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Member of the public 1

10 March 2017

Dear Sirs,

CMA invites views on Manchester Hospital Trusts merger

In response to the above mentioned invitation, I write to you as a member of the public living in Greater Manchester and also as a patient of both Central Manchester University Hospitals NHS Foundation Trust and Bolton NHS Trust.

Noting your statement "*The ability of patients and commissioning bodies to choose between hospital trusts gives healthcare providers incentives to improve the quality of their services for the benefit of patients*", I would not fully subscribe to this. Whilst there is understandably a degree of pride within the local Trusts, I would not agree that any resulting desire to recruit patients, or to influence patients' choice of treatment centre, represents a major incentive of Trusts to increase the quality of care. I perceive the aim of providing the best possible care by my local providers to be the result of an internal culture, much improved of late, which filters down from the Chief Executives to the 'shop floor'.

In reality, patients' choice of health establishment is very limited by real world issues such as connectivity, the need to attend/be taken to the most appropriate treatment centre for specialist urgent or elective care and by other practicalities. The challenges faced by the NHS in striving to provide the best patient outcomes, combined with best value for taxpayers, mean that a more collaborative, and less competitive, approach to providing local health care is needed. This is what the single hospital service in Manchester will facilitate.

As a patient, I welcome the advent of a clinically driven transformation which provides the same high quality everywhere (no more postcode lottery) by practitioners who are all sharing best learning and best practice.

Member of the public 2

16 March 2017

I am responding to your call for views on the planned merger of Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM). I am a Manchester resident, with some, currently low level usage of outpatient services. My family members have various levels of hospital and community service usage. I am a former manager of services for adults with learning disability across the city and was also a non-medical clinician. I have no other current interests in either organisation.

Your concern is that the merger could reduce quality by removing the incentive of competition. I do not believe that this is likely for the following reasons.

- 1) Choice of NHS Trust has not been a major concern of any patients I have met, nor is it one of my friends and family. Choice of hospital site can be important, but the main consideration is convenience to travel for appointments and to visit inpatients. The merger would not alter this situation except insofar as services were differentiated by type across sites (as, for example with the orthopaedic service of CMFT where elective surgery takes place at Trafford and trauma surgery at Manchester Royal Infirmary: with flexibility offered to patients as to where they have their follow-up and physiotherapy appointments.
- 2) There have been long standing and seemingly intractable concerns about the quality of care at North Manchester General. Competition with the services of neighbouring CMFT would not have appeared to have had any positive effect, with the likelihood that on the contrary, CMFT has acted as a magnet for the best staff. Bringing that hospital under the high standards regime of CMFT would be a step forward for patient care. This is not a matter for the consultation but it does illustrate the fallacy of simplistic assumptions about inter-organisational competition.
- 3) NHS providers are facing considerable pressures. Competition between them is a distraction from the hard job of effectively managing resources for the best care. It is but one of an armoury of tools that can be used to drive up quality, and the research evidence is at best equivocal that competition improves service quality.
- 4) If the goal is to improve choice for patients, this can be done within service delivery, with maximisation of informed patient contribution at each step of care pathway on matters of more immediate importance such as food, manner of

address, language, gender-specific care, and patient-centred care planning (so for example people do not have to make multiple visits for different tests and examinations).

5) The main risk of a merger is the loss of distinctive and valuable aspects of organisational culture and practice. Steps should therefore be taken in the planning and due diligence process to identify these strengths, risk assess the likelihood of their loss and implement measures to ensure that the best that each organisation has to offer can be preserved as much as possible.

6) Some benefits for patients could accrue from the merger. Expertise in the two Trusts could more seamlessly be made available across the whole area served by the two organisations (for example from specialities not present in one of the Trusts). For patients that have been served by both Trusts, there should be an improvement in continuity, for example via the combination and integration of records systems. Research-to-practice capability is likely to be enhanced across the merged organisation, reducing the artificial barriers to the dissemination of best practice. Similarly the learning from serious incident reviews can be shared across the larger organisation, reducing the likelihood of professional "backwaters".

Member of the public 3

18 March 2017

We wish to register our opposition to the proposed merger between the CMFT and UHSM. We have lived in South Trafford for over thirty years and our experience convinces us of the importance of having options available to provide good local patient service. A merger can only result in a diminution of the excellent provision and variety of services available at Wythenshawe Hospital.

Member of the public 4

22 March 2017

Re- merger plan of CMFT and UHSM

I have recently read about the merger plan of two hospital trusts that serve most residents of Trafford. As I live in Sale it has been good for the residents to have access to Altrincham Hospital, Trafford Hospital, but mainly the excellent Wythenshawe Hospital. This hospital has served the residents of Sale and surrounding areas, with professionalism caring and without doubt excellent Surgeons, Doctors and Nurses. Along with their outstanding North West Heart

Centre and other services. It seems to me that the residents of the borough would take the brunt of this merger. Surely the residents of the whole of Trafford deserve good care (which at present they currently receive). I really don't think this merger is being fairly looked at. We have lost a really good A and E at Trafford, and if services are affected at Wythenshawe, this leaves the residents of Trafford vulnerable.

Member of the public 5

24 March 2017

Merger between Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM)

From the patients point of view this is a very sensible merger. I live less than four miles away from the excellent Wythenshawe Hospital, which is easy to access by a frequent reliable bus. But I am encouraged, or even told, I must use the Trafford General Hospital which is nine miles away and has a very infrequent bus service. For Trafford GH I have no choice but to use my car to travel there creating CO2 emissions and cluttering the nearby streets when the Trafford GH car park is full. Where is the common sense in that?

