

SOUTH CAMBRIDGESHIRE DISTRICT COUNCIL

At a meeting of the Planning Policy Advisory Group held on
Tuesday, 26 July 2005

PRESENT: Councillor Dr DR Bard – Chairman

Councillors:	RF Bryant	SM Edwards
	MJ Mason	Mrs CAED Murfitt
	Mrs DSK Spink MBE	NIC Wright

Councillors RE Barrett, JD Batchelor, Mrs A Elsby, Mrs EM Heazell, Mrs HF Kember, SGM Kindersley, Mrs HM Smith and RT Summerfield were in attendance, by invitation.

1. APOLOGIES

Apologies for absence were received from Councillors R Hall, Mrs JM Healey and JH Stewart (Members of the Planning Policy Advisory Group), JP Chatfield, Mrs PS Corney, Mrs J Dixon, Mrs SA Hatton, Mrs CA Hunt, Mrs GJ Smith, Mrs BE Waters, DALG Wherrell and Dr JR Williamson.

2. DECLARATIONS OF INTEREST

There were no declarations of interest.

3. MINUTES OF PREVIOUS MEETING

The Planning Policy Advisory Group authorised the Chairman to sign, as a correct record, the Minutes of the meeting held on 27th May 2005.

In relation to the third paragraph from the end of the Minutes ("*In relation to Cambridge Crematorium, Mr Gunn confirmed that the current access was likely to be stopped up, but that access would be provided by a link to the Swavesey Interchange.*"), the Chairman confirmed the accuracy of this statement while acknowledging the apparent confusion over the precise location of the new access.

In response to concerns raised by Councillor MJ Mason, the Principal Planning Policy Officer undertook to pursue the Highways Agency with a view to securing their outstanding responses to written questions submitted by Members prior to the meeting on 27th May. The Chairman also confirmed that a copy of the Council's formal response to the Highways Agency in relation to its proposals for the A14 would be attached to the next Planning Policy Advisory Group agenda.

4. PROPOSED REDEVELOPMENT OF PAPWORTH HOSPITAL

Stephen Bridge (Chief Executive, Papworth Hospital NHS Foundation Trust), Ken Brewer (Project Director) and Luci Blackwell (Project Manager) attended the meeting to deliver a PowerPoint presentation the proposed redevelopment of Papworth Hospital, and to address the issues raised by Members.

The Presentation focused on the following topics:

- Outline of the public consultation exercise
- The need for a new hospital
- Redevelopment on the current site in Papworth Everard
- Alternative redevelopment on the Cambridge Biomedical Campus
- Merits of the two options

- Staff location
- Future of the existing site in Papworth Everard

5. QUESTIONS AND DISCUSSION

Prompted by Members' questions, the presentation Team made the following comments:

(a) Clinical Independence, collaboration, and infection control

Following the establishment of Papworth Hospital as a Foundation Trust, there was significant confidence that the resultant protocols and safeguards would enable it both to remain clinically independent, and to collaborate with other medical facilities, where appropriate, without running the risk of provoking cross-infection.

(b) Recruitment

Papworth Hospital already found it difficult to recruit specialist personnel, partly because of its isolation, and the Trust was preparing a strategy for addressing a range of recruitment issues, that would be relevant regardless of the hospital's location. For example, relocation to the Cambridge Biomedical Campus would enhance career development, and might also help in recruiting non-medical staff as well.

(c) Public Relations

While the Trust could see significant benefits in relocating Papworth Hospital to the Cambridge Biomedical Campus, it was important to consider all of the implications of relocation in conjunction with conducting a similar exercise in connection with redeveloping the existing site in Papworth Everard. The prime consideration was to ensure that the hospital had a bright future, and not just a glorious past.

(d) Significance of previous planning permission for housing

Although South Cambridgeshire District Council had given planning consent for 1,000 houses in Papworth Everard a few years ago, and linked that to the hospital remaining in Papworth, nobody had assumed that circumstances would not change at some point in the future. Since 1997, Government had decided not to support redevelopment of the existing site, and the current options had been drawn up in the knowledge that change of some kind was essential to secure the hospital's viability as an autonomous institution. The Trust had to consider embracing economies of scale in order to address such issues as cost, quality of service, ever-increasing enhancements in patient care, and the issue of best practice.

(e) Location of Cambridge Biomedical Campus

The principal motivator in determining Papworth Hospital's future must be that of patient care. Were the hospital to relocate to this Campus, there would be significant opportunities to examine design and density issues in a way that would best suit the needs of patients. However, it was accepted that access to the Campus was a major concern, and one that needed to be addressed at an early stage. The Trust would only consider relocation were it to be satisfied that access improvements were feasible.

(f) Redevelopment of existing site in Papworth Everard

Neither the Primary Care Trust nor the Strategic Health Authority supported redevelopment of the existing site. There was a growing tendency for smaller hospitals to seek re-location to sites near bigger hospitals in order to benefit from economies of scale and to reduce the danger to them of litigation arising from the specific, as opposed to

general, expertise available at smaller institutions.

(g) Private Finance Initiative

The outcome would not be known for some time, but private finance was more likely to be forthcoming in the event that Papworth Hospital was redeveloped on a brand new site.

(h) Consultation suggesting a preference for remaining in Papworth

The results would have to be analysed by the Foundation Trust's Board of Governors, but it was important to recognise that the exercise was a consultation process rather than a referendum.

(i) Infrastructure

Members' concern about transport infrastructure, and the relative ease of access to Papworth Everard compared with the Cambridge Biomedical Campus, were well understood. However, since PFI negotiations were unlikely to be concluded until late 2008, there was every chance that appropriate infrastructure would be in place at the Cambridge Biomedical Campus by then, or at least in hand. Planning permission for new buildings was almost certain to depend on the prior enhancement of access to the Cambridge Biomedical Campus.

(j) Process

The process was being driven by Papworth Hospital itself, not the Primary Care Trust, in the context of enhanced Patient Choice provisions being introduced with effect from December 2005. From that time, each patient would be entitled to choose between four NHS hospitals and one private hospital.

(k) Density

Density on the Cambridge Biomedical Campus was likely to be 25%-30% of that on the existing Addenbrooke's site. Sensitive design of buildings would be an essential element of any relocation.

The Chairman thanked Stephen Bridge, Ken Brewer and Luci Blackwell for their presentation, and those Members, not being members of the Planning Policy Advisory Group, for attending the meeting.

The Meeting ended at 3.40 p.m.
