

A case for change

Urgent and Emergency Care

JULY 2024



SHAPING CARE
TOGETHER





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A woman with long brown hair, wearing a blue NHS uniform, is shown in profile from the chest up, looking out a window. The background is a bright, slightly blurred view of a city or town. Overlaid on the left side of the image are several overlapping circles in shades of teal and white. The main title is centered in a large teal circle.

1. What is Shaping Care Together?

Much of the NHS was designed decades ago to respond to the health needs of the population at that time. It's right therefore, that from time to time, we take stock of how we do things so that we can make sure that we're set up to face today's challenges. Shaping Care Together is an NHS programme aimed at improving the way we provide health and care in Southport, Formby and West Lancashire.

Our responsibility is to provide the highest quality of care to meet the needs of the patients and communities we serve. However, some pressures which are being felt right across the NHS, are making it harder for us to do this where we live. Staffing shortages, a need to invest in our buildings and estates, and funding challenges are

"We are starting by looking at how we offer urgent or emergency care to those who need it."

Find out why in [section seven](#)

putting services under pressure. We also have an ageing population which means that demand for services will continue to rise in the future.

We need to prepare our local NHS to meet those future needs and expectations, delivering high-quality services that are both safe and sustainable.

Shaping Care Together is about finding ways to make the best use of our staff, money, and other resources to do just that.

We know that changing too much and too often can be disruptive and costly, but we are confident that now is the right time to look for new and better ways to organise our local NHS. Working together with our patients, our dedicated healthcare professionals, and our partners, we are confident we can get this right.

Since the start of Shaping Care Together, we have been listening to people and organisations affected by and involved in the provision of health and care services. We have tried to get as many people as possible to share their experiences and to contribute their thoughts and ideas about what works well, and what doesn't, and to help us see what good should look like.



What we've learnt so far

Our initial listening and engagement has helped shape the way we approach change, based on the priorities of the people we serve. We now know some of the things that matter most to people, such as:

- Receiving excellent quality care, even if that means having to travel a little further.
- Having care provided closer to home and in the local community wherever possible.
- Reducing waiting times for outpatient appointments.



We are now taking these priorities forward to the next phase of Shaping Care Together in which we are looking at how we offer urgent and emergency care to those who need it. The way we do this can have a big impact on how we operate many other NHS services. Our ambition is to ensure that urgent and emergency care services are organised in a way that can help deliver:



Reduced waiting times at A&E and for urgent care.



24/7 dedicated emergency care for all ages.



NHS services that meet patients' needs, today and in the future.



Fewer cancelled operations.



Better urgent care provided closer to home.

As we continue to involve, engage and listen to people, we will develop a long-list of options for how urgent and emergency care service could look in the future, ensuring that the views of those we serve are central to shaping these services.

The standard we set for everything is that we have services which are safe and sustainable, and which are built around excellent patient care.

Our ultimate goal continues to be improving the health and wellbeing of our communities and enabling people to live longer and healthier lives.



WHO IS INVOLVED?

This programme is a partnership between Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), and the integrated Care Boards (ICBs) of NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria.

Find out more about how the work of the Shaping Care Together programme fits with the ambitions of each of our partner organisations.





2. Our ambition for your local NHS

Our local NHS in Southport, Formby and West Lancashire is there to provide excellent quality care, to everyone, all of the time. We are committed to reducing health inequalities for the populations we serve.

“Our vision is to improve the health and wellbeing of local communities, enabling people to live longer and healthier lives. We want to do this by creating and delivering safe, integrated, and sustainable services.”

The Shaping Care Together programme was set up to help us meet these ambitions through the care we provide. Our goal is to organise NHS services built on the provision of safe and high-quality care, today, and in the future.

Working together with patients, our dedicated healthcare professionals, and our partners, we need to get this right with the buildings, staffing, funding, and other resources we have available to us.

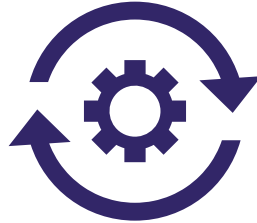
We are confident that we can.

PROGRAMME OBJECTIVES FOR URGENT AND EMERGENCY CARE

In January 2024, the following set of objectives were agreed for the current phase of the programme on urgent and emergency care:



Delivering urgent and emergency care services that are responsive, safe and sustainable.



Improving the integration of services across the health and care system.



Delivering services close to the local community, wherever possible.



3. Where we live

As we consider how best to reorganise NHS services, we have to look at levels of poverty and deprivation across the areas we serve. This is often a good way of identifying differences in the health of the population (often referred to as health inequalities), which in turn can indicate where there might be more demand for NHS services and care.



HOW WE MEASURE DEPRIVATION



One method is to use IMD ratings (Index of Multiple Deprivation). This is a set of widely used measures used to classify the relative deprivation (essentially a measure of poverty) of small areas.

The index uses six different measures, each given its own weighting in calculating overall deprivation scores. Rates of employment are given the most weighting followed by education and health. The three measures with the lowest weighting are crime, living environment and barriers to housing and services.

More affluent areas have lower IMD ratings (because they have lower levels of deprivation). Higher scores indicate higher levels of poverty and deprivation.

Southport and Formby

The predominantly coastal and semi-rural area of Southport and Formby is in the Metropolitan Borough of Sefton, to the north of Liverpool.

With a population of 118,000 it stretches along the Irish Sea coastline. While Southport itself is a sizeable coastal town, the surrounding areas are relatively less urbanised. Scattered villages and suburban residential areas are interspersed with open countryside, farmland, and pockets of woodland.

The area is considered relatively affluent compared to other parts of Merseyside. There are, however, significant levels of social inequality. Areas such as Ravenmeols, and particularly Harrington,

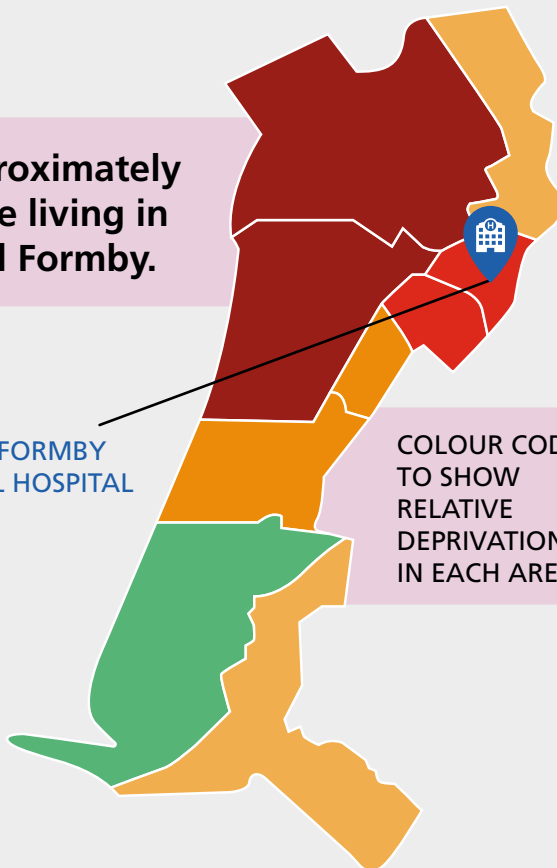
are relatively affluent. Harrington has a rating of 6.7 on the Index of Multiple Deprivation (see information box). By contrast, Cambridge has a rating of 29.4 and Duke's a rating of 31.1. The all-England average is 21.7 and the average for Southport and Formby is 19.2.

We see a similar pattern with peoples' incomes, with Harrington residents earning the most on average, and the lowest earners living in Cambridge and Duke's, behind both the all-England average and Southport and Formby as a whole.

Kew and Norwood also have relative high levels of overall deprivation, whereas Ainsdale, Birkdale and Meols all fare relatively better than the Southport and Formby average.

There are approximately **118,000** people living in Southport and Formby.

SOUTHPORT AND FORMBY DISTRICT GENERAL HOSPITAL



COLOUR CODED TO SHOW RELATIVE DEPRIVATION IN EACH AREA

IMD deprivation ratings

21.7	England
19.2	S&F Average
17.8	Ainsdale
16	Birkdale
29.4	Cambridge
31.1	Duke's
6.7	Harrington
23.6	Kew
13.8	Meols
22.5	Norwood
12.2	Ravenmeols

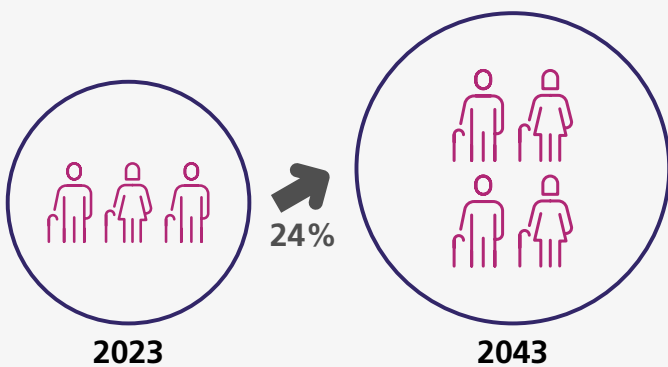
Population growth

The population is ageing at a faster rate than the national average, increasing future demand for health and care services.

SOUTHPORT AND FORMBY PROJECTED POPULATION GROWTH 2023 - 2044

Age	2023	2028	2033	2038	2043	% change
0 - 17	22,176	22,009	21,396	21,258	21,637	-2.43
18 - 64	62,030	61,002	60,475	61,341	61,388	-1.03
65+	33,986	37,210	40,242	42,177	42,229	+24.25
All Ages	118,192	120,221	122,113	123,776	125,254	+21

People above working age (65+)



The number of working age people (16-65) in Southport and Formby is expected to remain at **around the same level over the next twenty years**. However, for every three people above working age now living in the area, projections suggest that by 2043 there will be four - **a rise of over 24 per cent or 8,000 people**.

WHY LOOK AT POPULATION GROWTH?

Compared to people of working age, older people often have more complex healthcare needs, sometimes requiring care for more than one condition at any one time. If the support they need is not available to them in the community, or at home, older people often stay in hospital care, even when that is no longer needed to help improve their condition.

Our goal is to prevent this from happening as much as we can so that hospital beds can remain available for those people who need to be admitted to hospital.

When designing future NHS services we need to account for the changing healthcare needs of an ageing population.

Poverty and deprivation

With an overall IMD rating of 19.2, Southport and Formby has slightly lower rates of poverty and deprivation than all-England (21.7) but is a **little higher than West Lancashire** (18.6). However, data shows that a number of neighbourhoods close to Southport and Formby Hospital are among the most deprived areas in England.

There are many ways we can measure deprivation in our communities. The table below shows some key indicators which help us to appreciate the relatively high levels of social inequality across Southport and Formby. We can see significant differences between the most and least deprived areas, especially in terms of child poverty, poverty amongst older people, and households in fuel poverty.

