Leighton-Linslade Town Council Health Task & Finish Group

17 May 2022

Information paper 2 from Cllr Steve Owen

Exchange of messages between BLMK CCG, CBC, and SO

24th March 2022

Ms C Macrdechian
Principal Planning Officer
Central Bedfordshire Council
Priory House
Monks Walk
Chicksands
Shefford
SG17 5TQ

Dear Ms Macrdechian,

Re: CB/22/01086/FULL - 44 dwellings - Leighton Buzzard Garden Centre, Hockliffe Road, Leighton Buzzard, LU7 9NX

Thank you for the opportunity to comment on the above planning application. Consideration of the potential consequences of this development and the health infrastructure implications has been undertaken on behalf of Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group (BLMK CCG).
This development, should the application be successful, will affect the Leighton Buzzard practices. The premises of Leighton Buzzard practices are deemed constrained. Premises constraints affects a surgery's ability to take on new patients and even additional GPs and allied clinical staff, especially with the requirement to offer a wider range of patient services from GP Practices, including mental health and community services and some outreach specialist services from local hospitals, delivering care locally and reducing referrals into hospitals.
This application will result in circa 114.4 additional patient registrations and create a constraint that will require premises reconfiguration, extension or even re-location to create additional clinical capacity. Ongoing discussions with Central Bedfordshire Council

are taking place in relation to the CCG's proposal to develop an Integrated Health and Care Hub for Leighton Buzzard.
For this reason, in order to make this development acceptable to NHS commissioners, it is requested that a contribution is made towards the provision of new integrated health and care healthcare facilities in Leighton Buzzard, supporting the delivery of the NHS long term plan.
For clarity: Primary Care is commissioned by BLMK CCG, having taken over this commissioning responsibility from NHS England on 1 April 2019 and this response should be taken as the full NHS reply for consultation purposes.
The primary care calculation is based on the following principle adopted across the NHS England Midlands and East region to provide consistency for all the 25 local authorities comprising that area and as part of the single operating model of best practice it has developed. It has been consistently accepted by local planning authorities.

This figure is based on the following breakdown: w x 2.6 = x
Multiply the numbers of dwellings in any given development (w)
by 2.6 to give x new patients
x/2000 = y
Divide the number of patients by 2000 to give the numbers of GPs needed (y)
(based on the ratio of 2,000 patients per 1 GP (as set out in the NHS England "Premises Principles of Best Practice, Part 1 Procurement & Development")
y x 199 = z m2 of additional GMS space
Multiply the number of GPs required by 199 to convert to new GMS space (199 m2) being the amount of floor space required by each GP (again as set out in the NHS England "Premises Principles of Best Practice, Part 1 Procurement & Development")
z x £3,150* = £
Multiply the floor space by £3,150 which represents build cost per m2 including fit out and fees to give a total cost (£)

£/number of dwellings = £814.90 (rounded to £815 per dwelling) Dividing the total build cost by the number of dwellings provides a standard contribution required from each new dwelling towards the cost of providing GMS services for that development

44 dwellings x 2.6 = 114.4 new patients
114.4 / 2,000 = 0.0572 GP (based on ratio of 2,000 patients per 1 GP and 199m2 as set out in the NHS England "Premises Principles of Best Practice Part 1 Procurement & Development") 0.0572 x 199m2 = 11.3828 m2 additional space required
11.3828 x £3,150 (build costs including fit out and all fees) = £35,855.82
£35,855.82 /44 = £814.90 rounded up to £815 per dwelling = £35,860.00

The requested total contribution of £35,860.00 is calculated only on the number of additional new registrations and patient activity requirements this development will generate and will therefore contribute proportionately towards the costs of provision of a new integrated health and care healthcare facility in Leighton Buzzard.
In terms of trigger points with regard to S106 developer contributions, it remains the case that the earliest possible developer contributions are vital to mitigate the health impact of

the additional residents. BLMK CCG puts the delivery of services to patients first and increasingly the need to support the viability and resilience of GP practices, their ability to cope with increasing patient numbers and the requirement to provide more services locally, in line with the NHS Long Term Plan.
I trust this information is sufficient for you to proceed. However, should you have any questions, please do not hesitate to contact me

Yours sincerely

Collette How
Estates Officer
Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group
Performance and Governance Directorate Capability House
Wrest Park
Silsoe
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MK45 4HR
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Health Infrastructure and Planning Applications

Steve Owen Wed, Mar 30, 5:24 PM

to blmkccg.planningconsultations@nhs.net

(For the attention of Ms Colette How, Estates Officer, Bedfordshire Luton & Milton Keynes Clinical Commissioning Group,or a colleague in her absence)

Dear Ms How
I found your letter (attached) of 22 March 2022 to CBC re a current planning application. I welcome the contents and intent of your letter.

