### Bicester Community Hospital & Engagement Forum

**Notes of Meeting held on 15 July 2010, 19:00 – 20:30**  
**Littlebury Hotel, Bicester**

**Present:**  
- Dr Michael Curry (Chairman)  
- James Porter  
- David Hughes  
- Nick Cotter  
- Lynn Pratt  
- John Broad  
- Les Sibley  
- John Hoad  
- John Bunn  
- Eileen Turner  
- John Galuszka  
- Tony Burrage  
- Catherine Mountford  
- Cariad Hazard  
- Louise Carlisle

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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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Apologies were received from Jean Green, Alistair Tulloch and Mike Wyatt. |
| 2 | Minutes of the last meeting (19 May 2010) |  
The following amendments were agreed;  
- Pg1, final correction, Cheltenham should read Chattenden.  
- Pg 2, Item 3, 5th Bullet Point, should read expansion not expansion.  
- Pg 3, Item 5, 6th Bullet Point, should be JB not JH.  
Otherwise the minutes were agreed to be an accurate record of the meeting. |
| 3 | Project Update |  
TB gave an update on the project and the key issues were;  
- The PCT remains absolutely committed to the project and both CM and Sonia Mills have been quoted on record stating this.  
- Working very hard on the clinical service specification.  
- 2 key dates – Business Case to Board in September 2010 and May 2011 when a recommendation of a preferred bidder will be made to the Board.  
- Q) (LS) I understand the PCT’s commitment, but what will the people of Bicester get? Will it be Bicester Community Hospital with inpatient beds?  
A) (CM) Yes. (TB) We are working very hard on the clinical specification to ensure that the same level of activity happens in the new hospital.  
- Q) (JBU) Is the money ring fenced?  
A) (CM) Yes, revenue money currently spent on Bicester is ring fenced, however, the PCT recognises that the cost of a new building will be more and additional resource will be put into our financial plan.  
- Q) (LS) Has the number of beds been confirmed?  
A) (TB) The mapping work is using the current activity and current resource therefore we are working to the provision of 12 beds. |
Q) (JBu) Will it be a fixed price contract?
A) (TB) Yes, if we can find one.
(JBu) I’d also dispute the cost of the current site.
A) (TB) That’s interesting as it’s the figure given to us from the Quantity Surveyor.

4 Open Session
The floor was then opened up for questions and these are a record of the questions;

Comment: (JBu) Access to the hospital – there were problems at Chipping Norton with the planning going through, when it was stopped by the Council. Please sort it out for Bicester.
Response: (TB) I have information on the traffic flows for the existing site with access through Coker Close, but acknowledge that if another site is chosen more work on access needs to be done.

Q) (BM) Was the traffic survey carried out every day of the week or just a one off day?
A) (TB) I’m waiting for the detailed info and will ascertain this.

Q) (ET) If the current site is chosen will the existing hospital be demolished or will work carry on around it?
A) (TB) The plans show that the rebuild will be carried out in the car park, so hopefully it will be ok but I can’t guarantee this. (ET) It will be very difficult if people have to go elsewhere e.g. Banbury or Oxford.

Q) (JBr) I’ve read the extended notes that talk about the green aspect and make the following observations a) they wouldn’t fit in with the current site, b) do you have control over design briefs and c) the proposed ideas look very expensive.
A) (TB) We have public building standards that we have to meet and are working with Cherwell District Council and have put in a bid with them for some of the £600,000 Eco-Town monies that are available. CM added that this additional money hasn’t been included in the financial model.

Q) (LS) What input will this Forum have into the Business Plan
A) TB asked that this question be picked up later under agenda item 5.

Comment: (LS) The 12 beds you are modelling around are not adequate. 30 beds were promised and Bicester has a growing population so 12 beds are not enough.

Comment: (LS) At the last meeting 3 sites were discussed – the allotment site is a non-starter as only a basic 30 bed facility (MC) a 30 bed facility is not affordable and Public Health say it is not necessary. (LS) The current facility is inadequate and it would be blinkered not to consider Bicester’s growing population. The SW site is big enough for a community hospital and 30 beds. You say that you are working in partnership with other organisations – there are big demands for respite and dementia care which I know aren’t a PCT responsibility, but perhaps you could consider these types of organisations.

Q) (LS) Is the Primary Care Centre still part of the project?
A) (CM) When we talk about re-provision we are meaning the beds and services currently provided i.e. x-ray, MIU etc. We hear the very clear
message that the people of Bicester want this all in 1 place.

