

KINGSMERE PHASE 1

SUPPORTING STATEMENT FOR APPLICATION UNDER S106A

COUNTRYSIDE PROPERTIES (BICESTER) LIMITED

JANUARY 2023



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Contents

1.0	Introduction	2
2.0	Why the planning obligation should be modified	5
3.0	Conclusion	13

Appendices

- 1 – The Masterplan
- 2 – Schedule of Proposed Modifications to the 2008 S106 Agreement
- 3 – Marketing Strategy
- 4 - Copy of letter from OCCG to the District Council
- 5 – Press release confirming Graven Hill chosen location of GP hub
- 6 – Healthcare Planning – Bicester Assessment (AA Projects)
- 7 - Marketing Report

1.0 Introduction

- 1.1 This Statement supports an application (the "Application") made by Countryside Properties (Bicester) Limited (the "Applicant") pursuant to section 106A(3) of the Town and Country Planning Act 1990.
- 1.2 Cherwell District Council (CDC) granted outline planning permission (OPP) on 27 June 2008 (ref: 06/00967/OUT) for the development of land South West of Bicester, adjoining Oxford Road and Middleton Stoney Road, now referred to as Kingsmere Phase 1. The OPP's description of development is as follows:
- "Up to 1585 no. dwellings; a health village to include health and employment uses and elderly persons nursing home; B1 and B2 employment uses; local centre comprising of shops, a pub/restaurant, children's day nursery, offices and a community centre; 2 no. primary schools and 1 no. secondary school; a hotel; a sports pavilion; formal and informal open space; a link road between A41 and Middleton Stoney Road/Howes Lane junction; associated new roads, junctions, parking, infrastructure, earthworks and new accesses to agricultural land."*
- 1.3 Within the outline permission, part of the site was consented for the provision of a "Healthcare Site" (as so defined in the section 106 agreement referred to in paragraph 1.4 below).
- 1.4 The OPP was accompanied by an agreement made under section 106 of the Town and Country Planning Act 1990 dated 27 June 2008 and made between (1) A.D. Woodley Limited; (2) Medical Centre Developments Limited; (3) Richard Warren Jones; (4) Countryside Properties (Bicester) Limited; (5) The General Practice Finance Corporation Limited; (6) Cherwell District Council; and (7) The Oxfordshire County Council ("2008 S106 Agreement"). The 2008 S106 Agreement binds "the Land" which is defined as "the land at Whitelands Farm South West Bicester Oxfordshire...". Clause 30 which is entitled 'Medical Services' relates to part of the Land which is referred to as the "Healthcare Site" which is defined as "an area not exceeding 2.69 hectares within the area identified as "health village and employment uses" on the Masterplan". A copy of the Masterplan is attached to this Statement at Appendix 1. Clause 30 specifically refers to the following which form part of the Healthcare Site:
- the Community Hospital Site which is defined as "an area of a minimum of 1 hectare within the Healthcare Site"; and
 - the GP Surgery Site which is defined as "an area of a minimum of 0.4 hectares within the Healthcare Site"; and
 - the remainder of the Healthcare Site for the provision of medical facility uses.
- 1.5 Countryside Properties (Bicester) Limited (the "Applicant") is the registered proprietor of the freehold interest that comprises the Healthcare Site and is therefore the person against whom clause 30 is enforceable.
- 1.6 The full text of clause 30 is as follows:

MEDICAL SERVICES

30. The Owner covenants with the District Council:

30.1 *Not to cause or permit the Implementation of the Development until the location of the Healthcare Site the Community Hospital Site and the GP Surgery Site have been agreed with the District Council*

30.2 *For a period of 5 years from Implementation of the Development or until first occupation of 1,000 Dwellings whichever is later to use their best endeavours to market:*

30.2.1 *the Community Hospital Site for the development of a community hospital by a NHS Primary Care Trust*

30.2.2 *the GP Surgery Site for the development of an NHS GP surgery by a NHS Primary Care Trust or other medical operator or medical company*

30.2.3 *the remainder of the Healthcare Site for the provision of medical facility uses which may include an extra care elderly nursing home within Use Class C2 in accordance with the Marketing Strategy*

provided that if prior to the expiration of that period the District Council in writing so agree the Community Hospital Site or the GP Surgery Site or any part of either of them may be marketed in accordance with clause 30.2.3 rather than clause 30.2.1 or 30.2.2 as appropriate

30.3 *To use all reasonable endeavours to agree a sale or sales of the freehold interest or grant(s) of a leasehold Interest of:*

30.3.1 *the Community Hospital Site for the development of a community hospital*

30.3.2 *the GP Surgery Site for the development of a NHS GP surgery*

30.3.3 *the remainder of the Healthcare Site for the provision of medical facility uses*

provided that this clause shall not operate to require the Owner to dispose of or grant a leasehold interest in only the entirety of the Community Hospital Site or GP Surgery Site and the Owner shall if the District Council in writing so agrees be entitled to dispose of only part of either of the respective sites for their designated purposes as set out in clause 30.2.1 and 30.2.2

30.4.1 *Not to cause or permit:*

30.4.1 *the Community Hospital Site to be used other than for the purposes of a community hospital unless otherwise agreed by the District Council pursuant to clause 30.2*

30.4.2 *the GP Surgery Site to be used other than for the purposes of the provision of a NHS GP surgery unless otherwise agreed by the District Council pursuant to clause 30.2*

30.4.3 *the remainder of the Healthcare Site to be used other than for the purposes of the provision of medical facility uses*

provided that if the District Council is satisfied that:

30.4.3.1 *notwithstanding the fact that marketing has been carried out in accordance with the Marketing Strategy and*

30.4.3.2 *all reasonable endeavours have been used both to identify a purchaser or tenant for any part of the Healthcare Site*

a purchaser or tenant has not been identified for any part of the Healthcare Site by the end of the period referred to in clause 30.2 then the obligation contained in this clause shall cease to be of any force or effect in relation to that part of the Healthcare Site.

1.7 The Applicant's position is that the obligation should be amended to insert a new clause 30A, as per the Schedule of Modification which is attached at Appendix 2. This clause would set a trigger for clause 30 to cease to apply and be of no force or effect, when the first of the following occur:

- The grant of the Graven Hill Planning Permission; or
- Confirmation by the District Council to the Developer in writing that the obligations contained in clause 30 are no longer required

1.8 This statement sets out why the obligation would continue to serve its purpose equally well if it is modified as specified in the application. Accordingly, the Applicant requests that the modification be made.

2.0 Why the planning obligation should be modified

- 2.1 Kingsmere Phase 1 was originally identified for development in the Non-Statutory Cherwell Local Plan 2011 (December 2004) (NSCLP), which was intended to review and update the Local Plan adopted in 1996. Due to changes to the planning system introduced by the government, work on this plan was discontinued prior to adoption. It was however approved by the council as interim guidance.
- 2.2 Whilst the NSCLP was never part of the statutory development plan for the Cherwell district it does provide helpful background as regards the context within which the OPP was determined.
- 2.3 Policy H13 of the NSCLP proposed allocating South West Bicester (now known as Kingsmere Phase 1) for development, subject to it fulfilling a number of criteria.
- 2.4 Of relevance to this Application is criterion xiii:

“H13 PROPOSALS FOR AN URBAN EXTENSION ON THE LAND ALLOCATED ON THE PROPOSALS MAP FOR THAT PURPOSE SOUTH OF B4030 AND BOUNDARY WAY, BICESTER, WILL BE PERMITTED PROVIDED THAT THEY:

...

(xiii) provide the opportunity for appropriate medical facilities to be provided in accordance with nhs requirements on a commercial basis”

- 2.5 The justification for requiring part of the development site to be made available for medical facilities was so that (our emphasis) an *"opportunity for appropriate medical facilities to be provided...on a commercial basis"* was made available.
- 2.6 In line with this, the wording of the legal agreement required *“For a period of 5 years from Implementation of the Development or until first occupation of 1,000 Dwellings whichever is later to use their best endeavours to market”* the site for the various identified uses. Five years from implementation of the development was 1 June 2015, seven and a half years ago, and 1,000 occupations took place around February 2018, five years ago.
- 2.7 The most recent figures (to Q1 2022) show that 1,890 occupations have now taken place, and in the period since the 2008 section 106 Agreement was completed. Despite the marketing that has been undertaken by the Applicant it has not been possible to conclude an agreement to dispose of the Healthcare Site (or part thereof) on acceptable commercial terms for a healthcare use.
- 2.8 As set out in section 1, the section 106 has three elements for the ‘healthcare site’
- the 'Community Hospital site'
 - the GP Surgery Site

- The remainder of the Healthcare Site (for the provision of medical facility uses which may include an extra care elderly nursing home within Use Class C2 in accordance with the marketing strategy)

- 2.9 It is considered that the provisions for the 'Community Hospital Site', and the 'Remainder of the Healthcare Site' no longer serve a useful purpose. The commercial uses anticipated when the section 106 was signed have not materialised.
- 2.10 The third part of the site is the GP surgery site. As set out below, it is considered that in respect of this part of the site, upon the grant of permission for a Health hub at the Graven Hill site, this clause will also no longer serve a useful purpose.
- 2.11 The proposed clause 30A sets out that upon the granting of this permission, clause 30 shall cease to apply.
- 2.12 Taking each of these in turn, we set out below in more detail why the clause no longer serves a useful purpose.

The Community Hospital Site

- 2.13 Early in the marketing period, there was an expression of interest made to accommodate the community hospital on the site. However, the Primary Care Trust chose instead to build on land in their ownership; a new 12 bed community hospital has been provided on the original Bicester Hospital site and it opened in December 2014.
- 2.14 It was acknowledged by the District Council, in its pre-application advice dated 13 August 2018 ref: (18/00167/PREAPP) in respect of a potential residential development on part of the land, that there was no longer a requirement for the community hospital facility on the Kingsmere site. The relevant part of the pre-application advice is as follows (emphasis added):

"Having regard to these requirements the above mentioned outline planning permission included an area for a 'health village' to include a site reserved for a GP surgery, community hospital and nursing home for the elderly. The new community hospital facility has since been provided on the original Bicester Hospital site. Whilst there is no longer a requirement to provide for a community hospital on the site, the need for other health facilities, such as a doctor's surgery and nursing home facility has not fallen away" (our emphasis).

- 2.15 The parts of clause 30 that relate to the community hospital therefore no longer serves a useful purpose.

The GP Surgery Site

- 2.16 It was originally anticipated that the Kingsmere Phase 1 site could facilitate an on-site GP surgery of up to 0.4 hectares, both within the Masterplan, and the marketing strategy as an appendix to the S106 (appendix no.3) which set out the requirements.

- 2.17 Since the OPP was granted over fourteen years ago, proposals for the provision of health facilities in Bicester have changed substantially.
- 2.18 Firstly, in terms of the next phase of development Kingsmere Phase 2, Health facilities were not identified to be provided in the adjoining phase 1 development, but elsewhere in Bicester.
- 2.19 Specifically, the Cherwell Local Plan 2011-31 Part 1 adopted in 2015 identified the allocation of South West Bicester phase 2 for “726 dwellings and associated services, facilities and other infrastructure” (now known as Kingsmere Phase 2). The health facilities for this allocation were to be met at the allocation of NW Bicester.
- 2.20 The provision of a health facility at NW Bicester is also identified in the Infrastructure Delivery Plan (“IDP”), an evidence base document that supports the Local Plan. This health facility is identified to provide for all of the health needs of phases 1 and 2 of SW Bicester. Neither the Local Plan nor the IDP identify a need for provision of a health facility at Kingsmere.
- 2.21 Clearly in 2015 with the adopted local plan, the policy position was for health facilities to be provided at NW Bicester, not on phase 1 Kingsmere.
- 2.22 Subsequently, it is acknowledged that the Oxfordshire Clinical Commissioning Group (“OCCG”) stated in October 2018 that there is a need for a new “health hub” to be delivered in the local area – see attached at Appendix 4.
- 2.23 Alchester Medical Group and Montgomery-House GP surgeries are proposing the provision of the new health hub in Bicester.
- 2.24 Alchester Group approached the Applicant just as the 1,000 occupation trigger was reached. At that time the Applicant was preparing an application for 100 dwellings for the whole of the Healthcare Site on the basis the marketing period was finishing, and it had not been possible to conclude an agreement to dispose of the Healthcare Site (or part thereof) on acceptable commercial terms for a healthcare use.
- 2.25 Countryside pro-actively held discussions with the Alchester Group/their agents alongside Oxfordshire CCG (and CDC),
- 2.26 Through planning application ref 18/01721/OUT Countryside proposed the development of part of this site for up to 57 homes, but also proposed to safeguard the remaining 1 ha of land for a GP Hub – this was the extent of land being sought by the Alchester Group
- 2.27 This was a larger area than identified in the current legal agreement associated with the site, as set out in section 1 (0.4 ha), but a smaller area than the entire 2.69ha ‘Healthcare Site’.
- 2.28 It was agreed by Cherwell officers that safeguarding of the remainder of the ‘Healthcare Site’ was not necessary (amounting to 1.69ha) and therefore this land could be released for residential development (of up to 57 dwellings).

