Bicester Community Hospital & Engagement Forum  
Notes of Meeting held on 15 December 2010, 19:00 – 20:30  
Littlebury Hotel, Bicester

Present      Michael Curry     (MC)                                       Alan Kilham  (AK)  
             Richard Darch      (RD)                                     Tony Burrage  (TB) 
             Donald Robinson (DR)             Bernard Moore       (BM) 
             Lynn Pratt     (LP)                       Jean Green          (JG)  
             John Chalcraft (JC)               Mike Wyatt  (MW) 
             Alistair Tulloch  (AT)                                 John Broad       (JB) 
             James Porter    (JP)             John Galuszka (JG)  
             Les Sibley     (LS)               Cathryn Bullimore (CB) 

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<th>No</th>
<th>Item</th>
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<tr>
<td>1</td>
<td>Welcome/Apologies</td>
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<td>Apologies were received from Nick Cotter John Holmes</td>
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<td>Minutes/matters Arising from the last meeting (7th Oct 2010)</td>
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<td>MC: asked for clarification on financial scoring for all three potential sites</td>
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<td>Further points made about the London Road site:</td>
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<td>LS: said both access to the site and potential contamination should be noted</td>
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<td>MC: Pointed out that contamination is denied but agreed that access was poor.</td>
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<td>LS: Asked about a 106 agreement and why one had not been carried out to establish contamination. Asked for the point to be minuted.</td>
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<td>TB: Acknowledged that the scoring system did not reflect any contamination but said the Prior Information Notice (PIN) – due to be issued in January - would pick this up.</td>
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<td>MC: said he was disappointed that the PCT had not listened to the concerns of the CHEF over this issue.</td>
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<td>TB: Said concerns had been noted and Richard Darch (new project Lead) had been briefed on the whole issue.</td>
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<td>A debate followed on what had happened to the site already in terms of clearing and re-filling.</td>
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<td>RD: Said the comments were very useful and pointed out that as part of the process of deciding on location they would have to be satisfied that they were dealing with clean land. They would have to ensure there would be adequate surveys to inform the process.</td>
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<td>MC: asked if it was possible for CHEF members to be involved in choosing a potential site</td>
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<td>AK: explained the process of the PIN and the difficulties of involving the CHEF in this process</td>
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<td>LS: Asked if the CHEF could be consulted more through the process as the CHEF was the channel through to local community and in turn the CHEF fed back the concerns of the local community.</td>
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TB: acknowledge your concerns: We involve three people from the CHEF, Michael Curry, David Hughes (on the Project group) and John Broad who contributes through the PEF (procurement estates and finance group)

BM: Expressed concerns that what is being offered is ‘not a hospital.’

TB: explained that the model agreed by NHS Oxfordshire Board was to share the bedded facilities with another partner, but the beds would be full NHS beds and all the other facilities would be retained and co-located.

A discussion then followed on the PIN.

Points raised: included where was it advertised (answer Supply to health and European Journal)

LS asked if the SW option had been advertised

TB: pointed out that the PCT could not advertise someone else’s site and the process was all about potential developers coming forward and that was likely to include the owners of the SW option.

More items then picked up from the minutes of the last meeting:

Re page 1: JB: asked what had happened to the traffic survey which had been carried out at the current hospital site.

TB: explained that a better survey was needed. Flawed because it did not establish why people parked at the site.

Re page 4: MC: question around the standards of the beds and the qualifications of staff who will be providing the care.

TB: confirmed the beds would be ‘sub acute’ and would have full clinical specifications. Depending on the provider, current NHS staff would be able to transfer to a new employer under TUPE. The quality of medical care would be the same

2 Introduction to Richard Darch new Project Lead

Richard Darch: Introduced himself to the CHEF as the new Project lead. Key background points:

- Brought into project because the PCT regard it as a high priority
- Accountable directly to the CE (Sonia Mills)
- Key requirements for project were clinical, financial and public opinion
- Has delivered several other schemes, South Bristol Community Hospital and more locally east Oxford Health Centre, Cowley Road, Oxford.
- Has experience ‘on the other side’ as a developer
- Stressed importance of engaging with the community through bodies such as the CHEF

Questions to Richard Darch:

BM: Have you visited Bicester in the daylight?
RD: Yes I have visited all three sites
LS: Are you going to put forward the messages you are getting from the community, how will you consult more directly?
RD: Through the CHEF which I understand to represent the local community
CB: added; explained other means of communication—on line through PCT ‘Talking Health Forum’, newsletters sent to wide range of stakeholders with request for feedback, press briefings and coverage – public meeting open to everyone should be arranged for when the there had been a bit more
Project Update
From Tony Burrage/Alan Kilham

* Action TB/AK to circulate key milestones via email for the CHEF group

Update:
- TB PIN (Prior Information Notice) first draft will go to Project group the following week

Plan to follow: Please see details attached with these minutes.

Questions following Project Update:

Q: What is the PIN does it settle on a site?
A: TB: Not putting all the sites in the PIN. Not what we need to do at this stage.

LS: Asked a question around planning permission and if it was granted on one site does it affect the chances of the other sites and is it a risk to the project?

TB: Pointed out that there is a planning framework – LS: said not the same as planning consent.

TB: Pointed out that planning was a risk on the project Risk Log (Number 16)

MC: asked question around plans within NHS for PCTs to be abolished and for local NHS services to be run by new GP consortia: How would the project carry on, what would be the commitment of GPs to the project particularly around its cost?

JG: Said they were in support of the project but could not commit to limitless costs, if they kept rising then they would not be able to commit to it. He added that by the time the GP consortium in Oxfordshire was established the new community hospitals would be built under the present timetable. PCTs would be legal entities until 2013.

JG: Gave an explanation of what was happening re the setting up of a GP consortium in Oxfordshire:
- Agreed that there should be a single consortium in Oxfordshire same as current PCT boundaries
- Would be likely that there would also be smaller more regional units
- Oxfordshire is a ‘pathfinder’ consortium ie leading the way and likely to take control earlier than some others
- GPs were being trained in how to run local NHS services

BM: asked how GPs would be qualified to do some of the work – would they end up employing managers again?
JG: Government is trying to recognise what skills we need to concentrate on core tasks.
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<td><strong>Date of Next Meeting</strong></td>
<td>Thursday February 24th 2011: 7pm – 8.30pm, Littlebury Hotel</td>
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