Bicester Community Hospital & Engagement Forum
Notes of Meeting held on 7 October 2010, 19:00 – 20:30
Littlebury Hotel, Bicester

Present: David Hughes (Chairman)   John Broad
         Donald Robinson   Bernard Moore
         Lynn Pratt   Jean Green
         John Chalcraft   John Holmes
         Mike Wyatt   Cathryn Bullimore
         Alistair Tulloch   Catherine Mountford
         James Porter   Tony Burrage
         Les Sibley   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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<td>Apologies were received from Michael Curry, Wendy Wright, John Bunn, John Galuszka and Nick Cotter.</td>
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<td>Minutes of the last meeting (15 July 2010)</td>
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<td>The following amendments were agreed;</td>
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<td>Pg 1 – List of attendees – John Hoad should have read John Holmes. Donald Robinson and Bernard Moore should also have been recorded as being present.</td>
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<td>Pg 1 – Project Update – 2nd question response should read “Yes, revenue budget currently allocated on Bicester is ring fenced”.</td>
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<td>Pg 2 – 2nd comment should read “I’d also dispute the valuation of the current site”.</td>
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<td>Pg 2 – Open Session – penultimate paragraph should read “Comment: (LS) At the last meeting 3 sites were discussed – the allotment site is a non starter as this would only allow a basic 30 bed facility. (MC) responded saying a 30 bed facility is not affordable and Public Health say it is not necessary”.</td>
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<td>Pg 5 – 1st question should read “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”?</td>
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<td>Otherwise the minutes were agreed to be an accurate record of the meeting.</td>
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<td>Matters arising</td>
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<td>• Traffic survey – TB confirmed that this took place on Tuesday 2nd February. The survey took two forms; the first used software which looked at the m² and services provided to give a number of cars. The second was a physical count between the hours of 8am – 9am and 5pm – 6pm. TB is concerned about the figures both surveys have produced and has raised these with CM. TB is also going to be meeting with Marie Dunstan, Support Services Manager at Bicester Community Hospital to go over the figures and seek her opinion as to</td>
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the accuracy of the information.

- BM was under the impression that the traffic survey was to look at all Bicester traffic and not just traffic going to the hospital site. TB said that the survey was to look at the main junctions. BM felt that it was important that a picture of all traffic in Bicester was obtained and not just that of traffic going to the hospital site. TB stated that the current site was being used as a benchmark to determine the pressure the facility has on both entrances used.

- Scoring of Options – TB gave a brief overview of the site options survey the key points were;
  - There are 19 members of Bicester CHEF
  - The Chairman received 14 responses. This total number included the 2 responses received after the deadline.
  - The responses show that 7 members preferred the current site, 7 members preferred the SW site and 0 members preferred the London Road site. A detailed summary of the scoring was also presented.

LS noted that the deadline had been extended, but TB confirmed that 5 members didn’t respond. LS was disappointed that not every member had completed the questionnaire indicating their preference.

TB then explained why there are still 3 site options. The reasons included;
  - PEF was unable to make a recommendation as all sites scored closely.
  - London Road site scored strongly on finance.
  - This was because it was part of a larger facility (i.e. sharing of facilities and marginal costs).
  - This modified our thinking, sharing a larger facility is likely to be more affordable.

AT asked why TB hadn’t shown in his presentation why the London Road site was more affordable. TB explained that due to commercial sensitivities section 7 of the business case on affordability is not in the public domain. AT asked if TB could give a scoring rather than a cost. TB said that if you took the cost of developing the current site the London Road site would cost 50% less.

JP stated that the PCT had got a clear preference from the group for either the current or SW site and that he would be very disappointed if this very clear message was discounted. TB replied that the views of members hadn’t been discounted. OCC/OSJ are going ahead with London Road, but the other 2 sites would require a developer to come up with a solution and the PCT don’t know if one exists. Indeed, the SW site is owned by another company and they might not bid.

3 Project Update
TB gave an update on the project and the key issues were;
- The Stage 1 Outline Business Case was approved by the PCT Board on 23 September 2010.
- There were a maximum of 10 delivery options identified.
- There is no firm recommendation on a single site.
- Affordability only likely to be achieved as part of a larger development which would also allow for the flexibility for future growth.
• PCT Board gave a firm commitment to the reprovision of Bicester Community hospital, but did have concerns around affordability.
• The next steps are to:
  o Continue to identify potential issues for each site
  o Understand Staff Transfer issues
  o Put together a Prior Information Notification (PIN) which will be issued during October and published in S2H and EJEU.

The following questions were received;

Q) (BM) At a previous meeting we were shown plans of the SW Option with care facilities. Therefore there is an organisation willing to offer a solution on-site.

A) (TB) Yes, but at what price. I have spoken to the Managing Director of organisation that owns the site and he indicated that MCD are considering options.

Comment: (BM) With regards to the London Road site I am concerned that the architect’s advice doesn’t show awareness of the expansion of the railway line and the increase of level crossing closures.

(TB) JBr has raised this at the PEF meeting. (BM cntd) A care home facility wouldn’t have much traffic, but what you are proposing would mean more traffic.

Q) (JP) The soft market testing will include all the information on the 3 sites and I’m concerned that an advert in the S2H/EJEU will be limiting the pool of knowledge.

