

**Reference:** FOI.ICB-2526/459

**Subject:** Records and correspondence relating to BCC Planning Application no 25/11778/F

*I can confirm that the ICB does hold some of the information requested; please see responses below:*

QUESTION	RESPONSE
<p>1. Please provide copies of all correspondence including emails and letters between BNSSG ICB and Bristol City Council officers in respect of the Bristol City Council Planning Application No: 25/11778/F for the period 25th May 2025 to 14th March 2026.</p>	<p>Please find enclosed all relevant correspondence.</p> <p>Please note that FOI requests and responses are publicly available and therefore personal information has been redacted. The ICB considers the names and contact details included in the enclosed document(s) to be personal information and therefore has applied a section 40 (Personal Information) exemption to this information.</p>
<p>2. Please also supply any notes of meetings or telephone calls between Bristol City Council officers and BNSSG ICB for the same period.</p> <p>Clarification:</p> <p>My second question is also in respect of Bristol City Council Planning Application No:25/11778/F and so question 2 is:</p> <p>Please also supply any notes of meetings or telephone calls between Bristol City Council officers and BNSSG ICB in respect of the Bristol City Council Planning Application No: 25/11778/F for the period 25th May 2025 to 14th March 2026.</p>	<p>BNSSG (Bristol, North Somerset and South Gloucestershire) ICB has not had any meetings or phone calls with Bristol City Council officers in respect of the Bristol City Council Planning Application No: 25/11778/F during the period 25 May 2025 to 14 March 2026.</p>

***The information provided in this response is accurate as of 5 May 2026 and has been approved for release by Cath Leech, Chief Finance and Corporate Services Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.***

Bristol City Council

NHS Bristol, North Somerset, and  
South Gloucestershire Integrated  
Care Board (BNSSG ICB)*Agent's contact details:*  
NHS Property Services Ltd  
10 South Colonnade  
Canary Wharf  
London E14 4PU  
[REDACTED]

By email: [REDACTED]

27 May 2025

**Application Ref:** 25/11778/F**Address:** Land South of Princess Street Bedminster Bristol BS3 4AG**Proposal:** Phased demolition and redevelopment to provide residential dwellings (Use Class C3), student accommodation (Sui Generis), Commercial, Business and Service floorspace (Use Class E), amenity spaces, parking, servicing, landscaping, open space, play space, and associated works.

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) are responding to the above application in relation to the impact of the proposed development on local health infrastructure. BNSSG ICB has delegated authority from NHS England for the commissioning of primary care services (general medical services) for the entirety of the Bristol 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 £667,201 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 adopted Bristol Local Plan Policy BCS11 and DM14, emerging Local Plan policies HW2B and IDC1, and paragraphs 56 to 59 of the NPPF and related Planning Practice Guidance.

### 1 Submitted Planning Documentation

The site lies within a 'principal industrial and warehousing area' (as per Policy BSC8 of the adopted Core Strategy) of Bedminster, Bristol. The proposed development is situated immediately south of Princess Street and comprises of warehouse units and hardstanding. The site falls within the

Whitehouse Street Regeneration Area. The Regeneration Area has a supporting Framework document that was formally endorsed by Bristol City Council cabinet in March 2023. The Framework earmarks the site in question as a 'core regeneration area'. The site also falls within Central Bedminster, which, as per Policy DS8 of the emerging Local Plan, will "be developed for a mix of residential, workspace and community uses", including up to 1,600 student bedspaces.

The submitted Planning Statement notes that the following will be delivered on-site:

- Building A will comprise 114 Class C3 dwellings, which will include affordable housing, and 702.3 sqm of Class E floorspace, in a building of Ground+5 storeys
- Building B will comprise 134 Class C3 dwellings for rent ('Build to Rent'), and 391.1 sqm of Class E floorspace, in a building of Ground+5 storeys
- Building C will comprise 189 Class C3 dwellings for rent ('Build to Rent'), 88.4 sqm of Class E floorspace, 626.9 sqm of amenity space (some of which could also be used as flexible commercial floorspace), in a stepped building from Ground+5 storeys up to Ground+13 storeys
- Building D will comprise 400 purpose-built student accommodation bedspaces in a building of Ground+18 storeys with 597.6 sqm of amenity space.

The above proposed development totals 437 C3 residential units and 400 new student bedspaces. In terms of proposed Buildings A, B and C, the submitted Planning Statement and Design and Access Statement note that the overall majority (50%, 48.5% and 32.2%) of new homes will consist of 2-bedroom units.

With regard to the proposed purpose-built student accommodation, the Planning Statement states that "the Council's standard approach to student accommodation is counted towards housing supply figures at a ratio of 1:2.5, therefore 400 student bedspaces would equate to the provision of 160 non-student homes". For full transparency, BNSSG ICB has based student population assumptions on one student per bedspace.

In acknowledgement of the growth coming forward in this area, the Bristol Infrastructure Delivery Plan (2023) states that "additional primary care facilities in South Bristol" will be delivered via S106/CIL.

