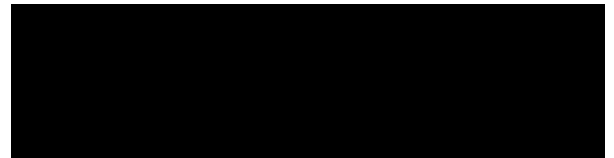
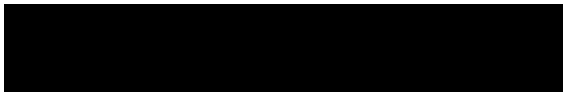


The Forum
Marlowes
Hemel Hempstead
Hertfordshire
HP1 1DN
17th April 2025



By email:



Naomi Reynard MRTPI
Senior Planning Officer
Major Projects
North Hertfordshire District Council
Council Offices
Gernon Road
Letchworth SG6 3JF

Dear Naomi,

Re: Planning Application Consultation: 24/02889/FP

Proposal: Residential development of 281 dwellings and associated roads, parking, realignment of Back Lane, drainage, landscaping, open space, servicing facilities and associated works (as amended).

Location: Land At Roundwood Back Lane Graveley Hertfordshire

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

Please accept this letter as the HWE ICB's position following an assessment of primary care capacity and need arising from this planning application and the health financial contribution sought if North Hertfordshire District Council is minded to grant planning permission.

Dr Jane Halpin, Chief Executive

Rt. Hon. Paul Burstow, Chair

The HWE ICB became a statutory body on 1 July 2022 and is the health commissioner responsible for delivering joined up health and social health care to a population of c1.5m. in Hertfordshire and west Essex.

The HWE ICB works in partnership with health providers, local authorities, and other organisations 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.

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 Graveley. This scheme is expected to deliver 281 homes, which based on an average occupancy of 2.4 will create circa **674.4 new patients**.

These new patients will impact on the Stevenage North PCN, which is formed of 1 GP practice over 5 GP premises and has a combined **patient list of 49,770 as of 1 January 2025**.

In terms of premises need and priority, Stevenage North PCN is ranked 22nd out of 35 PCNs in the HWE ICB. To illustrate their current capacity, individually as well as collectively - on PCN as well as settlement level please see the table below:

Surgery Name				Settlement level	PCN level	Settlement level				
	Settlement	PCN	Number of patients capacity/ constraint relative to 18 per m2 (Actual)	Number of patients capacity/ constraint of the settlement relative to 18 per m2 (Actual)	Total NIA shortfall of the settlement relative to 18 per m2 (Actual)	Number of dwellings proposed by 2031	Projected population growth by 2031	Resulting NIA requirement relative to 18 per m2 (Actual)	No of patients over capacity by 2031 relative to 18 per m2 (Actual)	Total NIA shortfall by 2031 relative to 18 per m2 (Actual)
Canterbury Way Surgery	Stevenage	Stevenage North	-258	-1,727	-96	3,592	8,621	479	-10,348	-575
Chells Way Surgery			57							
Poplars Surgery			-883							
St Nicholas Health Centre			1,178							
Stanmore Road Health Centre			-1,820							
			-1,727	-1,727	-96	3,592	8,621	479	-10,348	-575

*For the purposes of capacity assessment, we have adopted an alternative calculation to the NHS England "Principles of Best Practice" (referred to below) based on 18 patients per m2, which has regard to national GMS space guidelines but also considers opportunities for economies of scale.

This table demonstrates that Stevenage North PCN GP premises, including branch surgeries, are already constrained and their ability to accept additional patients is limited. The closest GP premises to the proposed development are Canterbury Way Surgery and St Nicholas Health Centre. Of the two Canterbury Way is the most constrained in terms of patients per m² of floor space.

In reviewing the PCN data and as explained above, both Canterbury Way Surgery and St Nicholas Health Centre will be unable to accommodate the additional patient numbers arising from this development, and indeed potential future housing growth in and around the vicinity of Stevenage.

The table below shows the current position of Stevenage South PCN and demonstrates that Stevenage South PCN GP premises including branch surgeries, whilst not directly impacted by this development, are already significantly more constrained than Stevenage North PCN. As such their ability to absorb additional patients is extremely limited, including patient growth pushing down from the north of Stevenage and Graveley area and in addition being impacted by the significant development under Stevenage Borough Council that is SG1 in the centre of Stevenage. Stevenage South PCN is ranked 14th out of 35 PCNs in the HWE ICB.

				Settlement level		Settlement level				
Surgery Name	Settlement	PCN	Number of patients capacity/ constraint relative to 18 per m2 (Actual)	Number of patients capacity/ constraint of the settlement relative to 18 per m2 (Actual)	Total NIA shortfall of the settlement relative to 18 per m2 (Actual)	Number of dwellings proposed by 2031	Projected population growth by 2031	Resulting NIA requirement	No of patients over capacity by 2031 relative to 18 per m2 (Actual)	Total NIA shortfall by 2031 relative to 18 per m2 (Actual)
The Surgery Knebworth	Knebworth	Stevenage South	11	11	1	335	804	45	-793	-44
Marymead Surgery	Stevenage		468	-8,249	-458	7,879	18,910	1,051	-27,159	-1,509
Shephall Way Surgery			-84							
King George Surgery			-4,765							
Bedwell Medical Centre			347							
Roebuck Surgery			-941							
The Symonds Green Health Centre			-1,158							
Manor House Surgery			-2,117							
			-8,238	-8,238	-458	8,214	19,714	1,095	-27,951	-1,553

In reviewing all options in the Graveley area, the HWE ICB has concluded that new health infrastructure in the form of on-site provision for a new medical facility c 630m² NIA on the North Herts District Council “NS1” development will be needed to accommodate additional patient numbers arising from this development.

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 land to the east of the High Street and North Road, Graveley, 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 terms of this development the HWE ICB seeks 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 Graveley and its vicinity, or other development proposals in the area.

The proposed development would deliver 281 dwellings, which based on an average occupancy of 2.4 occupants per dwelling will create circa **674.4 new patient registrations.**

674.4 new patient registrations/2000 = 0.3372 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”

$0.3372 \times 199 \text{ m}^2 = 67.1028 \text{ m}^2$ of additional space required

$67.1028 \text{ m}^2 \times £7,000^* \text{ per m}^2 = £469,719.60$ (*Build cost; includes fit out and fees)

$£469,719.60 / 281 \text{ dwellings} = £1,671.60 \text{ per dwelling}$ (rounded up to £1,672 x per dwelling)

Total GMS monies requested: 281 dwellings x £1,672 per dwelling = £469,832.00 (indexed from the date of the planning permission)

If planning permission is granted, and in the event the HWE ICB cannot support the delivery of a new medical centre on “NS1” due to viability, affordability and deliverability reasons, the HWE ICB propose to focus Section 106 monies on Canterbury Way Surgery and St Nicholas Health Centre which as 1 option is to have the existing c49,770 patient records that are there digitised or removed to secure off site storage, the cost of which to be met by a S106 contribution. (It may be that as time passes the number of records will have grown and any additional records above the number stated

would need to be included.) This would allow the vacated space to be reconfigured and refurbished to create additional patient facing clinical rooms for GPs and ARRs staff, increase capacity to accommodate additional patient numbers arising from this development and future housing growth in and around Graveley. S106 would also be needed to undertake this build works transformation and to cover the associated on site GPIT costs that would arise.

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 1st Dwelling is requested for the GMS healthcare 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 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 continuing to work with the Council and the applicant 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 Support Manager
NHS Hertfordshire & West Essex ICB