Deprivation indicators	All England	Southport & Formby	Most deprived	Least deprived	Gap
Index of Multiple deprivation (weighted)	21.7	19.2	31.1	6.7	25
Child poverty (IDACI)	17.1	12.7	17.6	3.5	14.1
Older people in poverty (IDAOP)	14.2	13.3	18	5.4	12.6
Fuel poverty (% of households)	13.2	12.7	16.4	7.4	9
Unemployment (% of working age)	5	4.4	7.9	2.9	5

If we consider just the selection of indicators in the table above, the area appears to be a little less deprived than England as a whole. **The most significant gap we see is in the level of child poverty, with Southport and Formby rated at 12.7 and all-England at 17.1.**

The weighted IMD ratings show the most deprived area (Duke's, rated at 31.1) has much higher rate of deprivation than all-England, whereas Harrington (rated 6.7) is significantly less deprived. While Harrington is the least deprived area on every measure in the table, both Meols, and Ravenmeols also have relatively low levels of deprivation.



West Lancashire

West Lancashire is a predominantly rural district to the north-east of Liverpool. It has a population of 117,000 and is made up of the 1960s new town of Skelmersdale, the historic market town of Ormskirk, and a number of villages situated primarily in the rural Northern Parishes.

Much of West Lancashire could be considered relatively affluent, however, there are significant pockets of poverty and deprivation.

For example, Wrightington, Tarleton, Aughton Park, Parbold, Rufford, Newburgh, Knowsley and Derby all have overall IMD deprivation ratings of under 10. These areas are relatively affluent when compared with the all-England rating of 21.7.

However, poverty and deprivation is concentrated in a small number of electoral wards in Skelmersdale, namely Digmaor (IMD rating of 49.9), Birch Green (43.5), Moorside (43.2) and Tanhouse (41.5), leading to significant social inequalities.

There are approximately **115,000** people living in West Lancashire.

COLOUR CODED TO SHOW RELATIVE DEPRIVATION IN EACH AREA

ORMSKIRK DISTRICT GENERAL HOSPITAL

IMD deprivation ratings

21.7	England
18.6	W Lanc average
19.1	Ashurst
10.7	Aughton & Downholland
5.3	Aughton Park
18.1	Bickerstaffe
43.5	Birch Green
13.3	Burscough East
12.8	Burscough West
8.2	Derby
49.9	Digmaor
14.6	Halsall
10.6	Hesketh-with-Beconsall
9.8	Knowsley
43.2	Moorside
9.2	Newburgh
16.9	North Meols
5.0	Parbold
8.8	Rufford
16.7	Scarbrick
16.5	Scott
31.0	Skelmersdale North
26.5	Skelmersdale South
41.5	Tanhouse
8.4	Tarleton
14.7	Up Holland
7.8	Wrightington

Population growth

WEST LANCASHIRE PROJECTED POPULATION GROWTH 2023 - 2044

Age	2023	2028	2033	2038	2043	% change
0 - 14	18,607	18,349	18,136	18,339	18,824	+1.17
15 - 64	69,755	69,170	68,110	66,966	67,574	-3.13
65+	26,671	28,777	30,901	32,279	31,877	+19.52
All Ages	115,032	116,295	117,146	117,585	118,275	+2.82

We see a similar pattern of projected population growth in West Lancashire as we do in Southport and Formby. The number of working age people (16-65) is expected to shrink a little between now and 2043. By contrast, as in Southport and Formby, the number of people above working age (the over 65s) is expected to rise by about 20 per cent, or over 5,000 people.

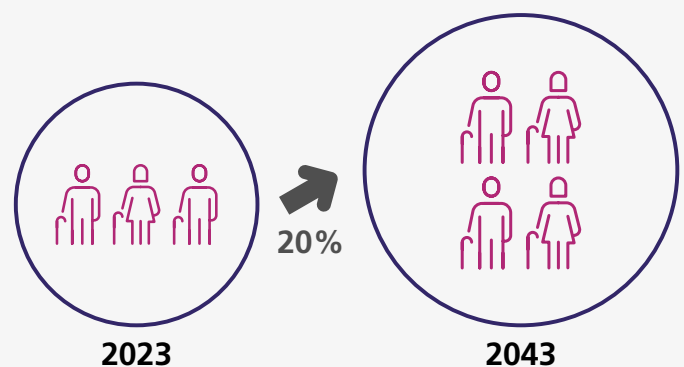


Poverty and deprivation

The IMD deprivation index shows West Lancashire to have an overall rating of 18.6, which is below the all-England average of 21.7.

However, we shouldn't take this to mean that all of West Lancashire is less deprived than the rest of England. As we know, there are some concentrated areas of deprivation. Approximately one in five neighbourhoods in West Lancashire are among the twenty percent of most deprived areas in England, all within Skelmersdale.

People above working age (65+)



Deprivation indicators	All England	West Lancashire	Most deprived	Least deprived	Gap
Index of Multiple deprivation (weighted)	21.7	18.6	49.9	5	44.9
Child poverty (IDACI)	17.1	15.9	36.2	4.3	31.9
Older people in poverty (IDAOP)	14.2	14.0	34.0	7	27
Fuel poverty (% of households)	13.2	13.1	20.1	7.2	12.9
Unemployment (% of working age)	5	4	9.5	1.8	7.7

Whilst the weighted IMD rating for West Lancashire (18.6) is only a little lower than for Southport and Formby (19.2), there are much wider gaps between the most and least deprived areas on each of the individual measures in the table.

For example, based on overall weighted IMD ratings, the gap between the most and least deprived areas of Southport and Formby is 25. It is approaching double this figure in West Lancashire, at 44.9. **This suggests higher overall levels of social inequality in West Lancashire than in Southport and Formby.**

Parbold is overall the least deprived area (rating 5.0) in contrast to Dugmoor (49.9). Parbold also comes lowest for levels of child poverty (4.0, compared to Moorside at 36.2) and older people living in poverty

(7.0, compared to Birch Green at 34.0). Unemployment is lowest in Derby and highest in Dugmoor. Aughton Park has the lowest levels of fuel poverty (rated 7.2), while Birch Green has the highest at 20.1.

The most deprived areas of Southport and Formby were quite close to the all-England average on some of these indicators. **In West Lancashire the more deprived areas are significantly more deprived than all-England on every measure.**





4. Our health

There are some significant differences in people's health and wellbeing across Southport, Formby and West Lancashire. For example, if you live in Tarleton, one of the more affluent areas of West Lancashire, you can expect to live over 10 years longer than somebody in Birch Green. In fact, Birch Green has the lowest female life expectancy in all of Lancashire.

And some health inequalities seem to have worsened since the COVID-19 pandemic. According to **2022 data** from The Office for Health Improvement and Disparities, there has been a ten percent increase in cardiovascular death in the most deprived areas of England since the pandemic. That means that people living in these areas are now four times more likely to die from a heart condition than those in the least deprived areas.

There are many other things that also affect population health. For example, **the 2021 NHS Health Survey** for

England showed that the proportions of adults who were current smokers was significantly higher in more deprived areas. As a result, the people who live there are likely to be more at risk of premature death.

By understanding more about these factors, often known as 'the social determinants of health', we can develop a better understanding of which groups of people are likely to have more need for NHS services, and the reasons that they might need our care.



WHAT ARE HEALTH INEQUALITIES?

Health inequalities are unfair and avoidable differences in health between people or groups of people.

Our health and wellbeing can be affected by many things outside of the care provided by the NHS. For example, someone who is unemployed may be more likely to live in poorer quality housing, with less access to green space or fresh, healthy food. This can have a negative impact on their health.

There are many ways we can look at health inequalities between different groups of people. One measure is differences in life expectancy. We can also think about some of the things that can lead to poor health.

This might be whether people smoke or are alcohol dependent, but can also be things like quality of housing, air quality, access to transport or literacy levels.

We know that some groups and communities are more likely to experience poorer health. These groups are also more likely to experience challenges in accessing care.

There are clear links between the health and wellbeing of different groups of people in our communities, and their need for NHS care. And when people do need the NHS, we have a duty to look at how easily they can access the care they need, as well as the quality of the care they receive.



Southport and Formby

The number of people in Southport and Formby with long term health conditions, sensory impairment, dementia, cancer and other health problems is growing, as is the number of children with complex health and care needs.

Life expectancy

There is considerable social, economic and health inequality across Southport and Formby. Where you live can have a big impact on how long you live. For example, females in Ainsdale, can expect to live more than 9 years longer than females in Kew (88.8 years in Ainsdale compared to 79.7 years in Kew). The gap is less for males (7 years) where those living in Dukes can expect to live 75 years compared to 82 years in Ainsdale.

LIFE EXPECTANCY



Kew
9 years less than
Ainsdale



Dukes
7 years less than
Ainsdale

As well as thinking about how long we might live, it is also important to measure how many years we can expect to live in good health. Studies show that up to half of the healthy years of life lost for people in Southport and Formby are due to preventable causes. This loss of healthy years might be caused by things such as **smoking, alcohol and drug use, or obesity**, but it could equally be due to **fuel poverty, poor living conditions or the level of food processing in our diet**.



Premature deaths and infant mortality

Infant mortality is an important indicator of health inequalities and is reflective of a population's health more generally. The infant mortality rate in Southport and Formby is higher than the England average and has been rising since 2014-16.

The area also experiences higher rates of premature deaths (people under 75) caused by cancer, cardiovascular diseases, liver diseases and respiratory diseases than for the whole of England. These conditions contribute significantly to the gap in life expectancy between the richest and poorest areas in Southport and Formby.



Reasons for attending A&E

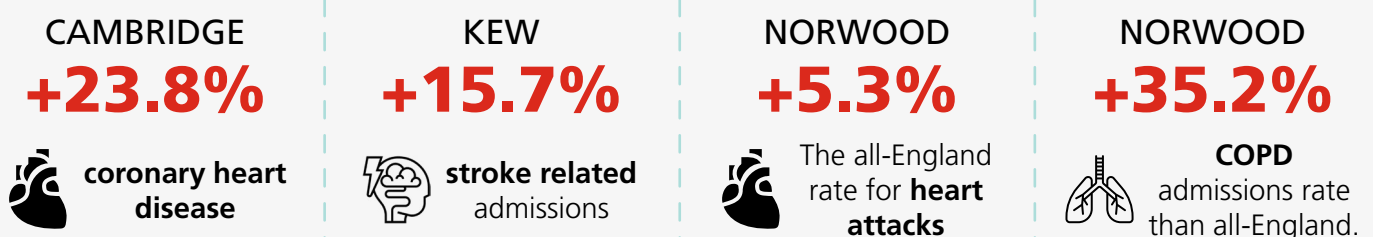
Most recent data from the Office for Health Improvement and Disparities shows that, across Southport and Formby, the rate of emergency hospital admissions is around nine per cent higher than the England average.

In the relatively affluent Harrington ward it is more than 20 per cent lower and in the more socially deprived area of Cambridge it is 33.4 per cent higher.

If we look at some of the more common reasons for emergency hospital admissions, the four most deprived wards of Duke's, Cambridge, Kew and Norwood show the highest rates in comparison to the all-England average.









