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Our Ref: NHSE/FHDC/15/2151/KH

Your Ref: DC/15/2151/OUT

Planning & Growth
St Edmundsbury Borough Council
West Suffolk House
Western Way
Bury St Edmunds
IP33 3YU

Dear Sir / Madam

22 June 2016

Outline Application (Means of Access to be considered) - Residential development of up to 2,500 units (within use classes C2/C3); two primary schools; two local centres including retail, community and employment uses (with use classes A1/A2/A3/A4/A5, B1 and D1/D2; open space; landscaping and associated infrastructure.

Great Wilsey Park, Wilsey Road, Little Wratting, Haverhill.

1.0 Introduction

- 1.1 Thank you for consulting NHS England on the above planning application.
- 1.2 I refer to the above planning application and advise that, further to a review of the applicants' submission the following comments are with regard to the primary healthcare provision on behalf of NHS England Midlands and East (East) (NHS England), incorporating the West Suffolk Clinical Commissioning Group (CCG)

2.0 Existing Healthcare Position Proximate to the Planning Application Site

- 2.1 The proposed development is likely to have an impact on the services of 2 main GP practices and 3 branch surgeries operating within the vicinity of the application site. The GP practices do not have capacity for the additional growth resulting from this development.
- 2.2 New development will be likely to have an impact on the NHS funding programme for the delivery of primary healthcare provision within this area and specifically within the health catchment of the development. NHS England would therefore expect these impacts to be fully assessed and mitigated.

3.0 Review of Planning Application

- 3.1 The planning application does not appear to include a Health Impact Assessment (HIA) or propose any mitigation of the healthcare impacts arising from the proposed development.
- 3.2 A Healthcare Impact Assessment (HIA) has been prepared by NHS England to provide the basis for a developer contribution towards capital funding to increase capacity within the GP Catchment Area.

4.0 Assessment of Development Impact on Existing Healthcare Provision

- 4.1 The existing GP practices do not have capacity to accommodate the additional growth resulting from the proposed development. The development could generate approximately 6,000 residents and subsequently increase demand upon existing constrained services.
- 4.2 The primary healthcare service directly impacted by the proposed development and the current capacity position is shown in Table 1.

Table 1: Summary position for primary healthcare services within a 2km catchment of the proposed development

Premises	Weighted List Size ¹	NIA (m²)²	Capacity ³	Spare Capacity (NIA m²) ⁴
Haverhill Family Practice (including its branch surgery)	13,068	740.30	10,796	-155.79
Clements & Christmas Maltings Practice (including its 2 branch surgeries)	16,521	875.90	12,774	-256.97
Total	29,589	1,616.20	23,570	-412.76

Notes:

- 1. The weighted list size of the GP Practice based on the Carr-Hill formula, this figure more accurately reflects the need of a practice in terms of resource and space and may be slightly lower or higher than the actual patient list.
- 2. Current Net Internal Area occupied by the Practice
- 3. Patient Capacity based on the Existing NIA of the Practice
- 4. Based on existing weighted list size
- 4.3 The development would have an impact on healthcare provision in the area and its implications, if unmitigated, would be unsustainable. The proposed development must therefore, in order to be considered under the 'presumption in favour of sustainable development' advocated in the National Planning Policy Framework, provide appropriate levels of mitigation.

5.0 Healthcare Needs Arising From the Proposed Development

- 5.1 The intention of NHS England is to promote Primary Healthcare Hubs with co-ordinated mixed professionals. This is encapsulated in the strategy document: The NHS Five Year Forward View.
- 5.2 The development would give rise to a need for improvements to capacity. Subject to finalisation of the CCG Strategic Estates Plan, the level of growth in this area, may result in the need for a new Primary Care facility. NHS England and the CCG would be happy to discuss this in further detail with the developer, should there be an opportunity within the proposed site. As an alternative to provision of new infrastructure, a capital contribution would be required to increase capacity at existing premises, a proportion of the cost of which would need to be met by the developer.
- 5.3 Table 2 provides the Capital Cost Calculation of additional primary healthcare services arising from the development proposal.

Table 2: Capital Cost calculation of additional primary healthcare services arising from the development proposal

Premises	Additional Population Growth (2,500 dwellings)	Additional floorspace required to meet growth (m²)	Spare Capacity (NIA)	Capital required to create additional floor space (£)
Haverhill Family Practice (including its branch surgery)	3,000	205.71	-155.79	411,420
Clements & Christmas Maltings Practice (including its 2 branch surgeries)	3,000	205.71	-256.97	411,420
Total	6,000	411.42	-412.76	£822,840

Notes:

- 5. Calculated using the St Edmundsbury District Council average household size of 2.4 taken from the 2011 Census: Rooms, bedrooms and central heating, local authorities in England and Wales (rounded to the nearest whole number).
- 6. Based on 120m² per GP (with an optimal list size of 1750 patients) as set out in the NHSE approved business case incorporating DH guidance within "Health Building Note 11-01: facilities for Primary and Community Care Services"
- 7. Existing capacity within premises as shown in Table 1
- 8. Based on standard m² cost multiplier for primary healthcare in the East Anglia Region from the BCIS Q1 2014 price Index, adjusted for professional fees, fit out and contingencies budget (£2,000/m²), rounded to nearest £.
- 5.4 A developer contribution or appropriate agreed infrastructure will be required to mitigate the impacts of this proposal. NHS England calculates the level of contribution required, in this instance to be £822,840.
- 5.5 NHS England therefore requests that suitable agreed infrastructure or this capital sum be secured through a Section 106 planning obligation linked to any grant of planning permission.

6.0 Conclusions

- 6.1 In its capacity as the primary healthcare commissioner, NHS England has identified that the development will give rise to a need for additional primary healthcare provision to mitigate impacts arising from the development.
- 6.2 The capital required through developer contribution would form a proportion of the required funding for the provision of capacity to absorb the patient growth generated by this development.
- 6.3 Assuming the above is considered in conjunction with the current application process, NHS England would not wish to raise an objection to the proposed development. Otherwise the Local Planning Authority may wish to review the development's sustainability if such impacts are not satisfactorily mitigated.
- 6.4 The terms set out above are those that NHS England deem appropriate having regard to the formulated needs arising from the development.

- 6.5 NHS England is satisfied that the basis and value of the developer contribution sought is consistent with the policy and tests for imposing planning obligations set out in the NPPF.
- 6.6 NHS England and the CCG look forward to working with the applicant and the Council to satisfactorily address the issues raised in this consultation response and would appreciate acknowledgement of the safe receipt of this letter.



Kerry Harding Estates Advisor