

	<p>What next?:</p> <ol style="list-style-type: none"> 1. Encourage responses to current questions in Next Steps News, so they can be fed into project board meeting shaping final ITPD1 document 2. Two new public involvement opportunities, each lasting 12 weeks, via new editions of Next Steps News 3. Launch ITPD1 (21 Dec 09) with closing date of 1 Feb 2010 4. Next stakeholder panel meeting (25 Feb 2010, 5.30pm, Hinchingsbrooke House Assembly Rooms) 	<p>All</p> <p>EoE Project team</p>
5.	<p>Next Step News</p> <p>It was agreed that this had been covered previously.</p>	
6.	<p>Breakout groups to discuss:</p> <ul style="list-style-type: none"> • the questions in Next Steps News • how individual members of the stakeholder panel group can help raise awareness and encourage engagement <p>It was felt that this was a constructive exercise in raising a variety of questions and concerns. The group leaders are to forward their groups' comments on the Samantha Sherratt (reproduced below).</p>	
7.	<p>Proposed sub group to work with the NHS East of England Strategic Projects Team</p> <p>It is proposed to set up this subgroup which will be an important point of ad-hoc contact, so members of the Strategic Projects Team can consult in-between full panel meetings, should the need arise (to quickly canvas stakeholders' views on a particular issue, for example).</p> <p>Invitations are to be sent out shortly. The role of the sub group will be highlighted to stakeholders.</p>	<p>SS</p>
8.	<p>Questions</p> <p>See below.</p>	
9.	<p>Stakeholder Panel meetings</p> <p>David Monks discussed the future meetings</p> <p>25 February 2010 at 5.30 – Hinchingsbrooke House Assembly Rooms</p> <p>26 May 2010 at 2pm - Hinchingsbrooke House Assembly Rooms</p> <p>5 July 2010 at 2pm Hinchingsbrooke House Assembly Rooms</p> <p>27 October 2010 at 2pm – Venue to be confirmed</p> <p>6 January 2011 at 5.30 Hinchingsbrooke House Assembly Rooms (Please note the new times)</p> <p>To encourage wider participation it is also proposed to hold public meetings on:</p> <p>4 March 2010 at 6.30 at South Cambridgeshire District Council Office, Camborne</p>	

	7 or 8 July 2010 at 6.30 at Fenland Hall, County Road, March And a further meeting in Huntingdon (date to be confirmed)	
10.	Closing remarks David Monks closed the meeting and thanked everyone for their participation in the meeting.	

Questions (following Andrew MacPherson's presentation)

1. How are the potential bidders getting to know about the current situation at Hinchingsbrooke Hospital?

It was confirmed that some of the potential bidders had already visited the hospital.

2. What are the roles and responsibilities of the Stakeholder Group?

The group is essential to the process. We want to ensure that there is full participation and to have feedback from the public and staff. This is a unique and innovative process and we need to ensure that the views of the people are represented.

A full list of the stakeholder group's objectives is available on the Strategic Project Team's (SPT) website (www.eoe.nhs.uk/strategicprojects)

3. What was the response to the PQQ?

There are 11 organisations currently expressing interest in the management of Hinchingsbrooke Hospital.


It was confirmed that the Memorandum of Information (MOI) would be placed on to the SPT website but it was not possible to release the full details of the bidders due to legal reasons. The MOI should answer most questions.

4. Concern was expressed over the healthcare case, and stakeholders felt that it would be beneficial to see the business case to ensure that adequate provision has been made for this.

It was confirmed that dialogue has commenced with bidders, and it is up to the project board to ensure that we are obtaining the best services possible in the market place.

5. Concerns were expressed over the business case, and who are interested parties.

Andrew MacPherson reassured the meeting that it is important to keep the details of the potential bidders confidential at this time.



Mark Millar stated that the business case looked at the matter of the debt and that consideration was given to the sale/merger/franchise options to decide the best course of action. The decision to favour an 'operating franchise' was agreed by the Secretary of State in conjunction with the SHA, based on information supplied by the Hinchingsbrooke Board.

