

NHS England/ East & North Herts CCG
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Mr Chris Carter
Interim Development Management
Service Manager
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21 May 2018

Dear Mr Carter,

Re: Planning Application Consultation 6/2017/2491/EIA

Proposed development at: Former Shredded Wheat Factory, Bridge Road
Welwyn Garden City AL8 6UN

Proposal: Circa 1500 dwellings

NHS England and East & North Herts Clinical Commissioning Group having met the Council and Developer have now had an opportunity to review the impact of this revised proposed development on local health provision which is an increase on unit numbers from the previous approved application. Both commissioners were previously consulted and responded to application N6/2014/2670/PA – 800 residential dwellings on the former Shredded Wheat site which completed in a S.106 agreement. We understand that this application will not be implemented and you have asked us to re-provide our impact calculations based on this application which is for an increased density development of 1,500 units. When we respond to planning applications we apply 2.4 occupants per unit and based on 1,500 units, this yields 3,600 occupants. At the meeting the developer told us that they were planning a higher density development with flats and there was an agreement that this may vary the 2.4 occupants per dwelling. We have asked for detail on the unit types and await this information. It is reasonable to assume a lower occupancy of 2.4 occupants if smaller units are planned; the detail is required. We note that the developer has put a case forward for 2,625 occupants as a direct impact.

As we discussed when we met the council and the developer the proposed development will have a significant impact on statutory health care provision and that the development does not warrant a new NHS health asset. When we responded to the previous application we detailed the assets and how they could be extended or modified to meet the impact and those plans remain save that we would have to consider greater scale at Parkway Clinic and Rosanne House. We have already provided the mechanisms on how we arrive at build costs for all health disciplines and ask that you share these with the developer.

As you will already know, despite premises constraints GP Practices are not

allowed to close their lists to new registrations without consultation with, and permission from, the Commissioning Team of NHS England. Even when surgeries are significantly constrained NHS England would not wish an individual patient to be denied access to their nearest GP surgery. Patient lists are therefore only closed in exceptional circumstances.

However, when a large number of new dwellings and registrations is planned the preferred option is to try and find a way to absorb those significant demands upon surgeries by providing additional resources, e.g. re-configuring, extending or relocating the practice to provide sufficient space to increase clinical human resources and clinical services and thus keeping the patient lists open. A developer contribution under these circumstances is considered fair and reasonable.

'Constrained' means a practice working to over-capacity for the size of their premises and the clinical space available to provide the required services to their patients. A Practice in this situation would usually need to be re-configured, extended or even relocated to absorb a significant number of new registrations.

Patients are at liberty to choose which GP practice to register with as long as they live within the practice boundary and NHS England cannot 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 the above reasons and as with the previous application, a S.106 contribution is requested to make this scheme favourable to NHS England and East North Herts Clinical Commissioning Group.

Please note that our calculations below are based purely on the impact of this development, based on the number of dwellings proposed and do not take into account other development proposals in the area. We have based the calculations on 3,600 occupants having not received the information on unit types.

Below is the calculation of the contribution sought based on the number of dwellings proposed, for GMS Primary Care provision:

Circa 1500 dwellings x 2.4 occupants = 3600 new patients

$3600/2000 = 1.8$ of a GP *GP based on ratio of 2,000 patients per 1 GP and 199m^2 as set out in the NHS England "Premises Principles of Best Practice Part 1 Procurement & Development"

$1.8 \times 199 = 358.2\text{m}^2$ additional space required

$358.2 \times \text{£}2,964^* = \text{£}1,061,704.80^*$ (*Build cost; includes fit out and fees)

£1,061,704.80/1500 = 707.8032 (rounded to £708 per dwelling)

The total request for Primary Care funds is: £1,061,704.80

When this development was originally submitted with 800 dwellings proposed, it was possible to relocate a town centre practice into Parkway Health Clinic with some modification and refurbishment. However, with the increase in proposed dwellings from 800 to 1500, the impact can only be managed by extending the premises as well as carrying out the originally planned works.

As well as the importance of a S.106 contribution for GMS, it is also vital to consider the impact of developments and additional residents on community and mental healthcare. Based on recent cost impact forecasting calculations, the potential cost impact of these developments going ahead on community and mental healthcare could be as follows:

Mental Health costs:

1500 units x £194.46 = £291,690

Community healthcare costs:

1500 units x £182.03 = £273,045

Total mental health and community costs requested for development = £564,735

The CCG and NHSE are keen to continue to work with Welwyn Hatfield Borough Council as well as the developer to ensure that local healthcare services have sufficient investment to meet these additional needs of existing patients. The commissioners' intention is to secure developers contributions to develop, reconfigure and extend existing assets and not commission services from another new building.

Yours sincerely



Caroline Goulding
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**NHS England – Midlands & East
(Central Midlands)**



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(Please note that I work three days each week,
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