

Evidence for S106 requests for primary health contributions from Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB)

DATE:	20/05/2025
Organisation	NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB)
Name, Position and Contact Details	Darren Wakefield, Primary Care Manager (Estates), NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (ICB) email – bobicb.planning@nhs.net

Planning application number & Site address	251086 Land At Stanbury House, Basingstoke Road, Spencers Wood, RG7 1AJ
Proposed development	Outline application for the proposed development of up to 63 dwellings with 50% delivered as affordable homes. (All matters reserved except for means of access.)

SUMMARY OF ICB RESPONSE FOR THE COUNCIL'S CONSIDERATION

The ICB would like to raise an objection to the proposed development unless a developer contribution of £57,090 towards the creation of additional clinical capacity at Swallowfield Medical Practice or an identified primary care estates project in the local area to serve the development is secured through a Section 106 Agreement.

The proposed development of 63 dwellings will increase the population by an estimated 151. This will impact on primary health care infrastructure as there is insufficient capacity to accommodate the additional patients. For the avoidance of doubt, the impact of this development cannot be absorbed by the nearby GP Practices.

The requested financial contribution will support the commissioning of a pre project study and an identified project. The ICB would request the wording of the Section 106 Agreement can allow some flexibility for the ICB to reallocate the contribution to another primary care estates project in the local area to serve the development if the identified project at Swallowfield Medical Practice does not go ahead. Any contribution to be requested should be indexed and they should be made prior to any commencement of the proposed development.

ICB BACKGROUND AND CONTEXT

History and context of CCG and replacement by the ICB

The ICB was established on 1 July 2022 by The Integrated Care Boards (Establishment) Order 2022. The ICB replaces the CCG under the Health and Care Act 2022.

*The ICB is a statutory body with the general function of arranging for the provision of services for the purposes of the health service in England and is an NHS body. Berks West CCG commissioned GP services in Berkshire paying GP Practices a prescribed income dependent on the size of a Practice's list (and its demographic make up) and indirectly funds the estate in which it is situated, through a reimbursement rent and rates scheme (as set out under **The National Health Service (General Medical Services - Premises Costs) Directions 2013***

The ICB formally replaced Berkshire West CCG on 1 July 2022 and carries on all of the CCG functions as far as they relate to primary care and its estate.

The role of ICB and its responsibility for primary care

Funding arrangements for the ICB and primary care

(Include context on how primary care/ GP surgeries are funded)

BOB ICB is the commissioner of Primary Care services and as such has a delegated budget for general medical services in the local area, delivered through contracts. The vast majority are General Medical Services (GMS) contracts, awarded in perpetuity. There are a few Personal Medical Services (PMS) or Alternative Provider of Medical Services (APMS) fixed – term contracts for GP Practices with different terms and conditions.

Premises costs form part of this delegated budget and these premises costs are in the form of either lease rent reimbursement or (where a building is owner-occupied by a GP Practice) a rental value reimbursement. The Valuation Office Agency District Valuer Services provide these valuations as an independent organisation to the NHS.

The delegated budget is calculated by NHS England on ONS (Office of National Statistics) data on the number of residents living in the ICB area.

This budget is calculated with reference to existing population creates a significant challenge for the ICB where there are areas of significant population growth due to new housing. In such areas, there is often a need to provide and fund new additional health infrastructure at an early stage of the housing development rather than late in the phasing of that housing development, as GP Practices will not be able to have the capacity to cope with the extra demand created if the expansion space is created at or towards the end of that housing development.

Other funding

ICBs do not receive capital funding for infrastructure development in their annual budgets. The ICB currently does not receive any Community Infrastructure Levy funding from Wokingham Council towards healthcare. Primary care estates projects can only be funded by developer contributions.

Planning for the future

(Include summary details of relevant strategy and/or business case as appropriate)

ASSESSMENT OF IMPACTS ON PRIMARY HEALTHCARE

Existing provision and capacity:

The ICB sets out details of existing primary provision and whether it has capacity to accommodate new patients from the development, including existing patient to GP ratio against the recommended ratio and whether the existing surgeries are accepting new patients.

Current position

The existing primary care provision has been described above

Capacity of nearest GP surgeries to absorb growth

	Practice	Registered Patients (as at Mar 2025)	GIA (m2)	GIA standard (m2)	GIA surplus / deficit
	Swallowfield Medical Practice	15,855	696.8	1,083	deficit

Above table shows that the gross internal area of the Practices are below the NHS England size standards. There is therefore a need to reconfigure Swallowfield Medical Practice to provide additional clinical space and to improve the existing GP services to accommodate this new population.

The size standards have been produced by NHS England as part of a document entitled "Premises Principles of Best Practice Part 1 – Procurement and Development". A GP with a patient list size between 14,001 and 16,000 should have a minimum of 1,083 m2 gross internal area (GIA).