Q) (LS) Is there flexibility around the 12 beds?
A) (TB) JG gave an explanation of the plus and minuses of 30 beds at a previous CHEF meeting. 30 beds is not a meaningful figure as there is no money or evidence of need, so we are re-providing the current number of beds within a building that would allow for expansion in the future. This expansion could be beds, a day unit or provision of therapies we don’t know at the moment, but what we do know is that care has changed over the last 20 years and will change in the future.

Q) (JBu) If you overbuild you can get your money back
A) (TB) I’m happy to look at 600sqm – 2000sqm

Comment: (JBr) I attended the recent Bicester PEF meeting and it is clear that the process is well thought through and I’m hopeful that the right answer will arrived at in the end. The deadlines set are good.

Comment: (JBr) regarding the traffic survey on the existing site if the Eco-Town, the Kingsmere and Ring Road developments go ahead then the traffic will change and this survey will not be a true picture.
Response: (TB) I’m happy to talk to local people about their experiences and knowledge as traffic is going to be a potential problem.

Comment: (JBr) There was a recent Eco-Town meeting and I asked about the SW site and environmental standard grade 5. I was told that any new development in Bicester would have to fit into this new standard.
Response: (TB) I am positive that provided the Eco-Town goes ahead it could be a source of income. (BM) Do you have a loan or additional money then? (TB) We are in discussions with Cherwell District Council and have put in a bid for some money as part of the £600,000 worth of funding available from the Government. CM urged caution though as CDC had to date not got the full amount.

Q) (BM) Archaeology – I can’t get hold of a report on the SW option site.
A) (TB) I have a copy. (DM) Does it go right up into the corner of the site? (TB) I believe I have got a full report and I am happy for JBr to review it. I asked him to join the PEF as he brings site engineering skills to the group and I would be happy for him to review any of the surveys we have had done. I have also spoken to Medical Centre Developments (MCD) and asked them for their survey on the site too.

Q) (BM) There are lots of statements coming out from the Commons that the Strategic Health Authority (SHA) and Primary Care Trusts (PCTs) will cease to exist. Will this impact on this project?
A) (CM) The timeline is for PCTs to cease to exist after 2013 and we are working with local GPs on how to take this forward. In the meantime the PCT will continue to take things forward and will handover when there is someone to handover to, but we hope to finish the project before this.
(MC) you have nothing to fear from GP Consortia, GPs have always been in favour of Community Hospitals.
(TB) the key date is the signing of the contracts. Any contract can be undone, but at a cost. (CM) the new organisation will take on all contractual responsibilities from the previous PCT.
(LS) If you cease to exist they will not let you enter into contracts. (TB) We
work very closely with the local GPs currently and we need to make sure that there is no conflict in the future. (JBu) there might not be local GPs in the consortia.

Q) (NC) Please just get on asap before another re-organisation occurs as we don’t want more delay. I have two questions, 1) are potential bidders likely to be put off by a change of commissioner and 2) can you remind me how did CDC fall down on their bid.

A) (CM) Q1 – I think they will be more reassured that a government organisation has invested time, effort and recognise that there is a clear need for change and there is funding and committed revenue. The key task during the next 6 weeks will be working on an affordable option.

Q2 – I will speak with you outside of this meeting.

Comment: (LP) I agree with NC you need to push on with the project. I am concerned that you have had to delay the project.

Response: (TB) I hope you heard JBr and have been reassured. (CM) The PCT Board is pushing for the Business Case and I don’t want to go them without it!

Comment: (JBu) Andrea Young said 2 years ago that this was a priority.

Comment: (DH) We need to plough on, there is a positive push and it’s totally equivocal. I have confidence and am reassured by the work that is being done. The timeline is in black and white and we can see where we should be, it’s important we keep to it. (TB) If there is slippage we need to identify it and a project plan and risk log have been produced which is reviewed by the project group. (DH cntd) I feel the pause has been helpful so we could re-evaluate things. There is a political element to this and we all need to keep on at MPs, local Council and the PCT to make sure this is going to happen – we all need to pull together.

Comment: (JP) Bicester is one of four Eco-Towns and it’s about the whole of Bicester not just the North. You might also like to talk to OCC Traffic department as they have done some work around what future traffic might look like. Q) Last time there were too many variables – how does the simple version help.

