Development Management Plan (Regulation 18 stage)

Infrastructure Needs Evidence: Healthcare

June 2016

Reigate & Banstead
BOROUGH COUNCIL
Banstead | Horley | Redhill | Reigate

1. Introduction

Purpose

1.1 This evidence paper has been prepared to support preparation of the Development Management Plan (DMP) Regulation 18 consultation document.

1.2 The primary purpose of the paper is to consider the theoretical primary and acute healthcare infrastructure needs arising from growth proposed over the plan period. It considers potential needs across the borough, and tests the effects of both urban growth and potential growth from urban extensions.

1.3 This paper, its findings and recommendations, are intended to inform the preparation of the Development Management Plan, including the infrastructure/land requirements which will be placed on any future sites allocations within the urban extensions broad locations identified in the Council's adopted Core Strategy (2014).

1.4 Further engagement will be carried out with NHS England and the relevant local Clinical Commissioning Groups (CCGs) throughout the preparation of the Development Management Plan to understand how the theoretical requirements identified through this paper align with their overall strategy, and specific plans for, delivering healthcare provision within their catchment areas.

Summary of findings

Primary Healthcare

1.5 The primary healthcare sector is undergoing significant transformation with a move towards integrating and widening access to a greater range of health services within the community (for example through "care hubs"), rather than providing fragmented services across a number of separate sites.

1.6 This will impact upon how additional demand for services is met in the future.

1.7 There is theoretically a current "surplus" of GP capacity in the north of the borough (i.e. the Surrey Downs CCG area). The assessment indicates that the scale of new development planned for this part of the borough will 'erode' this surplus over the plan period. However, **there is unlikely to be a need for additional GPs in the north of the borough** based on the level of additional growth anticipated over the plan period (i.e. until 2027).

1.8 GP provision in the central part of the borough (the Wealden Greensand area – within the East Surrey CCG area) is currently at theoretical capacity. **With the additional growth levels planned for through the Core Strategy, it is estimated that additional capacity equivalent to at least 2.71 FTE GPs may theoretically be required in the central part of the borough over the plan period.**

- Additional capacity to serve the Merstham and Redhill/Earlswood areas is likely to be able to be accommodated through the expansion and/or more efficient use of existing surgeries

- Additional capacity equivalent to at least 1 FTE GP is likely to be required in the Woodhatch area should urban extension development in this area proceed – there would therefore be the opportunity to secure a site for healthcare provision as part of any future South West Reigate urban extension allocation.

1.9 There is theoretically a slight deficit of capacity in the south of the borough (also within the East Surrey CCG area) which will increase significantly as a result of planned and potential housing provision such that provision for **additional capacity equivalent to at least 4.00 FTE GPs may be required in the south of the borough over the plan period.** The site secured in the North West Sector would be sufficient to address this demand; however, in the event that this does not prove commercial attractive, opportunities to extend provision at existing town centre facilities will need to be considered.

Acute Healthcare

1.10 Planned local housing and population growth could generate a need for **approximately 26 additional general care beds and 9 additional acute care beds** by 2027.

1.11 The hospital sector will however also be affected by changing models of care, including initiatives to avoid patients unnecessarily being treated in a hospital environment by improving out of hospital care services.

Next Steps

1.12 Engagement will be carried out with healthcare service providers throughout the preparation of the DMP to explore opportunities for delivery of healthcare, including through maximising existing assets and exploring expansion potential.

2. Primary Care

2.1 This section assesses theoretical future need for additional primary healthcare provision (GPs) within the borough, over the plan period. It takes into account additional need that is likely to be generated from growth across the borough as a whole as well, but also looks specifically at the need that might arise from the potential development of urban extension sites within the broad areas of search identified in the Core Strategy.

2.2 Based on this assessment, it recommends potential options for meeting the demand. It should be noted that the demand identified is theoretical. Meeting the demand is likely to be achieved through a range of different interventions - based on the strategy of, and opportunities available to, the relevant commissioning bodies - not simply additional GP provision. On-going engagement with service providers will therefore be important.

