

# **Redbridge CCG**

## **Redbridge Primary Care Infrastructure Capacity Plan**

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## Contents

|   |           |
|---|-----------|
| <b>Executive Summary</b> .....  | <b>3</b>  |
| <b>1. Introduction</b> .....  | <b>10</b> |
| <b>2. Background</b> .....  | <b>11</b> |
| 2.1 Strategic Healthcare Context .....  | 11        |
| 2.2 Primary Care Transformation .....   | 12        |
| <b>3 Estimated Population Growth and Additional Primary Care Space Required</b> .....   | <b>14</b> |
| 3.1 Proposed Development in Redbridge .....   | 14        |
| 3.2 Estimated Population Projections by CCG Locality .....  | 15        |
| 3.3 Estimated Age Profile of Population Increase .....  | 15        |
| 3.4 Estimated Primary Care Floor Space Required to meet Population Growth .....   | 18        |
| <b>4 Scope for Current Primary Care Services in Redbridge to meet future Population Growths</b> .....                         | <b>19</b> |
| 4.1 Current Number of GP's and Patient List Size .....  | 19        |
| 4.2 Primary Care Capacity within Current GP Practices and Buildings .....   | 19        |
| <b>5 Assessment of New Primary Care Services and New Buildings Infrastructure Required to Meet Population Increases</b> ..... | <b>23</b> |
| 5.1 Primary Care Service Requirements to meet Population Growth Table .....   | 23        |
| 5.2 Solutions by Locality .....   | 25        |
| 5.3 Fairlop Locality .....  | 30        |
| 5.4 Cranbrook and Loxford .....   | 35        |
| 5.5 Seven Kings .....   | 40        |
| <b>6. Conclusion and Next Steps</b> .....   | <b>46</b> |

## Abbreviations Used

|       |  |
|-------|--|
| BHRUT | Barking, Havering and Redbridge University Hospitals |
| CCG   | Clinical Commissioning Group                         |
| CHP   | Community Health Partnerships                        |
| FTE   | Full Time Equivalent                                 |
| LIFT  | Local Improvement Finance Trust                      |
| PS    | Property Service                                     |
| HUDU  | Healthy Urban Development Unit                       |
| LBR   | London Borough of Redbridge                          |
| NEL   | North East London                                    |
| NELFT | North East London Foundation Trust                   |

## Executive Summary

### *Background*

There are extensive new housing developments planned within the London Borough of Redbridge over the next 15 years. These include c.6,000 new homes in Ilford and c.5,000 new homes in proximity to King George and Goodmayes hospital sites linked to the new Crossrail Corridor.

With potentially nearly 19,000 new homes in Redbridge, this could lead to a predicted population increase in excess of 43,000.

### *Purpose*

This Redbridge Primary Care Infrastructure Capacity Plan provides an indication of the additional primary care infrastructure requirements across the London Borough of Redbridge, to meet the needs of a significantly expanding population to 2030. It has been commissioned by Redbridge Clinical Commissioning Group (CCG).

This report considers in outline only:

1. The proposed development in the Borough, the predicted population growth together with an estimate of the additional primary care space required;
2. The primary care capacity of existing buildings (i.e. number of patients the current infrastructure can support);
3. When new primary care services and/or building infrastructure will be required, which development sites should be allocated for health and in what development phase they are required (to feed into S106/CIL discussions).

### *Context*

This report builds on the extensive work that has been undertaken by HUDU (the NHS Healthy Urban Development Unit) which predicts the population growth from expected housing developments to 2030, the phasing and sizing of primary care infrastructure that might be required, together with plans by region (locality) in the Borough that show existing GP practices and development sites.

A high level, desktop analysis has been undertaken to determine the spare infrastructure capacity within the existing primary care system to absorb increases in population to 2030. Further more detailed analysis and information checks will need to be undertaken to back up the initial conclusions outlined in this report.

### *Proposed Development in Redbridge*

The draft Redbridge Local Plan has identified over 200 Development Opportunity Sites with potential capacity for 18,936 new homes between 2015 and 2030. The housing capacity is divided into three phases. The following table identifies the phased supply of new homes by locality:

| Locality                     | Phase 1<br>2015-2020 | Phase 2<br>2021-2025 | Phase 3<br>2026-2030 | Total         |
|------------------------------|----------------------|----------------------|----------------------|---------------|
| <b>Wanstead and Woodford</b> | 152                  | 1,041                | 387                  | 1,580         |
| <b>Fairlop</b>               | 978                  | 1,069                | 1,117                | 3,164         |
| <b>Cranbrook and Loxford</b> | 4,753                | 2,477                | 480                  | 7,710         |
| <b>Seven Kings</b>           | 1,335                | 3,603                | 1,544                | 6,482         |
| <b>Total</b>                 | <b>7,218</b>         | <b>8,190</b>         | <b>3,528</b>         | <b>18,936</b> |

Source: LB Redbridge Housing Trajectory / Appendix 1 Local Plan Pre-Submission Draft, July 2016

Nearly three-quarters of all new homes could be developed on sites in the Cranbrook and Loxford and Seven Kings Localities between 2015 and 2025.

Iford is also designated as a London Plan Opportunity Area and Iford Town Centre is a Mayor of London Housing Zone with capacity for over 3,000 homes to be delivered in Phase 1.

### *Estimated Population Increase*

An analysis undertaken by HUDU (Healthy Urban Development Unit) generates an overall population yield of 43,619 from the new housing identified in the Local Plan. The predicted population growths are summarised in the following table:

| Locality                     | Phase 1<br>2015-2020 | Phase 2<br>2021-2025 | Phase 3<br>2025-2030 | Total         |
|------------------------------|----------------------|----------------------|----------------------|---------------|
|                              | HUDU                 | HUDU                 | HUDU                 | HUDU          |
| <b>Wanstead and Woodford</b> | 348                  | 2,397                | 892                  | 3,637         |
| <b>Fairlop</b>               | 2,250                | 2,463                | 2,575                | 7,288         |
| <b>Cranbrook and Loxford</b> | 10,949               | 5,707                | 1,106                | 17,762        |
| <b>Seven Kings</b>           | 3,073                | 8,302                | 3,557                | 14,932        |
| <b>Total</b>                 | <b>16,620</b>        | <b>18,869</b>        | <b>8,130</b>         | <b>43,619</b> |

Source: HUDU Model

**Current GP Services in Redbridge**

There are currently 45 GP practices operating across the Borough of Redbridge serving just under 308,000 patients. They operate from over 10,000 m<sup>2</sup> of floor area. The CCG is organised into 4 regions, known as “localities”, Cranbrook & Loxford, Seven Kings, Fairlop and Wanstead & Woodford. Some practices are in NHS health centres, some operate from their own premises and some rent from private landlords. Buildings rented from private landlords can present a risk of eviction especially with growth in housing and house prices.

The table below shows current practices and list sizes by locality.

| By Locality                    | No. of Practices | List Population Size | Current Floor Space m <sup>2</sup> |
|--------------------------------|------------------|----------------------|------------------------------------|
| <b>Cranbrook &amp; Loxford</b> | 12               | 83,825               | 2,497                              |
| <b>Seven Kings</b>             | 11               | 84,253               | 3,071                              |
| <b>Wanstead &amp; Woodford</b> | 12               | 77,465               | 2,589                              |
| <b>Fairlop</b>                 | 10               | 62,170               | 2,084                              |
| <b>Totals</b>                  | 45               | 307,713              | 10,241                             |

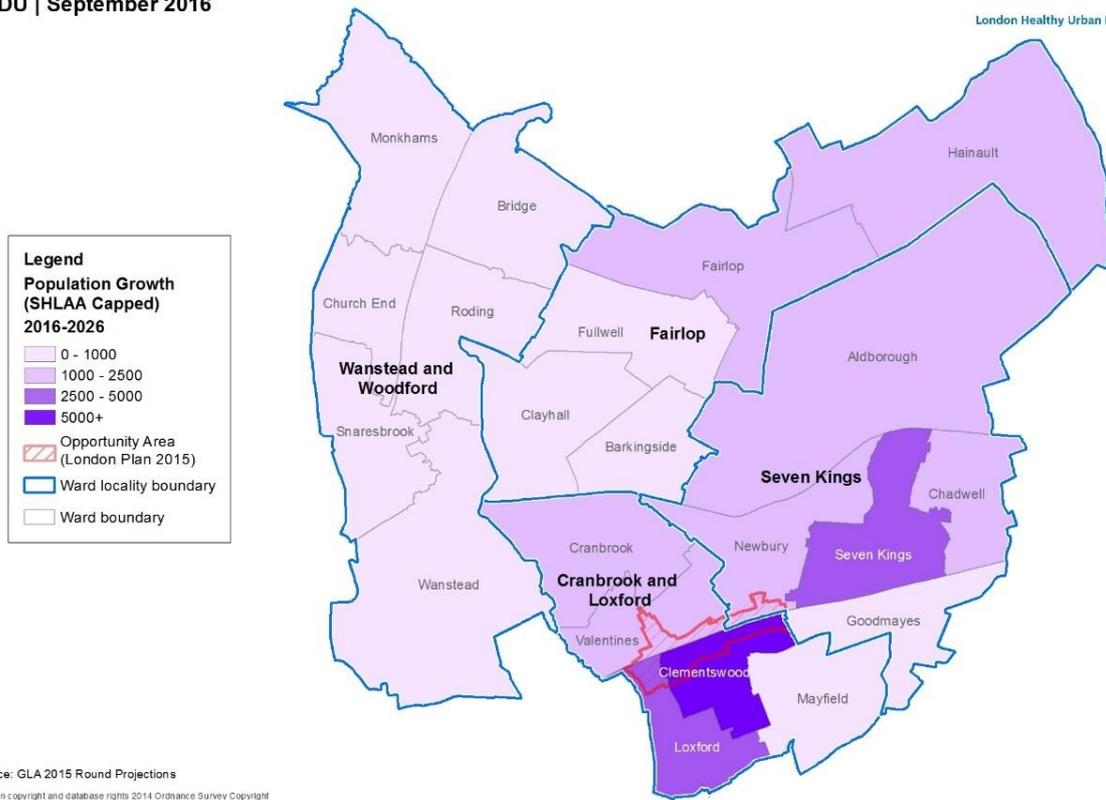
Source: SHAPE London Database

The 4 localities within Redbridge are shown on the map below along with projected population growth from 2016-2026:

**Redbridge Population Growth 2016-2026**  
HUDU | September 2016



London Healthy Urban Development Unit



## *Strategic Context*

Nationally, the NHS faces a significant future challenge in the form of the increasing health needs and expectations of the population, changes in treatments and technologies, and increasing pressures on finances – both from reduced spending growth in the NHS and cuts to social care budgets. Current projections from Monitor and NHS England estimate that the NHS will face a £30 billion funding gap by 2020/21.

To tackle these challenges within government funding limits, GP Five Year Forward View sets out a transformational change agenda for the NHS that involves:

- Reducing variation in care quality and patient outcomes;
- Increasing the emphasis on preventative care;
- A shift towards more care being delivered in primary care;
- Breaking down the barriers in how care is provided through the introduction of new models of care spanning current organisational boundaries;
- Action on demand, efficiency and funding mechanisms to improve financial sustainability.

In response to this, the General Practice Forward View offers funding opportunities and practical steps to stabilise and transform general practice through addressing workforce, workload, infrastructure and care design issues.

Redbridge, along with the wider Barking and Dagenham, Havering and Redbridge (BHR) health system, has a greater commissioning challenge than the national average in the form of a system-wide budget gap of over £400m. The BHR system needs to be transformed to:

- Meet the health needs of the diverse, growing and ageing populations where an increasing number of people are living with one or more long-term conditions in its local communities;
- Improve health outcomes for these populations and reduce health inequalities overall;
- Meet national and regional quality standards for care;
- Close a £400m budget gap.

To achieve this, local commissioners agree that acute hospital care should be reserved for acutely ill patients with the majority of care delivered nearer home. Key themes for the development of general practice and the wider primary care family are that it should be accessible, coordinated and proactive (with a focus on prevention).

### *1. Current Capacity of Existing Estate*

Existing primary care estate has little capacity to absorb additional activity from new population growth due to:

- Over utilisation of many of the existing GP practices;
- The fact that many of the GP practices are operating in aging, small converted domestic buildings that would be difficult to adapt/extend;
- The current facilities are already small compared to patient list sizes.

There are a few known exceptions, such as Loxford Polyclinic, where utilisation studies indicate that by reconfiguring services and introducing further efficiency measures, there could be scope to absorb additional patient activity.

