

Tuesday, 17 September 2024

By e-mail

Dear Mr Hartley,

**RE: LAND AT CRABTREE FARM, HINCKLEY ROAD, BARWELL,
(23/01175/FUL), (23/01177/FUL), (23/01184/FUL), and (23/01186/FUL)**

Leicester, Leicestershire & Rutland Integrated Care Board (ICB) is writing in response to the EFM Healthcare reports, which queries healthcare S106 provision in relation to the following 4 sites, Land off Crabtree Farm, 23/01175/FUL, 23/01177/FUL, 23/01184/FUL, and 23/01186/FUL.

There are 4 objections, each appear to contain the same argument, so for brevity, are being collated into 1 ICB response intended to cover all 4 objections.

1) The reports listed above argue that the standard approach of estimating 2.4 people per new dwelling is flawed as it assumes all people that move on to a new development will require the use of local GP services.

2) It further argues that many, if not most, people who move into a new development will stay registered with their current GP.

In response to the use of 2.42 as a way of predicting number of occupants, I refer to the Planning Inspector's determination of the matter in her decision of Feb 2024 (Appeal Ref: APP/X2410/W/23/3325902) which found in favour of healthcare S106 contributions and states:

65. I acknowledge the difficulty of anticipating the precise number of patients that would arise from a new development. The standard formula is based on 2.42 persons per dwelling which is an average of national household occupancy.

The contribution is therefore based on the proposal generating some 472 new patients. Some future occupiers may move to the development from within their surgery's catchment area and would therefore remain at the same surgery. As such, it is possible, that fewer patients than that used in the formula would result from the proposal. However, as the figure is an average and does not take into account the number of proposed bedrooms, the proposal could also result in a greater number of patients.

As to where the new occupiers are most likely to register, the ICB asserts that the geographically closest practice to the new houses would be most likely, and I refer to the Planning Inspector's comments for case APP/X2410/W/23/3325902 of Feb 2024 on this topic:

63. Health: The s106 includes a healthcare contribution to be paid to the Council prior to the occupation of any dwellings. The closest GP surgeries to the proposed development are The County Practice and The Jubilee Medical Practice, both part of Syston Health Centre. It is therefore likely that future occupiers would register at one of these practices.

In this case the ICB does therefore not accept that there being 5 GP Practices within a 2-mile radius has a great bearing on the matter, and that the unconfirmed report of 14% of patients being registered at practices other than Barwell and Hollycroft and Heath Lane practices is irrelevant.

3) The report suggests that "If an NHS Practice opens for an hour longer every day, or opens at weekends, its capacity grows" and this would therefore negate the need for healthcare contributions.

In response, the ICB points out that NHS GP providers operate under formal, nationally agreed contracts which state how many hours they are required to deliver. To operate above those hours would mean exceeding the requirements of the contract and necessitate the GP providers changing staff contracts or sourcing and recruiting additional staff.

To suggest that practices meet the increased demand arising from the development by exceeding their contract is unreasonable, in the same way, a suggestion that developer contributions for education could be avoided by schools open longer hours or reducing school holidays would be unreasonable.

4) The report assumes that if a GP practice is at capacity it should go through a statutory process to close its patient list. It goes on to conclude that as the local practices have open rolls it cannot be said that the development will take the GP Surgeries over capacity and cause harm.

The fact that surgeries have open lists is not an indicator of whether they can provide sufficient appointment for their registered patients.

I refer to the Planning Inspector's comments of Nov 2023 on the matter of open lists. (Appeal Decision APP/X2410/W/23/3316574) at Queniborough, Leicestershire.

34. ... It has been highlighted that these surgeries are very busy, already providing extended hours and at capacity. The practices are not, however, closed for additional patients. Nevertheless, it has been demonstrated that GP surgeries are only closed to new patients in very exceptional circumstances and therefore I do not consider that the fact that they are still accepting patients to be a wholly reliable indicator that the surgeries have capacity.

5) The report ends by stating that it is a generally held view that contributions to the NHS are not appropriate based on two Leicestershire appeal decisions cited in the report.

In response, the ICB claims the exact opposite; that the general view is complete support and understanding that new developments strain existing health infrastructure and therefore developer contributions are essential to continue the delivery of local healthcare.

A more recent local planning appeal by a developer against the payment of S106 healthcare contributions failed. I reference again, Appeal Decision APP/X2410/W/23/3325902 of Feb 2024, the outcome of which states:

68. For the foregoing reasons the healthcare contribution is necessary and meets the relevant tests.

It is hoped the Planning Committee recognises the importance of locally accessible general practice services and will provide support to the ICB and the public in our request for S106 contributions.

I would welcome early notice of the outcome of the Planning Committee's decision.

Yours sincerely

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