

INSERT
Planning Case Officer
Name and
Address

Our Ref: **Insert Planning app no**

Date: **insert date**

Dear **XXX**

Ref: **Insert Planning Application No**

NHS Morecambe Bay Clinical Commissioning Group (CCG) has delegated co-commissioning responsibility for general practice services in Morecambe Bay and is the body that reviews planning applications to assess the direct impact on general practice.

I refer to the above planning application which concerns the proposed residential development at **insert address of development** comprising **X** new dwellings

The CCG has assessed the implications of this proposal on delivery of general practice services and is of the opinion that it will have a direct impact which will require mitigation either **through the direct provision of infrastructure** (if applicable) or the payment of an appropriate financial contribution.

In line with the Planning Act 2008 and the Community Infrastructure Levy Regulations 2010 (the CIL Regulations) (Regulation 122)/Section 106 requests for development contributions must comply with the three specific legal tests:

1. Necessary
2. Related to the development
3. Reasonably related in scale and kind

We have applied these tests in relation to this planning application and can confirm the following specific requirements. The calculations supporting this requirement are set out in Appendix 1.

	Total Chargeable units	Total	Project
General Practice	X	£X	Towards refurbishment and/or reconfiguration at XX practice or Towards new general practice premises (delete as appropriate)

The obligation should also include the provision for the re-imbusement of any legal costs incurred in completing the agreement.

Justification for infrastructure development contributions request

This proposal will generate approximately X new patient registrations based on an average of 2.34 per dwelling or based on dwelling mix provided).

The proposed development falls within the catchment area of XXX Practice. This need, with other new developments in the area, can only be met through the refurbishment and reconfiguration of the existing premises or the development of a new practice premises (delete as appropriate) in order to ensure sustainable general practice.

Case by case: Insert any specific wording re the practice in agreement with the practice e.g (The practice is located less than 0.5 miles from the development and would therefore be the practice where the majority of the new residents register for general medical services. The physical constraints of the existing site mean that the current premises cannot be extended and opportunities to re-configure existing space to accommodate current growth have already been undertaken. The existing premises could not therefore accommodate the growth generated from this proposal.)

Use only if applicable / amend as required: From a CCG perspective the growth generated from this proposed development would not trigger consideration of the commissioning of a new general practice; it would however trigger a requirement to support the practice to understand how the growth in the population would be accommodated and therefore premises options. It is not a resilient, sustainable or attractive service model to commission new practices serving a small population, specifically from a workforce perspective. The same principle applies to branch surgeries within a close proximity to the main surgery site.

It is however important to note that general practice capacity would need to be created in advance of the growth in population so that both the infrastructure and workforce are in place. We would therefore be seeking the trigger of any healthcare contribution to be available linked to commencement of development.

Please note that general practice premises plans will be kept under review and may be subject to change as the CCG must ensure appropriate general medical service capacity is available as part of our commissioning responsibilities.

The CCG is of the view that the above complies with the CIL regulations/Section 106 and is necessary in order to mitigate the impacts of the proposal on the provision of general practice services. In accordance with CIL regulation 123 the CCG confirms that there are no more than four other obligations towards this project.

I would be grateful if you could advise when this application will be considered and if you require any additional information to assist the decision making process in advance of the committee report being prepared.

Yours sincerely

Appendix 1

The CCG uses a formula for calculating s106 contributions which has been used for some time and is calculated as fair and reasonable. This calculation is based the number of additional patients multiplied by the standard area m² for the list size multiplied by the project rate dependent upon the type using the RICS Building Cost Information Service.

Where the application identifies unit sizes the following predicted occupancy rates will be used.

- 1 bed unit @ 1.4 persons
- 2 bed unit @ 2 persons
- 3 bed unit @ 2.8 persons
- 4 bed unit @ 3.5 persons
- 5 bed unit @ 4.8 persons

Where the unit sizes are not identified then an assumed occupancy of 2.34 persons will be used.

OR

The application does not detail the unit sizes and should be updated (based on the above) once the final market unit sizes are confirmed at a later date. The calculation is therefore as follows:

X No of units X 2.34 assumed occupancy = **Y** No of people

Y No of people X standard m² x £RICS rate = **£X** contribution