

**South Somerset District Council**  
**Health Contributions for GP Provision – Technical Note for Developers**

## **1. Introduction**

- 1.1 In order to better integrate planning and health across the district and to efficiently plan for health through the Local Plan and development management processes, this technical note sets out a robust, evidence-based methodology for agreeing required health infrastructure and identifying developer contributions for GP practices.
- 1.2 Any approach to calculate and request contributions is required to be in accordance with Regulation 122 of the Community Infrastructure Regulations and paragraph 57 of the National Planning Policy Framework (NPPF) by ensuring that any contributions should only be sought where they meet the following tests:
- Necessary to make the development acceptable in planning terms,
  - Directly related to the development; and
  - Fairly and reasonably related in scale and kind to the development.
- 1.3 In order to ensure that requests meet these tests, a robust, evidence-based method of calculating contributions needs to be developed. This will be achieved through using:
- Occupancy rates including the expected population increase,
  - Current patient list sizes,
  - Size and space standards; and
  - Cost guidance.
- 1.4 The following sections outline the reasoning and evidence used to identify where contributions are required and the method used to calculate them. The threshold for considering a request for a contribution towards health provision in South Somerset is 20 dwellings.

## **2. Planning Policy**

- National Planning Policy Framework (July 2021)
- 2.1 Paragraph 34 of the NPPF which considers development contributions, requires Local Plans to set out the contributions expected from development. This should include health infrastructure.
- South Somerset Local Plan (March 2015)
- 2.2 Local Plan Policy SS6: Infrastructure Delivery, sets out the Council's approach to planning obligations. Types of infrastructure that may be required to pay obligations are identified. It is stated that the list is not exhaustive and the final bullet point includes "Community facilities" which would include for health care. New development that creates a need for additional health care that cannot be met through existing facilities will be expected to meet any identified shortfall.

## **3. Occupancy rates**

- 3.1 The first stage of calculating an appropriate contribution is to calculate the expected increase in population to be generated by development. This can be achieved

through using average occupancy rates taken from the ONS Household Projections data<sup>1</sup>.

- 3.2 The most recent occupancy rates available (2018) for South Somerset as a whole and for reference the County are outlined Table 1.

**Table 1: Average occupancy rates (persons per household) across Somerset (ONS Household Projections)**

	Average Occupancy Rate
Somerset	2.25
South Somerset	2.25

#### 4. Current Patient List Sizes

- 4.1 NHS England and the Clinical Commissioning Groups hold data on the locations of catchments and the capacity of and current patient list sizes of GP surgeries within these catchments across the county. At the point of consultation with healthcare providers during the planning process, healthcare providers will be able to provide the surgery capacity and patient list sizes for the catchment(s) within which proposed development is located.
- 4.2 Contributions will be sought only where the population generated by the development, or the allocation of which the development is part, is unable to be accommodated within the existing surgery capacities.

#### 5. Size and Space Standards

- 5.1 NHS England use widely accepted 'size and space standards' which set out the appropriate size of GP premises (m<sup>2</sup> Gross Internal Area) in relation to the number of patients to be accommodated at the premises. These standards are given in Table 2. The table also shows the corresponding Gross Internal Area per patient (in m<sup>2</sup>).
- 5.2 Although existing GP surgeries may not comply with the space standards set out, the evidence based standards are used within this methodology to determine the Gross Internal Area (dependent on the number of existing patients and the number of patients to be generated) to which developments will be required to contribute.

**Table 2: NHS size and space standards**

No. of patients			Gross Internal Area (GIA)	GIA per patient
0	-	2000	199m <sup>2</sup>	0.1m <sup>2</sup>
2001	-	4000	333m <sup>2</sup>	0.08m <sup>2</sup>
4001	-	6000	500m <sup>2</sup>	0.08m <sup>2</sup>
6001	-	8000	667m <sup>2</sup>	0.08m <sup>2</sup>
8001	-	10,000	833m <sup>2</sup>	0.08m <sup>2</sup>
10,001	-	12,000	916m <sup>2</sup>	0.08m <sup>2</sup>
12,001	-	14,000	1000m <sup>2</sup>	0.07m <sup>2</sup>
14,001	-	16,000	1083m <sup>2</sup>	0.07m <sup>2</sup>
16,001	-	18,000	1167m <sup>2</sup>	0.06m <sup>2</sup>
18,001	-	20,000	1250m <sup>2</sup>	0.06m <sup>2</sup>

