





East Devon District Council Planning Department Blackdown House Border Road Heathpark Industrial Estate Honiton EX14 1EJ

Date: 6th January 2023

Dear Sir/Madam,

Reference: East Devon Local Plan Review Final Sites Options Consultation

Please find below the response from the NHS across Devon to the proposed sites for the new East Devon Council Local Plan.

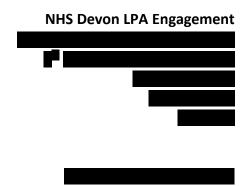
The proposed sites have been reviewed on behalf of the following NHS providers and associated services:

- 1. NHS Devon Integrated Commissioning Board (Primary Care): GP Services
- 2. Royal Devon University Hospital NHS Foundation Trust: Acute and Community Services

The NHS has reviewed the proposed sites which have been identified as suitable for development as part of the HELAA which East Devon Council has published for consultation. We have produced a town by town analysis of the potential impacts on ongoing healthcare services which will need to be considered as part of any future planning request.

The impacts are based upon the historical use of healthcare services across the East Devon District Council area but does not consider the potential additional pressures that are linked to the Devon trend whereby the inward migration is higher for the older age population who generally are more frequent and regular users of the NHS.

In order to undertake an assessment of the effect of the Local Plan sites we have grouped the developments by Town and for Primary Care linked these to the GP Practices that serve the local population. To forecast population for each development the maximum number of dwellings has been used with an average occupation of 2.22 people per dwelling.



2

Acute and Community Care

The increase in the Acute and Community healthcare activities from the proposed development areas have been categorised across 7 different areas:

- 1. A&E Attendances: Accident and Emergency Departments may be
 - a. Major units, providing 24-hour service seven days a week to which the vast majority of emergency ambulance cases are taken
 - Smaller units commonly called minor injury units, in which services are often only available for limited hours and which may not deal with emergency ambulance cases.
- 2. Critical Care: Intensive Care service Adult and Paediatric.
- 3. **Non-Elective Admission and short stay:** Where a patient receives short-term treatment for an unplanned severe injury or episode of illness or an urgent medical condition which requires at least one overnight stay in a hospital.
- 4. **Elective Admission:** Where a patient receives short-term treatment for a planned medical condition which requires at least one overnight stay in a hospital.
- 5. **Day Case:** Where a patient receives short-term treatment and procedure for a planned medical condition which does not require an overnight stay in a hospital.
- 6. **Regular attendances**: Chronic patient pathways
- 7. **Outpatient Appointments and Procedures:** Attendances related to an ongoing medical condition that does not necessarily require a procedure.
- 8. **Community Nursing visits/care:** Long or short term care for people who are elderly or disabled which is provided within the community or at home rather than in hospitals

Over the period of the Local Plan there will be additional increase in the services provided to the residents of East Devon across Acute (Hospital) and Community (Health and Wellbeing Centres and Home Visits) which will:

- a. Require investment to be able to provide additional capacity to maintan appropriate levels of care
- b. Lead to significant cost pressure for the RDUH

Therefore the Acute and Community Care developer contribution has been calculated at £681 per dwelling.

The contributions are necessary to fund the cost of additional healthcare capacity to be able to provide service to the new residents.

The calculation is based upon a presumption that a proportion of the occupants from the proposed sites will be new to the Royal Devon University Healthcare NHS Foundation Trust catchment area. The Trust has worked with East Devon District Council and agreed an appropriate inward migration percentage based on NHS Devon GP patient registrations.

Primary Care

These are main highlight points from the more detailed analysis:

- Currently there are 14 main GP Practices plus 12 branch surgeries who provide primary care services for the areas identified as being suitable for new developments in the consultation document released by East Devon District Council.
- 2. 9 GP practices (35%) have more patients than they physically have capacity to manage. This picture is more complicated at granular level. 8 of the surgeries that are over capacity and situated in the west of the East Devon district whilst 15 of the surgeries that have capacity are in the north and east of the district.
- 3. In addition, East Devon citizens that live to the west of the district utilise the GP surgeries that are physically in the Exeter City eastern boundary, namely Pinhoe surgery, Hill Barton medical practice and Topsham surgery. All three of these surgeries are over capacity.

