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The Rt Hon Sir Oliver Heald QC MP By email to: <a href="mailto:oliver.heald.mp@parliament.uk">oliver.heald.mp@parliament.uk</a>

3 April 2023

Dear Sir Oliver,

Thank you for your correspondence of 17 February about regarding the future of Royston Hospital. I apologise for the delay in replying.

My officials have consulted with NHS Property Services (NHSPS) on the issues you have raised.

As you state, NHSPS is the current owner of Royston Hospital, which was opened in 1924, on the site of the former cottage hospital.

As you may be aware, the Cambridge and Peterborough Integrated Care Board (ICB) has recently engaged NHSPS to assist them in the development of its Estates Strategy, which was approved at its meeting on 10 March. The Strategy is available at www.cpics.org.uk/estates-strategy.

This Estates Strategy identifies that Royston Hospital is currently poorly utilised and is no longer considered fit for purpose. At Annex E it provides a case study on Royston Community Hospital, as summarised below:

The intention is for Hertfordshire Community Services to move their medical device workshop and storage facility, which occupies around 80 per cent of the hospital, out of Royston Hospital, as well as relocate their musculoskeletal service and district nurse base away from the site, leaving it substantially vacant and potentially surplus to requirements.

A GMS practice (Royston Health Centre Practice) occupies the majority of the ground floor of Royston Health Centre in the town centre, with Hertfordshire Community NHS Trust occupying the few remaining rooms on the ground floor and part of the first floor. However, parts of the first floor remain vacant.

With the need to expand GMS services in the town, an opportunity exists to dispose of the hospital site and recycle capital into reconfiguring and upgrading what is a 1970s health centre, to provided expanded flexible health care provision for the town.

If Royston Community Hospital is handed back to NHSPS, after being declared surplus to healthcare requirements by the ICB, then it would be required to sell the property to reduce operational costs for the health system.

This would also release capital to facilitate reinvestment in its residual estate which includes a commitment by NHSPS to reinvest half of any such net disposal proceeds on local priority projects as agreed with the ICB.

I am advised that the ICB and NHSPS are currently working together in partnership to determine how to best take this matter forward. I understand all parties are aware that any further development work in Royston will require extensive engagement with the local community and key stakeholders such as yourself.

I hope this reply is helpful.

**NEIL O'BRIEN**