Bicester Community Hospital Engagement Forum
Notes of the Meeting held on Thursday 4 August 2011
19:00 – 20:30, Littlebury Hotel, Bicester

Present:  Ruth Atkins (RA)  Alan Kilham (AK)
          John Broad (JB)  James Porter (JP)
          John Chalcraft (JC)  Lynn Pratt (LP)
          Michael Curry (MC) – Chairman  Riana Rellihan (RR)
          Richard Darch (RD)  Donald Robinson (DR)
          John Galuszka (JGa)  Les Sibley (LS)
          Jean Green (JGr)  Wendy Wright (WW)

In attendance:  Lesley Corfield (Minutes)

1. **WELCOME / APOLOGIES**
   Apologies were received from John Holmes, David Hughes, Bernard Moore and Eileen Turner.

   MC advised the Forum that the South Central Strategic Health Authority (SHA) had approved the Outline Business Case (OBC) for the reprovision of Bicester Community Hospital at its Board Meeting on 28 July 2011 and a press release had been issued.

2. **MINUTES OF LAST MEETING 16 JUNE 2011**
   Subject to noting that apologies had been received from JB, correcting a couple of typographical errors and including a comment to the effect that JC had supported the suggestion to involve Tony Baldry, the minutes of the meeting held on 16 June 2011 were approved as an accurate record.

3. ** MATTERS ARISING NOT COVERED ELSEWHERE ON THE AGENDA**
   **Provision of Tables**
   The newly formatted time frame document had been circulated prior to meeting.

   **Invitation to GPs to Attend the Forum**
   MC advised he had written, via Practice Managers, to all the GPs in Bicester inviting them to attend the CHEF meeting but to date had not received any response. The members of the Forum expressed some disappointment. JGa understood the Forum’s view but explained most GPs receive a considerable amount of communication and most of their time is spent dealing with patients. He confirmed that there is considerable support for the project.

4. **REPORT BACK FROM CHAIRMAN MICHAEL CURRY / CLLR DAVID HUGHES (COMMUNITY REPRESENTATIVES) FROM THE NHS BICESTER COMMUNITY HOSPITAL PROJECT GROUP**
   MC provided a report from the July Bicester Community Hospital Project Group meeting. The main points were:
Conversations have been held with Oxford Health FT as the current provider of services at Bicester Community Hospital.

The PQQ has been issued. There have been a number of expressions of interest. It is anticipated around 11 submissions will be received from which five will be shortlisted.

A 25 year Lease Plus Agreement will be entered into by the PCT with the developer.

There will be an Overage clause to cover any profit the developer might make on selling the land on.

Planning approval will be based on the merits of each application. The Council cannot assert pressure for any particular site.

In response to queries raised, RD advised the VAT treatment of the lease had been tested and the advice is that the treatment is appropriate, the planning approval process will take three months no matter which site is actually chosen and the developer will own the building. The PCT will enter into a lease for an initial period of 25 years and will have the right to extend or to buy the building at the end of the lease period.

AK reported 11 organisations have completed the paperwork and made a submission. The timeframe is now closed. There were over 30 expressions of interest. In response to a request for clarification from LS, it was advised any effect on the lease from the cost of the site will depend on which site is chosen. As the final site is not yet known it is not possible at this stage to provide any clarity.

5. PROJECT UPDATE

RD reported the OBC had been reviewed at the private session of the SHA Board on 28 July and the letter of approval had been received on 3 August 2011. The Full Business Case (FBC) will be prepared and submitted to both the PCT and SHA Boards for final approval. It is expected that as long as the scheme is delivered within the financial envelope, approval of the FBC will be received. RD commented that this was a significant milestone. He advised that the Project Team will continue to keep the SHA informed as the project continues.

RD expressed satisfaction with the quality of the bidders who all have a track record in this type of development which will make the evaluation of the PQQs challenging. A process to score the responses has been established. Price Waterhouse Cooper has been engaged to provide financial advice, Bevan Britten legal advice and Drivers Jonas Deloitte technical advice. This is a public procurement which will be open and transparent. The PQQ submissions are not site specific. The PCT has been clear that it has control of the existing site and there is potential for the redevelopment of the site. The possibility of other sites has not been brought to the attention of bidders. The opportunity is available for a bidder to demonstrate they have control of an alternative site and if that site is acceptable to the PCT and the community it will be considered. AK advised the next stage will be to produce a list of bidders with whom to proceed to the dialogue stage. The criteria which will be used to weight the candidates have been published. RD explained the bidders will be assessed on their financial standing, experience in a similar sphere and whether they have a sound supply team.