- Cambridge has a 23.8 per cent higher rate for coronary heart disease.
- Kew is 15.7 per cent higher for stroke related admissions.
- Norwood is 5.3 per cent above the all-England rate for heart attacks. Interestingly, the other three most deprived wards all have lower rates than all-England, with Duke's as much as 28.1 per cent lower.
- For chronic obstructive pulmonary disease admissions (COPD - a group of diseases that cause airflow blockage and breathing-related problems) Norwood has a 35.2 per cent higher admissions rate than all-England.

A&E admissions compared to all England



If Southport and Formby were a village of 100 people

To get a better picture of overall population health, let us imagine that Southport and Formby was a village of 100 people. It would look like this.

Health Condition	Southport & Formby	All-England
 Depression	15	13
 Smokers (Age 15+)	13	14
 Obesity (Age 18+)	12	11
 Coronary Heart Disease	4	3
 Diabetes (Age 17+, all types)	8	7
 Asthma*	7	7
 COPD**	2	2
 Cancer***	5	3

Source: [NHS England Quality of Outcomes Framework](#). Data relates only to people who are currently registered with a GP, and not the whole population.

* Registered patients prescribed with asthma-related drugs.

** Registered patients with diagnosis of COPD before 01.04.2020 and patients with diagnosis of COPD after 01.04.2020 with diagnosis confirmed by a quality assured spirometry test (including those unable to take test)

*** Diagnosis of cancer excluding no melanotic skin cancers diagnosed on or after 1 April 2003

Based on these measures alone, we can see that the overall population health of Southport and Formby is similar to that of England as a whole.

However, whilst some of the differences may seem small, it is worth noting that Southport and Formby has higher rates than England on 5 of the 8 selected health measures. The biggest of these differences are to do with depression and cancer.

The rates are the same for asthma and COPD (chronic obstructive pulmonary disease). The single measure by which Southport and Formby shows a better health outcome than England is the proportion of the population who smoke.

Despite many areas of West Lancashire having low relative levels of poverty, we know that there are also some very deprived areas and some significant social inequalities.

The wards of Birch Green, Moorside, Skelmersdale North and Tanhouse, all within Skelmersdale, are known as 'priority wards' due to high levels of deprivation and high rates of A&E attendance.

Life expectancy

Life expectancy in West Lancashire is slightly lower than the national average. However, where you live in West Lancashire can have a significant impact on how long you can expect to live. For example, in Birch Green in Skelmersdale, life expectancy is 10 years less than for people living in Tarleton. This is 6 years (males) and 8 years (females) less than the average life expectancy across England.

Females born in Birch Green can expect to live 12 years less than females born in Parbold, just three miles away. This is a significant indicator of health inequality.

LIFE EXPECTANCY



Birch Green
12 years less than
Parbold



Birch Green
10 years less than
Tarleton

Treatment Room 1



PRIORITY WARDS

In 2021 Professor Chris Bentley and John Brittain, conducted a review for NHS England and NHS Improvement into COVID-19 and health inequalities. Part of this was to look at communities in England with the greatest socioeconomic disadvantages. Their work identified a number of 'priority' electoral wards with high levels of deprivation as well as higher than expected rates of urgent and emergency care admissions.

Premature deaths

One way to measure the health of a population is to look at the number of people under 75 who die from causes that are considered preventable. On this score, there is a wide range across West Lancashire, suggesting there are some broad social and health inequalities.

For example, in **Aughton Park and Newburgh the rate of avoidable premature deaths is relatively low.** In both cases it is less than half the all-England average (Aughton Park 40.5 per cent, Newburgh 48.7 per cent). By contrast, in Moorside and Tanhouse the premature death rate is more than double the all-England rate (229 per cent and 225 per cent).

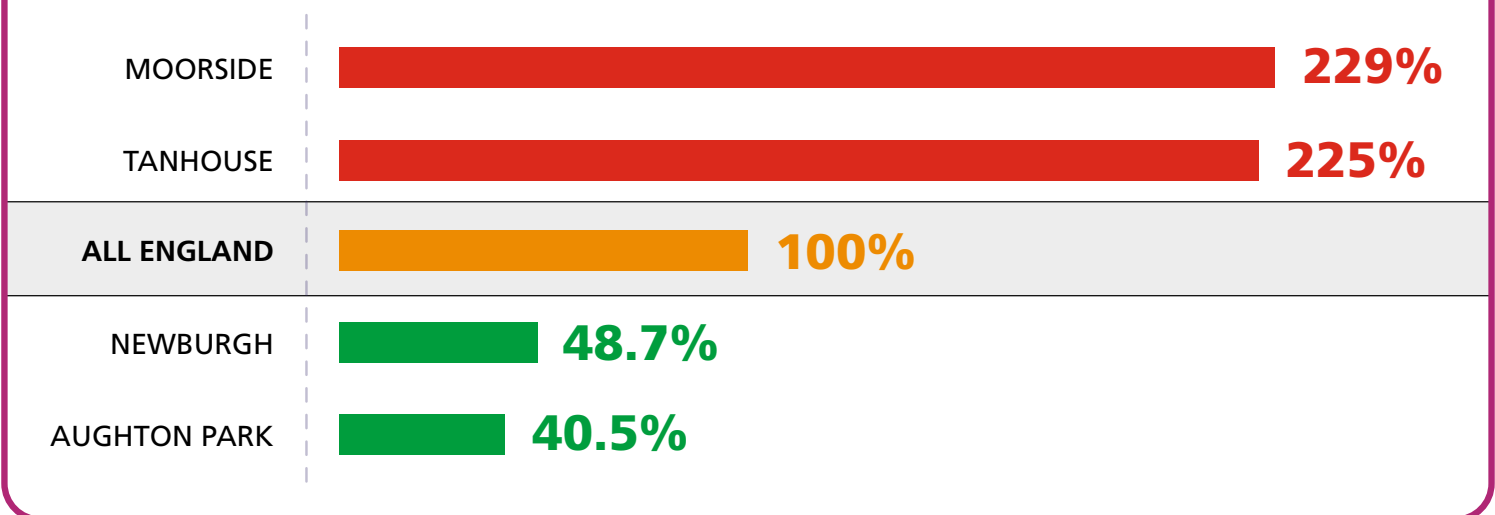
WHAT ARE PREMATURE DEATHS?

These are deaths among under 75s considered to be avoidable, treatable, or preventable through effective healthcare and public health measures.

Lung cancer deaths are often considered premature as the majority are related to smoking. In fact, almost half of premature deaths in England can be explained by 'neoplasms' such as lung cancer, with a large portion of the remainder caused by cardiovascular issues and drug and alcohol abuse.

Rate of premature death

Compared with the all-England average



Reasons attending A&E

People in the four priority wards of West Lancashire attend A&E more often than the people of West Lancashire as a whole. When we look at why people come to A&E, we can see evidence of clear health inequalities between these areas and more affluent parts of West Lancashire. When compared to the whole of west Lancashire, the priority wards score:

- 74 per cent worse for coronary heart conditions.
- 28 per cent worse for strokes.
- 52 per cent worse for heart attacks.
- 166 per cent worse for chronic obstructive pulmonary disease, or COPD (a group of diseases that cause airflow blockage and breathing-related problems).

In all but one of the West Lancashire wards, rates of emergency hospital admission for under 5s are significantly above the England average. Around one in ten under 5s have attended A&E in the past 12 months.

Some of the more affluent, rural wards, such as Aughton Park, Halsall, Parbold, Rufford and Tarleton have relatively low rates of people attending A&E for alcohol related reasons. In the four priority wards, however, the rate is well above the all-England average.

When compared to the whole of West Lancashire, the priority wards score:



+74%

Worse for
Coronary heart
disease



+166%

Worse for
COPD



+52%

Worse for
Heart attacks











+28%

Worse for
Strokes

If West Lancashire were a village of 100 people

To get a better picture of overall population health, let us imagine that Southport and Formby was a village of 100 people. It would look like this.

Health Condition	West Lancashire	All-England
 Depression	17	13
 Smokers (Age 15+)	13	14
 Obesity (Age 18+)	12	11
 Coronary Heart Disease	4	3
 Diabetes (Age 17+, all types)	7	7
 Asthma*	7	7
 COPD**	2	2
 Cancer***	4	3

Source: [NHS England Quality of Outcomes Framework](#). Data relates only to people who are currently registered with a GP, and not the whole population.

* Registered patients prescribed with asthma-related drugs.

** Registered patients with diagnosis of COPD before 01.04.2020 and patients with diagnosis of COPD after 01.04.2020 with diagnosis confirmed by a quality assured spirometry test (including those unable to take test)

*** Diagnosis of cancer excluding no melanotic skin cancers diagnosed on or after 1 April 2003

Similar to Southport and Formby, based on these measures alone, we see that the overall population health of West Lancashire is very close to that of England as a whole.

As with Southport and Formby, the only health outcome that is slightly better in West Lancashire than in England is the proportion of people who are smokers.

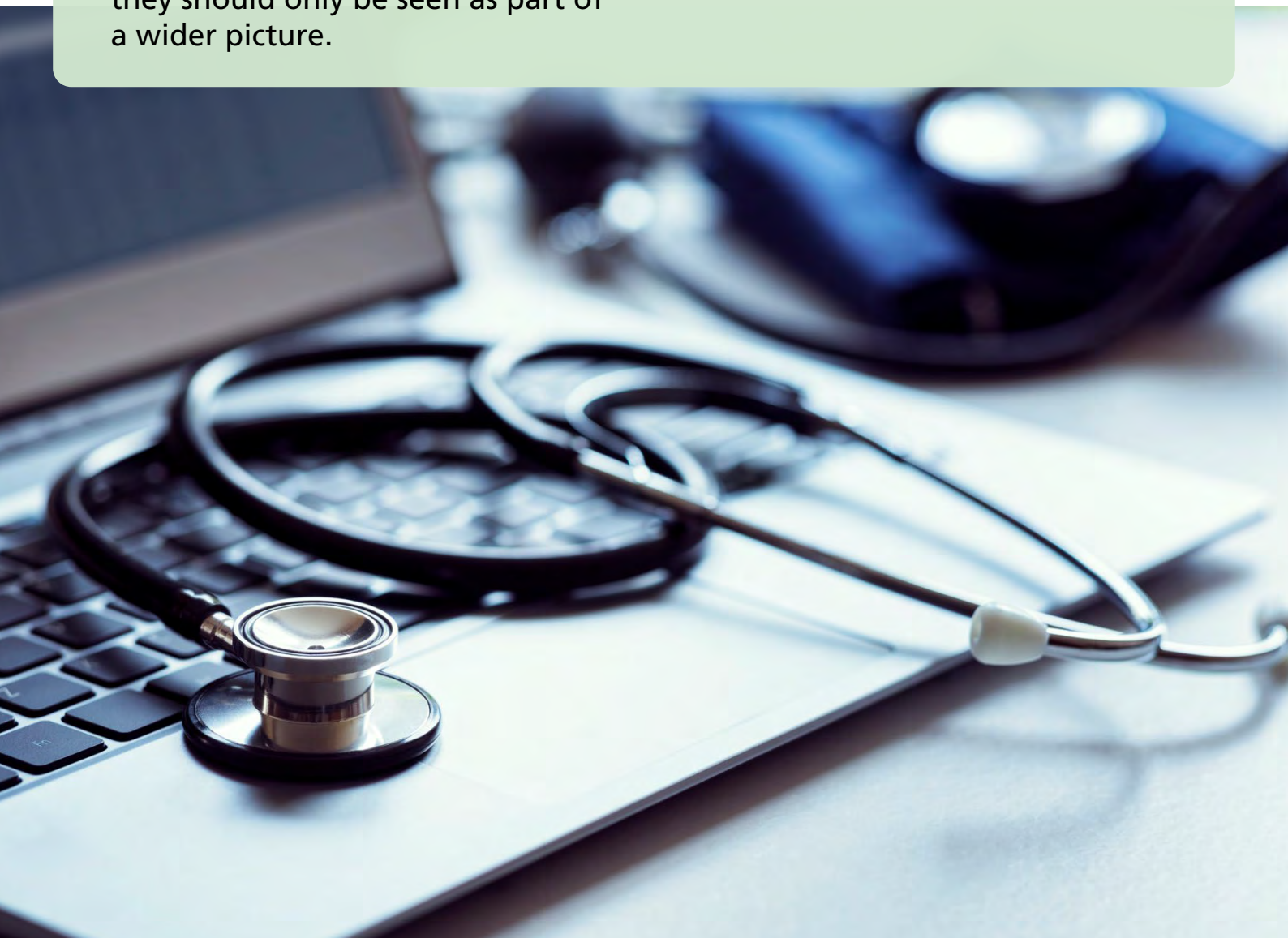
The one notable measure by which West Lancashire can be seen to have a worse outcome than England is on **rates of depression**, which affects around 13 in every 100 people across England, and 17 in every 100 in West Lancashire.