## 2. *Estimated Additional Primary Care Estate to Absorb Population Growth*

The following table from the HUDU model summarises the estimated demand for primary healthcare in terms of FTE (full time equivalent) GPs and primary healthcare floor space arising from the housing and corresponding population growth identified in the Local Plan.

| Locality              | Phase 1<br>2015-2020 |                                | Phase 2<br>2021-2025 |                                | Phase 3<br>2025-2030 |                                | Total       |                                |
|-----------------------|----------------------|--------------------------------|----------------------|--------------------------------|----------------------|--------------------------------|-------------|--------------------------------|
|                       | FTE<br>GPs           | Primary<br>care m <sup>2</sup> | FTE<br>GPs           | Primary<br>care m <sup>2</sup> | FTE<br>GPs           | Primary<br>care m <sup>2</sup> | FTE<br>GPs  | Primary<br>care m <sup>2</sup> |
| Wanstead and Woodford | 0.2                  | 33                             | 1.3                  | 226                            | 0.5                  | 84                             | 2.0         | 343                            |
| Fairlop               | 1.3                  | 213                            | 1.4                  | 233                            | 1.4                  | 243                            | 4.1         | 689                            |
| Cranbrook and Loxford | 6.1                  | 1,034                          | 3.2                  | 539                            | 0.6                  | 104                            | 9.9         | 1,677                          |
| Seven Kings           | 1.7                  | 290                            | 4.6                  | 784                            | 2.0                  | 336                            | 8.3         | 1,410                          |
| <b>Total</b>          | <b>9.3</b>           | <b>1,570</b>                   | <b>10.5</b>          | <b>1,782</b>                   | <b>4.5</b>           | <b>767</b>                     | <b>24.3</b> | <b>4,119</b>                   |

Source: HUDU Model and HBN 11-01

The table shows the need for a total of just under 4,200m<sup>2</sup> of new primary care floor space by 2030.

Assuming that only limited additional capacity is available within existing estate, these figures have been used to assess which Council sites should be considered for future healthcare needs to meet the likely population increases.

## 3. *Council sites to be allocated for Healthcare and which Year they are required and S106 Contributions Required*

A desk top review of Council sites on offer, which sites should be allocated for health and what year they are required has been undertaken.

It should be noted:

- The CCG forward vision and future estate rationalisation plans could significantly impact proposals for enlarging existing estate and proposals to create new primary care facilities;
- The following proposals reflect the need to provide the additional space for the population increase only;
- At this stage, these figures do not reflect any aspirational aims by the CCG to:
  - re-provide aging estate that may be struggling to meet fit for purpose criteria
  - implement comprehensive health and social care integration by creating larger multi use “hub” facilities etc.
  - deliver local digital roadmaps, at scale, which in other areas is having significant impact on patient access and flows.

The following summary table shows the proposed Redbridge CCG estate solutions to meet the population increases, by locality, ward and development phase.

Maps that show the estate solutions can be found in Section 5 of this report.

The table shows where:

- Primary care services in existing facilities are likely to be able to meet future demands through improved building utilisation programmes (e.g. where only small to medium population increases are predicted);
- Primary care services in existing facilities are likely to be able to meet additional demands through building extension or refurbishment programmes (e.g. small to medium increases in population are predicted);
- New services and new facilities on development sites will be necessary to meet primary health care needs (e.g. in areas of significant population growth and in development areas that currently lack primary care facilities);
- The nature of S106 contributions required from Developers.

Where new locality hubs are proposed, the aim will be to deliver GP services “at scale” that will be able to accommodate longer term growth within the area.

#### *4. Conclusion and Next Steps*

Existing primary care estate has little capacity to absorb additional activity from new population growth due to:

- Over utilisation of many of the existing GP practices;
- The fact that many of the GP practices are operating in aging, small converted domestic buildings that would be difficult to adapt/extend;
- The current facilities are already small compared to patient list sizes.

In summary by locality the additional requirements could be:

1. **Wanstead & Woodford** – new development required to provide locality hub.
2. **Fairlop** – Redevelopment of Fullwell Cross or alternative health centre on the Oakfield site.
3. **Cranbrook & Loxford** – new development required in Ilford Town centre to provide locality hub.
4. **Seven Kings** – new development required between two growth areas to provide locality hub.

All housing growth will require contributions towards the extension of current services to accommodate the additional patient capacity in all current and future buildings.

| Locality   | Location in Locality          | Ward                          | Population Growth | %           | Phase 1<br>2015-2020 |  | Phase 2<br>2021-2025 |  | Phase 3<br>2025-2030 |  | Total Space required m2 |
|--|-------------------------------|-------------------------------|-------------------|-------------|----------------------|--|----------------------|--|----------------------|--|-------------------------|
|  |                               |                               |                   |             | Population Growth    | Proposed Estate Solution to absorb Population Inc.   | Population Growth    | Proposed Estate Solution to absorb Population Inc.   | Population Growth    | Proposed Estate Solution to absorb Population Inc.   |                         |
| Additional size of facility required for population growth (m2): |                               |                               |                   |             |                      |  | 33                   | 226  |                      | 84   | 343                     |
| Wanstead and Woodford  | North                         | Monkhams/Bridge               | 829               |             | 93                   | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  | 596                  | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  | 141                  | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  |                         |
|  | Central                       | Roding/Church End/Snaresbrook | 2,338             |             | 184                  | S106 contributions from development will be required to support primary care service improvements within South Woodford Health Centre and a New Health Hub development on the Wanstead Hospital site.  | 1,664                | S106 contributions from development will be required to support primary care service improvements within South Woodford Health Centre and a New Health Hub development on the Wanstead Hospital site.  | 492                  | S106 contributions from development will be required to support primary care service improvements within South Woodford Health Centre and a New Health Hub development on the Wanstead Hospital site.  |                         |
|  | South                         | Wanstead                      | 368               |             | 65                   | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  | 304                  | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  |                      |  |                         |
|  | Population Increase Sub Total |                               |                   | 3,535       | 8%                   | 342  |                      | 2,564  |                      | 633  |                         |
| Additional size of facility required for population growth (m2): |                               |                               |                   |             |                      |  | 213                  | 233  |                      | 243  | 689                     |
| Fairlop  | North                         | Hainault/Fairlop              | 4,744             |             | 1,798                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Hainault Health Centre,<br>- Fulwell Cross Health Centre and/or<br>- A new locality hub on the proposed Oakfield development site.   | 836                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Hainault Health Centre,<br>- Fulwell Cross Health Centre and/or<br>- A new locality hub on the proposed Oakfield development site.   | 2,110                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Hainault Health Centre,<br>- Fulwell Cross Health Centre and/or<br>- A new locality hub on the proposed Oakfield development site.   |                         |
|  | Central                       | Fulwell                       | 942               |             | 346                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Fulwell Cross Health Centre and/or<br>- A new locality hub on the proposed Oakfield development site.  | 596                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Fulwell Cross Health Centre and/or<br>- A new locality hub on the proposed Oakfield development site.  |                      |  |                         |
|  | South                         | Clayhall/Barkingside          | 1,517             |             | 102                  | Note: Kenwood Gardens Medical Centre will need to be refurbished in Phase 1 in order to absorb population increase in Phase 2  | 1,152                | S106 contributions from development in this ward will be required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the Kenwood Gardens building.   | 264                  | S106 contributions from development in this ward will be required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the Kenwood Gardens building.   |                         |
|  | Population Increase Sub Total |                               |                   | 7,203       | 17%                  | 2,246  |                      | 2,584  |                      | 2,374  |                         |
| Additional size of facility required for population growth (m2): |                               |                               |                   |             |                      |  | 1,034                | 539  |                      | 104  | 1,677                   |
| Cranbrook and Loxford  | North                         | Cranbrook                     | 1,095             |             | 439                  | S106 contributions from development required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the existing GP practices.   | 367                  | S106 contributions from development required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the existing GP practices.   | 290                  | S106 contributions from development required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the existing GP practices.   |                         |
|  | Central                       | Clementswood/Valentines       | 12,119            |             | 7,178                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loxford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre   | 3,003                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loxford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre   | 1,939                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loxford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre   |                         |
|  | South                         | Loxford                       | 3,895             |             | 3,331                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loxford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre   | 564                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loxford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre   |                      |  |                         |
|  | South East                    | Mayfield                      | 573               |             |                      |  |                      |  | 573                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Loxford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre  |                         |
|  | Population Increase Sub Total |                               |                   | 17,682      | 41%                  | 10,948   |                      | 3,934  |                      | 2,802  |                         |
| Additional size of facility required for population growth (m2): |                               |                               |                   |             |                      |  | 290                  | 784  |                      | 336  | 1,410                   |
| Seven Kings  | North                         | Aldborough                    | 4,433             |             | 543                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.   | 1,949                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.   | 1,942                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.   |                         |
|  | Centre                        | Seven Kings                   | 3,778             |             | 564                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.<br>- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor. | 3,214                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.<br>- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor. |                      |  |                         |
|  | Centre/West                   | Seven Kings/Newbury           | 3,421             |             | 1,161                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.   | 838                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.   | 1,421                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.<br>- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor. |                         |
|  | West                          | Newbury                       | 1,439             |             | 483                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.   | 780                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.   | 176                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.<br>- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor. |                         |
|  | East                          | Chadwell                      | 1,260             |             | 121                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.<br>- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor. | 859                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.<br>- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor. | 281                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.<br>- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor. |                         |
|  | South                         | Goodmayes                     | 798               |             | 195                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.<br>- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor. | 603                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.<br>- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor. |                      |  |                         |
|  | Population Increase Sub Total |                               |                   | 15,129      | 35%                  | 3,067  |                      | 8,243  |                      | 3,820  |                         |
| <b>Total Population Increase</b>                                 |                               |                               | <b>43,549</b>     | <b>100%</b> | <b>16,603</b>        |  | <b>17,325</b>        |  | <b>9,629</b>         |  | <b>4,119</b>            |

Key: Absorbed into existing building  
New building required

Note: All figures are predictions based on information available at time of preparation and will be subject to change.

Figures in the table are marginally different to HUDU tables, due to a standard factor of 2.3 being applied to convert housing units to population growths in this table (HUDU model uses more complex factors)

## 1. Introduction

The purpose of this Primary Care Infrastructure Capacity Plan is to give an indication of the additional primary care infrastructure requirements across the London Borough of Redbridge, to meet the needs of a significantly expanding population to 2030. This report has been commissioned by Redbridge Clinical Commissioning Group (CCG).

It is intended that the London Borough of Redbridge (LBR) will use information in this report to assist commercial discussions with developers about S106/CIL (Council Infrastructure Levy) contributions for primary healthcare.

It is important to note this reports reflects a 'time limited' desktop analysis based upon existing data. At appropriate points over the forthcoming years it will be important to regularly re-visit the information available and assumptions made to refresh the analysis made in this document.

This report considers in outline only:

1. The proposed development in the Borough - the predicted population growth together with an estimate of the additional primary care space required;
2. The primary care capacity of existing buildings (i.e. number of patients the current building infrastructure can support);
3. When new primary care services and/or building infrastructure will be required, which development sites should be allocated for health and in what development phase they are required (to feed into S106/CIL discussions).

The following documents were taken into consideration whilst undertaking this appraisal:

London Borough of Redbridge:

- Redbridge Local Plan Housing projections January 2017
- Redbridge Local Plan Healthcare Infrastructure Requirements

NHS

- North East London Sustainability and Transformation Plan (STP) 2016
- NHS Five Year Forward View

Redbridge CCG:

- Primary Care Transformation Strategy May 2016
- BHR Strategic Estates Plan (SEP) June 2016

## 2. Background

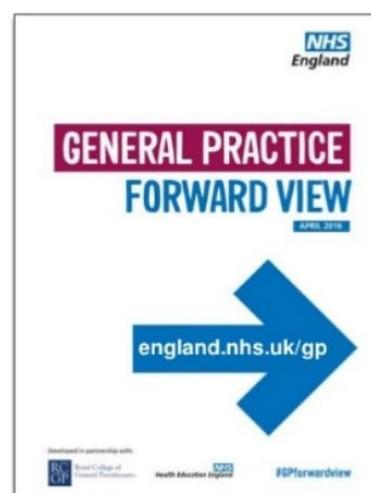
### 2.1 Strategic Healthcare Context

Nationally, the NHS faces significant future challenge in the form of the increasing health needs and expectations of the population; changes in treatments and technologies; and increasing pressures on finances, both from reduced spending growth in the NHS and cuts to social care budgets. Current projections from Monitor and NHS England estimate that the NHS will face a £30 billion funding gap by 2020/21. To tackle these challenges within Government funding limits, NHS England's *Five Year Forward View* sets out transformational change for the NHS to be driven by commissioners and realised by providers. This involves:

- Reducing variation in care quality and patient outcomes;
- Increasing the emphasis on preventative care;
- A shift towards more care being delivered in primary care;
- Breaking down the barriers in how care is provided through the introduction of new models of care spanning current organisational boundaries;
- Action on demand, efficiency and funding mechanisms to improve financial sustainability.

The *Five Year Forward View* recognised that primary care has been underfunded compared to secondary care and general practice faces problems with workforce, workload, infrastructure and care design. In response to this, the *General Practice Forward View* offers practical steps to stabilise and transform general practice through a plan focusing on:

- Growth and development of the workforce within general practice;
- Driving efficiencies in workload and relieving demand;
- Modernisation of infrastructure and technology;
- Support for local practices to redesign the way primary care is offered to patients.



## 2.2 Primary Care Transformation

Redbridge, along with the wider Barking and Dagenham, Havering and Redbridge (BHR) health system, has a greater commissioning challenge than the national average in the form of a system-wide budget gap of over £400m. The BHR system needs to be transformed to:

- Meet the health needs of the diverse, growing and ageing populations where an increasing number of people are living with one or more long-term conditions in its local communities;
- Improve health outcomes for these populations and reduce health inequalities overall;
- Meet national and regional quality standards for care;
- Close a £400m budget gap.

To achieve this, local commissioners agree that acute hospital care should be reserved for acutely ill patients with the majority of care delivered nearer home. Key themes for the development of general practice and the wider primary care family are that it should be accessible, coordinated and proactive (with a focus on prevention).

