

NHS Central East ICB
Gemini House, Bartholomew's Walk,
Cambridgeshire Business Park, Angel Drove,
Ely, Cambridgeshire, CB7 4EA

5th May 2026

Sent via email: naomi.reynard@north-herts.gov.uk

Naomi Reynard
North Hertfordshire District Council
Council Offices
Gernon Road
Letchworth SG6 3JF

Dear Naomi,

Re: Planning Application Consultation: 25/03080/HYA

Proposal: Hybrid application for a residential-led development.

Full application comprises the construction of vehicle access and an active travel link via Mendip Way, with associated landscaping and drainage works.

The outline application, for which all matters are reserved except means of access, comprises the erection of up to 640 dwellings (Use Class C3), a site for a primary school, further land reserved for educational use (Use Class F1), a site for a community hub (Use Class F2), with associated infrastructure.

Location: GA2, Land North-East Of Great Ashby Stevenage Hertfordshire

Thank you for consulting the NHS Central East Integrated Care Board (NHS CEICB) on the above-mentioned planning application.

Please accept this letter as the NHS CEICB'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.

The NHS CEICB serves approximately 3.5 million people across Cambridgeshire, Peterborough, Bedfordshire, Luton, Milton Keynes, and Hertfordshire. With our population living longer but with a growing challenge of long-term illness, widening inequalities linked to deprivation, our role is to manage the clinical and financial risk for the 3.5 million people we serve, ensuring that the right health interventions are in place to improve lives, reduce avoidable harm, and use public resources responsibly.

A strategic aim of the NHS CEICB 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 Hertfordshire 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 NHS CEICB. 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 NHS CEICB 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 NHS CEICB 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 NHS CEICB has assessed the impact of the proposed development on existing primary health care provision in and around the vicinity of Great Ashby. This scheme is expected to deliver up to 640 homes. The Planning Statement gives no indication of the dwelling mix save for 6 “unknown bedroom” self builds. At this time the ICB will work on the basis of an average occupancy of 2.4 which will create circa **1,536 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 48,504 as of 1 January 2026.

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

Surgery Name	Settlement	PCN	PCN level		Settlement level					PCN level	
			Number of patients capacity/constraint 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)	Number of patients capacity/constraint relative to 18 per m2 by 2031 (Actual)	Total NIA shortfall of the settlement relative to 18 per m2 (Actual)
Canterbury Way Surgery	Stevenage	Stevenage North									
Chells Way Surgery											
Poplars Surgery			-461	-26	3,592	8,621	479	-9,082	-505	-9,082	-505
St Nicholas Health Centre											
Stanmore Road Health Centre											
			-461	-26	3,592	8,621	479	-9,082	-505	-9,082	-505

*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 Surgery 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 Great Ashby, Graveley and Stevenage in general.

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 is extremely limited to absorb any additional patients, including patient growth pushing down from the north of Stevenage and Great Ashby area. Stevenage South PCN is currently ranked 11th out of 35 PCNs in the HWE ICB in terms of need and has a combined patient list of 68,768 as of 1 January 2026

		PCN level		Settlement level					PCN level		
Surgery Name	Settlement	PCN	Number of patients capacity/ constraint 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)	Number of patients capacity/ constraint relative to 18 per m2 by 2031 (Actual)	Total NIA shortfall of the settlement relative to 18 per m2 (Actual)
The Surgery Knebworth	Knebworth	Stevenage South	185	10	335	804	45	-619	-34	-29,549	-1,642
Marymead Surgery	Stevenage		-10,020.63	-557	7,879	18,910	1,051	-28,930	-1,607		
Shephall Way Surgery											
King George Surgery											
Bedwell Medical Centre											
Roebuck Surgery											
The Symonds Green Health Centre											
Manor House Surgery											
			-9,835.64	-546	8,214	19,714	1,095	-29,549	-1,642	-29,549	-1,642

In reviewing all options in the Great Ashby and Gravely area, the NHS CEICB has concluded that new health infrastructure is needed in the form of a new medical facility, (c 630m2 NIA in size) to accommodate additional patient numbers arising from this development and from the Gravely area.

The NHS has requested on site medical provision at the “NS1” development to accommodate both “NS1” and “GA2” housing and patient growth. As the NHS’s health mitigation request relates to both Local Plan strategic sites, the NHS CEICB requests a fall-back option at “GA2” for an on site medical facility, c630m2 NIA in size within the community hub, time limited in a Section 106 Agreement, with the option taken forward by the NHS only if “NS1” delivery timelines significantly fall behind those for “GA2”.

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 NHS CEICB's formal commitment to the proposal for a new on-site medical facility at either "NS1" or "GA2", 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.

If planning permission is granted, and in the event the NHS CEICB can support the delivery of a new medical centre at "NS1", the NHS CEICB would seek a financial contribution for "GA"" as calculated below.

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

The financial contribution for health infrastructure that the NHS CEICB is seeking, to mitigate the health impacts from this development has been calculated using a formula based on the 640 units proposed and does not take into account any existing deficiencies or shortfalls in Great Ashby and its vicinity, or other development proposals in the area.

The proposed development would deliver up to 640 dwellings, which based on an average occupancy of 2.4 occupants per dwelling will create **circa 1,536 new patient registrations.**

1,536 new patient registrations/2000 = 0.768 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"

0.768 x 199 m² = 152.832 m² of additional space required

152.832 m² x £7,000* per m² = £1,069,824 (*Build cost; includes fit out and fees)

£1,069,824 / 640 dwellings] = £1,671.60 per dwelling (rounded up to £1,672 x per dwelling)

Total GMS monies requested: 640 dwellings x £1,672 per dwelling = £1,070,080 (indexed from the date of the planning permission)

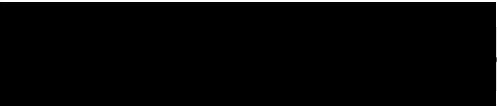
If planning permission is granted, and in the event the NHS CEICB can support the delivery of a new medical centre on "NS1", the NHS CEICB propose to focus Section 106 monies on the delivery of this new medical centre and/or provision serving the development.

The NHS CEICB 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 NHS CEICB does not raise an objection to the proposed development.

The NHS CEICB 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 Manager

Driven by one question: what best serves our population?

NHS Central East ICB