



Surrey and Sussex

Andrew Thompson
Development Management
Guildford Borough Council
Council Offices
Milmead House
Guildford, Surrey
GU2 4BB

Dukes Court
Duke Street
Woking
Surrey
GU21 5BH
01483 755 709

www.surreysussex.icb.nhs.uk

BY EMAIL ONLY:

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andrew.thompson@guildford.gov.uk

Dear Andrew,

Application Ref: 25/P/01521

Address: Shortlands Farm, Guildford Road, Ash, Guildford, GU12 6DF

Description: Outline planning application with all matters except for the accesses from Guildford Road and Wyke Lane reserved, for subsequent approval for the demolition of the existing buildings and hardstanding and the erection of up to 200 residential dwellings including affordable housing and plots of self-build plots (Class C3); green and blue infrastructure and associated service and utility structures.

NHS Surrey and Sussex Integrated Care Board (S&SICB) are responding to the above application in relation to the impact of the proposed development on local health infrastructure. NHS S&SICB has delegated authority from NHS England for the commissioning of primary care services (general medical services) for the entirety of the Guildford Borough Council area. This includes consideration of estate requirements to deliver these services.

Summary Comments

There is not sufficient existing primary healthcare capacity locally to address demand generated by the development. Mitigation is therefore required in the form of a financial contribution of £240,748 towards the capital cost of delivering the additional primary care floorspace required to serve residents of the new development. Without this mitigation, the development would not comply with Local Plan Policy ID1 – Infrastructure and Delivery, and paragraphs 56 to 59 of the NPPF and related Planning Practice Guidance.

NHS Surrey and Sussex ICB

NHS S&SICB is the statutory organisation responsible for buying and planning local health and care services for the three million people living across the counties of Surrey and Sussex. The organisation was created on 1 April 2026 through the merger of NHS Surrey Heartlands and NHS

Sussex, also incorporating the Surrey Heath, Farnham and Ash areas of Surrey which were previously part of NHS Frimley ICB. NHS S&SICB covers a total population of just over 3 million people, with a mixture of urban, rural and coastal areas.

As the strategic commissioner, NHS S&SICB is responsible for setting a clear strategy for improving the health of our population, based on the needs of local people, and making sure that the way we spend our money has a direct impact on improving people's health and in reducing the inequalities that exist and how some people access and receive care and treatment.

NHS S&SICB's unique role is to coordinate the allocation of resources, getting the best use of our population's health budget by aligning funding and resources strategically with long-term population health outcomes. Importantly S&SICB has a responsibility to use our understanding of the local context to make sure that every pound spent is improving outcomes, tackling inequalities, delivering best value and building long-term health resilience for local communities, including the left shift (from treatment to prevention; from hospital to community; from analogue to digital) set out in the NHS 10 Year Health Plan. In short, our ambition is to improve the health outcomes, reduce health inequalities and secure the best value for money from NHS services for the people and communities living in Surrey and Sussex in line with the Government's 10 Year Health Plan.

