

[Press release: Manchester hospitals merger cleared by CMA](#)

The Competition and Markets Authority (CMA) has been looking at the impact on healthcare of the proposed merger between Central Manchester University Hospitals NHS Foundation Trust (CMFT) and University Hospital of South Manchester NHS Foundation Trust (UHSM).

In its final report today, the group of independent CMA panel members found that the merger will give rise to substantial benefits for the care of patients. These outweigh any harm caused by a loss of competition between the merging trusts.

The benefits include reductions in patient mortality, clinical complications and infection rates.

Patients who are expected to benefit from the merger include those at risk of heart attacks or strokes, and those who need vascular surgery or kidney stone removal.

Together, the 2 hospital trusts involved operate 9 hospitals in Manchester. UHSM operates Wythenshawe Hospital and Withington Community Hospital, and CMFT operates Manchester Royal Infirmary, Manchester Royal Eye Hospital, Royal Manchester Children's Hospital, Altrincham Hospital, Saint Mary's Hospital, The University Dental Hospital and Trafford General Hospital.

In considering the merger, the CMA received advice from NHS Improvement and consulted with local commissioners, local authorities and the devolved health and social care body in Manchester and NHS England, all of whom expressed strong support for it.

John Wotton, Chair of the Manchester hospitals merger inquiry group, said:

We have found that this merger will have substantial benefits for the healthcare of patients.

Our confidence in this is strengthened by widespread support from commissioners, clinicians and local authorities in Greater Manchester, who have developed a clear shared vision for providing health and social care under devolved powers.

The hospitals involved presented clear evidence and a well-reasoned case as to how the merger would be beneficial to patients and we received NHS Improvement's advice on this – which helped us to reach our decision to clear the merger.

Competition currently plays a limited role in the NHS, as health commissioners and regulators have instead emphasised co-operative working to handle growing demand for NHS services.

A summary of the final report has been published on the [case page](#), where all other information relating to this investigation is available. The full final report will be published shortly.

Notes for editors

1. The CMA is the UK's primary competition and consumer authority. It is an independent non-ministerial government department with responsibility for carrying out investigations into mergers, markets and the regulated industries and enforcing competition and consumer law. For more information see the [CMA's homepage](#) on GOV.UK.
2. On 25 February 2015, the 37 NHS organisations and local authorities in Greater Manchester signed an agreement with the government to devolve health and social care expenditure in Greater Manchester. This followed the agreement between the Chancellor of the Exchequer and leaders of the Greater Manchester Combined Authority (GMCA) devolving new powers and responsibilities to Greater Manchester on 3 November 2014. As a result, the Greater Manchester Health and Social Care Partnership assumed control over the region's health and social care budget, which amounts to approximately £6 billion per year.
3. The CMA began its investigation and set out the issues it would be investigating – the investigation examined the effect of the merger on local patients having reduced choice between different hospital trusts for elective (ie non-emergency) procedures and operations across a number of clinical specialties and maternity services. It also looked at whether the merger will lead to reduced choice in A&E services, specialised services and community services. In its investigation the CMA took into consideration relevant developments in the Greater Manchester area – such as the devolution of health and social care and the proposal for a single hospital provider.
4. The test the group of CMA panel members applied was whether the proposed merger may be expected to result in a 'substantial lessening of competition' in relation to the services the hospitals provide. The group found that there would be a substantial lessening of competition in relation to certain elective and specialist services. The group then considered whether any remedy was appropriate, having regard to any 'relevant customer benefits' expected to arise from the merger.
5. All the CMA's functions in phase 2 merger inquiries are performed by inquiry groups chosen from the CMA's panel members. The appointed inquiry group are the decision-makers on phase 2 inquiries.
6. The CMA's panel members come from a variety of backgrounds, including economics, law, accountancy and/or business; the membership of an

inquiry group usually reflects a mix of expertise and experience.

7. The members of this inquiry group are [John Wotton](#) (Inquiry Chair), [Malcolm Nicholson](#), [Robin Aaronson](#) and [Roger Witcomb](#).
8. For CMA updates, follow us on [Facebook](#), Twitter [@CMAgovuk](#), [YouTube](#) and [LinkedIn](#).
9. Enquiries should be directed to press@cma.gsi.gov.uk or 020 3738 6633.