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Debate Pack

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General practice capacity for large-scale housing developments

1 Overview

1.1 Commissioning GP services

Primary medical services in England are provided by general practitioners (GPs) under contracts with NHS England and NHS Improvement (NHSEI). These functions can also be delegated to clinical commissioning groups (CCGs), under co-commissioning arrangements, although NHSEI maintain overall responsibility for ensuring the quality of services. Further information on primary care can be found on the NHS England website. Information on GP access is provided on the NHS website.

Under the Health and Care Bill responsibility for making the necessary arrangements to secure the provision of primary medical services will transfer from NHSEI (and CCGs) to Integrated Care Systems (ICSs) although NHS England (and the Secretary of State) will maintain some powers of direction.[1]

GP practices have also begun working together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas in primary care networks (PCNs). PCNs typically serve communities of around 30,000 to 50,000.

These NHS bodies work together to assess whether new GP surgeries or other healthcare facilities are required for a particular area. Where there is an increase in population, for example a new housing development, local planning authorities should engage with NHS commissioners (i.e. CCGs and NHSEI).

There is no recommendation for how many patients a GP should have, or a maximum list size per practice. The Government has noted that the demand each patient places on their GP is different and can be affected by various factors, including rurality and patient demographics. They also note that the workforce required for each practice to meet patient needs also includes a range of health professionals in addition to GPs themselves, and the best skill mix is for individual practices to determine.[2]

Pressures on GP services

While there have been longstanding pressures on GP services, and concerns about access to appointments predated the pandemic, social distancing and

[1] Further information on plans to put ICSs on a statutory footing can be found in the Library briefing paper on the Health and Care Bill, prepared ahead of the Bill's second reading in the Commons (July 2021). For a general introduction to local and national NHS organisations please refer to the Library briefing paper, The structure of the NHS in England (June 2020).

[2] See for example PQ HL13017, 5 February 2019

infection control requirements have further limited capacity. GPs have also been heavily involved in the roll-out of the Covid-19 vaccination programme.

In March 2021 Healthwatch highlighted that many people were struggling to access GP appointments, and that concerns have increased during the pandemic, due to Covid-related changes to services.[3]

Support for primary care

NHS England and Health Education England (HEE) are responsible for increasing the GP workforce in England. This includes measures to boost recruitment, address the reasons why GPs are leaving the profession, and to encourage GPs to return to practice.

On 2 November 2021 the Secretary of State for Health and Social Care, Sajid Javid, acknowledged that the Government was not on track to meet their plans to recruit an additional 6,000 GPs by 2024.[4] The Government also has a manifesto commitment to expand the number of other primary care professionals by 26,000. The British Medical Association and the Nuffield Trust provide information on commitments to increase the primary care workforce, and trends in staff numbers working in general practice.[5]

In January 2019 the NHS Long Term Plan included a commitment that primary and community care would receive at least £4.5 billion more in real terms a year by 2023/24, with funding expected to grow faster than the overall NHS budget.

The NHS and Department of Health and Social Care (DHSC) plan for improving access to GP appointments, published on 14 October 2021, outlined a new £250 million winter access fund, acknowledging the pressure faced by GPs. The plan also noted £270 million funding over the previous 11 months to expand capacity and support GPs.

The British Medical Association (BMA) has called for 10% of the funding earmarked to clear the elective care backlog in England should go towards general practice. In a letter to Chancellor, the BMA also asked for 'urgent investment' towards upgrading GP premises, which it described as being in a 'sorry state'.[6]

3 Healthwatch, GP access during COVID-19, 22 March 2021

4 Guardian, No 10 set to break promise of 6,000 more GPs in England, Sajid Javid says, 2 November 2021

5 BMA, Pressures in general practice data analysis; Nuffield Trust, Health and social care staffing tracker: General Practice

6 Pulse, GP practices must receive 10% of NHS backlog billions, BMA tells Treasury, 18 March 2022

1.2 Planning matters

There are various measures in place for England, which encourage local planning authorities (LPAs) to take communities' health needs into account and to ensure the provision of facilities for primary, secondary and tertiary care.

There are two routes through which an LPA can seek money for associated infrastructure from the developer: section 106 contributions or the community infrastructure levy (CIL).