POPULATION HEALTH: CONSIDERING THE FULL PICTURE

There are many ways we can measure the overall health of a population (often referred to as 'population health').

In our 'village of 100 people' for both Southport and Formby, and for West Lancashire, we are only looking at 8 different measures. While these measures are considered important to help in understanding population health, they should only be seen as part of a wider picture.

We should also remember that, by looking at these areas as a whole, we are not seeing differences in population health and health inequalities that exist between some of the more localised areas. This data provides a wide snapshot of population health but is not meant to be a complete picture.



5. The need for change

Our responsibility is to provide excellent quality care and to meet the needs of the people and communities we serve. However, several challenges, which are being felt right across the NHS, are making it harder for us to do this in Southport, Formby and West Lancashire.



Workforce



Infrastructure



Quality



Financial



Ageing

Workforce

A workforce recruitment and retention problem that is making it harder to improve quality, performance, and safety of care.



There are high levels of unfilled vacancies for healthcare assistants and consultants in Southport, Formby and West Lancashire, just like in many other parts of the NHS. This means we often have to turn to temporary agency staff, which is more expensive for us, and makes it harder to build team spirit and morale.

We've put an extra £1million into recruiting more nurses and healthcare assistants, but we know this does not

go far enough. Across the UK, there are not enough people training in medicine to fill the gaps. If there are not enough people training, then it stands to reason that there may not be enough people to recruit.

We also know that, as our population gets older, and there are more people living with complex health conditions, we are likely to need even more staff in the future.



Important infrastructure challenges. Sites across our local NHS need investment and reconfiguration to allow us to meet a rising demand for services in a way that provides excellent care, in a safe environment.

Our buildings and sites need ongoing investment and care to make sure that they are fit-for-purpose. With so many other pressures to manage, it could be tempting to just do the minimum required and save as much as we can to invest in staff and services. But this approach could mean that repairs are needed more often, which could be more expensive and wasteful in the longer term.

We are often providing care in older buildings which may not be ideally suited to our patients' needs, especially some of our older and frailer patients. We must find better solutions and make sure that our buildings are in the right condition for us to deliver high quality, safe services, today and in the future.



Making sure services remain of the highest quality.



Quality

The standard we set for everything is that we offer services which are safe and sustainable, and which are built around excellent quality patient care.

The latest Southport and Formby District General Hospital report from the Care Quality Commission, the independent regulator for health and adult social care in England, recognised some of the improvements that had been made. However, it also pointed out how we need to adapt and change the ways care is delivered to meet future needs. The report highlighted some of the issues involved with working across two main hospital sites and how it can put more strain on our staff.





Financial

Significant financial challenges made tougher by providing some services across multiple sites. In some areas, our local NHS is operating with substantial annual deficits.

Our challenge is to find ways to deliver excellent quality, safe services, today and in the future. We must do this with the staff, money, and other resources we currently have available.

New funds to build new, or upgrade existing hospitals, to invest in services, or to help us develop the workforce we need, could certainly help, but there is currently no new funding on offer.

The solutions we need will have to come through finding innovative ways to deliver services differently, and more efficiently. That doesn't mean reducing the number of services we offer, but it will mean addressing inefficiencies, and cutting out duplication where that can be done without affecting the quality of care we provide.



An ageing population, high rates of disease, high demand for services and significant health inequalities.

The population in Southport, Formby and West Lancashire is ageing at a faster rate than the national average. It is estimated that one in three people in Sefton and one in four people in West Lancashire will be above working age (65+) by 2036.

As the population has aged, demand for healthcare services has also risen, including for emergency care and long-term medical care. It also means that a higher proportion of people are living with long-term conditions and sometimes multiple health conditions. Not only has this increased demand, but it also means that more people require

more complex types of care. This in turn means we need more complex ways of delivering that care.



In order to maintain a healthier population, it will be even more important in the future to consider how we can become more effective at reducing preventable or modifiable disease. Any model of care we develop today will rely on effective programmes of prevention if it is to succeed in delivering safe and excellent care, that meets patients' needs, today and in the future.



Where are the pressures felt most?

Deloitte
review of
acute services



2015

Found services
unsustainable

Northern England
Clinical Senate
Review



2017

Hot and cold sites
recommended

KPMG
report



2018

Highlighted safety
and other risks

Acute Sustainability
Programme
launched



2019

Rejects hot and cold
sites as unaffordable

In 2015, an external review of acute services at Southport & Formby and Ormskirk hospitals was carried out by Deloitte. They concluded that services were unsustainable from a quality, workforce and financial perspective. They recommended a hot and cold site solution.

HOT AND COLD SITES?

This is a way of organising hospital services so that one site deals with planned care (the 'cold' site) and another site (the 'hot' site) manages complex urgent and emergency care.

This was supported by the Northern England Clinical Senate Review in 2017.

In 2018, work by KPMG also highlighted ongoing risks around workforce, safety, and financial viability. A Yorkshire & Humber Clinical Senate Review also noted the need for change and recommended a new build hospital. As this was not an option, they recommended a hot and cold site solution.

In 2019, the Acute Sustainability Programme was launched, aimed at delivering a new model of sustainable acute care. Plans were costed for a hot

and cold site model. The costs were estimated to be around £1.3bn for a remodelling that would take 13-16.5 years to complete. A hot and cold site solution was rejected as unaffordable and undeliverable.

Following these reports, and other internal evaluations, we decided to categorise a number of our services as 'fragile'. We needed to take action and along with our partners, we have been working to stabilise these services.

However, our ambitions go beyond just that of stabilising services. We now want to explore solutions that will mean we can offer safe, excellent quality urgent and emergency care, today, and in the future.

WHAT IS A CLINICAL SENATE?

Clinical senates give independent advice and guidance to organisations who are planning and buying healthcare services to help them make the best decisions for the people who use the services.

They are made up of patients, members of the public and healthcare professionals.



What are fragile services, and are patients at risk?

We regularly check services to make sure that we are providing them in the safest possible way. We take safety very seriously. There are a number of ways we do this, including:

- Having the right number of staff, with the right skills, in place to be able to manage expected levels of demand.
- Assessments on whether we rely too heavily on support from other NHS services, or private providers, to deliver core services.
- Accounting for likely staff sickness levels to make sure we can carry on offering access to services for those who need them.

We set standards for each of these. When these standards cannot be met, a service may be labelled as 'fragile'. That might mean that we will need to take action to ensure that patients can continue to access the care they need, in a safe way.

Our initial focus will be on how to organise urgent and emergency care services.
[Find out more.](#)

This is the case with the paediatric A&E department at Ormskirk District Hospital which is currently not open to see children and young people between midnight and 8.00 am. While this means that children who need emergency services overnight would have to travel further (typically to Alder Hey Children's

Hospital in Liverpool), this is the safer option. When a fragile service is no longer available, we will always find safe, alternative places to offer care.

When we started the Shaping Care Together programme we identified seven service areas that were considered fragile. Stabilising these services, and making them fit for the future, is the focus of the programme.

Change is vital but we know that it will not always be easy. Developing the right solutions together today will help to futureproof our local NHS. We are certain, however, that if we do not act now, we will have to face more serious challenges in the future.





SEVEN SERVICE AREAS

The seven service areas which we are looking at as part of the Shaping Care Together programme are:



Care for the frail and elderly



Care for those who need urgent or emergency treatment



Care for children



Maternity care for pregnant women and new-born babies



Care relating to women's reproductive and urinary systems (gynaecology)



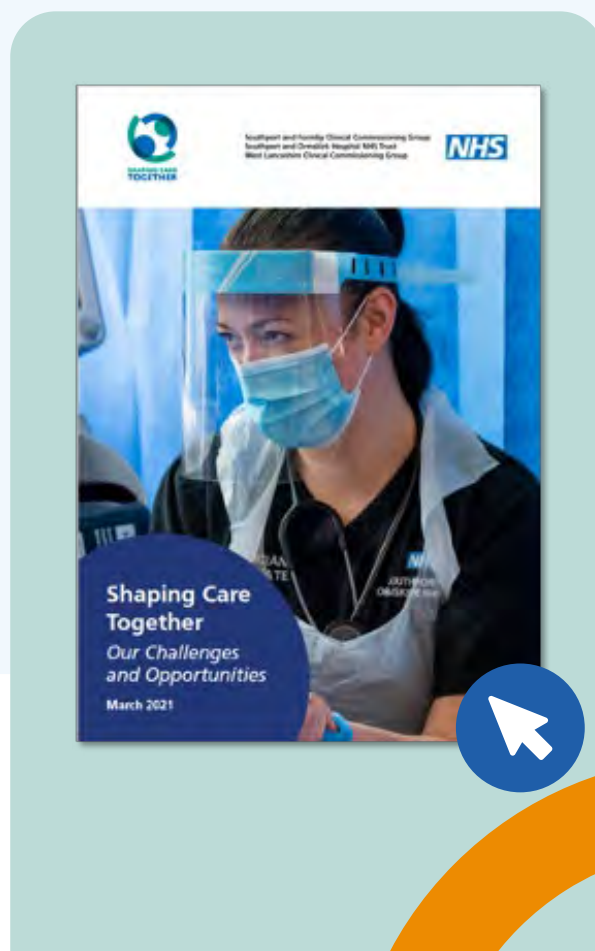
Sexual health care



Planned care (for example, outpatient appointments)

Our initial focus will be on how to organise urgent and emergency care.