<sup>1</sup> [Household projections for England - Office for National Statistics](#)

## 6. Cost Guidance

- 6.1 A Healthcare Premises Cost Guide (HPCG) published by the Department of Health (2010) <sup>2</sup> provides a cost per square metre for building and engineering services for different healthcare departments based on real, built schemes based on overall gross internal area.
- 6.2 Table 3 below identifies the 2010 HPCG costs per m<sup>2</sup> for 'Facilities for primary and community care services' (as covered by Health Building Note 11-01). Costs are based on new-build, two-storey premises operating independently on a greenfield site.

**Table 3: Healthcare Premises Costs**

Type	2010 HPCG (based on MIPS index of 480) per m <sup>2</sup>			
	Public Space	Staff Space	Clinical Space	Overall Space
<b>Primary Care*</b>	£2,060	£1,820	£2,160	£2,040
<b>Extended Primary Care</b>	£1,870	£1,650	£2,210	£1,990
<b>Community Hospital</b>	£1,840	£1,620	£2,440	£2,200

\*Including GP Surgeries

- 6.3 The figures given are based on a Median Index of Public Sector (MIPS) of 480. The MIPS index upon which these figures are reported is no longer published. In lieu of this, it is recommended by the Department for Business Innovation and Skills (now the Department for Business, Energy and Industrial Strategy) that the PUBSEC index should be used as an alternative. Using a conversion factor of 2.778, MIPS 480 is equivalent to PUBSEC 173.
- 6.4 The BCIS 'National Health Service — Capital Planning Newsletter' published in March 2021 shows that the current PUBSEC reporting level of 250 was agreed by the Department of Health from April 2019 which is a 44.5% increase from the 2010 index. Figures adjusted from the HPCG 2010 figures are presented in Table 4.

**Table 4: Adjusted Healthcare Premises Costs**

Type	Adjusted HPCG (based on a PUBSEC index of 250) per m <sup>2</sup>			
	Public Space	Staff Space	Clinical Space	Overall Space
<b>Primary Care*</b>	£2,977	£2,643	£3,121	£3,207
<b>Extended Primary Care</b>	£2,702	£2,384	£3,193	£2,876
<b>Community Hospital</b>	£2,659	£2,341	£3,536	£3,179

\*Including GP Surgeries

- 6.5 GP surgeries are included within the HPCG under the 'Primary Care' category. Although the HPCG identifies between different types of specific spaces (i.e. public, staff and clinical), it is unlikely that, at the time of requesting contributions, any detail will be known as to how the space required would need to be split between these types. Therefore, it is considered most appropriate for calculations to be based upon the 'Overall Space' cost as highlighted in orange.

<sup>2</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/144106/Healthcare\\_premises\\_cost\\_guides.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/144106/Healthcare_premises_cost_guides.pdf)

## 7. Methodology for Calculating Contributions

- 7.1 As previously discussed, contributions will be calculated using occupancy rates, current patient list sizes, size and space standards and cost guidance using the following methodology. Table 5 demonstrates the methodology using a simple worked example. Variances in this methodology will be under different circumstances (see 7.6 onwards).
- 7.2 In order to determine the expected increase in population to be generated by a development, the number of dwellings proposed should be multiplied by the average occupancy rate identified in Table 1. Affordable housing is not included in the calculation.
- 7.3 Once the expected population increase has been identified, this should be added to the relevant current GP patient list to give an overall expected patient size list. If the expected patient list size is within the existing capacity of the relevant surgery, then a contribution is not required. In cases where an application forms part of a wider allocation, existing capacity will be shared proportionately, and contributions sought to reflect this. Similarly, if a development is located within the catchments of more than one surgery, the patient list sizes will be considered as a whole, and contributions shared proportionately.
- 7.4 Using the expected patient size list, the appropriate space requirement per new patient can be identified from Table 2. The space requirement per new patient can then be multiplied by the expected population increase to give the total space (m<sup>2</sup>) required.
- 7.5 The total space (m<sup>2</sup>) required can then be multiplied by the premises cost identified from Table 4 to give the final contribution calculation.

