



**Bath and North East Somerset,
Swindon and Wiltshire**
Integrated Care Board



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Application Ref: PL/2025/02257

Address: **Land North of Whychurch Farm and West of Crudwell Road,
Malmesbury**

Proposal: Outline planning application (with all matters reserved except access) for residential development, including the construction of up to 149 dwellings, new vehicular access with footways and cycleways, public open space, landscape and associated infrastructure.

NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board (BSW ICB) and NHS Property Services (NHSPS) are responding to the above proposal in relation to the requirement for a S106 planning obligation to mitigate the impact of the development on local healthcare infrastructure.

NHS Bath and North East Somerset, Swindon and Wiltshire ICB

The BSW ICB covers a large and varied geographical area that includes the densely populated and growing town of Swindon to the north, the historic city of Bath, Salisbury plains to the south, and the rolling Mendip Hills to the west. The ICB commissions (plans, designs, and purchases) many of the health services that the local population use, including medicines, hospital care, urgent and emergency services, mental health care, GP services, community pharmacy, dentistry, general ophthalmology (eye care services), and various community services.

To ensure that our health and care services meet the healthcare needs of the population living across BSW, we have three localities, each represented by place-based partnership called Integrated Care Alliances (ICAs). Each ICA is made up of local doctors, hospital chief executives, clinical commissioners, council officers, patient and voluntary and social enterprise sector groups who lead the detailed design and delivery of integrated services across their localities and neighbourhoods. The ICB and its partners are therefore well placed to identify the implications of the proposed development on healthcare services in the local area.

Summary Comments

There is not sufficient existing primary healthcare capacity locally to address demand generated by the development. Mitigation is therefore required in the form of a financial contribution of £154,883 towards the capital cost of delivering the additional primary care floorspace required to serve residents of the new development. Without this mitigation, the development would not comply with Policy 3 of the Wiltshire Core Strategy, and paragraphs 55 to 58 of the NPPF and related Planning Practice Guidance.

1 Submitted Planning Documentation

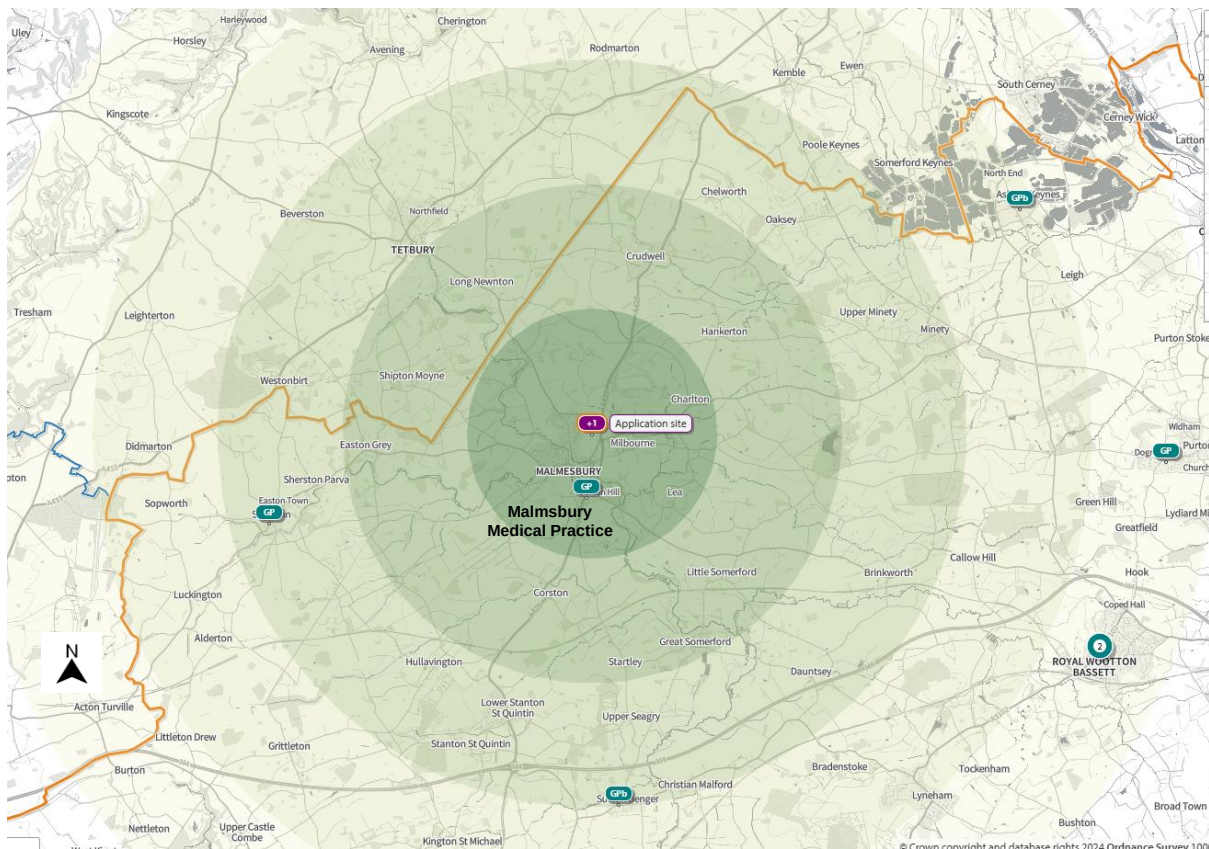
The application proposes the erection up to 149 dwellings. While the development aims to incorporate various health and wellbeing measures, the submitted planning documentation does not assess or identify how residents' access to health facilities and services will be ensured, as required by Policy 3 of the Wiltshire Core Strategy.