It was considered that Mark Millar's comments were useful, but stakeholders were unclear of the process and consequences

6. Is the 'operating franchise' the only option? Can there be an alternative option?

Mark Millar explained that there will be a public sector comparative. It is anticipated that there will be no disruption in the services of the hospital.

7. How will the Next Steps News be circulated and how will feedback be received?

Samantha Sherratt explained that the current wave of public involvement opportunities had been promoted via numerous routes including:

- Advertisements in Hunts Post, Cambridge Crier and News
- Flyers in the Hunts Post to every 47,500 households in county
- Press release issued to local media
- Emails sent to Huntingdonshire councillors, parish clerks and parish magazines
- Posters sent to libraries
- Next Steps News sent to Cambridgeshire LINK's Hinchingsbrooke Task Force
- Posters distributed to GP surgeries, thanks to NHS Cambridgeshire
- Displays at the hospital



Hinchingbrooke Next Steps

Feedback from stakeholder panel break-out groups

26 November 2009

Responses from group chaired by Jessica Bawden

a) In response to the questions

(General comment from the group: Questions assume too much knowledge)

1. Can you see any ways in which the proposal contained in this document could be improved?
 - what is the management model?
2. Do you think there are beneficial alternatives to the franchise model?
 - co-op
 - social enterprise merger
 - status quo
3. How long do you think the franchise arrangement should last for?
 - depends on how much debt they need to pay
 - need break clauses with long contracts
4. What would good performance or innovation by the franchisee look like?
 - better service. Explain how its better
 - need to set levels for patient experience and clinical outcomes
 - speciality services shared and sustainability
 - more integrated with the rest of the health systems (CCS)
 - reliable, whatever the pressures
 - patient led– services around the patient
5. What innovations to healthcare services would you like to see at Hinchingbrooke hospital?
 - needs to take into account resources, with an adequate budget/formula.
 - a speciality that others don't provide.
 - infrastructure for community services (option 2).
6. Do you think any other groups should be represented on the stakeholder panel?
 - the new patients' congress
 - Mark Roberts
 - Sandy Healy
7. How else do you want to be involved in the development of the franchise proposal?
 - representatives of the stakeholder panel should be on interviewee panel.
 - stakeholder panel should be on project board, and the representative be nominated by vote.
8. Is there anything else you'd like to know?
 - who is on project board?
 - who is on project team?



9. Do you have any other comments?

- all different parties need to talk together – don't lose that

b) Suggestions on how to raise awareness

- LINK drop-in meetings etc to feed back to project team. Perhaps feed back to stakeholder panel?
- RCN to report back to members – newsletter. National pilot – impact on all MTS staff.
- Parish Councils
- Town councillors via clerk
- Newsletter, website, Hunts Comm, Hunts Congress, PPGs

c) Other issues and questions raised

- remind us what health principles/outcomes are
- what is at Hinchingsbrooke now?
- what are the GP / Commissioner priorities?
- how would it be monitored / governance?
- stakeholder panel should stay engaged once contract signed for anything from between 6 to 24 months
- what is the transaction arrangement?
- what is the management model?
- want more information – share with stakeholders the information that bidders received



Responses from group chaired by Samantha Sherratt

b) Suggestions on how to raise awareness

- Remember S. Cambs and Fenlands DC
- Church magazines
- Village magazines
- Local post offices, churches and shops
- St Ives town magazine
- Village town websites
- 'District wide'
- Letters to outpatients
- Big employers in the area eg: Leisure centres (contact economic dept at HDC for business contacts)
- Facebook, Youtube, Commercial radio (to reach younger people)
- Schools and other contacts via the council.

c) Other issues and questions raised

- What happens at the end of the franchise period?
- What about the other contractors involved at Hinchingsbrooke eg: cleaners?
- Why is an alternative management arrangement needed at all?
- Why aren't the vacant wards put to better use, such as long stay residential care for the elderly?
- Now things have improved at the hospital, why can't the current board be left to get on with it?
- What really happens if no appropriate bidder can be found?
- How can any bidder really make any profit if they can't cut staff?
- How much of the debt is going to get repaid?