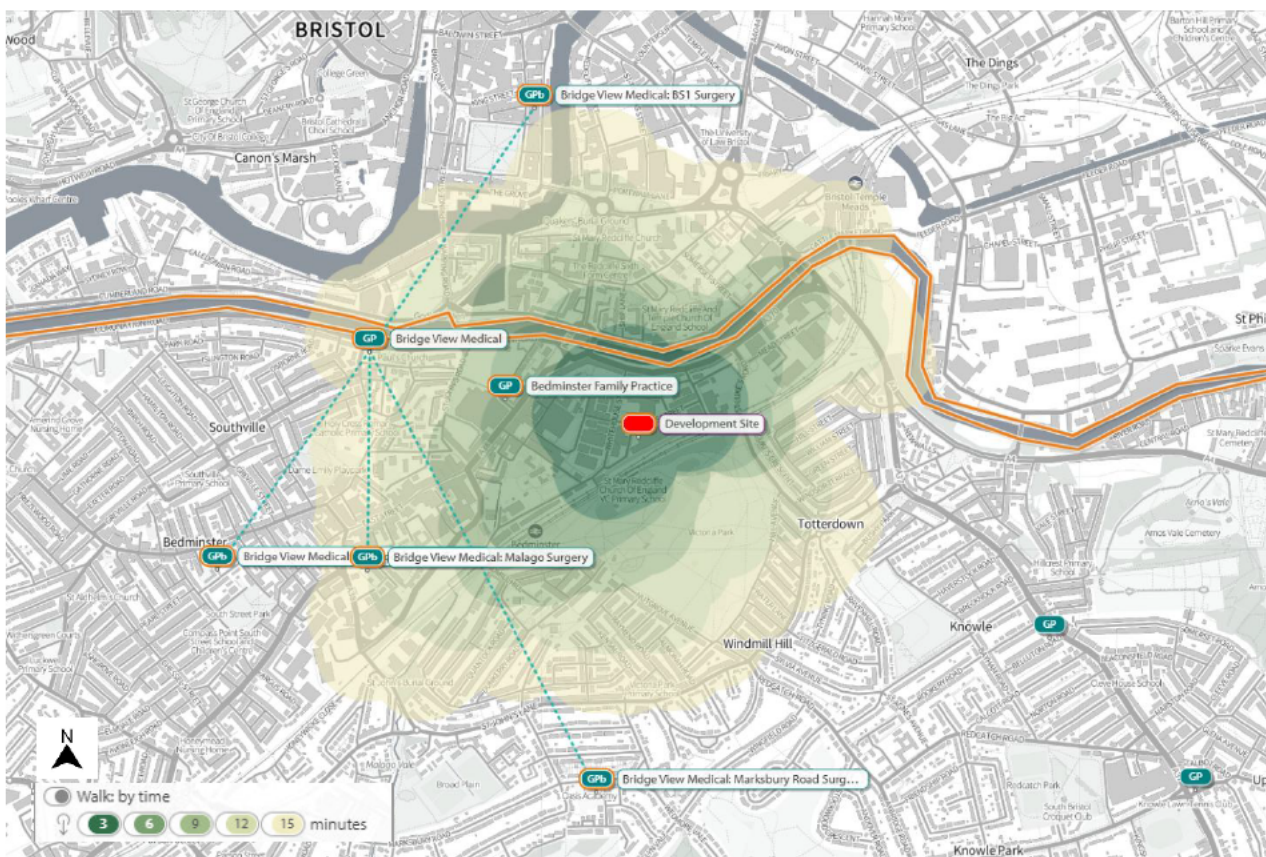
An HIA has been submitted as a standalone document (published March 2025). BNSSG ICB strongly disagrees with the approach used to assess the impact of the proposed development on local healthcare infrastructure in the HIA, which does not consider available space within existing premises. Approaches to understanding existing primary healthcare provision levels that look solely at GP to patient ratio or whether local GP practices are accepting new patients are insufficient for demonstrating that there is adequate capacity within the primary care system to absorb residents of new developments.

This is because GP to patient ratio does not provide any information about whether the primary care facilities from which GPs operate are suitable to provide high-quality patient care. In many cases, GP premises may be severely undersized for the number of patients registered and the number of GPs employed, which creates additional strains on service delivery as each GP typically requires their own dedicated space to deliver appointments. Therefore, the conclusion of the HIA (Chapter 5.5 and Table 6.2) that there is expected to be sufficient healthcare capacity with the study area is not supported or evidenced.

The NHS are the only authority responsible for determining the required healthcare infrastructure across the country, and ICBs are responsible for commissioning a range of health services that local people in the area use. 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 adopted Bristol Local Plan Policy BCS11 and DM14 and emerging Local Plan policies HW2B and IDC1.

**2 Existing Primary Care Position**

The BNSSG ICB has identified that Bedminster Family Practice, Bridge View Medical (Main), Bridge View Medical: Malago Surgery (Branch), Bridge View Medical: Gaywood House Surgery (Branch), Bridge View Medical: Marksbury Road Surgery (Branch) and Bridge View Medical: BS1 Surgery (Branch) 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 practices are part of the Swift and Bridge View Primary Care Networks (PCNs). As shown in Map 1, these surgeries are within a reasonable walking distance of 20 minutes or under from the development site. Wells Road Surgery is located approximately within a 20-minute walking distance of the development site; however it was excluded from this assessment as its catchment area does not cover the site.



