NHS
Hampshire and Isle of Wight

Health Contributions for GP Provision

Technical Note for Developers

1 August 2025

NHS Hampshire and Isle of Wight Integrated Care Board

1. Introduction

1.1 To better integrate planning and health across Hampshire and the Isle of Wight, and to efficiently plan for health through the Local Plan and development management processes, this technical note sets out NHS Hampshire and Isle of Wight Integrated Care Board's robust, evidence-based methodology for agreeing required health infrastructure and identifying developer contributions for GP practices.

1.2 Any approach to calculate and request contributions is required to be in accordance with Regulation 122 of the Community Infrastructure Regulations and paragraph 57 of the National Planning Policy Framework (NPPF) by ensuring that any contributions should only be sought where they meet the following tests:

- Necessary to make the development acceptable in planning terms,
- Directly related to the development; and
- Fairly and reasonably related in scale and kind to the development.

1.3 To ensure that requests meet these tests, a robust, evidence-based method of calculating contributions needs to be developed. This will be achieved through using:

- Occupancy rates including the expected population increase,
- Current patient list sizes,
- Size and space standards; and
- Cost guidance.

1.4 The following sections outline the reasoning and evidence used to identify where contributions are required and the method used to calculate them. The threshold for considering a request for a contribution towards health provision in Hampshire and the Isle of Wight is 20 dwellings. For larger developments or developments which cannot be mitigated through expansion of existing health infrastructure consultation with NHS Hampshire and Isle of Wight Integrated Care Board is required.

2. National Planning Policy Framework (December 2024)[1]

2.1. Paragraph 35 of the NPPF which considers development contributions, requires Local Plans to set out the contributions expected from development. This includes health infrastructure.

2.2. The revised NPPF emphasises the importance of working together ensuring that new development is created sustainably, supporting both health infrastructure and the overall wellbeing of our communities. It also provides greater clarity on health contributions from developers, strengthening the ability to mitigate the impact of new developments and provide essential local health services and health infrastructure.

[1] https://www.gov.uk/government/publications/national-planning-policy-framework--2

3. Occupancy Rates

3.1. The first stage of calculating an appropriate contribution is to calculate the expected increase in population to be generated by development. This can be achieved through using average occupancy rates taken from the ONS Household Projections data[2], except for the National Parks (New Forest National Park and South Downs National Park) which is an average of the Hampshire and Isle of Wight occupation figures.

3.2. The most recent occupancy rates available for reference across the two Counties are outlined Table 1.

Average occupancy rates (persons per household) across Hampshire and Isle of Wight (ONS Household Projections 2023)

	Average Occupancy Rate
Basingstoke and Deane Borough Council	2.35
East Hampshire District Council	2.35
Eastleigh Borough Council	2.35
Fareham Borough Council	2.3
Gosport Borough Council	2.23
Hart District Council	2.48
Havant Borough Council	2.28
Isle of Wight Council	2.09
New Forest District Council	2.2
New Forest National Park Authority	2.32
Portsmouth City Council	2.34
South Downs National Park Authority	2.32
Southampton City Council	2.43
Test Valley Borough Council	2.38
Winchester City Council	2.37
Dorset Council[3]	2.17

[2] Household projections for England - Office for National Statistics

[3] This specifically relates to developments in Dorset close to the New Forest border where the patient population are registered with New Forest GP surgeries

4. Current Patient List Sizes

4.1. NHS England and Integrated Care Boards hold data on the locations of catchment areas, the current patient list size, and the capacity of GP surgeries across the Hampshire and Isle of Wight geography. At the point of consultation with healthcare providers during the planning process, healthcare providers will be able to provide the surgery capacity and patient list sizes for the catchment(s) within which proposed development is located.

4.2. Contributions will be sought only where the population generated by the development, or the allocation of which the development is part, is unable to be accommodated within the existing surgery capacities.

5. Size and Space Standards

5.1. NHS England use widely accepted 'size and space standards' which set out the appropriate size of GP premises (m2 Gross Internal Area) in relation to the number of patients to be accommodated at the premises. These standards are given in Table 2. The table also shows the corresponding Gross Internal Area per patient (in m2).

5.2. Health building note HBN11-01[4] was published in 2013 and gives 'best practice' guidance on the design and planning of new healthcare buildings and on the adaptation / extension of existing facilities. This document was published after many GP existing surgeries had already been developed, which means they may not comply with the suggested space standards set out, but as the most recent guidance the evidence-based standards are used within this methodology to determine the Gross Internal Area (dependent on the number of existing patients and the number of patients to be generated) to which developments will be required to contribute.