Planning for healthy communities

The National Planning Policy Framework (NPPF)(PDF) provides the framework against which Local Plans are drawn up and applications for planning permission are determined in England.

Under the heading of achieving sustainable development, the NPPF sets out a social objective, referring to healthy communities and accessible services, supporting health and wellbeing.[7] The more detailed Planning Practice Guidance on healthy and safe communities outlines how positive planning can contribute to healthier communities and speaks of "securing the facilities needed for primary, secondary and tertiary care."[8]

Developer contributions

In practice, LPAs will often pursue these aims by seeking contributions from developers towards the cost of additional infrastructure associated with a development. There are two routes through which an LPA can seek such contributions: section 106 agreements or the Community Infrastructure Levy (CIL).

Changes to Government policy towards developer contributions when the NPPF was revised and updated in 2018/9 are discussed in the Commons Library briefing What next for planning in England? The National Planning Policy Framework.[9] For more information on section 106 contributions and the CIL, see the Commons Library briefings Planning Obligations (Section 106 Agreements)[10] and Community infrastructure levy.[11]

7 Ministry of Housing, Communities and Local Government (MHCLG, now the Department for Levelling Up, Housing and Communities, DLUHC), National Planning Policy Framework, July 2021, paragraph 8

8 MHCLG, Guidance: healthy and safe communities, last updated 1 November 2019, paragraph 001

9 CBP 08260

10 CBP 7200

11 SN 3890

Section 106 agreements

Section 106 agreements, sometimes known as "planning obligations" or "planning gain", stem from agreements made under section 106 of the Town and Country Planning Act 1990, as amended. They are agreements negotiated between the developer and the LPA to meet concerns that an LPA may have about meeting the cost of providing new infrastructure. Section 106 agreements are legally binding, and the obligations may be either in cash or kind, to undertake works, provide affordable housing or provide additional funding for services. Planning obligations to support new development must help meet the objectives of the local plans and neighbourhood plans for a particular area.

The NPPF sets out that planning obligations should only be sought where they meet all of the following tests, that they are: 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.[12]

Community Infrastructure Levy

The CIL was brought into force on 6 April 2010 by the Community Infrastructure Levy Regulations 2010, made under section 206 of the Planning Act 2008.[13] Changes to the scheme have subsequently been made by further regulations. The CIL is a levy that local authorities in England and Wales can choose to charge on new developments in their area. It is basically a charge on new buildings and extensions to help pay for supporting infrastructure. In areas where CIL is in force, land owners and developers must pay the levy to the local council. The money raised from the CIL can be used to support development by funding infrastructure that the council, local community and neighbourhoods want. One such type of development is medical facilities.

What next for developer contributions?

The Government has proposed further reforms to developer contributions, both within the current planning system and in the new approach to planning outlined in the white paper Planning for the Future.

The Commons Library briefing Planning for the Future: planning policy changes in England in 2020 and future reforms examines those proposals: Section 1.10 discusses proposals within Planning for the Future for a new national levy for developer contributions and section 2.3 discusses the proposal for a higher threshold for developer contributions within the current planning system. Section 5 of the briefing discusses the Government's more recent announcements on planning reform in the Levelling Up white paper, including (at section 5.2) a new infrastructure levy.[14]

12 MHCLG, National Planning Policy Framework, July 2021, paragraph 57

13 SI 2010/948

14 CBP 8981

2 Parliamentary Material

2.1 Committees

The future of General Practice inquiry

House of Commons Health and Social Care Committee

Current inquiry to explore the future of NHS general practice, examining the key challenges facing general practice over the next five years as well as the biggest current and ongoing barriers to access to general practice.

2.2 Debates

Access to GP Appointments

12 Jan 2022 | Debates | House of Commons | 706 cc281-7WH

GP Appointment Availability

26 Oct 2021 | Debates | House of Commons | 702 cc78-100WH

2.3 Parliamentary Questions

General Practitioners

15 Dec 2021 | 78499

Asked by: Mike Amesbury

To ask the Secretary of State for Health and Social Care, what steps he is taking to (a) increase the number of GP appointments available in line with local housing developments and (b) ensure an adequate number of GP appointments are available throughout winter 2021-22.