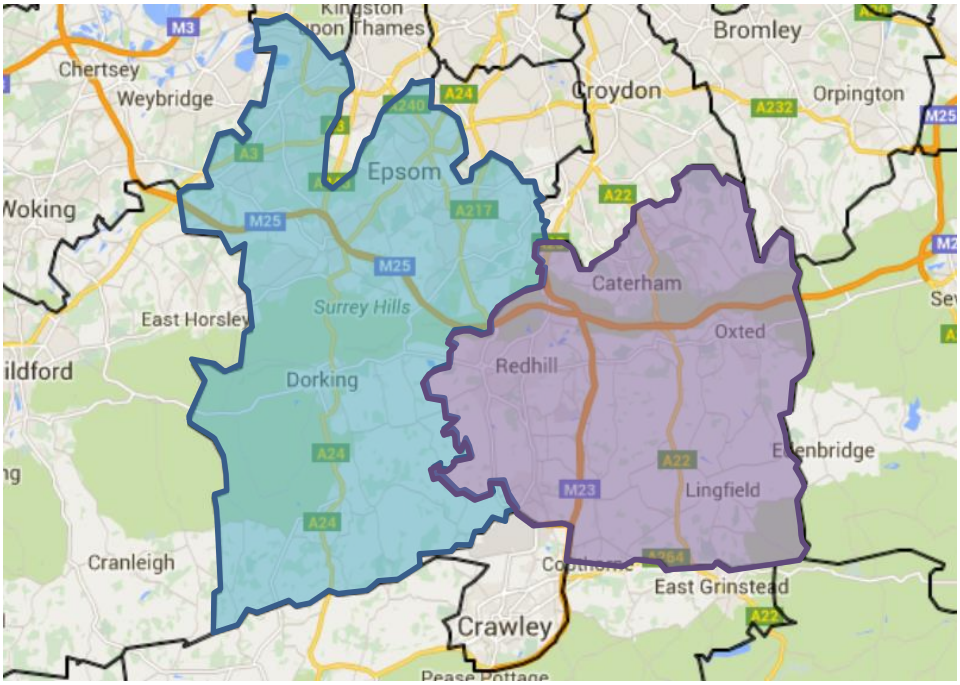
Background

2.3 Over the past 5 years, commissioning within the health sector has undergone significant reform, catalysed by the Health and Social Care Act 2012.

2.4 One of the most significant changes is the shift towards clinically led commissioning and the introduction of Clinical Commissioning Groups (CCGs) in 2013. These groups, led by local GPs and clinicians took over responsibility for planning and commissioning hospital, community and mental health services, replacing Primary Care Trusts. This reform was designed to ensure local health provision was more responsible to the needs of local populations.

2.5 Two CCGs operate in Reigate & Banstead – Surrey Downs which broadly comprises the grouping of GPs from surgeries in the north of the borough (north of M25) and East Surrey CCG, which comprises surgeries south of the M25 in Redhill, Reigate & Horley. Both of these CCGs also provide services to residents outside of the borough in adjoining areas.

Figure 1: Clinical commissioning group (CCG areas) – Blue: Surrey Downs/Purple: East Surrey



Source: NHS England, Mapbase: Google ©

2.6 At the same time, NHS England (in this area operating as NHS England South (South East)) took over commissioning of primary care (including GPs and dental services) and specialist services.

2.7 The way in which healthcare is delivered is also changing, driven by the need to confront and respond to a multitude of challenges facing health services moving forward including[1]:

- Changing demographics – particularly the ageing population – which is influencing health and care needs
- Changing personal preferences – including a desire for many people to be more informed and involved in their own care
- The need to deliver continuous improvement in the quality and efficiency of care
- New technology and treatments
- Workforce and staffing pressures[2][3] - including an ageing workforce, reliance on temporary staff and recruitment shortages
- Constraints on future funding growth – driven by national austerity and deficit reduction.

[1] See for example NHS Five Year Forward View (October 2014): https://www.england.nhs.uk/wp-content/uploads/2014/10/5yfv-web.pdf
[2] See for example Is General Practice in Crisis? (November 2014): http://www.nuffieldtrust.org.uk/sites/files/nuffield/publication/general_practice_in_crisis_3.pdf
[3] Workforce Planning in the NHS (April 2015): http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_file/Workforce-planning-NHS-Kings-Fund-Apr-15.pdf

2.8 These challenges are requiring the NHS and health care providers to rethink how health care is delivered and point towards the need for a degree of flexibility when planning for the future. At the local level, key priorities across the Surrey Downs[4] and East Surrey CCGs[5] include:

- Increased prevention and integration of health, wellbeing and social care
- Clearer care pathways to improve the patient experience and clinical quality, minimise waiting times and provide a more efficient services
- Better integration of a range of healthcare services (acute, primary care, community care, social care and mental health services)
- Transformation of out of hospital care, providing elective and non-urgent care closer to home.

2.9 For both Surrey Downs and East Surrey CCGs, the concept of 'primary care networks' or 'community health hubs' is a key part of achieving these priorities. These hubs will support a move away from traditional, fragmented provision by offering, in a single location, a variety of health and care professionals working alongside GPs and a wider range of services (for example mental health, diagnostic tests, community care).