- 2.29 In September 2019 it became clear that the preferred location for the GP hub was an alternative site at Graven Hill. (see appendix 5). Alchester Medical Group stated *“The other site being considered for the new surgery, at Kingsmere, was found to be unable to fulfil a number of the selection criteria and to be of insufficient size for future expansion needs.”*
- 2.30 Notwithstanding this, the requirement for safeguarding the 1ha of land was still proposed, and the planning application was considered by planning committee on 13 February 2020, and members resolved to grant permission in line with the recommendation, subject to a legal agreement including a requirement to safeguard 1ha of land for a health hub for up to 10 years.
- 2.31 At that time the Applicant had concerns about the proposed 10 year safeguarding requirement and other obligations proposed by CDC in the legal agreement.
- 2.32 The Applicant and the Council were unable to reach agreement on the terms of the proposed deed of planning obligations. This was mainly due to the Applicant’s position that it was unnecessary to effectively sterilise 1ha of the site for 10 years, given that the Health Hub was considered to be highly likely to be delivered elsewhere. It is now the case that there is no realistic prospect of the Health Hub being delivered on the Healthcare Site..
- 2.33 A planning application for the Health Hub at Graven Hill was submitted in April 2021, and members resolved to grant permission in January 2022. We understand the Section 106 is shortly to be completed after which planning permission will be granted.
- 2.34 This Graven Hill health hub, is a 3,350 square metre building on a 1.056ha site. This will meet the growing needs of Bicester now and to 2031 and beyond. Once planning permission is granted clause 30 will serve no useful purpose, and we submit this section 106A application to insert clause 30A so that alternative forms of development can be pursued on this site, subject to the GP Hub at Graven Hill being granted planning permission (or if Cherwell agree in writing it is no longer needed).
- 2.35 Importantly the proposed modification will ensure that clause 30 continues to be of effect unless and until either planning permission is granted for the health hub at Graven Hill or unless Cherwell District Council agree in writing that the obligations contained in clause 30 are no longer needed. It is considered that the obligations in clause 30 would continue to serve their purpose equally well if they are modified as specified in the application.
- 2.36 It is important to consider:
- The 2008 Section 106 Agreement required marketing on a commercial basis. The market has determined other locations better suited to health development
 - It was never anticipated that safeguarding would continue in perpetuity. It was a clear intention that health facilities were to be made available on a commercial basis, for a limited time period. A commercial agreement with a healthcare provider has not been achieved and the health hub will now be delivered elsewhere in the district.

- The site no longer benefits from any planning permission for health uses
- The NPPF requires at paragraph 122 that

“where the local planning authority considers there is no reasonable prospect of an application coming forward for the use allocated in a plan”

..b) in the interim, prior to updating the plan, applications for alternative uses on the land should be supported, where the proposed use would contribute to meeting an unmet need for development in the area”

2.37 We consider there is no reasonable prospect of an application for health uses coming forward on this site if the Graven Hill site obtains planning permission.

2.38 in terms of future need for health care facilities, Countryside has commissioned AA Projects to assess future healthcare needs for the next 15 years to 2037 (see appendix 6). This report concludes in respect of healthcare need, and the Graven Hill hub’s capacity:

“The analysis suggested that between 2022 and 2031 there will be a total of 43 clinical rooms required, which suggests an available capacity of 9 rooms within the hub. Between 2031 and 2037 it is currently suggested that there is a requirement for 47 clinical rooms, which would suggest there is an available capacity of 5 rooms. If the 17 shared spaces are also taken into consideration this would provide extra rooms, including teaching and training, minor operations and group rooms, to help accommodate more network services, ARRS roles and patients. The outcome suggests that no further Health facility will be required in Bicester during the period 2022 to 2037

2.39 It should be noted that in addition to the spare capacity referenced above, the site at Graven Hill has the potential to be extended by circa 500sqm in the future if required.

2.40 It is now clear that the health hub is to be delivered elsewhere, with surplus capacity, and therefore the requirement in the current legal agreement to safeguard at least 0.4ha for a GP no longer serves a useful purpose.

The remainder of the Healthcare Site

2.41 The remainder of the Healthcare Site is safeguarded *“for the purposes of the provision of medical facility uses which may include an extra care elderly nursing home within Use Class C2”*.

2.42 The Applicant has marketed the remainder of the Healthcare Site since 2010 as set out in the marketing report attached at Appendix 7. As noted at paragraphs 2.4 and 2.5 above the intention of the requirement in the NSCLP for an opportunity for medical facilities to be made available was on a commercial basis.

2.43 The remainder of the Healthcare Site has been marketed on a commercial basis for an extended period of time, and despite this a commercial deal for the disposal

of the land for medical facility use(s) has not been possible. See in particular the final two pages of the report entitled 'Schedule of interest from developers and operators' which lists the operators with whom discussions were undertaken and the outcome of those discussions in each case. This report shows that despite attempts made by the Applicant there was no commercial interest for medical facility uses on the remainder of the Healthcare Site and as such a continuation of the restriction on the use of the remainder of the Healthcare Site for medical facility uses only would not serve a useful purpose.

- 2.44 In respect of the specifically identified "extra care elderly nursing home within Use Class C2", the allocation of South West Bicester phase 2 (known as Kingsmere Phase 2) included a requirement for the provision of extra care housing. The outline planning permission and associated legal agreement required marketing to be undertaken for that site and Countryside have been marketing the site in accordance with the legal agreement. Discussions are at an advanced stage with a developer.
- 2.45 With Extra Care housing being brought forward on phase 2 Kingsmere, there is no need to make provision on KM10 in phase 1 in addition to Parcel R in phase 2.
- 2.46 Accordingly, this restriction on the land use of the remainder of the Healthcare Site does not serve a useful purpose and should be removed.
- 2.47 It should be noted that council officers and members endorsed this view, in their resolution to grant planning permission for 57 dwellings through application 18/01721/OUT on part of the healthcare site in February 2020. Paragraphs 9.4 to 9.10 of the planning officer report dealt with the safeguarding issue, and that the amended proposal to safeguard a smaller area of land for health uses sized to be appropriate for the GP hub was acceptable:

"9.4 The application site is identified as 'health village' land as part of the overall mixed use development at South West Bicester which was allocated as a strategic urban extension under Policy H13 of the non-statutory Cherwell Local Plan 2011. One of the requirements of that policy was to 'provide the opportunity for appropriate medical facilities to be provided in accordance with NHS requirements on a commercial basis'. The explanatory text advised that the components listed in the policy were essential to the proper planning of the locality in that they will provide services, employment and facilities for residents living in the new neighbourhood, to ensure the new development is integrated into the town and enable the provision of facilities to serve the whole town in a planned manner. The section 106 agreement accompanying the original outline planning permission (06/00967/OUT) requires that for a period of five years from implementation of the development or until first occupation of 1000 dwellings, whichever is the later, that best endeavours are used to market the site identified as the 'healthcare site' for a community hospital, GP surgery and Medical facility uses, which may include extra care elderly nursing home within Use Class C2.

9.5 Whilst it is accepted that the timescale for submitting reserved matters under 06/00967/OUT has now lapsed, the permission has been implemented and therefore the obligations within the Section 106 are still relevant. It should be noted that an expression of interest in purchasing the health village site was made at the end of 2018 by a group of Bicester GPs, prior to the 1000 occupation. The need for another site has been driven by the unsuitability of the current practice

premises to cater for current and planned growth in service demand resulting from an ageing and increasing population. As a consequence of the expression of interest in the site by this group of GPs, there remains an obligation by Countryside and the consortium to use all reasonable endeavours to agree a sale of the land accordingly. It should be noted that there is no time limit in the Section 106 for seeking to achieve a sale before the land can be disposed of for alternative uses. Countryside are therefore, bound by the obligation to secure a sale to the interested party for as long as that interested party (in this case the GPs) continue to hold that interest.

9.6 It should also be noted that the whole of the health village site identified in the Phase 1 Kingsmere development extends to 2.69ha. The original submission relating to this development however offered only 0.6 ha of land to the GPs. The consultation response received from the GPs advised that this was not sufficient to accommodate their future needs and therefore as requested, the GPs submitted further information to justify the amount of land now considered necessary to deliver the new health hub (2.5 acres). Following the receipt of this additional information the application has been amended and the amount of land reserved for the future health hub has now been increased by Countryside to 1ha. This is now acceptable to the GPs and OCCG in terms of reserving sufficient land area to accommodate the new facility. The specific terms and timescales for reserving the land (and further potential marketing of the land should the current interest from the GPs fall away) will be included in the Section 106 agreement.

9.7 Policy BSC8 of the adopted Cherwell Local Plan 2011-2031 identifies that there is a need for more GP provision in Bicester and this site in question is one of the preferred options for meeting that need due to its highly sustainable location in terms of serving the new population at Kingsmere as well as the existing patients in Bicester itself. In terms of other potential sites within Bicester, the GPs have also expressed an interest in a site at Graven Hill, but to date no planning application has been received. Whilst North West Bicester includes a site for a GP surgery, this only extends to 0.2ha and this is also unlikely to come forward for development until after 2025. This site is capable of delivering the need of the GPs and OCCG in full, with potential for future expansion, in the shorter term. Paragraph 92b of the NPPF is also relevant in seeking to ensure the delivery of such infrastructure to improve health and social well-being.

9.8 It is therefore considered that it is necessary to ensure that a sufficient amount of land is reserved for GP surgery use and for a reasonable amount of time to allow the necessary negotiations to conclude in terms of the sale of the land and obtain the necessary planning permissions. It is also considered that, should the interest from the GPs fall away, the land should continue to be safeguarded and marketed for alternative health care use, recognising the highly sustainable and accessible location of the site, the planned growth around Bicester, and that the rationale for safeguarding the land as part of the original S106 has not changed. It should be noted that the proposed 57 dwellings are in addition to the 1740 already permitted on Phase 1 (155 in addition to the 1585 originally permitted) and up to 709 dwellings on Kingsmere Phase 2. Whilst this application seeks to reserve 1ha of land for the future GP surgery, it does not seek consent for it as part of this application and therefore a subsequent application will need to be submitted by the GPs or OCCG at a future time.

9.9 Concerns that the delivery of the GP hub may be prejudiced by considering the site piecemeal rather than comprehensively were raised with the applicant and agent in that initially Officers could not be clear that all the necessary infrastructure, including acceptable access and SUDS drainage (including attenuation) could be adequately accommodated. As a consequence, the applicants have submitted a more comprehensive transport assessment which in Officers' opinion has adequately addressed this issue. This is discussed in more detail below. The amended submission is now therefore considered to be acceptable in this respect.

9.10 Whilst Countryside have stated in the application that they are willing to reserve 1ha of the health village land for GP use for a period of up to 5 years through a new section 106 agreement attached to this application, they are of the view that there is currently no policy requirement or commitment for a GP surgery on this site. Your Officers would respond that whilst the application site is not specifically allocated for health associated uses within the Development Plan, it is however specified in the allocation of SW Bicester (Kingsmere) in the Non-Statutory Cherwell Local Plan 2011 which specifically required that an opportunity be made for appropriate medical facilities on the site. Indeed, the outline planning permission granted, included health, employment and an elderly persons nursing home within the description of development. The Health Village land was identified on the subsequent land-use plan that was approved under condition 5 (06/00967/OUT refers). Along with the provisions contained in the existing S106, your Officers are therefore of the opinion that the health village use, which includes a GP surgery is a commitment of that permission."

2.48 Three years on from this committee, Graven Hill has been confirmed as the preferred site, a planning application has been submitted, and has resolution to grant. There is no longer the uncertainty referenced in the officer report extract above.

