Bicester Community Forum  
Notes of Meeting held on 11 February 2010, 19:00 – 20:30  
Littlebury Hotel, Bicester

Present:  
Dr Michael Curry (Chair)  
Catherine Mountford, Director of Strategy & Quality  
Cathryn Bullimore, Communications Manager  
Louise Carlisle, Project Administrator

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<th>No</th>
<th>Item</th>
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| 1  | Welcome/Apologies  
Apologies were received from Dr John Galuszka, Tony Burrage, Cllr Les Sibley and Cllr Nick Cotter. | |
| 2  | Minutes of the last meeting (16 December 2009)  
The following amendment was received from Dr John Galuszka  
- Item 4, Page 2 Third bullet point should read; Dr John Galuszka was the clinical lead responsible for helping establish the business case for a 30 bedded unit. Using the “Balance of Care Survey” it was only possible to establish a case for 20-24 beds using a catchment area which included a much wider geographical area than is being considered for the new hospital. As an example it included Deddington, Kidlington and many additional villages in the area. The current inpatient services are provided for patients in the five Bicester practices including villages up to 8 miles surrounding Bicester - a population of ~43000. The MIU and OOH services are accessed by all 10 practices in the NE – a population of ~77,000.  
- 30 bed hospital statement – concern was raised over this statement as it seemed that there would be no exchange of views and that the decision had been made. MC replied that we weren’t here to make decisions and that the PCT is committed to re-providing the current facilities and services.  
- Wish list – concern was raised that the wish list discussed at the end of the meeting hadn’t been included in the minutes. MC stated that they had and referred the forum to the list on Page 5.  
- Population figures – it was asked if the PCT should include Banbury in its population figures as there isn’t a community hospital in Banbury. CM reported that the PCT was aware that Banbury didn’t have a community hospital and are currently working with the ORH looking at community facilities on the Horton site.  
| |

Apart from the amendment from Dr John Galuszka the minutes were agreed to be an accurate record of the meeting.

**Matters arising**

- **Ward areas** – CM apologised that the information hadn’t already been sent to the Forum as promised, but work on them is still ongoing
and TB hadn’t been able to confirm them before he went on holiday. CM will ensure that on his return this is completed and sent out. **Action:** CM to follow up with TB

- **Terms of Reference** - the Forum reviewed the revised document and asked for the following amendments to be made;
  - Section 1 – 1st Paragraph – include is an *important and desirable* local and national objective.
  - Section 1 – bulleted list – remove “new” from “new buildings/facilities”.
  - Section 3 – Dr Michael Curry should be referred to as the Chairman of CHEF not Chair
  - Section 4 – lay members said that they should be referred to as residents.

LC will make these changes and send out the final version. **Action:** LC to send with the minutes.

- **Kidlington representative** – CB has contacted LINKS to see if they can suggest anyone and is waiting for a response. Eileen Turner offered to help find a representative if LINKS were unable to help. **Action:** CB to follow up with LINKS

- **Press attendance/briefing** – CB confirmed that the press had been invited to the meeting, but not turned up. A press release will be sent out and a draft will be circulated to the group for comment. **Action:** CB to produce a draft press release.

### 3 Project Update

Alan Kilham, Procurement Manager updated the forum on the project.

- 12 months ago the PCT advertised for the re-provision of services at Bicester Community Hospital i.e. bedded and ambulatory care. The initial expressions of interest went through the PPQ process last year where we had 30-40 interested bidders and these were reduced down further. AK explained that he couldn’t give a number due to competitive rules.

- The current piece of work is putting together the Invitation to Participate in Dialogue (ITPD) document and furnishing bidders with all the relevant information including a number of surveys on the current site that NS and his team have been carrying out, activity data and patient flows etc.

- When the ITPD goes out to bidders they will be asked to send the PCT an outline solution which the PCT will then evaluate, have further dialogue with the remaining bidders and then ask them to formally tender for the project.

- The ITPD will be going out in approximately a month’s time. CM explained that we are little bit behind, but it is envisaged that the document will be signed off by the Project Group at their next meeting.

Q) Will the provider of the beds be an NHS or a private provider? 
A) (CM) The provider will be NHS funded, but we don’t know who the provider will be. However, the beds will definitely be in Bicester.
Q) Can this group see the advert that went out inviting bids?
A) (AK) Yes, I’m happy to circulate this to you. **Action:** AK to circulate advert to Forum members.
CM explained that the advert only gave a very brief overview of the procurement and that all the detail would be included in the ITPD. The project group has discussed which elements of the ITPD can be made public and these will be available to the Forum once it has gone to bidders. Community acceptability is a large part of the evaluation scoring (30%) and DH and MC will feedback this groups view to the project group.

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<th>Planning Framework – an update</th>
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<td>Nigel Spawton from GBS Architects and John Hoad, Strategic Director, Planning, Housing and Economy for Cherwell District Council were in attendance.</td>
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### 4.1 Update from GBS Architects

Nigel Spawton introduced himself and discussed the work he has been doing for the PCT. This included:

- Providing a planning framework which would set out to bidders the status of the 2 sites we know about, but not ruling out other potential sites the bidders may know of.
- Commissioning a number of surveys on the existing site e.g. geological, ecological and archaeological etc although these had been delayed by the recent bad weather.
- To produce an illustrative scheme – this is not to give bidders an idea of how to build a hospital, but to help the PCT evaluate the cost of the site.
- NS has also met with Medical Centre Developments who own the SW site to discuss the plans they have for the site.