**Map 1** GP locations in relation to the proposed development (Source: SHAPE Atlas, May 2025)

The ICB 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 2019 NHS Long Term Plan objectives relating to primary care provision. The results of this assessment, shown in Table 1, demonstrates that five local practices are currently experiencing a health infrastructure deficit and do not have the capacity to

absorb any additional residents. The Bedminster Family Practice is currently operating close to capacity and is expected to experience capacity pressures in the short-term. 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	Actual NIA of Current Premises	Required Floorspace (NIA) as per HBN Guidance	% Required Floorspace (NIA)
Bedminster Family Practice	11,957	828.8sqm	819.9sqm	101%
Bridge View Medical (Main), Bridge View Medical: Malago Surgery (Branch), Bridge View Medical: Gaywood House Surgery (Branch), Bridge View Medical: Marksbury Road Surgery (Branch), Bridge View Medical: BS1 Surgery (Branch)	36,616	1,934.4sqm	2,510.8sqm	77%
*A percentage below 100 indicates that the premises is operating with a space shortfall. For example, Bridge View (Main and Branches) has just 77% of the floorspace (measured in NIA) that it should have for its current list size when considered against HBN 11-01 guidance				

The ICB'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.

BNSSG ICB uses a standard floorspace requirement of approximately 150sqm GIA/ 120sqm NIA per 1,750 patients, 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.

In assessing existing capacity, the premises capacity of the main surgery and its branch sites is assessed together. This reflects how main and branch services operate – when a patient registers at a GP practice with multiple surgeries, they are assigned a 'preferred' surgery, even though the patient is formally registered to the GP practice as a whole and can generally attend appointments at any of the locations.

The HIA includes two practices that are not relevant for this assessment:

- Broadmead Medical Centre
- Downton Road Surgery

While the catchment area of both surgeries extend to the development site, the ICB does not consider it appropriate to expect patients to travel across town to access primary care facilities which are approximately a 30-minute walk to the development site. In addition, the Broadmead Medical Centre has a lack of physical capacity (it has just 51.5% of the floorspace [measured in NIA] that it should have for its current list size when considered against HBN 11-01 guidance).

There are no approved projects for primary care premises developments that would deliver additional capacity at the impacted surgeries.

### 3 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, in accordance with adopted Bristol Local Plan Policy BCS11 and DM14 and emerging Local Plan policies HW2B and IDC1.

BNSSG ICB calculates population uplift using the average household size of in Bristol (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)*.

BNSSG ICB have reviewed the existing estate within the Bridge View and Swift PCNs 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 £5,373/sqm) of existing premises within the Bridge View and Swift PCNs. Table 2 below provide the capital cost calculation of delivering the additional health infrastructure required to support the proposed development.

As noted above, Bristol City Council has stated that "additional primary care facilities in South Bristol" will be delivered via S106/CIL over the Plan period.

**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
437 C3 units and 400 bedspaces	1,449 (1,049+400)	124.2sqm (89.9sqm+34.3sqm)	Refurbishment/ Extension	£ 667,201 (£482,993+£184,208)

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, as opposed to a shell and core condition. 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.

There are no current approved capital projects for primary care premises developments that would deliver additional capacity at the impacted surgeries, and there are no future capital pipelines identified or alternative sources of capital funding for increasing primary care capacity to accommodate the additional needs generated by the proposed development. Failure to provide an appropriate contribution to ensure the delivery of health capacity to serve this new population would place unsustainable pressure on local primary healthcare infrastructure.

#### **4 S106 Heads of Terms (HoT)**

The ICB expects that the above 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 of £667,201 (index linked) to be applied by the Bristol, North Somerset and South Gloucestershire Integrated Care Board towards the provision of primary care-led facilities and associated infrastructure within the local Primary Care Networks (PCNs).

To enable the required additional capacity to be in place in a timely manner, the ICB's preference is 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.

#### **5 Conclusion**

Adopted Bristol Local Plan Policy BCS11 and DM14 and emerging Local Plan policies HW2B and IDC1 set the expectation that development will make sufficient provision for the infrastructure made

necessary by the development, and the Infrastructure Delivery Plan sets out the need for additional primary care provision in South Bristol. 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 £667,201 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 adopted Bristol Local Plan Policy BCS11 and DM14, emerging Local Plan policies HW2B and IDC1, 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.

██████████  
Head of Strategic Estates

NHS Bristol, North Somerset & South  
Gloucestershire ICB

██████████  
Associate Town Planner

NHS Property Services Ltd.

**For and on behalf of BNSSG ICB**

**From:** [REDACTED]  
**To:** [Development Management](#)  
**Cc:** [STRATEGIC.ESTATES \(NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - 15C\); bnssgICB](#)  
**Subject:** 25.1178.F - Land South of Princess Street - NHS BNSSG ICB response  
**Date:** 27 May 2025 11:26:00  
**Attachments:** [25.1178.F Land South of Princess Street - BNSSG ICB response 270525.pdf](#)

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Dear Sir/Madam,

Please find attached comments from NHS Bristol, North Somerset and South Gloucestershire ICB on the above referenced application. Should you have any questions or require further information please do not hesitate to contact us.

If you could please confirm receipt of the attached letter that would be greatly appreciated.

Kind regards,

[REDACTED] | Associate Town Planner

**NHS Property Services Ltd**  
10 South Colonnade, Canary Wharf, E14 4QQ

**M:** [REDACTED] | **E:** [REDACTED]

- [www.property.nhs.uk](http://www.property.nhs.uk) | @NHSPROPERTY

**Customer Service Centre: T:** [REDACTED] | **E:** [REDACTED]



Bristol City Council

NHS Bristol, North Somerset, and  
South Gloucestershire Integrated  
Care Board (BNSSG ICB)

*Agent's contact details:*  
NHS Property Services Ltd  
10 South Colonnade  
Canary Wharf  
London E14 4PU

By email: [REDACTED]

19 November 2025

**Application Ref:** 25/11778/F

**Address:** Land South of Princess Street Bedminster Bristol BS3 4AG

**Proposal:** Phased demolition and redevelopment to provide residential dwellings (Use Class C3), student accommodation (Sui Generis), Commercial, Business and Service floorspace (Use Class E), amenity spaces, parking, servicing, landscaping, open space, play space, and associated works.

NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (BNSSG ICB) are responding to the above application in relation to the impact of the proposed development on local health infrastructure. BNSSG ICB has delegated authority from NHS England for the commissioning of primary care services (general medical services) for the entirety of the Bristol 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 £663,885 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 adopted Bristol Local Plan Policy BCS11 and DM14, emerging Local Plan policies HW2B and IDC1, and paragraphs 56 to 59 of the NPPF and related Planning Practice Guidance.

## 1 Background

BNSSG ICB previously provided a response to this planning application on 27 May 2025. Bristol City Council subsequently provided us with a re-consultation notification.

As stated within the Resubmission Covering Letter (dated 4 November 2025), the proposed development has been amended as follows:

- *“The number of dwellings is now 434 (previously 437)*
- *The number of PBSA bedspaces has been retained at 400.”*

As such, this letter supersedes our previous response and directly relates to the reduced number of dwellings on-site as of November 2025.

## **2 Submitted Planning Documentation**

The site lies within a ‘principal industrial and warehousing area’ (as per Policy BSC8 of the adopted Core Strategy) of Bedminster, Bristol. The proposed development is situated immediately south of Princess Street and comprises of warehouse units and hardstanding. The site falls within the Whitehouse Street Regeneration Area. The Regeneration Area has a supporting Framework document that was formally endorsed by Bristol City Council cabinet in March 2023. The Framework earmarks the site in question as a ‘core regeneration area’. The site also falls within Central Bedminster, which, as per Policy DS8 of the emerging Local Plan, will “be developed for a mix of residential, workspace and community uses”, including up to 1,600 student bedspaces.

Since the submission of the Planning Statement, the Resubmission Covering Letter states that there have been some changes to the height, scale and massing of Blocks C and D.

With regard to the proposed purpose-built student accommodation, the Planning Statement states that “the Council’s standard approach to student accommodation is counted towards housing supply figures at a ratio of 1:2.5, therefore 400 student bedspaces would equate to the provision of 160 non-student homes”. For full transparency, BNSSG ICB has based student population assumptions on one student per bedspace.

We acknowledge that the applicant submitted a CIL Form on 4 November 2025. BNSSG ICB requests financial contributions for healthcare in Bristol via S106, as, at the time of writing, there are currently no opportunities for the ICB to bid for the Council’s strategic Community Infrastructure Levy (CIL) monies, as all bidding rounds are closed. This means that S106 is currently the only planning mechanism available to the ICB to fund primary care floorspace required to meet additional requirements derived from proposed housing growth.

In acknowledgement of the growth coming forward in this area, the Bristol Infrastructure Delivery Plan (2023) states that “additional primary care facilities in South Bristol” will be delivered via S106/CIL.

An HIA has been submitted as a standalone document (published March 2025). BNSSG ICB strongly disagrees with the approach used to assess the impact of the proposed development on local healthcare infrastructure in the HIA, which does not consider available space within existing premises. Approaches to understanding existing primary healthcare provision levels that look solely at GP to patient ratio or whether local GP practices are accepting new patients are insufficient for demonstrating that there is adequate capacity within the primary care system to absorb residents of new developments.

This is because GP to patient ratio does not provide any information about whether the primary care facilities from which GPs operate are suitable to provide high-quality patient care. In many cases, GP premises may be severely undersized for the number of patients registered and the

number of GPs employed, which creates additional strains on service delivery as each GP typically requires their own dedicated space to deliver appointments. Therefore, the conclusion of the HIA (Chapter 5.5 and Table 6.2) that there is expected to be sufficient healthcare capacity with the study area is not supported or evidenced.

BNSSG ICB note that the supporting Resubmission Cover Letter states the following (our emphasis added):

