Bicester Community Hospital & Engagement Forum
Notes of Meeting held on Thursday 16 June 2011, 19:00 – 20:30
Littlebury Hotel, Bicester

Present

Michael Curry (MC)                   Richard Darch (RD)
Donald Robinson (DR)                 Riana Relihan (RR)
Bernard Moore (BM)                   Ruth Atkins (RA)
Lynn Pratt (LP)                      Alan Kilham (AK)
Jean Green (JG)                      John Chalcraft (JC)
Wendy Wright (WW)                    Alistair Tulloch (AT)
Les Sibley (LS)                      Eileen Turner (ET)
John Homes (JH)                      David Hughes (DH)

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<thead>
<tr>
<th>No</th>
<th>Item</th>
<th>Action</th>
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<tr>
<td>1</td>
<td>Welcome/Apologies</td>
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<td>Apologies were received from David Hughes</td>
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<td>2</td>
<td>Minutes/matters Arising from the last meeting (24 February 2011)</td>
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<td>RD – we will be leasing space for 12 beds that will be commissioned by the NHS. This will be protected space. The nursing staff would still be employees of the NHS and not part of the nursing home.</td>
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<td>RD gave reassurance that the PCT would not get into a partnership with any company that was not of a sound financial standing.</td>
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<td>RD confirmed that an environmental impact survey would be carried out if required by the planning process. This will be undertaken by the Preferred Development Partner once selected.</td>
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<td>Correction on page 2: should read – BM: asked about private equity finance in the bidding for the development.</td>
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<td>Page 3: BM request for tables promised from Tony Burrage (previous tables had been in a format too small to see). Documentation still needed.</td>
<td>RR</td>
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<td>Page 4: correction to first bullet point – CHEF had made it clear wanted a community hospital with 12 in-patient beds on one site – this is now part of the approach.</td>
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<td>3</td>
<td>Report back from Chairman Michael Curry/Cll David Hughes (community representatives) from the NHS Bicester Community Hospital Project Group</td>
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The last project group meeting took place on 23 March and these were the key points to note from the meeting with additional comments from members of the CHEF meeting:

- Sonia Mills is meeting Andrea Young to discuss the project approvals
- The PCT plans to go to market at same time as SHA looking at documents.
- £17,000 per annum difference between the two preferred schemes – these are now outdated.
  **RD** – appeared to be a small difference due to economies of scale. Feel there are now greater economies of scale.
  Benefits of larger facility – finances but also the flexibility for NHS Commissioners to have access to a larger number of beds if required.
- **LS** – how many max number of beds on current site and South West site?
  **RD** - current site – max 52 beds. We control this site. But 12 beds within this facility. (40 beds for care home and 12 beds for NHS). The owner of the South West Land could put in a submission.
- PCT had had two meetings with the SHA, who, in turn, have spoken with Department of Health for guidance on the approvals process. It is recommended that a project scheme checklist should be completed by the PCT to demonstrate viability. (The checklist is normally used for PFI projects and not normally a project of this size).
- Estate management is at the moment with the PCT and this may move to Oxford Health NHS Foundation Trust as one of the options looked at by Department of Health
- Best estimates are a three month delay in the programme due to the extended approvals.
- **MC** asked if a public meeting might speed the process.
- **MC** had discussed the issues with Tony Baldry MP
- Article has been in Bicester Advertiser
- **BM** - will we know when an adjournment debate will take place?
- **JH** – these various bodies that have introduced a delay – is this outside our control?
- **MC** – yes – above the PCT is SHA and then the Department of Health **MC** had a concern that the DH would put the breaks on the process.
- **BM** – powers of PCT to be with the Oxfordshire Consortium – does the consortium support this – we have not heard from Dr John Galuszka.
- **MC** – Things will still be in a state of flux for a few more years.
- **LP** – attended a meeting at the Kassam – it was positive. Letter from GP commissioning leads in Bicester supporting this project. Sent from Dr John G and Dr Stephen Attwood.
- **AT** – would like to see more evidence of support from the GP’s for the development.
- **MC** – I am sure they are all in favour