Assessing the impact of development on primary healthcare infrastructure:

Formula to calculate patient yield: - see attached spreadsheet (Appendix 1). The ICB has already demonstrated above that the existing primary care estate nearby is at over capacity and in consultation with Wokingham Council has emphasised that point to the Council also.

Patient Yield

For the development concerned, we have derived the incremental patient yield as follows:

Existing provision and capacity: Proposed number of dwellings (A) = 63 Projected average population per dwelling (B) = 2.4 (using Buckinghamshire Council's population per dwelling tool, which includes an allowance for concealed households) Patient Yield (C) = (A)x (B) = 151 The proposed development would result in 151 number of additional patients and increase the patient to floorspace ratio to an unacceptable level unless mitigation is provided as outlined. Additional facilities will therefore be required to enable the primary care services to be provided to meet the population generated by the new development. Incremental floor space required New Net Internal floorspace per patient relating to primary health care provision in catchment serving development (C)/16.75* = (D) 9.0 m2 NIA Floorspace required: There is a requirement for 9.0 m2 Net Internal Area additional floor space to accommodate the new patients in this development – please refer to attached spreadsheet.
* NHS best practice - the ICB considers that best practice for new healthcare estate is to calculate the floor space mitigation for this housing development is to adopt an average list size per sq m for recent primary care developments where the projected list size per sq m NIA averages at 16.75
<i>This data comes from ICB commissioned District Valuer Reports that require Net Internal Area calculations to provide periodic rental valuations for rent reimbursement purposes. It also comes from ICB data on current list sizes. Please note that all of the Primary Care Networks (PCNs) in Berkshire West are comprised of GP Practices where at individual PCN level and indeed generally across the County, the average list size per sq metre is higher than what is considered as being best practice. Therefore, whilst the data above is interesting, the ICB maintains that when calculating what new floor area should be funded by developer contributions, best Practice should prevail, not the replication of an estate already at over-capacity.</i>
CONCLUSION NET ADDITIONALINTERNAL FLOORSFACE NEEDED TO MITIGATE THE NEW DEVELOPMENT = 9.0 sqm.
ICB COMMENTS ON APPLICANTS' HEALTH IMPACT ASSESSMENT (if provided):

MITIGATIONS FOR HEALTH IMPACTS

BOB-ICB is asking for an offsite mitigation to increase the existing capacity to accommodate any new population from the scheme. The offsite mitigation can be funded by Section 106 developer contribution. **In the absence of securing this offsite mitigation, the ICB raises an Objection to this application.** Swallowfield Medical Practice does not currently have the capacity to take on these additional patients.

PROJECT 1 – Swallowfield Medical Practice

Location:

Arborfield Village Hall

Status:

BOB-ICB and Swallowfield Medical Practice requested an independent review from specialist consultant to provide a summary of the work required to provide a cost estimate of the project

Delivery Timing:

The delivery of the project is subject to the availability of developer contributions to support the project. The delivery timing is subject to the availability of developer contributions.

Capital costs

The total cost estimate of the project is £57,090. The following shows a breakdown of the cost:

Description	Cost (£)
Commissioning of a pre-project study	£3,240
Project	£48,141
Contingency (10%)	£5,709
TOTAL	£57,090

Contribution required from this development:

BOB-ICB is asking for a contribution of £57,090 which is based on the increase in floorspace required to serve the projected population increase. At the time of producing our comments at the planning stage, a 10.0 m² (gross internal area) is required, and the contribution is based on a building cost of £5,692 per square metres.

The requested financial contribution will support the commissioning of a pre project study and an identified project. The ICB would request the wording of the Section 106 Agreement can allow some flexibility for the ICB to reallocate the contribution to another primary care estates project in the local area to serve the development if the identified project at Swallowfield Medical Practice does not go ahead. Any contribution to be requested should be indexed and they should be made prior to any commencement of the proposed development.

Application reference: 251086

Address: Stanbury House Spencers Wood

Projected contribution for proposed development

number of dwellings for this development	63
Average population per dwelling	2.4
Estimated population for proposed development	151.2

Current average floorspace per patient/ m2 NIA for Bucks
new builds* 16.75

Additional floorspace required to support new population (NIA)

9.0

NIA

Additional floorspace required to support new population (GIA)

10.0

GIA

Build cost per sqm GIA excl professional fees=

£4,000 per m2 (GIA)

Professional fees @10%

£400 per m2

Finance costs @6.5%

£260 per m2

Sub total

£4,660 per m2

VAT

£932 per m2

GP IT equipment telephony costs

£50 per m2

lease legal costs (incl lease SDLT)

£50 per m2

TOTAL UNIT SUM PER SQ M excluding land costs

£5,692

TOTAL developer contributions sought (assuming 2.5 persons per unit)

NB - no land sought, just contribution towards construction cos' £5,692

X

10.0

£57,090