NHS size and space standards

No. of patients	Gross Internal Area (GIA)	GIA per patient
0 - 2000	199m^2	0.1m^2
2001 - 4000	333m^2	0.08m^2
4001 - 6000	500m^2	0.08m^2
6001 - 8000	667m^2	0.08m^2
8001 - 10,000	833m^2	0.08m^2
10,001 - 12,000	916m^2	0.08m^2
12,001 - 14,000	1000m^2	0.07m^2
14,001 - 16,000	1083m^2	0.07m^2
16,001 - 18,000	1167m^2	0.06m^2
18,001 Or over	1250m^2	0.06m^2

[4] HBN_11-01_Final.pdf

6. Cost Guidance

6.1. The construction cost estimates for the proposed GP surgery have been derived using data from the Building Cost Information Service (BCIS), which is the industry-recognised benchmark for construction costs in the UK. Specifically, the BCIS Category 121 – Health Centres has been utilised as the most relevant comparator, providing median cost rates for new healthcare facilities aligned with current market conditions and NHS infrastructure standards.

6.2. Dependent on the type of increase in infrastructure capacity required NHS Hampshire and Isle of Wight Integrated Care Board will reference the median BCIS cost for either an internal reconfiguration or extension, or a new build surgery.

6.3. Appendix A provides the full breakdown for an internal reconfiguration cost per m2 which equates to £3,772 which is inclusive of VAT.

6.4. Appendix B provides the full breakdown for a surgery extension cost per m2 which equates to £5,667 which is inclusive of VAT but exclusive of land costs

6.5. Appendix C provides the full breakdown for a new build cost per m2 which equates to £9,250 which is inclusive of VAT but exclusive of land costs.

7. Methodology for Calculating Contributions

7.1. Contributions will be calculated using occupancy rates, current patient list sizes, size and space standards and cost guidance.

7.2. To determine the expected increase in population to be generated by a development, the number of dwellings proposed is multiplied by the average occupancy rate for the area.

7.3. The expected population increase is added to the relevant current GP patient list to give an overall expected patient size list. If the expected patient list size is within the existing capacity of the relevant surgery, then a contribution is not required.

7.4. In cases where an application forms part of a wider allocated site, existing capacity will be shared proportionately, and contributions sought to reflect this.

7.5. Similarly, if a development is located within the catchments of more than one surgery, the patient list sizes will be considered as a whole, and contributions will be allocated to the practice(s) that has the most viable project to create capacity and mitigate the development.

7.6. Using the expected patient size list, the appropriate space requirement per new patient can be identified from Table in 5.2. The space requirement per new patient is then multiplied by the expected population increase to give the total space (m^2) required.

7.7. The total space (m^2) required is then multiplied by the premises cost identified in Section 6 to give the final developer contribution calculation. This is dependent on whether the mitigation required will be an internal reconfiguration of an existing surgery; or an external extension to existing surgery; or a new surgery.

7.8. When assessing the appropriate contribution from each planning application, any current spare capacity in relevant GP provision within the locality will be considered. In the case of a single standalone application for development, where there is sufficient spare capacity at the relevant GP surgery to accommodate the population increase, a contribution will not be sought.

7.9. In more complex cases where an allocation is likely to come forward in multiple applications across a period of time, or where multiple allocations are located within a single catchment, spare capacity (frozen at the point of receipt of the first application for the relevant allocation(s)) will be shared

proportionately between applications to reflect the number of additional dwellings within each application or across each allocation.

7.10. For example, if an allocation were to come forward over three separate applications for equal numbers of dwellings, each application would receive one third of the existing spare capacity upon receipt of the first application. Each developer would be expected to pay contributions for any additional patients generated above this irrespective of the order or timings of the applications. Capacity will be considered accounted for upon receipt of an application (or, in the case of multiple consents making up an allocation, receipt of the first application)

8. Requesting Contributions

8.1. Contributions will be sought on all qualifying applications from the 1 August 2025 in accordance with the evidence and calculations contained within this document.

8.2. The method presented looks at either the reconfiguration or external extension of existing GP surgeries or whether the provision of a new surgery is required.

8.3. Any other form of mitigation including 8.2 above will need to be considered and agreed as part of further discussions to include the NHS, the Local Authority and the developer.

9. NHS England Guidance

9.1. NHS England have issued its 25/26 capital guidance[5] which confirms that the capital allocations do not cover additional facilities required due to housing developments. It also states that NHS organisations should be collaborating with its local planning authorities at all stages to understand and address the healthcare impact of new developments to secure developer contributions for the extra capacity required.