2.10 Hubs of this nature also focus on making best use of existing assets – both people and physical estate – reducing the need and pressure to build new facilities to provide improved/expanded care, thus reflecting the funding and workforce pressures discussed above.

Current situation

Need and provision

2.11 The borough is currently served by a network of 16 GP practices which provide primary care services to residents. These are shown in Table 1 alongside the size of the current patient list and number of GPs which operate at the practice.

[4] http://www.surreydownsccg.nhs.uk/media/53597/surrey-downs-ccg-commissioning-intentions.pdf

[5] http://www.eastsurreyccg.nhs.uk/docsPublications/East%20Surrey%20CCG%20Annual%20Report%20and%20Accounts%202014%202015.pdf

Table 1: Current GP provision (2016)

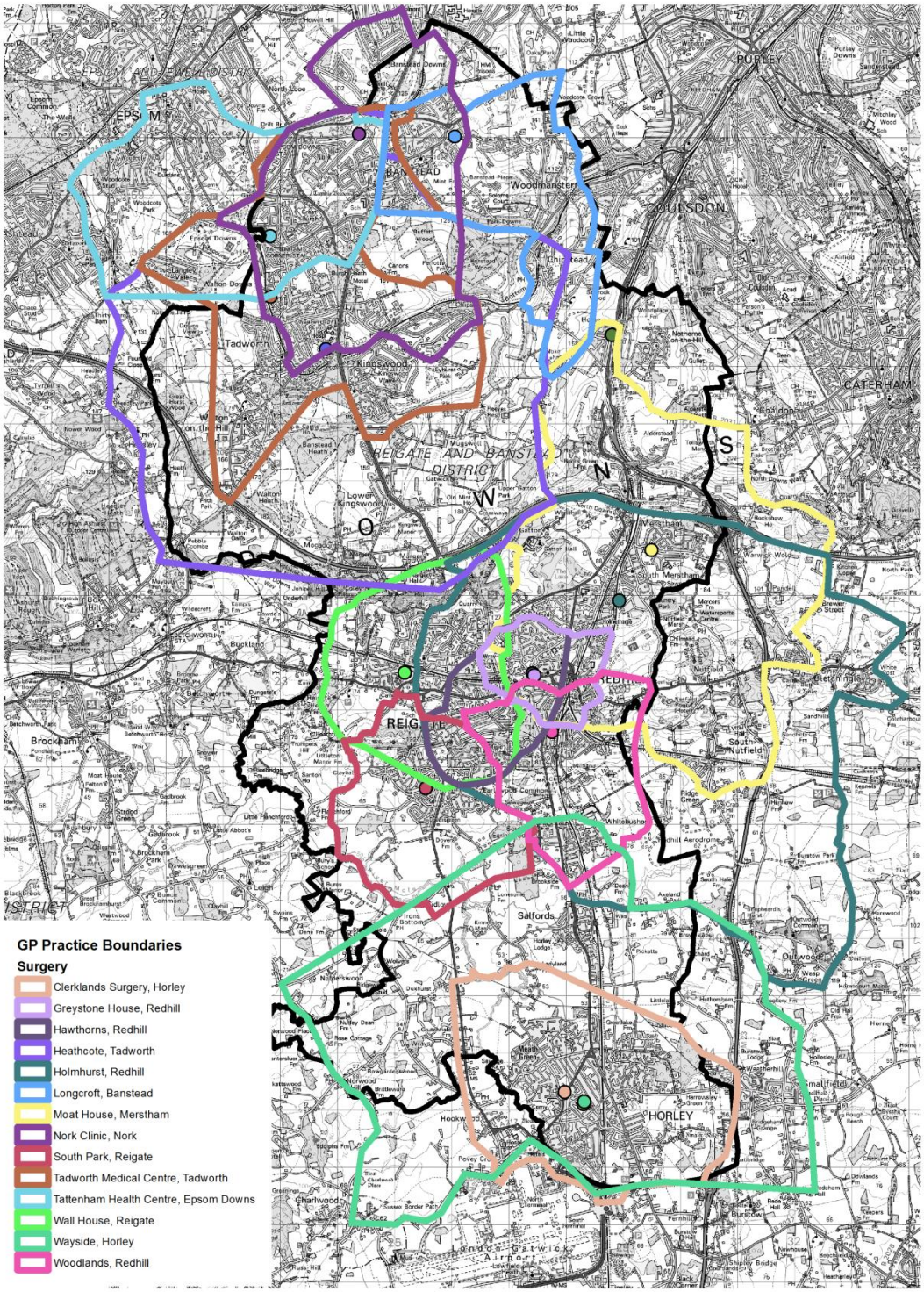
Practice Name	Address	Registered Patients	Number of FTE* GPs	Patients per GP
Area 1 – North Downs (Surrey Downs CCG)				
Heathcote Medical Centre	Heathcote, Tadworth	12,181	7.75	1,572
Tadworth Medical Centre	Troy Close, Tadworth	9,116	4.5	2,026
Dr Khan	Brighton Road, Coulsdon	3,552	1	3,552
Longcroft Clinic	Woodmansterne Lane, Banstead	11,725	7.08	1,656
Tattenham Health Centre	Tattenham Crescent, Banstead	6,182	4.5	1,375
Nork Clinic	Nork Way, Banstead	7,141	4	1,785
North Downs overall		**49,897**	**28.83**	**1,731**
Area 2 – Wealden Greensand Ridge (East Surrey CCG)				
Holmhurst Surgery	12 Thorntonside, Redhill	9,612	5	1,922
Woodlands Surgery	5 Woodlands Road, Redhill	11,166	5	2,233
Moat House Surgery	Worsted Green, Merstham	10,711	5.19	2,064
Greystone Surgery	99 Station Road, Redhill	12,674	8.5	1,491
The Hawthorns Surgery	1 Oxford Road, Redhill	8,578	6	1,430
South Park Surgery	Prices Lane, Reigate	4,524	2.64	1,714
Wall House Surgery	Yorke Road, Reigate	15,468	8	1,934
Wealden Greensand Ridge overall		**72,733**	**40.33**	**1,803**
Area 3 – Low Weald (East Surrey CCG)				
Clerklands Surgery	Vicarage Lane, Horley	15,104	7.5	2,014
Wayside Surgery	Kings Road, Horley	3,972	1	3,972
Birchwood Medical Practice	Kings Road, Horley	14,865	9.5	1,565
Low Weald overall		**33,941**	**18**	**1,886**
Borough overall		**156,571**	**87.16**	**1,796**

