NHS
Essex
Integrated Care Board

Information Governance Team
EICB.FOI@nhs.net

FOI Request: Formal Scheme-specific Healthcare Consultation Response
Our Reference Number: 2627232

Date: 9th17th September 2026

Further to your requests made to **Essex Integrated Care Board** for information relating to the above and pursuant to the Freedom of Information Act 2000, please see the organisation's response below:

I am writing to request NHS Essex ICB's formal scheme-specific response to planning application UTT/26/1635/OP for up to 850 dwellings at The Broadway, Great Dunmow. The evidence already supplied in response to FOI request 2627171 records substantial existing primary-care pressure and a material floorspace deficit. The current planning application proposes space for a healthcare facility, but space alone does not guarantee additional doctors, nurses, appointments or an operational service.

The NHS assessment must also address acute hospital care. The population generated by 850 dwellings will create additional emergency, inpatient, outpatient, elective, maternity, paediatric and diagnostic demand, as well as ambulance demand. Please establish the acute-hospital catchments used by Great Dunmow residents, including the respective roles of Broomfield Hospital and Princess Alexandra Hospital, using actual patient-flow evidence rather than an assumption about administrative boundaries. Please provide a formal consultation response addressing:

1. the present registered-list, clinical-workforce, appointment and floorspace position for the Great Dunmow practices;
Under section 21 of the Freedom of Information Act 2000, a public authority does not have to provide information in response to a request when that information is reasonably accessible to the applicant by other means.
Registered lists are published at Patients registered at a GP practice - NHS England Digital

Clinical workforce information is published at Workforce - NHS England Digital

An indicative 149k consultations (per annum) are recorded for John Tasker House and Angel Lane Surgery. This is likely to be under-recorded so is indicative only.

Angel Lane Surgery is currently operating with a 510m^2 deficit in floorspace capacity. John Tasker House Surgery is currently operating with a 373m^2 deficit in floorspace capacity.

2. cumulative demand from housing already built, approved and proposed in and around Great Dunmow;
There is no specific demand analysis undertaken by the ICB on this specific issue.

3. the additional patient demand expected from 850 dwellings, rather than the Local Plan allocation of 715;
Additional patient demand that would be expected from 715 dwellings is 1,787; additional GP floorspace required would be 122.5m^2. Additional patient demand that would be expected from 850 dwellings is 2,125; additional GP floorspace required would be 145.7m^2. The difference in

additional patient demand is an increase of 338. The difference in additional GP floorspace required is an increase of 23.2m^2.

4. the acute hospitals presently used by Great Dunmow residents and the proportion of relevant activity directed to Broomfield Hospital, Princess Alexandra Hospital and any other provider;
The ICB has not undertaken a scheme-specific analysis of acute hospital utilisation by Great Dunmow residents, nor produced an assessment of the proportion of activity attributable to individual acute providers in relation to this development proposal.
The ICB holds secondary care activity datasets containing geography fields such as LSOA, ward and postcode sector-derived geography rather than full patient postcodes. Therefore, the ICB does not hold any recorded information in relation to this specific request.

5. the current and forecast position at those hospitals for emergency demand, staffed beds and occupancy, waiting times, elective and diagnostic demand, workforce vacancies and estate constraints;
No specific forecasting is held by the ICB in relation to the development of homes in the Dunmow area.

6. the additional hospital and ambulance activity expected from 850 dwellings and from cumulative completed, approved and proposed Great Dunmow growth;
No specific forecasting is held by the ICB in relation to the development of homes in the Dunmow area.

7. the specific additional acute, ambulance and community capacity required, its cost, funding source, responsible delivery body and operational delivery date;
No specific forecasting is held by the ICB in relation to the development of homes in the Dunmow area.

8. whether the relevant acute NHS trusts and ambulance service have been formally consulted on this application, and copies of their scheme-specific responses;
This process has not been managed by the ICB. Those organisations would need to be contacted separately.

9. the services intended for the proposed facility and whether this represents new capacity or relocation of an existing service;
The additional space identified in answer 3 is for primary medical services (general practice).

10. the intended operator, commissioning route, capital and fit-out funding, revenue funding and staffing plan;
To be determined. The ICB would initially seek to work with existing local practices to expand their premises.

11. the number of additional doctors, nurses and appointments that would be delivered;
The ICB does not commission primary care services on the basis of specific staffing numbers or appointments.

12. the Section 106 contribution, land or premises specification and occupation trigger required by the ICB;

The ICB would normally request a financial contribution to mitigate the impact of a development of 850 dwellings, rather than land or premises. The payment trigger would be negotiated through the planning process. The ICB calculates the Capital cost of additional health services arising from the development proposal as follows:

- *Additional population growth* is calculated using the Uttlesford District Council average household size of 2.5 taken from the 2011 Census: Rooms, bedrooms and central heating, local authorities in England and Wales (rounded to the nearest whole number).
- *Additional floorspace required to meet growth (m²)* is based on 120m² per 1750 patients (this is considered the current optimal list size for a single GP within the Essex ICB). Space requirement aligned to DH guidance within "Health Building Note 11-01: facilities for Primary and Community Care Services".

- *Capital required to create additional floor space (£)* is based on £6,204/m2 derived from BCIS cost multiplier (£4,575/m2) for health centres using rates for gross internal floor area for the building costs including prelims updated to Q4 2025 and rebased for Essex, plus fees (13%) and VAT (20%) rounded to nearest £100.

13. what binding safeguard is required if the facility, staffing or commissioning is not delivered; and

There is not a binding safeguard in place.

14. healthcare contributions received from completed Great Dunmow developments, including the amount received, the body that received it, where it was spent and what additional capacity was delivered in Great Dunmow.

Application	Town	Development	Monies collected by Uttlesford District Council	Monies transferred to ICB	Monies spent to date
UTT/13/2107/OP	Dunmow	Land West of Woodside Way, Woodside Way, Great Dunmow	£308,346.18	£0	£0
UTT/14/0127/FUL	Gt. Dunmow	Land south of Ongar Rd, Great Dunmow	£17,358.06	£0	£0
UTT/16/1435/FUL	Gt. Dunmow	Land North of Ongar Rd, Great Dunmow	£20,626.61	£0	£0
UTT/19/1437/FUL	Gt. Dunmow	77 High St, Great Dunmow CM6 1AE	£9,155.17	£0	£0
UTT/16/1435/FUL	Gt. Dunmow	Land north of Ongar Rd, Great Dunmow	£20,626.61	£0	£0
UTT/14/0127/FUL	Gt. Dunmow	Land south of Ongar Rd, Great Dunmow	£17,358.03	£0	£0
UTT/14/0005/OP	Gt. Dunmow	Land off Tanton Rd, Flitch Green, Dunmow	£16,964.00	£0	£0
UTT/23/0638/FUL	Dunmow	Stane House, 77 High St, Dunmow	£305.17	£0	£0

UTT/19/1437/FUL	Gt. Dunmow	77 High St, Great Dunmow CM6 1AE	£8,850.00	£0	£0

If you are dissatisfied with the response you have received, you have the right to request a review of our decision or make a complaint about how your request has been handled. Your request should be made within 40 working days of receipt of this letter, and we will reply within 20 working days of receipt. Any such request received after 40 working days will only be considered at the discretion of the organisation.

If our decision is unchanged following a review and you remain dissatisfied with this, you then have the right to make a formal complaint to the Information Commissioner who can be contacted at:
Information Commissioners Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF.

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Should you require any further information, please do not hesitate to contact the FOI team via the methods above.

Yours sincerely,

Jimmy Allimadi
FOI Officer