Over the period of the Local Plan there will be additional increase in the services provided to the residents of East Devon across the GP practices within East Devon District Council and some within Exeter City Council which will require investment to be able to provide additional capacity to maintan appropriate levels of care.

Therefore the Primary Care developer contribution has been calculated at £560* per dwelling.

The contributions will be used to either expand existing GP surgeries or build new surgeries.

The calculation is based upon the Devon County Council Health Contributions Approach: GP Provision – Development Contribution Methodology (https://www.devon.gov.uk/planning/planning-policies/other-county-policy-and-guidance).

Acute, Comminuty and Primary Care

The combined total for the NHS Contribution request euqtes to approximately £1,241* per dwelling.

*This figure is likely to increase due to the rising costs of building material and is currently under review.



Malcolm Dicken
Head of Local Planning Engagement

On behalf of:

NHS Devon Integrated Commissioning Board (ICB)
Torbay and South Devon NHS Foundation Trust (TSDFT)
Royal Devon University Healthcare NHS foundation Trust (RDUH)

NHS Responses to Local Plan Review Selected Site Options Consultation

Numbers in parenthesis under GP surgeries are:- (Patient List Size/Infrastructure Capacity)

Town/Village	New Settlement,	New Settlement, Clyst St Mary					
Maximum Dwellings	2,500	Maximum Population 5,500					
Developments		GP Surgeries					
New Settlement		Cranbrook Medical Prac	tice	(4228/3778)			
		Pinhoe Surgery		(11152 /8586)			
		Hill Barton Surgery		(4323 / 3215)			
	NHIC Description ICP Description						

NHS Devon ICB - Primary Care Response

The GP surgeries that serve this potential site have a capacity problem as of December 2022. Added to this, consented and commenced sites that are also in the catchment of these surgeries, will add further capacity pressures.

This site, along with the proposals emerging in the Cranbrook extension plan of Treasbeare, Cobden, Bluehayes and Grange, along with the completion of the Younghayes development, will add a further 4,970 dwellings and a increase the population by 11,000. This will greatly increase the capacity burden already being experienced by these surgeries.

Although developer contributions will be requested for this site, it is recognised that a s106 contribution is only one part of a much larger funding requirement for these surgeries to achieve optimum healthcare cover. (see below)

Infrastructure Plans - Primary Care Response

EDDC have now appointed architects to produce masterplan options for Cranbrook town centre land and this work has begun with initial client meetings undertaken. This is with a view to going out to public consultation in June next year and the process will help inform the location of the health building which will include primary care facilities. A NHS ICB report will be produced to identify the geographic and demographic scope of the planned health & wellbeing hub which will eventually cover both Cranbrook and wider developments to the east of Exeter including the New settlement that may be centred around Clyst St Mary.

Plans are also underway to extend the Pinhoe Surgery site's patient capacity by adding extra consulting rooms. However it must be remembered that the Pinhoe surgery site will have been extended to its optimum size once these plans have been completed. Further expansion will not be possible in the future.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices along the Exeter/M5 corridor. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities							
A&E	Critical	Non-Elective	Elective	Day Case	Outpatient	Community		
Attendances	Care	Admissions	Admissions	(Elective)	Appointments	Nursing		
1167	21	1158	102	593	7606	5733		
£60,438	£83,345	£681,183	£125,036	£188,247	£431,924	£132,366		

Town/Village	North of Topsham			
Maximum Dwellings	580	Maximum Population	1,288	
Developments		GP Surgeries		
North of Topsham		Topsham Surgery (6	5693/6119)	
		Hill Barton Surgery (4	4323/3215)	
		Glasshouse Surgery (4693 / 4291)	

The GP surgeries that serve this potential site have a capacity problem as of December 2022. Added to this, consented and commenced sites that are also in the catchment of these surgeries, will add further capacity pressures.

This site, along with the planned sites in the eastern Exeter City area will generate an overall capacity shortfall on Topsham Surgery's main site as well as its branch surgery at Glasshouse. Hill Barton surgery is already over its infrastructure capacity level.

To mitigate this capacity issue, a developer contribution for primary care will be requested for this potential site.

Infrastructure Plans - Primary Care Response

Topsham surgery is extending the Glasshouse branch to increase clinic space and also have plans to increase the consulting rooms at the main surgery in Topsham.

