

**From:** HOWE, Julie-Anne (NHS OXFORDSHIRE CCG)

**Sent:** 04 February 2022 12:53

**To:** Caroline Ford

**Cc:** Planning (NHS OXFORDSHIRE CCG)

**Subject:** Planning Application 21/04275/OUT - 3,100 dwellings for NW Bicester / Bucknell / 'Himley Village'

Dear Caroline Ford, (Case Officer)

Thank you for the opportunity respond to the applications arising from the NW Bicester / Bucknell / 'Hawkwell village' area. We would like the following to be taken into consideration as without CIL / s106 funding and land being considered, OCCG and its future nominated body will not be in a position to support the growing population with primary care health services.

### **Background**

The NHS Long Term Plan <https://www.longtermplan.nhs.uk/online-version/> states that GP practices – typically covering 30-50,000 people – will be funded to work together to deal with pressures in primary care and extend the range of convenient local services, creating genuinely integrated teams of GPs, community health and social care staff. New expanded community health teams will be required under new national standards to provide rapid support to people in their own homes as an alternative to hospitalisation, and to increase support for people living in care homes.

In Oxfordshire, primary care is overseen by the OCCG which is currently part of the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care System (BOB ICS). The ICS covers a population of 1.8 million, three Clinical Commissioning Groups (CCGs) including OCCG, six NHS Trusts, 14 local authorities and 166 GP practices, working together as 45 Primary Care Networks.

### **The OCCG Primary Care Estates Strategy**

At the end of 2020 the OCCG approved its Primary Care Estates Strategy 2020-2025 [Oxfordshire Primary Care Estates Strategy 2020 - 2025 v19.pdf \(oxfordshireccg.nhs.uk\)](#) which incorporates a county-wide review of the existing Primary Care Estate in Oxfordshire, and identifies both, inter alia, key and critical investment priorities.

Following the NHS Long Term Plan, twenty Primary Care Networks (PCNs) have been formed across Oxfordshire. These PCNs are integrated multi-disciplinary teams covering 30,000 to 50,000 registered populations and are now the operational building blocks of the new models of care proposed by the NHS.

Over the last five years, the factors of population aging and growth, the need for more integrated services and the development of PCNs (and their requirement for more staff such as physiotherapists, pharmacists, occupational health etc) are creating pressure on the Oxfordshire GP estate.

**21/04275/OUT (3,100 dwelling near Bucknell – Hawkwell Village)**



The application site lies within the catchment of all three Bicester GP practices, Bicester Health Centre, Montgomery House Surgery, and Alchester Medical Group. The practices work in collaboration (not merged) under the Bicester PCN. NHS Property Services advice recommends that the core GMS space required for a GP practice ranges from 12 patients/m<sup>2</sup> for small practices (approx. 4,000 patients) to 17 patients/m<sup>2</sup> for practices over 20,000 patients where economies of scale are available.

**Bicester Health Centre** currently has a patient list of approximately 15,687 patients (1.1.2022), and has a site which extends to 611m<sup>2</sup> NIA (net internal area). This site is fully utilised, however there is scope for some expansion in the near future through the repurposing of a currently let annexe.

**Montgomery House Surgery** currently has a patient list of approximately 16,657 patients (1.1.2022), and has a site which extends to 981m<sup>2</sup> NIA (net internal area) This site is fully utilised and has a lease expiry of 2025.

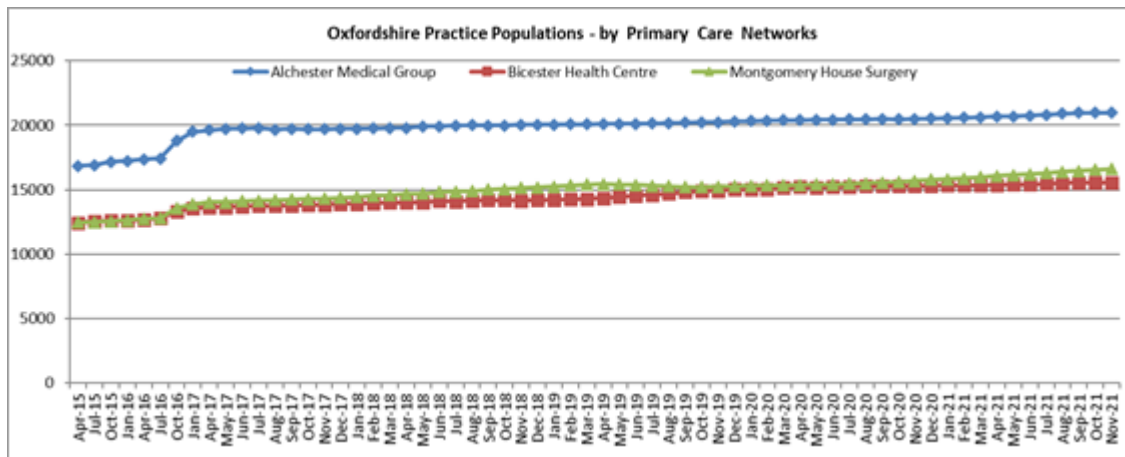
**Alchester Medical Group** currently has a patient list of approximately 21,046 patients (1.1.2022), across 3 sites which extends to:

Langford Surgery = 440m<sup>2</sup> NIA (net internal area) and this site is fully utilised.