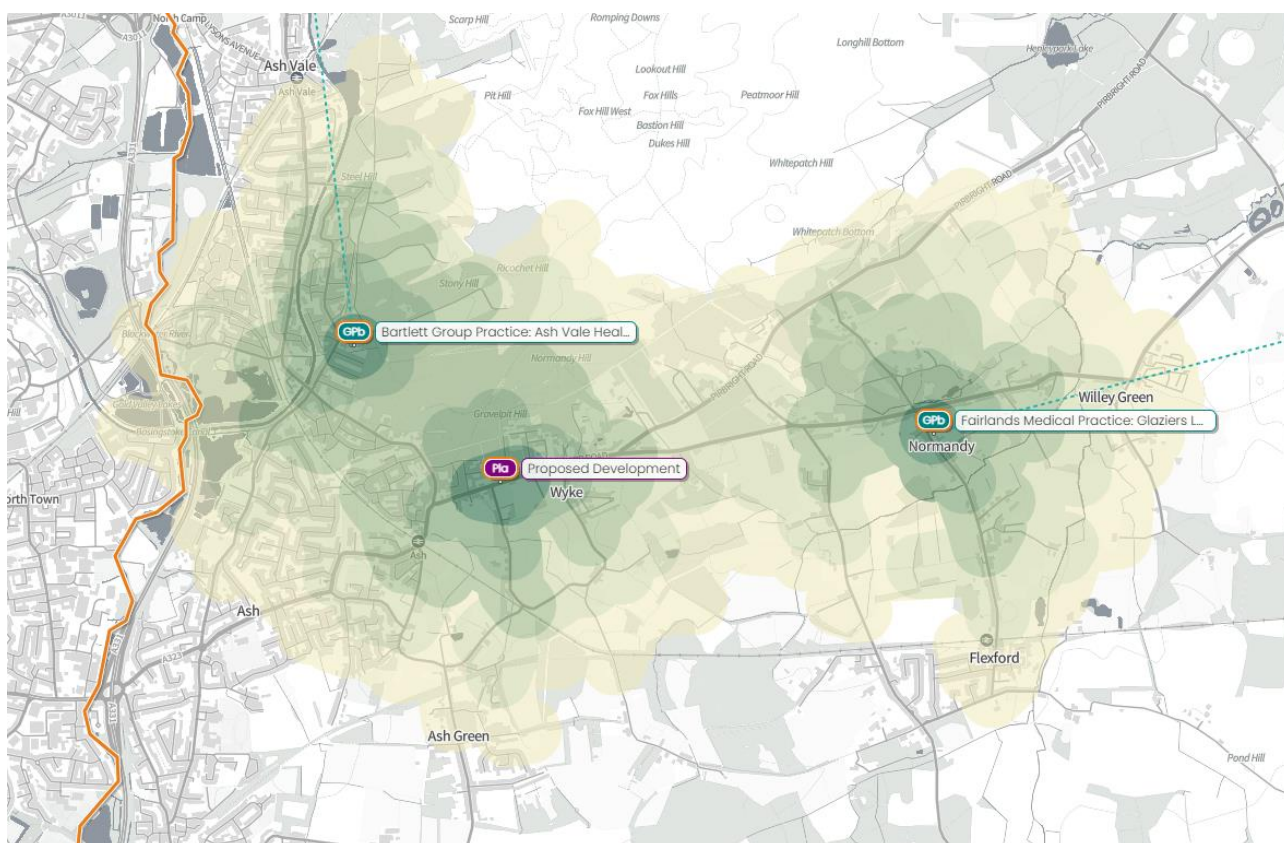
Submitted Planning Documentation

The proposed development is located within the administrative area of Guildford Borough Council ("GBC") and is located to the east of the village of Ash. The Site lies to the immediate south of Guildford Road (A323) and to the immediate west of Wyke Lane. The Planning Statement (December 2025) outlines that the proposed development will result in upto 200 residential dwellings ranging in size, typology and tenure. The draft section S106 Heads of Terms do not explicitly mention healthcare, however it is noted that the applicant will provide any other necessary provisions to be agreed with all parties.

While the development aims to incorporate various health and wellbeing measures, the submitted planning documentation does not assess or identify how residents' access to health facilities and services will be ensured, as required by Local Plan Policy ID1 – Infrastructure and Delivery. In the following sections, we outline the existing capacity of nearby primary care facilities and detail the measures the applicant must take to mitigate the development's impact on local health infrastructure as required by Local Plan Policy ID1.

Existing Primary Care Position

S&SICB has identified that Bartlett Group Practice: Ash Vale Health Centre and Fairlands Medical Practice: Glaziers Lane Surgery (Central & North Guildford Primary Care Network & Surrey Heath Primary Care Network) are most likely to be impacted by the proposed development given their proximity to the site and predominant patterns of patient access in the area. These are shown on Map 1.



Map 1 GP Locations in relation to the proposed development (Source: SHAPE Atlas May 2026)

S&SICB has assessed the capacity of the impacted practices to establish if they have adequate overall floorspace (clinical rooms and supporting accommodation) to provide services to the existing local population, in line with the NHS Ten Year Health Plan for England (2025) objectives relating to primary care provision. The results of this assessment, shown in Table 1, demonstrates that these practices are currently experiencing an overall health infrastructure deficit and do not have the capacity to absorb any additional residents. The development would therefore have an impact on primary healthcare provision in the area and its implications, if unmitigated, would be unsustainable.

Table 1 Capacity of existing primary healthcare infrastructure impacted by proposed development

Premises	Weighted Patient List Size (May 2026)	Actual NIA of Current Premises (sqm)	Required Floorspace (NIA) as per HBN Guidance (sqm)	Floorspace Surplus/Deficit (sqm)
Ash Vale Surgery	14,250	831	977.14	-146
Glaziers Lane Surgery	29,077	1,077	1,993.85	-917

S&SICB's approach to assessing existing capacity for planning purposes involves reviewing weighted patient list sizes against the current net internal area (NIA) of premises. Weighted patient list sizes are used in preference to overall patient registrations because weighting for patient demographics reflects that certain types of patients place a higher demand on practices than others – for example, older and very young patients.

S&SICB uses a standard floorspace requirement of approximately 150sqm GIA/ 120sqm NIA per 1,750 patients is used, aligned to Department of Health (DH) guidance within *Health Building Note 11:01: Facilities for Primary and Community Care (HBN 11-01)*. Health Building Notes are published by the DH to provide best practice guidance on the design and planning of new healthcare buildings and the adaptation or extension of existing facilities. They are intended to support the briefing and design processes for individual projects in the NHS building programme.