May I seek your help with a few related questions:
1. Have your Estates Group within BLMKCCG been sending similar letters to Central Bedfordshire Council re past multi-dwelling applications, and if so over roughly what period? If it hasn't been a routine procedure, was there some aspect of this particular application that caused you to change your usual approach?

2. Your letter contains some figures and a formula referenced ***"NHS England "Premises Principles of Best Practice Part 1 Procurement & Development")*** . Do you know from what date this guidance was issued and did something similar precede it? And does the formula apply only to GP premises or is it more widely applicable?

3. The calculation in your letter ends with a requested figure of £35,860, and that paragraph then identifies the destination of this funding as ***" a new integrated health and care healthcare facility in Leighton Buzzard."*** Is there a reason why additional GP surgery space is not also mentioned?

4. It looks as if the costs quoted are for buildings - if that is right, what is your understanding of the source of revenue to recruit and pay the additional GPs (and associated clinical staff) needed for this growth? (If you prefer to direct me to a colleague elsewhere in the CCG for an answer, please do).

4. Earlier in your letter is the sentence ***"The premises of Leighton Buzzard practices are deemed constrained."*** Does this conclusion come from your Estates Group (in which case, is there some summary was of explaining how it has been reached) or from elsewhere in the CCG, or from outside the CCG?

Thank you in advance for any help you can provide, and I hope that Leighton-Linslade Town Council' Planning Committee, which I serve on, acting as a consultee on this particular application, may be expressing similar views to CBC.

Best wishes
Steve Owen
Leighton-Linslade Town Councillor

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PLANNINGCONSULTATIONS (NHS BEDFORDSHIRE, LUTON AND MILTON KEYNES CCG)

27 April 2022 1:08 PM
to Nikki, Laura, me

Dear Councillor Owen,

Thank you for your emails and apologies for the delay in getting back to you, it took a bit of time for other colleagues to come back to me due to Easter annual leave. I hope the below answers all of your questions and should you require any further information or clarification then please do not hesitate to come back to me.

1. Have your Estates Group within BLMKCCG been sending similar letters to Central Bedfordshire Council re past multi-dwelling applications, and if so over roughly what period? If it hasn't been a routine procedure, was there some aspect of this particular application that caused you to change your usual approach?

We have been responding to planning application consultations from Central Bedfordshire Council directly since 2017. We also do the same for Bedford Borough and Milton Keynes Councils, and are currently in discussions with Luton Borough Council to establish a similar process.

The CCG has worked with the Local Authority Planning teams to ensure any health requested contribution is fairly and reasonably related in scale and kind to the development, taking into account viability issues for smaller developments. The following thresholds have been agreed with, and supported by, the local authorities:

- Cases for primary care only are made for developments of between 10 and 50 dwellings.
- Cases for primary care, community and mental health provision are made for larger developments of between 51 and 150 dwellings.
- Cases including the above criteria, plus a contribution for secondary/acute provision are made for developments in excess 150 dwellings.

2. Your letter contains some figures and a formula referenced ***"NHS England "Premises Principles of Best Practice Part 1 Procurement & Development")*** . Do you know from what date this guidance was issued and did something similar precede it? And does the formula apply only to GP premises or is it more widely applicable?

The NHS England Premises Principles of Best Practice date back to the period leading up to publication of The National Health Service (General Medical Services - Premises Costs) Directions 2013. We do expect these to be revised but have been informed by NHS England this is not yet published and are awaiting the new, updated Premises Cost Directions.