Hill Barton surgery is also undergoing plans to possibly reconfigure the surgery building to increase patient capacity.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Topsham area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
271	5	269	24	138	1764	1330
£14,022	£19,336	£158,034	£29,008	£43,673	£100,206	£30,709

Town/Village	Cranbrook			
Maximum Dwellings	4,170	Maximum Population	9,257	
Developments		GP Surgeries		
Cranbrook		Cranbrook Medical Practice (4228/3778)		
		Pinhoe Surgery	(11152/8586)	
		Broadclyst Surgery	(3900/3002)	

The GP surgeries that serve this potential site have a capacity problem as of December 2022. Added to this, consented and commenced sites that are also in the catchment of these surgeries, will add further capacity pressures.

This site, along with the Tithbarn Green and and the completion of the Younghayes development as well as the proposed new settlement at Clyst St Mary, includes Treasbeare, Cobden, Bluehayes and Grange, This will add a further 4,970 dwellings and a increase the population by 11,000. This will greatly increase the capacity burden already being experienced by these surgeries.

Although developer contributions will be requested for this site, it is recognised that a s106 contribution is only one part of a much larger funding requirement for these surgeries to achieve optimum healthcare cover. (see below)

Infrastructure Plans - Primary Care Response

EDDC have now appointed architects to produce masterplan options for Cranbrook town centre land and this work has begun with initial client meetings undertaken. This is with a view to going out to public consultation in June next year and the process will help inform the location of the health building which will include primary care facilities. A NHS ICB report will be produced to identify the scope (geographical and population) of the planned health & wellbeing hub ie covering both Cranbrook and wider developments to the east of Exeter including the New settlement that may be centred around Clyst St Mary.

Plans are also underway to extend the Pinhoe Surgery site's patient capacity by adding extra consulting rooms. However it must be remembered that the Pinhoe surgery site will have been extended to its optimum size once these plans have been completed. Further expansion will not be possible in the future.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Cranbrook/ Clyst St Mary area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities							
A&E Critical Non-Elective Elective Day Case Outpatient					Outpatient	Community		
Attendances	Care	Admissions	Admissions	(Elective)	Appointments	Nursing		
3619	23	2019	158	785	11909	1390		
£187,328	£90,844	£1,187,559	£194,487	£249,129	£674,458	£32,100		

Town/Village	Exmouth			
Maximum Dwellings	1,033	Maximum Population	2,293	
Develo	pments	GP Sui	geries	
Land on the north-east	ern side of Exmouth	Raleigh Surgery	(3990/3916)	
Land at Douglas Garder	ıs	Treetops Surgery	(1929/1703)	
Littleham Fields		Exmouth Health Centre	(10351/9137)	
Land to the South of Co	urtlands Lane	Claremont Medical Practice (9266/8615)		
Land to the South of Lit	tleham	Imperial Surgery	(5421/6428)	
Land at St John's		Haldon House Surgery	(5853/6428)	
Land at Courtlands				
Land off Summer Lane				

The 6 GP surgeries that serve these potential sites have a capacity problem as of December 2022. The combined patient list size for these surgeries is 38,836 and their combined infrastructure capacity is 37,964. Therefore they are over capacity by 872 patients Added to this, consented and commenced sites that are also in the catchment of these surgeries, will add further capacity pressures.

These sites along with the sites that are consented and commenced, will generate an overall capacity shortfall on Raleigh surgery, Treetops Surgery, Exmouth Health Centre, Claremont Medical Practice, Imperial Surgery and Haldon House Surgery

To mitigate this capacity issue, a developer contribution for primary care will be requested for the potential sites in and around this area.

Infrastructure Plans - Primary Care Response

The Rolle Medical Partnership in Exmouth have submitted a plan to increase the number of consulting rooms and to increase their reception area. The remaining surgeries are at this time are planning minor reconfigurations.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Exmouth area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
477	5	781	76	293	3911	5713
£24,705	£19,247	£459,750	£92,787	£93,072	£221,798	£131,908

Town/Village	Axminster		
Maximum Dwellings	1,050	Maximum Population	2,331
Develo	pments	GP Sur	rgeries
Land east of Lyme Road		Axminster Medical Pract	ice (11022/12986)
Land west of Chard Roa	d		
Land east of Musbury R	oad		
Land at Axminster Carp	ets		
Scott Rowe Building, Ax	minster Hospital,		
Chard Road			
Land at Lea Combe, Fiel	d End		
Great Jackleigh Farm			
Land east of Lyme Close	<u>)</u>		