Responses from group chaired by Anita Pisani

a) In response to the questions

1) Can you see any ways in which the proposals contained in the document could be improved?

- The group felt they needed more information to be able to answer this question. They felt they needed to understand the rationale for a franchise in the first place. What is Option 2? What is the proposal? Don't understand the policy change of the SHA between 2006 and 2009 - needs further explanation.

2) Do you think there are beneficial alternatives to the franchise model?

- Again the group found it hard to answer this question as didn't understand what the other alternatives were
- Another answer was 'Yes' - keep the status quo and wipe out the debt
- Strong feeling that stakeholder members should have a personal copy of the MOI and that all information should be on the website now.

3) How long do you think the franchise arrangements should last for?

- General feeling was that 'it shouldn't', but if had to be, the group felt that 7 years wasn't long enough - 10 years was suggested. Also question around what happens at the end of the time period? Worried about the experience of National Express - what happens if the franchisee fails to deliver?

4) What would good performance or innovation by the franchisee look like for patients?

- Continuous improvement, but shouldn't really make a major difference as all current services should continue to be delivered.
- Feeling that there was too much jargon in the question and the newsletter and didn't really understand the meaning of the question.
- Question - what else would the franchisee provide?
- Question - is this in addition to all of the national targets?

5) What innovations to healthcare services would you like to see at the hospital?

- More joined up services and thinking
- Better links between services such as hospital and community and therapy services.

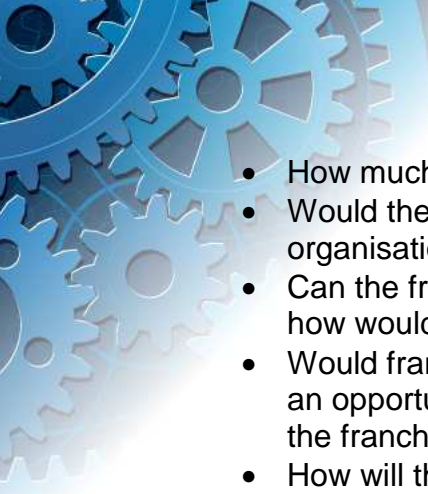
6) Do you think any other groups should be represented on the stakeholder panel?

- The group found it difficult to answer as unclear around their role on the panel - they need more clarity of purpose and more 'public' meetings rather than meetings in public.

7) How else do you want to be involved in the development of the proposal?

- Need more chances to feed back and more group discussion like today. They enjoyed the group session and felt that they had learnt from it.
- This question assumes that panel members can be more involved but to date hasn't felt like that.
- FAQ on website would be helpful.

8) Is there anything else you would like to know?

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- How much is this whole process costing to run?
 - Would the franchisee be able to collect the significant amount of data that NHS organisations are expected to collect?
 - Can the franchisee use NHS employees and assets to do private work? If so, how would this work?
 - Would franchisee have a Board and would they meet in public? Would there be an opportunity for members of the public to comment/ask questions directly to the franchisee like now with open Board meetings?
 - How will the increase in population be addressed by this process?
 - How will the Treatment Centre be managed?
 - How will the franchisee cope with the future funding projections of the NHS and the historical position of the hospital being under funded?

9) Do you have any further comments?

- Struggle to understand how this process secures a 'brighter future' for the hospital as from current performance thought the hospital already had a bright future.
- Age group 55-64 missing from the list and didn't understand why information was being asked about them.
- Information needs to be held all in one place and panel members need to see more.
- Important to explain why running this process in the first place as panel members unclear as to the rationale.

b) Suggestions on how to raise awareness

- Process needs promoting constantly but before they can encourage engagement they need to be able to fully understand what they can and cannot influence as unclear at the moment. They felt that they could be better informed about what was going on which would help them get others involved. They needed to understand 'why' more.
- Important that in any promotional information that a telephone number is displayed as not all of the population have access to the web.
- SHA to promote one meeting of the panel at a time rather than all dates all at once as loses impact
- Stop making the process a tick box exercise
- They felt that they needed the full timeline of the process and key milestones written down and explained to them in detail so that they knew when the key times for involvement/consultation was going to be.
- They suggested that the future franchisee should be asked to present to the stakeholder panel their offerings so that stakeholder panel members could be more involved in the decision making?