Source: NHS Choices
* FTE = full time equivalent

2.12 In some cases, these surgeries serve residents outside of the borough, with practice boundaries of some extending to cover the areas of Bletchingley and Nutfield in Tandridge in particular. This is demonstrated by the map below and further confirmed by the fact that the borough's total population is currently around 143,000 whilst the number of patients registered at surgeries in the borough is in excess of 156,000.

2.13 The map below illustrates the patient catchment areas for surgeries within the borough.

Figure 2: Surgery Patient Catchment Areas



Source: RBBC/data from individual GP practices

Adequacy of current provision

2.14 A widely cited benchmark for the adequacy of primary healthcare provision is that – as an optimum – 1,800 people should be listed per full time equivalent (FTE) GP in order to provide an appropriate and effective service. This reflects the benchmark adopted in the NHS London Healthy Urban Development Unit (HUDU) planning contribution model[6] and is broadly consistent with the average ratio across the country[7].

2.15 It should however be noted that this is not an absolute threshold. The demand which can be sustained by any individual GP will depend on the characteristics and needs of their patient population: a GP in an area with a high proportion of older residents or residents with greater health needs/poor health outcomes may be able to support fewer patients than one in an area with a younger population and low health needs.

2.16 Based on the benchmark above, Table 1 suggests that currently, within Reigate and Banstead borough as a whole, there is theoretically sufficient GP provision for the local population with an average of 1 GP for every 1,796 patients. Across the borough, provision is reasonably consistent, albeit with slightly greater patient numbers per GP in the Redhill/Reigate area (Wealden Greensand: 1 GP for every 1,803 patients) and in the Horley area (Low Weald: 1 GP for every 1,886 patients).

2.17 There are however some examples of surgeries operating significantly above capacity and, whilst there is local anecdotal evidence of long GP waiting times, the above would tend to suggest that this is driven as much by other factors (resourcing of other healthcare professionals, insufficient availability of appointments at peak times) rather than a particularly acute shortage in GPs.

Future need

Population change

2.18 In order to understand the possible future need for GP provision in different parts of the borough, it is necessary to estimate how the population will change over time.

2.19 For each ward in the borough a population projection has been generated taking account of planned housing growth (i.e. based on Core Strategy figures). Communal population (those living in residential institutions) is assumed to remain static. This estimate also reflects changing household sizes as follows:

- Comparing ONS mid-year population estimates for 2014 with the known housing stock reveals that the average household size in the borough has increased since the 2011 Census. For each ward, an average household size in 2014 has been created reflecting this borough-wide trend.

