

East & North Herts CCG
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By email:

Mark Peacock MSc
Principal Development Management
Officer
Welwyn Hatfield Borough Council

10 November 2021

Dear Sir,

Re: Planning Application Consultation: S6/2015/1342/PP

Proposal: Outline planning application for residential development of up to 121 dwellings, associated infrastructure and a change of use from agricultural land to an extension of the King George V playing field. All matters reserved except for new vehicular access to serve the site, the provision of surface water discharge points and the levels of development platforms

Location: Land to the north east of King George V Playing Fields, Northaw Road East, Cuffley, Hertfordshire, EN6 4RD

NHS England commented on this application on 16 August 2015. The CCG can confirm that the comments made at that time remain relevant and request they are also taken into account. This also applies to the response dated 18 October 2016. Following on from those responses. East & North Herts Clinical Commissioning Group as the Commissioners have now also considered this planning application. Should this development of 121 dwellings go ahead, based on an average occupancy of 2.4 occupants per dwelling it will create circa 290.4 new patient registrations.

Despite premises constraints GP Practices are not allowed to close their lists to new registrations without consultation with, and permission from, the East and North Herts Clinical Commissioning Group. We expect applications for closed lists to increase as the new developments in the area go live. Even when surgeries are significantly constrained East and North Herts CCG and NHS England would not wish an individual patient to be denied access to their nearest GP surgery. It is therefore important that new housing contributes financially towards healthcare infrastructure. Patient lists are only closed in exceptional circumstances.

When new dwellings and registrations are planned the preferred option is to find a way to absorb those significant demands upon surgeries by providing additional resources, e.g. by re-configuring, extending or relocating the premises to provide

sufficient space to increase resources and clinical services and thus keep the patient lists open. Developer contributions under these circumstances are considered fair, reasonable and necessary.

Patients are at liberty to choose which GP practice to register with providing, they live within the practice boundary and the CCG nor NHS England can prescribe which surgery patients should attend. However, the majority of patients choose to register with the surgery closest and/or most easily accessible to their home for the following reasons; quickest journey, non-car dependent (public transport or walking distance), parking provision if a car journey is necessary, easy access during surgery hours, especially for families with young children and for older adults.

For several years, East and North Herts CCG, in accordance with national direction, has commissioned a number of additional services from general practice. This aspect of the general practice work is now due to increase substantially. Namely, the NHS Long Term Plan set out a requirement for practices to form Primary Care Networks (PCNs) effective from 1 July 2019. NHS England agreed an Enhanced Service to support the formation of PCNs, additional workforce and service delivery models for the ensuing 5 years.

In East and North Herts CCG there are 12 PCNs across the 6 localities; each covering a population of between 30,000 and 76,000 patients. These PCNs are expected to deliver services at scale and on f based on a birth to grave provision or its registered population whilst working collaboratively with acute, community, mental health, voluntary and social care services in order to ensure an integrated approach to patient care from birth to grave. This development directly impacts the Broxbourne Alliance PCN that has a combined patient registration list of circa 45,610 and growing.

For the above reasons a S.106 contribution is requested to make this scheme favourable to NHS England and East and North Herts Clinical Commissioning Group.

Please note that the calculations below are based purely on the impact of this development, based on the number of dwellings proposed and does not take into account other development proposals in the area. It reflects what would be the usual contribution sought based on the number of dwellings proposed, for GMS GP provision:

121 dwellings x an average of 2.4 occupants = 290.4 new patients

$290.4/2000 = 0.1452$ 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"

$0.1452 \times 199 \text{ m}^2 = 28.8928 \text{ m}^2$ additional space required

$28.8928 \text{ m}^2 \times \text{£}5,410^* = \text{£}156,320.868^*$ (*Build cost; includes fit out and fees)

$\text{£}156,320.868/121 \text{ dwellings} = \text{£}1,291.908.00$ (rounded to $\text{£}1,292.00$ per dwelling)

Total GMS monies requested: $\text{£}1,292.00 \times 121 \text{ dwellings} = \text{£}156,332.00$

The patients arising from this development will directly impact the Cuffley Medical Practice. The current situation in the area is that we have a Cuffley which is a village surgery and its branch surgery at Goffs Oak. Neither have the capacity to absorb the additional requirement for general medical services (GMS) should the 121 dwelling application be successful and the dwellings built. Whilst this application will be considered in isolation the CCG has to consider and plan for all growth arising from developments in the area. The current forecast in this area of this development is a shortfall of circa 239 m² GMS net internal area by 2033. East and North Herts Clinical Commissioning Group propose to focus the S106 monies in relation to this application on the expansion into, complete reconfiguration and refurbishment to current clinical standards of an additional floor above the existing Cuffley Medical Practice. This floor is currently vacant space which would not be fit for purpose for GMS/patient services.

It is important that the Primary Care estate is ready in advance of the increase in patients arising from developments such as this. The CCG requests a trigger point of the 50th dwelling. S106 funding is ultimately the only source of funding that can support realisation of this premises project. The CCG also requests the right to retrospective funding be reflected in the S106 agreement.

The CCG is keen to continue to work with East Herts District Council as well as the developer to ensure that patients access to healthcare isn't compromised by this development, or indeed, other developments.

In terms of identifying a project in full at this stage the following points must be considered:

- All projects are subject to Full Business Case approval by the CCG and NHS England/Improvement.
- 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.
- All planning applications and responses are in the public domain; identifying a project before any design work starts and funding is discussed, agreed and secured may raise public expectation and indicate a promise of improvements and increased capacity, which are subject to both above points. Securing developers contributions to all aspects of healthcare is vital.
- A project identified and costed in response to the planning application may not meet the objectives of the 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 any planning consent.

At the time of responding to planning applications it is unclear when the development may be delivered, even if the site is listed in the Local plan and features on the housing trajectory for the local authority or indeed if permission will be granted. But should this development, as with any other, materialise, it will have an impact on healthcare provision in the area and must be mitigated by legally securing developers contributions.

Subject to certainty that developers contributions will be secured towards the Primary Care aspect of healthcare, East & North Herts Clinical Commissioning Group will not raise an objection to this proposed development.

Yours sincerely



Sue Fogden MRICS LLB (Hons)
Assistant Director – Premises
East & North Herts and Herts Valleys Clinical Commissioning Groups