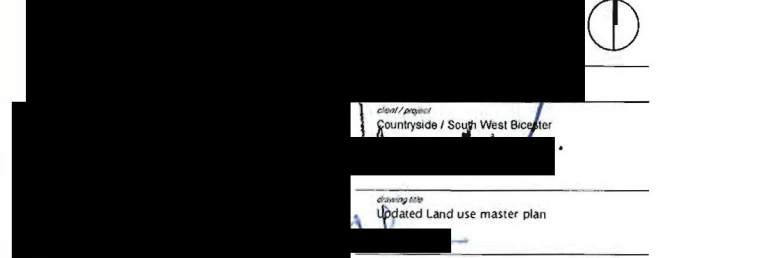
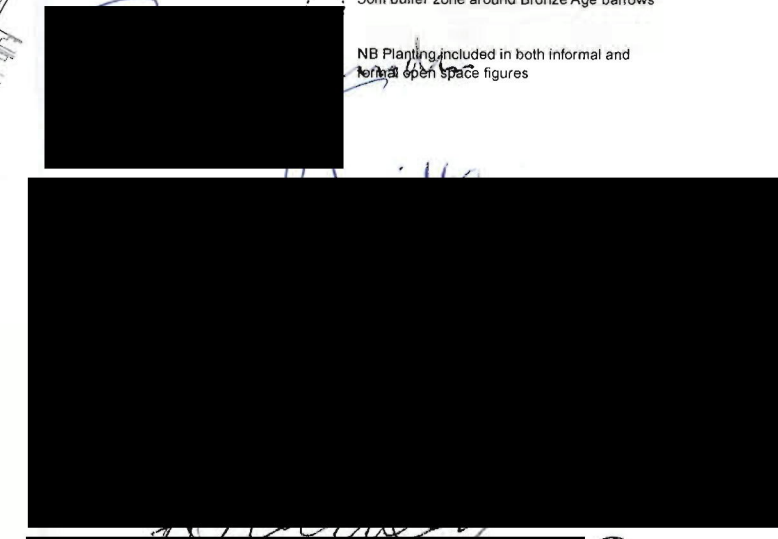
3.0 Conclusion

- 3.1 Planning permission was granted on Kingsmere Phase 1 in June 2008, and the development commenced in June 2010. It is now in the final stages of construction, with approval for development on each of the remaining parcels achieved, and completion of the entire development expected in the next 3 years - with the exception of the Healthcare Site. This part of the site is restricted by clause 30 of the S106, which provides no release mechanism for it to fall away.
- 3.2 The site has been safeguarded for 15 years, and no commercial health use has come forward on the site, for reasons outside of the control of the Applicant:
- The safeguarding of land for provision of a community hospital is no longer required because a community hospital has been provided elsewhere in Bicester
 - It has been accepted that 1.69ha of the site can be released for residential development through the resolution to grant of application 18/01721/OUT
- 3.3 In respect of the balance of the Healthcare Site that the Council have stated may be required for provision of a health hub, it is now clear that this will be delivered elsewhere given that resolution to grant has now been achieved for a health hub on land at Graven Hill. This will meet the healthcare needs for the foreseeable future in Bicester for health facilities, alongside projected population growth, and with potential for further expansion in the future. This is evidenced by AA Projects in their Healthcare Planning – Bicester Assessment.
- 3.4 The proposed additional clause proposes that upon the grant of planning permission for the Graven Hill health hub, the requirement to safeguard the healthcare site at Kingsmere will cease to have effect, which will then enable the land to be released for alternate uses.
- 3.5 In conclusion, it is considered that clause 30A should be inserted to the 2008 S106 Agreement, as in doing so the obligation would continue to serve its purpose equally well.

Appendix 1 – The Masterplan



- key**
- Application boundary (117.60 ha)
 - Other land in applicant's ownership (74.00 ha)
 - Residential (46.75 ha)
 - Employment (2.00 ha)
 - Health village & employment uses (2.69 ha)
 - Local centre (comprising retail, community uses, nursery, residential & employment) (1.6 ha)
 - Public squares for local centre and school (0.17 ha)
 - Primary school building and hard standing (1.23 ha)
 - Primary school playing field area (1.24 ha)
 - Potential land for primary school (1.31 ha)
 - Secondary school (buildings & hard standing) (3.14 ha)
 - Hotel (1.00 ha)
 - Pavilion (0.35 ha)
 - Primary road infrastructure (5.08 ha)
 - Perimeter road infrastructure (2.37 ha)
 - Proposed strategic footpaths/cycle ways
 - Water courses
 - Existing public rights of way
 - Existing hedgerows/copse/woodland/trees
 - Proposed hedgerows/copse/woodland planting
 - Proposed tree planting within open space
 - Formal open space (including existing and proposed planting) (17.29 ha)
 - Informal open space/children's play (including existing and proposed planting) (14.92 ha)
 - Balancing pond (1.68 ha)
 - Vehicular access points
 - Residential connectors
 - Possible future site for park and ride
 - New access to existing agricultural land
 - 50m buffer zone around Bronze Age barrows
- NB Planting included in both informal and formal open space figures



client/project
Countryside / South West Bicester

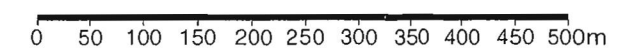
drawing title
Updated Land use master plan

scale 1:5000 @ A2	drawn by SWD
date Dec 07	checked by RB
drawing no. 1806.01/ULLUMP	revision no. B

revisions
A 18.12.07 Update of areas SWD
B 19.12.07 Update of key SWD

Town planning • Urban design • Environmental consultancy
Landscape architecture • Architecture • Graphic design

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Appendix 2 – Schedule of Proposed Modifications to the 2008 S106 Agreement

PROPOSED MODIFICATIONS TO THE 2008 S106 AGREEMENT

1. DEFINITIONS

1.1 The definitions at Clause 1 of the 2008 S106 Agreement shall be amended as follows:

1.1.1 The following new definitions shall be inserted alphabetically into Clause 1 of the 2008 S106 Agreement:

“Graven Hill Planning Application” means planning application reference 21/01454/F submitted to the District Council for development of ‘Bicester Health and Wellbeing Hub’ at former Rodney House Private drive off Graven Hill Road, Ambrosden

“Graven Hill Planning Permission” the grant of planning permission for the Graven Hill Planning Application

2. MODIFICATIONS TO CLAUSE 12 OF THE 2008 S106 AGREEMENT

2.1 Insertion of new clause into the 2008 S106 Agreement

Immediately after Clause 30 and before Clause 31 a new Clause 30A shall be inserted into the 2008 S106 Agreement as follows:

30A The Owner and the District Council agree that upon the first to occur of:

30A.1 the grant of the Graven Hill Planning Permission; or

30A.2 confirmation by the District Council to the Developer in writing that the obligations contained in Clause 30 are no longer required

Clause 30 shall cease to apply and be of no force or effect.

Appendix 3 – Marketing Strategy

SW BICESTER: MARKET REPORT IN SUPPORT OF PLANNING APPLICATION REFERENCE 06/00967/OUT.

1. EMPLOYMENT

Market Background

Bicester has not traditionally been an established office location and, as a result, there is only very limited office supply in the Town. When contrasting Bicester to the other market towns in Oxfordshire, such as Banbury, Witney and Abingdon, it is surprising that there has been such a negligible amount of speculative office development. Kiddlington for example, located 9 miles to the south of Bicester already has an established office market with steady take up in recent years. Furthermore, Bicester has a growing residential population with a significant proportion outwardly commuting from the Town to work elsewhere.

Bicester benefits from easy access from Junction 9 of the M40 and the A34 interchange and should prove attractive for companies seeking accommodation in the area. In spite of this, as well as rail access and good public transport links, Bicester lags behind other towns in the county in respect of the availability of modern office accommodation. In contrast to the Town itself, the rural office market within a 10 mile radius of Bicester has been quite buoyant in recent years with completion and letting of a number of attractive high quality rural schemes, mostly within former agricultural buildings, such as in Chesterton, Bucknall and Caversfield.

The application site seeks to provide a range of employment generating units, namely:

- Offices (typically two storey)
- Research and Development units
- Studios and High-Tech facilities
- Small scale industrial/storage units, predominantly in the form of single storey Urban "Hives" which have the option of first floor mezzanine office space (see www.urbanhive.com)

Those sites to be marketed for employment uses will be:

- **The main area of 2 hectares with frontage to the A41.** This site is likely to provide for a typical density of development of c 16,000 to 18,000 sq ft gross per acre, which could give rise to a realistic developable (floor) area of c 80,000 to 90,000 sq ft. Note: The EIA assessed the impact of accommodating up to a maximum of 15,000 sq m (161475 sq ft) of B1 floorspace, and up to 5000 sq m (53,800 sq ft) of B2 floorspace (including Urban Hives).

Please refer to the planning conditions for restrictions upon the size of units and extent of B2 use class within the site.

Office provision will most likely be made to the frontage of the A41 and to the edge of the designated employment area, adjacent to residential areas.

- **Within the Local Centre** up to an additional 1,000 sq m of employment floorspace (restricted to use class B1), predominantly offices, and

- **Within the Health Village.** Further employment opportunities may become available in the area defined as "Health Village and Employment Uses" in the Master Plan, if medical service provision fails to come forward/be taken up (see 4 below).

Height is limited to a maximum of 4 storeys (14.5m) on all of these sites.

Marketing Strategy

The intention is to provide a range of accommodation targeted at small to medium sized businesses and this will be developed in phases in response to local demand.

Flexibility is key, and it will be important to provide a wide range of building designs, sizes and tenures to accommodate the widest range of occupiers.

The intention for the 2 hectare site is to provide an office village and cluster of small unit workspace, including industrial and storage accommodation in the form of the "Urban Hive" concept or other flexible accommodation, providing small freehold or leasehold buildings in a secure environment for companies to adapt to their own specific requirements.

Local agents will be appointed on the scheme and the intention will be to market the site immediately on receipt of planning permission with a view to attracting early pre-lettings.

The site will be marketed both nationally and throughout Oxfordshire with a view to achieving early lettings and sales. The site/units will be marketed by use of the following marketing tools:

- Letting boards to be erected on the site at the earliest opportunity
- Letting and sales brochures to be published
- A considerable direct mailing exercise
- The setting up of a dedicated internet site

A similar marketing approach will be used for the employment areas proposed for the Local Centre and Health Village, once the nature and extent of employment uses has been agreed with the council.

It is envisaged that the majority of commercial buildings will be sold outright to operators/interested parties, but that where lease arrangements are negotiated on a commercial basis, the typical length of lease can vary from short/medium term (3/5 years) to longer term leases (10/15 years).

In accordance with the guidance contained within the Code for Leasing Practice, there should be no limit on the minimum or maximum lease term. Any restrictions are considered to be detrimental to the interests of business seeking new accommodation as they are otherwise required to restrict growth or take on leases which are inflexible and unsuitable for their business needs.

2. HOTEL

Market Background

The precise size and type of hotel will be determined by the market, although early indications suggest that there is strong demand in this location from a variety of hotel operators, owing to the site's proximity to both the M40 and Bicester Village.

A 1 hectare site has been designated for a 100 bed hotel with supporting facilities. This could be up to 4 storeys in height (14.5m).

Marketing Strategy

Specialist hotel agents will be appointed and commissioned to undertake a detailed analysis of the market, and produce a market report.

Once the market report is received (and outline planning permission is granted), the owner/the developer will liaise with the Council to agree the preferred form and content of the hotel.

The owner/the developer and its agents will then approach selected operators directly.

3. LOCAL CENTRE

Market Background

The mixed-use Local Centre (up to 1.6 ha) will provide a range of facilities to support the local neighbourhood. The centre will comprise facilities such as a multi-functional community centre (to be provided by the owner/the developer or its development partner), retail uses, other community uses, children's day nursery, residential units, pub/restaurant, plus employment uses such as offices, as well as parking provision.

Height is limited to 4 storeys (14.5m).

Marketing Strategy

It is envisaged that following receipt of Planning Permission the owner/the developer will engage in discussions with specialist neighbourhood centre developers. Thereafter a development partner will be selected and the Local Centre will be brought forward in line with demand being generated from the residential and commercial developments.

4. HEALTH VILLAGE

Market Background

The health village comprises 2.69ha for use for health and medical purposes/uses. Of this

- 1 hectare is to be marketed for development of a **Community Hospital** by a NHS Primary Care Trust (up to 30-bed with capability for expansion) and associated car parking;
- 0.4 hectares is to be marketed for an NHS **GP surgery** by a NHS Primary Care Trust or other medical operator or medical company (possibly relocated

from the neighbourhood, and could also be accommodated in the local centre), with associated car parking;

The remainder of the Health Village will be reserved and marketed for the provision of medical facility uses which may include an extra care elderly nursing home within Use Class C2 or other health related/medical services (within use class D1), such as a medical centre, diagnostic clinic, and possibly complementary medical services.

The precise make-up of the remainder of the site will be dependant upon the marketing strategy and consultation with the Primary Care Trust (PCT) and/or an alternative medical operator or company (and Cherwell District Council).

Marketing Strategy

Following receipt of the Outline Planning Permission, the owner/the developer will engage in discussions with development companies/developers who specialise in bringing forward the provision of medical services and nursing/care homes. Thereafter a development partner will be selected who will endeavour to bring forward the Health Village, working in partnership with the local PCT and other health/medical service providers, providing facilities in the form identified above.

