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[redacted]

15 January 2026

Dear Mr Young,

With Reference to: EXETER PLAN Examination

Attendance

INS-06 – Inspector's Questions

Issue 2: Policies HW1 and HW2

Question 5 – Primary Care (GP) Infrastructure

NHS Devon Integrated Care Board would like to attend on the examination on the following days to support the inspector with any queries relating to access to GP services:

14th May 2026 14:00 to 17:30: Matter 14 - Infrastructure, Facilities and Viability

19th May 2026 10:00 to 13:00: Matter 13 – Design, Health and Wellbeing

We have also noted the inspectors question relating to the robustness of the evidence supporting contributions towards GP (primary care) provision and would like to offer the following additional information.

1. Introduction

This addresses **INS-06, Issue 2 (Policies HW1 and HW2), Question 5**, which asks whether the evidence supporting contributions towards GP (primary care) provision is sufficiently robust to ensure that such contributions meet the statutory and policy tests for planning obligations.

The Integrated Care Board (ICB) confirms that its methodology for assessing the impact of development on primary care capacity and calculating proportionate mitigation is sound, evidence-led and consistent with national planning policy. The methodology has been agreed by Exeter City Council, applied through development management, and has been tested repeatedly at appeal.

2. National planning policy context

The ICB methodology aligns directly with the National Planning Policy Framework (NPPF), in particular:

- Paragraph 8, which identifies the provision of health infrastructure as a core component of achieving sustainable development;
- Paragraph 93, which requires planning policies and decisions to promote healthy, inclusive and safe places, including through the provision of health services to meet local needs;
- Paragraph 96, which supports access to high-quality public services and community facilities, including health facilities; and
- Paragraph 11(a) and (b), which require plans to be positively prepared and supported by a proportionate and effective evidence base.

The approach taken through Policies HW1 and HW2 to securing contributions towards GP provision is therefore clearly supported by national policy.

3. Methodology and evidence base

The ICB's methodology is based on:

- assessment of existing GP capacity and utilisation at practice and locality level;
- population growth arising directly from proposed development;
- nationally recognised patient to capacity benchmarks; and
- identification of additional capacity required where existing provision cannot absorb growth.

The methodology is applied consistently and transparently. It does not seek to remedy existing deficits unrelated to development; mitigation is only sought where a demonstrable capacity impact arises directly from growth.

Exeter City Council has already agreed this methodology as part of the Local Plan evidence base underpinning Policies HW1 and HW2.

4. Compliance with Regulation 122 (CIL Regulations)

The ICB's approach ensures that planning obligations for GP provision meet all three tests set out in Regulation 122 of the Community Infrastructure Levy Regulations 2010 (as amended):

Necessary to make the development acceptable in planning terms: Where evidence demonstrates that additional population generated by development would exacerbate GP capacity constraints, mitigation is required to avoid unacceptable pressure on primary care services, consistent with NPPF paragraphs 8 and 93.

Directly related to the development: Contributions are calculated solely by reference to the population arising from the specific development proposal and the GP practices serving that population. There is a clear functional relationship between the development and the mitigation sought.

Fairly and reasonably related in scale and kind: A proportionate, per-capita approach ensures that contributions reflect only the scale of impact attributable to the development and do not fund unrelated improvements or address historic shortfalls.

5. Testing through development management and appeal

The methodology has been applied through development management decisions within Exeter City Council and tested through the appeal process.

There have been five appeal decisions within Exeter City Council, including:

- **Ikea Way, Exeter** – Appeal reference APP/Y1110/W/21/3270745

Across all five appeals, Inspectors concluded that the ICB's methodology for assessing impact and securing primary care mitigation was CIL-compliant and met the Regulation 122 tests.

The methodology has also been scrutinised at appeal outside the authority area, most notably at:

- **Longfield Avenue, Fareham** – Appeal reference APP/A1720/W/24/3347627, which was called in by the Secretary of State. In that case, the Inspector accepted the evidential basis and calculation methodology for primary care mitigation, confirming compliance with Regulation 122.

While Longfield Avenue relates to a different authority area, it is material in demonstrating that the same methodology has been independently examined at the highest level and found to be sound. No reliance is placed on other Hampshire & Isle of Wight appeals.

6. Deliverability and flexibility

Consistent with NPPF paragraph 31, the ICB's approach does not pre-determine the form of mitigation. Where a capacity shortfall is identified, mitigation may support internal reconfiguration, extension of existing GP premises, or delivery of new facilities, depending on what represents the most effective and timely solution at the point of implementation. This ensures that mitigation remains deliverable and responsive to local circumstances and changes in local and national NHS policy.

7. Conclusion

In response to **INS-06, Issue 2 (Policies HW1 and HW2), Question 5**, the evidence supporting contributions towards GP provision is robust. The approach:

- aligns with NPPF paragraphs 8, 93, 96 and 11;
- fully complies with Regulation 122 of the CIL Regulations;
- has been agreed by Exeter City Council as part of the Local Plan evidence base;
- has been consistently upheld across five appeal decisions within the authority area; and
- has been independently validated at the Longfield Avenue Secretary of State call-in appeal.

Policies HW1 and HW2 are therefore supported by a sound and proportionate evidence base and are capable of being applied consistently through development management.

Yours sincerely

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Malcolm Dicken
Head of LPA Engagement
On behalf of NHS Devon Integrated Care Board (ICB)