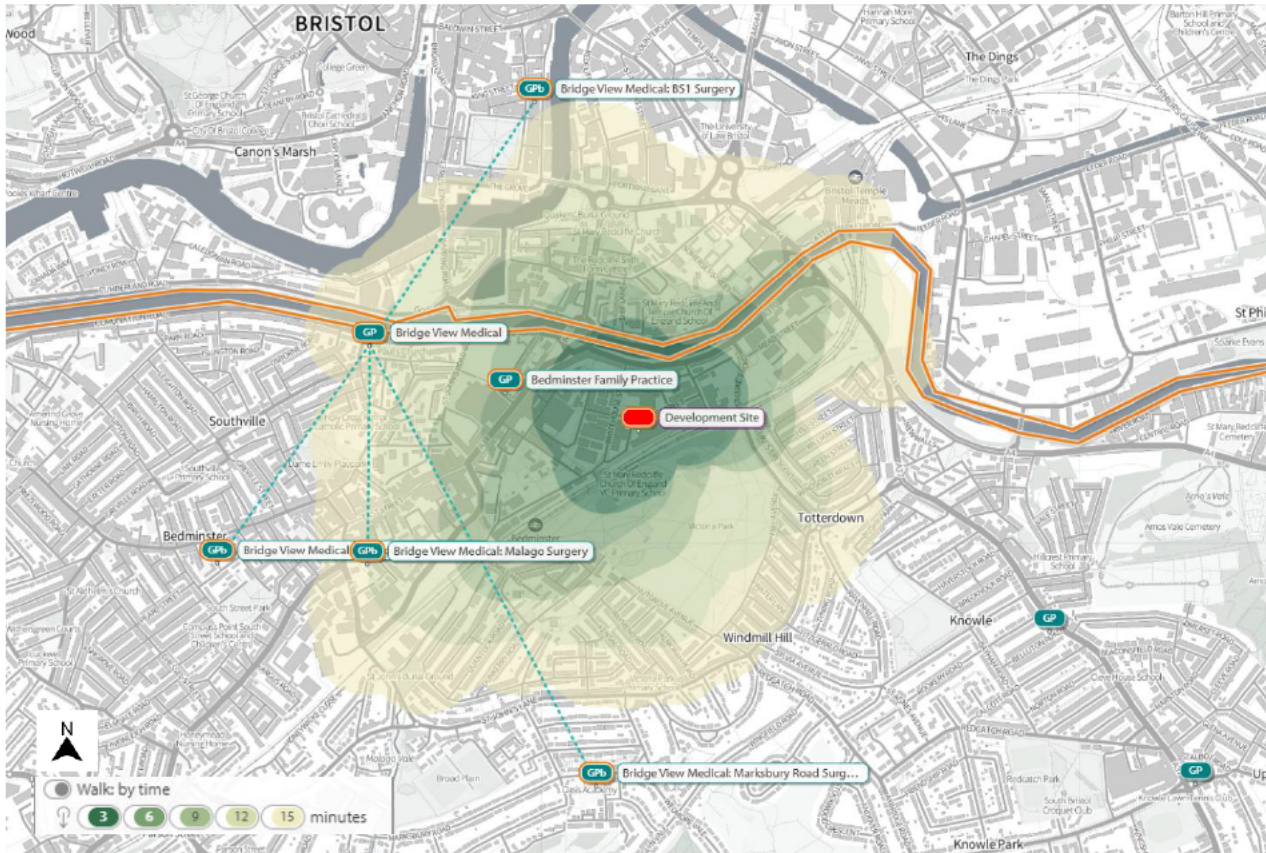
*“Health - The revised proposals have been reviewed by the health impact assessor and their conclusions remain as per their assessment of the submitted scheme. The majority of the criteria assessed indicate that the proposed development will be supportive of good health and wellbeing, and no criteria are assessed as having a negative impact on health and wellbeing. As concluded by the assessor and confirmed by the Case Officer in a meeting on 14 October, it is not considered appropriate for a financial contribution to be sought from this scheme with regard to healthcare”.*

The NHS are the only authority responsible for determining the required healthcare infrastructure across the country, and ICBs are responsible for commissioning a range of health services that local people in the area use. To date, the ICB has not been consulted with by the Case Officer and therefore it is unclear why the above conclusions have been communicated to the applicant. In our earlier response submitted in May 2025, we provided evidence justifying the need for S106 monies on the grounds that there is insufficient primary care floorspace locally to accommodate the additional requirements generated from this proposed development. Failure to mitigate the impacts of this proposed development would result in unsustainable pressure on the existing primary care estate.

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 adopted Bristol Local Plan Policy BCS11 and DM14 and emerging Local Plan policies HW2B and IDC1.

### **3 Existing Primary Care Position**

The BNSSG ICB has identified that Bedminster Family Practice, Bridge View Medical (Main), Bridge View Medical: Malago Surgery (Branch), Bridge View Medical: Gaywood House Surgery (Branch), Bridge View Medical: Marksbury Road Surgery (Branch) and Bridge View Medical: BS1 Surgery (Branch) 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 practices are part of the Swift and Bridge View Primary Care Networks (PCNs). As shown in Map 1, these surgeries are within a reasonable walking distance of 20 minutes or under from the development site. Wells Road Surgery is located approximately within a 20-minute walking distance of the development site; however it was excluded from this assessment as its catchment area does not cover the site.



**Map 1** GP locations in relation to the proposed development (Source: SHAPE Atlas, November 2025)

The ICB 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 2019 NHS Long Term Plan objectives relating to primary care provision. The results of this assessment, shown in Table 1, demonstrates that five local practices are currently experiencing a health infrastructure deficit and do not have the capacity to absorb any additional residents. The Bedminster Family Practice is currently operating close to capacity and is expected to experience capacity pressures in the short-term.

There is currently a planned project at the Bedminster Family Practice, whereby the ICB is seeking to refurbish and convert the vacant pharmacy space into clinical consulting rooms. This project is intended to provide additional clinical capacity for the Swift PCN as a whole, rather than being solely for use by Bedminster Family Practice. The new space will be available for use by all practices within Swift PCN, which has some of the most acute estate capacity pressures of all PCNs within the three BNSSG localities. This project is also intended to address existing capacity pressures rather than any new capacity pressures which will arise from any new housing developments approved. This project is currently awaiting approval. If approved, this project would still result in a primary care floorspace deficit across the Swift PCN as a whole.

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

Premises	Weighted Patient List Size	Actual NIA of Current Premises	Required Floorspace (NIA) as per HBN Guidance	% Required Floorspace (NIA)
Bedminster Family Practice	11,957	828.8sqm	819.9sqm	101%
Bridge View Medical (Main), Bridge View Medical: Malago Surgery (Branch), Bridge View Medical: Gaywood House Surgery (Branch), Bridge View Medical: Marksbury Road Surgery (Branch), Bridge View Medical: BS1 Surgery (Branch)	36,616	1,934.4sqm	2,510.8sqm	77%
*A percentage below 100 indicates that the premises is operating with a space shortfall. For example, Bridge View (Main and Branches) has just 77% of the floorspace (measured in NIA) that it should have for its current list size when considered against HBN 11-01 guidance				

The ICB'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.