A) (TB) I take your point. Soft market testing is all about saying what we want, that we’ve identified 3 sites, but there may be more.

Comment: (JP) We should be asking what can be achieved as value for money for us. A) TB responded saying that this was the clear message from the lawyers.

Q) (LS) Are you still going with 12 beds?

A) (CM) Yes, the PCT will commission 12 beds. The project is for a reprovision of the existing services and there are 12 beds now. The idea of these beds being within a nursing home environment could be delivered on any of the 3 site options.

Q) (LS) You say you will provide 12 inpatient beds, but you’re not sure how to deliver this. Have you considered that a bidder may come forward with a 40+ bed proposal?

A) TB responded saying that the figures for a 30 bed unit were produced and as the additional costs were in excess of £1 million it just will not happen. TB felt that the 12 beds as part of a larger solution will allow flexibility in meeting the needs of a growing population.

Q) (LS) Would you rule out a bid if someone came forward with the idea of 40+ beds?

A) (CM) We would look at it with the expectation that the PCT would pay for
12 and another organisation would pick up the financial risk for the remainder.

Q) (DR) You said before that you will provide 12 beds are you now saying that any continuous need for beds will be purchased from other organisations?

A) (TB) Yes, healthcare provision in the future may not be beds.

Comment: (DR) It seems to me that you are now talking about a different scheme.

Comment: (JG) Beds in a nursing home won’t be the same as beds in a community hospital. The quality won’t be the same. A) CM responded saying that there would have to be the same service model as the care provision has to be to NHS standards. The model at Chipping Norton will be in place soon and we will be reviewing this.

Q) (BM) Are the beds at Chipping Norton in the same building as the ambulatory care?

A) (TB) I’m not sure, but I don’t want people to get hung up on all the services being in 1 building. Our commitment is that they will be co-located on the same site. I have always heard that co-location is very important to the community and we have worked very hard on a robust clinical service specification document. This document will set a benchmark and it’s important that skills and key performance indicators (KPIs) are there.

Comment: (JC) I think the questionnaire was a waste of time. However, we have to hope that we can influence the decision, but I feel a decision has already been made and it will be the current site and nothing else is an option. A) JBr responded saying that he is a member of the PEF group and was at the scoring and no decision has been made. JBr also felt it was interesting that the scores were so even.

Q) (JC) Is the existing site the best financially then?

A) (TB) No, that’s not the case. CM) the work we have done shows that an affordable model can be built on any of the 3 sites.

Comment: (LS) Commissioning of beds – we want to see NHS beds in a NHS hospital with NHS staff. A) DH responded saying that this would rule out a number of potential bidders. A) CM reiterated again that the project has always been about providing 12 NHS funded beds as currently happens.

Comment: (LP) I think the PCT should tell providers what we want as I get the impression that we are asking for their advice on what they can provide. A) TB confirmed that the PIN will say what we want and he anticipates that a number of bidders will come forward.

Q) (BM) Is what’s being offered now the same as the North Oxfordshire PCT offer?

A) (CM) Yes, and all on the same site.
Comment: (BM) I would like assurance from TB that if the 3 sites are equal on cost then he clearly takes on board the preference of this group. A) TB responded saying that it would be difficult to do this as the scores were so even. There is a financial ceiling and any bids received under this will be asked to formally tender, the tender will then be scored, then we will review the score on each option and decide which is the best bid based on quality, value for money and not just on price.

Q) (DH) The timeframe shows the PIN going out by the end of October then discussions with bidders scheduled for November. It seems very short?

A) (TB) We can adjust the timeframe if the message from potential bidders is that they can’t provide what we want within our timescale.

Comment: (JB) I am concerned about the size of the ambulatory care facility. A) TB responded saying that the existing facility is not a template for the re-provision. The site schematic shows an area in excess of 200m² therefore it’s going to be bigger.

Comment: (DH) Cherwell District Council (CDC) had reserved a fund of £2million towards the structure and I have asked whether this is solely for the SW site or if it’s moveable for other sites. I have been told that it’s not restrictive, but the PCT would have to go back to CDC. They have also reiterated that it wouldn’t be a free loan they would want paying back!

Q) (JC) Is it correct that the CDC bid was refused due to clinical expertise? A) Yes, the bid didn’t score highly enough on healthcare provision. However, if they want to act as a developer in partnership with a care provider they can put in a bid that will be scored along with all the other bids.

JP commented that a partnership arrangement would be acceptable.

Q) (BM) You mention about a care home being nearby and on the London Road site the provider would be the Order of St John (OSJ). Which other organisations will be involved with the current and SW sites?

A) (TB) We don’t know it depends who bids. The London Road site provider has been identified as it is part of a scheme with Oxfordshire County Council (OCC) and OSJ are their partner.

Comment: (LS) The Eco-development changes things. The expansion programme shows an extra 100,000 people will be relying on facilities and you didn’t have that information when you rejected the CDC bid. A) TB responded saying that he didn’t recognise an additional 100,000, but is regularly in discussion with planners at CDC and has asked them for confirmation of projected population figures for upcoming developments. The PCT has also contacted CDC for a share of any Section 106 money that might be available.

4 Open Session – Q and A
There were no further questions received.

5 AOB
None

6 Date of Next Meeting
Wednesday 15th December 2010, 7pm – 8.30pm, Littlebury Hotel