

The Forum
Marlowes
Hemel Hempstead
Hertfordshire
HP1 1DN

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sheila.addison@nhs.net

<https://hertsandwestessex.icb.nhs.uk>

By email: justin.booi@north-herts.gov.uk

Mr Justin Booi
North Herts District Council
Gernon Road
Letchworth Garden City
SG6 9SW

Dear Justin,

Re. 25/02571/OP - BA1(Land East Of North Rd And North Of Railway Line); BA10 (Land Between Railway Line And Royston Rd); BA3 (Land West Of A505); BA2 (Land South Of Clothall Rd); Walls Field; Urban Open Land West Of A505, And Land West Of North Rd, Baldock

Outline planning application with all matters reserved except for means of highway access into the development from the A505/Royston Road, North Road and Clothall Road for: up to 3,200 homes, up to 16ha of employment, waste and leisure infrastructure, a mixed use local centre, up to 1 secondary school, up to 2 x primary schools, up to 1 SEND school, health hub, green infrastructure, etc.

Thank you for consulting the Hertfordshire and West Essex Integrated Care Board (HWE ICB) on the above-mentioned planning application.

East and North Hertfordshire Clinical Commissioning Group, the predecessor to the HWE ICB, previously responded to the following consultations -17/01344/1SCP, 17/01364/1SCP and 17/04420/OP reflecting the long-term engagement with the Council and the site promoters over the health services impacts arising from this major strategic site and the required mitigation.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

This letter sets out the HWE ICB's updated position on primary healthcare capacity and need arising from housing growth at this location and the health infrastructure sought if the Council is minded to grant planning permission.

The NHS HWE ICB is a statutory body with responsibility for commissioning NHS health services to a population of 1.5m in Hertfordshire and west Essex. In line with the Health and Care Act 2022, the HWE ICB and our partner NHS Trusts and NHS Foundation Trusts work in collaboration with local Health and Wellbeing Boards to arrange and provide NHS services to:

- improve the general health and wellbeing of Hertfordshire and west Essex residents and improve health care services in the area.
- tackle the inequalities which affect people's physical and mental health, such as their ability to get the health services they need, and the quality of those services help tackle health and wider inequalities.
- get the most out of local health and care services and make sure that they are good value for money.
- help the NHS support social and economic development in Hertfordshire and west Essex.

A strategic aim of the NHS HWE ICB is the improvement of primary, community and mental health care outside of hospitals. To achieve this, the NHS commissions a number of services from general practices in addition to their "core" activity. On the ground this means more joined up care, for example, primary and community healthcare hubs with co-ordinated multidisciplinary professionals/teams. Therefore, a doctors' general practitioners' surgery may also include an ancillary pharmacy and ancillary facilities for treatments provided by general practitioners, nurses and other healthcare professionals to provide care to residents.

Primary Care Networks (PCNs)

Within the HWE ICB there are 35 PCNs across the 14 localities, each covering a population of between circa 27,000 and 68,000 patients. PCNs are expected to deliver services at scale for its registered population whilst working collaboratively with acute, community, voluntary and social care services to ensure an integrated approach to patient care.

Patients are at liberty to choose which GP practice to register with, providing they live within the practice boundary. However, most patients choose to register with the surgery closest and/or most easily accessible to their home for the following reasons: walking distance, quickest journey time, accessibility by public transport, parking provision.

Despite premises constraints GP Practices are not allowed to close their lists to new registrations without consultation with, and permission from the HWE ICB. Even when surgeries are significantly constrained, the NHS will seek to avoid a situation where a patient is denied access to their nearest GP surgery, with patient lists only closed in exceptional circumstances.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair



The HWE ICB keeps up to date PCN patient lists and closely monitors the current and future capacity of GP surgeries against Local Plan allocations/ housing trajectories.

The HWE ICB also ranks PCNs using existing premises data and known development data. This will identify and rank hotspots across the PCN patch where there is a need to explore projects to increase capacity, for example, by either re-configuring, extending or relocating GP practices to provide sufficient space to increase resources and clinical services to keep patient lists open.

Assessment of impact on existing Healthcare Provision

The HWE ICB has assessed the impact of the proposed development on existing primary health care provision in and around the vicinity of Baldock. This scheme is expected to deliver 3,200 new homes, which based on an average occupancy of 2.4 will create circa **7,680 new patients**.

These new residents will impact on Baldock Surgery, the singular existing GP surgery in Baldock, which currently has a registered patient list of 12,645 as of 1 January 2026. The practice is currently ranked 68th out of 200 GP surgeries in Hertfordshire and west Essex in terms of priority need.

In reviewing the Primary Care Network data Baldock will be unable to accommodate the additional patient numbers arising from this development, and indeed any potential future housing growth in and around the vicinity of Baldock. All options have been explored, with the HWE ICB concluding health infrastructure, in the form of on-site provision for a new health facility will be needed to accommodate significant additional patient numbers arising from this development.

Floorspace requirements are under review and will need to consider the options for a full relocation of the existing surgery, or expansion by way of provision of a new branch surgery. Further, HWE ICB engagement with NHS system providers is exploring the inclusion of wider healthcare services, such as mental health and community health services, which will impact on floorspace requirements.