The GP surgery that serve these potential sites has excess of capacity as of December 2022.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

There are no planned healthcare infrastructure changes in the Axminster area at this time.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Axminster area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
455	5	493	59	253	3002	2875
£23,591	£18,745	£289,963	£71,734	£80,114	£169,635	£66,380

Town/Village	Honiton		
Maximum Dwellings	471	Maximum Population	1,046
Develo	pments	GP Su	rgeries
Land to the west of Hay	ne Lane	Honiton Surgery (17656/26012)
Hayne Farm at Hayne La	ane		
Land at Heathfield, East	of Hayne Lane		
Land to the north and s	outh of King Street		
Former Millwater School	ol at Bottom Road		
Land adjacent to St Mic	haels Church		
Land at Ottery Moor La	ne		
Land at Middle Hill, Chu	ırch Hill		
Land at Hurlakes, North	cote Hill		
Land south of Northcot	e Hill		

The GP surgery that serve these potential sites has excess capacity as of December 2022. However, consented and commenced sites that are also in the catchment of these surgeries, reduce that capacity to a certain degree.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

There are no planned healthcare infrastructure changes in the Honiton area at this time.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Honiton area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community	
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing	
551	3	234	23	119	1620	1345	
£28,501	£10,035	£137,461	£28,357	£37,724	£92,087	£31,048	

Town/Village	Ottery St Mary			
Maximum Dwellings	288	Maximum Population	639	
Developments		GP Surgeries		
Barrack Farm		Coleridge Medical Centre	e (15157/16343)	
Land at Thorne Farm				
Land at Salston Barton				
Land at Bylands, Slade I	Land at Bylands, Slade Road			
Land south of Strawber	ry Lane			
Gerway Farm				

The GP surgery that serve these potential sites have an excess of capacity as of December 2022. However, these potential sites that are in the catchment of this surgery, reduce that infrastructure capacity considerably.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

There are no major plans to increase the infrastructure capacity at Coleridge Medical Centre at this tme.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Ottery St Mary area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities						
A&E Critical Care Non-Elective Elective Day Case Outpatient Community						
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
194	2	128	14	68	875	895
£10,039	£6,569	£74,561	£16,811	£21,713	£49,294	£20,649

Town/Village	Seaton					
Maximum Dwellings	217	Maximum Population	482			
Develo	pments	GP Sur	GP Surgeries			
Land at Barnards Hill La	nd at Barnards Hill Lane		Townsend House Medical Centre			
Land to the south of Ha	repath Hill	Seaton & Colyton Medica	Seaton & Colyton Medical Centre			
Land off Harepath Road						
Land at Clay Common						

The GP surgeries that serve these potential sites have an excess of capacity as of December 2022. However, consented and commenced sites that are also in the catchment of these surgeries, may reduce that capacity.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Seaton area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated.

Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
98	2	117	14	61	768	1044
£5.070	£8.801	£65.543	£17.503	£19.452	£43.148	£24.091

Town/Village	Sidmouth		
Maximum Dwellings	168	Maximum Population	373
Developments		GP Sur	geries
Land south west of Woolbrook Road		Beacon Medical Centre	(7922/9688)
Land west of Two Bridg	es Road, Sidford	Sidmouth Health Centre	(6734/8235)
Peak Coach House, (Nu	mbers 1-3 Belfry		
Cottages), Cotmaton Ro	oad		

The GP surgeries that serve these potential sites have an excess infrastructure capacity as of December 2022. However, new development sites that are in the catchment of these surgeries, reduce that capacity.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Sidmouth area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
114	1	113	13	59	723	555
£5,913	£3,364	£66,552	£16,373	£18,874	£40,683	£12,817

Town/Village	Broadclyst			
Maximum Dwellings	175	Maximum Population	389	
Developments		GP Surgeries		
Land at Heathfield (Sou	theast of Woodbury	Broadclyst Surgery (branch surgery of Pinhoe		
View), Broadclyst		Medical Practice) (39	900/3002)	
Land west of Whimple Road, Broadclyst				
Land to east of Town End, Broadclyst				

The GP surgery that serve these potential sites has a capacity problem as of December 2022. Any new development site that are also in the catchment of this surgery, will add further capacity pressures.