Additionally, Policy 81 of the Draft Wiltshire Regulation 19 Local Plan (Sept 2023) aims to develop new and protect existing community facilities in sustainable locations and Policy 83 aims to ensure that development contributes to health and wellbeing. The Malmesbury Neighbourhood plan (2015) echoes this by aiming that the community is supported with key infrastructure improvements created by new development. Also, the Wiltshire Review and Update of the Infrastructure Delivery Plan notes that in terms of healthcare, new development may require a new facility or an external reconfiguration or extensions to existing facilities to be provided in the local area.

In the following sections, we outline the existing capacity of nearby primary care facilities and detail the measures the applicant must take to mitigate the development's impact on local health infrastructure as required by the development plan.

2 Existing Primary Care Position

The ICB has identified that Malmesbury Medical Practice (within a 2km radius from the site) is most likely to be impacted by the proposed development given the proximity to the site and predominant patterns of patient access in the area. This practice is part of the North Wilts Border Primary Care Network (PCN). It is within a walking distance of 1.5mile/2.4km which is considered to be a reasonable commuting distance to be travelled to primary healthcare services in a suburban area. This is shown on Map 1.



Map 1 GP locations in relation to the proposed development (Source: SHAPE Atlas March 2025)

The ICB has assessed the capacity of the impacted practice to establish if they have adequate overall floorspace (clinical rooms and supporting accommodation) to provide services to the existing local population, in line with the 2019 NHS Long Term Plan objectives relating to primary care provision. The results of this assessment, shown in Table 1, demonstrates that the practice is currently experiencing an overall health infrastructure deficit and do not have the capacity to absorb any additional residents. The development would therefore have an impact on primary healthcare provision in the area and its implications, if unmitigated, would be unsustainable.

Table 1 Capacity of existing primary healthcare infrastructure impacted by proposed development

Premises	Weighted Patient List Size (July 2024)	Required Floorspace (NIA) as per HBN Guidance (sqm)	Actual NIA of Current Premises (sqm)	Floorspace (% NIA required)*
Malmesbury Medical Practice	18078	1239.63	1071	86%

*A percentage below 100 indicates that the premises is operating with a space shortfall. For example, Malmesbury Medical Practice has just 86% of the floorspace (measured in NIA) that it should have for its current list size when considered against HBN 11-01 guidance

The ICB's approach to assessing existing capacity for planning purposes involves reviewing weighted patient list sizes against the current net internal area (NIA) of premises. Weighted patient list sizes are used in preference to overall patient registrations because weighting for patient demographics reflects that certain types of patients place a higher demand on practices than others – for example, older and very young patients.

The ICB uses a standard floorspace requirement of approximately 150sqm GIA/ 120sqm NIA per 1,750 patients is used, aligned to Department of Health (DH) guidance within *Health Building Note 11:01: Facilities for Primary and Community Care (HBN 11-01)*. Health Building Notes are published by the DH to provide best practice guidance on the design and planning of new healthcare buildings and the adaptation or extension of existing facilities. They are intended to support the briefing and design processes for individual projects in the NHS building programme.

The ICB have identified that the surgery has the potential for reconfiguration/ refurbishment and/or expansion to increase floorspace capacity in the Malmesbury area. However, there is currently no capital funding available to progress these plans.