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<th>Project Update (RD and RR)</th>
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<td>Interesting couple of months. Had a range of engagement sessions with SHA. Context – very few schemes of this type are happening nationally due to changes in the NHS, waiting for reforms to be in place.</td>
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<td>PCT has strong for support for this. PCT Board and senior</td>
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- Opened up dialogue with SHA, aimed to go to private sector with PQQ.
- Told at meeting that concerns with this as SHA wanted to review financials and as all projects of this type will now appear on the public sector balance sheet.
- We took this message on, and undertook detailed financial analysis as we wanted to maintain momentum.
- Brought in PwC to advise on finances. Gone through a tick box process to address SHA concerns and produce finances in a form that suit DH.
- We believe we have produced everything required of SHA and guidance from DH and treasury. We have run the scheme through treasury models.
- It has caused a delay. We had hoped to go to market in April. Hopeful to go out to the market imminently.
- Business Case and financial model to be discussed at SHA Board meeting on 28 July.
- I believe we will get a good indication in the next 2 weeks from SHA who prepare a report for the SHA Board. If we get indication it will not be approved we will need to deal with this at the PCT and with the public.
- We want the SHA to be absolutely clear on treasury requirements.
- We believe we have robustness and rigour to respond to further questions for SHA and DH.
- Move to issue PQQ prior to July Board meeting to minimise delays.
- We will have to make it clear in the advert this is a scheme that is going to come to the market.
- We are seeking permission from SHA to put the PQQ out.
- Submitted documentation early so we get the feedback from the SHA.
- The PQQ is drafted and ready to go.
- We have made shadow appointments of advisors – legal, financial and technical. The project team is also working very closely with the District Valuer.
- Managing tactics over next few weeks – our dialogue is at officer level. SHA Board get a report from the officer – if we raise the profile, politics and media our fear is the NEDs at SHA may have concerns and want to look at this and may put it back until September.
- MC – ask our MP not to have the adjournment debate at the moment.
- RD – yes – re-consider in a few weeks.
- LS – I think it may be a bit late for that – it would be wrong not to use Tony Baldry at this time. If it could happen that we could be in competition with Henley this is the last thing we want. If there is only money for one, we as CHEF need to ensure our views are being taken on Board. We do not want to be in competition with Henley.
- MC – both projects are being run side by side.
- LS – if money is going to be tight we will be competing with others at Henley. We should let people know we will not be rough shod over.
- MC – Tony Baldry is on board.
- LS – any delays are wrong. When is the CHEF going to have the opportunity to express their views on what is going to be put forward? Are we going to see the Business Case before it goes to SHA? What is the scheme?
- MC – either stand alone hospital of Ambulatory Care Centre or 12
bedded unit to be co-located with a larger Care Home with 40 beds. If co-located, the 12 NHS beds and 40 Care home beds (52 in total) may be placed within an integrated designed building, attached to the ambulatory care centre.

- **RD** – the scheme is ambulatory care, 12 beds, and diagnostics. Co-located within a larger care home due to benefits.
- When we go to market other developers can put their proposals forward.
- **DH** – listening to what RD has said – we need to be tactical, listening to his report – it is one of the most concise I have heard for a long time. RD is asking us to ask Tony to pause and put pressure on at appropriate time. We don’t want to stir things up unnecessarily.
- **DR** – I agree – we need proper tactics. Just hang on until the right indication.
- **LP** – I agree with what RD has said. You are the business person here, we are the amateurs. We should bide our time.
- **DH** – we should not escalate what is already in the media. We don’t want more delays. SHA are checking as it comes under a new umbrella.
- **MC** – I will pass on your various views to Tony B.
- A vote took place: Pause – 8, continue – 3
- **JP** – if you want to give Tony better chance at adjournment debate better we wait so he can base it on solid information.
- **LS** – Problem with Parliament going into summer recess this will cause more delays.
- **RD** – SHA will be considering the documents prior to Board – saying yes we support or not.
- **RD** – I met with Tony in House of Commons about a month ago and he is supportive of the project and will come in as required.
- **MC** – we’ve never been this close before and don’t want to rock the boat.
- **DH** – my understanding re health care – people like idea of having a general hospital. Feeling services will cascade down – us wanting this hospital fits in with vision of health service.
- **RD** – yes and this is reflected in our documents. We want to see tangible results which are in bricks and mortar. Investing in services more locally.
- **BM** – the document the PCT has prepared – is it quite clear they are not site specific.
- **DC** – site specific re option of current site but have referred to alternative sites as long as can demonstrate ownership of the site.
- **MC** – we are being listened to
- **LS** – the proof of being listened to will come at the end.
- **JC** – this is the furthest we have got down the track than before. We get more feedback now from the PCT and also with MC involvement.
- **JH** – coming up to 2 years since CHEF formed, I am sure you as Chair know what we in the town heard we are competing with Henley. I know nothing about Henley, is it an expanding town? We still don’t really know what the PCT and SHA are aiming for. It would have been nice if CHEF could have been involved in any negotiations.
- **MC** – we know at the end of the day it will come down to money. In Oxfordshire we have 2 schemes running neck and neck. Concern that people who have not been near Henley and Bicester will make the decision.
- **JH** – who is funding extra advisors you have lined up?
- **RD** – it is a separate budget identified within the PCT to support the project.
- **DR** – I think we were helpful at initial output, knowledge of various sites, traffic problems. We had chance to contribute to the options. Been through a period which has got delayed before. A lot of local knowledge before was ignored / filed away.
- **DH** – CHEF contribution relates to the timings. With the changes in the health service and changes in Bicester it is appropriate for the scheme to progress as it fits with the wider health strategy.
- **RD** - We have looked to put the reality into the rhetoric – supporting services locally. Setting it out in a way that justifies itself. Maintaining the current old hospital is not cheap.

