Dear Sir / Madam

Outline Planning Application (all matters reserved except means of access in respect of junction arrangements onto Coldhams Lane, Cherry Hinton Road and Airport Way) for a maximum of 1,200 residential dwellings (including retirement living facility (within Use Class C2/C3), a local centre comprising uses within Use Class A1/A2/A3/A4/A5/B1a/D1/D2 primary and secondary schools, community facilities, open spaces, allotments, landscaping and associated infrastructure.
Land North Of Cherry Hinton, Coldhams Lane, Cambridge, CB1 3LG

1.0 Introduction

1.1 Thank you for consulting NHS England on the above outline 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 Cambridgeshire and Peterborough 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 2 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 and cumulative development in the area.

2.2 The proposed development will likely 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 NHS England acknowledge that the planning application includes a Health Impact Assessment which suggests there is sufficient capacity to absorb the additional demand on existing healthcare services. This is predominantly as a result of data derived from the
NHS Choices website which states that the practices are still accepting patients. It should be noted that although a practice may be accepting new patients, this is not an indication that they have the capacity to offer a full range of services for the local community. There is a process that the practice would need to go through before NHS England would give permission to close their list to new patients, this would include the development of a plan of action to enable the list to be reopened as soon as possible. The implication of over capacity within primary care facilities may include access issues and limitations with regard to the range and type of services a provider is able to offer to their patients.

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 2760 residents and subsequently increase demand upon existing constrained services.

4.2 The primary healthcare services 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 radius (or closest to) the proposed development

<table>
<thead>
<tr>
<th>Premises</th>
<th>Weighted List Size</th>
<th>NIA (m²)²</th>
<th>Capacity²</th>
<th>Spare Capacity (NIA m²)⁴</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mill Road Surgery (including its branch Cherry Hinton Surgery)</td>
<td>5,277</td>
<td>333.63</td>
<td>4865</td>
<td>-28.22</td>
</tr>
<tr>
<td>Cherry Hinton Medical Centre (including branch of Brookfields Health Centre)</td>
<td>9,644</td>
<td>530.50 (estimated)</td>
<td>7736</td>
<td>-130.80</td>
</tr>
<tr>
<td>East Barnwell Health Centre</td>
<td>6,991</td>
<td>478.18</td>
<td>6973</td>
<td>-1.20</td>
</tr>
<tr>
<td>Cornford House Surgery</td>
<td>10,961</td>
<td>383.70</td>
<td>5596</td>
<td>-367.89</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>32,873</strong></td>
<td><strong>1726.01</strong></td>
<td><strong>25170</strong></td>
<td><strong>-528.11</strong></td>
</tr>
</tbody>
</table>

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 120m² per single GP practice (with an optimal list size of 1750 patients) incorporating DH guidance within “Health Building Note 11-01: facilities for Primary and Community Care Services”
4. Based on existing weighted list size

4.3 The development would have an impact on primary 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. In line with emerging STP estates strategy; it has been identified that due to the level of growth in this area, new primary care facilities are required subject to a formal options appraisal, this may result in the need for a new primary care facility on this development site for the benefit of the patients at Cherry Hinton Surgery; a proportion of the cost of which would need to be met by the developer. NHS England and the CCG are happy to discuss this in further detail with the developer at the appropriate time. As an alternative to provision of land, a capital contribution would be required to facilitate delivery of new primary care premises.

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

<table>
<thead>
<tr>
<th>Premises</th>
<th>Additional Population Growth (1200 dwellings)</th>
<th>Additional floorspace required to meet growth (m²)</th>
<th>Spare Capacity (NIA)</th>
<th>Capital required to create additional floor space (£)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>2760</td>
<td>189.26</td>
<td>-28.22</td>
<td>£435,291</td>
</tr>
</tbody>
</table>

Notes:
5. Calculated using the Cambridge City average household size of 2.3 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 single GP practice (with an optimal list size of 1750 patients) 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 Public Sector Q3 2015 price & cost Index, adjusted for professional fees, fit out and contingencies budget (£2,300/m²), rounded to nearest £100.

5.4 Appropriate agreed land provision or developer contribution will be required to mitigate the impacts of this proposal. NHS England calculates the level of contribution required, in this instance to be £435,291.

5.5 NHS England therefore requests that suitable agreed land provision or this capital sum be secured through a Section 106 planning obligation linked to any grant of planning permission.

5.6 Land allocation should be made available on the basis that it would be marketed for healthcare use for a period of up to five 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 £435,291 only.

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.

High quality care for all, now and for future generations
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.

Yours faithfully

Lydia Burkett
Estates Manager

High quality care for all, now and for future generations