[5] https://www.england.nhs.uk/long-read/capital-guidance-2025-26/

Appendix A: Internal Reconfiguration

1. Introduction

This report provides a detailed justification for the estimated cost per square metre for the internal reconfiguration of an existing GP surgery. The estimate is based on refurbishment cost benchmarks, adjusted to include enhanced NHS specification requirements, risk contingencies, and non-recoverable VAT at 20%, reflecting the NHS's position as a non-VAT-registered entity for construction works.

2. Base Refurbishment Cost

The baseline refurbishment cost is derived from BCIS benchmark rates for **Health Care Refurbishment and Internal Alterations** (BCIS category 421). A mean figure of **£1,785 per m²** for the Hampshire area is used, representing internal works excluding major structural or full system replacement.

3. Cost Uplifts and Adjustments

The base cost is adjusted as follows:

Cost Element	% Uplift / Rate	Notes
Base Refurbishment Cost	£1,785	Benchmark BCIS refurbishment cost
Enhanced MEP Systems	+15%	NHS HTM compliance, digital upgrades, infection control
Modern Methods of Construction	+5%	Offsite fabricated components, modular fit-out
External Works	+5%	Minor site access, drainage, landscaping
Client Professional Fees	+12%	Design team, project management, regulatory compliance
IT Equipment & Digital Infrastructure	+3%	Clinical IT, networking, telephony upgrades
Medical Equipment (Group 2 & 3)	+4%	Clinical and diagnostic equipment procurement and relocation
Statutory Fees & Local Charges	+2%	Planning, building control, and statutory fees
Planning Contingency	+10%	Unforeseen conditions and risk allowance in refurbishment projects
Optimism Bias	+5%	Early stage estimation risk adjustment

4. Cost Calculation

Base Refurbishment Cost per m2		**£1,785**	
Enhanced MEP Systems	15%	£268	£2,053
MMC	5%	£103	£2,155
External Works	5%	£108	£2,263
Client Professional Fees	12%	£272	£2,535
Sub Total Cost per m2			**£2,535**
IT Equipment & Digital Infrastructure	3%	£76	
Medical Equipment (Group 2 & 3)	4%	£101	
Statutory Fees & Local Charges	2%	£51	
Planning Contingency	10%	£253	
Optimism Bias	5%	£127	
Additional Costs per m2		**£608**	
Total Cost per m2			**£3,143**
VAT	20%	**£629**	
Total Cost per m2 Incl VAT			**£3,772**

5. Exclusions and Notes

- The estimate excludes major structural works or extensive system replacements.
- Land acquisition and financing costs are excluded.
- This figure assumes typical site conditions; specific constraints or hazardous material abatement may increase costs.
- The estimate supports planning and funding submissions by providing a transparent, industry-aligned cost basis including VAT.

6. Conclusion

The total estimated cost for the internal reconfiguration of the existing GP surgery is **£3,772 per m² including non-recoverable VAT**. This estimate incorporates refurbishment benchmarks, NHS enhanced service requirements, risk contingencies, and statutory fees to provide a comprehensive and realistic project budget.

Appendix B: Extension Cost Breakdown

1. Introduction

This report provides a detailed justification for the estimated cost per square metre for an extension of an existing GP surgery. The estimate is based on refurbishment cost benchmarks, adjusted to include enhanced NHS specification requirements, risk contingencies, and non-recoverable VAT at 20%, reflecting the NHS's position as a non-VAT-registered entity for construction works.

2. Base Refurbishment Cost

The baseline extension cost is derived from BCIS benchmark rates for **Health Care Horizontal and Vertical Extensions** (BCIS category 421). A median figure of **£2,682 per m²** for the Hampshire area is used, representing internal works excluding major structural or full system replacement.

3. Cost Uplifts and Adjustments

The base cost is adjusted as follows:

Cost Element	% Uplift / Rate	Notes
Base Refurbishment Cost	£2,682	Benchmark BCIS refurbishment cost
Enhanced MEP Systems	+15%	NHS HTM compliance, digital upgrades, infection control
Modern Methods of Construction	+5%	Offsite fabricated components, modular fit-out
External Works	+5%	Minor site access, drainage, landscaping
Client Professional Fees	+12%	Design team, project management, regulatory compliance
IT Equipment & Digital Infrastructure	+3%	Clinical IT, networking, telephony upgrades
Medical Equipment (Group 2 & 3)	+4%	Clinical and diagnostic equipment procurement and relocation
Statutory Fees & Local Charges	+2%	Planning, building control, and statutory fees
Planning Contingency	+10%	Unforeseen conditions and risk allowance in refurbishment projects
Optimism Bias	+5%	Early stage estimation risk adjustment