In terms of how the figures are calculated - the General Medical Services (GMS) primary care figures are based on each Local Authority's average occupancy per dwelling; Central Bedfordshire Council use 2.6 (based on average occupancy of new dwellings), and other Local Authorities use a different number to reflect their demographic, therefore our primary care formula differs slightly depending on which Local Authority a development falls within. This gives the number of likely additional residents and is the basis for the remainder of the formula to ensure the request is directly related to the size of a development. The ratio of 2,000 patients per 1 GP (as set out in the NHS England *"Premises Principles of Best Practice, Part 1 Procurement & Development.*" Then multiplied by (199 m2) being the amount of floor space required by each GP (again as set out in the NHS England *"Premises Principles of Best Practice, Part 1 Procurement & Development"*). The build cost per m2 includes fit out and fees to give a total cost and used to reflect the fact that there is no capital funding for primary care premises.

The Community, Mental Health and Acute requested contributions are calculated by activity type and recorded attendance data. The activity type attendance numbers reflect a lower proportion of the population than the >90% first accessing healthcare via GP provided General Medical Services.

Every effort is made to ensure a CCG request for a S106 developer contribution is tailored to each individual development. This tailored process, together with the agreed thresholds is considered the fairest and most reasonable methodology in the CCG's opinion. The methodology has been accepted by the Local Authorities the CCG works with and at Appeal stage. Currently there is no national methodology, although the Department of Health & Social Care (DHSC) has started a national programme to understand the current planning capability across the health system

and exploring options to develop a DHSC central planning resource to support local NHS leaders to work more effectively with Local Authorities and to understand best practice opportunities for CIL and S106 to mitigate the impact on health infrastructure.

3. The calculation in your letter ends with a requested figure of £35,860, and that paragraph then identifies the destination of this funding as ***"a new integrated health and care healthcare facility in Leighton Buzzard."*** Is there a reason why additional GP surgery space is not also mentioned?

When we request the funding we take into account planned local projects as per the CCG's Primary Care Estates Strategy, or alternatively identify the closest GP practice(s) to the development, or for more rural developments the practice(s) whose patient boundaries include the development area. This is to ensure the health request is directly related to the development and benefits the most constrained practices to get funding to extend, reconfigure or even relocate their practice to best suit the population needs and growth. In this case the proposed Leighton Buzzard Health and Care Hub would benefit all three of our Leighton Buzzard practices as opposed to a small update to an existing practice from such a modest request. Should we not identify a specific practice or project then it leaves us open to push back from the developer because they will expect to see a specific named project.

4. It looks as if the costs quoted are for buildings - if that is right, what is your understanding of the source of revenue to recruit and pay the additional GPs (and associated clinical staff) needed for this growth? (If you prefer to direct me to a colleague elsewhere in the CCG for an answer, please do).

S106 developer contributions are relevant towards the infrastructure impact of additional residents only, and therefore relate to the changes required to healthcare premises to facilitate the additional demand and capacity expected as a result of the extra residents. The primary source of funding for practices to employ their clinical teams is via the General Medical Services contract, whereby practices receive an income based on the number of patients registered with the practice and as an outcome of changes implemented through the annual NHS England contract negotiations. GP practice income increases proportionately in line with growth of their list size. Groupings of GP practices known as Primary Care Networks (PCNs) are able to access additional NHS funding to recruit a range of clinical and non-clinical staff to work across and support the practices in the PCN grouping this includes e.g. Clinical Pharmacists, Paramedics, Social Prescribers.

5. Earlier in your letter is the sentence ***"The premises of Leighton Buzzard practices are deemed constrained."*** Does this conclusion come from your Estates Group (in which case, is there some summary was of explaining how it has been reached) or from elsewhere in the CCG, or from outside the CCG?

The CCG has an agreed methodology, supported by planning officers, for establishing if a premises is space constrained or not. This is based on the internal size of the premises and measured against the number of patients registered with a particular practice, as well as knowledge of the primary care estate layout. Whilst

the measure is relatively crude, it offers a reasonable indicator for comparing levels of constraint across practices.

Premises Constraints are decided as follows:

- 18 – 20 patients per square metre (ppm^2) approaching constraint.
- 20 – 22ppm^2 constrained.
- Over 22ppm^2 severely constrained.

Kind regards
Collette

Collette How
Estates Officer

Bedfordshire, Luton and Milton Keynes Clinical Commissioning Group