These sites, along with the Tithbarn Green and and the completion of the Younghayes development, the sites at Treasbeare, Cobden, Bluehayes and Grange and the proposed new settlement at Clyst St Mary, will add a further 4,970 dwellings and a increase the population by 11,000. This will greatly increase the capacity burden already being experienced by these surgeries.

To mitigate this capacity issue, it is likely that a developer contribution for primary care will be requested for the potential site in this area.

Infrastructure Plans - Primary Care Response

Plans are also underway to extend the Pinhoe Surgery site's patient capacity by adding extra consulting rooms. However it must be remembered that the Pinhoe surgery site will have been extended to its optimum size once these plans have been completed. Further expansion will not be possible in the future.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices along the Exeter/M5 corridor. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities							
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community	
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing	
103	1	72	7	39	491	224	
£5,348	£3,588	£42,471	£8,752	£12,274	£28,005	£5,177	

Town/Village	Budleigh Salterton			
Maximum Dwellings	152	Maximum Population	337	
Developments		GP Surgeries		
Land adjacent to Clyst F	layes Farmhouse	Budleigh Salterton Community Hospital		
Land at Barn Lane		(265/477)		
Budleigh Salterton Com	munity Hospital	Budleigh Salterton Healt	h Centre (3971/7142)	

The GP surgeries that serve these potential sites have an excess of capacity as of December 2022. However, new development sites that are also in the catchment of these surgeries, reduce that capacity considerably.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Budleigh Salterton area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
56	1	82	10	39	518	428
£2,915	£2,985	£48,542	£12,757	£12,311	£29,322	£9,892

Town/Village	Colyton			
Maximum Dwellings	49	Maximum Population	109	
Developments		GP Surgeries		
Land at Hillhead		The Colyton Health Centi	re (4171/7500)	

The GP surgery that serve this potential site has excess of infrastructure capacity as of December 2022. However, any new development site that is also in the catchment of these surgery, reduce that capacity considerably.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Colyton area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
29	0	17	3	12	162	133
£1,492	£364	£9,784	£3,426	£3,814	£9,093	£3,083

Town/Village	Lympstone			
Maximum Dwellings	197	Maximum Population	437	
Developments		GP Surgeries		
Little Paddocks, 22 Underhill Crescent,		Underhill Surgery	(2026/1884)	
Lympstone				
Land at Meeting Lane, I	Lympstone			
Land north west of Strawberry Hill, Lympstone				
Land off Grange Close,	Lympstone			

The GP surgery that serve these potential sites has a capacity problem as of December 2022. Added to this, there are other potential sites that are listed in the local plan review to the north of Exmouth and are also in the catchment of this surgery. This will add further infrastructure capacity pressures.

To mitigate this capacity issue, a developer contribution for primary care will be requested for the potential sites in and around this area.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Lympstone/Exmouth area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community	
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing	
59	1	61	9	39	489	236	
£3,036	£4,115	£36,052	£11,225	£12,484	£27,707	£5,459	

Town/Village	Woodbury		
Maximum Dwellings	173	Maximum Population	384
Develo	pments	GP Su	rgeries
Land at Gilbrook Land south of Broadwa Land east of Town Lane Ford Farm		Woodbury Surgery	(4764/4235)

The GP surgery that serve these potential sites has an infrastructure capacity problem as of December 2022. Added to this, consented and commenced sites that are also in the catchment of this surgery, will add further capacity pressures.