- Long-term ONS population projections continue to forecast a decline in household size by around 2.5% by 2027. This is applied to the 2014 based ward averages to create an estimated household size at the end of the plan period.

2.20 Details of the population assumptions adopted for the purpose of this analysis are set out in Annex 1. It should be noted that population projections are subject to uncertainty, particularly at this localised level of detail and given the future location of growth has not been finalised. They should therefore be viewed as a guide rather than definitive.

[6] http://www.hudumodel.com/help/GuidanceNotes.pdf
[7] https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/431317/GP_services.pdf

Assessing future needs

2.21 Based on the approach set out above, the borough's population is estimated to grow from around 144,200 in 2015/16 to around 156,670 in 2026/27 – an additional 12,470 residents. This is lower than suggested by the Office of National Statistics[8] but is considered more realistic as it takes into account local plan growth levels.

2.22 Assuming the current inflow/outflow of patients from adjoining areas remains stable (in absolute terms) this would increase the future demand to around 169,000 patients. The additional demand varies across the borough as follows:

Table 2: Potential forecast patient numbers (2015-2027)

Area	Current patients (2015)	Estimated growth (2015-2027)	Total patients (2027)
North – North Downs	49,897	1,938	51,835
Central – Wealden Greensand	72,733	4,743	77,476
South – Low Weald	33,941	5,786	39,727
Borough	**156,571**	**12,466**	**169,038**

Source: RBBC

2.23 Of the demand in 2027, it is estimated that approximately 2,500 additional patients may arise from potential urban extension development (which could come forward in the central area (c.50% of the total) and, in the south; approximately 420 additional patients may be generated by the development of potential urban extension sites (<10% of the total). This is based on the assumption that approximately 1,200 units will be delivered through urban extensions. It should be noted that these figures have been used for the purposes of testing infrastructure requirements only and should not be taken as representative of the Council's final or preferred position in relation to site allocations.

2.24 Using the national NHS indicator as a benchmark, the current network of 87.16 FTE GPs in the borough is able to support approximately 156,900 patients. Taking the demand levels identified above, the likely surplus/deficit in primary healthcare provision by the end of the plan period can be estimated. This shows that, across the borough, additional capacity equivalent to **at least 6.75 FTE GPs** could be required by the end of the plan period in order to meet the needs of additional population.

Table 3: Potential future GP requirements (2027)

Area	Current FTE GPs	Theoretical "capacity"	Estimated total patients (2027)	Surplus/deficit (2027)
North – North Downs	28.83	51,894	51,835	-59 (0.03 FTE)
Central – Wealden Greensand	40.33	72,594	77,476	4,882 (2.71 FTE)
South – Low Weald	18	32,400	39,727	7,327 (4.07 FTE)
Borough	**87.16**	**156,888**	**169,038**	**11,616 (6.75 FTE)**

Source: RBBC

2.25 By comparison, the Surrey Infrastructure Plan (2015) also provides an assessment of anticipated demand for primary healthcare. The broad borough wide assessment for Reigate & Banstead within this county-wide study indicates a slightly lower level of

[8] 2012 ONS sub-national population projections forecast a total population of 167,900 by 2027; however, this is unconstrained (i.e. does not take account of the actual levels of housing growth planned in the Core Strategy).

demand (an additional 6 FTE GPs) over a slightly longer period (to 2030 rather than 2027). The two assessments are however of broadly similar magnitude.

2.26 The above assessment suggests that potential future need for additional GP capacity is likely to vary significantly across the borough. It suggests that the south (Low Weald) area is likely to experience the greatest pressure for additional capacity at just over 4 FTE GPs – this is particularly driven by the growth at the North West Sector. The central part of the borough – incorporating Redhill/Reigate – may see a need for just under 3 additional GPs.

Sensitivity

2.27 These figures do not however take account of the changing structure of the population, particularly in relation to age. Both ONS and the local dwelling constrained projections indicate that the number of over 75s in the population will grow by over 50% by 2027 and research shows that older residents have significantly more GP consultations annually than younger residents (those age over 80 consult 12-14 times per year compare to an average of 6 for the population overall)[9].

2.28 Whilst the effect of this may be dampened by improvements in primary and community care generally, this changing age structure has the potential to exacerbate pressure on GP capacity and, as such, the additional needs identified should be seen as a guide and not a maximum. This further supports the need for a degree of flexibility in planning for primary healthcare provision.