In the light of the HWE ICB's response to this outline planning application, it would be sensible for the HWE ICB to meet with the Council and the site promoters to discuss in more detail the NHS' site and primary and community healthcare requirements, and the draft Heads of Terms.



NHS GP premises and funding

By way of context, GP Practices are independent contractors that deliver NHS services - in most cases through General Medical Services (GMS) contract. In line with their contract, they receive payments for the delivery of GMS services as well as reimbursements of their premises costs.

According to the terms of their GMS contract, GP contractors receive rent from NHS for using their premises (which they either own or lease) to provide NHS services from. In line with NHS Premises Costs Directions 2024, for the premises that the GP's own, NHS pays Current Market Rent (i.e. fair and reasonable rent as determined by the District Valuer). For leased premises, NHS reimburses the lease rent that they pay to their landlord (also as verified by the District Valuer). In addition, NHS reimburses business rates and water rates.

If new and/or extended surgery buildings are required, these can be funded in various ways:

- NHS capital investment in the building works – GP practice will sign a Grant Agreement and as a result, their rent reimbursement is abated proportionately to reflect the amount of capital invested for a specified time period in line with NHS Premises Costs Directions 2024.
- S106/CIL investment in the building works – as above, treated in the same way as NHS capital investment.
- Capital investment by the practice.
- Capital investment by the landlord/third party developer.

In the latter two cases, where there is no NHS capital investment, yet the NHS receives the benefit of an increased and/or improved building, there is an increase in either the Current Market Rent (GP owned) or the lease rent (leased building) and the NHS commissioner will be liable for that additional revenue consequence. It should be noted that because all GMS contracts are contracts in perpetuity, the NHS will be liable for these costs indefinitely.

Please note, all NHS health infrastructure improvement projects are subject to the HWE ICB's own governance and scrutiny processes and are assessed against viability, affordability, deliverability and the ability to be future proofed for any future housing growth, given that new medical facilities present a significant cost pressure to the NHS.

Therefore, in terms of the HWE ICB's formal commitment to the proposal for a new on-site medical facility at this strategic site, at this stage the following points must be considered:

- All projects are subject to Full Business Case approval by the ICB and NHS England.
- A commercial arrangement has to be agreed between the landowner, developer and end user based on a compliant design specification and demonstrate value for money.

- A project identified and costed in response to the planning application may not meet the objectives of NHS current strategies or could have significantly increased in cost, especially if there has been any significant time lapse from the date of the response to the date of implementation of the planning consent.

In the event the HWE ICB cannot support the delivery of a new medical centre at this location for viability, affordability and deliverability reasons, the HWE ICB will seek a financial contribution as calculated below.

Cost calculation of additional primary care healthcare services arising from the development proposal

The financial contribution for health infrastructure that the HWE ICB is seeking, to mitigate the health impacts from this development has been calculated using a formula based on the number of units proposed and does not take into account any existing deficiencies or shortfalls in Baldock and its vicinity, or other development proposals in the area.

The proposed development would deliver up to 3,200 dwellings, which based on an average occupancy of 2.4 occupants per dwelling will create circa **7,680 new patient registrations.**

7,680 new patient registrations/2000 = 3.84 of a GP *GP based on ratio of 2,000 patients per 1 GP and 199m² as set out in the NHS England “Premises Principles of Best Practice Part 1 Procurement & Development”

$3.84 \times 199 \text{ m}^2 = 764.16 \text{ m}^2$ of additional space required

$764.16 \text{ m}^2 \times £7,000^* \text{ per m}^2 = £5,349,120$ (*Build cost; includes fit out and fees)
 $£5,349,120 / 3200 = £1,671.60$ per dwelling (rounded up to £1,672 per dwelling)

Total GMS contribution requested: 3,200 dwellings x £1,672 per dwelling = £5,350,400 (indexed from the date of planning permission)

If planning permission is granted, and in the event the HWE ICB cannot support the delivery of a new medical centre at this location for viability, affordability and deliverability reasons, the HWE ICB propose to focus Section 106 monies on Baldock Surgery which explores options for the relocation of the surgery/ a new medical facility within the locality to accommodate additional patient numbers arising from this development and future housing growth in and around Baldock.

The HWE ICB therefore requests that this sum is secured through a planning obligation attached to any grant of planning permission.

A trigger point of payment on occupancy of the 50th Dwelling is requested for the GMS planning obligation. Please note, the developer contribution figure referred to in this response is a calculation only and that the final payment will be based on the actual dwelling unit mix and the inclusion of indexation.

Subject to securing the healthcare infrastructure and/or the developer contribution, as set out above, to mitigate the health service impacts arising from this development, the HWE ICB does not raise an objection to the proposed development.

The HWE ICB looks forward to working with the Council and the site promoters to address the matters raised in this consultation response and would appreciate acknowledgement of receipt of this letter.

Yours sincerely,



Sheila Addison

Premises and Estates Manager
NHS Hertfordshire and West Essex Integrated Care Board

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

