

**Blackpool Clinical Commissioning Group  
Fylde and Wyre Clinical Commissioning Group**

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13<sup>th</sup> January 2021

Dear David

**Re: Planning Application No 20/01296**

NHS Fylde & Wyre Clinical Commissioning Group (CCG) has delegated co-commissioning responsibility for general practice services in Fylde and Wyre 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 Outline application for up to 41 dwellings (30% affordable), public open space and associated infrastructure with access applied for off School Lane (all other matters reserved) on Land Off School Lane (South Of Shireshead Cricket Ground) Forton Preston Lancashire PR3 0AS

- 41 dwellings at 2.4 persons/unit = 99 people

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 with 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.

	<b>Total Chargeable units</b>	<b>Total</b>	<b>Project</b>
General Practice	41 (99 persons)	£11,370	Towards internal reconfiguration at the Garstang medical centre for additional clinical capacity.

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

### **Justification for infrastructure development contributions request**

This proposal will generate approximately 99 new patient registrations based on average household size of 2.4 ONS 2017.

The proposed development falls within the catchment area of the Garstang Medical Centre. This need, with other new developments in the area, can only be met through reconfiguration of the existing premises in order to ensure sustainable general practice.

*(The Garstang Medical centre is located less than 4.6 miles from the development and would therefore be the practice where the majority of the new residents register for general medical services.)*

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

Mr.P.Hargreaves

## 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 m<sup>2</sup> 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 m<sup>2</sup> x £RICS rate = £X contribution

99 people x 0.11 x £ = £11,370