To find out more about each of the seven service areas see our **Challenges and Opportunities** paper, published in 2021.





6. What are we doing to improve?

Over the past decade, several expert reviews, made it clear that we would need to take action to address the challenges that we are facing today.

What are we doing to improve?

Over the past decade, several expert reviews, made it clear that we would need to take action to address the challenges that we are facing today.

In 2017 and 2018, in two separate clinical senate reviews, the former Southport and Ormskirk Hospitals NHS Trust was described as 'unsustainable in its current form'.

In 2019, the Care Quality Commission, the independent regulator for health and adult social care in England, gave the trust a rating of 'requires improvement'.

In 2021, the trust's board agreed that outside help was needed to address some of the issues to do with financial and clinical sustainability. With the help of NHS England, the neighbouring St Helens and Knowsley Teaching Hospitals NHS Trust was identified as an appropriate partner to support Southport and Ormskirk.

Work then began on finding opportunities for better ways of working by bringing the two trusts closer together. These included:

Improved clinical sustainability



Making better use of our buildings and estates



Better ways of organising clinical services



Benefiting from economies of scale



Opportunities to develop the workforce



Improved digital services and integration



In 2023 the two trusts were formally joined together as one to form Mersey and West Lancashire Teaching Hospitals NHS Trust. This was an important step towards stabilising fragile services.

That was just a first step, however. Alongside the creation of the new trust, the Shaping Care Together programme has been looking at how we can organise fragile services to be sustainable in the long term.

Towards a new trust



7. Starting with urgent and emergency care

When we launched the Shaping Care Together programme, we identified a number of NHS services that may need to change so that we can continue to offer excellent quality services, in a safe environment, in the years to come. Of these, we will start by looking at how we offer care to those who need urgent or emergency treatment.

Urgent and emergency care services have a big impact on how many other NHS services operate. For example, trauma surgery, intensive care and high dependency units often sit alongside emergency care. And the way in which urgent care is provided can affect how we care for and support people in their own homes and in their communities.

Levels of demand for urgent and emergency care can be highly unpredictable. When emergency care services come under strain, the impact can be felt across the wider health and care system. This can lead to longer waiting lists and potentially more cancellations for people waiting for operations.



Southport & Ormskirk Hospitals NHS Trust was set up in 1999.

It was agreed at the time that critical care services would be based in Southport, along with adult A&E.

Paediatric and maternity services were set up at the Ormskirk site, including the children's A&E.

Not everyone supported this at the time. Clinicians continue to raise concerns today about the risk of delivering acute services across both sites.



We help anyone who needs urgent and emergency care, wherever they live.

We also know that the people who live here often receive care in neighbouring areas, such as at Whiston Hospital, Alder Hey Children's Hospital, Chorley and South Ribble Hospital and the Royal Albert Edward Infirmary.

Any future redesign of urgent and emergency care will need be developed with this in mind and take a 'whole NHS' approach to serving the needs of our populations.

Our urgent and emergency care services are feeling the strain like never before. Several expert reviews over the past decade have made it clear that we need to change, highlighting factors such as:

- Children's emergency and urgent care services are not provided 24/7, meaning that children may not be getting the same quality of care as adults.
- Staff shortages can sometimes make it harder to provide the high levels of patient safety we aim for.
- The way we currently provide services is not financially sustainable in the longer term.
- If pressure increases in one area of care, it can often be felt right across the system. When urgent and emergency care services in our hospitals come under strain, it is often felt across the range of services we provide in our communities.
- Many people we treat are older people who go on to occupy hospital beds, sometimes for lengthy periods whilst they wait for the support they need to be put in place closer to home.

Simply put, now is the right time to address these issues. How exactly we do this, and how services are delivered, will have a big impact on the success of the whole Shaping Care Together programme. For these reasons, the NHS partner organisations behind Shaping Care Together have taken the decision to focus on urgent and emergency care first.



A&E PATIENT COSTS

The costs of A&E attendances at the Southport & Formby and Ormskirk sites are 33 per cent higher than the national average.





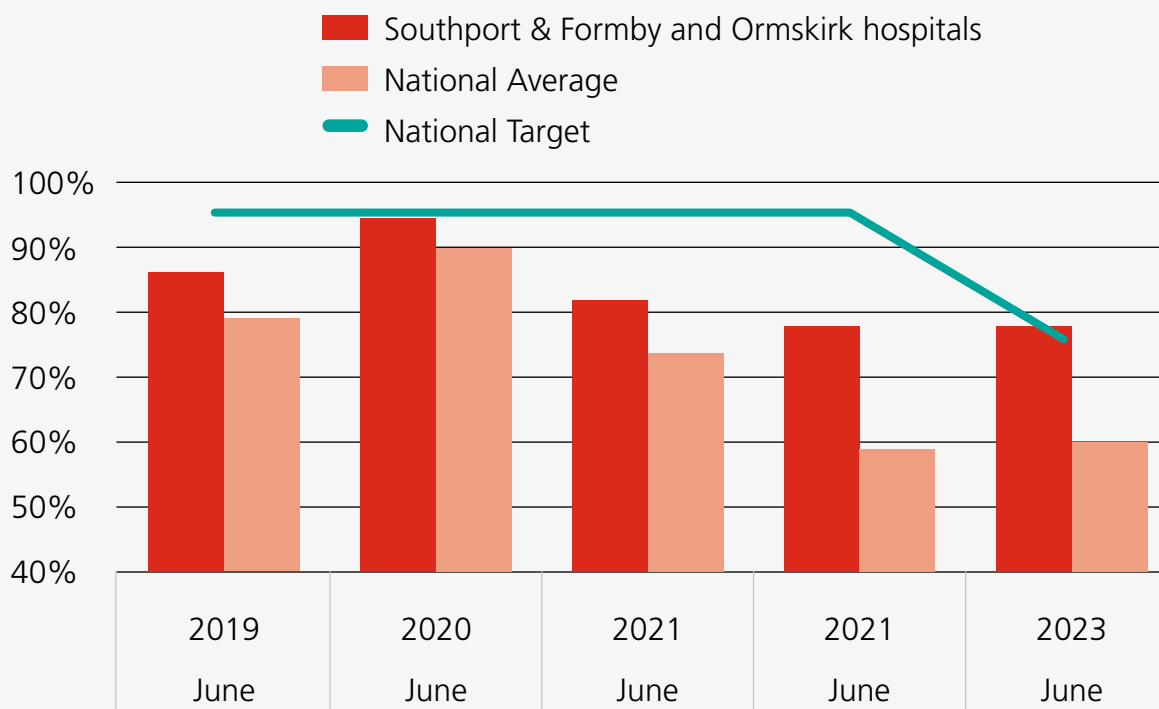
Southport & Formby and Ormskirk hospitals - A&E department performance

When patients who need emergency care have to wait longer for assessment and treatment, the chances of an unsatisfactory outcome start to rise. That's why the NHS sets targets for A&E waiting times. A key measure for how well we're doing is to look at how many people are seen within four hours of arrival. The NHS England target for this was that 95 per cent of people should be seen within that time. In December 2022 this target was lowered to 76 per cent.

Data shows that our A&E departments at Southport & Formby and at Ormskirk district hospitals consistently outperform the English average for the number of people waiting less than four hours to be seen (with this gap increasing slowly over time).

The data also shows, however, that we are seeing progressively fewer people within four hours of arrival. In mid 2020, around 95 per cent of people arriving at A&E were seen within four hours. This had fallen to just over 70 per cent by December 2022.

Southport & Formby and Ormskirk hospitals People seen within 4 hours at A&E



Suspending overnight children's A&E at Ormskirk hospital

In April 2020 we had to take the difficult decision to reduce A&E opening times at Ormskirk Hospital. This means that today there is no dedicated A&E service for children and young people between midnight and 8.00am.

Importantly, we do not currently have enough appropriately skilled staff to allow us to re-open the paediatric A&E service overnight in a way that is safe.

To provide paediatric A&E services safely, and to ensure that emergency departments are supported by medical staff with the right training and skills, support is needed from anaesthetics and paediatrics. When the children's service is located at the same site as adult A&E,

this support can be available in the wider workforce. If additional support is needed at Ormskirk, this currently means calling in the consultant from home, or transferring staff from Southport and Formby, leaving adult services at increased risk.

If a 24-hour service was resumed, the average cost of each patient seen there would be 59 per cent higher than the national average.




8. What will be better for you?

The Shaping Care Together programme is about providing everyone with excellent quality, safe care, today and in the future.

We aim to tackle some of the challenges our local NHS is facing today and to find the best ways to organise how services are offered.

Everything we do should come down to making things better for the people we care for.



Our ultimate goal continues to be improving the health and wellbeing of our communities, reducing inequalities, and enabling people to live longer and healthier lives.

Here are some of the benefits we hope to realise through the work we are doing on the urgent and emergency care phase of the programme.

Reduced waiting times at A&E and for urgent care



Fewer cancelled operations



Dedicated emergency care for everyone, all-day, every day



Better urgent care provided closer to home



An NHS that can meet your needs, today and in the future





Reduced waiting times at A&E and for urgent care



We want to make sure that fewer people come to A&E if they would be better off receiving treatment from another service. This is in everybody's best interest. Of course, we will need to make sure that other services, such as urgent care, are operating smoothly. For some people, we also need to make them aware of the range of services we offer and do all we can in supporting them to access the support they need.

Fewer people coming to A&E would mean a better flow of patients through the department and fewer patients needing a hospital bed once they leave A&E. Better patient flow should mean we will be able to get to you quicker once you are in the waiting room.





Fewer cancelled operations

Levels of demand for urgent and emergency care can be highly unpredictable. When emergency care services come under strain, the impact can be felt across the wider health and care system.

Busy emergency departments often lead to more people needing hospital admission. That means fewer beds will be available for people already waiting to come into hospital for operations. The knock-on effect can be more cancellations and growing waiting lists.

Making improvements to how we run A&E isn't a guarantee of reduced waiting lists, but it can certainly help by reducing the pressure.



Dedicated emergency care for everyone, all-day, every day



Our goal is to provide 24/7 A&E access to everyone, all of the time, however, there has been no 24/7 children's A&E since we suspended the overnight service at Ormskirk Hospital in 2020. Evidence suggests that re-opening overnight, making sure we have the recommended number of staff, with the right set of skills, would mean that the cost of each patient seen at Ormskirk would be 59 per cent higher than the national average.

We would need additional workforce capacity and greater financial resources to do this. However, we know that we must work with what we currently have. Re-opening overnight would need to be funded either through significant new service efficiencies (in other words by providing the same services but in a less expensive way) or by moving resources from other service areas.



Better urgent care provided closer to home



Urgent and emergency care doesn't begin and end at the hospital, but also happens closer to where people live. It can start with how we care for ourselves at home, with advice at the pharmacy or treatment from our GP. And once we leave hospital, we may often need ongoing support for a fuller recovery.

NHS guidance states that people should not be admitted to hospital if they can access the same or higher quality of care in their own home.

