

Date: 03/11/2021

Primary Care Team

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Our Ref: 21/02298

Dear Holly,

Letter reference: Tonbridge P R S Medway Wharf Road Tonbridge Kent

NHS Kent and Medway Group (CCG) has delegated co-commissioning responsibility for general practice services in West Kent and is the body that reviews planning applications to assess the direct impact on general practice.

I refer to the above full planning application which concerns the proposed residential development comprising up to 144 dwellings.

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 through 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) 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.**

	Total Chargeable units	Total (See Appendix 1)	Project
General Practice	144	£100,584	Towards refurbishment, reconfiguration and/or extension of Tonbridge Medical Group, Warders

			Medical Centre and/or Hadlow Medical Centre and/or towards new general practice premises development in the area
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The obligation should also include the provision for the re-imburement of any legal costs incurred in completing the agreement.

Justification for infrastructure development contributions request

This proposal will generate approximately 279 new patient registrations based on the dwelling mix provided in Appendix 1. The proposed development falls within the current practice boundaries of Tonbridge Medical Group, Warders Medical Centre and Hadlow Medical Centre.

There is currently limited capacity within existing general practice premises to accommodate growth in this area. The need from this development, along with other new developments, will therefore need to be met through the creation of additional capacity in general practice premises. Whilst it is not possible at this time to set out a specific premises project for this contribution we can confirm that based on the current practice boundaries we would expect the contribution to be utilised as set out above. Any premises plans will include the pooling of S106 contributions where appropriate.

In addition to the above we request that any S106 agreement regarding a financial contribution recognises the following:

- Supports the proactive development of premises capacity with the trigger of any healthcare contribution being available linked to commencement or at an early stage of development.
- Allows the contribution to be used towards new general practice premises in the area serving this population (should GP Estates Strategy identify future requirement) and not just limited to the practices detailed above.
- Allows the contribution to be used towards professional fees associated with feasibility or development work for existing or new premises.

General practice premises plans are kept under regular review as part of the GP Estates Strategy and priorities are subject to change as the CCG must ensure appropriate primary medical care service capacity is available as part of our commissioning responsibilities. Planning for growth in general practice is complex; physical infrastructure is one element but alongside this workforce is a critical consideration both in terms of new workforce requirements and retirements. Any plans developed need to support delivery of sustainable services for the future.

The CCG is of the view that the above complies with the CIL regulations and is necessary in order to mitigate the impacts of the proposal on the provision of general practice services.

Please note that for any s106 contributions secured by the CCG, the legal agreement should detail NHS England and Improvement (NHSE/I) as the recipient of the funding.

I would be grateful if you could advise me of the Council’s decision in due course, should you require any further information, or points of clarification in the meantime please contact me using the above email address.

Yours sincerely

Sent via email

Funmi Owolabi
Senior Programme Manager - Strategic Planning and Primary Care Estates

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 proposed units multiplied by the assumed occupancy multiplied by £360.

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 average occupancy of 2.4 persons will be used.

The calculations for this development are:

Based on the dwelling mix provided:

Total Units (per application) (A)	Proposed Number of Bedrooms (per planning application)					NHS Predicted Occupancy Rates					Predicted Occupancy (N)	X £360 (O)
	1 (D)	2 (E)	3 (F)	4 (G)	5+ (H)	1 (I)	2 (J)	3 (K)	4 (L)	5+ (M)		
144	45					1.4					63	£22,680
		76					2				152	£54,720
			23					2.8			64.4	£23,184
				0					3.5			
					0					4.8		
											279.4	£100,584