JGa expressed irritation with the continued debate around which site will be developed. As at various stages in the project it had seemed pretty certain a financial envelope would not be available he felt the fact RD and RR had obtained
SHA approval to be a phenomenal achievement and the site was immaterial when the result will be a new hospital. LS said with three possible locations he was concerned to ensure there is fair play and an open competition with each site being considered. DR reiterated at the moment no discussions or decisions regarding the site are being entered into, it is merely a check of the people making a bid.

RR explained the three sites had not been referred to in the PQQ as this might have been taken as indicating a preference (as the other sites are not available to all bidders) with the result that bidders might not offer other sites or respond to the PQQ. As much information as possible had been included and it had been advised that the PCT is responsible for the original site. It is challenging to consider alternative sites in a procurement process and by allowing alternative sites it has made it potentially a more complicated procurement.

JP reminded the Forum that this issue has been discussed many times and as a group it was agreed to have an open procurement and, if bidders can offer a viable alternative, other sites would be considered. He felt that as 11 organisations believe they can provide a hospital in Bicester it would be wrong to try and tie the hands of the Project Team when the project has not yet reached the stage of being able to consider any site. He added that all members of the Forum have concerns but there is now a need to move on.

6. REPORT OF SHA DECISION
Discussed under Item 1 above.

7. OPEN SESSION – QUESTION AND ANSWERS

Q – Bicester is supposed to be an eco-town and if certain pieces of equipment and design technologies are built in savings can be made. Two huge costs will be the nursing staff and the running costs. If the running costs can be turned upside down by using green technology it will completely change the concept of the whole project. Will bidders consider technology such as solar panels and voltage reduction? The new build should not contribute to increasing Bicester’s carbon footprint but to reducing it.
A – Each bidder will be asked to submit energy costs and will be benchmarked against eco tariffs. A full thermal model of the scheme will also be requested. Hospital design is very impressive at the moment and bidders will have some very positive responses. By setting out the modelling an understanding of assumptions around low energy use, carbon reduction and off set of electricity back into the grid will be obtained.
Q – What part of the finance will be the running costs for 25 years? If by using new technology these can be reduced to zero or a very low figure there will be more money for the project.
A – When the next stage is reached it may be worth having a single session on this aspect as it is important.
Q – What is the meaning of variant bid?
A – Alternative site.
Q – Will the 12 beds in the care home be staffed by NHS staff?
A – There will be 12 NHS beds and 43 beds in the care home. The NHS beds will be commissioned by the PCT. The policy of commissioning services is not unique to this particular facility but it is still NHS activity and is the way the NHS is working forward and how the NHS operates in delivering its services. The beds will be to NHS standard and staffed to NHS standard but the actual staffing is not part of the discussion. Whichever provider is delivering the service will be staffing the beds in
the facility. The procurement of services is not part of the project.
Q – Has the timescale changed as a result of the SHA decision?
A – Not at all. The circulated programme is the latest version.
Q – Is the consortia happy with the way the project is progressing?
A – The consortium has previously expressed support for the process although the SHA decision has not yet been seen as it only came out yesterday.

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<th>8.</th>
<th>ANY OTHER BUSINESS</th>
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<tr>
<td>PCT Website</td>
<td>RA reported the PCT website had been updated and a link will be sent to the Forum. All the CHEF minutes have been included. RA requested if anyone still found aspects of the website confusing or wrong to let her know.</td>
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<td>Kidlington Parish Council Volunteer</td>
<td>RA advised the action to canvas a volunteer for the group from the Kidlington Parish Council is still outstanding.</td>
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<td>Newsletter</td>
<td>RA reported the last Newsletter she had located was dated September 2010. A Newsletter for August is in progress and the aim is to issue it next week. The link is <a href="http://www.oxfordshirepct.nhs.uk/have-your-say/default.aspx">http://www.oxfordshirepct.nhs.uk/have-your-say/default.aspx</a> and then select the Talking Health box.</td>
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<td>All</td>
<td>RA</td>
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There being no other business the meeting was closed.

MC thanked the Project Team and said he was looking forward to the next stage.

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<th>9.</th>
<th>DATE OF NEXT MEETING</th>
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<td>The next meeting will be held on Thursday 17 November 2011, 19:00 – 20:30, at Littlebury Hotel, Bicester. LC to book the meeting room.</td>
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