Recently I saw details of a course being offered by Wythenshawe Hospital for carers and patients with complex medical needs. As my wife has Alzheimer's and heart problems and takes over 12 tablets per day it looked ideal as an aid for us to understand what we can do better to manage her complex progressive conditions and help her to stay out of hospital longer. The course organiser were extremely nice but told me as I did not live within the geographic area covered by the UHSM my wife and I were ineligible to undertake the training. I am just four miles away but I now have to wait until a medical emergency forces me to call 999 before I can be told I could be doing things better. Incidentally, an emergency ambulance would take my wife to Wythenshawe Hospital as it is the closest hospital and a regional heart centre. Where is the common sense in that?

Hospitals have to serve their natural catchment area not some administrative boundary created by some previous mergers of hospitals. The health service has to be user lead, not administratively dictated. We need joined up thinking on how hospitals can serve the public and patients best. The internal market does not appear to be working in the best interest of the patient, and from the outside does not appear to be driving any efficiency savings. There are better ways to get efficiency savings than having silos of Trusts and hospitals which do not serve their catchment area.

In two months we will be asked to vote on a new mayor of Greater Manchester. One of his first remits will be to improve social care, particularly to get people out of hospitals more quickly. Talking to one hospital trust, with common operating processes, is going to make that task much simpler and hopefully can be implemented sooner and more cost effectively. We need more joined up thinking across state provide services. We also want a better focus on the users of the service and not the providers.

Member of the public 6

27 March 2017

Plans to Merge CMFT and UHSM

I would like to express my views on the proposed plans to merge Central Manchester University Hospitals (CMFT) and University Hospital of South Manchester (UHSM).

My view is that the merger between CMFT and UHSM should **not** take place and I think Trafford General Hospital and Altrincham Hospital should be managed by UHSM and not CMFT. I believe CMFT is already a large organisation and consuming other hospital services such as Wythenshawe Hospital give it a monopoly in the area and will reduce the quality of healthcare services provided. I don't believe this is in the best of interests of the local residents in South Manchester and of the patients that use these hospitals that are already stretched.

Another issue we have currently in Trafford and South Manchester is a significant increase in population over the coming years and decades. In Trafford, specifically, there are plans and proposals of substantial housing developments to take place. Trafford Waters will have new dwellings for 3000 new residents, 58 new homes to replace old Simpsons Food Factory, the Carrington proposal of 11,500 new homes, 750 new houses proposed for Flixton, 3300 new houses proposed at Timperley Wedge / Davenport Green and other developments such as Lock Lane Partington 550 dwellings and Pomona 580 dwellings. There may be other developments such as apartments already taking place and nearing completion.

There are other Local Authorities in the South Manchester region that have significant proposed developments of housing under the Greater Manchester Special Framework or already passed by LA planning departments, which only underlines the large increase of population in the area.

The demand for hospital services will simply increase and to me it makes sense for UHSM to be handed control of hospitals in South Manchester area to be able to service the area and increased demand better, rather than giving control to CMFT

which would be too big and not able to concentrate its efforts on its hospitals in Central and North Manchester.

I hope you will carefully consider my views and make a decision that is in the best interest of the local area and community of South Manchester.

Member of the public 7

30 March 2017

Patient viewpoint

Although I can see potential benefits in this proposed merger, particularly financial, from a patient's point of view I have geographical concerns.

I live in Altrincham, Trafford not far from UHSM Wythenshawe Hospital. Sometimes my G.P. uses services at Altrincham and at Trafford General which are part of Central Manchester hospitals and I have no concerns about this. However, with the recent changes around here in sending patients to Stepping Hill or Hope Hospital for specialist treatment instead of using Wythenshawe, local people, including my husband and my neighbour, have major problems due to traffic and parking at the hospitals and are reluctant to use these two hospitals. Neither of these hospitals are easy to get to from here and for stressed drivers it is a nightmare. I know that some patients from north Manchester now have to travel to south Manchester. In fact my husband refused to go to another hospital after going to A & E at Wythenshawe after a stroke and chose to remain in Wythenshawe's stroke unit in spite of some pressure, and I was much relieved that I was not going to have to travel a difficult journey to visit him.

With the proposed merger I can foresee that patients will have to travel all around the region, and Manchester's roads are just not up to it. From Altrincham to get to Manchester Royal we have to travel along Princess Parkway, one of Europe's busiest roads, so lack of choice is a major concern to me. Bear in mind that many patients are getting on in years, as are their visitors, and they are not up to making difficult journeys, whether by private or public transport. For those not living near Wythenshawe Hospital, the Metro stop, so-called near the hospital, is a 10 minute walk away - not much use to old folk.

When Central Manchester took over Trafford General it downgraded some of the hospital's departments, to the detriment of people local to that area. I can foresee that if this merger goes ahead choice will again be reduced, and while we all want good treatment for our ailments, except in case of dire emergency most of us want to be able to have a choice which includes our local hospital.

If this merger goes ahead, I suggest it does not do so until parking problems have been sorted out, because if people have to travel further they will have to ensure they arrive early just in case of traffic hold-up, thus putting even more pressure on hospital car parks. In our case we have learned that unless my husband and I can give the other a lift to the hospital and pick them up later, we have to go early as we can never be sure of being able to get a parking place in time to make our appointment. You see desperate people driving around hospital car parks, jockeying for any space that comes free, because they are going to be late for their appointments.