Health Infrastructure Needs Arising from Proposed Development

Based on the ICB's assessment, there is currently no capacity within the local area to accommodate the population growth that will be generated by the development. As a result, a planning obligation will be required to create the full amount of additional primary care floorspace required.

S&SICB calculates population uplift using the average household size in Guildford of 2.4, (2021 Census) applied to the total number of dwellings proposed. The additional floorspace requirement (sqm) arising from this residential population is then calculated based on 150sqm GIA per 1,750 patients to align to the requirements of *Health Building Note 11:01: Facilities for Primary and Community Care (HBN 11-01)*.

S&SICB have reviewed the existing estate within the impacted Primary Care Networks (PCN) and have identified that the existing estate can be extended/refurbished to meet the needs of the population coming forward from this development. In doing so, this would also enable an efficient use of the existing healthcare facilities that are well-located in relation to the proposed scheme.

The required S106 contribution is therefore based on delivering the required additional floorspace via refurbishment/extension (build cost of £5,852/sqm) of existing premises within the Central and North Guildford and Surrey Heath Primary Care Networks (PCNs). Table 2 below provides the capital cost calculation of delivering the additional health infrastructure required to support the proposed development.

Table 2 Capital cost calculation of additional primary healthcare infrastructure

Total residential units	Population Generated	Required Floorspace as per HBN 11-01	Delivery Approach	Total Capital Cost
200	480	41.14 sqm	Total Extension & Refurbishment	£240,748

The build cost for extension/refurbishment of primary care facilities is derived from NHS Property Services (NHSPS) build cost benchmarks. As a government owned healthcare specialist property owner, manager, advisor and service provider, NHSPS works in collaboration with leading expert consultants to provide expertise in primary care delivery for ICBs across the country. NHSPS build cost benchmarks are prepared by independent quantity surveyors with a healthcare specialism to ensure accordance with HBN11-01.

The identified capital costs are based on delivering healthcare spaces that are ready for occupation by healthcare services. This reflects the full costs of delivering health infrastructure projects and therefore incorporate a range of allowances including (but not limited to) fit out, professional fees, externals and contingency. However, they do not include the cost of land acquisition. NHSPS updates cost benchmarks on an annual basis to reflect current market conditions and rebases costs to the locality of the proposed development using the Build Cost Information Service (BCIS) TPS.

The contribution request is directly related to the development, being based on the proposed development, the specific population increase, and the resultant primary care floorspace requirement. The request is fairly and reasonably related in scale and kind to the development, as the financial contribution is based on the capital cost of delivering the required additional capacity within the primary care estate that will be impacted by the proposed development.

S106 Heads of Terms (HoT)

The ICB expects that the identified capital cost would be secured as a financial contribution in the S106 linked to grant of planning permission. To ensure the required health mitigation is appropriately secured in the S106 agreement, we request the following be included in the S106 HoT when presenting the development to the planning committee or before issuing a decision notice:

Healthcare contribution: £240,748 (Two-hundred and Forty thousand Seven Hundred and Forty-eight) (index linked) payable as a financial contribution to be used towards the provision of primary care-led facilities and associated infrastructure within the Local Primary Care Network or successor body

To enable the required additional capacity to be in place in a timely manner, the ICB requires that the contribution is paid prior to commencement of the development. The financial contribution should be indexed linked to the Build Cost Information Service (BCIS) All-In Tender Price Index. It is important that the detailed drafting of any S106 provides appropriate flexibility to align with ICB commissioning processes and estates plans, and we would welcome discussion on this should the application be approved.

Summary

Policy ID1 – Infrastructure and Delivery of the adopted Local Plan set the expectation that development will make sufficient provision for the infrastructure made necessary by the development.

Moving new population into the area without adequate primary healthcare provision would therefore be unacceptable in planning terms. Based on the latest data on primary care infrastructure capacity presented above there is not sufficient existing capacity locally to accommodate the population growth generated by the proposed development. Mitigation is therefore required in the form of a financial contribution of £240,748 towards the capital cost of delivering the additional primary care floorspace required to serve residents of the new development. Without this mitigation, the development would not comply with Policy ID1 – Infrastructure and Delivery, and paragraphs 56 to 59 of the NPPF and related Planning Practice Guidance.

Should you need additional information or clarification on any matter please do not hesitate to contact us.

Yours sincerely,



Sophie Sneddon MRICS
Deputy Director of Estates and Facilities
NHS Surrey and Sussex ICB
sophie.sneddon@nhs.net

For and on behalf of Surrey and Sussex ICB



Sam Caslin MRTPI
Associate Town Planner
NHS Property Services Ltd.
sam.caslin@property.nhs.uk