



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



Property Services

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Application Ref: PL/2026/01963

Address: **Outline planning permission: All matters reserved for the residential development for up to 175 dwellings, associated works (including demolition), infrastructure, ancillary facilities, open space and landscaping. Construction of a new vehicular access off Coate Road and Windsor Drive**

Proposal: Land South of Coate Road, Devizes

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

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. ICBs are central to the NHS's strategy for integrated, population-focused healthcare, combining commissioning, planning, and collaboration to improve outcomes and reduce inequalities across their local areas.

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 £181,909 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 of up to 175 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.

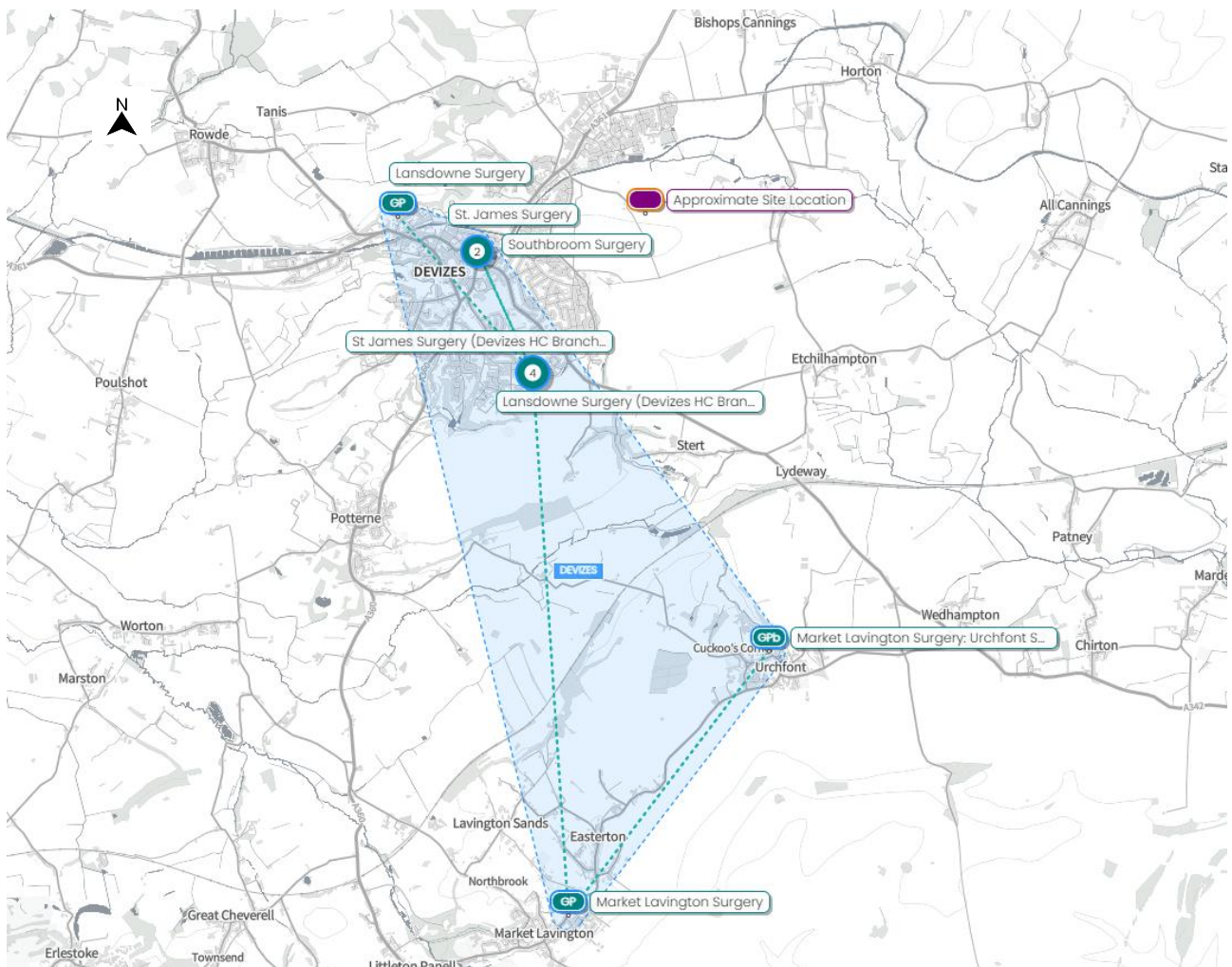
In the following sections, we outline the existing capacity of nearby primary care facilities and detail the measures the applicant must take to mitigate the development's impact on local health infrastructure as required by the development plan.