The focus of service redesign will need to be on urgent and emergency services, however, to make this work, we will need to be sure that the wider network of services is able to give people the support they need, closer to home.



An NHS that can meet your needs, today and in the future



We know that we face some difficult choices and that some of our services are currently classed as fragile. We are confident we can find significant improvements by looking at reorganising some of these services. We want to do that in a way that means you can be sure of receiving safe and high-quality care, now and in the future.





9. What is urgent and emergency care?

Urgent and emergency care services perform a critical role in keeping the population healthy. The NHS responds to more than 110 million urgent calls or visits every year, so it is essential that the system works effectively.

Urgent and emergency care is much more than just A&E, although that is the service that might first come to mind for many people. There are lots of ways we provide urgent and emergency care both in our hospitals, and also in the community.

The numbers of people attending A&E in our area is increasing every year, and services are feeling the strain. We know that we need to organise our urgent and emergency care services better, so that we can meet rising demand while also making sure we give people the high quality, safe care

they need. That is what this phase of Shaping Care Together is all about. We also know that services are put under extra pressure by the number of people going to A&E when they could be treated by another service.

There may be many reasons why this happens. Some people may prefer services that don't require an appointment, and others may just not be aware of the other ways that they could get help.

Below we outline the different types of urgent and emergency care that we offer people in Southport, Formby and West Lancashire.

For a variety of reasons, some people may use NHS urgent and emergency care services outside of Southport, Formby and West Lancashire. That is fine of course, however, the services we are looking at are all physically located in our local area.

Our emergency care services and what they are for

Emergency care involves life-threatening illnesses or accidents which require immediate treatment from the ambulance service (via 999) and an emergency department (often more commonly known as A&E or casualty).

Life-threatening emergencies are different for adults and children. For adults, this could mean, signs of a heart attack or stroke, heavy bleeding, choking, sudden confusion (delirium) or attempted suicides. For children it could also mean when they are unable to stay awake, if they are limp and floppy, or if they are non-stop crying. For a more complete list [see the latest NHS advice](#).

A&E SERVICES IN OUR LOCAL NHS

- Southport and Formby District Hospital - 24/7 A&E service for adults
- Ormskirk District Hospital - A&E service for under 16s



A&E

In April 2020 we had to take the difficult decision to reduce A&E opening times at Ormskirk Hospital. This means that today there is no dedicated A&E service for children and young people between midnight and 8.00 am.

Our urgent care services and what they are for

Urgent care involves any non-life-threatening illness or injury needing urgent attention. People needing urgent care might first ask for advice from a pharmacy or receive a referral to an urgent treatment centre from NHS111, or from a GP.

When urgent treatment centres can help instead of A&E

Urgent treatment centres are available to adults, children and young people without an appointment. They can help with things like sprains and strains, suspected broken bones, injuries, cuts and bruises, chest and water infections or high temperatures in children and adults.

If you need one, you can get tests like an ECG (electrocardiogram), blood tests or an X-ray. If you need a prescription, one can be organised for you. Emergency contraception is also available.

Our Urgent Treatment Centre is operated from Ormskirk hospital and is open 12 hours a day, every day.

Minor injuries units and walk-in centres

You don't need an appointment to be seen at our walk-in centre, which you can find at the Concourse Shopping Centre, Skelmersdale. The unit can help with some of the same problems as our urgent treatment centre, but it doesn't have all the same facilities.

Same day emergency care (SDEC)

Our SDEC unit at Southport and Formby District Hospital provides same day care for emergency patients who would otherwise be admitted to hospital.

Patients with certain conditions, who are seen at our SDEC, can be rapidly assessed, diagnosed and treated without being admitted to a ward, and if medically safe to do so, they will go home the same day.

Patients can be referred to the SDEC through different routes, including:

- Following streaming or triage in A&E.
- Direct referral from GPs.
- Direct transfer from ambulance services.
- Direct referral from NHS 111.



URGENT CARE SERVICES IN OUR LOCAL NHS

- Urgent treatment centre at Ormskirk District Hospital
- Walk-in centre (or minor injuries unit), Concourse Shopping Centre, Skelmersdale
- Same day emergency care unit at Southport and Formby District Hospital
- GP out-of-hours service, via NHS 111 by phone and online



Which services are we looking at?

Urgent and emergency care doesn't begin and end at hospital, but also happens closer to where people live. It can start with how we care for ourselves at home, with advice at the pharmacy, or treatment from our GP. And once we leave hospital, we may often need ongoing support from other services for a fuller recovery.

Whilst these other community services are often part of the patient journey for people who receive urgent or emergency care, they are not being looked at as part of this programme. The urgent and emergency care services we are currently looking at are:



Adult A&E at Southport and Formby District Hospital

Same day emergency care unit at Southport and Formby District Hospital

Walk-in centre (or minor injuries unit), Concourse Shopping Centre, Skelmersdale



Urgent treatment centre at Ormskirk District Hospital



GP out-of-hours service, via NHS 111 by phone and online



A&E for children and young people at Ormskirk District Hospital

Our approach to reviewing urgent and emergency care will look at all of the above, seeking ways to ensure that together these services can support the urgent and emergency care needs of our population.

The role that all of these services have to play will be considered in the review. That is not to say that they will all need to change or undergo restructuring.



10. What people say matters most to them

When we start to think about redesigning NHS services, we need to make sure that all interested individuals and organisations have a chance to express their views and be a part of the conversation.

That can mean listening to patients, their carers and families, to NHS staff, and to politicians such as MPs and local councillors. It also means connecting with organisations working in the voluntary sector, with faith groups, and with community groups.

It's our responsibility to make sure that the voices of all those who want to take part can be heard, particularly those people living in our communities who may be heard less often. And we need to make sure that everyone is supported in getting involved, especially people who may sometimes be discriminated against on the basis of what are known as the nine protected characteristics, as set out in the Equality Act 2010.

We do this, not just because we have to, but because learning from the real-life experiences of the people we serve is the most effective way of designing services that meet their needs.



Previous engagement and listening (2021-2022)

Our initial listening and engagement activities helped shape our thinking about service change. We heard from a broad range of people and groups representing voices in our local communities. Activity included:

- **2000+** responses to our online survey.
- **18.9K** visits to the programme website.
- **29** online discussion groups.
- **Conversations with 18+** community and voluntary sector organisations.
- **2** public engagement events.
- **27** one-to-one telephone interviews.

Gathering insight

Our online survey received an impressive 2000+ responses, and proved an invaluable insight into stakeholder views and experiences.

This helped us to understand some of the things that matter most to people, such as:

Reducing waiting times for outpatient appointments.

Receiving the best possible care, even if that means having to travel a little further.


Having care provided closer to home and in the local community wherever possible.

In the survey, we also asked for personal experiences of urgent or emergency care and for views on how we could improve these services. We received a diverse range of responses which included:

"Excellent care and treatment attending Accident and Emergency Department."

"A&E overcrowded and local hospital too small. We need an A&E either on the Southport site or the Ormskirk site. Don't agree with moving A&E when it means somebody may need to travel an hour to access emergency care - simply not acceptable."

"Urgent and emergency should be provided at both Ormskirk and Southport sites."



"Accident and emergency need more staff, a bigger setup, and a place of their own. Waiting times are ridiculous."

"The emergency department is very overwhelmed with many patients who do not require urgent care."

"It would be very good, if we could have emergency care at Ormskirk."

"All services, irrespective of it being elderly, emergency care for adults or children and maternity should all be available at all hospitals."

"In relation to urgent/emergency treatment - working in the stroke service, there is reconfiguration work taking place to ensure patients receive specialist, timely intervention but for this to happen it will take a multi-agency response to ensure a seamless pathway from point of pick-up by ambulance to discharge."

Community engagement

As a key way for patients and the public to inform us, advise us and ensure that engagement was done properly throughout the programme, we set up an Engagement Process Advisory Group (EPAG).

EPAG members were independent voices in their local communities. They were not asked to be formal representatives of, or spokespeople for Shaping Care Together, and served on the group in a personal capacity. They were encouraged to speak openly and honestly about their views.

The aims of the group were to:

- Consider and advise on the programme's approach to ensuring the widest possible engagement of staff and stakeholders, patients and public.
- Identify patient and community groups that could contribute to the engagement programme.
- Promote the widest possible engagement within and beyond the members' own networks.
- Provide assurance that outputs from engagement activity were fed into programme thinking. In other words, demonstrating a culture of 'you said, we did'.

Engagement for the urgent and emergency care phase (2024)


This latest phase of the programme is focussing specifically on urgent and emergency care. We are starting fresh conversations about how to organise these services in a way that can help deliver the healthcare people need. As we do so, we will continue to involve, engage and listen, ensuring that the views of the people we serve are central to shaping future services.

Online engagement and insight gathering

In July 2024 we launched a new survey, asking for views on how we should approach the organisation of our urgent and emergency care services. The survey asked about what matters most to people and what they feel are the right priorities for any redesign.

The survey will close at the beginning of October. Shortly after, we will publish an interim report, outlining some of the initial findings.

The survey is hosted on a [dedicated programme website](#) which provides useful information and background on the programme and offers various ways to get involved.



"Caring for those who need urgent or emergency treatment who have a disability - need to have relevant staff trained to cater for those who have neurological conditions."

"Emergency treatment appears excellent at Southport. Staff dedicated to ensuring no corridor care is delivered, a huge success story."

"There should be emergency treatment available at both Southport and Ormskirk, as the road link between the two sites is often congested and there isn't really an alternative mode of transport."

"Southport A&E too busy and distant - not good in an emergency. There should be an A&E at Ormskirk."

"I recently had two emergency visits to A&E at Southport. I was driven there by private car to avoid ambulance waiting time. My emergency of severe bleeding could not wait, and I was referred there by my GP. At the age of 87 I could not have travelled further."

Community engagement

As well as asking for views from individuals, we have also been engaging with organisations and officials to ensure full transparency around the work that we are doing. This includes giving regular updates to both the Lancashire and Sefton Oversight and Scrutiny Committee for Health and Social Care. These committees are made up of elected local officials. Their aims are to strengthen the voice of local people and provide accountability. They help ensure that local people's needs and experiences are considered as an integral part of the commissioning and delivery of health services, and that those services are effective and safe.

There is a communications and engagement steering group that meets every two weeks to share views on the best ways to deliver programme

messaging and make sure that it is heard by the right groups of people. In addition to communications professionals from each of the partner organisations, this group also includes representatives from local **Healthwatch** groups, and from the wider community and voluntary sector in our area.


There is also an extensive programme of stakeholder engagement taking place between July and October. We plan to re-establish the Engagement Process Advisory Group and to take our case for change out into the communities we serve, making sure that underrepresented and seldom heard voices are part of the discussion.

And finally, we are in regular conversation with colleagues from NHS England, and executive representatives of each of the programme's partner organisations.

We want to make sure that we get this right, which means hearing a range of views and seeing things from different perspectives.

To find out how you can get involved, and to take part in our online survey on local NHS urgent and emergency care, visit the Shaping Care Together website at: www.yoursayshapingcaretogether.co.uk/





"There should be emergency treatment available at both Southport and Ormskirk, as the road link between the two sites is often congested and there isn't really an alternative mode of transport."