There are no other current plans or approved projects for primary care premises developments that would deliver additional capacity at the impacted surgeries. It is also important to note that practices can apply to the ICB to close their list and/or modify their practice boundary. One key reason why practices may be required to do this is because of a significant lack of physical capacity to deliver services to increasing populations.

3 Health Infrastructure Needs Arising from Proposed Development

Based on the ICB's assessment, there is currently no capacity within the local area to accommodate the population growth that will be generated by the development. As a result, a planning obligation will be required to create the full amount of additional primary care floorspace required, in accordance with Policy 3 of the Wiltshire Core Strategy.

The ICB calculates population uplift using the average household size in Wiltshire of 2.3, (2021 Census) applied to the total number of dwellings proposed. The additional floorspace requirement (sqm) arising from this residential population is then calculated based on 150sqm GIA per 1,750 patients to align to the requirements of *Health Building Note 11:01: Facilities for Primary and Community Care (HBN 11-01)*.

The ICB have reviewed the existing estate within the North Wilts Border Primary Care Network (PCN) and ongoing analysis has shown that Malmesbury Medical Practice is classified as core estate and therefore has the ability to be refurbished and/or extended to create the additional

floorspace required to mitigate the impact of the proposed development. In doing so, this would also enable an efficient use of the existing healthcare facilities that are well-located in relation to the proposed scheme. The required S106 contribution is therefore based on delivering the required additional floorspace via a premises model (build cost of £5,273/sqm) within the North Wilts Border Primary Care Network (PCN). Table 2 below provides the capital cost calculation of delivering the additional health infrastructure required to support the proposed development.

Table 2 Capital cost calculation of additional primary healthcare infrastructure

Total residential units	Population Generated	Required Floorspace as per HBN 11-01	Delivery Approach	Total Capital Cost
149	343	29.37sqm	Refurbishment and/or extension of existing premises	£154,883

This calculation is directly related to the proposed development, mitigating the uplift in population by establishing the required increase in primary care floorspace, then applying a build cost to quantify the contribution needed for mitigation. The build cost for extension/refurbishment of primary care facilities is derived from NHS Property Services (NHSPS) build cost benchmarks. As a government owned healthcare specialist property owner, manager, advisor and service provider, NHSPS works in collaboration with leading expert consultants to provide expertise in primary care delivery for ICBs across the country. NHSPS build cost benchmarks are prepared by independent quantity surveyors with a healthcare specialism to ensure accordance with HBN11-01. The identified capital costs are based on delivering healthcare spaces that are ready for occupation by healthcare services, as opposed to shell and core condition. This reflects the full costs of delivering health infrastructure projects and therefore incorporates a range of allowances including (but not limited to) fit out, professional fees, externals and contingency. However, they do not include the cost of land acquisition. NHSPS updates cost benchmarks on an annual basis to reflect current market conditions and rebases costs to the locality of the proposed development using the Built Cost Information Services (BCIS) TPS.

The ICB would look to secure the above capital cost as a financial contribution in the S106 linked to grant of planning permission. To ensure the required health mitigation is appropriately secured in the S106 agreement, we request the following be included in the S106 HoT when presenting the development to the planning committee or before issuing a decision notice:

- Healthcare contribution of £154,883 (index linked) to be applied by the NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board towards the provision of primary care-led facilities and associated infrastructure within the local Primary Care Network (PCN).

To enable the required additional capacity to be in place in a timely manner, the ICB's preference is that the contribution is paid prior to commencement of the development. The financial contribution should be indexed linked to the Build Cost Information Service (BCIS) All-In Tender Price Index. It is important that the detailed drafting of any S106 provides appropriate flexibility to

align with ICB commissioning processes and estates plans, and we would welcome discussion on this should the application be approved.

4 Conclusion

Policy 3 of the Wiltshire Core Strategy set the expectation that development will make sufficient provision for the infrastructure made necessary by the development. Moving new population into the area without adequate primary healthcare provision would therefore be unacceptable in planning terms.

Based on the latest data on primary care infrastructure capacity presented above there is not sufficient existing capacity locally to accommodate the population growth generated by the proposed development. Mitigation is therefore required in the form of a financial contribution of £154,883 towards the capital cost of delivering the additional primary care floorspace required to serve residents of the new development. Without this mitigation, the development would not comply with Policy 3 of the Wiltshire Core Strategy and paragraphs 55 to 58 of the NPPF and related Planning Practice Guidance.

Should you need additional information or clarification on any matter please do not hesitate to contact me.

Yours sincerely,

Teresa Wallace

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For and on behalf of BSW ICB