

Jonathan Markwell
Reading Borough Council
Civic Centre
Bridge Street
Reading
RG1 2LU

Thames Valley ICB offices
First Floor
Unipart House
Garsington Road
Cowley
Oxford
OX4 2PG

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Dear Sir or Madam

Planning Reference PL/26/1121 – 138-141, 142-143 & 144 Friar Street, Reading, RG1 1EX

Thanks for consulting the NHS Thames Valley Integrated Care Board (ICB). The ICB is set up on 1 April 2026, which was established to plan and oversee health and care services for the 2.5 million people who live in Berkshire, Buckinghamshire and Oxfordshire. Our creation brings together the former NHS Frimley and NHS Buckinghamshire, Oxfordshire and Berkshire West (BOB) Integrated Care Boards into a single organisation with one shared vision for improving health across the Thames Valley. Its role is to look at the needs of local communities, decide what services are needed and work with hospitals, GP practices, community services, councils and voluntary groups to make sure people get high quality, joined up care.

Primary healthcare estates including GP premises are funded through reimbursement of rents and business rates by the ICB based on the existing population data. The rent will then be assessed by the District Valuer, given that the ICB will reimburse that rent. The ICB therefore has a responsibility to ensure that any primary care provision is financially affordable and operationally viable. The ICB however has no dedicated funding for any primary care estates development in their annual budgets.

National Planning Policy Framework (NPPF)

Paragraph 17 of the NPPF sets out that the planning system should ensure public service infrastructure can reflect the current and future needs and supports communities' health and wellbeing. Policy DM1 sets out that proposals for major development should be informed by early engagement with infrastructure providers, to registered providers of social housing and other relevant bodies where appropriate, to identify and seek to resolve key planning matters prior to the submission of a planning application.

Policy HC3 sets out that proposals for housing development which would give rise to significant numbers of additional people living in should be informed by an understanding of the need for any associated improvements to public service infrastructure, whether on or off-site; and provide for new or improved public service infrastructure which are necessary for the development to be acceptable in planning terms, whether by direct provision or a contribution to off-site improvements. Planning conditions and obligations should be used to secure the timely delivery of public service infrastructure required to serve new development, so that these facilities are available for use when the development is first occupied or comes into use.



Policy HC4 sets out that substantial weight should be given to the benefits where new or improved public service infrastructure would be provided. Local planning authorities, developers and public service providers should collaborate in a positive and proactive manner to identify and resolve key planning issues before applications for community facilities and public services infrastructure are submitted.

Funding towards primary care

The ICB has no dedicated funding for any primary care estates development in their annual budgets. The financial contribution will go towards capital costs of primary healthcare provision resulting from an increase in population and additional demand on healthcare facilities.

GP Practice Capacity

Primary Care Network	Practice	Registered Patients	Gross Internal Area (GIA)	GIA Standard (sqm)	GIA surplus / deficit
Reading Holybrook	Broad Street Health Centre	15,254	492	1,083	Deficit

While there is no national guidance in setting out the capacity of a GP practice, NHS England widely accepts “size and space standards”, which set out the appropriate size of GP premises (gross internal area (GIA), square metres) in relation to the number of patients to be accommodated at the premises. The table above clearly shows that none of the GP Practices, which serves the development, have sufficient clinical capacity to accommodate any new patients from the development. Primary care mitigation is therefore required in this regard.

Primary Care Estates Project

The requested financial contribution can either go towards the potential project to either reconfigure the existing non-clinical space to clinical space or to extend the premise. This would be informed by the commissioning of a pre-project work, which forms part of the wider project. The completed pre-project works will provide details of the project, including cost estimates, delivery timeline and the scale of the development. It bears emphasis that the identified project is specific and costed, which relate directly to the development on the site. The requested contribution is based on the patient yield generated from the proposed development and therefore the requested contribution would be proportionate to the quantum of the proposed development. The Section 106 Planning Obligation would identify and secure the delivery of the identified project.

Section 106 Planning Obligation

The ICB requests the contribution needs to be index-linked. The ICB is therefore seeking a developer contribution of £55,793. The contribution would need to be made prior to any formal commencement of the development to ensure the delivery of the identified project. This is in line with the NPPF that planning obligations should be used to secure the timely delivery of public service infrastructure required to serve new development. The ICB would also like to request some flexibility in terms of allocating the developer contributions so that the contributions can be reallocated to other identified projects in the local area to serve the development if the identified project is not operationally and financially viable.



Relevant Appeal Decisions

The ICB would like to draw the Council's attention to an appeal decision at the land to the North of the A4, New Bath Road, Twyford in Wokingham Borough. Paragraph 51 of the appeal decision relates to a healthcare contribution request from the ICB. The Inspector agreed that the request would meet the necessary test as the ICB has demonstrated that the existing Twyford Surgery is over capacity and requires additional clinical space to be able to accommodate any new patients from the proposed development. This would be achieved through either the reconfiguration of existing non-clinical space or an extension to the premises. The contribution has been calculated based on the number of dwellings proposed which has been used to define an additional patient yield.

The ICB has a recent appeal decision at the land adjacent to Blagrove Lane, Wokingham in Wokingham Borough. Paragraph 70 of the appeal decision relates to a healthcare contribution request from the ICB. The Inspector agreed that the request would meet the necessary test and has had regard to the approaches adopted by the Inspector in the New Bath Road appeal.

The ICB also has an appeal decision at land at Churchway, Haddenham in Buckinghamshire. Paragraphs 19 to 22 of the appeal decision relate to a health contribution request from the ICB. The Inspector accepted the ICB confirmation that there is no capital funding budget for primary care infrastructure development. The Inspector also took into account an appeal decision at Warwickshire but confirmed that this did not apply as the appeal at Haddenham identifies the contribution for an identified primary care estates project including the commissioning of a pre-project study and an identified project which can be funded in one of two ways depending on the pre-project study; either a reconfiguration of the internal layout or an expansion to provide an additional clinical space at the centre to increase capacity.

Summary and Conclusion

In an absence of this financial contribution, none of the GP practices in the local area would have the capacity to accommodate any new patients from the development. This is contrary to the NPPF, which new development should support wellbeing and provide necessary infrastructure. Therefore, the requested contribution is necessary to make the development acceptable in planning terms and is directly related to the development. Furthermore, the financial contribution is calculated based on projected population increase of the proposed development (i.e., patient yield). Therefore, it is fairly and reasonably related in scale and kind to the development. The financial contribution fully complies with Section 122 of the Community Infrastructure Levy Regulations 2010 (as amended).

Please contact us if you have any questions relating to this letter.

Yours sincerely,

[Redacted Signature]

Jeffrey Ng MRTPI

Lead for Primary Care, Infrastructure / Estates Planning

Email:

www.t

NHS

Thames Valley