Meeting future demand – Options and Recommendations

2.29 As discussed above, the model for, and approach to, meeting primary healthcare needs is changing. Discussions with local Clinical Commissioning Groups (CCGs) indicate a focus on making best use of existing sites rather than making significant new provision. This includes, for example, seeking to offer a range of health services from a single site (through co-location or the creation of hubs) rather than having individual services operating from disparate locations.

2.30 The discussion below considers how provision might be made to address future needs, taking account of the distribution of future growth and, in particular, areas of significant planned housing growth. In doing so, it identifies locations which would benefit from additional investment in the form of enhanced provision, be that through expanded or new surgeries, or even alternative community healthcare facilities. The aim here is to ensure that there is flexibility (e.g. in the availability of appropriate sites) to enable NHS England and CCGs to achieve their priorities in terms of delivering healthcare needs.

2.31 It should be noted that the above quantitative analysis is a theoretical exercise designed to guide the development of policies and the assessment of potential development site allocations as part of the preparation of the Development Management Plan. Further engagement with healthcare providers, including NHS England, CCGs and individual practices will be essential to ensure the needs of a growing population are met appropriately, taking account of available funding, practice aspirations and wider operational requirements/constraints.

[9] Royal College of General Practitioners – The 2022 GP (2013), http://www.rcgp.org.uk/~/media/Files/Policy/A-Z-policy/The-2022-GP-Compendium-of-Evidence.ashx

North Downs

2.32 The assessment indicates that, in the north of the borough (within the Surrey Downs CCG area), the current "surplus" of capacity in the area may be eroded, however there is unlikely to be a need for additional GPs capacity based on the level of additional growth anticipated until 2027. In service planning terms, the focus is likely to involve making best use of existing capacity in this part of the borough.

Wealden Greensand

2.33 The assessment indicates that GP provision in the Wealden Greensand area is currently operating at capacity and, by the end of the plan period, there is likely to be (in theoretical terms) a need for additional capacity equivalent to at least 2.71 FTE GPs based on anticipated growth. The broad strategy for meeting this additional demand should ideally reflect the spatial distribution of new development.

2.34 **East Merstham** – the Core Strategy includes the area East of Merstham as part of the East Redhill and East Merstham broad area of search for sustainable urban extensions. Consideration therefore needs to be given to the potential impact of urban extension development in this area. For the purposes of this assessment, a level of growth of up to 200-300 additional homes as part of the potential urban extension sites has been assumed (although noting that this figure has been used for the purpose of testing infrastructure requirements only and should not be taken as representative of the Council's final or preferred position in relation to site allocations). Both of the existing surgeries which serve the area are already operating above the theoretical benchmark, therefore and this additional growth (as well as that in Redhill more generally) will increase pressure on services.

2.35 It is therefore considered that provision of an additional 1 FTE GP may be required in this locality to support new development in the area, including any future urban extensions. It is likely that this could be achieved through expanding provision at an existing practice. Moat House Surgery in particular would be ideally located in relation to the Core Strategy broad area of search for urban extensions, and it is considered realistic that there may be scope for physical expansion of this surgery.

2.36 **Redhill** – the Core Strategy identifies that the Redhill area will experience significant housing growth both from two main sources: town centre regeneration projects (approximately 400-500 homes) and from the East Redhill and East Merstham broad area of search for urban extensions. For the purposes of this assessment it has been assumed that up to 300-400 homes could be delivered on East Redhill urban extension sites.

2.37 The three surgeries which currently serve the East Redhill urban extension broad area of search are operating above the theoretical benchmark and therefore to ease pressure and support urban extension development, additional capacity equivalent to 1 FTE GP may be required in this locality. There is theoretically some existing 'spare' capacity (in terms of patient numbers) in surgeries close to Redhill town centre which could address the demand arising from town centre/urban developments and potentially from the any urban extension development in East Redhill.

2.38 It is, in principle, likely that additional need could be met through expanding services at existing practices rather than requiring new facilities. Expansion of the catchment areas for the town centre surgeries mentioned above could be considered as part of the solution.

2.39 **South West Reigate** – the main source of growth in the Reigate area anticipated in the Core Strategy is development within the urban extension broad area of search in South West Reigate (which may be up to 500-700 homes). In general, the density and accessibility of GP provision in this area of Reigate is low and the urban extension broad area of search is covered by only one surgery catchment which is operating close to the theoretical benchmark.

2.40 Additional capacity equivalent to at least 1 FTE GP may be required to support additional demand arising from potential urban extension development in this area.