Significant progress has been made in improving access to general practice, with the establishment of hub-based urgent evening and weekend GP appointment services. However, local GPs and stakeholders have told us that the current model in primary care is unsustainable. The workforce is stretched, with recruitment and retention of staff challenging. Workload is increasing, and will do so further with an ageing population, and practices cannot deliver the quality of care their patients need without becoming financially unsustainable. While national funds are available for clear, coherent transformation strategies, there is no additional ongoing funding available in the system beyond funding potentially released through a proportional reduction in acute hospital care. Primary care needs to change to better meet demand and be a rewarding place to work and attractive to future potential recruits.

The *Primary Care Transformation Strategy May 2016* puts forward a multi-layer definition of primary care, which incorporates not just general practice, now commissioned under delegated arrangements by the CCG, but also the community pharmacy, community optician and dentistry services currently commissioned by NHS England, as well as the portfolio of services that can be provided by general practices working in collaboration with each other and other community-based providers.

The CCG's vision for primary care is to combine general practice care with other community-based health and social care into a place-based care model with more productive general practice at its foundation and GPs overseeing care for their patients. Each of the localities in Redbridge where neighbouring GP practices work together will be a 'place', and the vision is therefore to establish locality-based care across all health and social care services for the populations within those geographical localities.

Locality-based care will be proactive, with a focus on prevention, support for self-care, active management of long-term conditions and the avoidance of unnecessary hospital admissions. Patients will have a more joined-up care experience, be enabled to take more control of their care, and more of their treatment will be closer to home.

The locality-based care model has at its foundation more productive GP practices working individually and collaboratively to deliver care, improve care quality systematically and optimise the use of GP time and collective resources, reducing administrative costs and making best use of available IT solutions. General practice will be integral to the formation of a highly effective extended locality team of community, social care, pharmacy, dental and ophthalmology professionals and the voluntary sector providing local people with the majority

of their care. With input from local patients, this team will decide local pathways, how the care workload is shared, and where care is delivered from, in line with standards set and common assets managed at the BHR system level.

In configuration terms, locality teams will initially be virtual teams. General practice will have the opportunity to shape the way locality provision develops, learning from the experience of joint working. In 2021, provision may continue in the form of an alliance of individual GP practices who operate autonomously. Alternatively, by then, general practices may consolidate into a larger scale provider, or join with community and other providers into a multi-speciality community provider.

A system-wide programme will be established to refresh the roles and mix of professionals needed for locality-based care and to develop the career packages needed to sustainably attract and retain GPs, nurses and healthcare assistants and care professionals needed.

With the balance of care delivery shifting away from hospital care, a commensurate share of the existing funding envelope will fall to general practice and fellow locality team providers, that is, the funding will follow the patient to the provider of the service within the locality. In some situations an 'invest to save' approach may be appropriate by accessing future transformation funds. In time, it is likely that contractual arrangements will change to incentivise population-level outcomes rather than reward provider activity.

The CCG aims to have locality-based care fully operational within two years. Key changes will be:

1. GP practices will work more productively and free up GP time to provide and oversee patient care.
2. Collaborative working between GP practices in localities and the extended team of care professionals which will be established, raising quality and increasing capacity for locality care services and helping reduce the cost of administration.
3. Clear boundaries between primary care and acute hospitals, with good handovers between teams.
4. A programme will be put in place to recruit, develop and retain a primary care workforce suited to delivery in a place-based model in Redbridge.
5. Increasingly, reliable IT solutions will enable joined-up patient care and the automation of administrative tasks, and locality-based providers will adopt and use them with confidence.

## 3 Estimated Population Growth and Additional Primary Care Space Required

This section takes the predicted housing development figures within Redbridge to estimate the likely population growth and determine the additional primary care space required to meet this growth.

### 3.1 Proposed Development in Redbridge

Redbridge is divided into four healthcare regions, termed “localities”:

1. Wanstead & Woodford (west)
2. Fairlop (North/central)
3. Seven Kings (east)
4. Cranbrook & Loxford (south)

The draft Local Plan has identified 217 Development Opportunity Sites with potential capacity for 18,936 new homes between 2015 and 2030. The housing capacity is divided into three phases. The following table identifies this phased supply of new homes by locality.

| Locality                     | Phase 1<br>2015-2020 | Phase 2<br>2021-2025 | Phase 3<br>2026-2030 | Total         |
|------------------------------|----------------------|----------------------|----------------------|---------------|
| <b>Wanstead and Woodford</b> | 152                  | 1,041                | 387                  | 1,580         |
| <b>Fairlop</b>               | 978                  | 1,069                | 1,117                | 3,164         |
| <b>Cranbrook and Loxford</b> | 4,753                | 2,477                | 480                  | 7,710         |
| <b>Seven Kings</b>           | 1,335                | 3,603                | 1,544                | 6,482         |
| <b>Total</b>                 | <b>7,218</b>         | <b>8,190</b>         | <b>3,528</b>         | <b>18,936</b> |

Source: LB Redbridge Housing Trajectory / Appendix 1 Local Plan Pre-Submission Draft, July 2016

Nearly three-quarters of all new homes could be developed on sites in the Cranbrook and Loxford and Seven Kings Localities between 2015 and 2025. The Borough’s annual housing target in the London Plan is 1,123 new homes which would deliver 18,936 new dwellings over the 2015-2030 period. Therefore, the scale of housing capacity identified in the Local Plan is broadly in line with the housing target.

The Local Plan identifies the following Investment and Growth Areas over the three development phases to 2030:

- Ilford – 6,063 new homes
- Crossrail Corridor – 5,048 new homes, which includes the King George and Goodmayes hospital sites
- Gants Hill – 573 new homes
- South Woodford – 487 new homes
- Barkingside – 1,128 new homes
- Rest of the Borough – 2,938 new homes

Ilford is also designated as a London Plan Opportunity Area and Ilford Town Centre is a Mayor of London Housing Zone with capacity for over 3,000 homes to be delivered in Phase 1.

### 3.2 Estimated Population Projections by CCG Locality

The NHS Healthy Urban Development Unit (HUDU) have used their model to calculate the population yield from new housing and to assess the subsequent healthcare impacts and floor space requirements.

The model produces the following population growth for each locality over the three phases of development:

| Locality                     | Phase 1<br>2015-2020 | Phase 2<br>2021-2025 | Phase 3<br>2025-2030 | Total         |
|------------------------------|----------------------|----------------------|----------------------|---------------|
|                              | HUDU                 | HUDU                 | HUDU                 | HUDU          |
| <b>Wanstead and Woodford</b> | 348                  | 2,397                | 892                  | 3,637         |
| <b>Fairlop</b>               | 2,250                | 2,463                | 2,575                | 7,288         |
| <b>Cranbrook and Loxford</b> | 10,949               | 5,707                | 1,106                | 17,762        |
| <b>Seven Kings</b>           | 3,073                | 8,302                | 3,557                | 14,932        |
| <b>Total</b>                 | <b>16,620</b>        | <b>18,869</b>        | <b>8,130</b>         | <b>43,619</b> |

Source: HUDU Model

From the figures above it becomes clear that Cranbrook and Loxford and Seven Kings localities will need to absorb the majority of the population increase with Cranbrook and Loxford receiving c.41% of the growth and Seven Kings c.35%

### 3.3 Estimated Age Profile of Population Increase

The HUDU model has also calculated the population yields from the new housing. The model provides a population yield by 7 age bands which is calculated by applying the household characteristics from the 2011 Census to the mix and type of new housing recently completed in the Borough. The following tables show the predicted population profiles for each locality over the three phases of development:

#### Wanstead and Woodford

| Age Band     | Phase 1<br>2015-2020 | Phase 2<br>2021-2025 | Phase 3<br>2026-2030 | Total        |
|--------------|----------------------|----------------------|----------------------|--------------|
| 0-4          | 32                   | 221                  | 82                   | 335          |
| 5-14         | 37                   | 253                  | 94                   | 384          |
| 15-44        | 181                  | 1,242                | 462                  | 1,885        |
| 45-64        | 62                   | 424                  | 158                  | 644          |
| 65-74        | 17                   | 119                  | 45                   | 181          |
| 75-84        | 13                   | 94                   | 35                   | 142          |
| 85+          | 6                    | 44                   | 16                   | 66           |
| <b>Total</b> | <b>348</b>           | <b>2,397</b>         | <b>892</b>           | <b>3,637</b> |

## Fairlop

| Age Band     | Phase 1<br>2015-2020 | Phase 2<br>2021-2025 | Phase 3<br>2026-2030 | Total        |
|--------------|----------------------|----------------------|----------------------|--------------|
| 0-4          | 207                  | 227                  | 238                  | 672          |
| 5-14         | 238                  | 260                  | 272                  | 770          |
| 15-44        | 1,166                | 1,276                | 1,333                | 3,775        |
| 45-64        | 399                  | 436                  | 456                  | 1,291        |
| 65-74        | 112                  | 122                  | 129                  | 363          |
| 75-84        | 87                   | 97                   | 100                  | 284          |
| 85+          | 41                   | 45                   | 47                   | 133          |
| <b>Total</b> | <b>2,250</b>         | <b>2,463</b>         | <b>2,575</b>         | <b>7,288</b> |

## Cranbrook and Loxford

| Age Band     | Phase 1<br>2015-2020 | Phase 2<br>2021-2025 | Phase 3<br>2026-2030 | Total         |
|--------------|----------------------|----------------------|----------------------|---------------|
| 0-4          | 1,009                | 526                  | 102                  | 1,637         |
| 5-14         | 1,157                | 603                  | 117                  | 1,877         |
| 15-44        | 5,671                | 2,955                | 573                  | 9,199         |
| 45-64        | 1,940                | 1,011                | 196                  | 3,147         |
| 65-74        | 545                  | 284                  | 55                   | 884           |
| 75-84        | 427                  | 223                  | 43                   | 693           |
| 85+          | 200                  | 105                  | 20                   | 325           |
| <b>Total</b> | <b>10,949</b>        | <b>5,707</b>         | <b>1,106</b>         | <b>17,762</b> |

## Seven Kings

| Age Band     | Phase 1<br>2015-2020 | Phase 2<br>2021-2025 | Phase 3<br>2026-2030 | Total         |
|--------------|----------------------|----------------------|----------------------|---------------|
| 0-4          | 283                  | 765                  | 328                  | 1,376         |
| 5-14         | 325                  | 877                  | 376                  | 1,578         |
| 15-44        | 1,592                | 4,300                | 1,842                | 7,734         |
| 45-64        | 544                  | 1,471                | 630                  | 2,645         |
| 65-74        | 153                  | 413                  | 177                  | 743           |
| 75-84        | 120                  | 324                  | 139                  | 583           |
| 85+          | 56                   | 152                  | 65                   | 273           |
| <b>Total</b> | <b>3,073</b>         | <b>8,302</b>         | <b>3,557</b>         | <b>14,932</b> |

All four localities have a significant estimated population of 15 – 44 year olds and 45 – 64 year olds. This suggests that families and people of school, college/university and working age are estimated to live in the borough.

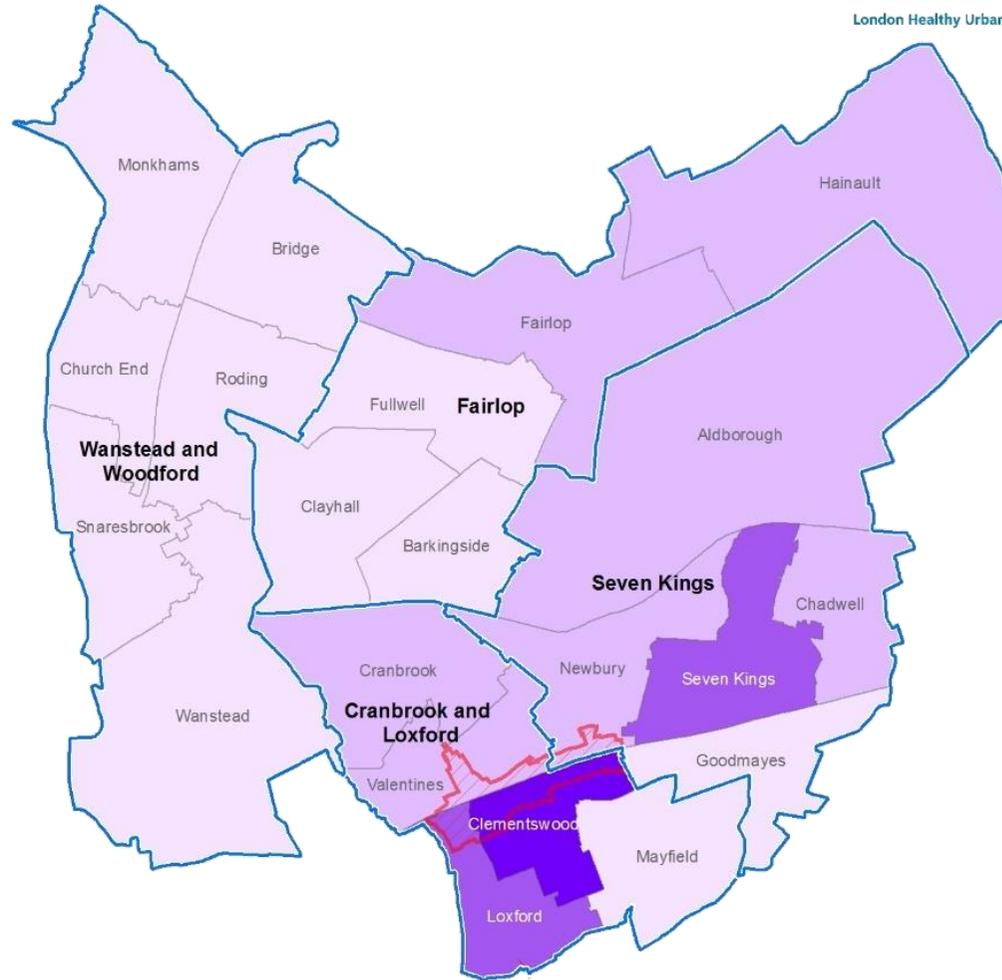
The impact of the Crossrail corridor will be a major factor on the age groups of the estimated population. The Crossrail regeneration is predicted to have the following benefits - economic, employment growth, commercial opportunities.