Answering member: Maria Caulfield | Department: Department of Health and Social Care (DHSC)

NHS England is committed to ensuring future funding and healthcare provision matches population growth and demographic changes, including local housing developments. The National Health Service funding formula reflects the Office for National Statistics' population estimates and general practitioner (GP) registrations in a geography.

'Our plan for improving access for patients and supporting general practice' included an additional investment of £250 million through a Winter Access Fund. This aims to improve the availability of GP practices and increase the number of appointments, while also investing in technology to make it easier for patients to see or speak to their GP.

Oxford-Cambridge Arc

22 Jul 2020 | 73767

Asked by: Richard Fuller

To ask the Secretary of State for Housing, Communities and Local Government, what requirements the Government has placed on the provision of GP services ahead of new housing developments in the Oxford Cambridge Arc.

Answering member: Mr Simon Clarke | Department: Ministry of Housing, Communities and Local Government

The National Planning Policy Framework states that plans should set out the contributions expected from development. This should include setting out the levels and types of infrastructure required, such as that needed for health. Such policies should not undermine the deliverability of the plan.
Local authorities are able to use contributions from developers to support the delivery of local infrastructure, including GPs' surgeries.

General Practitioners: Oxfordshire

03 May 2019 | 247770

Asked by: Moran, Layla | Party: Liberal Democrats

To ask the Secretary of State for Health and Social Care, whether his Department has had discussions with Cherwell District Council and the Oxfordshire Clinical Commissioning Group on providing additional GP services for new housing proposed in the Cherwell Local Plan.

Answering member: Seema Kennedy | Department: DHSC

The National Planning Policy Framework makes it clear that strategic policies should make sufficient provision for community facilities, such as health, education and cultural infrastructure.

The National Planning Practice Guidance states that:

- Strategic policy-making authorities should work with public health leads and health organisations to understand and take account of the current and projected health status and needs of the local population, including the quality and quantity of, and accessibility to, healthcare and the effect any planned growth may have on this; and

- the views of the local clinical commissioning group (CCG) and NHS England should be sought regarding the impact of new development which would have a significant or cumulatively significant effect on health infrastructure and/or the demand for healthcare services.

Oxfordshire CCG have advised us they are working with Cherwell District Council and local practices to understand the population growth in its district council area.

General Practitioners

05 Feb 2019 | HL13017

Asked by: Lord Birt

To ask Her Majesty's Government what plans they have to reduce the variation across Clinical Commissioning Groups in England in the ratio between GPs and their patients.

Answering member: Baroness Blackwood of North Oxford | Department: DHSC

Each general practice is required to provide services to meet the reasonable needs of their registered population. There is no recommendation for how many patients a general practitioner (GP) should have, as the demand each patient places on their GP is different and can be affected by various factors, including rurality and patient demographics. The workforce required for each practice to meet patient needs also includes a range of health professionals in addition to GPs themselves, and the best skill mix is for practices to determine.

NHS England and Health Education England (HEE) are working together with the profession to increase the GP workforce in England. This includes measures to boost recruitment, address the reasons why GPs are leaving the profession, and encourage GPs to return to practice.

Last year, Health Education England recruited the highest number of GP trainees ever and the Targeted Enhanced Recruitment Scheme (TERs) is attracting GP trainees to parts of the country where there have been consistent shortages of GP trainees. Over 500 trainees entered the TERs scheme in 2016-2018 and a further 276 are available in 2019.

NHS England has committed to further expanding community based multi-disciplinary teams and will provide funding for around 20,000 other staff in primary care networks by 2023/24. This builds on the extra 3,700 non-GP clinical staff already working in general practice, compared to 2015 and will mean bigger teams of staff, providing a wider range of care options for patients and freeing up more time for GPs to focus on those with more complex needs.

The recently published NHS Long Term Plan made a clear commitment to the future of general practice, with primary and community care set to receive at least £4.5 billion more in real terms a year by 2023/24 – meaning their funding will grow faster than the rising National Health Service budget. Since the launch of the Long Term Plan, NHS England and the British Medical Association's General Practitioners Committee have agreed a five-year GP (General Medical Services) contract framework from 2019/20. The new contract framework will be essential to deliver the ambitions set out in the NHS Long Term Plan through strong general practice services.

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