2.41 The existing South Park surgery is ideally located in relation to the Core Strategy broad area of search. Whilst it is understood that provision at the practice has been secured for the short term (following risk of closure in late 2015), there may be challenges associated with expanding the existing facility. However, this part of Reigate has limited alternative options in terms of GP surgeries and, as such, additional services/capacity in this area could help to improve viability and resilience.

2.42 It is recommended that consideration is given to identifying and securing a site for healthcare provision as part of any future South West Reigate urban extension development. This approach would help ensure sufficient capacity can be provided to respond to future demand (including that specifically generated by any future urban extensions) and scope/flexibility for the CCG to explore aspirations for a community health hub in this locality in the medium-long term. This represents a precautionary approach given the limited options for expansion in this locality and could be reviewed at the time of any future application to determine whether such a facility is needed based on the latest available information at that time.

Low Weald

2.43 In the Low Weald area, primary healthcare provision area is currently operating above theoretical capacity. By the end of the plan period – and as a result of growth around Horley – there is likely to be a need for additional capacity equivalent to 4 FTE GPs based on anticipated future growth. This is largely as a result of planned growth at the North West Sector.

2.44 A site has been secured as part of the North West Sector housing development for a medical centre of up to 1,000sqm. Through the section 106 agreement, the site will be made available for healthcare providers to buy or lease in order to deliver a medical centre which could include GP provision. At this size, it is considered that the site would comfortably be able to accommodate the additional GP capacity required plus ancillary facilities.

2.45 Provision on this site would be ideally located in relation to planned housing development (e.g. the North West Sector), would help alleviate pressure on surgeries within the town and would generally improve accessibility to GP provision for those in the northern and western parts of Horley.

2.46 In the event that a new surgery in this location proves unviable, consideration would need to be given to how provision at existing town centre surgeries could be expanded/enhanced to meet the anticipated additional need over the plan period.

3. Acute/Hospital Care

3.1 This section assesses – in broad theoretical terms – future requirements for acute healthcare provision (i.e. hospitals) within the borough, over the plan period. It takes into account planned levels of growth across the borough as a whole, as set out in the Core Strategy.

Current situation

Background

3.2 Demand and provision in the acute/hospital care setting is similarly being influenced by the challenges, factors and pressures identified above for the primary care sector.

3.3 In particular, local CCG priorities of transforming out of hospital care and reducing the need for patients to be treated in an acute setting (where this is unnecessary) will have an impact on how needs are met in future, particularly general care.

Current provision

3.4 East Surrey Hospital – part of the Surrey and Sussex Healthcare NHS Trust – is the main inpatient, acute care hospital serving the borough and the wider area covering east Surrey, north-east West Sussex and South Croydon. Both of the CCGs covering the borough – Surrey Downs and East Surrey – commission services from East Surrey Hospital.

3.5 The Trust is estimated to provide care to a population of over 535,000, including the 144,000 residents of Reigate & Banstead.

3.6 At present, the hospital provides approximately 630 beds for general and acute care with a further 40 maternity beds. A range of outpatient and routine planned services are also provided by the Trust at Caterham Dene Hospital and Oxted Health Centre, with services also provided from Crawley Hospital and Horsham Hospital which are managed by a separate Trust.

Future need

Approach

3.7 The following assessment of future need for acute healthcare provision is based purely on the demand arising from population growth and development in the Reigate & Banstead area and does not take account of demand which might arise in other areas covered by the local NHS Trust or East Surrey Hospital or any future expansion plans.

3.8 The basis for the assessment is the same as that adopted for GP provision. This assumes a population increase of approximately 12,470 residents over the plan period to 2027, taking account of anticipated housing growth set out in the Core Strategy.

Assessing future need

3.9 As with primary health provision, there are no fixed thresholds against which to determine the need for the provision of acute healthcare. Again, this will in part depend upon the nature (e.g. age, deprivation) and the associated healthcare needs of the catchment population.

3.10 However, to guide infrastructure planning and to assess the impact of new development, the NHS Healthy Urban Development Unit[10] indicates a theoretical benchmark of 1 general care bed for every 480 people and 1 acute care bed for every 1,430 people. This is broadly consistent with international benchmarks – such as from the World Health Organisation – which indicate a benchmark of between 25 and 30 beds per 10,000 population.

3.11 Using the HUDU benchmarks, there is anticipated to be a requirement for approximately **26 additional general care beds and 9 additional acute care beds** by 2027 based on anticipated levels of housing and population growth.

Meeting future demand – Conclusions and next steps

3.12 Given the strategic nature of acute/hospital care services, further engagement with the CCG (as the commissioners of hospital care) and the hospital Trust is important. It would be inappropriate to seek to address, in isolation, the needs arising from growth in Reigate & Banstead without acknowledging the wider context and catchment of the hospital.