The owner/the developer will agree various marketing tools with the development partner, and this may include direct engagement with other medical service providers/operators. Health uses will be brought forward in line with demand being generated for medical service provision on the site, and through consultation with the PCT and Local Planning Authority.

The typical length of lease for buildings within the Health Village site will be between 15-25 years (NHS Guidance), but lease arrangements will be negotiated with interested parties on a commercial basis.

[It is acknowledged that, in offering the Community Hospital Site and/or the GP Surgery Site to the NHS Primary Care Trust or medical operator or medical company, the Owner/Developer will seek to require a right of pre-emption for a period of fifteen years from the date of disposal, the first five years at cost and the next ten years at market value. This is intended to protect the Developer's commercial interests]

Marketing strategy arrangements applicable to all of the above uses:

a) Each of the sites identified for the uses set out above will be marketed for the periods set out in the Planning Obligation and from implementation of development (or alternative date/period as may be agreed in writing by the Local Planning Authority), the Owner/ the Developer will (subject to obtaining any necessary permissions) erect a board(s) in a prominent position visible from approach roads to those individual sites confirming that the property is available for sale/lease and will have available sales literature (which shall bring together all relevant information usually required by potential purchasers/lessees including information from the Master Plan/Proposals Plan and the Design Codes regarding the requirements for the site and the surrounding area) describing the opportunity.

b) For each of the sites identified for the uses set out above, the Owner/ the Developer will, within a period of one month from implementation of development (or alternative date/period as may be agreed in writing by the Local Planning Authority), confirm in writing to the District Council to whom the Owner/ the Developer intend to market the property and within two months the Owner/ the Developer will have written to those parties including the sales literature. The District Council will be entitled to nominate additional parties to which the sales literature shall be sent. The Owner/Developer will advise the Local Planning Authority of the range of terms being offered to the market and will take account of any reasonable representations made by the Local Planning Authority as to such terms but the Owner/Developer shall not be obliged to dispose of any site at an undervalue nor to any person or body.

c) For each of the sites identified for the uses set out above, six months after implementation of development (or alternative date/period as may be agreed in writing by the Local Planning Authority) and thereafter on each six month anniversary until either the site is sold/leased or the end of the relevant marketing period occurs, the Owner/Developer will write to the District Council notifying them of progress (in terms of level of success, and the reason, with appropriate supporting information to explain why any offers have not proceeded, but NOT requiring commercially sensitive information to be provided except during the final 12 month marketing period if such information becomes essential to ascertain the adequacy of the marketing that has occurred and what further steps might reasonable be carried out) over the proceeding six months including the outcome of the marketing. The six monthly report will confirm to whom the Owner/ the Developer intends to market the property over the coming six months and the District Council will be entitled to nominate additional parties to whom sales literature shall be sent.

d) The Owner/ the Developer will be required to keep the sales literature up to date.

e) If by the date which is estimated to be fourteen months before the end of the relevant marketing period no potential purchaser/lessee/occupier has been identified for a site the District Council and the Owner/ the Developer will co-operate to identify whether other forms of marketing initiatives are likely to be more efficient in bringing the site to the attention of potential purchasers and developers and the Owner/ the Developer will implement for a final 12 month period additional initiatives reasonably suggested by the District Council (which may include advertisement in national or local publications or trade papers or the appointment of a national and local agent).

f) None of the above will prevent the Owner/ the Developer disposing of the relevant property to a purchaser who is identified or who identifies themselves other than a result of this marketing process.

Countryside Properties
21 December 2007
Ref: SP/06/00967/OUT

Appendix 4 – Copy of letter from OCCG to the District Council



**Oxfordshire
Clinical Commissioning Group**

Linda Griffiths
Principal Planning Officer
Cherwell District Council
Bodicote House
Banbury
OX15 4AA

Jubilee House
5510 John Smith Drive
Oxford Business Park South
Cowley
Oxford
OX4 2LH

Telephone: 01865 336717

30 October 2018

Dear Linda

Re: 18/01721/OUT Outline permission for development of up to 100 residential dwellings (C3 use class) with land safeguarded for doctors surgery (D1 use class), other related infrastructure and associated works, Land West of Oxford Road and South of Newton Close, Bicester

I am writing to confirm the CCG's position regarding the development of a new model of primary care health delivery within Bicester to provide services to the growing population of Bicester and the subsequent development needs for primary care premises. This is specifically in relation to our review of the application for outline planning permission reference 18/01721/OUT.

While we welcome, in principle, the continued inclusion of health designated land in such applications, we do however wish to object to the application at this stage This is on the following basis:

Amount of land to be reserved for health facilities

Currently the Bicester GP practices have limited capacity for absorbing the new population growth as a direct result of the housing increases in the town and surrounding areas.

The table shown below was produced by the CCG in March 2018 and demonstrates that practices were nearing maximum capacity at that point and would require new premises to be able to cope with list size expansion. The increased housing growth is already having a impact on the local practices and therefore the CCG must ensure the future infrastructure requirements are planned and delivered as a matter of urgency.

Table 5 - Summary of Space Estimator Tool results

practice	existing position			space estimator findings							
	current list size	current GIA (m2)	No. clinical rooms	Recommended GIA (m2)	No. Consult. Rooms	Clinical Rm capacity O/U	Predicted list size	Space estimator GIA (m2)	No. Consult Rms req'd	Current v required Consult Rms	
Alchester Medical Group	19,600	1,461	17	1,157	14	+3	30,000	1,819	22	-5	
Montgomery House Surgery	14,500	981	17	909	11	+6	20,000	1,240	16	+1	
Bicester Health Centre	14,023	910	21	827	10	+11	20,000	1,240	16	+5	
Totals		3,352		2,893				4,299			

As of September 2018, the overall list size of the practices is already **49,188** (a c2% growth on when the exercise above was conducted), made up of:

Alchester Medical Group	19,973
Montgomery House Surgery	15,019
Bicester Health Centre	14,196

It is also anticipated that this group of GP practices will also include in their catchment area the Upper Heyford development which is expected to have 1,600 dwellings by 2031, an additional c6,000 people, as well as increases in the areas surrounding Bicester. These are all in addition to the predicted increases above. These factors are relevant to the size of the site which needs to be designed to provide reasonable longevity.

Options for the provision of primary care services to meet the needs of the expected population have been considered by the CCG and local practices, with a small number of sites having been identified, all subject to financial constraints and public engagement. The Kingsmere site option (covered by this planning application) is one of our preferred options, however, a final decision has yet to be made pending the business case. The preferred means of delivery (without prejudice to financial and public engagement constraints), is for the Alchester Medical Group, and Montgomery House Surgery to provide services from the Kingsmere health site, with Bicester Health Centre to remain in situ and in support of the new Bicester Community Hospital. Any change to current sites would be subject to full engagement by the practices with their patient lists.

The square meterage required to manage the increased population growth for the two practices combined is estimated at c3,060sqm. With an element of increase required to ensure it is fit for future growth, so potentially 3,700sqm. We would expect any site to allow for the potential to expand still further. It should also be noted that the 3,060sqm is only for GMS space and this will need to be supported by community services and potentially a new pharmacy. It is noted there is a height constraint on the site of not exceeding three stories. All areas for seeing patients must have wheelchair access to meet the Disabilities Act and ground floor access or adequate alternate access is essential.

The access to the Health Centre will require consideration for emergency and ambulance access. Access to the site is through a residential area and with the possibility of 30,000+ people attending over time it may be that vehicle access is better suited to a different road

configuration; discussion on this by transport planners may be beneficial to the long term future of the site.

On-site parking is required and estimated at c300 spaces for patients and staff, based on the number of staff and consulting rooms. This calculation will be also be affected by new models of primary care which may include group consultations which could mean c20 patients per practice present for up to 2 hours, or peak demand for services like flu / blood clinics which can have 10-15 patients waiting, however an average has been taken for this purpose. This would not be managed within the 1.5 acre proposal.

External space requirements may need to facilitate large mobile screening vehicles and therefore this will need to be factored into the vehicle access and parking on the access road to the Health Centre, along with suitable cabling capacity.

In summary we do not believe the 1.5 acres of land currently allocated is sufficient for health services to expand to meet the needs of the growing town. The original application for this site had allocated:

- 0.4h for Doctors surgery use
- 1.0h for Community hospital use
- 1.29h for Remainder of site for unspecified medical facility uses, which could include an Extra care facility for older persons

This is equivalent to 3.5 acres for health use. Taking into account the need for additional services to be provided alongside the GMS space we would like to see the 1.4h (3.5acres) that was previously allocated for the doctors / community hospital use to continue to be the amount that is reserved, so that the preferred option set out above can be satisfactorily accommodated. This land should be designated as D1 land and therefore at below commercial land values.

Duration of reservation

OCCG are working through the financial and logistical issues associated with a new build on this site and wish for the land to be held for health purposes whilst this work is underway. The period of time we wish to see the land reserved for is 5 years. This is to allow time for the NHS to undertake full engagement with patients and stakeholders, to complete its approval processes and allow negotiations with the various parties involved to complete the land transfer. We agree with the applicants' view that this time frame should commence from the point of planning application approval and should allow time for the land transfer to take place between parties.

Additional Financial Contribution Required

This development is in addition to the original planning permissions for phases 1 and 2 of Kingsmere. All of these dwellings will have a significant impact on the ability of primary care within Bicester to provide adequate services. We therefore ask that the S106 agreement for this development, if to be progressed, places the obligation on the developer to make additional financial contributions to health facilities which correspond to the additional number of dwellings that will be built, in line with the Council's Developer Contributions SPD.

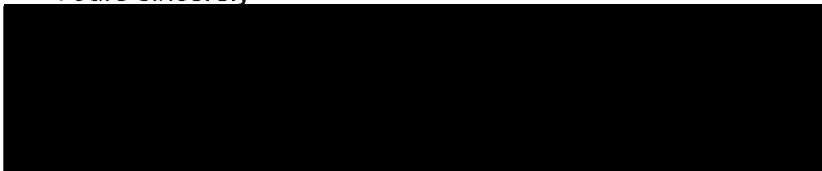
Other matters

OCCG and Alchester Medical Group and Montgomery House Surgery wish to be involved in the design code of the Health Centre, including both the mandatory and discretionary areas to ensure we can support the resulting design.

With any site option the issue of traffic access and public transport access is an issue for our population, and we feel it is vital that discussions take place with the Council on this at the earliest opportunity to ensure that adequate provision is put in place.

The Oxford to Cambridge Expressway is likely to impact on the local area in the future, and therefore the housing increase will only rise. Whilst it is recognised this is in excess of the remit of this application, OCCG does seek support from Cherwell District Council to take it into account, as infrastructure for primary care and the local population must be seen on a wider scale with a long term sustainable solution.

Yours sincerely



Gareth Kenworthy
Director of Finance

A handwritten signature in blue ink, consisting of a large loop and a tail, positioned below the printed name.

Appendix 5 – Press release confirming Graven Hill chosen location of GP Hub

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- [FAQs \(/plans-for-the-future-faqs\)](#)
- [Meetings \(/plans-for-the-future-meetings\)](#)
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Earlier Announcements

20 September 2019

Graven Hill chosen as preferred site for Bicester's new 'Super Surgery'

Alchester Medical Group and Montgomery-House Surgery are announcing that a site at Graven Hill has been found to best meet the criteria for the planned new £15m health hub in Bicester.

Following a detailed examination of site availability and using agreed selection points to help share thier decision, the partners of both practices are now fully satisfied that relocation to Graven Hill is the route that they wish to pursue and the route that is best for their patients.

It's hoped that the new surgery will be ready to open in around three years when both Alchester Medical Group and Montgomery-House Surgery will move in and still operate as separate practices. The town's other practice, Bicester Health Centre, will stay and expand facilities on its present site at Coker Close.

The new surgery at Graven Hill will provide what is needed to meet demands of a booming local population well into the future and will be a new and modern workplace for staff. We fully expect that it will also be able to offer additional facilities for patients that will save them from making some journeys for treatment elsewhere, such as Oxford or Banbury.

The other site being considered for the new surgery, at Kingsmere, was found to be unable to fulfil a number of the selection criteria and to be of insufficient size for future expansion needs.

The partners of Alchester Medical Group and Montgomery-House Surgery will now continue working with all relevent stakeholders and authorities so that construction of the new surgery can begin as soon as possible.

27 February 2019



Plans for the future: An important announcement for all Alchester Medical Group's patients

The Alchester Medical Group and Montgomery House Surgery in Bicester are announcing that both practices will move to a brand new purpose-built health hub. A decision is currently close to being made on which site is most suitable, which will be somewhere on the edge of Bicester.