To mitigate this capacity issue, a developer contribution for primary care will be requested for the potential sites in and around this area.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Woodbury area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities							
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community		
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing		
51	1	54	8	35	429	207		
£2,666	£3,614	£31,660	£9,857	£10,963	£24,332	£4,794		

Town/Village	Broadhembury			
Maximum Dwellings	10	Maximum Population	22	
Develo	pments	GP Surgeries		
Land opposite the Villag	ge Hall	Blackdown Practice (Dur (1022/1635) Honiton Surgery (170	nkerswell Surgery) 656/26012)	

The GP surgeries that serve these potential sites have an excess of capacity as of December 2022. However, consented and commenced sites that are also in the catchment of these surgeries, may reduce that capacity considerably.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Broadhembury area .The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities							
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community		
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing		
3	0	3	0	2	25	12		
£154	£209	£1,830	£570	£634	£1,406	£277		

Town/Village	Chardstock				
Maximum Dwellings	30	Maximum Population	67		
Developments		GP Surgeries			
Land off Green Land, Chardstock		Axminster Medical Practi Restharrow Surgery	ce (11022/12986) (1377/1622)		

The GP surgeries that serve these potential sites have an excess of capacity as of December 2022. However, any new development sites that are also in the catchment of these surgeries, reduce that capacity considerably.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Chardstock area .The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities							
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community	
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing	
5	0	6	1	4	59	48	
£279		£3,479	£1,229	£1,215	£3,308	£1,109	

Town/Village	Clyst St Mary		
Maximum Dwellings	102	Maximum Population	226
Developments		GP S	Surgeries
Land north of Sidmouth Road, Clyst St Mary		Topsham Surgery	(6693 / 6119)
Land at Bishops Court L	ane, Clyst St Mary	Hill Barton Surgery	(4323/3215)
(Sowt_09)		Glasshouse Surgery	(4693 /4291)
Land at Bishops Court Lane, Clyst St Mary			
(Sowt_11)			

The GP surgeries that serve these potential sites have an infrastructure capacity problem as of December 2022. Added to this, consented and commenced sites that are also in the catchment of these surgeries, will add further capacity pressures.

These sites, along with the planned sites in the eastern Exeter City area will generate an overall capacity shortfall on Topsham Surgery's main site as well as its branch surgery at Glasshouse. Hill Barton Surgery is already over infrastructure capacity.

To mitigate this capacity issue, a developer contribution for primary care will be requested for this potential site.

Infrastructure Plans - Primary Care Response

Topsham surgery is extending the Glasshouse branch to increase clinic space and also have plans to increase the consulting rooms at the main surgery in Topsham.

Hill Barton surgery is also undergoing plans to possibly reconfigure the surgery building to increase patient capacity.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Clyst St Mary area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community	
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing	
47	1	47	4	24	310	234	
£2,466	£3,400	£27,792	£5,101	£7,680	£17,622	£5,401	

Town/Village	Dunkeswell		
Maximum Dwellings	43	Maximum Population	95
Developm	nents	GP Surgeries	
Broomfields, Dunkeswe	ell	Honiton Surgery Dunkeswell Surgery	(17656/26012) (1022/1635)

The GP surgeries that serve these potential sites have an excess of capacity as of December 2022. However, consented and commenced and any new development sites that are also in the catchment of these surgeries, reduce that capacity considerably.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Dunkerswell area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E	Critical	Non-Elective	Elective	Day Case	Outpatient	Community	
Attendances	Care	Admissions	Admissions	(Elective)	Appointments	Nursing	
29	0	13	4	9	97	80	
£1,491		£7,569	£4,448	£2,899	£5,479	£1,843	

Town/Village	Exton					
Maximum Dwellings	50	Maximum Population	111			
Developments		GP Surgeries				
Land west of Oaklands		Topsham Surgery	(6693/6119)			
Land north and east of	Exton Farm	Woodbury Surgery	(4764/4235)			
		Underhill Surgery	(2026/1884)			
		Dunkeswell Surgery	(1022/1635)			
NHS Devon ICB - Primary Care Response						

The GP surgeries that serve these potential sites have an infrastructure capacity problem as of December 2022. Added to this, consented and commenced sites and new development sites that

These sites, along with the planned sites in the eastern Exeter City area will generate an overall capacity shortfall on Topsham Surgery's main site as well as its branch surgery at Glasshouse. Woodbury Surgery is already over infrastructure capacity. Underhill surgery ay Lympstone is also over its infrastructure capacity limit.

are also in the catchment of these surgeries, will add further capacity pressures.

To mitigate this capacity issue, a developer contribution for primary care will be requested for the potential sites in and around this area.

Infrastructure Plans - Primary Care Response

Topshm surgery has plans to add further consulting rooms at the main surgery to increase patient capacity.