Victoria House Surgery = 710m<sup>2</sup> NIA (net internal area) and this site is fully utilised.

Ambroseden branch Surgery = 180m<sup>2</sup> NIA (net internal area) – this site is not suitable for expansion.

The growth of these practices primary care lists can be seen in the table below:



There has been a planning application submitted to Cherwell District Council Planners for a new build surgery for Alcester Medical Group and Montgomery House Surgery, on what is called the Graven Hill site.

This new facility will be adequate to meet the current patient list but there is little capacity to accommodate the additional patients generated by the new development at Bucknell. This development will take c2 years to become operational.

### Adopted Local Plan

In recognition of this need the Infrastructure Schedule in Appendix 4 of the adopted Partial Review Plan lists improved health provision is critical to ensure that health infrastructure grows at the same rate as communities.

### Developer Contributions SPD

Appendix 15 of CDC's adopted Developer Contributions SPD sets out the calculations required for health contributions. For the application site the calculation is as follows:

$3,100 \times 2.4 = 7,440$  potential population  $\times$  £360 (index linked) = £2,678,400.

As the 2.4 people per dwelling is an average, OCCG will be able to define this more closely to the development when house sizes are known.

*Additional contributions will also be required to serve the higher primary care needs of the proposed extra care housing. This will need to be calculated separately.*

The Appendix also has a useful indicative table setting out core General Medical Services (GMS) space required for a practice.

If it is assumed that the application site will generate an increased population of c7,440, the Bicester Health Centre list size will increase to approximately 23,127. This would require a GMS gross floor area in excess of 1400m<sup>2</sup> which is significantly more than is currently available within the existing buildings.

The contributions are based on real costs incurred in the ICS. Examples are available in confidence if requested). It should also be noted that unlike contributions towards education or community facilities the calculations do not include essential equipment. If this was required, the contributions would be considerably higher.

### Allocation of Land

This site is understood to be 177 hectares in total. Point 4.13 of the Health Assessment states: *Health – to provide for a 7th GP surgery to the south of the site and a dental surgery;*. It should be noted that with the consolidation of 4 GP practice sites onto Graven Hill, this will leave two

operational sites. OCCG is therefore seeking further sites which will be considered in the future as the Bicester build out rates consumes the current and predicted population growth.

Whilst we appreciate the Reg 122 CIL tests require us to consider developer contributions for this site only, we must also recognise the considerable growth on this north west side of Bicester, and the considerable pressures it will put on all health infrastructure across the town.

Whilst the Graven Hill site is expected to have capacity for up to 50,000, this is expected to be reached by c2027/8, and therefore for longer term planning OCCG is seeking to ensure other options are available to us in a relevant geographical area.

We consider that a site of this size generating an additional list size of c7,440 patients due to the following developments does require a land allocation, and s106 funding. In general terms a list of this size requires a minimum of c650N m<sup>2</sup> NIA for a building, and c40 parking spaces. This is likely to cost around c£3.5M at today's costs to build, including reasonable land costs (i.e. assuming a use only for primary care purposes), build costs, fees, finance and VAT. We are seeking c£2,664k s106 contribution, and a gifted site, although the £2.67M will be adjusted when the details are known around the housing mix and the extra care accommodation needs.

### **Elderly / Extra Care / Residential care accommodation**

We understand the site will include extra care residential and care accommodation (Class C2), although details are as yet unknown. Consideration is required for the needs of this development. The increase of care homes generally is putting additional strain on the clinical resources available to support these elderly people, whose health needs are considerable. This potentially large facility will require significant additional support which is not currently available within the current staffing resource. Along with per head funding on a recurring annual basis (sum to be determined when the bed mix is known), we are seeking a designated room fitted out to clinical standards to be retained for Health use. It will require fitting out with an HTM/HBN compliant sink, suitable couch for examinations, appropriate washable flooring and furniture, and the usual IT requirements and kit necessary for treatments to take place within the home. This will allow the running of a smooth ward round on site, with residents able to be brought to the designated room for assessment etc, and the write up of their records.

### **Health Impact Assessment**

Having appraised this document, OCCG find it totally inadequate in terms of considering the health needs of this population, and object to this document being accepted as sufficient in the planning application. We would wish to see a revised version from the developer, and are willing to meet with them to advise on areas that should be considered and included.

### **Conclusions**

The contributions requested are fully justified and CIL compliant. The need for additional primary care capacity is recognised in the adopted Cherwell Local Plan Review, and the OCCG Estates Strategy. The evidence is compelling.

The CCG is currently working closely to explore options with the GP practices to identify a suitable project to add capacity. Further information can be provided on request.

Please acknowledge receipt, and do come back to us if you have any further queries.

Kind regards

*Julie-Anne*

Julie-Anne Howe

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