This will mean change for all existing patients of Langford Medical Practice, Victoria House Surgery, Montgomery-House Surgery and Ambrosden Surgery, as these will eventually close.

This change is part of a wider revision of primary care services in Bicester that is designed to bring an improved service for all current residents and to look after an additional 20,000 to 30,000 more people who'll come to live here under the already agreed local housing expansion. There is no more space available for us to grow services at the Alchester Group and Montgomery-House and so we must take action now in order to plan for the future.

We're confident that when the exciting new facility opens it will offer additional health services that will often save patients difficult journeys to Oxford or Banbury.

Please watch Alchester's Dr Toby Quartley as he explains more in this short video...

Alchester Medical Group (c/w hard captions)



All of Bicester's practices are working closely with the Oxfordshire Clinical Commissioning Group (OCCG), which plays a key role in helping shape the county's healthcare siting and provision. The practices have also met recently with other stakeholders, including local councillors, in order to explain the stresses on local GP surgeries and to help find what they consider to be the best solutions for Bicester.

We firmly recognise that our patients will usually need to travel further than at present in order to see their doctor. We can assure you that the sites under consideration for the new hub have a very large provision for car parking, much more than at present. The practices and other stakeholders will explore what additional and alternative transport links are needed, such as bus services, and[↑]

will seek to have them in place. A public meeting for all our patients, at which views and suggestions will be welcomed, will take place in the near future.

If you would like to make your views or ideas known now then please email: feedback.alchestermedicalgroup@nhs.net
(<mailto:feedback.alchestermedicalgroup@nhs.net>)

Do you have questions about this? Visit our [FAQs page \(/plans-for-the-future-faqs\)](/plans-for-the-future-faqs).

For patients who do not have access online, Dr Quartley's video is being screened, with subtitles, in the waiting areas for patients.

[ranscript of Dr Quartley's video message \(/media/content/files/190226_Video_Transcript.pdf\)](/media/content/files/190226_Video_Transcript.pdf)

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PLANS FOR THE FUTURE

Find out what we have planned for Alchester Medical Group - including our new **Graven Hill** surgery designs

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Appendix 6 – Healthcare Planning – Bicester Assessment (AA Projects)

Countryside Properties (Bicester) Ltd

Healthcare Planning – Bicester Assessment

November 2022



Bicester – Cherwell Local Plan



Contents

1.0	Executive Summary	1
2.0	Process	2
3.0	Introduction	2
4.0	Overview	2
4.1	Parcel KM10 Kingsmere Development – Bicester Health Hub	2
4.2	Bicester Health & Wellbeing Hub - Graven Hill	2
5.0	Local Context	3
5.1	Bicester	3
5.2	Population	3
5.3	GP Practices	4
5.4	Housing Developments	5
6.0	Potential Future Need	5
6.1	Population & Housing Growth Impact	5
6.2	Methodology	6
6.3	Capacity Modelling	6
6.4	Analysis	7
7.0	Conclusion	7
8.0	Appendices	1
8.1	Appendix A – KM10 Site Layout Plan	1
8.2	Appendix B – Potential Housing Development 2011 – 2031	8
8.3	Appendix C – PAU Calculation Output	9

1.0 Executive Summary

AA Projects have been commissioned by Countryside Properties (Bicester) Ltd to undertake a Health Planning assessment, for the Bicester Health and Wellbeing Hub at Graven Hill, to ascertain whether it will provide adequate healthcare need for the wider Bicester area, over the next 15 years and in turn justify the release of the health care requirements for the KM10 land parcel at Kingsmere, Bicester and support alternative development proposals for the site.

The plan for the Bicester Health and Wellbeing Hub is to develop a building of 3,350 sqm new build primary care, integrated health & wellbeing hub, to accommodate the relocation of Montgomery House and Alchester Group into the new development, including pharmacy retail space, a new highway access road, 223 spaces for car parking, ambulance bay, service bay, mobile medical unit bay, electricity substation, waste / recycling store, cycle stores & landscaping¹.

To ascertain whether the Bicester Health and Wellbeing Hub would be able to meet the needs of the people of Bicester, the following process was undertaken:

- Development Review
- Population & Housing Growth
- Growth Impact
- Capacity Modelling

Figure 1 highlights the potential increase in population (ONS and Non-demographic) which would inform the number of rooms required at the Bicester Health and Wellbeing Hub for the next 15 years:

GP Practices (Montgomery House and Alchester Group)	List Size (2022)	2022 – 2031	2022-2037
Current List Size	38,170	38,170	38,170
ONS Increase (3.7% 2022 – 2031/ 5% 2022 – 2037)		39,582	40,079
Non-Demographic (Bicester Housing Development)		6,463	10,794
Total		46,045	50,873

Figure 1: Demographic and Non-Demographic Population Increase 2022 – 2037

This highlights that the new Bicester Health and Wellbeing Hub would need to accommodate a potential list size of 46,045 people (Montgomery House and Alchester Group) between 2022 and 2031 and 50,873 between 2031 and 2037.

The Primary Care modelling is based upon the Project Appraisal Unit (PAU) Calculator which looks at patient list sizes and then associated access rates. The modelling highlights that the practices will need a total of 31 consult examination rooms and 12 treatment room for now until 2031 to meet the populations needs and a total of 34 consult examinations room and 13 treatment rooms to meet the needs of the population until 2037.

The analysis highlights the following outcomes:

GP Practices	Total (2022-2031)	Total (2022 - 2037)
Montgomery House	20,841	23,227
Alchester Group (including 2 branch surgeries)	25,204	27,646
Total	46,045	50,873
Clinical Rooms Required	43	47
Clinical Rooms Available	52	52
Additional Capacity (excluding 17 shared spaces and 500m2 expansion)	9	5

Figure 2: Room Requirement Analysis

The Bicester Health and Wellbeing Hub is intended to have 52 dedicated rooms for the practices. The 17 additional shared spaces, and the potential to expand the centre by c.500m2 in the future will allow the hub to accommodate a significant amount of additional patients. According to the analysis undertaken, the hub will have the capacity to meet the needs of the Bicester population now and in the future as it is currently planned to be developed. The hub will be able to support around 55,000 patients purely within the 52 dedicated rooms, before needing to use the shared spaces or expansion.

The analysis suggested that between 2022 and 2031 there will be a total of 43 clinical rooms required, which means an available capacity of 9 rooms within the hub. Between 2031 and 2037 it is currently suggested that there is a requirement for 47 clinical rooms, which would mean there is an available capacity of 5 rooms. If the 17 shared spaces are also taken into consideration this would provide extra rooms, including teaching and training, minor operations and group rooms, to help accommodate more network services, ARRS roles and patients. The outcome highlights that no further Health facility will be required in Bicester during the period 2022 to 2037.

¹ Health and Wellbeing Hub Design and Access Statement

2.0 Process

Figure 3 highlights the process undertaken to understand the healthcare needs of Bicester:

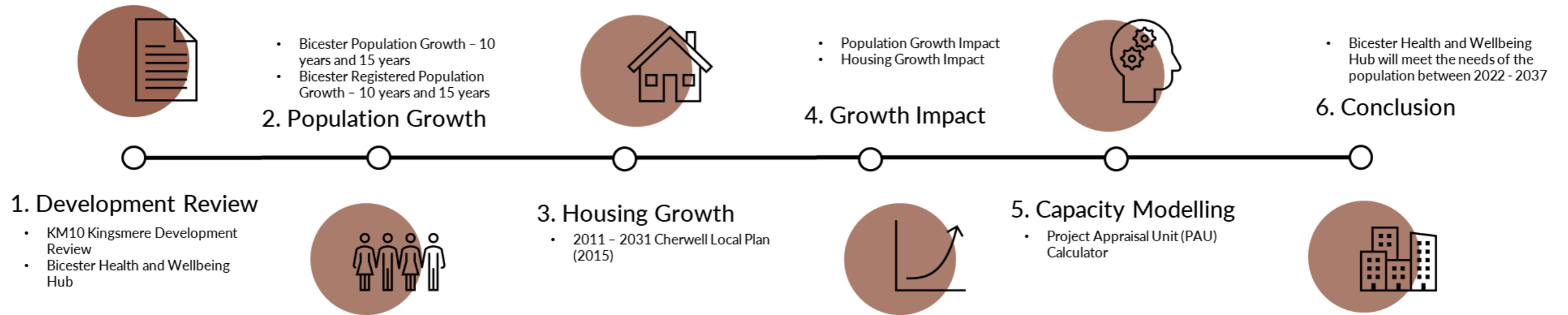


Figure 3: Report Development Process

3.0 Introduction

AA Projects have been commissioned by Countryside Properties (Bicester) Ltd to undertake a Health Planning assessment, for the Bicester Health and Wellbeing Hub at Graven Hill, to ascertain whether it will provide adequate healthcare need for the wider Bicester area, over the next 15 years and in turn justify the release of the health care requirements for the KM10 land parcel at Kingsmere, Bicester and support alternative development proposals for the site.

4.0 Overview

4.1 Parcel KM10 Kingsmere Development – Bicester Health Hub

In 2018, a group discussion was held with various stakeholders, including the CCG, to discuss the need for a health hub in Bicester. Several sites were explored, including Kingsmere and Graven Hill. The aim was to co-locate current GP practices into the chosen site. The need was driven by the condition of the current Practice premises to cater for current and planned growth in service demand, resulting from an ageing and increasing population.

The project architect (IBI Group) produced an indicative and purely illustrative site layout plan (Appendix A) which was based on:

- Core building: 3,200m² over 4 storeys with approx. 100m² of accommodation contained within the highest part of the pitched roof (creating a partial 4th floor) for staff facilities only.
- Core parking; 242 spaces
- Building extension zone over 3 floors of 500m², safeguarded for long term growth.
- Car parking expansion of 34 spaces to satisfy the long-term growth of the building, increasing the total number of parking spaces to 276 spaces.

It was believed that this development would be required to serve the wider population of Bicester, and after deliberating over the proposed sites, a GP group issued a press release statement on 20th September 2019², stating that they preferred the Graven Hill location.

4.2 Bicester Health & Wellbeing Hub - Graven Hill

The proposal for the Graven Hill site is to develop a new build primary care, integrated health & wellbeing hub including pharmacy retail space, a new highway access road, spaces for car parking, ambulance bay, service bay, mobile medical unit bay, electric substation, waste / recycling store, cycle stores and landscaping.

The Bicester Health and Wellbeing Hub proposes to replace 4 existing GP surgery practices with a new single integrated primary care hub for Alchester Medical Group (one practice and two branch practices), Montgomery House Surgery and a new retail Pharmacy / Dispensary.

Based on the Bicester Health & Wellbeing Hub Design and Access Statement 2021, the hub has been designed to serve a patient population of 50,000 and potential for a future extension to serve the population which is forecast to rise over the next 5-10 years to 60,000.

The design for the new Bicester Health and Wellbeing Hub is a three-storey building of 3,350m² (3,200m² GMS plus a 150m² pharmacy) with 223 car parking spaces. The centre is designed to accommodate a later extension of c.500m², if required, to be able to cater for longer term population growth.

The Bicester Health and Wellbeing Hub will provide 69 clinical rooms (52 dedicated and 17 shared between the Practices). This represents an increase of 35 rooms over the current 34 clinical rooms across the two practices.

The proposed allocation of the 69 patient rooms for the new centre appears from the planning drawings to be as follows:

- Alchester Medical Group 28 rooms
- Montgomery House Surgery 24 rooms
- Shared Rooms 17

² Oxford Mail

The shared rooms are allocated as follows:

- 5 for teaching and training.
- 8 for same day care / GMS access
- 2 group rooms
- 1 room for social prescriber
- 1 minor procedures treatment room (with support areas).



Figure 4: Bicester Health and Wellbeing Hub Site Plan

5.0 Local Context

5.1 Bicester

Bicester is a town, located in the Oxfordshire countryside, within the Cherwell district. It is Cherwell's second largest town. It is well connected to Oxford and other centres by road and rail and since 2009, Bicester has had several government initiatives to increase housing supply and the quality of the surrounding places³. It is one of the fastest growing areas in Oxfordshire and consists of four administrative district wards (Figure 6):

- Bicester East
- Bicester West
- Bicester North & Caversfield
- Bicester South & Ambrosden

5.2 Population

Oxfordshire has a current population of circa 703,003⁴ people. The population of Oxfordshire is projected to increase by 3.7% in 10 years' time (2032), which would equate to a population of around 729,572 people and 5% in 15 years' time (2037), which would equate to 739,128 people⁵.

According to the 2020 ONS mid-year ward population estimates, the population of Bicester is estimated to be around 36,422 people currently. If the same estimated population increase was applied as Oxfordshire, this would equate to an increased population of 1,311 people by 2032 and 1,791 people by 2037 (Figure 5).