BNSSG ICB uses a standard floorspace requirement of approximately 150sqm GIA/ 120sqm NIA per 1,750 patients, 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.

In assessing existing capacity, the premises capacity of the main surgery and its branch sites is assessed together. This reflects how main and branch services operate – when a patient registers at a GP practice with multiple surgeries, they are assigned a 'preferred' surgery, even though the patient is formally registered to the GP practice as a whole and can generally attend appointments at any of the locations.

The HIA includes two practices that are not relevant for this assessment:

- Broadmead Medical Centre
- Downton Road Surgery

While the catchment area of both surgeries extend to the development site, the ICB does not consider it appropriate to expect patients to travel across town to access primary care facilities which are approximately a 30-minute walk to the development site. In addition, the Broadmead Medical Centre has a lack of physical capacity (it has just 51.5% of the floorspace [measured in NIA] that it should have for its current list size when considered against HBN 11-01 guidance).

#### 4 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, in accordance with adopted Bristol Local Plan Policy BCS11 and DM14 and emerging Local Plan policies HW2B and IDC1.

BNSSG ICB calculates population uplift using the average household size of in Bristol (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)*.

BNSSG ICB have reviewed the existing estate within the Bridge View and Swift PCNs 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 £5,373/sqm) of existing premises within the Bridge View and Swift PCNs. Table 2 below provide the capital cost calculation of delivering the additional health infrastructure required to support the proposed development.

As noted above, Bristol City Council has stated that “additional primary care facilities in South Bristol” will be delivered via S106/CIL over the Plan period.

**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
434 C3 units and 400 bedspaces	1,442 (1,042+400)	123.6sqm (89.3sqm+34.3sqm)	Refurbishment/ Extension	£ 663,885 (£479,677+£184,208)

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, as opposed to a shell and core condition. 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.

Failure to provide an appropriate contribution to ensure the delivery of health capacity to serve this new population would place unsustainable pressure on local primary healthcare infrastructure.

## **5 S106 Heads of Terms (HoT)**

The ICB expects that the above 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 of £663,885 (index linked) to be applied by the Bristol, North Somerset and South Gloucestershire Integrated Care Board towards the provision of primary care-led facilities and associated infrastructure within the local Primary Care Networks (PCNs).


To enable the required additional capacity to be in place in a timely manner, the ICB's preference is 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.


## **6 Conclusion**

Adopted Bristol Local Plan Policy BCS11 and DM14 and emerging Local Plan policies HW2B and IDC1 set the expectation that development will make sufficient provision for the infrastructure made necessary by the development, and the Infrastructure Delivery Plan sets out the need for additional primary care provision in South Bristol. 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 £663,885 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 adopted Bristol Local Plan Policy BCS11 and DM14, emerging Local Plan policies HW2B and IDC1, 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.

  
Head of Strategic Estates

  
Associate Town Planner

NHS Bristol, North Somerset & South  
Gloucestershire ICB

NHS Property Services Ltd.

**For and on behalf of BNSSG ICB**

**From:** [REDACTED]  
**To:** [REDACTED]  
**Cc:** [STRATEGIC.ESTATES \(NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - 15C\)](#); [bnssgICB](#); [Development Management](#)  
**Subject:** RE: 25/11778/F Land S of Princess St reconsult. - NHS BNSSG ICB response  
**Date:** 04 December 2025 12:15:20

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Dear [REDACTED],

Thank you for your emails and apologies for the delay in reply. I have noted the NHS's comments.

I have discussed this with managers, and at present, whilst we recognise that there may well be a need for expansion of local health facilities, we do not feel that a S106 contribution towards local health facilities would be supportable. This is particularly in light of our requirement to prioritise the affordable housing which would come forward as a result of this development. Any requirement for contributions would be likely to have an impact on the viability of the scheme in terms of its ability to deliver affordable housing and other elements of the scheme.

The way in which we respond to your requests for financial contributions is something which my senior managers will need to discuss strategically with yourselves. I'm afraid this is something which I would ask you to take up with managers at the Council again. Unfortunately, it's not something which I think would be resolved with a meeting just with myself.

On other applications, we have included a condition effectively giving the NHS 'first refusal' for the use of one of the ground floor commercial units, which could be used for healthcare purposes. From what I understand, this solution would not meet your needs, but please let me know if it is something you would like to consider.

Regards,

[REDACTED]

[REDACTED]

Principal Planning Officer  
Bristol City Council

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

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OFFICIAL

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**From:** [REDACTED]  
**Sent:** 04 December 2025 09:06  
**To:** [REDACTED]  
**Cc:** [STRATEGIC.ESTATES \(NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - 15C\)](#); [REDACTED]; [bnssgICB](#); [REDACTED]; [Development Management](#); [REDACTED]  
**Subject:** RE: 25/11778/F Land S of Princess St reconsult. - NHS BNSSG ICB response

**CAUTION:**

This email originated from outside of the organization. Do not click links or open attachments unless you recognize the sender and know the content is safe.

[REDACTED],

We are yet to hear from you.

Please can we discuss the above referenced planning application with you?