2 Existing Primary Care Position

Through alignment with the Council's Infrastructure Delivery Plan (IDP), the NHS Ten Year plan introduces a neighbourhood health model of care which aims to bring care into local communities, convene professionals into patient-centred teams and end fragmentation and improve access to general practice.

NHS capital funding is highly constrained and prioritised nationally and cannot be relied upon to accommodate the estate impacts arising from housing growth. Developer contributions will therefore be critical to enabling delivery of health infrastructure required as a direct consequence of population growth, alongside limited and targeted NHS investment where available. In alignment with the IDP, a neighbourhood-level assessment will identify where population growth gives rise to requirements for estate reconfiguration, extension, replacement or new accommodation, progressed through Neighbourhood Health Planning and Primary Care Network estate planning aligned with Integrated Care Board strategies

The ICB has identified that the Main and branch surgeries of St James Surgery and Southbroom Surgery are most likely to be impacted by the proposed development given their proximity to the site and predominant patterns of patient access in the area. These surgeries are within the Devizes Primary Care Network (PCN). These are shown on Map 1.



Map 1 GP locations in relation to the proposed development (Source: STRATA April 2026)

The ICB has assessed the capacity of the impacted practices 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 NHS Ten Year Plan objectives relating to primary care provision. The results of this assessment, shown in Table 1, demonstrates that these practices are 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	Required Floorspace (NIA) as per HBN Guidance (sqm)	Actual NIA of Current Premises (sqm)	Floorspace (% NIA required)*
St James Surgery	8,008	549.12	325	59%
Southbroom Surgery	13,007	891.91	397.3	45%

*A percentage below 100 indicates that the premises is operating with a space shortfall. For example, St James Surgery has just 59% of the floorspace (measured in NIA) that it should have for its current list size when considered against HBN 11-01 guidance.

It is noted however, that the patients in the Devizes PCN, in addition to access to the main surgeries, also benefit from access to GP services within the Devizes Health Centre. There is 204.81 sqm of dedicated GP floorspace to serve patients within the PCN. Despite this, when taking the PCN as a whole (4 surgeries plus the GP space within Devizes HC) there remains to be a significant overall floorspace deficit over PCN.

Premises	Weighted Patient List Size	Required Floorspace (NIA) as per HBN Guidance (sqm)	Actual NIA of Current Premises (sqm)	Floorspace (% NIA required)*
Devizes PCN	34,657	2,376.48	1,831.01	77%

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 150 sqm GIA / 120 sqm NIA per 1,750 patients, 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 has identified that the impacted surgeries have the potential for reconfiguration/refurbishment and/or expansion to increase floorspace capacity in the area. However, there is currently no capital funding available to progress these plans. Premises and

capacity issues are the key constraint on workforce expansion and without additional capacity to support workforce growth this significantly adds to this risk of list closure or boundary changes.

It is 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 has reviewed the existing estate within the impacted Primary Care Network(s) (PCN), and ongoing analysis has shown that the existing estate has the ability to be refurbished and/or extended to create the additional floorspace required to mitigate the impact of the proposed development. Given the scale of the development and current priorities, this is the preferred mitigation for the ICB at the present time. In doing so, this would also enable efficient use of existing healthcare facilities that are well located in relation to the proposed scheme. The required S106 contribution is therefore based on delivering the additional floorspace via a premises model (build cost of £5,273/sqm) within the impacted Primary Care Network(s) (PCN). Table 2 below provides the capital cost calculation for 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
175	403	34.5sqm	Refurbishment and/or extension of existing premises	£181,909

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 HBN 11-01. 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 £181,909 (index linked to BCIS) to be applied by the NHS Bath and North East Somerset, Swindon and Wiltshire Integrated Care Board towards the provision of neighbourhood health facilities and associated health infrastructure to support the local population aligned with the ICB PCNs and/ or at local neighbourhood health plan level.

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 index 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 £181,909 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.



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

Yours sincerely,

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For and on behalf of BSW ICB