The following map shows the CCG localities together with the likely scale of population growth:

**Redbridge Population Growth 2016-2026**  
HUDU | September 2016



London Healthy Urban Development Unit



Source: GLA 2015 Round Projections

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### 3.4 Estimated Primary Care Floor Space Required to meet Population Growth

The following table from the HUDU model estimates the primary care requirements in terms of full time equivalent (FTE) GP's and primary care floor space, to meet the estimated population growths. The outputs are provided by locality and phase.

| Locality              | Phase 1<br>2015-2020 |                                | Phase 2<br>2021-2025 |                                | Phase 3<br>2025-2030 |                                | Total       |                                |
|-----------------------|----------------------|--------------------------------|----------------------|--------------------------------|----------------------|--------------------------------|-------------|--------------------------------|
|                       | FTE<br>GPs           | Primary<br>care m <sup>2</sup> | FTE<br>GPs           | Primary<br>care m <sup>2</sup> | FTE<br>GPs           | Primary<br>care m <sup>2</sup> | FTE<br>GPs  | Primary<br>care m <sup>2</sup> |
| Wanstead and Woodford | 0.2                  | 33                             | 1.3                  | 226                            | 0.5                  | 84                             | 2.0         | 343                            |
| Fairlop               | 1.3                  | 213                            | 1.4                  | 233                            | 1.4                  | 243                            | 4.1         | 689                            |
| Cranbrook and Loxford | 6.1                  | 1,034                          | 3.2                  | 539                            | 0.6                  | 104                            | 9.9         | 1,677                          |
| Seven Kings           | 1.7                  | 290                            | 4.6                  | 784                            | 2.0                  | 336                            | 8.3         | 1,410                          |
| <b>Total</b>          | <b>9.3</b>           | <b>1,570</b>                   | <b>10.5</b>          | <b>1,782</b>                   | <b>4.5</b>           | <b>767</b>                     | <b>24.3</b> | <b>4,119</b>                   |

Source: HUDU Model and HBN 11-01

The HUDU Model definition of primary healthcare floor space includes space for GP services and wider primary and community care services derived from Health Building Note 11-01: Facilities for Primary and Community Care Services (page 16, HBN 11-01).

A check has been made to determine how this modelled floor space equates to modern healthcare architectural standards where a figure of c.160m<sup>2</sup> per GP is often used to determine the size of small to medium sized practices. Taking this figure and multiplying it by the figure of c.24 GP's from the table above provides a figure of 3,888 m<sup>2</sup>. This figure supports the modelled space of c. 4,119m<sup>2</sup> in the table.

## 4 Scope for Current Primary Care Services in Redbridge to meet future Population Growths

This section considers the current capacity of primary care services in Redbridge and the scope for these services to meet future population growth.

### 4.1 Current Number of GP's and Patient List Size

There are currently 45 GP practices in Redbridge located across the four localities:

| Locality              | Number of GP practices | Patient List size (July 2016) |
|-----------------------|------------------------|-------------------------------|
| Wanstead and Woodford | 11                     | 71,260                        |
| Fairlop               | 12                     | 76,282                        |
| Seven Kings           | 11                     | 74,812                        |
| Cranbrook and Loxford | 11                     | 83,617                        |
| <b>Total</b>          | <b>45</b>              | <b>305,971</b>                |

Source: SHAPE London Database

Some practices are in NHS health centres, some operate from their own premises and some rent from private landlords. Buildings rented from private landlords can present a risk of eviction especially with growth in housing and house prices.

There are four GP Access Hubs delivering extended evening weekday services 6.30pm-10pm:

- Newbury Group Practice in Seven Kings Locality
- Fullwell Cross Medical Centre in Fairlop Locality
- Southdene Surgery in Wanstead and Woodford Locality
- Loxford Polyclinic in Cranbrook and Loxford Locality

### 4.2 Primary Care Capacity within Current GP Practices and Buildings

A high level assessment of the utilisation of current GP practices and the current primary care estate has been undertaken to determine how heavily current services are utilised.

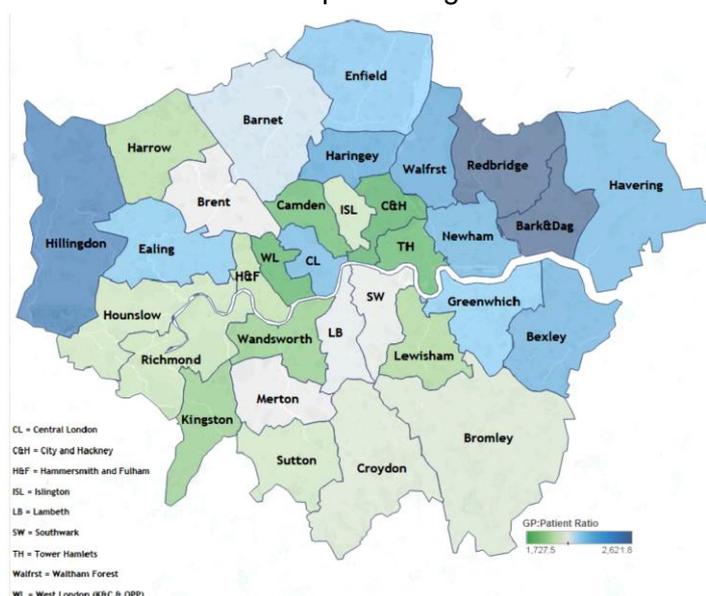
The primary care estate data base (SHAPE) tells us that 114 FTE GP's currently provide services from c.10,200 m<sup>2</sup> of General Medical Space (GMS) to a registered patient population of c.306,000.

#### 4.2.1 Health Education England GP Analysis

Data published by Health Education England in the *General Practice Forward View (GPFV) GP Workforce Analysis v2.0* summarises Redbridge position against the rest of BHR, North East London STP area and London Region. Please note this is still a draft document so data extracted below may be subject to change.

The ratio of GPs to patients is generally good in Central London and gradually reduces towards outer London. For example, of the seven CCGs in North East London (Barking and Dagenham, City and Hackney, Havering, Newham, Redbridge, Tower Hamlets, Waltham Forest) five are within the lowest ratio quartile across the whole of London whilst Tower Hamlets and City and Hackney are within the highest tenth percentile.

The map below visually shows the distribution across London, where dark green represents the CCGs with more GPs per patient list size and dark blue represents fewer GPs compared to patient list sizes with a coloured scale representing those CCGs in between.



Source: Health Education England

The table below summarises each of the GP FTE to patient list size CCG ratios with the CCG identifier and footprint shown in brackets.

|                                   |        |   |        |
|-----------------------------------|--------|---|--------|
| City and Hackney (7) (NEL) ▲      | 1:1700 | Lambeth (24) (SEL)                      | 1:2100 |
| Camden (2) (NCL)                  | 1:1800 | Merton (29) (SWL)                       | 1:2100 |
| Tower Hamlets (11) (NEL) ▲        | 1:1800 | Brent (13) (NWL)                        | 1:2100 |
| West London (20) (NWL)            | 1:1800 | Southwark (26) (SEL)                    | 1:2100 |
| Harrow (17) (NWL)                 | 1:1900 | Enfield (3) (NCL)                       | 1:2200 |
| Lewisham (25) (SEL)               | 1:1900 | Ealing (15) (NWL)                       | 1:2200 |
| Kingston (28) (SWL)               | 1:1900 | Greenwich (23) (SEL)                    | 1:2200 |
| Wandsworth (32) (SWL)             | 1:1900 | Haringey (4) (NCL)                      | 1:2300 |
| Croydon (27) (SWL)                | 1:2000 | Waltham Forest (12) (NEL) ▲             | 1:2300 |
| Bromley (22) (SEL)                | 1:2000 | Bexley (21) (SEL)                       | 1:2300 |
| Sutton (31) (SWL)                 | 1:2000 | Newham (9) (NEL) ▲                      | 1:2300 |
| Hounslow (19) (NWL)               | 1:2000 | Havering (8) (NEL) ▲                    | 1:2300 |
| Islington (5) (NCL)               | 1:2000 | Central London (Westminster) (14) (NWL) | 1:2300 |
| Richmond (30) (SWL)               | 1:2000 | Hillingdon (18) (NWL)                   | 1:2500 |
| Hammersmith and Fulham (16) (NWL) | 1:2000 | Barking and Dagenham (6) (NEL) ▲        | 1:2600 |
| Barnet (1) (NCL)                  | 1:2100 | Redbridge (10) (NEL) ▲                  | 1:2600 |
| London average                    | 1:2100 | National average                        | 1:2000 |

Source: Health Education England

The table above shows Redbridge has the highest GP to patient ratio in London. There are five NEL CCGs which have significantly higher than both the London and national average and it would require a 9-11% increase in the current workforce to reduce their ratio to the London average.

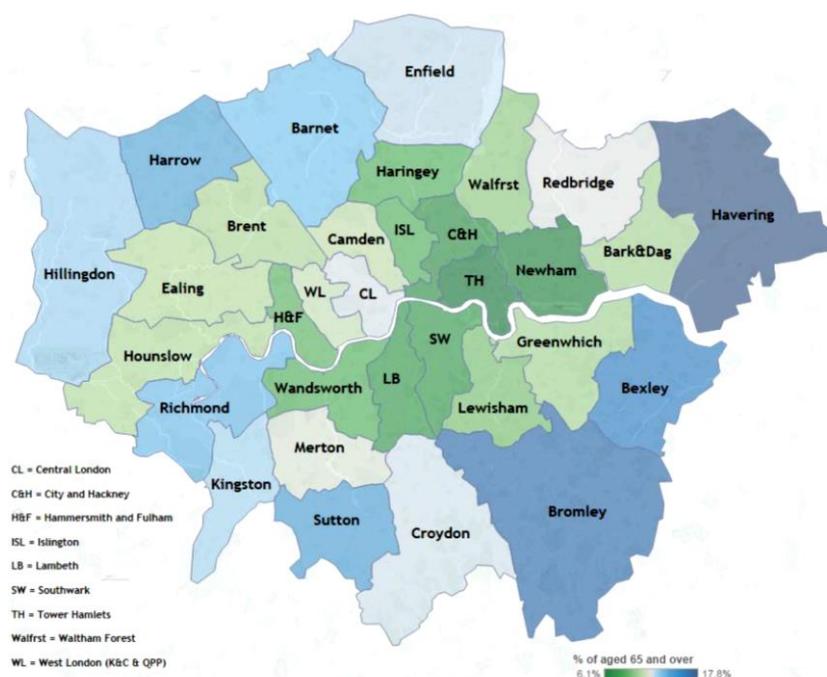
The table below shows the total (all ages) of substantive GPs FTE in each of the CCGs and also the proportion of these that are aged 55-59 and 60 and over.

| CCG Name              | Total GP FTE | 55 - 59 % | 60+ % | CCG Name                     | Total GP FTE | 55 - 59 % | 60+ % |
|-----------------------|--------------|-----------|-------|------------------------------|--------------|-----------|-------|
| Barking and Dagenham▲ | 58.1         | 7%        | 33%   | Croydon                      | 164          | 16%       | 11%   |
| Havering▲             | 89.4         | 11%       | 26%   | Barnet                       | 140.4        | 14%       | 13%   |
| Waltham Forest▲       | 89.2         | 13%       | 22%   | Richmond                     | 87.2         | 18%       | 9%    |
| Enfield               | 122.2        | 13%       | 21%   | Bromley                      | 118.4        | 12%       | 11%   |
| Greenwich             | 114.1        | 12%       | 22%   | Ealing                       | 164.2        | 7%        | 15%   |
| West London           | 97           | 13%       | 20%   | Southwark                    | 113.4        | 10%       | 12%   |
| Brent                 | 156.2        | 15%       | 18%   | Central London (Westminster) | 65.7         | 13%       | 9%    |
| Haringey              | 97.1         | 12%       | 21%   | Islington                    | 99.4         | 11%       | 10%   |
| Newham▲               | 132.6        | 11%       | 21%   | Hammersmith and Fulham       | 58.2         | 15%       | 6%    |
| Redbridge▲            | 101.1        | 14%       | 17%   | Wandsworth                   | 183          | 8%        | 12%   |
| Lewisham              | 142.8        | 19%       | 12%   | Kingston                     | 88.2         | 8%        | 12%   |
| Hounslow              | 86.1         | 12%       | 19%   | City and Hackney▲            | 132.7        | 13%       | 5%    |
| Hillingdon            | 106.6        | 13%       | 17%   | Merton                       | 96.8         | 13%       | 5%    |
| Harrow                | 101.3        | 7%        | 22%   | Camden                       | 109.5        | 10%       | 7%    |
| Bexley                | 95.1         | 12%       | 16%   | Tower Hamlets▲               | 155.8        | 9%        | 8%    |
| Sutton                | 85.1         | 14%       | 14%   | Lambeth                      | 168          | 9%        | 6%    |

Source: Health Education England

Redbridge is the 10<sup>th</sup> highest proportion with 31% of its current GP workforce 55 or over.

