

CENTRAL MANCHESTER UNIVERSITY HOSPITALS / UNIVERSITY HOSPITAL OF SOUTH MANCHESTER MERGER INQUIRY

Summary of hearing with Healthwatch Manchester on 20 April 2017

Background

1. Local Healthwatches exist in every local authority in England in order to give patients and the general public a voice in how NHS services are commissioned and delivered in their local area. They are statutory bodies. Healthwatch Manchester (Healthwatch) engages with commissioners and providers in Manchester on service changes and can bring to the attention of commissioners or providers patients' complaints and experiences of local health services.
2. Healthwatch told us that it had a seat on the Health and Wellbeing Board which met bi-monthly. The Board was funded by a group called the Health and Wellbeing Executive Group which dealt with, for example, issues such as Manchester's locality plan and the Transformation Bid. It was a statutory body and a not-for-profit company limited by guarantee.
3. Healthwatch had recently set up the Single Hospital Service Joint Working Group. Members included the Chief Officers of neighbouring healthwatches along with the Program Director and Communications Lead of the proposed merger. If the merger led to an impact on patient choice in Manchester there was a system in place to address it in a timely way.
4. Healthwatch had an online presence which had a feedback centre. This covered all GP practices, dentists and other health or care providers. Any feedback provided was regularly reviewed.
5. It also actively carried out surveys, which involved interviewing people around issues such as public health, homelessness and access to mental health. It gathered as much feedback in as many different ways as it could to formulate a framework to enable its work to go forward. This was a cyclical process which rolled over each year.
6. Healthwatch believed information management, including providing good quality of information to patients was important and sharing of information should be robust.

The merger

7. Healthwatch, as a member of the Health and Wellbeing Board had been involved in the early process of the merger. In general, views of the merger had been mixed but the Sir Jonathan Michel's review had had a positive effect and had shown that the clinicians to be on board with merger.
8. Healthwatch thought it was too early in the process to approach members of the public for their views on the merger and felt there was not enough information available for the public to understand how the merger would impact on them.
9. Of possible concern to Healthwatch was the impact the merger could have on the patient journey. When a patient entered a hospital they followed a clinical pathway. In general this pathway was quite robust and worked well. However there were areas, such as patient transport, follow-up physio, which were not key parts of the clinical pathway and these were areas where the NHS quite often failed. Healthwatch had recently completed a piece of work which it planned to use as a blueprint in case services did become more remote and harder to access.

Role of patient choice

10. Healthwatch told us about its feedback from patients on the online Choose and Book option, which allowed people to choose which consultant surgeon and/or hospital they wanted to attend for their procedure or consultation. A lot of people were not aware of this online service and indeed there were some parts of North Manchester where 85 per cent of people were unlikely to have access to a computer.
11. GPs also offered patients the choice of using the Choose and Book Service. However in most cases patients preferred to take the advice of their GPs.
12. In reality there was quite a low uptake of this service, even though it was an option that Healthwatch promoted.
13. When selecting a hospital distance was a big consideration. This was especially true for those patients relying on public transport. Another significant factor that people considered when selecting a hospital was the waiting list times.
14. Healthwatch had carried out a review of walk-in centres and A&E departments. Its study had shown that many people by-passed the walk-in centre located next to Central Manchester A&E department. With improved

access and entry system the centre was more visible and this had led to improved use of the facility which in turn had helped take some of the strain off the A&E department.

15. In many cases people often attended the A&E department when they were unable to secure a GP appointment. Healthwatch also told us that patients were sometimes travelling from outside of the area to attend the Central Manchester A&E department

Greater Manchester devolution

16. Healthwatch told us of an initiative called Healthier Together which covered four sites across Greater Manchester (Oldham, Stockport, Salford and Central Manchester) which planned to implement 'single teams'. The idea behind the initiative was that the best surgeons and clinicians would make up a single team. The advantages around the single service teams was getting better clinical outcomes.
17. Healthwatch believed that devolution of health and social care should mean a more holistic approach to the patient. It should mean more treatment in the community but it would also expect smaller routine operations, procedures, to be carried out locally.
18. Healthwatch was also concerned about the distance that patients might need to travel for hospital appointments and stays in hospitals should the merger take place. This could also impact on the distance visitors needed to travel. They were also concerned about more vulnerable people who, for example, may need to take more than one bus to get to the hospital in a town they were not familiar with. Healthwatch however appreciated that the trade off with travelling further would mean that people would in many cases see a more specialised consultant or surgeon, and this in turn would lead to a better outcome.