Regards,

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** 25 November 2025 17:12  
**To:** [REDACTED]

**Cc:** 'STRATEGIC.ESTATES (NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - 15C)' [REDACTED]  
bnssgICB [REDACTED] 'Development Management' [REDACTED]  
**Subject:** RE: 25/11778/F Land S of Princess St reconsult. - NHS BNSSG ICB response

Dear [REDACTED],

I am following up on our request for a call.

Please can you confirm your availability to discuss the above referenced planning application?

Many thanks,

[REDACTED]

---

**From:** [REDACTED]  
**Sent:** 19 November 2025 11:33  
**To:** Development Management [REDACTED]; [REDACTED]  
**Cc:** STRATEGIC.ESTATES (NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - 15C) [REDACTED]  
bnssgICB [REDACTED]  
**Subject:** 25/11778/F Land S of Princess St reconsult. - NHS BNSSG ICB response

Dear BCC Development Management team,

Please find attached comments from NHS Bristol, North Somerset and South Gloucestershire ICB on the above referenced planning application.

We would like to speak with the case officer [REDACTED] regarding our response. [REDACTED] - please may you confirm your availability for a call?

Should you have any questions or require further information please do not hesitate to contact us.

Kind regards,

[REDACTED] | Associate Town Planner

[NHS Property Services Ltd](#)

[REDACTED]

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Customer Service Centre: T: [REDACTED] | E: [REDACTED]



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**From:** [REDACTED]  
**To:** [Democratic Services](#); [REDACTED]  
**Cc:** [STRATEGICESTATES \(NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - ISC\); bnssgicb](#)  
**Subject:** Upcoming Committee Meeting - 25/11778/F: Land South of Princess Street B- NHS BNSSG ICB Statement  
**Date:** 26 January 2026 11:46:00  
**Attachments:** [Land S of Princess St Letter of Concern - NHS BNSSG ICB 260126.pdf](#)

---

Dear BCC Planning Committee A,

Please see attached the Public Statement submitted on behalf of NHS BNSSG ICB.

The attached has also been submitted via the online form.

We trust this clarifies our position.

Kind regards,

[REDACTED] | Associate Town Planner

**NHS Property Services Ltd**  
10 South Colonnade, Canary Wharf, E14 4QQ

**M:** [REDACTED] | **E:** [REDACTED]

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**Customer Service Centre: T:** [REDACTED] | **E:** [REDACTED]



**NHS**  
Property Services

NHS Property Services Ltd  
10 South Colonnade  
Canary Wharf  
London E14 4PU

26 January 2026

**BY EMAIL ONLY:**

**RE:25/11778/F: Land South of Princess Street Bedminster Bristol BS3 4AG**

Dear BCC Planning Committee A,

We write to you in regard in the Committee Report for the above application. This application concluded that a financial contribution for primary care is not necessary to mitigate the impact of the proposed development. NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board (ICB)'s concerns relate to the decision-making process and justifications provided.

### **The ICB's Response to the Planning Application Consultation**

The ICB's initial response to this planning application (dated 19 November 2025) confirmed that all impacted GP Practices are currently experiencing significant floorspace deficits and therefore will be unable to accommodate further impacts from this development. As such, the ICB requested a financial contribution of £663,885 to provide additional primary care floorspace at impacted Primary Care Networks (PCNs).

On 19 November 2025, the ICB requested a call with the Case Officer, as the submitted 'Resubmission Cover Letter' on the Council's online portal stated the following:

*"As concluded by the assessor and confirmed by the Case Officer in a meeting on 14 October, it is not considered appropriate for a financial contribution to be sought from this scheme with regard to healthcare".*

The purpose of the proposed call was to understand how the Case Officer had come to that conclusion, as that position did not align with the ICB's understanding of health needs in the area.

On 4 December 2025, the Case Officer explained via email that the reason why a financial contribution for primary care is unnecessary is due to the Council's requirement to prioritise affordable housing. Other reasons given centred around the viability of the scheme and the need to deliver affordable housing and other elements of the development.

This conclusion was unexpected, and at odds with previous discussions with the Council.

## **Publication of the Committee Report**

The published Committee Report makes the following reference to healthcare:

*“Objectors, including the NHS have raised concerns about the ability of the proposals to provide suitable facilities for local people, particularly in terms of healthcare. The NHS has requested that a financial contribution be made. Currently, officers do not consider that a financial contribution would be justified. However, the applicant has agreed to a condition which requires the applicant to undertake marketing of the commercial space identified for healthcare to the NHS, effectively giving the NHS ‘first refusal’. Should the NHS not take up this offer, the space could be used by other healthcare providers, including private doctors or dentists. Healthcare space is included in Class E of the use classes order.”*

BNSSG ICB is concerned that there was no clear justification in this Committee Report to explain why a financial contribution for primary care is not necessary in this instance. Additionally, the Council previously acknowledged that there may well be a need for the expansion of local healthcare facilities, and that the offer of first right of refusal on a ground floor commercial unit would not meet the ICB’s needs. We consider the proposed mitigation unacceptable as it does not meet the ICB’s requirements in the area and does not align with our original response.

The ICB have explicitly expressed that a financial contribution is indeed necessary to mitigate the impacts of this proposed development and have actively tried to engage with the Council on this matter.