The disease burden map shows by London borough the proportion of patients aged 65 and over. The proportion of patients aged 65 or over ranges from 6.1% to 17.8% per borough.



Source: Health Education England

Havering has the highest proportion of patients aged 65 and over in the whole of London (17.8%). Redbridge is in the middle of the scale with 10% of patients 65 and over. Once again

NEL has both the highest and lowest proportion for London showing the extreme diversity range across the STP footprint.

#### *4.2.2 Suitability of Existing Buildings*

Secondly with reference to suitability of existing premises:

- Many GP practices are currently using aging, converted domestic premises;
- Redbridge has a large number of smaller premises (of the 45 premises listed, 31 have a net area of less than 250m<sup>2</sup>, 8 are sized between 251-500m<sup>2</sup> and only 4 are larger than 500m<sup>2</sup>).

- 

Which by their nature will have little opportunity for expansion and if feasible, the size of expansion is likely to be relatively small scale.

#### *4.2.3 Utilisation of Existing Buildings*

Thirdly, if modern HBN guidance was used to determine the typical primary care space that should be provided for the existing population of Redbridge (in the same way HUDU have calculated the additional space required to accommodate a population increase of 43,619), the amount of space required equates to some c.29,000m<sup>2</sup> of which 10,200m<sup>2</sup> of space is currently provided (Note: these figures suggest checks need to be made on the figures produced from the CCG SHAPE data base to validate existing primary care space).

#### *4.2.4 Existing GP Utilisation - Assumptions Made*

These three factors all suggest that most existing GP practices and their buildings will already be near capacity and they will have limited capacity to absorb additional activity. Also, the age and small nature of buildings being used, will mean that it would be difficult to adapt most to offer fit for purpose accommodation for future patients.

There are a few known exceptions, such as Loxford Polyclinic, where ongoing utilisation studies indicate that by rationalising services and introducing further efficiency measures, there could be scope to absorb additional GP's and patients.

## 5 Assessment of New Primary Care Services and New Buildings Infrastructure Required to Meet Population Increases

Assuming that only limited additional capacity is available within existing primary care estate to meet growing population demands, this section of the report assesses the new primary care services and new building infrastructure required to meet population increases from development within the Borough.

The HUDU table in Section 3.1 which shows a total population increase of over 43,000 and the table in Section 3.3, shows an additional requirement of c4,119m<sup>2</sup> of new primary care space by 2030 have been used to assess new services requirements to meet population growth.

At this stage, a preliminary “desk top” review of current facilities and development sites on offer has been undertaken to determine which sites should be allocated for health and which time period they will be required.

Where new locality hubs are proposed, the aim will be to deliver GP services “at scale” that will be able to accommodate longer term growth within the area.

It should be noted the proposals in this Section reflect the need to provide additional services and space for the population increase only. In reality, other pressures may impact these proposals such as:

- The CCG forward vision and future estate rationalisation plans;
- Re-provide aging GP practice buildings that may be struggling to meet fit for purpose criteria;
- Health and social care integration by creating larger multi use “hub” facilities;
- Deliver local digital roadmaps, at scale, which in other areas is having significant impact on patient access and flows.

### 5.1 Primary Care Service Requirements to meet Population Growth Table

The following summary table shows the proposed Redbridge CCG solutions to meet the population increases, by locality, ward and development phase.

The table shows where:

- Primary care services in existing facilities are likely to be able to meet future demands through improved building utilisation programmes (e.g. where only small to medium population increases are predicted);
- Primary care services in existing facilities are likely to be able to meet additional demands through building extension or refurbishment programmes (e.g. small to medium increases in population are predicted);
- New services and new facilities on development sites will be necessary to meet primary health care needs (e.g. in areas of significant population growth and in development areas that currently lack primary care facilities);

- The nature of S106 contributions required from Developers.

| Locality   | Location in Locality | Ward                          | Population Growth | %    | Phase 1<br>2015-2020 |  | Phase 2<br>2021-2025 |  | Phase 3<br>2025-2030 |  | Total Space required m2 |
|--|----------------------|-------------------------------|-------------------|------|----------------------|--|----------------------|--|----------------------|--|-------------------------|
|  |                      |                               |                   |      | Population Growth    | Proposed Estate Solution to absorb Population Inc.   | Population Growth    | Proposed Estate Solution to absorb Population Inc.   | Population Growth    | Proposed Estate Solution to absorb Population Inc.   |                         |
| <b>Wanstead and Woodford</b>                                     |                      |                               |                   |      |                      |  |                      |  |                      |  |                         |
| Additional size of facility required for population growth (m2): |                      |                               |                   |      |                      |  | 33                   | 226  |                      | 84   | 343                     |
|  | North                | Monkhams/Bridge               | 829               |      | 93                   | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  | 596                  | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  | 141                  | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  |                         |
|  | Central              | Roding/Church End/Snaresbrook | 2,338             |      | 184                  | S106 contributions from development will be required to support primary care service improvements within South Woodford Health Centre and a New Health Hub development on the Wanstead Hospital site.  | 1,664                | S106 contributions from development will be required to support primary care service improvements within South Woodford Health Centre and a New Health Hub development on the Wanstead Hospital site.  | 492                  | S106 contributions from development will be required to support primary care service improvements within South Woodford Health Centre and a New Health Hub development on the Wanstead Hospital site.  |                         |
|  | South                | Wanstead                      | 368               |      | 65                   | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  | 304                  | S106 contribution from development required to improve existing primary care services and infrastructure to enable population increase to be absorbed into existing GP practices.  |                      |  |                         |
| Population Increase Sub Total                                    |                      |                               | 3,535             | 8%   | 342                  |  | 2,564                |  | 633                  |  |                         |
| Additional size of facility required for population growth (m2): |                      |                               |                   |      |                      |  | 213                  | 233  |                      | 243  | 689                     |
|  | North                | Hainault/Fairlop              | 4,744             |      | 1,798                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Hainault Health Centre,<br>- Fulwell Cross Health Centre and/or<br>- A new locally hub on the proposed Oakfield development site.  | 836                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Hainault Health Centre,<br>- Fulwell Cross Health Centre and/or<br>- A new locally hub on the proposed Oakfield development site.  | 2,110                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Hainault Health Centre,<br>- Fulwell Cross Health Centre and/or<br>- A new locally hub on the proposed Oakfield development site.  |                         |
|  | Central              | Fulwell                       | 942               |      | 346                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Fulwell Cross Health Centre and/or<br>- A new locally hub on the proposed Oakfield development site.   | 596                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Fulwell Cross Health Centre and/or<br>- A new locally hub on the proposed Oakfield development site.   |                      |  |                         |
|  | South                | Clayhall/Barkingside          | 1,517             |      | 102                  | Note: Kenwood Gardens Medical Centre will need to be refurbished in Phase 1 in order to absorb population increase in Phase 2  | 1,152                | S106 contributions from development in this ward will be required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the Kenwood Gardens building.   | 264                  | S106 contributions from development in this ward will be required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the Kenwood Gardens building.   |                         |
| Population Increase Sub Total                                    |                      |                               | 7,203             | 17%  | 2,246                |  | 2,584                |  | 2,374                |  |                         |
| Additional size of facility required for population growth (m2): |                      |                               |                   |      |                      |  | 1,034                | 539  |                      | 104  | 1,677                   |
|  | North                | Cranbrook                     | 1,095             |      | 439                  | S106 contributions from development required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the existing GP practices.   | 367                  | S106 contributions from development required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the existing GP practices.   | 290                  | S106 contributions from development required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the existing GP practices.   |                         |
|  | Central              | Clementswood/Valentines       | 12,119            |      | 7,178                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre  | 3,003                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre  | 1,939                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre  |                         |
|  | South                | Loford                        | 3,895             |      | 3,331                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre  | 564                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- The existing practices,<br>- Loford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre  |                      |  |                         |
|  | South East           | Mayfield                      | 573               |      |                      |  |                      |  | 573                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Loford Polyclinic and<br>- Development of a new health hub within Ilford Town Centre   |                         |
| Population Increase Sub Total                                    |                      |                               | 17,682            | 41%  | 10,948               |  | 3,934                |  | 2,802                |  |                         |
| Additional size of facility required for population growth (m2): |                      |                               |                   |      |                      |  | 290                  | 784  |                      | 336  | 1,410                   |
|  | North                | Aldborough                    | 4,433             |      | 543                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital. | 1,949                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital. | 1,942                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital. |                         |
|  | Centre               | Seven Kings                   | 3,778             |      | 564                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.                                     | 3,214                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.                                     |                      |  |                         |
|  | Centre/West          | Seven Kings/Newbury           | 3,421             |      | 1,161                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital. | 838                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital. | 1,421                | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.                                     |                         |
|  | West                 | Newbury                       | 1,439             |      | 483                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital. | 780                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Newbury Park Health centre and<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital. | 176                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.                                     |                         |
|  | East                 | Chadwell                      | 1,260             |      | 121                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.                                     | 859                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.                                     | 281                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.                                     |                         |
|  | South                | Goodmayes                     | 798               |      | 195                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.                                     | 603                  | S106 contributions from development will be required to support primary care service and infrastructure improvements within:<br>- Existing nearby practices,<br>- Development of a new Health Hub on development land within proximity to King George Hospital/Goodmayes Hospital.                                     |                      |  |                         |
| Population Increase Sub Total                                    |                      |                               | 15,129            | 35%  | 3,067                |  | 8,243                |  | 3,820                |  |                         |
| Total Population Increase  |                      |                               | 43,549            | 100% | 16,603               |  | 17,325               |  | 9,629                |  | 4,119                   |

Key: Absorbed into existing building  
New building required

Note: All figures are provided based on information available at time of preparation and will be subject to change.  
Figures in the table are marginally different to HEDU tables, due to a standard factor of 2.3 being applied to convert housing units to population growths in this table (HEDU model uses more complex factors)

## 5.2 Solutions by Locality

### 5.2.1 Wanstead and Woodford Locality

The Wanstead & Woodford locality spans the entire west side of the Borough, adjacent to Waltham Forest, including six wards shown below in the table with housing growth for 2015-2030 years.

| Ward                         | Location in locality | Housing Growth (units) | Population increase (2.3 per unit) | 1,800 patients : 1 WTE GP | Current buildings  | GP list or Provider   |
|------------------------------|----------------------|------------------------|------------------------------------|---------------------------|--|---|
| <b>Monkhams</b>              | North                | 213                    | 489                                | 0.27                      | Rydal Practice<br>The Broadway<br>Surgery  | 11,000<br>6,108   |
| <b>Bridge</b>                | North                | 148                    | 340                                | 0.19                      | Roding Lane<br>Surgery<br>Madeira Grove<br>Green Lodge<br>Respite Care   | 3,625<br>(To be sold)<br>Vibrance                                     |
| <b>Roding<br/>Church End</b> | Centre               | 496                    | 1,142                              | 0.63                      | n/a  |   |
|                              | Centre               | 382                    | 879                                | 0.49                      | South Woodford<br>Health Centre:<br>• Community services<br>• Community services<br>• Elmhurst<br>• Queen Mary<br>Gleeblands Practice<br>Shrubberies – Dr Heyes<br>Shrubberies – Dr Hawley | NHS PS<br>NELFT<br>BHRUT<br>5,028<br>4,015<br>5,985<br>6,779<br>6,737 |
| <b>Snaresbrook</b>           | Centre               | 138                    | 317                                | 0.18                      | Wanstead Hospital<br>Heronwood & Galleon<br>Mellmead House<br>Evergreen Practice<br>Wanstead Place<br>Wanstead Place<br>Clinic   | VACANT<br>BARTS<br>NELFT<br>8,868<br>8,716<br>NELFT                   |
| <b>Wanstead</b>              | South                | 160                    | 368                                | 0.20                      | Aldersbrook Medical<br>Centre  | 3,794   |
| <b>TOTALS</b>                |                      | <b>1,537</b>           | <b>3,536</b>                       | <b>1.96</b>               |  |   |

Most of the housing growth is concentrated in the centre of the locality in the wards of Church End and Roding around South Woodford, which is one of the Council's five major growth areas in the Local Plan.

The predicted population increase is 3,536 across the locality which is likely to require an additional two FTE GP.

