

14th August 2025

Ms Naomi Reynard
Principal Planning Officer
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Performance and Governance Directorate
BLMK Integrated Care Board
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Dear Ms Reynard,

Re: 25/01696/OP - 130 dwellings - Land South East Of Holwell Road And North Of Hambridge Way, Pirton, Herts

Thank you for the opportunity to comment on the above planning application. Consideration of the potential consequences of this development and the health infrastructure implications has been undertaken on behalf of Bedfordshire, Luton & Milton Keynes Integrated Care Board (BLMK ICB).

This development, should the application be successful, will affect the Lower Stondon Surgery. Where local GP practices do not have infrastructure capacity to accommodate the additional growth resulting from the proposed development, that affects the ability of a GP practice to take on additional patients generated by new housing growth and additional GPs and allied clinical staff to provide for those additional patients, especially with the requirement to offer a wider range of patient services from GP Practices, including mental health and community services and some outreach specialist services from local hospitals, delivering care locally and reducing referrals into hospitals. Without the physical space for a practice to increase its clinical capacity by taking on more clinical staff as their patient lists increase, patient access is compromised, GPs and other clinical staff are forced to work on a more reactive basis which puts pressure on other parts of the health system.

This application will result in circa 312 additional patient registrations and create a constraint that will require premises reconfiguration, extension or even re-location to create additional clinical capacity.

For clarity: Primary Care is commissioned by BLMK ICB, having taken over this commissioning responsibility from NHS England on 1 April 2019 and this response should be taken as the full NHS reply for consultation purposes.



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This figure is based on the following breakdown:

$w \times 2.4 = x$ Multiply the numbers of dwellings in any given development (w) by 2.4 to give x new patients
$x/2000 = y$ Divide the number of patients by 2000 to give the numbers of GPs needed (y) (based on the ratio of 2,000 patients per 1 GP (as set out in the NHS England "Premises Principles of Best Practice, Part 1 Procurement & Development")
$y \times 199 = z$ m2 of additional GMS space Multiply the number of GPs required by 199 to convert to new GMS space (199 m2) being the amount of floor space required by each GP (again as set out in the NHS England "Premises Principles of Best Practice, Part 1 Procurement & Development")
$z \times £7,500 = £$ Multiply the floor space by £7,500.00 which represents build cost per m2 including fit out and fees to give a total cost (£)
$£/\text{number of dwellings} = £1791.00$ Dividing the total build cost by the number of dwellings provides a standard contribution required from each new dwelling towards the cost of providing GMS services for that development

130 dwellings $\times 2.4 = 312$ new patients
 $312 / 2,000 = 0.156$ 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")
 $0.156 \times 199\text{m}^2 = 31.044$ m2 additional space required
 $31.044 \times £7,500.00$ (build costs including fit out and all fees) = £232,830.00
 $£232,830.00 / 130 = £1,791.00$ per dwelling

The calculations above for a contribution of £1,791.00 per dwelling totalling **£232,830.00** are based on the impact of this development only.

Community and mental health services are also commissioned by BLMK ICB. These contributions are calculated by activity type and recorded attendance data. These secondary care activity type attendance numbers reflect a lower proportion of the population than the 90% first accessing healthcare via GP provided primary care services.

For Community Health provision: treatment rooms; consulting rooms; diagnostic rooms etc., a similar calculation using the same attendance methodology for community health services establishes an infrastructure cost per dwelling of **£114.10 (£14,833.00)**

A final secondary healthcare consideration relates to mental health services and here the attendance methodology establishes a cost per dwelling of **£130.40 (£16,952.00)**. The mental health costs per dwelling reflect differing infrastructure types such as in-patient wards as well as a range of community based mental health provision.

The requested total contribution of **£264,615.00** is calculated only on the number of additional new registrations and patient activity requirements this development will generate and will therefore contribute proportionately towards the costs of phase two of the relocation, reconfiguration and/or extending facilities of Lower Stondon Surgery.



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In terms of trigger points with regard to S106 developer contributions, it remains the case that the earliest possible developer contributions are vital to mitigate the health impact of the additional residents. BLMK ICB puts the delivery of services to patients first and increasingly the need to support the viability and resilience of GP practices, their ability to cope with increasing patient numbers and the requirement to provide more services locally, in line with the NHS Long Term Plan.

I trust this information is sufficient for you to proceed. However, should you have any questions, please do not hesitate to contact me.

Yours sincerely



Collette How
Estates Officer
Bedfordshire, Luton and Milton Keynes Integrated Care Board



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