## **Emerging Local Plan and Viability Evidence**

Turning to the point regarding viability, the Local Plan Viability Assessment (2023) has factored in an allowance / S106 contribution of £2,000 per unit on schemes of 50+ dwellings for policy requirements which fall under emerging Local Plan Policy IDC1, of which health infrastructure forms an important part. As such, the Committee Report’s decision to not provide a financial contribution for primary care infrastructure marks a clear departure from both national and local planning policies (including Policy IDC1) and supporting evidence.

## **Conclusion**

The ICB are concerned by the justifications provided in the Committee Report. The recommendations do not comply with Policies BCS11 and DM14 of the adopted Bristol Core Strategy and Policies HW2B and IDC1 of the emerging Local Plan.

The above points were raised in a letter issued by the BNSSG ICB Cluster Chief Executive to Councillor Bryher on 22 January 2026.

There is no alternative capital funding to fund new primary care mitigation projects. If approved without financial contributions towards primary care, the proposed development will not have any form of primary care mitigation. This will result in unsustainable pressure on the existing primary care system.

We kindly request that this letter is presented to Committee Members for their consideration and uploaded on the public web portal. Should the application be approved, it must provide a financial

contribution towards additional primary care provision of £663,885 (index linked) to ensure its impact on health infrastructure can be mitigated.

We welcome further engagement in relation to the above. Should you have any questions, please contact us at [REDACTED] and [REDACTED]

[REDACTED]  
Head of Strategic Estates

NHS Bristol, North Somerset and South  
Gloucestershire ICB

[REDACTED]  
Associate Town Planner

NHS Property Services Ltd.

**For and on behalf of BNSSG ICB**

**From:** [bnssgICB](#)  
**To:** [Democratic Services:](#) [REDACTED]  
**Cc:** [STRATEGIC.ESTATES \(NHS BRISTOL, NORTH SOMERSET AND SOUTH GLOUCESTERSHIRE ICB - 15C\); bnssgICB](#)  
**Subject:** Upcoming Committee Meeting 11/03 - 25/11778/F: Land South of Princess Street B- NHS BNSSG ICB Statement  
**Date:** 06 March 2026 16:21:00  
**Attachments:** [Land S of Princess St Letter of Concern 2 - NHS BNSSG ICB 060326.pdf](#)

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Dear BCC Planning Committee A,

Please see attached the Public Statement submitted on behalf of NHS BNSSG ICB.

The attached has also been submitted via the online form.

We trust this clarifies our position.

Kind regards,

[REDACTED] | Associate Town Planner

**NHS Property Services Ltd**  
10 South Colonnade, Canary Wharf, E14 4QQ

**M:** [REDACTED] | **E:** [REDACTED]

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**NHS**  
Property Services

NHS Property Services Ltd  
10 South Colonnade  
Canary Wharf  
London E14 4PU

06 March 2026

**BY EMAIL ONLY:**

**RE:25/11778/F: Land South of Princess Street Bedminster Bristol BS3 4AG**

Dear BCC Planning Committee A,

We write to you regarding the discussion about health infrastructure at the Planning A Committee meeting on 28 January 2026 in relation to the above application. The Committee Report concluded that a financial contribution for primary care was not necessary to mitigate the impact of the proposed development.

Bristol City Council Officers stated that the ICB's request for a financial contribution towards primary care infrastructure was inappropriate as it does not meet the necessary legal tests (Schedule 122 of the CIL Regulations). Specifically, the main justification provided by Officers was the requirement for BNSSG ICB to tie our S106 requests to a specific mitigation project. This is not a requirement set out in the CIL Regulations.

BNSSG ICB's original response requested a financial contribution of £663,885 to provide additional primary care floorspace at the Primary Care Networks (PCN) impacted by the proposal. This means it would fund refurbishment and/or extension capital works at those existing GP practices within the impacted Bridge View and Swift PCNs. This approach is widely adopted by the NHS and has been applied in other ICB areas across the country.

As an example, we encourage Officers and Committee Members to review the recent appeal decision (reference: APP/W2845/W/25/3367158) for the Land West of Brackley, Brackley, NN13 6FA scheme which was allowed at appeal (against non-determination). Paragraph 98 of the appeal decision states that obligations would secure the following:

*"Primary Healthcare: Financial contribution of £794,160 towards the provision of primary care-led facilities and associated infrastructure within the local Primary Care Network".*

The decision demonstrates how this approach has been accepted in other local planning authority areas and meets the relevant CIL tests. It should be noted that the Officer's decision to not provide a financial contribution for primary care infrastructure conflicts with Policies BCS11 and DM14 of the adopted Bristol Core Strategy and Policies HW2B and IDC1 of the emerging Local Plan.

## Conclusion

The ICB are concerned by the justifications provided in both the Committee Report and previous Committee Meeting, as our original response meets all necessary legal tests.

We kindly request that this letter is presented to Committee Members for their consideration and uploaded on the public web portal. Should the application be approved, it must provide a financial contribution towards additional primary care provision of £663,885 (index linked) to ensure its impact on health infrastructure can be mitigated.

It is important to note that there is no alternative capital funding to fund new primary care mitigation projects. If approved without financial contributions towards primary care, the proposed development will not have any form of primary care mitigation. This will result in unsustainable pressure on the existing primary care system.

We welcome further engagement in relation to the above. Should you have any questions, please contact us at [REDACTED] and [REDACTED]

[REDACTED]  
Head of Strategic Estates

NHS Bristol, North Somerset and South  
Gloucestershire ICB

[REDACTED]  
Associate Town Planner

NHS Property Services Ltd.

**For and on behalf of BNSSG ICB**