The registered patient population for Bicester is slightly larger at 54,028, and would equate to 55,973 people in 2032 and 56,684 people in 2037 (Figure 5)

³ Cherwell Local Plan Review – Options Consultation Paper

⁴ ONS - 2018-based subnational principal population projections

⁵ ONS - 2018-based subnational principal population projections

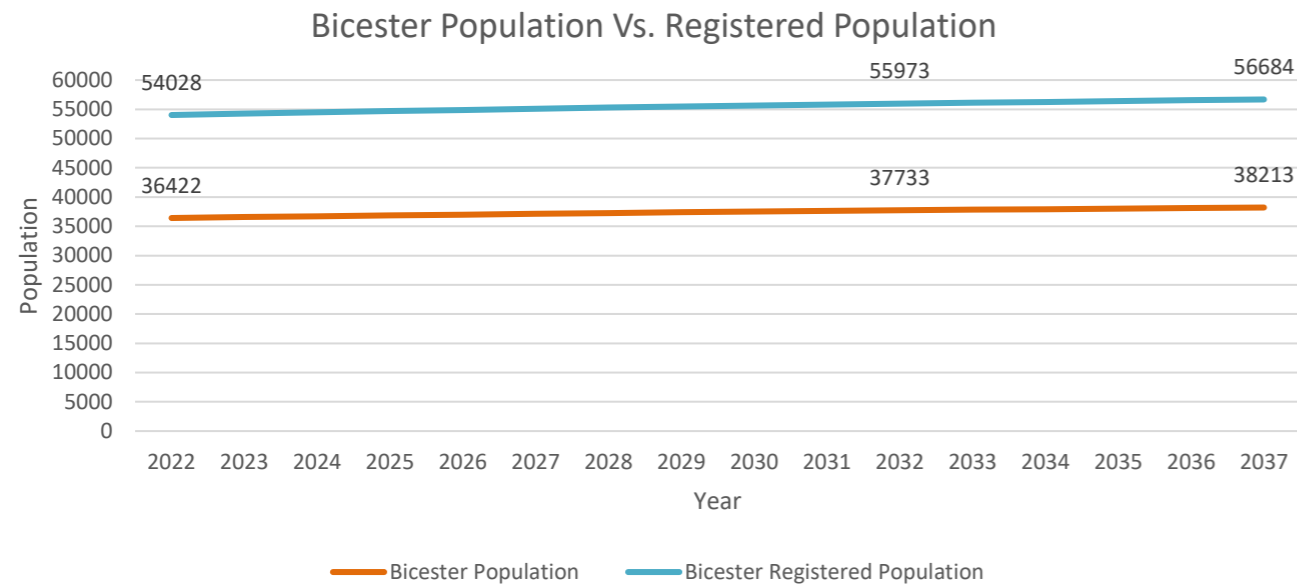


Figure 5: Bicester Population Growth

5.3 GP Practices

Bicester PCN consists of three GP practices, delivering services from Montgomery House, Alchester Medical Group (including branch surgeries at Ambrosden Surgery and Langford Medical practice) and Bicester Health Centre (Figure 6). As highlighted above, Alchester Group (Victoria House Surgery, Langford Surgery and Ambrosden Surgery) and Montgomery House surgery are proposed to be relocating into the new Bicester Health & Wellbeing Hub at Graven Hill and Bicester Health Centre will be staying in its current location.

It should be noted that even though Bicester Health Centre will not form part of the new Bicester Health & Wellbeing Hub at Graven Hill, it will still continue to provide services to its list size and be key in supporting the people of Bicester and the estimated growth in population.

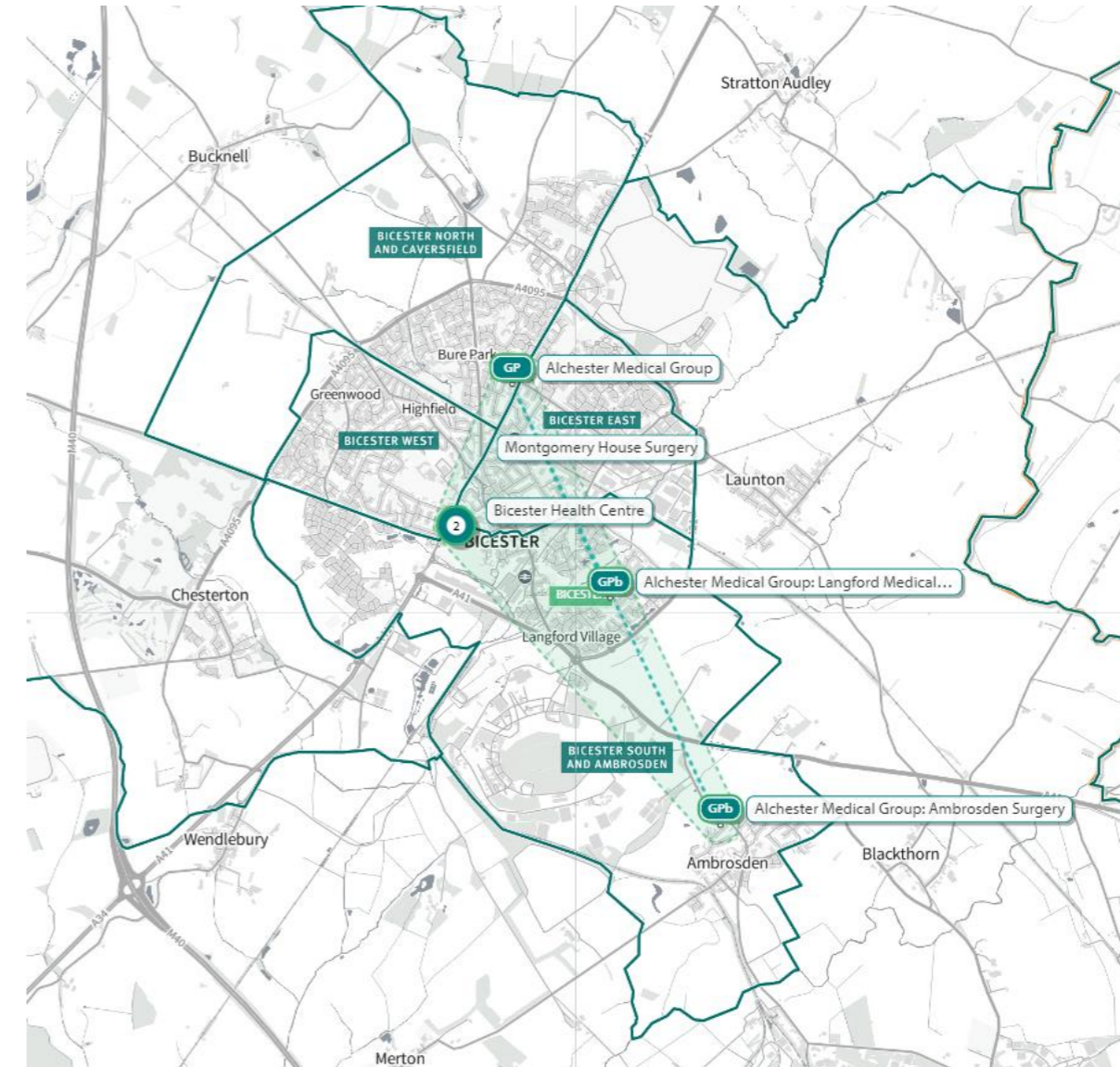


Figure 6: Bicester PCN GP Location

Figure 7 provides an overview of the current practice information⁶:

GP Practices	Building Size (m2)	List Size (2022) ⁷	Clinical Rooms
Montgomery House	981	16,981	17
Alchester Group (including 2 branch surgeries)	1,461	21,189	17
Bicester Health Centre	910	15,858	21
Total	3352	54028	55

Figure 7: Practice information

⁶ NHS Consultation Response 2018

⁷ SHAPE

5.4 Housing Developments

According to the 2011 – 2031 Cherwell Local Plan (July 2015), approximately 10,129 housing developments have been identified. Further detail can be found in Appendix B.

Since 2011 over 2,879 homes have been delivered at Bicester on strategic sites⁸. There are also permissions in place for a further 4,039 dwellings. Whilst there has been a significant amount of development, several of the sites have been slower to deliver homes than anticipated and the total delivered homes is somewhat short of the projections set out in the Cherwell Local Plan of 5,359, due to a variety of reasons. This would suggest a planned provision of circa 4,039 homes to be delivered by 2031, including a potential 2,707 homes at the North West Bicester Eco-Town development (Bicester 1) to be delivered after 2031⁹.

An assumption has been made that each new dwelling would have an estimated population of 2.4 people¹⁰, which would equate to an increased population of circa, 9,694 people (2022 – 2031) and a potential further 6,497 people post 2031. These figures will be utilised to suggest the potential population increase due to the housing growth.

6.0 Potential Future Need

6.1 Population & Housing Growth Impact

This section of the report highlights the potential population and housing growth impact for the Bicester region. Even though this report is focusing on the Bicester Health and Wellbeing Hub (Montgomery House and the Alchester Group), Bicester Health Centre has been included in the analysis as it will still be impacted by the growth in population and for this reason a third of the estimated impact will be applied to the practice.

This level of detail has been captured in the tables; however, the outputs will focus on the Bicester Health and Wellbeing Hub (Sub-total) and the practices that are planned to be located within it.

⁸ Planning for Cherwell Community Involvement Paper 2: Developing our Options September 2021

⁹ Cherwell Local plan 2011 - 2031

The practices list sizes are used to provide an estimated patient population growth in line with the Oxfordshire percentage increase between 2022 – 2031 (3.7%) and 2022 – 2037 (5%). Figure 8 and 9 below highlights the potential list size increase if the same expected population growth was applied:

GP Practices	List Size (2022)	3.7% (2022 – 2031)	Total List Size
Montgomery House	16,981	628	17,609
Alchester Group (including 2 branch surgeries)	21,189	784	21,973
Subtotal	38,170	1,412	39,582
Bicester Health Centre	15,858	587	16,445
Total (All practices)	54,028	1,999	56,027

Figure 8: Demographic Growth based on ONS 2022 – 2031

GP Practices	List Size (2022)	5% (2022 – 2037)	Total List Size
Montgomery House	16,981	849	17,830
Alchester Group (including 2 branch surgeries)	21,189	1,059	22,249
Subtotal	38,170	1,908	40,079
Bicester Health Centre	15,858	793	16,650
Total (All practices)	54,028	2,701	56,729

Figure 9: Demographic Growth based on ONS 2022 – 2037

By 2031 there would be a projected total list size growth of 1,412 people and by 2037 an expected growth of 1,908 people. Assuming Bicester Health Centre will cover its potential list size increase, a third of the potential housing growth has been allocated to the centre. If all the planned housing came to fruition between 2022 – 2031 (9,694) and the total population was applied to the list size, the outcome would be as follows:

GP Practices	List Size (2022)	Housing 2022-2031	Total
Montgomery House	16,981	3,232	20,213
Alchester Group (including 2 branch surgeries)	21,189	3,231	24,420
Subtotal	38,170	6,463	44,633
Bicester Health Centre	15,858	3,231	19,089
Total	54,028	9,694	63,722

Figure 10: Non-Demographic Housing Growth 2022 – 2031

¹⁰ ONS – Families and households in the UK: 2020

If all the planned housing came to fruition between 2022 – 2037 (9,694 + 6,497) and the total population was applied to the list size, the outcome would be as follows:

GP Practices	List Size (2022)	Housing (2022 - 2037)	Total
Montgomery House	16,981	5,397	22,378
Alchester Group (including 2 branch surgeries)	21,189	5,397	26,586
Subtotal	38,170	10,794	48,964
Bicester Health Centre	15,858	5,397	21,255
Total	54,028	16,191	70,219

Figure 11: List Size and Housing Growth 2022-2037

This highlights that the new Bicester Health and Wellbeing Hub would need to accommodate a potential list size of 46,045 people between 2022 and 2031 and 50,873 between 2022 and 2037.

GP Practices (Montgomery House and Alchester Group)	List Size (2022)	2022 – 2031	2022-2037
Current List Size	38,170	38,170	38,170
ONS Increase (3.7% 2022 – 2031/ 5% 2022 – 2037)		39,582	40,079
Non-Demographic (Bicester Housing Development)		6,463	10,794
Total		46,045	50,873

Figure 12: Demographic and Non-Demographic Population increase 2022 – 2037

6.2 Methodology

The following methodology has been applied to understand how many rooms the Bicester Health and Wellbeing Hub would require to meet the need of the projected population increase, as stated above. The Primary Care modelling is based upon the Project Appraisal Unit (PAU) Calculator which looks at patient list sizes and then associated access rates.

