

Responses from members of the Manchester Health and Care Commissioning Patient and Public Advisory Group

7 July 2017

Patient A

As a patient whom has multiple health conditions, I fully support the merger into one trust. The reasons for this are listed below:

1. To have specialist services in one place, at time of emergency with specialist staff with the option to be transferred to a hospital nearer to your own area, after the initial crisis. If you look at the GM Stroke Centralisation Programme that was completed over a year, you can see how well this works, and is a good model.
2. To have my medical records with just one trust, there is no missing notes or results, which at present offends happens and it means additional costs in having tests redone, at a time when there is little money available across the NHS.
3. Have concerns over USHM in regard to its finances, I am talking about how the deficit around USHM's private finance initiative, and how we have seen over time low levels of liquidity, which is concerning from my point as a member of the public & patient.
4. The main funders of these trusts, CMFT & USHM is the same, i.e. Manchester CCG, Trafford CCG, and NHS England (North West Commissioning Hub), so the merger in terms of them will not be a major issue, and would cut out duplication of background administration services.
5. In regard to transportation across I would recommend that this is looked into, so that patients and relatives can easily access across the city to the various sites, with GMPT (Greater Manchester Public Transport).
6. With the LCO (Local Care Organisation) there will be better care services across local hubs within the city boundaries. Freely up bed spaces in our hospitals. With this in mind by having a single trust, and the LCO, it means that service care is more streamlined, again and I am going to repeat myself, saving monies which can be used to improve and allow better services for us the patients and public.
7. I talk to many patients, whom at the end of the day want services that are more "joined up", "fit for purpose".
8. At present it the system within Manchester is confusing for some, as different trusts have procedures and processes.

9. If this does not happen, I feel that we will see some big problems in years to come were some budgets will over spend/deficits., and it will mean that patients will be at risk. Manchester now needs to get on top of this, there are examples around the country were we can see great concerns. This is a time for good work to be done, with the limited budgets we are seeing year in year out over the last number years.

10. In terms of outpatients appointments, I would expect to see the various medical teams to have set days in other parts of the city for outpatient appointments, hence allowing patients not to have to travel across the city especially from the north to south of the city.

11. At the main hubs of specialism, for these teams to share learning and with local teams across the city at other sites, by doing this the care is the same, no variations. Again I point back to the GM Stroke Centralised Programme which is now rated the best in the country at A+. Staff can move around, allowing them keep and develop their skills.

12. At present staff will want to work at the best hospital trust which is natural. But it means that other trusts have problems recruiting staff, you only just have to look at national figures, and also CQC reports.

13. Here in Manchester we have the Universities, and the various research centres of excellence both in the country & in the case of one, the world. With these working with closely with the single hospital trust, will bring new better hospital care services for the public of Manchester, and I pray a centre of excellence & a beacon to other Trusts, and CCGs across the country.

14. GPs will also find that referring a patient will be more straight forward, than dealing with different trusts, boundary issues. Hence freeing up their time to deal more with patients in their practices.

15. Savings from this merger can ploughed back into more resources in terms of more front line staff, improve services were they maybe lacking in some areas.

Patient B

In my role as patient rep and in my wider questioning on possible re-organisation of hospital services, I have not heard a single objection to the hospitals merger. On the contrary most people I have spoken with think it will improve their health services considerably. Choose and book and competition is seen largely as a joke, and the amount of difficulty arising from transfer of notes from one hospital to another causes considerable problems. The one hospital service is unanimously seen as an improvement.