alone. How can you justify to families from Skelmersdale, living in some of the most deprived wards in the country (significantly including car ownership per household) - much worse than anywhere in Southport & Formby - moving the nearest A& E for their sick children 10 miles further away from them when they are already struggling with transport?</p>	<p>Dr SP Frampton</p>	<p>02/07/25</p>
<p>Answer</p>		
<p>Thank you for your comment regarding the travel time data in the impact assessment. We understand the importance of considering demographic-specific usage, such as children's access to services. However, it's important to clarify that only Ormskirk Hospital has a dedicated children's A&E department. Southport Hospital provides A&E services for adults only.</p> <p>As a result, a direct comparison of A&E attendances by children between the two hospitals is not possible, since Southport does not serve this demographic in its emergency department. The travel time analysis reflects the actual service configurations and patient pathways currently in place.</p> <p>Please be assured that we understand the significance of travel and how this can affect access to services. To assess the potential impact of each proposed option, we've carried out a number of impact assessments - including effects on ambulance travel times. A summary of these assessments can be found in Section 9 of the pre-consultation business case (PCBC), on pages 87–90, with further detail available in the appendices. The North West Ambulance Service has also provided a detailed analysis using its own modelling tool, which is available to read here. A summarised version is also included in the 'Impacts and What You Can Do About Them' section of the consultation document (from page 33).</p> <p>We appreciate your concerns regarding Skelmersdale, and we want to reassure you that the potential effects on this and other local communities have been taken into account within these assessments. It's also worth noting that we are setting up a travel advisory group to include members of the public and patients, and will be working closely 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.</p>		

Question Received	By	Date received
Both Southport and Ormskirk Hospitals should have both adult and children's A&E services on their site. When will the needs of the local communities be given the priority they deserve, rather than a detrimental model designed only to save money?	Claire Hawkins	03/07/25
Answer		
<p>We understand the strong desire from local communities to see both adult and children's A&E services maintained at both Southport and Ormskirk Hospitals. This option was carefully considered as part of an options appraisal process and is outlined in the pre-consultation business case (PCBC) - see section 5 - and the 'Shaping Proposals' section of the consultation document (from page 16). However, it was discounted at the hurdle criteria stage for several important reasons:</p> <ul style="list-style-type: none"> • Clinical Sustainability: Unfortunately, we do not currently have the workforce to safely provide 24-hour cover at both sites. Maintaining two co-located A&E departments would further strain our already limited staffing resources, making it unsafe and unsustainable. • Financial Viability: Delivering this model would require significant investment, including internal reconfiguration or building extensions, a larger workforce with associated ongoing costs, and the duplication of critical co-dependent services such as intensive care. This would not be a financially viable solution. <p>However, if new evidence is put forward, or if circumstances change, new, or previously discounted options, may be brought back into consideration.</p> <p>While we recognise the importance of accessible emergency care, any future model must be safe, sustainable, and deliver the best possible outcomes for patients. We remain committed to engaging with our communities and ensuring their voices are heard throughout this process.</p>		

Question Received	By	Date received
<p>I have just watch Wes Streeting on BBC Breakfast. He explains that he wants more local services within communities, meaning people do not need to travel from place to place to get care, but can receive that care in their local community. The current proposals are now outdated based on this new announcement. Instead, local NHS services A&E for both children and adults, should be bolstered and reinstated at both sites. How does the committee respond to this new announcement and direction for the NHS?</p>	<p>Claire Hawkins</p>	<p>03/07/25</p>
<p>Answer</p>		
<p>The government’s new ten-year plan for the NHS has three core strands, one of which is to move more care away from hospitals and into communities, closer to where people live. However, emergency care, available at our A&Es, is for life-threatening illnesses or accidents that need to be dealt with straightaway and must always be provided at a hospital site. This is because, to offer emergency care safely, support needs to be on hand from a number of other NHS services. This is in line with government policy.</p> <p>In our case for change published last year, we outline the current pressures we are facing. One of the impacts of this has meant our children’s A&E at Ormskirk Hospital cannot be offered safely all day and night. That is why, in April 2020, we took the difficult decision to reduce opening times. Since that time there has been no dedicated children’s A&E service at Ormskirk Hospital between midnight and 8am. We also do not currently have the workforce to safely provide 24-hour cover at both sites. Maintaining two co-located A&E departments would further strain our already limited staffing resources, making it unsafe and unsustainable.</p> <p>Unlike A&E services, however, urgent care can be offered in the community, such as at one of our urgent treatment- or walk-in centres, and often in people’s homes. We are always reviewing our urgent care offer to make sure it is the best it can be. We consider things like where people live, which other NHS services are available to them and what their specific needs are. We know, for example that older people, or people with disabilities or frailty related conditions, can lose some of their independence when admitted to hospital and may have more need for community and home-based care when that is available and appropriate.</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>		

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