NS also displayed the illustrative schemes for both the current site and proposed SW site. These were then discussed and the following questions/comments were made:

Q) Does the plan of the current site include the springs that run across it?
A) (NS) No, because I didn’t know there were any as I have not had the survey report yet, but thank you for bringing this to my attention.

Q) The plan of the existing site is adequate for the re-provision of the current facilities, but what about expansion?
A) NS acknowledged that the site wasn’t as expandable as the SW site, but warned that the land at the SW option would have to be purchased. This would be a cost implication for the PCT and they would have to possibly look at selling the existing site to fund this.

Q) Are you allowing for adequate space between beds and implementing the recommendations for rooms with en-suite facilities?
A) (NS) Yes, we have knowledge of this from a previous project we were involved in.

Q) Have you included the ambulance station on the plans?
A) (NS) Yes, the current facility for the ambulance station is on this plan.

NS reported that Medical Centre Developments (MCD) have produced their own plan of the health campus they want to build on the SW site and this
was shared with NS when he met with them. The access to the site is proposed to be off the roundabout rather than through the nearby housing estate. JH confirmed that discussions with MCD about this had taken place and this proposal would be encouraged. NS advised that in the next 2 weeks he will bring the 2 schemes together and ask the planners at Cherwell District Council to write a planning critique. This will be included in the planning framework document that will be part of the ITPD that goes out to bidders.

Q) Can the land be ring fenced for a Community Hospital?
A) AK stated that this would be discussed as part of the competitive dialogue in the summer.

### 4.2 John Hoad, Cherwell District Council

John Hoad was invited to talk to the group about planning issues from Cherwell District Council’s perspective. The key points were:

- The NHS is thinking about 2 sites in conjunction with CDC. A planning brief has been written and CDC have contributed to this and is a document that can be seen by the Forum.
- CDC feel that using the SW option would be a very good opportunity and favour it due to the flexibility of the site. However, JD stressed that to rule out any site option at the moment wouldn’t be a good move as the keeping of good competition was an important factor.
- Whilst the proposed access isn’t ideal the planners are willing to compromise in order that something can happen on the SW site.
- When the planning permission was given the agreement was that the land would be used for health provision and this is safeguarded for 5 years.

JH then agreed to take any questions/comments. The following is a record of these;

Q) I thought that the SW site had been donated to the PCT?
A) (JH) No, the PCT would have to purchase the land.

Comment: I am pleased that Cherwell District Council are here tonight. In November were told that they had made an offer, but the PCT rejected them. CM stated that whilst their bid wouldn’t be bought back the PCT continues as JH had demonstrated to work with them. JH stated that CDC weren’t put forward as a health provider, but were willing to use their capital funding to build a health facility.

MC thanked both NS and JH for their contribution to the meeting.

### 5 Open Session

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

Q) Will the provider be responsible for the maintenance of the building?
A) (AK) All the information will be in the pack. Can write all sort of contracts, but it will be down to the money being available. NS stated that PFI projects are usually for very large buildings and the contracts don’t have much flexibility.

Q) What will happen to Intermediate Care for the non-elderly will they be able to use the inpatient beds?
A) (CM) Yes, they would because beds are used on need not age.

Q) You need to make sure that the hospital has enough seating for patients.
A) (NS) An access consultant will be involved in this aspect of the provision and will champion this requirement.

Q) Eco-Town and population projections – a set of figures were going to be circulated, but I haven’t received them.
A) (NS) I know that Tony Burrage has found it difficult to get hold of this information. JH felt that it shouldn’t be difficult to get figures for Bicester over the next 30 years. CM reiterated that as soon as the ward information was available it would come to this group.

Michael Wyatt had asked his friends and family for their own ‘wish list’ for the re-development and circulated a copy to those present. As time was running out MC suggested that the Forum discussed this in more detail at the next meeting. **Action:** CB to ensure it is included on the next agenda.

### 6 Communications update – online forums, twitter etc how it all works
- Due to time constraints it was agreed that this item was deferred to the next meeting.
- It was noted that a list of members and their contact details had not been circulated as discussed at the last meeting. CB sought confirmation that everyone was happy to share their email address/home telephone number on the website. Whilst people were happy to share this information within the Forum they didn’t want it posted on the website. It was agreed that the information be shared with members of the Forum only. **Action:** CB to compile list and send out to Forum members

### 7 Any other business
- The Forum asked MC and DH to give them a brief report on their first Bicester Project Group meeting. The following points were noted:
  - The major focus was on the ITPD and reviewing the illustrative scheme produced by NS.
  - The financial modelling is continuing and this work will help the PCT to reassure both the project group and subsequently this group that the project is affordable.
  - If the provider is from a private company the lease costs would be very large.
  - DH was surprised how limiting the procurement process was and tried to ask questions of the process.
  - DH has asked TB for a full briefing to get him more up to speed with the project as there are some very complex issues being discussed.
  - Both reminded the Forum that if they have any questions they would like raised at the project group to let MC/DH know.
  - It was agreed that a report from MC/DH will be given at each Forum meeting. **Action:** CB to ensure this item is included on future agendas.

### 8 Date and Time of Next Meeting
- Wednesday 14th April, 7pm – 8.30pm, Littlebury Hotel, Bicester