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2 April 2026

Reference: Hoe Neighbourhood Plan Consultation

Dear Sir/Madam,

NHS Devon Integrated Care Board (ICB) welcomes the opportunity to provide formal representations on the Hoe Neighbourhood Plan (2025–2034). In accordance with the ICB's statutory responsibilities for the commissioning and strategic planning of NHS primary care services, this response focuses specifically on the implications of the Plan for primary care infrastructure and capacity within the Hoe Neighbourhood Area.

Primary healthcare services within the Plan boundary are predominately provided by a single NHS GP practice, West Hoe Surgery. The ICB has undertaken a review of the practice's operational position, taking into account its physical estate requirements. Based on this assessment West Hoe Surgery has physical infrastructure capacity to accommodate up to a further 1,224 registered patients. This provides a degree of resilience in the short to medium term; however, the practice operates from a constrained site with limited scope for significant physical expansion. As a result, even modest increases in population or activity may necessitate targeted investment in the primary care estate to maintain service quality and accessibility.

While the Neighbourhood Plan does not propose large-scale housing allocations, the demographic and socioeconomic profile of the Hoe area is such that demand for primary care services is expected to increase over the Plan period.

In addition to impacts on primary care, even relatively modest levels of new housing can generate cumulative additional demand on acute and specialist healthcare services, particularly emergency, urgent and elective care. Residents within the Hoe Neighbourhood Area are primarily served by University Hospitals Plymouth NHS Trust (UHP), which provides acute hospital services for Plymouth and the surrounding areas. Population growth arising from new housing contributes directly to increased activity at acute hospitals, including

Emergency Department attendances, non-elective admissions, outpatient appointments and diagnostic activity. Over the lifetime of the Plan, such demand will add to existing operational pressures on UHP and should therefore be taken into account when considering the infrastructure implications of development.

The Plan identifies a growing presence of short-term and holiday accommodation. While such uses do not typically translate into increases in registered primary care populations, temporary populations nonetheless contribute to additional demand on urgent and emergency services, which are predominantly delivered through acute hospital settings. Periods of increased visitor activity, including major events in and around the Hoe, can place additional short-term pressure on UHP, particularly emergency departments and associated services.

The ICB recognises and supports the Plan's positive emphasis on active travel, inclusive movement, and the protection of green and blue spaces, all of which align with NHS prevention and population health objectives. However, notwithstanding these strengths, the Plan does not explicitly recognise primary care facilities as essential community infrastructure, nor does it clearly provide for the mitigation of healthcare impacts arising from development. Policy DC1 (Developer Contributions) does not currently reference health or primary care infrastructure, despite the clear potential for cumulative demand pressures over the lifetime of the Plan.

The Plymouth and South West Devon Joint Local Plan provides a clear and established policy framework for addressing the impacts of new housing on health infrastructure. Policy DEV30 (Meeting the Community Infrastructure Needs of New Homes) requires development to be supported by the community infrastructure necessary to meet the needs arising from growth, with provision to be secured through developer contributions where appropriate and explicitly applies to infrastructure categories including health facilities. At a strategic level, Policy SPT13 (Strategic Infrastructure Measures to Deliver the Spatial Strategy) reinforces this approach by requiring that growth is accompanied by the timely planning and delivery of infrastructure to avoid placing unacceptable pressure on existing services. Taken together, these policies support the principle that housing-led population growth should be appropriately mitigated where it gives rise to additional demand for NHS services, including both primary care and acute healthcare provided by UHP, and provide a justified policy basis for the Neighbourhood Plan to explicitly recognise and address such impacts

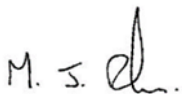
The ICB therefore recommends that the Neighbourhood Plan be modified to explicitly acknowledge primary care infrastructure within relevant policies and supporting text. In particular, the ICB considers it necessary for Policy DC1 to confirm that developer

contributions should be used, where appropriate, to support local NHS primary care infrastructure when development gives rise to additional demand. Such contributions may be required to fund refurbishment, reconfiguration or accessibility improvements at West Hoe Surgery, ensuring that the practice can continue to operate safely, efficiently and in accordance with modern standards of care. Where development contributes to increased population levels, consideration should also be given to the cumulative impacts on acute healthcare services provided by UHP.

The ICB also considers it important that West Hoe Surgery is recognised as a vital community facility within the Neighbourhood Area. Given that it is the sole provider of NHS primary medical services locally, its retention and ongoing functionality are critical to the health and wellbeing of residents. Proposals that would result in the loss, displacement or undermining of this facility would be of significant concern.

In conclusion, although West Hoe Surgery currently has capacity to accommodate additional patients, this should not be regarded as an unlimited or static position. The combination of an ageing population, socioeconomic pressures, transient accommodation patterns and constrained estate capacity means that primary care infrastructure must be actively supported through the planning system. To ensure primary care services remain robust and sustainable across the lifetime of the Plan, the ICB proposes a series of focused amendments to both policy wording and supporting text. These recommendations are set out in Appendix A: Recommended Policy Wording for Inclusion in the Hoe Neighbourhood Plan and are intended to strengthen the Plan's alignment with sustainable development principles, improve clarity regarding developer contributions, and secure long-term protection and enhancement of local NHS primary care provision.

The NHS Integrated Care Board remains committed to working collaboratively with Plymouth City Council and the Hoe Neighbourhood Forum as the Plan progresses.



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

Appendix A:

Recommended Policy Wording for Inclusion in the Hoe Neighbourhood Plan

1. Addition to Policy DC1 – Developer Contributions

Suggested new clause to be inserted directly into Policy DC1:

“Development proposals that generate additional population, residential intensity or increased visitor accommodation shall contribute, where appropriate, to the improvement, expansion or reconfiguration of local primary care infrastructure. Such contributions will be used to support the capacity of NHS primary care services, including West Hoe Surgery, to meet the healthcare needs arising from development within the Neighbourhood Area.”

2. Supporting Text for Policy DC1 (Infrastructure Delivery)

Proposed new paragraph to accompany the policy:

“The Hoe Neighbourhood Area is primarily served by a single NHS GP practice, West Hoe Surgery, which operates from a constrained site with limited physical scope for expansion. Although the practice currently has capacity to accommodate further patient registrations, ongoing demographic change and an ageing are likely to place additional pressure on primary care services over the Plan period. In addition, housing-led population growth contributes to wider demand across the local health system, including increased use of urgent, emergency and elective services provided by University Hospitals Plymouth NHS Trust.

NHS Devon Integrated Care Board (ICB) has advised that, where development generates increased healthcare demand, financial contributions may be required to support the improvement, adaptation or reconfiguration of health infrastructure. Developer contributions should therefore be used, where justified, to ensure that NHS services remain accessible, resilient and capable of meeting the needs arising from development.”

3. Recognition of the GP Practice as a Community Facility

Suggested addition within the Community Facilities or Infrastructure section:

“West Hoe Surgery is the main provider of NHS primary medical services within the Neighbourhood Area and is regarded as an essential community facility. Development that would result in the loss, reduction or displacement of this facility will be resisted. The protection and enhancement of local health infrastructure is integral to supporting a healthy, sustainable community.”