### 5 Role of CHEF

- **AT** – CHEF is vital to continue. I will be resigning shortly.
- **JG** – CHEF did make views at the beginning about a single site.
- **JP** – all in favour of 21st C hospital and we must press on. I think CHEF as a consultative body has had an influence on the proposals with the PCT. I think CHEF will continue to have this influence; powers that be listen to us. Applying local knowledge. We are a consultative group and not a decision making group.
- **ET** – important to have local reps putting forward our views. Important that we are seen to be here representing the rest of the town.
- **WW** – important we are representative and that it’s not individual’s views – it’s our voice as a group..
- **BM** – I think CHEF has been very useful. Occasions felt as if we were there just to be talked to. 3 or 4 meetings ago someone said money available was ring fenced for this project.
- **RD** – project is in the operational plan of the PCT as individual schemes. There is no link between Bicester and Henley. PCT is not prioritising one project above the other.
- **MC** – we have had at least interest shown from 10 potential bidders.
- **LS** – Real success story was our first meeting – an enlarged community hospital. **LS** believed that the South West option is the best one. Site big enough to deliver and already has planning permission.
- **LP** – only has permission for a health village not a hospital.
- **LS** – CHEF has been good that it highlights what people of Bicester want. This is a growing town.
- **RR** – it is essential to have a forum (CHEF) where we can hear your views. We recognise in the procurement process there will be peaks and troughs for input; it might just be the stage we are at. I would not want to see this forum disappear

### 6 Open session – Q & As

**LS** – What will the revised timeliness be?
**RR** – Now looking at March 2012, have to work around when Board meetings are set up. We will keep the momentum. Currently 2 – 3 month delay. PCT very clear about PQQ – this would be good news for the public and media.

**Action:** press release will be release when PQQ is issued.  

**RA**
| MC | project in Bristol has got approval. |
| BM | if all we lose is 2 months we will feel much relieved. |
| DH | I understand what saying about South West site. Current site has lots of advantages. |
| WW | could current site stay open if building work taking place. |
| JP | we agreed we would not exclude any offer about other sites. |
| RR | shared the example of what is happening on the Witney site regarding construction progressing whilst all services are continuing in existing buildings. |

| 7 | **New membership of CHEF** |
| ET | we need rep from Kidlington Parish Council - RA to action |
| LS | Need another GP, what about hospital rep |
| BM | can we request you(MC) writes to GPs. – MC to action |
| JH | could do with someone with medical background |

| 8 | **For discussion – public meeting in Bicester to update on the project** |
| JC | we have nothing to say to the public at this time. |
| LS | public meeting at this stage will not serve a purpose. Still concerned at how you use Tony Baldry. |

| 9 | **AOB** |
| WW | had a complaint – stated minutes would be out on PCT website, could we put a few notes prior to approval of minutes |
| **Action** | need to check what is on PCT website |

| 10 | **Date of next meeting** |
| Thursday 4 August 7 – 8.30pm |
| Littlebury Hotel |
| ACTION – to book venue |
| Apologies from Eileen and John Holmes |

**Lesley Corfield**