A) (TB) We are taking a laser beam approach i.e. where, when, what and cost. It is the job of the Project Group/PEF to ensure the narrow framework has the elements to meet this. There will be elements of competitive dialogue retained and we have to be clear as to what we want. When we look at the population it is not usual as we are not dealing with an ageing population, so we need to look at what this means for the MIU and OoH services.

Comment: (JBu) Bicester Hospital is also used by people from Kidlington, Gosford, Yarnton, Wendlebury etc, so you need to include 30 – 20,000 to your population figures. (TB) replied that he knows who currently attends and where they come from and Bicester has a unique population. (ET) stated that the rural communities of Cherwell have a large aged population.

Comment: (LS) We have already gone from a MIU to a First Aid Unit (MC) tends to be the very old and young that use it.

5 Site Options – Scoring the sites
TB presented the Site Option Scoring Tool and explained that copies were
not being tabled as it was an ongoing tool and changed on a daily basis, so went out of date very quickly. The next key tasks include:

- Inclusion of additional criteria – deadline for this is close of play on Friday for each Workstream Lead.
- Decide on the priority of each piece of criteria e.g. high, medium or low.
- Consider importance of each workstream to the overall scheme.

The final draft of the tool will go the Project Group in 2 weeks time. It is hoped to complete the scoring during the second half of August.

TB reminded the Forum that JG, DH and MC represent them at the Project Group and it was important for the views of Forum members to be heard. TB suggested that a questionnaire be sent out asking members to score each element. MC thought this was a good idea. Action: MC and JBr to meet to draft the questionnaire and for it to be circulated to Forum members within the next week or so.

There were a number of questions raised including:

Q) (NC) Bicester is an Eco-Town and it’s in our interests for this to go ahead as the PCT will get more money. Have you looked at the issues of accessibility and deprivation.
A) (TB) I have asked for information from our Decision Support team and also spoken with Nick Welch at Oxfordshire County Council for his help.

Q) (DR) I don’t understand are these sub-criteria must haves or wants?
A) (TB) a mixture of both that’s why we are scoring as a high/medium/low
DR in response stated that In that case it needs to be made clear. The scores of 1-5 need to be up to 10 for the high priorities. TB responded saying that he didn’t just want a pass/fail result so is trying to produce a scoring matrix. However, I understand your thinking and will take it away and think about it.

Q) (LS) If fail on one part of the sub-criteria will that option be automatically cancelled out.
A) (TB) It’s based on an average score, with a 3 score being rated as acceptable and failure to do this will mean that the site is eliminated from further evaluation.

Q) (LS) Are you still looking at 3 site options?
A) (CM) Yes, we will use the scoring tool to make a decision on putting forward 1 site when we go to market.

Comment: (JBr) The ‘how informed’ section will be very important. TB also confirmed that a model answer for each sub-criteria will be added to the tool.

Comment: (JP) It’s obviously work in progress and is a very good first step to making a decision around the site. I ask the Forum to note that the District Council and Town Council haven’t counted anything in or out as they have not had the discussion.

Comment: (JH) CDC have already conducted a geographical survey by population. Action: TB will contact CDC for a copy.
**Comment: (NC)** As a Councillor and local resident I have no preference, but looking at the existing site it is clear that it’s not big enough, access is bad and if the re-development leads to the hospital being closed for 2 years this is not going to be acceptable to the community.

**Comment: (JBr)** I agree that we need to get on with things and choose the site and then make sure that the bore holes, soil samples and other site survey is carried out. TB responded saying that these have already been carried out on 2 of the sites.

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<th>Open Session – Questions &amp; Answers</th>
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<th>Update from CHEF representatives on the Project Board</th>
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<td>Dr Curry reported on the key issues form the last meeting of the Project Board held on 23 June. These included;</td>
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<td>• Planning permission for the SW site was valid from early 2010.</td>
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<td>• Bicester PEF group have produced a site assessment tool and Dr Stephen Attwood raised a number of socio-economic issues that needed to be considered.</td>
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<td>• PCT beds could be on a different site.</td>
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<td>• CHEF members will be involved in a site appraisal.</td>
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<td>• Press Release and letter from Dr Michael Curry have been published in the Bicester Advertiser.</td>
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<td>• The delay to the project has been 6 months.</td>
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<td>• A project plan has been produced.</td>
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<th>Communications Update</th>
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<td>7 October 2010, 7pm – 8.30pm, Littlebury Hotel</td>
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