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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

12 December 2016

Dear Sir / Madam

**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 application refers to provision of land between 450 – 2,000sqm for new a healthcare centre to serve the proposed development. Funding to enable the development of a build has not been identified.
- 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**

| <b>Premises</b>   | <b>Weighted List Size <sup>1</sup></b> | <b>NIA (m<sup>2</sup>)<sup>2</sup></b> | <b>Capacity<sup>3</sup></b> | <b>Spare Capacity (NIA m<sup>2</sup>)<sup>4</sup></b> |
|---|--|--|-----------------------------|---|
| 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   |
| <b>Total</b>  | <b>29,589</b>                          | <b>1,616.20</b>                        | <b>23,570</b>               | <b>-412.76</b>  |

**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. Based on optimal space requirement of 120m<sup>2</sup> 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"
4. Based on existing weighted list size and optimal space requirement.

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 and the CCG 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 and Sustainability and Transformation Plan (STP), the level of growth in this area, may result in the need for a new primary care facility.

The Strategic Estates Plan and the STP will identify the future primary care requirements and infrastructure needs, taking into account changing service models and predicted

development growth, in the CCG area.

- 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) <sup>5</sup> | Additional floorspace required to meet growth (m <sup>2</sup> ) <sup>6</sup> | Spare Capacity (NIA) <sup>7</sup> | Capital required to create additional floor space (£) <sup>8</sup> |
|---|---|--|-----------------------------------|--|
| 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  |
| <b>Total</b>  | <b>6,000</b>  | <b>411.42</b>  | <b>-412.76</b>                    | <b>£822,840</b>  |

**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 120m<sup>2</sup> 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 m<sup>2</sup> 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/m<sup>2</sup>), rounded to nearest £.

- 5.4 Land allocation and a contribution towards development costs is sought to mitigate the impact of the proposed development. Based on the above calculation NHS England calculates the level of contribution required to be **£822,840**. Land allocation would be required to be of a sufficient size to accommodate a primary care facility of approximately 1,200 – 1,500 sqm.

- 5.5 Should the finalisation of the CCG Strategic Estates Plan and STP identify that the proposed development site is not the right location for new facility, land would be released. As an alternative to provision of land and monies to facilitate new infrastructure, a capital contribution would be required to increase capacity at an existing premises or towards development of infrastructure at an alternative site to serve the proposed development.

- 5.5 NHS England therefore requests that suitable mitigation 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 Land allocation should be made available on the basis that it would be marketed for healthcare use for a period of up to two years from commencement of build. Should the site not be required for such use it will be released for alternative development, leaving a requirement for a capital contribution to the value of **£822,840** only.
- 6.4 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.
- 6.5 The terms set out above are those that NHS England deem appropriate having regard to the formulated needs arising from the development.
- 6.6 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.
- 6.7 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.

Yours faithfully

**Kerry Harding**  
Estates Advisor