The following map shows the location of GP practices and other healthcare infrastructure in each ward together with Local Plan development sites:

**Wanstead and Woodford Locality Health Estate and Local Plan Opportunity Sites**  
HUDU | September 2016



Source: SHAPE CHP Dashboard

London Healthy Urban Development Unit

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**Local Plan Development Opportunity Sites  
(with capacity greater than 50 units)**

- 1 120 Chigwell Road
- 2 Station Estate, off George Lane
- 3 Works at Maybank Road & Chigwell Road
- 4 Raven Road Industrial Estate
- 5 96 George Lane & 53-55 Marlborough Road

**GP Practices**

- 1 South Woodford Health Ctr - Queen Mary Practice\*
- 2 South Woodford Health Ctr - The Elmhurst Practice\*
- 3 The Shrubberies Medical Centre - Dr Heyes\*
- 4 The Shrubberies Southdene Surgery - Dr Hanley\*
- 5 Aldersbrook Medical Centre - Malling Health
- 6 Glebelands Practice - Dr Howlett & Partner
- 7 Roding (Lane) Surgery - Dr Sundaram
- 8 Rydal- Dr Price and Partners
- 9 The Broadway Surgery - Dr Ahmed & Ali
- 10 The Evergreen Surgery - Dr Hutchings & Partner
- 11 Wanstead Place Surgery - Drs Sharma & Partners

\*Co-located with other practices

**Provider Owned**

- 1 Mellmead House
- 2 Wanstead Place Clinic

**NHS Property Services Sites**

- 1 Aldersbrook Medical Centre
- 2 Green Lodge Respite Care Unit
- 3 Madeira Grove Health Centre
- 4 South Woodford Health Centre
- 5 Wanstead Hospital

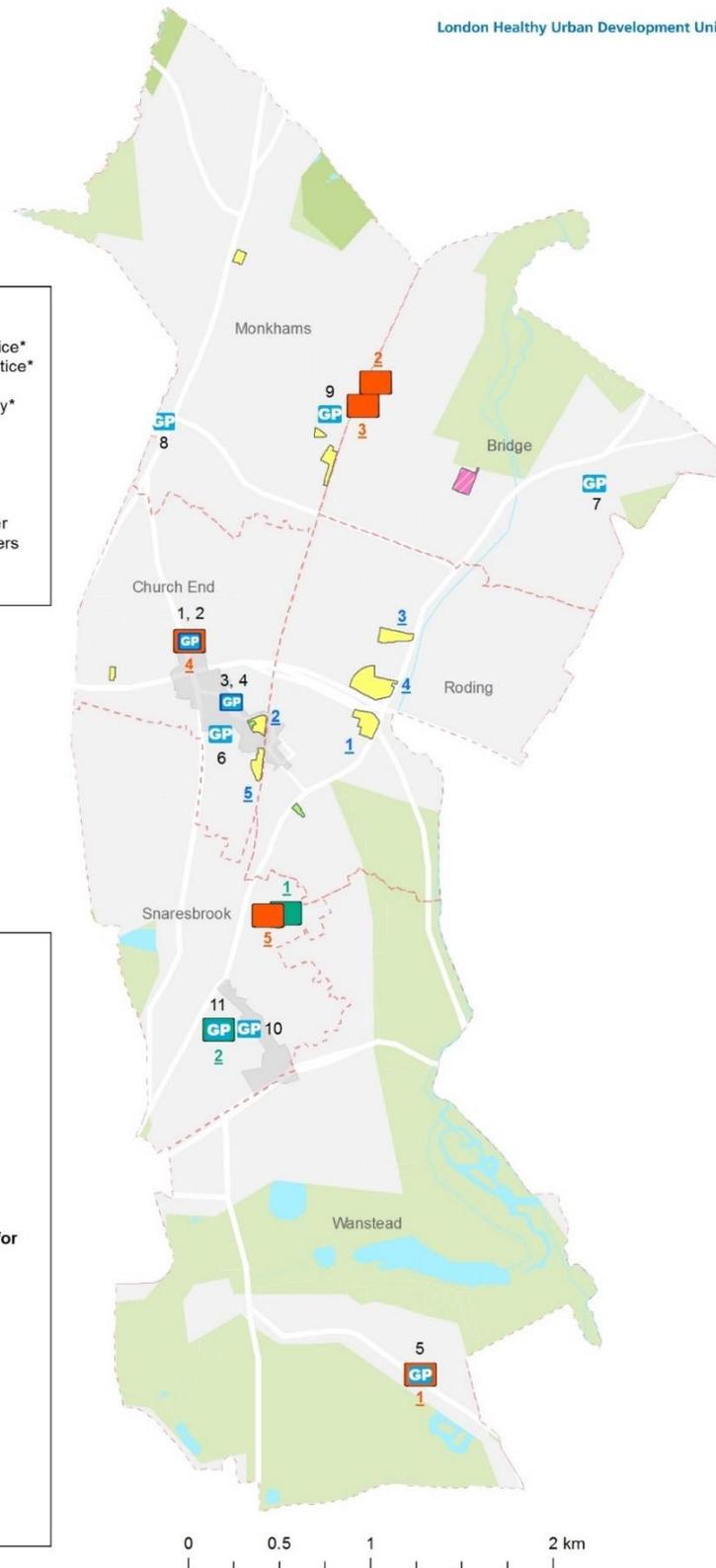
**Legend**

**Health Estate**

- GP
- Co-located GP
- NHSPS
- Provider owned

**Local Plan Development Opportunity Sites:  
Phase and Proposed Use (sites with capacity for  
10 or more residential units)**

- Phase 1 (2015-2020) Residential
- Phase 2 (2021-2025) Residential
- Phase 3 (2026-2030) Healthcare
- Town centres
- Ward boundary



### *5.2.2 North Wanstead and Woodford*

In the northern wards of Monkams and Bridge there is a very small amount of housing development planned leading to a small population growth of 829 over the next 15 years.

There are three GP practices providing services to c.20,000 patients operating out of privately owned converted domestic premises.

Madeira Grove Health Centre, an old bungalow owned by NHS Property Services (NHS PS) was vacated in 2016 as the building was not fit for purpose and is due for disposal in 2017. Green Lodge Respite Care unit is another bungalow on the same site, is used by Vibrance, a registered service providing 24 hour short break accommodation for adults with severe learning disabilities and complex healthcare needs.

S106 contribution from development in these wards will be required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into existing GP practices.

### *5.2.3 Central Wanstead and Woodford*

The three central wards of Roding, Church End and Snaresbrook have c.70% of the projected housing development leading to a population growth of 2,338 in the locality.

Roding has the largest population growth of 1,142 but has no health estate in the ward. However, the adjacent two wards have seven GP practices jointly serving over 46,000 patients and other community health centres. Two practices operate out of South Woodford Health Centre with the rest operating out of privately owned converted domestic premises.

South Woodford Health Centre is a purpose built building owned by NHS PS and recent utilisation surveys indicate the building may have capacity to absorb some growth in the area. Wanstead Hospital is owned by NHS PS and contains two adjoining buildings Wanstead clinic and Heronwood & Galleon wards. NELFT own Mellmead House which is on the same site and provides a range of mental health services. Wanstead clinic has recently been vacated due to building quality issues with services moving next door to Heronwood ward (the Heronwood & Galleon wards were vacated when stroke rehabilitation services were consolidated to King George's Hospital and is now mostly vacant with just physiotherapy and phlebotomy left on site).

This site has been identified by the CCG and LBR as a development opportunity to build a new locality hub and key worker accommodation. This would provide a locality hub in a good central location close to the South Woodford growth area identified in the Local Plan.

Two planned development sites numbered 9 & 14 within the Clayhall ward in Fairlop are located to the far east of the ward. Residents from these developments may travel west and seek to access primary care services from the proposed Health Hub on the Wanstead Hospital site. This will need to be factored in when considering development of a Hub on the Wanstead Hospital site.

S106 contributions from development will be required to support primary care service improvements within South Woodford Health Centre and a New Health Hub development on the Wanstead Hospital site.

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#### *5.2.4 South Wanstead and Woodford*

In the southern ward of Wanstead there is one building, Aldersbrook Health Centre, owned by NHS PS and let to Maling Health GP practice (3,794 patients). The building is a converted semi-detached house with only three clinical rooms.

Aldersbrook is indicated as a conservation area in the Local Plan and only has small amount of housing growth with a small predicted population increase 368.

S106 contributions from development in this ward will be required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the existing GP practice.

The following map shows the proposed estate solutions to address the population increases:

**Wanstead and Woodford Locality Health Estate and Local Plan Opportunity Sites**  
HUDU | September 2016



Source: SHAPE CHP Dashboard

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London Healthy Urban Development Unit

- Local Plan Development Opportunity Sites (with capacity greater than 50 units)**
- 1 120 Chigwell Road
  - 2 Station Estate, off George Lane
  - 3 Works at Maybank Road & Chigwell Road
  - 4 Raven Road Industrial Estate
  - 5 96 George Lane & 53-55 Marlborough Road

- GP Practices**
- 1 South Woodford Health Ctr - Queen Mary Practice\*
  - 2 South Woodford Health Ctr - The Elmhurst Practice\*
  - 3 The Shrubberies Medical Centre - Dr Heyes\*
  - 4 The Shrubberies Southdene Surgery - Dr Hanley\*
  - 5 Aldersbrook Medical Centre - Malling Health
  - 6 Glebelands Practice - Dr Howlett & Partner
  - 7 Roding (Lane) Surgery - Dr Sundaram
  - 8 Rydal- Dr Price and Partners
  - 9 The Broadway Surgery - Dr Ahmed & Ali
  - 10 The Evergreen Surgery - Dr Hutchings & Partner
  - 11 Wanstead Place Surgery - Drs Sharma & Partners
- \*Co-located with other practices

- Provider Owned**
- 1 Mellmead House
  - 2 Wanstead Place Clinic

- NHS Property Services Sites**
- 1 Aldersbrook Medical Centre
  - 2 Green Lodge Respite Care Unit
  - 3 Madeira Grove Health Centre
  - 4 South Woodford Health Centre
  - 5 Wanstead Hospital

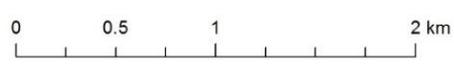
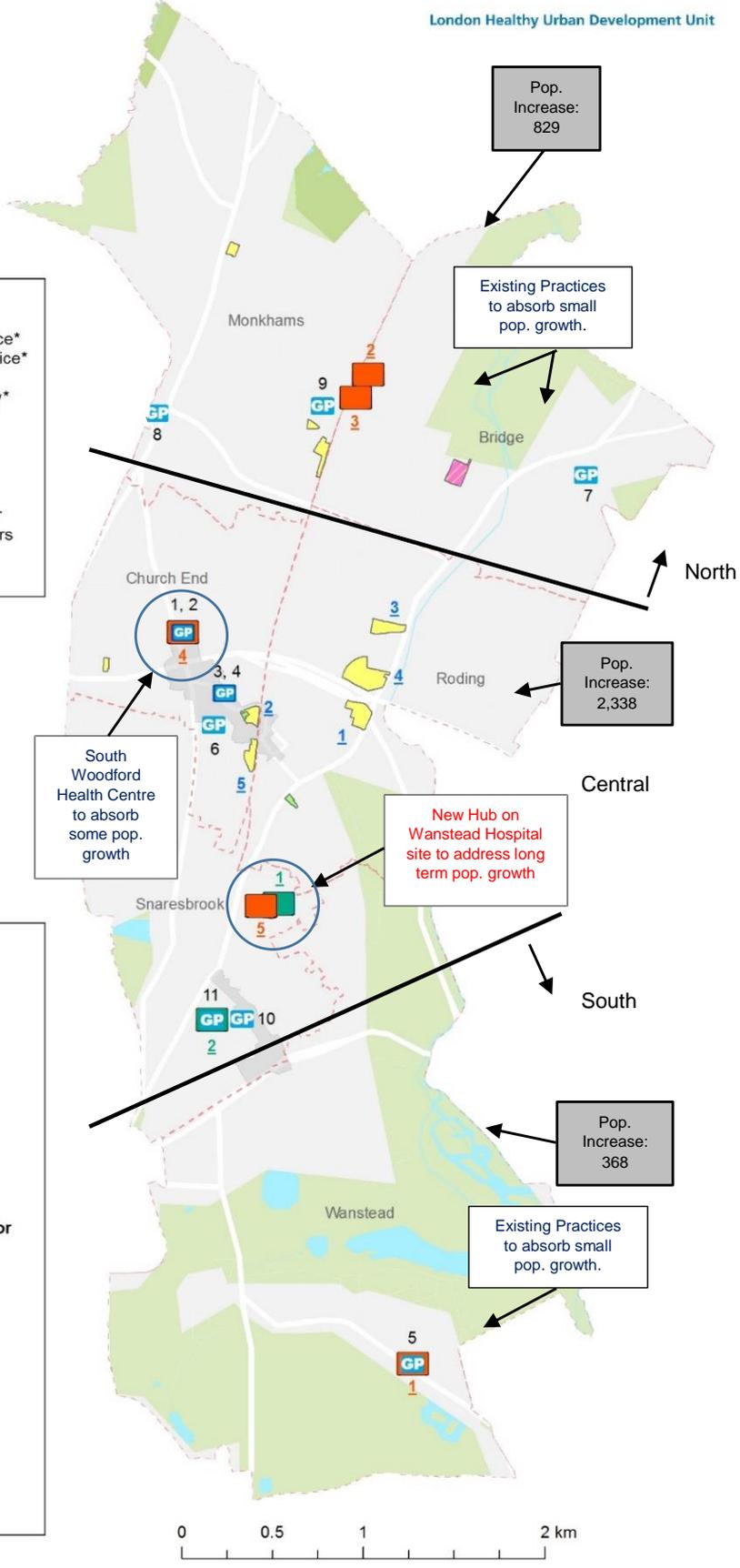
**Legend**

**Health Estate**

- GP
- Co-located GP
- NHSPS
- Provider owned

**Local Plan Development Opportunity Sites: Phase and Proposed Use (sites with capacity for 10 or more residential units)**

- Phase 1 (2015-2020) Residential
- Phase 2 (2021-2025) Residential
- Phase 3 (2026-2030) Healthcare
- Town centres
- Ward boundary



### 5.3 Fairlop Locality

The Fairlop locality spans the centre and north of the borough including five wards shown below in the table with housing growth for 2015-2030 years.