"I am an Emergency Medicine Consultant and I work at both Southport and Ormskirk sites. It is **ABSOLUTELY ESSENTIAL** in my professional opinion that the paediatric and adult Emergency Departments are combined on one site as soon as possible."

"My experience of emergency care was excellent. I had septicaemia due to burst appendix. I had an op within hours and was home after a week."

"There is no emergency care for children in my area. Getting to Ormskirk is very difficult and expensive, even time consuming for disabled people and patient transport is unreliable and we can be waiting eons for the return journey."

A woman with dark skin and reddish-brown dreadlocks is looking down at a tablet computer. She is wearing a grey turtleneck sweater. The background is a blurred indoor setting with light-colored curtains. A teal curved bar is at the bottom of the page.

11. How does this fit with what's happening across the NHS?

The NHS is facing an unprecedented level of funding and operational pressures, with many organisations in deficit and missing key performance standards. Nationally, there's recognition that we also need to reform and provide a better experience for patients.

Over the last four years, urgent and emergency care services have been through the most testing time in NHS history, with a perfect storm of pressures impacting the whole health and care system. These are perhaps often most visible at the front door – our emergency departments.

Despite the best efforts of staff, the demands of flu and COVID-19 peaking together means we are finding it increasingly difficult to discharge patients to the most appropriate care settings. Alongside this, hospital occupancy is at record levels. This means patient 'flow' through hospitals has slowed. As a result, patients spend longer in A&E and wait longer for ambulances.

Hospitals are fuller than pre-pandemic, with 19 out of 20 beds occupied across the NHS in England. Importantly, at any one time, up to 14,000 beds are occupied by someone who no longer needs hospital care. The number of the most serious ambulance callouts is now sometimes one third higher than pre-pandemic levels. These pressures have also taken their toll on staff, who have to work in an increasingly challenging environment.



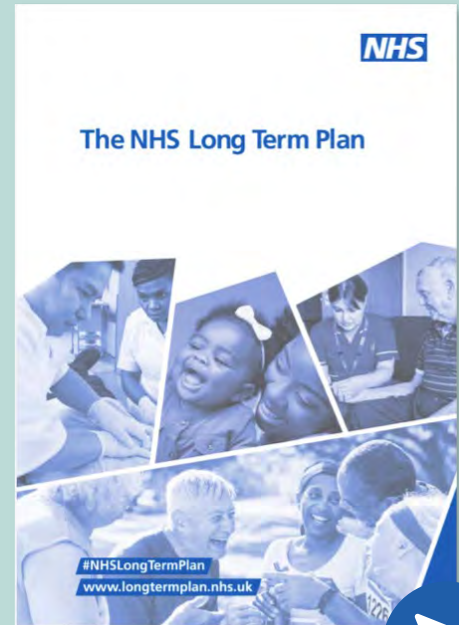
However, the solutions are not to be found just in ambulance services or emergency departments. Recovery will require coordination and partnership working between different parts of the NHS. We also know this is not unique to England, with many similar challenges faced by nations across the UK and the world.

Even before the pandemic, pressure on urgent and emergency care and demand for services had been growing every year. Our ageing population means that we are going to see this continue.

Published in January 2019, **The NHS Long Term Plan** aims to make the NHS fit for the future. The plan sets out to make sure everyone gets the best start in life, to deliver world class care for major health problems and to support people to age well. It sets out a new NHS service model for the 21st century with a focus on:

- Out of hospital care.
- Reformed and expanded emergency care services.
- People having control over their own health.
- More personalised care for people when they need it.
- Digitally enabled primary and outpatient care.
- A focus on population health.

There is a clear ambition to improve the quality of care we give patients, as well as care outcomes. The NHS Long Term Plan looks to provide support for staffing challenges, improving digital infrastructure and to support local NHS systems to balance the books.



Shaping Care Together strategic context

The system for health and care provision in Southport, Formby and West Lancashire is not sustainable as it is today. However, there are a number of opportunities to help us be more efficient, to improve the care we provide and to make our NHS what it needs to be, today and in the future. We want to provide the best possible health and care services for the people we serve. We will only be able to harness these opportunities fully through partnership and joined-up working across our local NHS.

The reality is that services have been organised in a way that reflect old NHS structures and the needs of our population from decades ago. Keeping those structures in place no longer makes sense. To keep operating in that way we would need extra resources, although we know that is not currently a possibility. We need to make the most of our workforce, buildings, budgets and other resources across all of the partner organisations of our local NHS.

A good fit with our partners

Shaping Care Together is a partnership programme between Mersey and West Lancashire Teaching Hospitals NHS Trust (MWL), and the Integrated Care Boards (ICBs) of NHS Cheshire and Merseyside and NHS Lancashire and South Cumbria.

The programme is in line with the strategic goals of all partner organisation where there are clear aims to develop urgent and emergency care services, and to make them more sustainable.



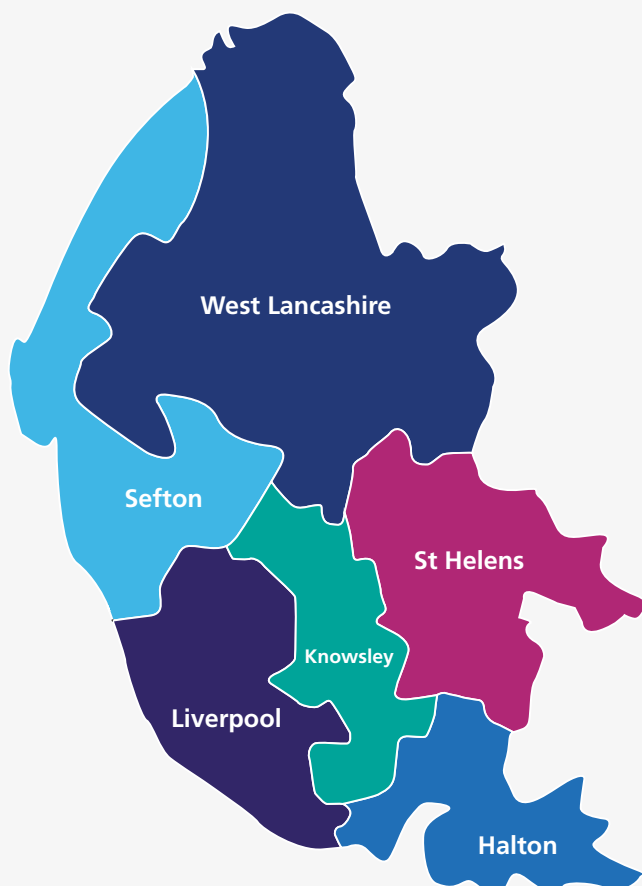
Mersey and West Lancashire NHS Teaching Hospitals NHS Trust (Southport & Formby and Ormskirk sites)

A driving factor behind the creation of the trust was that there would be opportunities to stabilise a number of services that had been identified as fragile. These opportunities included:

- Improving clinical sustainability.
- Clinical reconfiguration.
- Workforce development.
- Estates optimisation.
- Delivering economies of scale and,
- Improved digital services and integration.

The Shaping Care Together programme was established to harness some of these opportunities and make services sustainable.

Shaping Care Together focuses on possible service reconfiguration across Southport & Formby and Ormskirk hospitals. The hospitals serve communities spread across two healthcare systems (known as integrated care boards or ICBs). Southport and Formby Hospital serves communities in the area covered by NHS Cheshire and Merseyside. Ormskirk Hospital serves West Lancashire which is in the area covered by NHS Lancashire and South Cumbria. This is why all three organisations are partners in the Shaping Care Together programme and why it is important that the programme is a good strategic fit with each.



MERSEY AND WEST LANCASHIRE NHS TEACHING HOSPITALS

The trust serves a population of over 600,000 people and delivers a wide range of local health and care services in Halton, Knowsley, Liverpool, Sefton, St Helens and West Lancashire.

The trust also provides regional services for burns, plastic surgery and spinal injuries across Merseyside, West Lancashire, Cheshire, the Isle of Man and North Wales. A combined workforce of around 9,000 are employed across 21 locations including 5 hospitals.

NHS Cheshire and Merseyside Integrated Care Board (ICB)

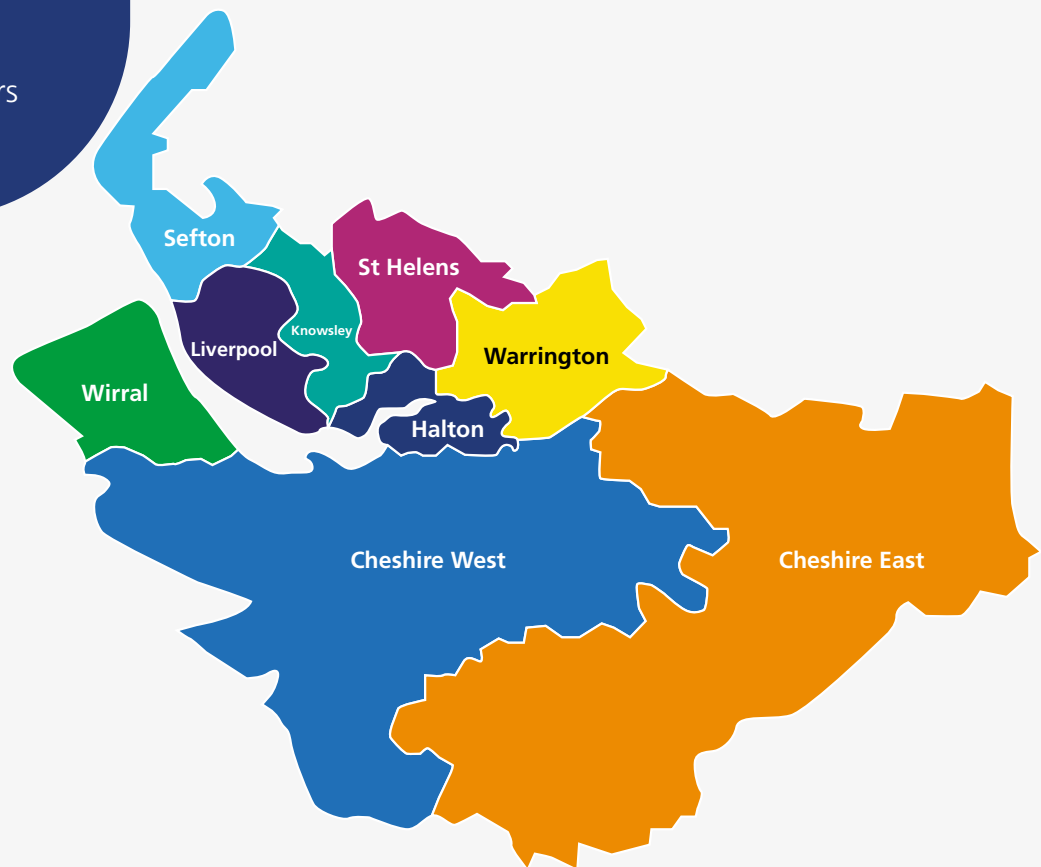
NHS Cheshire and Merseyside have developed a draft Health Care Partnership Strategy and a **Joint Forward Plan (2023-2028)** which aim to improve urgent and emergency care. These include commitments to:

- Improving waiting times for emergency care.
- Drive uptake of COVID-19, flu and pneumonia vaccines which in turn will help to reduce hospital admissions.
- Reduce unnecessary emergency department admissions.
- Improve the speed with which patients are discharged through ongoing development of community services and collaborative working.
- Do more to separate planned and emergency care and to maximise use of independent sector capacity.