**Table 5: Worked Example**

**Example: Residential development of 33 dwellings (excluding affordable housing) within the catchment of a surgery which has a total capacity for 3,363 patients and a current patient list size of 6,545. The surgery is already over capacity by 3,183 patients (at 197% of capacity).**

1. Calculate the increased population from this development = **74**
  - No of dwellings x Average occupancy rate = population increase
  - $33 \times 2.25 = 74$
2. Calculate the new GP List size = **6,619** which is over capacity by 3,256
  - Current GP patient list + Population increase = Expected patient list size
  - $6,545 + 74 = 6,619$  (3,256 over capacity)
  - If expected patient list size is within the existing capacity, a contribution is not required, otherwise continue to step 3
3. Calculate the additional GP space required to support this development = **5.92m<sup>2</sup>**
  - The expected m<sup>2</sup> per patient, for this size practice = 0.08m<sup>2</sup>
  - Population increase x space requirement per patient = total space (m<sup>2</sup>) required
  - $74 \times 0.08 = 5.92\text{m}^2$
4. Calculate the total contribution required = **£18,985**
  - Total space (m<sup>2</sup>) required x premises cost = financial contribution calculation
  - $5.92\text{m}^2 \times \text{£}3,207 = \text{£}18,985$  (£575 per dwelling)

- 7.6 When assessing the appropriate contribution from each planning application, any current spare capacity in relevant GP provision within the locality will be considered. In the case of a single standalone application for development, where there is sufficient spare GP capacity at the relevant surgery to accommodate the arising population increase, a contribution will not be sought.
- 7.7 In more complex cases where an allocation is likely to come forward in multiple applications across a period of time, or where multiple allocations are located within a single catchment, spare capacity (frozen at the point of receipt of the first application for the relevant allocation(s)) will be shared proportionately between applications to reflect the number of additional dwellings within each application or across each allocation.
- 7.8 For example, if an allocation were to come forward over three separate applications for equal numbers of dwellings, each application would receive one third of the existing spare capacity upon receipt of the first application. Each developer would be expected to pay contributions for any additional patients generated above this irrespective of the order or timings of the applications. Capacity will be considered accounted for upon receipt of an application (or, in the case of multiple consents making up an allocation, receipt of the first application) see Table 6.

**Table 6: Worked Example**

**Example: Residential development of 500 as part of an overall allocation for 1,500 (excluding affordable housing). The existing surgery has a total capacity for 5,000 patients and a current patient listsize of 4,400. The surgery has spare capacity for 600 patients.**

The **allocation** is expected to be covered by 2 applications: one for **1000 dwellings** and one for **500 dwellings**).

1. Calculate the increased population from this development =
  - No of dwellings x Average occupancy rate = population increase
  - **1000 x 2.25 = 2,250**
  - **500 x 2.25 = 1,125**
  - **Total = 3,375**
2. Calculate the new GP List size =
  - **4,400 + 3,375 = 7,775 (2,775 over capacity)**
3. Share the existing spare capacity (frozen at the point of receipt of the first application for the allocation) proportionately between applications:
  - **Spare capacity = 600 patients**
  - **1000 dwellings = 2/3 of allocation = 2/3 of spare capacity = 400 patients**
  - **500 dwellings = 1/3 allocation = 1/3 of spare capacity = 200 patients**
4. Deduct the proportion of spare capacity from the population increase for each application:
  - **2,250 – 400 = 1,850**
  - **1,125 – 200 = 925**
5. Calculate the additional GP space required to support each application:
  - The expected m<sup>2</sup> per patient, for this size practice = 0.08m<sup>2</sup>
  - **1,850 x 0.08 = 148m<sup>2</sup>**
  - **925 x 0.08 = 74 m<sup>2</sup>**

6. Total contribution required:

- Total space (m<sup>2</sup>) required x premises cost = financial contribution calculation
- 148 x £3,207 = £474,636 (£474.64 per dwelling)
- 74 x £3,207 = £237,318 (£474.64 per dwelling)

**8. Requesting Contributions**

- 8.1 Contributions will be sought on all qualifying applications from the 1 January 2022 in accordance with the evidence and calculations contained within this document.
- 8.2 The method presented looks solely at the expansion of existing GP surgeries and does not account for situations where provision of new surgeries is required, or where provision will be included within development of a building for wider community use.
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