| Ward               | Location in locality | Housing Growth (units) | Population increase (2.3 per unit) | 1,800 patients: 1 WTE GP | Current buildings   | GP list or Provider                         |
|--------------------|----------------------|------------------------|------------------------------------|--------------------------|---|---|
| <b>Hainault</b>    | North                | 875                    | 2,013                              | 1.12                     | Hainault Health Centre:<br><ul style="list-style-type: none"> <li>• Forest Edge Practice</li> <li>• The Willows</li> <li>• Community services</li> <li>• Community services</li> </ul>    | CHP<br>11,267<br>6,527<br>NELFT<br>BHRUT    |
| <b>Fairlop</b>     | North                | 1,187                  | 2,731                              | 1.52                     | Hainault Surgery<br>Fence Piece Road Surgery<br>Fullwell Cross Health Centre:<br><ul style="list-style-type: none"> <li>• Community services</li> <li>• Fullwell Cross Surgery</li> </ul> | 2,777<br>5,844<br>NHS PS<br>NELFT<br>12,992 |
| <b>Fullwell</b>    | Centre               | 410                    | 942                                | 0.52                     | Fullwell Avenue Surgery<br>Heathcote Clinic:<br><ul style="list-style-type: none"> <li>• Community services</li> <li>• Heathcote Surgery</li> <li>• Clayhall Clinic Surgery</li> </ul>    | 3,325<br>NHS PS<br>NELFT<br>3,192<br>6,047  |
| <b>Clayhall</b>    | South                | 332                    | 763                                | 0.42                     | The Redbridge Surgery<br>Eastern Ave Medical Centre   | 3,611<br>6,940                              |
| <b>Barkingside</b> | South                | 328                    | 754                                | 0.42                     | Gants Hill Medical Centre<br>Kenwood Gardens Medical Centre:<br><ul style="list-style-type: none"> <li>• Kenwood Medical</li> <li>• Vacant space</li> </ul>                               | 8,292<br>NHS PS<br>5,451<br>Not used        |
| <b>TOTALS</b>      |                      | <b>3,132</b>           | <b>7,203</b>                       | <b>4</b>                 |   |   |

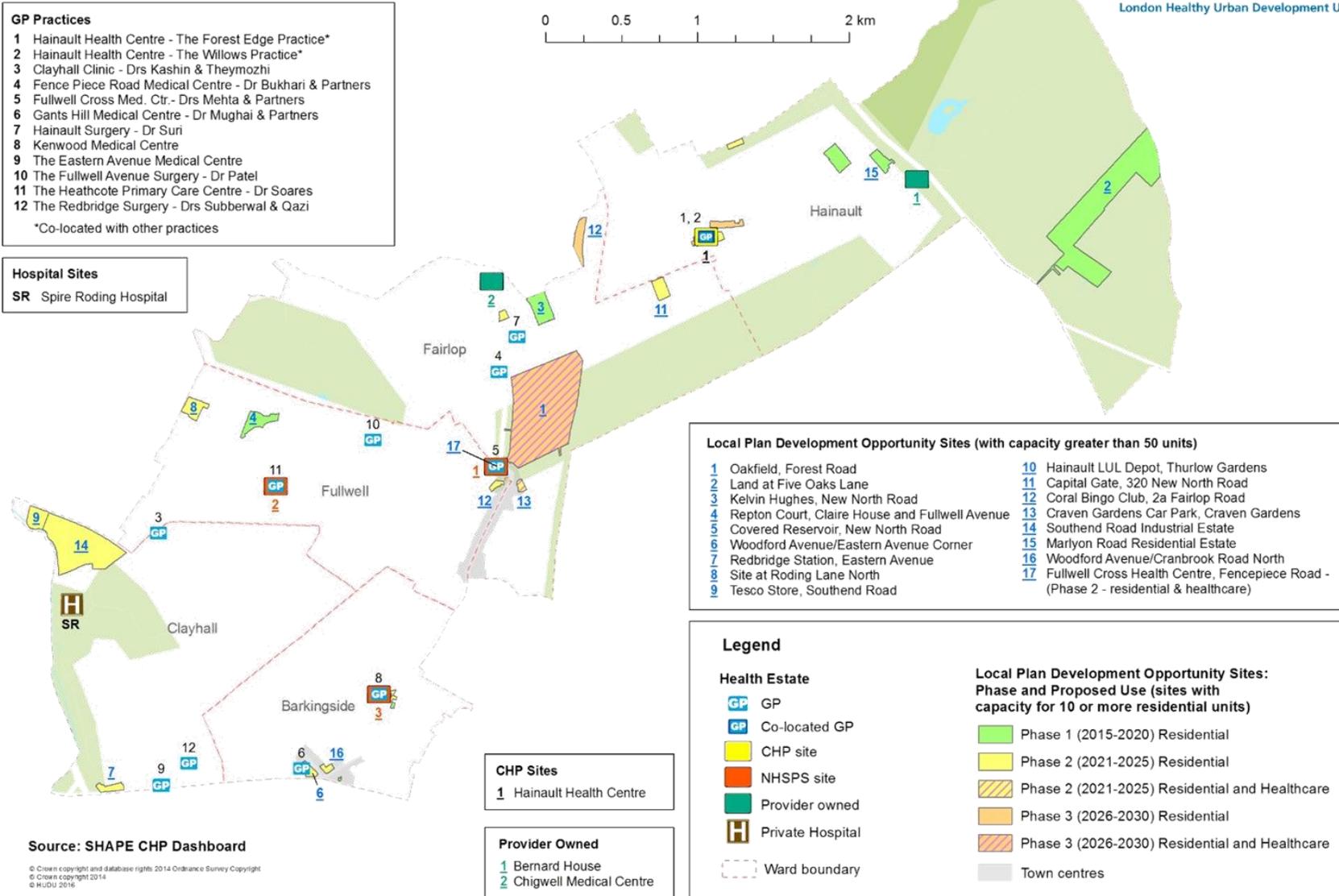
Most of the housing growth within the Fairlop locality is concentrated in the north within the wards of Fairlop and Hainault, which is one of the Council's five major growth areas in the Local Plan with a predicted population increase of 7,203 where four additional FTE GP's will be required. The housing growth is centred near Barkingside in the Fairlop ward.

The following map shows the location of GP practices and other healthcare infrastructure in each ward together with Local Plan development sites:

**Fairlop Locality Health Estate and Local Plan Opportunity Sites**  
HUDU | September 2016



London Healthy Urban Development Unit



### 5.3.1 North Fairlop

The two northern wards of Hainault and Fairlop have c.70% of the population growth in the Fairlop locality. This is focused at the Oakfield site in the Fairlop ward which forms the Barkingside growth area in the Local Plan.

Hainault Health Centre is a LIFT building built in 2005 currently run by Community Health Partnerships (CHP) which provides modern fit for purpose medical accommodation which is leased to the NHS for 25 years. It contains two GP practices serving over 18,000 patients along with community services provided by NELFT and BHRUT. Recent utilisation surveys indicate that with service reconfiguration and efficiency improvements the Centre should be able to absorb the predicted population increase of c.2013 within Hainault.

Fullwell Cross Health Centre (in the Fullwell ward) is adjacent to the major growth around Barkingside at the Oakfield playing fields. The current building is a single storey old health centre with 13 clinical rooms. The GP practice operating from Fullwell Cross has requested the building be extended as they are struggling to deliver services within the current space available.

The Fullwell Cross Health Centre site has been identified by the CCG as a potential locality hub as it is in a central location close to growth areas. Investigations will be need to determine whether the current site could be redeveloped or whether a new health centre on the proposed Oakfield site is required.

There are two other practices in the area operating from privately owned converted domestic premises with approximately 9,000 patients between them.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Hainault Health Centre
- Fullwell Cross Health Centre and/or
- A new locality hub on the proposed Oakfield development site

### 5.3.2 Central Fairlop

The Fullwell ward is adjacent to the Fairlop ward and Barkingside growth area. Heathcote Clinic is a small old single storey clinic owned by NHS PS providing community services and GP practice serving 3,192 patients. Together with the other two practices in the ward they cover just over 9,000 patients. All three practices will only have limited capacity to absorb population increases.

The potential for improvements to these services needs to also be considered when planning any new development at Fullwell Cross/Oakfield.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Fullwell Cross Health Centre and/or
- A new locality hub on the proposed Oakfield development site

### 5.3.3 South Fairlop

The two Southern wards of Clayhall and Barkingside have the smallest amount of population growth in the locality.

Kenwood Gardens (previously a children's centre) owned by NHS PS was recently partially refurbished to accommodate the relocation of the Barkingside Practice (now the Kenwood Medical Centre). The other part of the building could be refurbishment to provide additional capacity. NHS PS have extended the lease for that part of the building by 10 years and are developing plans to refurbish the rest of the building for primary care services.

There are three other practices in the area covering approximately 20,000 patients operating out of converted domestic premises.

Two planned developments (sites numbered 9 & 14 on the following map) are located to the far east of the Clayhall ward. Residents from these developments may travel west and seek to access primary care services from the proposed Health Hub on the Wanstead Hospital site. This will need to be factored in when considering development of a Hub on the Wanstead Hospital site.

Also, it should be noted that there are planned developments just south of the Barkingside ward boundary in the Cranbrook ward (Cranbrook and Loxford locality). It is likely that most of the population influx may travel northward (rather than south towards Ilford), to seek access to primary care services from Kenwood Medical Centre and hence the population growths from Cranbrook ward will need to be factored into the plans for this Centre.

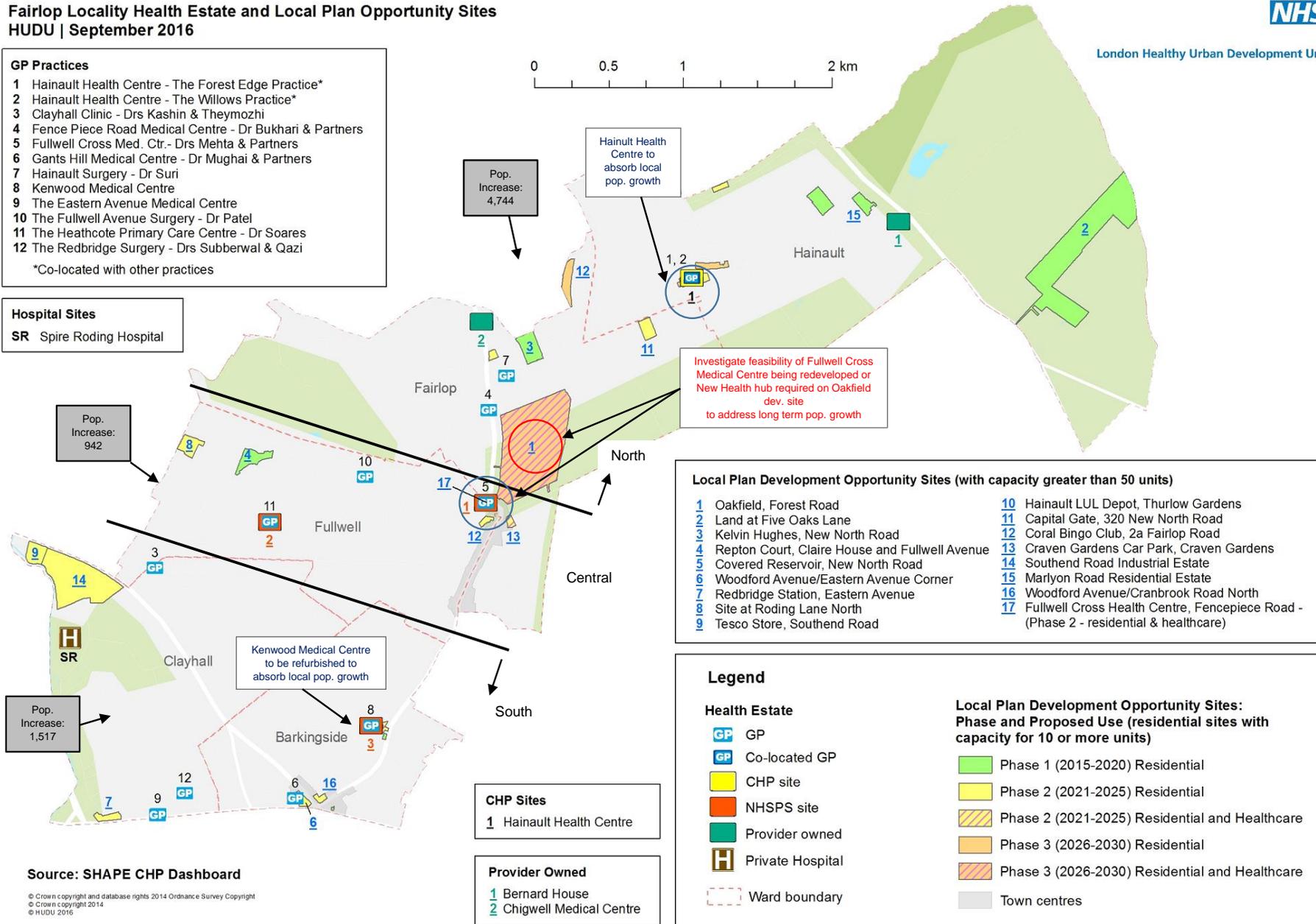
S106 contributions from development in this ward will be required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the Kenwood Gardens building.

