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17 October 2013

**Joint statement from Poole Hospital NHS Foundation Trust (PHFT) and  
The Royal Bournemouth and Christchurch Hospitals NHS Foundation  
Trust (RBCH)**

“We are deeply disappointed with the Competition Commission’s decision to prohibit the proposed merger. This is despite the efforts we have made to explain the clinical and financial benefits and the support we have received from Dorset CCG and the NHS England Wessex Local Area Team. We believe merger would have been the best option to ensure we continue to provide high-quality hospital services to local people.

“The benefits of merger, which included increased access to consultant care and new patient facilities, will now be much more difficult to deliver, which is disappointing for both our patients and staff.

“We recognise that the Competition Commission has a statutory role to perform and specific criteria which it must use to assess benefits, but we believe that the outcome of the process is fundamentally wrong.

“The assessment of the merger was always weighted to put competition ahead of benefits to patients, and we do not believe the NHS is best served in this way.

“The two trusts have worked extremely effectively together over the last two years and we will continue to explore areas where we can work in partnership. However, this will not be to the scale we had hoped.

“We would like to thank all of our staff and health partners for their support. Staff across the three hospitals have contributed to the merger process and have also worked extremely hard to ensure we continued to provide high-quality services to our patients throughout the process.

“A great deal of work has been carried out on identifying efficiencies and organisational development as part of the merger process which will not be lost. The two trusts will now take some of this work forward, either individually or in partnership.

“The future for the NHS remains challenging and, like all acute hospitals, we still need to identify significant efficiency savings. Both trusts already have lower costs than the average UK hospital and have made considerable savings over recent years. It will be much more difficult to make further savings as individual organisations, but we now need to explore alternative options and work closely with our commissioners as we look to the future.”

**RBCHFT statement:**

Tony Spotswood, Chief Executive of The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust, said:

“The priority and focus for our staff is to deliver high quality services for our patients. We have recently launched our Quality Strategy which sets out how we will ensure the continued safety of our patients, a good hospital experience and clinical effectiveness. This will guide all future decision making, from the Board of Directors to the clinical leaders and doctors on our wards.

“We have a strong track record for continuing to develop services and facilities while also meeting the efficiency challenges faced by the NHS. We continue to invest in developments at Christchurch Hospital, a new cancer and blood disorder and women’s health unit and a new midwifery led unit.

Alongside this is our continual achievement in providing low waiting times, low levels of infection and high levels of patient satisfaction. Continuing to learn and improve the experience for patients is a key part of our quality work.

“Working with our health partners will be essential to ensure as a community we can provide the best services for local people. Over the next few months the Board will be developing its plans for 2014/15.”

**PHFT statement:**

Chris Bown, Chief Executive of Poole Hospital NHS Foundation Trust, said:

“Poole Hospital’s focus will, as always, remain on providing safe, high-quality care.

“The hospital faces considerable financial pressure without merger but our board of directors is absolutely committed to sustaining services and maintaining the high standards of care that we are renowned for.

“In common with many other NHS hospitals, we must make substantial further savings in the future. The situation at Poole is made particularly challenging because of our case mix, which includes a high percentage of emergency care, and the way in which that type of care is now funded.

“We will be working closely with our commissioners and Monitor, the foundation trust regulator, over the coming months to look at how we can make further efficiencies and meet the financial challenges ahead. We will also work with our partners across the community to ensure the local population continues to benefit from the highest standards of clinical care.”

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