NHS CHESHIRE AND MERSEYSIDE



Serving 2.7 million residents, NHS Cheshire and Merseyside is one of the largest Integrated Care Boards in England. It covers the nine areas shown below.

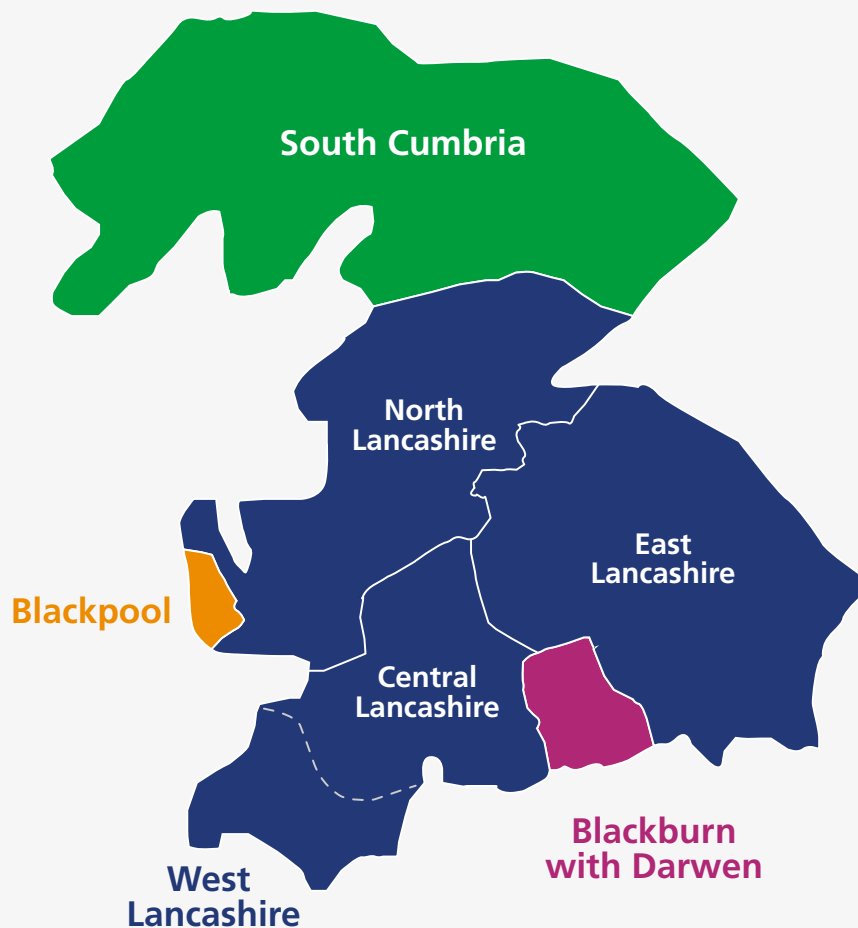


NHS Lancashire and South Cumbria Integrated Care Board (ICB)

In its **Joint Forward Plan** published last year, Lancashire and South Cumbria ICB outlined a clear ambition to make sure people have equal access to high-quality, efficient and joined-up services.

The plan includes several commitments to improving service quality and patient outcomes, many of which focus on urgent and emergency care. These include:

- Reducing the number of people needing to enter the hospital 'front door' (A&E departments).
- Moving care closer to home wherever possible.
- Avoiding unnecessary hospital admissions.
- Improving access to urgent care.
- Targeting reduced waiting times for care.



NHS LANCASHIRE AND SOUTH CUMBRIA

Serving 1.8 million residents, NHS Lancashire and South Cumbria serves the areas shown on the map. Only West Lancashire, which is part of the wider Central Lancashire area, is within the Shaping Care Together programme area.



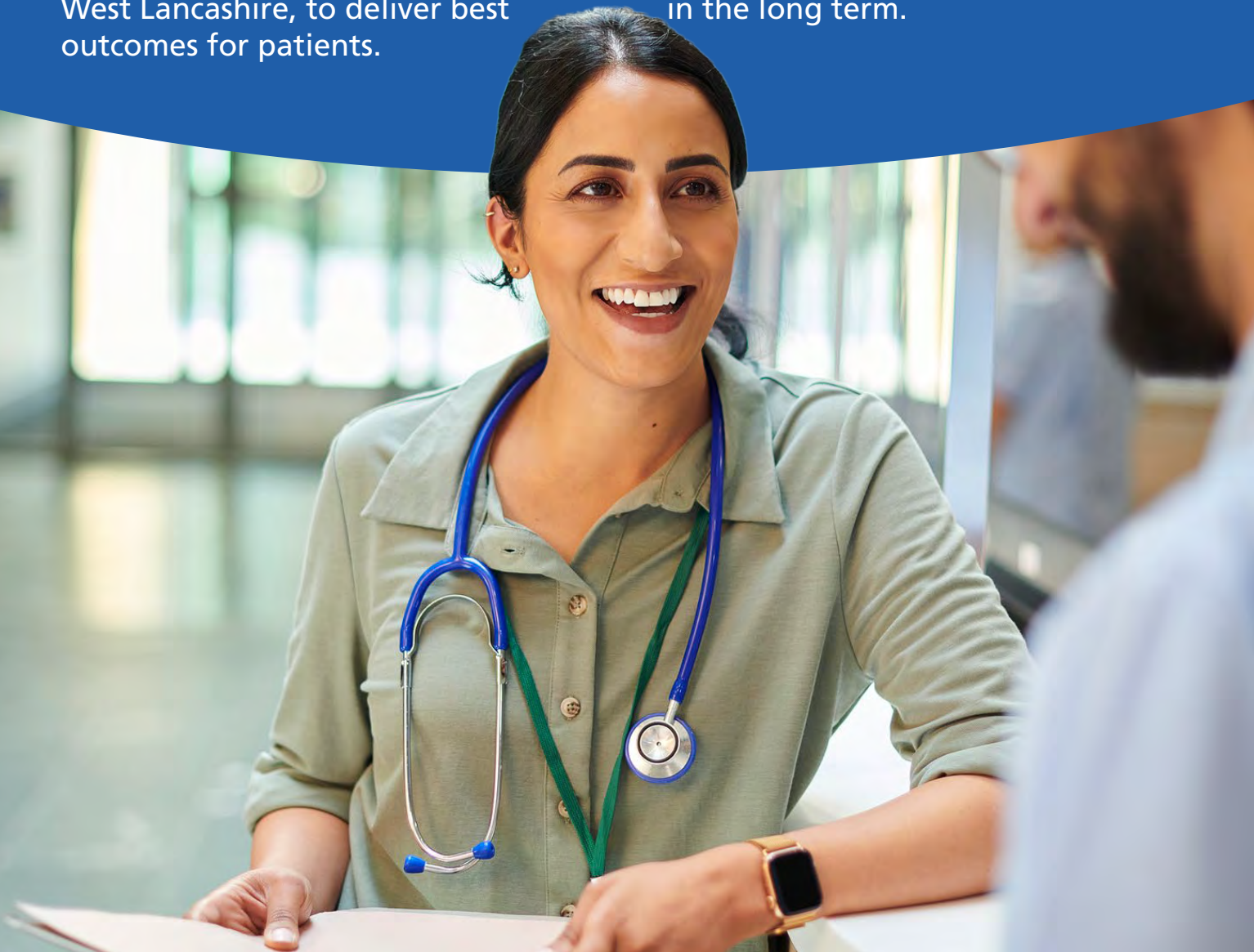
12. What happens next?



By listening to people's views, working with partners, and by harnessing the extensive experience and expertise of our dedicated staff, we will explore different approaches for how to make urgent and emergency care services fit for the future in Southport, Formby and West Lancashire.

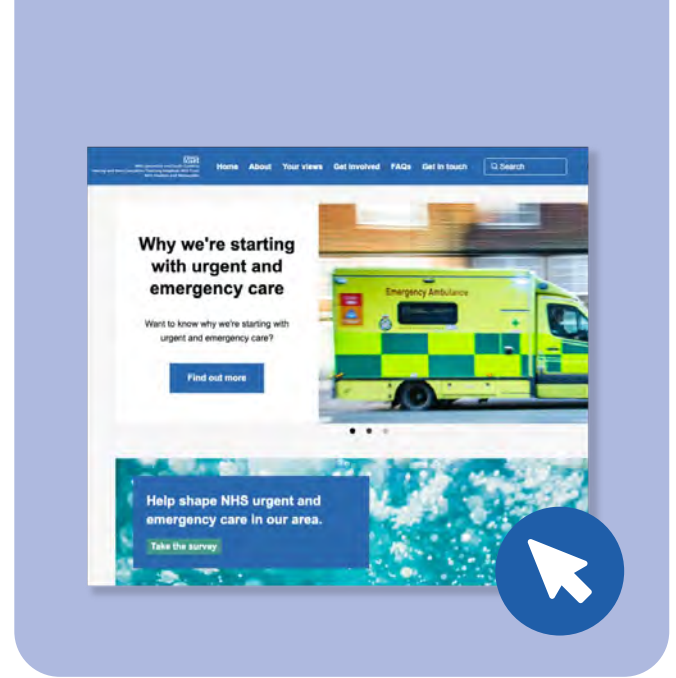
We will be looking at how, with the buildings, staffing and funding and other resources we have available to us, we can:

- Provide excellent quality care to everyone, all of the time.
- Always ensure that care is provided in the safest possible way, even during busier periods.
- Improve how urgent and emergency care is designed to work in partnership with other NHS services in Southport, Formby and West Lancashire, to deliver best outcomes for patients.
- Provide services that are local where possible and specialist where necessary, ensuring that people can be treated in their communities and closer to home where appropriate.
- Help reduce pressures on other NHS services and reduce waiting times for outpatient appointments.
- Ensure that services are sustainable in the long term.



To help us do this we will engage extensively with our partners and with the communities and people we serve, ensuring that everyone can help shape any plans for the future.

There will be a range of ways to get involved, from in-person events to webinars and surveys (both online and in print). We will inform and engage on social media. We will also take our ideas out into the communities we serve, making sure that underrepresented and seldom heard voices are part of the discussion.



We want to make sure that we get this right, which means hearing a range of views and seeing things from different perspectives.

To find out how you can get involved, and to take part in our online survey, visit the Shaping Care Together website at www.yoursayshapingcaretogether.co.uk





To learn more about the programme, stay up to date with latest news and developments, discover ways to get involved and to have your say, visit our dedicated programme website, or contact us directly.



WWW.YOURSAYSHAPINGCARETOGETHER.CO.UK