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Exton area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community	
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing	
15	1	16	2	10	124	60	
£771	£1,044	£9,150	£2,849	£3,169	£7,032	£1,386	

Town/Village	Feniton			
Maximum Dwellings	42	Maximum Population	93	
Developments		GP Surgeries		
Land and buildings at Burland Mead		Honiton Surgery	(17656/26012)	
		Coleridge Medical Practice (15157/16343)		

The GP surgeries that serve this potential site has an excess of capacity as of December 2022. However, any new development sites that are also in the catchment of these surgeries, reduce that capacity considerably.

The proposed development site would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Feniton area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities						
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
34	0	15	2	8	123	106
£1,792		£9,028	£2,294	£2,551	£6,917	£2,457

Town/Village	Hawkchurch			
Maximum Dwellings	38	Maximum Population	84	
Developments		GP Surgeries		
Norton Store, Hawkchurch		Axminster Medical Pract	ice (11022/12986)	

The GP surgery that serves this potential site has an excess of infrastructure capacity as of December 2022. However, any new development site that is in the catchment of these surgeries, reduce that capacity considerably.

The proposed development site would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Hawkchurch area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E Critical Care Non-Elective Elective Day Case Outpatient Communit						Community	
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing	
7	0	7	2	5	74	61	
£353		£4,407	£1,557	£1,539	£4,191	£1,405	

Town/Village	Kilmington			
Maximum Dwellings	52	Maximum Population	115	
Developments		GP Surgeries		
Land east of George Lar	Land east of George Lane		ice (11022/12986)	
Land to the west and so	outh west of the Old Inn			
Land to the east of and off Whitford Road,				
between Ashes Farm ar	nd The Beacon Chapel			

The GP surgeries that serve these potential sites have an excess of infrastructure capacity as of December 2022. However, any new development sites that are in the catchment of these surgeries, reduce that capacity considerably.

The proposed development site would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Kilmington area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities							
A&E	Critical Care	Non-Elective	Elective	Day Case	Outpatient	Community		
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing		
23	0	22	3	14	148	176		
£1,169	£1,445	£13,091	£3,515	£4,419	£8,292	£4,068		

Town/Village	Musbury				
Maximum Dwellings	25	Maximum Population	56		
Developments		GP Surgeries			
Baxter's Farm		Axminster Medical Pract	ice (11022/12986)		
Churchpath Field		The Colyton Health Cent	re (1703/1857)		

The GP surgeries that serve these potential sites have an excess of infrastructure capacity as of December 2022. However, any new development sites that are in the catchment of these surgeries, reduce that capacity considerably.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Musbury area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities							
A&E Critical Care Non-Elective Elective Day Case Outpatient Commun						Community		
	Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing	
	11	0	11	1	7	71	85	
	£562	£694	£6,294	£1,690	£2,125	£3,987	£1,956	

Town/Village	Otterton					
Maximum Dwellings	23	Maximum Population	51			
Developments		GP Su	GP Surgeries			
Land east of Hayes Clos	Land east of Hayes Close		(4171/7500)			
Land adjacent to the No	orth Star	Budleigh Salterton Healt	Budleigh Salterton Health Centre (3971/7142)			
Land at Hayes Lane		Budleigh Salterton Comr	Budleigh Salterton Community Hospital			
		(265/477)				

The GP surgeries that serve these potential sites have an excess of infrastructure capacity as of December 2022. However, any new development sites that are in the catchment of these surgeries, reduce that capacity considerably.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Otterton area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E Critical Care Non-Elective Elective Day Case Outpatient Community						Community	
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing	
9	0	13	2	6	78	65	
£441	£452	£7,345	£1,930	£1,863	£4,437	£1,497	

Town/Village	Sidbury			
Maximum Dwellings	38	Maximum Population	84	
Developments		GP Surgeries		
Land South of Furzehill, Sidbury		Church Hall Surgery	(4171/7500)	
		Sidmouth Health Centre	(6734/8235)	

The GP surgeries that serve this potential site have an excess of infrastructure capacity as of December 2022. However, any new development sites that are in the catchment of these surgeries, reduce that capacity considerably.