The modelling was based on two practices based on the following sites:

- Montgomery House
- Alchester Group (including 1 practice and 2 branch surgeries)

Based on a list size of 46,045 (by 2031) and a list size of 50,873 (by 2037).

PAU Calculator Assumptions:

- 80% Utilisation of clinical rooms for GP General Medical Services (GMS)
- 20% for network wide services
- Operational 50 weeks per year - 08.00 - 18.00 Monday - Friday
- Average of 6 contacts per patient
- 90% of patients will utilise a consult/exam room
- 25% of patients will utilise a treatment room
- 15 minutes per appointment in a consult/exam room and 20 minutes per appointment in a treatment room

6.3 Capacity Modelling

The Primary Care Consulting/Examination Room, Treatment Room and support space estimator, based on Department of Health requirements (guidance HN11-01) was used to calculate the number of rooms required to meet the needs of the Bicester growing population.

Estimating the number of consulting/examination rooms required for general medical services:

Ref	Heading	2022 - 2031	2022 -2037
	Estimated list size for this proposal	46,045	50,873
	Consult/Exam rooms required (I/L)	31	34

Figure 13: PAU Modelling 2022-2031

Estimating the number of treatment rooms required for general medical services:

Ref	Heading	2022 -2031	2031-2037
	Estimated list size for this proposal	46,045	50,873
	Treatment rooms required (I/L)	12	13

Figure 14: PAU Modelling 2031 – 2037

The capacity modelling highlights that the practices will need a total of 31 consult examination rooms and 12 treatment room for now until 2031 to meet the Bicester populations needs and a total of 34 consult examinations room and 17 treatment rooms to meet the needs of the population until 2037.

6.4 Analysis

The analysis highlights the following outcomes:

GP Practices	Total (2022-2031)	Total (2022 - 2037)
Montgomery House	20,841	23,227
Alchester Group (including 2 branch surgeries)	25,204	27,646
Total	46,045	50,873
Clinical Rooms Required	43	47
Clinical rooms available	52	52
Additional Capacity	9	5

Figure 15: Room Requirement Analysis

7.0 Conclusion

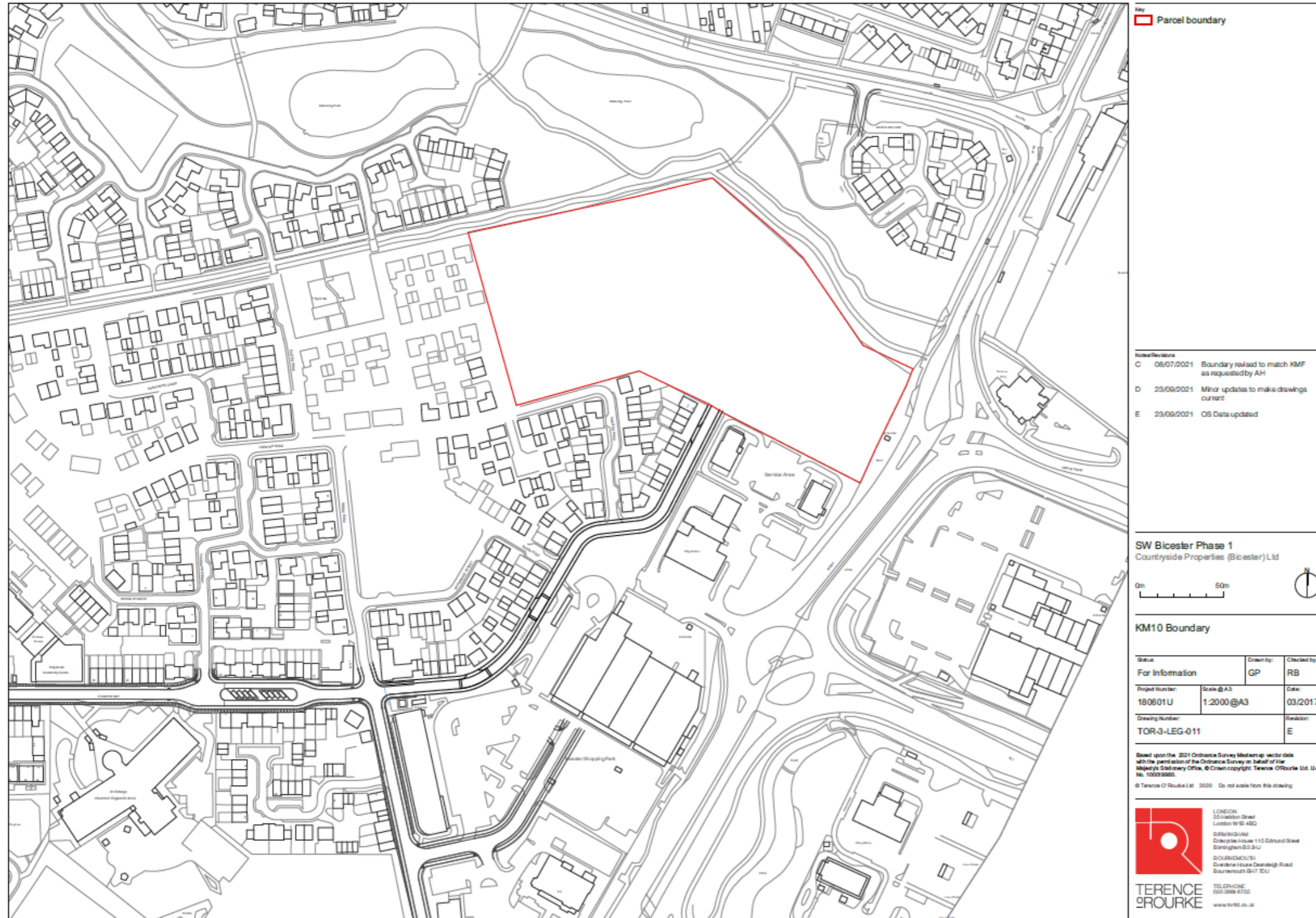
The Bicester Health and Wellbeing Hub is intended to have 52 dedicated rooms for the practices, with 17 additional shared spaces, with the potential to expand the centre by c.500m² in the future and accommodate more patients, if required. According to the analysis undertaken, the hub will have the capacity to meet the needs of the Bicester population now and in the future as it is currently planned to be developed. The hub will be able to support around 55,000 patients purely within the 52 dedicated rooms, before needing to use the shared spaces or expansion.

The analysis suggested that between 2022 and 2031 there will be a total of 43 clinical rooms required, which means an available capacity of 9 rooms within the hub. Between 2031 and 2037 it is currently suggested that there is a requirement for 47 clinical rooms, which would mean there is an available capacity of 5 rooms. If the 17 shared spaces are also taken into consideration this would provide extra rooms, including teaching and training, minor operations and group rooms, to help accommodate more network services, ARRS roles and patients.

It should be noted that the capacity modelling analysis has been modelled at the hub working at 80% utilisation rate for GP general medical services. This highlights that there is space available to support wider network services and potential left shift of services from a secondary care setting into a primary care setting. The modelling has also been modelled at 5 day working, however if the hub were to provide extended access or weekend provision this would allow for even more capacity across the hub. The outcome highlights that no further Health facility will be required in Bicester during the period 2022 to 2037.

8.0 Appendices

8.1 Appendix A – KM10 Site Layout Plan



8.2 Appendix B – Potential Housing Development 2011 – 2031

Figure 17 below highlights the approximate number of housing developments which may come into fruition between 2011 – 2031:

	Completions 2011 - 2014	Permissions Granted at 31 March 2014	Local Plan: New Allocation 2014 - 2031	Plan Period Total Supply 2011-2032
North West Bicester (Bicester 1)	0	393	2900	3293
Graven Hill (Bicester 2)	0	0	2100	2100
South West Bicester Phase 1	280	1362	100	1742
South West Bicester Phase 2 (Bicester 3)	0	0	726	726
South East Bicester (Bicester 12)	0	0	1500	1500
Gavray Drive (Bicester 13)	0	0	300	300
Talisman Road (approved site)	0	125	0	125
Other sites - 10 or more dwellings	48	54	100	202
Windfall sites - less than 10 dwellings	37	71	104	141
Sub Total	365	2005	7830	10129

Figure 16: Cherwell Local Plan (July 2015)

8.3 Appendix C – PAU Calculation Output

Figure 18 highlights the PAU method used to calculate the number of consulting/examination rooms required for general medical services

Ref	Heading			2022 - 2031	2022 -2037
A	Population (local catchment area)			N/A	N/A
B	Estimated list size for this proposal			46,045	50,873
C	Anticipated average annual contacts per patient per year			6	6
D	Total anticipated annual contacts (BxC)			276,270	305,238
E	Estimated ratio of patients using GP C&E rooms e.g. 7 in 10	9	10	90%	90%
F	Estimated attendances (D x E)			248,643	274,714
G	Building opened (weeks a year)			50	50
H	Number attendances per week (F/G)			4,973	5,494
I	Appointment duration minutes			15	15
J	Patient appointment time (hours per week) (HxI/60)			1,243	1,374
K	Building operational hours per week (total from Opening Times tables above)			50	50
L	C&E room utilisation: How many hours p.w. are C&E rooms used by the GP's	40	50	1	1
	Consult/Exam rooms required (I/L)			31	34

Figure 17:PAU Modelling 2022-2031

Figure 19 highlights the PAU method used to calculate the number of treatment rooms required for general medical services:

Ref	Heading			2022 -2031	2031-2037
A	Population (local catchment area)			N/A	N/A
B	Estimated list size for this proposal			46,045	50,873
C	Anticipated average annual contacts per patient per year			6	6
D	Total anticipated annual contacts (BxC)			276,270	305,238
E	Estimated ratio of patients using GP C&E rooms e.g. 7 in 10	2.5	10	25%	25%
F	Estimated attendances (D x E)			69,068	76,310
G	Building opened (weeks a year)			50	50
H	Number attendances per week (F/G)			1,381	1,526
I	Appointment duration minutes			20	20
J	Patient appointment time (hours per week) (HxI/60)			460	509
K	Building operational hours per week (total from Opening Times tables above)			50	50
L	C&E room utilisation: How many hours p.w. are C&E rooms used by the GP's	40	50	1	1
	Treatment rooms required (I/L)			12	13

Figure 18:PAU Modelling 2022-2037

Appendix 7 – Marketing Report

LAND WEST OF OXFORD ROAD, BICESTER- MARKETING STATEMENT

An area of 6.6 acres of land to the west of Oxford Road, Bicester (the site) was required to be set aside for a period of 5 years from implementation of planning permission ref- 06/00967/OUT (Kingsmere Phase 1) or until the first occupation of the 1,000th residential unit of the development (whichever was later) via a s.106 agreement dated 27 June 2008. The five-year period expired in June 2015 and the 1,000th residential occupation occurred between January and March 2018.

The Section 106 agreement required the marketing of the site for:

- A Community Hospital Site for the development of a community hospital by a NHS Primary Care Trust
- The GP Surgery site for the development of an NHS GP surgery by a NHS Primary Care Trust or other medical operator or medical company
- The remainder of the Healthcare Site for the provision of medical facility uses which may include extra care elderly nursing home within Use Class C2 in accordance with the Marketing Strategy

Marketing has been undertaken (see further commentary and evidence of this below and attached) and efforts have been made to identify a purchaser or tenant for the various parts of the site. However, despite these efforts neither a purchaser or tenant/s has/have been identified or the various elements of the site and, accordingly, the restrictions on using the site for a Community Hospital, a NHS GP Surgery or medical facility uses should fall away.

1. Community hospital

The site is subject to a 20-year option (from 2008) in favour of Medical Centre Developments (MCD), a specialist developer of primary care centres, who have for a number of years been trying to deliver new health facilities for Bicester (and originally owned the freehold of the site on the corner of Middleton Stoney road which formed the first phase of Kingsmere). Between 2006 and 2011 MCD had

extensive discussions with Oxfordshire Primary Care Trust who at the time were the commissioning body responsible for funding the provision of healthcare in the Bicester locality. These discussions principally focused around the development of a new community hospital facility. In 2011 the formal procurement process for a new facility was started with the publication of a Prior Information Notice in the Official Journal of the European Union on 7 January 2011. MCD participated in the formal process though an alternative developer was selected to develop a site adjacent to the old Community Hospital site at Coker Close. Construction work began in June 2013 and the delivery was overseen by the successor organisations Oxfordshire Clinical Commissioning Group (CCG) and NHS Property Services. The completed scheme opened in July 2015 with clinical services being provided by Oxford Health NHS Foundation Trust with South Central Ambulance Service NHS Foundation Trust also sharing occupation of the building. During the period of these discussions the Primary Care Trust (PCT) did not express the need for new surgery facilities on the Kingsmere site and no formal procurement process has been undertaken.