Responses from group chaired by Andrew MacPherson

c) Other issues and questions raised

- Need to understand a bit more about why the change is needed
- Franchise – concept proposals need to make clear what this means
- Debt management, not profit making
- How is the hospital in the financial position it finds itself in?
- Franchise is new – can't point to scheme that is running elsewhere
- This is an opportunity – how to get that over without sharing business case?
- How can it deliver £40million deficit in five years in the present climate, without cutting services?
- Who uses Hinchingsbrooke? Who is the user community?
- Communications model – how does it all fit together?
- Chris Marshall said that while he had concerns, the group shouldn't lose sight of the opportunity to be part of an exciting and important democratic process.

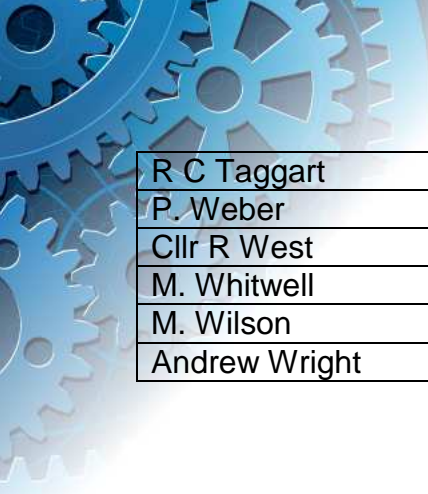
Hinchingbrooke Next Steps stakeholder panel meeting
26 November 2009 (14.00 – 17.00)
Apologies and attendees

Apologies:

Name	Organisation
Mr Hisham Abdel-Rahman	Hinchingbrooke hospital
Dr Dennis Cox	NHS Cambridgeshire
Julie Farrow	Hunts Forum
Greg Harlock	South Cambs District Council
John Hill	East Cambs District Council
Cllr Ray Manning	South Cambs District Council

Attendees:

Name	Organisation
Ian Bates	Huntingdonshire District Council
Jessica Bawden	NHS Cambridgeshire
Henry Berman	Cambs Mencap, St Ives Branch
Karen Cameron	Huntingdon Town Council
Richard Cassidy	Fenland District Council
Ruth Clapham	LINK
Rod Craig	Cambridgeshire County Council
Cllr Steve Criswell	Huntingdonshire District Council
A. Durcan	R.C.N.
Cllr Bob Farrer	Cambridgeshire County Council
B. Fyfield	Member of the public
Heather Gilling	Huntingdonshire District Council
Phil Green	Unison
John Hadley	LINK
R. Heather	LINK
Brenda Hennessy	Addenbrooke's
Dr Catherine Hubbard	Hinchingbrooke HCT
H. Jarman	Hinchingbrooke HCT
Ellen Kemp	Member of the public
Andrea Lucken	Huntingdonshire District Council
Andrew MacPherson	NHS East of England
Chris Marshall	Unison, Hinchingbrooke HCT
Mark Millar	Hinchingbrooke HCT
David Monks	Huntingdonshire District Council
Angela Owen-Smith	Hinchingbrooke HCT
Anita Pisani	Hinchingbrooke HCT
E I Rain	Cambs LINK
Cllr Kevin Reynolds	Cambridgeshire County Council
Ann Seeds	R.C.N.
Samantha Sherratt	NHS East of England
P N Sly	Member of the public
R Sly	Member of the public
S. Smith	Hinchingbrooke HCT



R C Taggart	Member of the public
P. Weber	Hinchingbrooke HCT
Cllr R West	Huntingdonshire District Council
M. Whitwell	Member of the public
M. Wilson	LINK
Andrew Wright	Hunts Comm