The proposed development site would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Sidbury area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E Critical Care Non-Elective Elective Day Cas					Day Case	Outpatient	Community
	Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
	20	0	20	2	10	126	97
	£1,035	£589	£11,654	£2,867	£3,305	£7,124	£2,244

Town/Village	Tipton St John		
Maximum Dwellings	45	Maximum Population	100
Develo	elopments GP Surgeries		
Land South of Otter Clo	ose Tipton St John Coleridge Medical Centre (15157/163		
	Beacon Medical Practice (7922		(7922/9688)
		Sidmouth Health Centre	(6734/8235)

The GP surgeries that serve this potential site have an excess of infrastructure capacity as of December 2022. However, any new development sites that are in the catchment of these surgeries, reduce that capacity considerably.

The proposed development site would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the Tipton St john area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

Forecasted Additional Healthcare Activities						
A&E Critical Care Non-Elective Elective Day Case Outpatient (Community	
Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
30	0	20	2	11	136	137
£1,569	£1,026	£11,650	£2,627	£3,393	£7,702	£3,226

Town/Village	West Hill			
Maximum Dwellings	57	Maximum Population	127	
Developments		GP Surgeries		
Land at Westhayes/Hayes End		Coleridge Medical Centre	e (15157/16343)	
Land adjoining Wind M	ill Lane			
Land north and east of	Eastfield			

The GP surgery that serve thess potential sites have an excess of infrastructure capacity as of December 2022. However, any new development sites that are in the catchment of these surgeries, reduce that capacity considerably.

The proposed development sites would not immediately tigger a requirement for s106 contributions to be requested. However, conditions may change and the NHS would therefore reserve the right to pursue s106 contributions if required to do so..

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practices in the West Hill area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E Critical Care Non-Elective Elective Day Case Outpatien					Outpatient	Community	
	Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
	32	0	18	3	14	170	128
	£1,643	£755	£10,387	£3,616	£4,391	£9,583	£2,583

Town/Village	Whimple			
Maximum Dwellings	33	Maximum Population	73	
Developments		GP Surgeries		
Land at Station Road		Sandfords Surgery	(1304/1231)	

The GP surgery that serve this potential site has an Infrastructure capacity problem as of December 2022. Added to this, any new development sits that is in the catchment of this surgery, will add further capacity pressures.

To mitigate this capacity issue, a developer contribution for primary care will be requested for the potential site in the Whimple area.

Infrastructure Plans - Primary Care Response

Further Primary Care infrastructure planning is taking place through the Primary Care Network Estates Toolkit workstream. This could possibly identify infrastructure needs for the GP practice in the Whimple area. The toolkit centres around developing an estate strategy. Its purpose is to support PCNs in delivering expanded services and new ways of integrated working.

	Forecasted Additional Healthcare Activities						
A&E Critical Care Non-Elective Elective				Elective	Day Case	Outpatient	Community
	Attendances		Admissions	Admissions	(Elective)	Appointments	Nursing
	16	0	11	2	6	77	72
	£809	£328	£6,695	£1,956	£1,966	£4,321	£1,662

Royal Devon University Healthcare NHS foundation Trust (RDUH)

Strategic infrastructure plans overview

December 2022

Key leads: Chris Tidman, Zahara Hyde, Paul Honey

Context

The Trust is progressing a clinical services strategy that meets the key principles of the wider strategic aims and ensures that the estate provision is aligned with the integrated service capacity requirements and supports the integrated Trust models of care. A number of key principles are underlined;

- 1. Urgent care services are configured in a way that promotes integrated working between services and facilitates efficient transitions between services.
- 2. Elective services are configured to minimise any disruption to service operations by emergency activity.
- 3. Services that do not need to be located on a site identified as a hot acute are relocated to an elective / day treatment centre or provided in the community.
- 4. Patient facing clinical services are provided in an environment that is high quality and conducive to a patient's prompt recovery.
- 5. Support services are provided in an estate which is a high-quality working environment which will assist the Trust in the recruitment and retention of staff.
- 6. The community estate across the integrated Trust is better utilised to promote greater integration of health and wellbeing services that are focused on areas of need.

Key infrastructure plans

Major elements of our infrastructure developments planning include:

- Urgent & emergency care reconfiguration at acute sites
- Surgical theatre reconfiguration and expansion
- Investment in medical equipment and imaging
- · Digital enablement and capability

These points aim to provide a high-level summary of plans at a point in time. They are not exhaustive and are subject to change.