In 2014, Calvin Bell, the Director of Development at Cherwell District Council (CDC) at the time, confirmed to Countryside Properties (Bicester) Ltd (CP(B)L) that there was no longer a requirement for such a facility, as the relevant health authority had made the decision not to pursue a facility on Kingsmere. It was therefore not practicable to further market a site where the health provider had reached decisions about the location of such a facility elsewhere in the nearby vicinity.

Where there is no longer a demand for an additional Community Hospital on the site, there is no requirement in the s.106 agreement to market the 1.0ha set aside for the Community Hospital for other health-related uses.

As noted above, the 5 year period from implementation and the first occupation of the 1,000th residential unit have both passed. The required marketing has been undertaken for the Community Hospital Site and efforts made to identify a purchaser or tenant for the Community Hospital Site, but

these efforts ultimately did not come to fruition as outlined above. Accordingly, the restriction on using the site for a Community Hospital should fall away.

2. GP surgery/health hub

Alongside seeking to deliver a new Community Hospital facility the site has been extensively marketed in a variety of ways.

We are not aware of any formal process for the delivery of new NHS surgeries in Bicester and indeed North Bicester Surgery closed in 2017. MCD have tried to stay close to what is going on through monitoring Locality Plans etc. and ongoing experience elsewhere. We are aware that the ownership of the existing surgeries, either GP Partner owned or by PHP, means that there are conflicts of interest and proposals are property-led rather than NHS 'need' led.

The provision of new NHS Primary Care facilities is dependent on any scheme satisfying a number of delivery requirements including funding which is now controlled by regional Clinical Commission Groups. Prior to the first occupation of the 1,000th residential unit, neither CP(B)L, nor our partners MCD, have had any direct contact from the Oxfordshire CCG despite them apparently confirming to Cherwell District Council that Kingsmere is one of their preferred sites. An approach was received in November 2017 from Alchester Group, an operator of two NHS surgeries within Bicester, who were exploring the potential to consolidate their existing facilities into one new Health Hub with interest in locating this at Kingsmere. To date no funded and deliverable proposal has been received from Alchester and any NHS funded scheme would be required to go through a formal procurement process to ensure best value. We understand that Alchester have selected a developer though they have suggested that they would require some form of option over an area, up to 1.5 acres, at a price to be determined at a later date. CDC have recently advised that the Oxfordshire CCG is currently evaluating sites options and the process should conclude in October 2018. As such there is no certainty that a health hub will be sought on this site, and there was no certainty before January-March 2018 when the first occupation of the 1,000th residential unit threshold within the s106 was reached. It seems

that discussions between GP's and the CCG (without approaching CP(B)L or our partners directly until November 2017) have assumed that the site would be available, without considering the planning and landownership position.

Notwithstanding the lack of approach to CP(B)L as landowners of the site, and lack of certainty of provision of the health hub etc. to help facilitate provision and in acknowledgement that the CCG and GPs are considering this option, it is proposed to reserve 1.5 acres of land on the site for such a facility. Given that the restriction on the use of the GP Surgery Site for an NHS GP Surgery should have fallen away for the reasons set out above, and the marketing strategy referred to a smaller size of the GP Surgery Site (0.4 ha or 1 acre) compared to the 1.5 acres of land now being proposed to be reserved for a health hub, this position is an extremely positive one. CP(B)L are keen to see this type of facility delivered for the residents of Kingsmere if possible. The appropriateness of the size of site (1.5 acres) to be reserved is addressed elsewhere in the planning application submission. Indications from CCG/CDC's Bicester Delivery Team during pre-application consultation however are that this is more than adequate for the health hub being considered.

3. Care Home

During the Marketing Period a number of approaches were received from agents and developers of C2 Care Homes though no formal offers were received.

Our partners, MCD, also made approaches to a number of established developers and operators in an attempt to work up a comprehensive and deliverable scheme on the site.

None of the approaches MCD received were from a committed care home operator, and as such there was no guarantee that such a use would be delivered. There appears to be concern from both developers and operators about the current capacity for such schemes in Bicester following the completion of the 60-bed Maria Mallaband development known as Wyndham Hall Care Home in 2015.

Furthermore, a site is already consented on Kingsmere Phase 2 for a 60 bed Extra Care facility under Outline planning permission ref 13/00847/OUT.

CDC have maintained that their strong preference is for the delivery of a comprehensive scheme and this led to advanced discussions with Audley (the UK's leading provider of luxury retirement villages), following an approach to them via MCD, for the delivery of a 250-unit C2 Extra Care scheme. In May 2017 Audley undertook a formal pre-app consultation with CDC ref 17/00118/PREAPP and despite being confident about the planning potential for such a scheme they withdrew due to concerns about financial viability, in particular the cost of construction and the uncertain timeframe for the sale of the completed units.

Discussions and a site meeting were also had with the not-for-profit operator Anchor though similarly they were unable to commit to such a large-scale scheme and felt that any scheme on site would be limited to a small care home facility, as such as that consented as part of the Kingsmere Phase 2 development.

An approach was received in late 2016 from a developer of age-restricted C3 schemes though such a use would not have satisfied the requirements of the s.106 agreement and nor was it a comprehensive scheme for the entire site.

A Schedule of Interest is attached to this note.

Summary

- The demand for a community hospital on the Community Hospital Site fell away a number of years ago due to a similar facility coming forward on a nearby site.
- The relevant health providers in Oxfordshire did not come forward with any deliverable and commercially viable proposal for a GP facility or related medical services on the GP Surgery Site.

- Interest in Care Home provision on the balance of the site fell away due to concerns about deliverability.
- No viable or comprehensive scheme has come forward for a comprehensive use of the balance of the site during the marketing period as set out in the s.106 agreement.
- Some development companies approached CP(B)L and our partners but could not offer anything over and above what our partners MCD could do in delivering an appropriate scheme on the site, without the support of the local PCT/CCG. In any event, the development companies did not provide for any comprehensive scheme or could demonstrate certainty of deliverability
- The marketing period set out in the s.106 agreement has expired and for the reasons set out above, the restrictions on the use of the site for the various healthcare uses should have fallen away.
- With this in mind, CP(B)L have identified an area of 1.5 acres that could accommodate the scale of health hub currently being considered by the local CCG, and this land will be reserved for a period of time to enable some certainty/funding/the possible delivery of this facility
- The remainder of the site has then been identified for housing, a use that can be delivered, contributing towards the council's housing supply (market and affordable) and ensuring that the (majority of) site will not be sterilized from development.
- A care home will be marketed on Phase 2, in line with the requirements of that Outline Planning permission/Sec 106.

Steve Price, Countryside Properties (Bicester) Ltd & Rupert Stephens, Medical Centre Developments

18th September 2018

Kingsmere Bicester

Schedule of Interest from developers and operators

Date	Operator	Use	Land Requirement	Proposed Development	Comment	Contact	Summary
Feb-16	Beechcroft	Retirement living	Unconfirmed	C2 Retirement Living	Generally schemes are only classified as C2 where there is a carehome as part of the scheme	Jenny Hutchings- Victoria Land	Confirmed not of interest to Beechcroft due to large pipeline of developments though they do co locate with Porthaven Care Homes so could probaby achieve C2 status.
Feb-16	LNT Care Home	Care Home	1-1.5 acres	66 bed care home	LNT are a developer who would construct a turn-key scheme and sell it to an operator and allow them to do the sale and leaseback. Work with a range of operators including Anchor who are a NFP and might look at an assisted and extra care scheme	Jenny Hutchings- Victoria Land (agent) or Nick Broadbent at LNT	RJS met with both Jenny Hutchings and Nick Broadbent. LNT confirmed interest in acquiring a site of 1 to 1.5 acres for the development of a C2 care home which would then be leased to a third-party operator. LNT subsequently pursued another site in Bicester.
Apr-16	Extra Care Charity Limited	Extra Care C2	6-8 acres	300,000sq ft of care	Charity provider of extra care. Seek to replace social housing in schemes therefore offers low commercial site value. General enquiry via Piers Kortland @ Countryside	via Piers Kortlang @ Countryside	No further contact received despite following them up.
May-16	Cinnamon Care	Comprehensive scheme including C3 and C2	Flexible but potentially up to c.4 acres	Retirement living apartments plus care home	Believe they are the only operator currently undertaking comprehensive schemes offering a range of accomodation and tenures. Have a JV with MHA (Methodist) at Waterlooville with 55 apartments and a care home	Ken McKenzie- Cinnamon Care	RJS met with Cinnamon Care in May 2016 and despite expressingly initial interest they decided not to pursue the site further primarily due to funding restrictions and other commitments.
May-16	Methodist Homes Barchester Avery Sunrise	C2 Care Home	1- 1.5 acres	Standard 60 bed care home		Potential operators identified by Keith Harris of CBRE.	None of the identified operators expressed interest in progressing a development on the site.
May-16	McCarthy & Stone	Freehold retirement apartments C3	1.5 acres	Assisted apartments	Mainly interested in a freehold site for apartment development	James Mcleod- Glen Berkeley (agent)	Agent did not have a confirmed position with the developer.
Jun-16	Unnamed	Care home sector			Agent who acts for developers, operators and lenders. No named client.	John Roddy- agent email- john.rodgy1@ntlworld.com tel- 07540 737848	No named client
Aug-16	McCarthy & Stone	Freehold retirement apartments C3	Up to 2.5 acres	Assisted apartments	Freehold site on a subject to planning basis	Andrew Bates- 02380 457009	Discussions also suggested that Hamberley could be interested in developing a private hospital facility though this would be reliant on identifying an operator.
Sep-16	Frontier Estates	Retirement, Extra care, potentially PRS (C3)	6.5 acre	Mixed scheme incorporating C2 & C3	Freehold site on a subject to planning basis	Sam Rous, Development Director, Frontier Estates	Would focus on the planning and then sell freehold sites to end-users / specialist developers.
Sep-16	Newcore Capital	Children's Day Nursery	c.1 acre	D1- day nursery for Busy Bees	Freehold site	Hugo Llewelyn, Newcore Capital	May consider developing the local centre though would prefer a standalone nursery facility as part of a Health Village.
Nov-16	Richmond Village	Retirement villages	3 acres - 8 acres	C2/C3		Paul Jackson 01926 679 502 janette.fox@richmond-villages.com	Met Paul Jackson and PRC Architects on site 20 Dec 16 who subsequently confirmed the site did not meet their requirements due to the low projected sales values.

Nov-16 Retirement Villages	Retirement villages		C2/C3		William Crawford williamcrawford@retirementvillages.co.uk	WC confirmed that he passed the opportunity to a colleague to appraise and subsequently confirmed that the site was not of interest due to low sales values.
Nov-16 Mayfield Villages	Retirement villages	5 acres plus	C2/C3	Freehold or LL site. Need sales values of £350 psf + and 220,000 sq ft GIA	Matthew Armstrong 07795 695304 land@mayfieldvillages.co.uk	Initial meeting held 29/11/16. Mayfield subsequently worked up a scheme for 250 apartments which they presented to CDC at a pre-app meeting in June 2017. Despite being positive about the planning prospects Mayfield withdrew due to concerns about the viability of the scheme with the principle concerns being the sales rate and sales values.
Nov-16 Octopus / Rangeford	Retirement villages		C2/C3		Lyth Watson lyth.watson@octopushealthcare.com	Lyth Watson was previously at Richmond Care Villages . RJS approached Octopus based on Richmond's potential interest but never heard back from Octopus.
Jul-17 Redland Care Group	Care home	1 - 1.5 acres	C2	Freehold	Elizabeth Pearce, Agent	Redland Care have developed care homes adjacent to other Bovis Homes residential schemes and the referral came via Bovis. They did not follow up their initial interest.
Aug-17 The Medical	Private D1 surgery	Unconfirmed	D1	Leasehold on premises	James Arthurs, CEO The Medical	No confirmed floor area required and on leasehold basis only. Use was for complimentary medical offering.
Oct-17 Anchor	Care homes and full care villages	1 - 6 acres	C2 led	Freehold or long leasehold	Charles Taylor / Judith Robinson	A site meeting was held on site with Charles Taylor who initially expressed interest in a comprehensive scheme for the site though subsequently confirmed that Anchor's interest would be limited to a small care or extra-care facility on the site.
Nov-17 Alchester Healthcare Group	D1 Primary Care Surgery	1.5 acres	D1	Freehold site on subject to planning basis		Following the Mayfield preapp we were invited via Caroline Clapson of CDC to meet with an existing Bicester practice interested in co-locating two existing practices onto land at Kingsmere. To date no funded and deliverable scheme has been put to the landowner.