3.13 As above, there is increasing overlap between primary and acute healthcare. The strategy and approach taken in meeting primary healthcare needs – and in particular the drive towards improving out of hospital care services – will inevitably impact on the demand for "beds" in a hospital setting and may drive changes, and a need for greater flexibility, in how space is used and configured on hospital sites.

3.14 At present, the East Surrey Hospital site falls within the Green Belt: this means that operational developments within the built envelope need to be supported by very special circumstances. Consideration could be given to removing the main footprint of the hospital from the Green Belt, making the planning process easier and provide greater scope for the hospital to use and evolve the estate in response to changing healthcare needs.

[10] http://www.hudumodel.com/help/GuidanceNotes.pdf

Annex 1: Population forecasts

	2011	11/12	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27
BV	9,118	9,150	9,182	9,219	9,219	9,210	9,243	9,214	9,219	9,191	9,230	9,237	9,276	9,305	9,344	9,349	9,320
CHW	8,820	8,890	8,947	9,028	9,065	9,049	9,073	9,048	9,067	9,053	9,076	9,062	9,086	9,071	9,094	9,118	9,103
EW	8,869	8,940	9,043	9,172	9,174	9,171	9,228	9,371	9,477	9,457	9,477	9,457	9,477	9,457	9,477	9,496	9,476
HC	8,283	8,341	8,433	8,471	8,679	8,789	9,002	9,098	9,302	9,338	9,525	9,503	9,566	9,623	9,640	9,658	9,636
HE	5,928	6,227	6,477	7,018	7,297	7,272	7,379	7,460	7,465	7,439	7,444	7,418	7,423	7,460	7,527	7,595	7,630
HW	7,841	7,873	7,999	8,039	8,082	8,051	8,422	8,916	9,313	9,669	10,063	10,414	10,857	11,315	11,805	12,165	12,118
KBH	6,891	6,971	7,105	7,276	7,323	7,338	7,370	7,354	7,381	7,387	7,424	7,491	7,527	7,532	7,568	7,605	7,609
MSJ	7,786	7,833	7,889	7,923	7,977	7,986	8,117	8,121	8,134	8,113	8,139	8,163	8,227	8,255	8,318	8,533	8,724
M	8,108	8,145	8,195	8,245	8,273	8,242	8,314	8,341	8,369	8,347	8,359	8,373	8,386	8,363	8,375	8,388	8,365
N	7,562	7,658	7,849	7,978	8,039	8,035	8,184	8,197	8,239	8,267	8,329	8,357	8,419	8,445	8,507	8,569	8,595
P	2,952	2,964	2,976	2,988	2,988	2,986	3,024	3,115	3,546	3,634	3,711	3,773	3,776	3,762	3,765	3,767	3,754
RE	9,965	10,066	10,150	10,195	10,300	10,306	10,327	10,505	10,931	10,922	10,959	10,950	10,986	10,977	11,013	11,050	11,040
RW	8,195	8,408	8,672	8,787	8,859	8,916	8,981	8,965	9,238	9,459	9,552	9,699	9,886	9,889	10,217	10,569	10,780
RC	7,355	7,573	7,718	7,818	7,848	7,826	7,872	8,029	8,054	8,058	8,095	8,098	8,134	8,137	8,174	8,210	8,212
RH	5,689	5,905	5,956	5,992	6,035	6,058	6,062	6,130	6,173	6,226	6,336	6,410	6,520	6,593	6,624	6,655	6,661
SS	2,606	2,629	2,644	2,655	2,684	2,714	2,765	2,766	2,782	2,793	2,814	2,824	2,893	2,950	2,971	2,993	3,227
SPW	7,325	7,367	7,397	7,427	7,432	7,406	7,429	7,403	7,408	7,382	7,387	7,361	7,403	7,413	7,418	7,423	7,397
TW	7,128	7,157	7,222	7,251	7,268	7,259	7,301	7,304	7,321	7,319	7,346	7,343	7,370	7,367	7,394	7,421	7,417
TAT	7,361	7,431	7,478	7,573	7,613	7,589	7,606	7,588	7,602	7,585	7,599	7,581	7,595	7,596	7,610	7,624	7,605
RBBC	**137,782**	**139,526**	**141,335**	**143,056**	**144,156**	**144,202**	**145,697**	**146,927**	**149,020**	**149,637**	**150,865**	**151,515**	**152,807**	**153,511**	**154,844**	**156,187**	**156,668**