4. Cost Calculation

Base Refurbishment Cost per m2		**£2,682**	
Enhanced MEP Systems	15%	£402	£3,084
MMC	5%	£154	£3,239
External Works	5%	£162	£3,400
Client Professional Fees	12%	£408	£3,808
Sub Total Cost per m2			**£3,808**
IT Equipment & Digital Infrastructure	3%	£114	
Medical Equipment (Group 2 & 3)	4%	£152	
Statutory Fees & Local Charges	2%	£76	
Planning Contingency	10%	£381	
Optimism Bias	5%	£190	
Additional Costs per m2		**£914**	
Total Cost per m2			**£4,723**
VAT	20%	**£945**	
Total Cost per m2 Incl VAT			**£5,667**

5. Exclusions and Notes

- The estimate excludes major structural works or extensive system replacements.
- Land acquisition and financing costs are excluded.
- This figure assumes typical site conditions; specific constraints or hazardous material abatement may increase costs.
- The estimate supports planning and funding submissions by providing a transparent, industry-aligned cost basis including VAT.

6. Conclusion

The total estimated cost for an extension of an existing GP surgery is **£5,667 per m² including non-recoverable VAT**. This estimate incorporates refurbishment benchmarks, NHS enhanced service requirements, risk contingencies, and statutory fees to provide a comprehensive and realistic project budget.

Appendix C: New GP Surgery Cost Breakdown

1. Introduction

This report provides a detailed justification for the estimated cost per square metre of a new GP surgery. The estimate is based on BCIS new-build cost benchmarks, with appropriate adjustments to reflect NHS design, clinical functionality, and compliance standards. All uplifts for enhanced mechanical and electrical systems, digital infrastructure, statutory fees, equipment, and contingency allowances are incorporated. As the NHS is not able to reclaim VAT on construction works, a 20% VAT allowance is also applied.

2. Base Refurbishment Cost

The baseline cost is derived from the **BCIS Category 421 – Health Centres / Clinics (2Q 2024 Median)** for the Hampshire area, which provides a current new-build cost of:

- **£3,740 per m²** (excluding VAT, land, fees, externals, equipment)

This figure reflects the average cost for constructing compliant NHS primary care facilities to modern standards, inclusive of walls, roofs, internal fit-out, and standard MEP systems.

3. Cost Uplifts and Adjustments

The base cost is adjusted as follows:

Cost Element	% Uplift / Rate	Notes
Base Refurbishment Cost	£3,740	Benchmark BCIS refurbishment cost
Enhanced MEP Systems	+20%	Required to meet HTM/HBN compliance, BMS integration, Net Zero Carbon, digital upgrades
Modern Methods of Construction	+5%	Modular/offsite approaches common in primary care schemes
External Works	+15%	Site prep, parking, drainage, landscaping, site access
Client Professional Fees	+12%	Architecture, MEP, project management, planning, cost consultancy
IT Equipment & Digital Infrastructure	+3%	NHS Digital First / cloud-based systems, Wi-Fi, cabling, telephony
Medical Equipment (Group 2,3 & 4)	+6%	Clinical furniture, diagnostics, infection control and ergonomic installations
Statutory Fees & Local Charges	+2%	Planning fees, building control, NHS assurance processes
Planning Contingency	+10%	Covers design development and technical risk
Optimism Bias	+6%	As per HM Treasury Green Book for early-stage healthcare infrastructure

4. Cost Calculation

Base Construction Cost per m2		**£3,740**	
Enhanced MEP Systems	20%	£748	£4,488
MMC	5%	£224	£4,712
External Works	15%	£707	£5,419
Client Professional Fees	12%	£650	£6,070
Sub Total Cost per m2			**£6,070**
IT Equipment & Digital Infrastructure	3%	£182	
Medical Equipment (Group 2,3 & 4)	6%	£364	
Statutory Fees & Local Charges	2%	£121	
Planning Contingency	10%	£607	
Optimism Bias	6%	£364	
Additional Costs per m2		**£1,639**	
Total Cost per m2			**£7,708**
VAT	20%	**£1,542**	
Total Cost per m2 Incl VAT			**£9,250**

5. Exclusions and Notes

- Land acquisition and financing costs are excluded.
- This figure assumes typical site conditions; specific constraints or hazardous material abatement may increase costs.
- The estimate supports planning and funding submissions by providing a transparent, industry-aligned cost basis including VAT.

6. Conclusion

The total estimated cost for the new building of the existing GP surgery is **£9,250 per m² including non-recoverable VAT**. This estimate incorporates refurbishment benchmarks, NHS enhanced service requirements, risk contingencies, and statutory fees to provide a comprehensive and realistic project budget.