The following map shows the proposed estate solutions to address the population increases:

**Fairlop Locality Health Estate and Local Plan Opportunity Sites**  
HUDU | September 2016

- GP Practices**
- Hainault Health Centre - The Forest Edge Practice\*
  - Hainault Health Centre - The Willows Practice\*
  - Clayhall Clinic - Drs Kashin & Theymozhi
  - Fence Piece Road Medical Centre - Dr Bukhari & Partners
  - Fullwell Cross Med. Ctr.- Drs Mehta & Partners
  - Gants Hill Medical Centre - Dr Mughai & Partners
  - Hainault Surgery - Dr Suri
  - Kenwood Medical Centre
  - The Eastern Avenue Medical Centre
  - The Fullwell Avenue Surgery - Dr Patel
  - The Heathcote Primary Care Centre - Dr Soares
  - The Redbridge Surgery - Drs Subberwal & Qazi
- \*Co-located with other practices

- Hospital Sites**
- SR Spire Roding Hospital



- Local Plan Development Opportunity Sites (with capacity greater than 50 units)**
- |  |   |
|--|---|
| 1 Oakfield, Forest Road                          | 10 Hainault LUL Depot, Thurlow Gardens  |
| 2 Land at Five Oaks Lane                         | 11 Capital Gate, 320 New North Road   |
| 3 Kelvin Hughes, New North Road                  | 12 Coral Bingo Club, 2a Fairlop Road  |
| 4 Repton Court, Claire House and Fullwell Avenue | 13 Craven Gardens Car Park, Craven Gardens  |
| 5 Covered Reservoir, New North Road              | 14 Southend Road Industrial Estate  |
| 6 Woodford Avenue/Eastern Avenue Corner          | 15 Marlyon Road Residential Estate  |
| 7 Redbridge Station, Eastern Avenue              | 16 Woodford Avenue/Cranbrook Road North   |
| 8 Site at Roding Lane North                      | 17 Fullwell Cross Health Centre, Fencepiece Road - (Phase 2 - residential & healthcare) |
| 9 Tesco Store, Southend Road                     |   |

- Legend**
- Health Estate**
- GP
  - Co-located GP
  - CHP site
  - NHSPS site
  - Provider owned
  - Private Hospital
  - Ward boundary
- Local Plan Development Opportunity Sites: Phase and Proposed Use (residential sites with capacity for 10 or more units)**
- Phase 1 (2015-2020) Residential
  - Phase 2 (2021-2025) Residential
  - Phase 2 (2021-2025) Residential and Healthcare
  - Phase 3 (2026-2030) Residential
  - Phase 3 (2026-2030) Residential and Healthcare
  - Town centres

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- CHP Sites**
- Hainault Health Centre

- Provider Owned**
- Bernard House
  - Chigwell Medical Centre

## 5.4 Cranbrook and Loxford

The Cranbrook & Loxford locality spans the south and south west of the Borough, adjacent to Barking & Dagenham, including five wards shown below in the table with housing growth for 2015-2030 years. This locality has over 40% of the anticipated population growth in the Borough.

| Ward                | Location in locality | Housing Growth (units) | Population increase (2.3 per unit) | 1800 patients: 1 WTE GP | Current buildings   | GP list or Provider   |
|---------------------|----------------------|------------------------|------------------------------------|-------------------------|---|---|
| <b>Clementswood</b> | Centre               | 3,990                  | 9,177                              | 5.10                    | Iford Medical Centre  | 12,771  |
| <b>Loxford</b>      | South                | 1,693                  | 3,895                              | 2.16                    | Mathukia's Surgery<br>Loxford Polyclinic:<br>• Iford Lane Surgery<br>• The Practice<br>• Community services<br>• Community services<br>• Community services<br>• Community services | 6,623<br>NHS PS<br>5,755<br>14,993<br>NELFT<br>BHRUT<br>BARTS<br>Moorfields |
| <b>Valentines</b>   | Centre               | 1,279                  | 2,942                              | 1.63                    | The Courtlands Surgery<br>York Road Surgery<br>Granville Medical<br>Balfour Surgery<br>St Clements Surgery  | 2,923<br>7,691<br>5,329<br>5,563<br>3,787                                   |
| <b>Cranbrook</b>    | North West           | 476                    | 1,095                              | 0.61                    | Cranbrook Surgery<br>The Drive Surgery  | 3,684<br>5,688  |
| <b>Mayfield</b>     | East                 | 249                    | 573                                | 0.32                    | Mayesbrook Clinic   | NELFT   |
| <b>TOTALS</b>       |                      | <b>7,688</b>           | <b>17,682</b>                      | <b>10</b>               |   |   |

There is a predicted population increase of 17,682 with a need for ten FTE GP's.

Cranbrook and Loxford central wards of Clementswood and Valentines and southern ward of Loxford are predicted to have significant growth in Phase 1 (2015 to 2020) with over 10,000 new residents expected during this period, which will place pressure on existing primary care facilities, especially Loxford Polyclinic before new facilities are opened in Ilford.

The following map shows the location of GP practices and other healthcare infrastructure in each ward together with Local Plan development sites:

**Cranbrook and Loxford Locality Health Estate and Local Plan Opportunity Sites**  
HUDU | September 2016

**Local Plan Development Opportunity Sites (with capacity greater than 50 units)**

- 1 Redbridge Enterprise and Ilford Retail Park
- 2 Sainsbury's, Roden Street, Ilford
- 3 The Exchange Shopping Centre, High Road
- 4 60-70 Roden Street and land between Chapel Road and Roden Street
- 5 Depot Mill Road/Mill House, Ilford Hill
- 6 Ley Street car park and bus depot, Ilford
- 7 Land adjacent to Cranbrook Road, High Road and the railway, incorporating Station Road (Includes Bodgers)

- 8 Kenneth More Theatre, and 10-11 Janice Mews
- 9 Town Hall Car Park
- 10 Land bounded by Clements Road, Chadwick Road and Postway Mews
- 11 68 – 126 Ley Street and Opal Mews, Ilford
- 12 177-207 High Road, Ilford (Includes Argos)
- 13 If Bar 71 Ilford Hill
- 14 Site bounded by Chapel Road, High Road and Clements Lane
- 15 Peachy House, 39 Ilford Hill, Ilford
- 16 TA Centre, Gordon Road, Ilford

- 17 51-69 Ilford Hill (Valentines House)
- 18 Land to south of Winston Way roundabout
- 19 Car Showroom, Eastern Avenue, Gants Hill
- 20 501 High Road, IG1 1TZ
- 21 51-71 Cranbrook Road, Ilford
- 22 226-244 High Road, Ilford
- 23 Charter House, 450 High Road, Ilford
- 24 410-418 Ilford Lane, Ilford
- 25 Land between Mill Road & the Railway Line, Ilford
- 26 245-275 Cranbrook Road, Ilford
- 27 40 Ilford Hill, Ilford

- 28 300 – 318 High Road, Ilford
- 29 73-85 Ilford Hill and 1-7 Cranbrook Road
- 30 Land adjacent to Clements Lane and Clements Road
- 31 Eastern Avenue Storage Buildings, Eastern Avenue, Gants Hill
- 32 108 – 116 High Road, 18-20 Postway Mews, Ilford
- 33 Britannia Car Park, Clements Road/Albert Road
- 34 531-549 High Road, Ilford
- 35 Arodene House, 41-55 Perth Road, Gants Hill

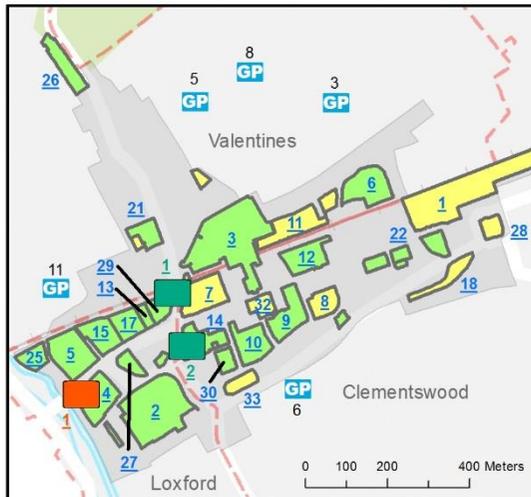
**GP Practices**

- 1 Loxford Poly Clinic - Ilford Lane Surgery\*
- 2 Loxford Polyclinic - The Practice Loxford\*
- 3 Balfour Road Surgery - Dr Sinha
- 4 Cranbrook Surgery
- 5 Granville Medical Centre - Dr Singh
- 6 Ilford Medical Centre - Dr Greenway & Partners
- 7 Mathukia's Surgery - Dr Mathukia / Mathukia
- 8 St Clement's Surgery - Dr Solomon
- 9 The Courtland Surgery - Dr Babbar
- 10 The Drive Surgery - Drs Sehra & Partner
- 11 York Road Surgery - Drs Thurairajah & Partner

\*Co-located with other practices

**Legend**

- |                      |  |
|----------------------|--|
| <b>Health Estate</b> | <b>Local Plan Development Opportunity Sites: Phase and Proposed Use (sites with capacity for 10 or more residential units)</b> |
| GP                   | Phase 1 (2015-2020) Residential  |
| Co-located GP        | Phase 1 (2015-2020) Residential and Healthcare   |
| NHSPS site           | Phase 2 (2021-2025) Residential  |
| Provider owned       | Phase 3 (2026-2030) Residential  |
| Ward boundary        |  |
| Town centres         |  |



- NHS Property Services Sites**
- 1 Becketts House (Part 1st Floor)
  - 2 Loxford Polyclinic

- Provider Owned**
- 1 Broadway Chambers
  - 2 Drug & Alcohol Ilford (Epart)
  - 3 Loxford Hall
  - 4 Loxford Sure Start
  - 5 Mayesbrook Clinic

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#### *5.4.1 North/West Cranbrook and Loxford*

The north westerly ward of Cranbrook currently served by two GP practices operating out of converted domestic premises covering nearly 10,000 patients. There is only limited development proposed with a predicted population increase of 1,095.

With most of the planned development and population growth taking place on the northern boundary of the Cranbrook ward, it is likely that most of the population influx may seek to access primary care services from Kenwood Medical Centre which is located north of the ward boundary in the adjacent Fairlop locality and Barkingside ward.

S106 contributions from development in this ward will be required to improve existing primary care services and infrastructure to enable the population increase to be absorbed into the existing GP practices.

#### *5.4.2 Centre Cranbrook and Loxford*

The wards of Valentines and Clementswood make up the centre of the locality and have the majority of the growth in the locality, with a population increase of 12,119, around the Ilford Town Centre growth area and new Crossrail station.

These two wards are predicted to have significant growth in Phase 1 (2015 to 2020) with over 5,000 new residents expected which will place pressure on existing primary care facilities, especially Loxford Polyclinic before new facilities are opened in Ilford. From the Local Plan it is predicted that approximately 1% of the growth for this Phase would occur within 2016, 13% by 2017, 53% by 2018, 63% by 2019 and the balance by 2020, so it will be important to be making improvements to Loxford Polyclinic during 2017 onwards to enable new patients to register.

It is likely that planned development within the northern part of the Loxford ward and North West corner of the Mayfield ward will also look to access primary care services within Ilford Town centre.

Clementswood is currently served by one GP practice covering over 12,000 patients. Valentines is currently served by five GP practices jointly covering over 25,000 patients. There are no health centres providing additional community services in the area.

There is hence a real need to develop an integrated plan with the Council for a new health hub within the Ilford Town Centre redevelopment.

Utilisation surveys being carried out on the Loxford Polyclinic are likely to indicate the building has space capacity to absorb some of the initial population increase within the wards of Valentines and Clementswood in advance of the completion of a new health hub within the Ilford Town Centre.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Existing nearby practices;
- Loxford Polyclinic and;
- Development of a new health hub within Ilford Town Centre.

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#### 5.4.3 *South East Cranbrook and Loxford*

The Mayfield ward in the East has the NELFT Mayesbrook Clinic Children's centre.

The ward only has a small level of development and population increase of 573 which will be concentrated on the Clementswood border. This will mean the residents are likely to access primary health care through the facilities planned for Ilford town centre.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Existing nearby practices;
- Loxford Polyclinic and;
- Development of a new health hub within Ilford Town Centre.

#### 5.4.4 *South Cranbrook and Loxford*

The southern ward of Loxford is served by the Loxford Polyclinic which houses two GP practices covering over 20,000 patients and a range of community services. The building is leased to NHS Property Services but owned by a private landlord.

There is an additional GP practice operating out of converted domestic premises covering nearly 7,000 patients.

This ward is predicted to have significant growth in Phase 1 (2015 to 2020) with just under 4,000 new residents expected, which will place pressure on existing primary care facilities, especially Loxford Polyclinic before new facilities are opened in Ilford. From the Local Plan it is predicted that approximately 6% of the growth for this phase would occur within 2016/17, 17% by 2018, 32% by 2019, and the balance by 2020 so it will be important to be making improvements to Loxford Polyclinic during 2017/18 onwards to enable new patients to register.

Utilisation surveys currently being carried out on Loxford Polyclinic are likely to indicate the building has spare capacity due to clinical services that have been relocated back to King George's Hospital. Hence it could absorb some of the initial population increase within the wards of Loxford, Valentines and Clementswood in advance of the completion of a new health hub within Ilford Town Centre.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Existing nearby practices;
- Loxford Polyclinic and;
- Development of a new health hub within Ilford Town Centre

The following map shows the proposed estate solutions to address the population increases:

**Cranbrook and Loxford Locality Health Estate and Local Plan Opportunity Sites**  
HUDU | September 2016

**Local Plan Development Opportunity Sites (with capacity greater than 50 units)**

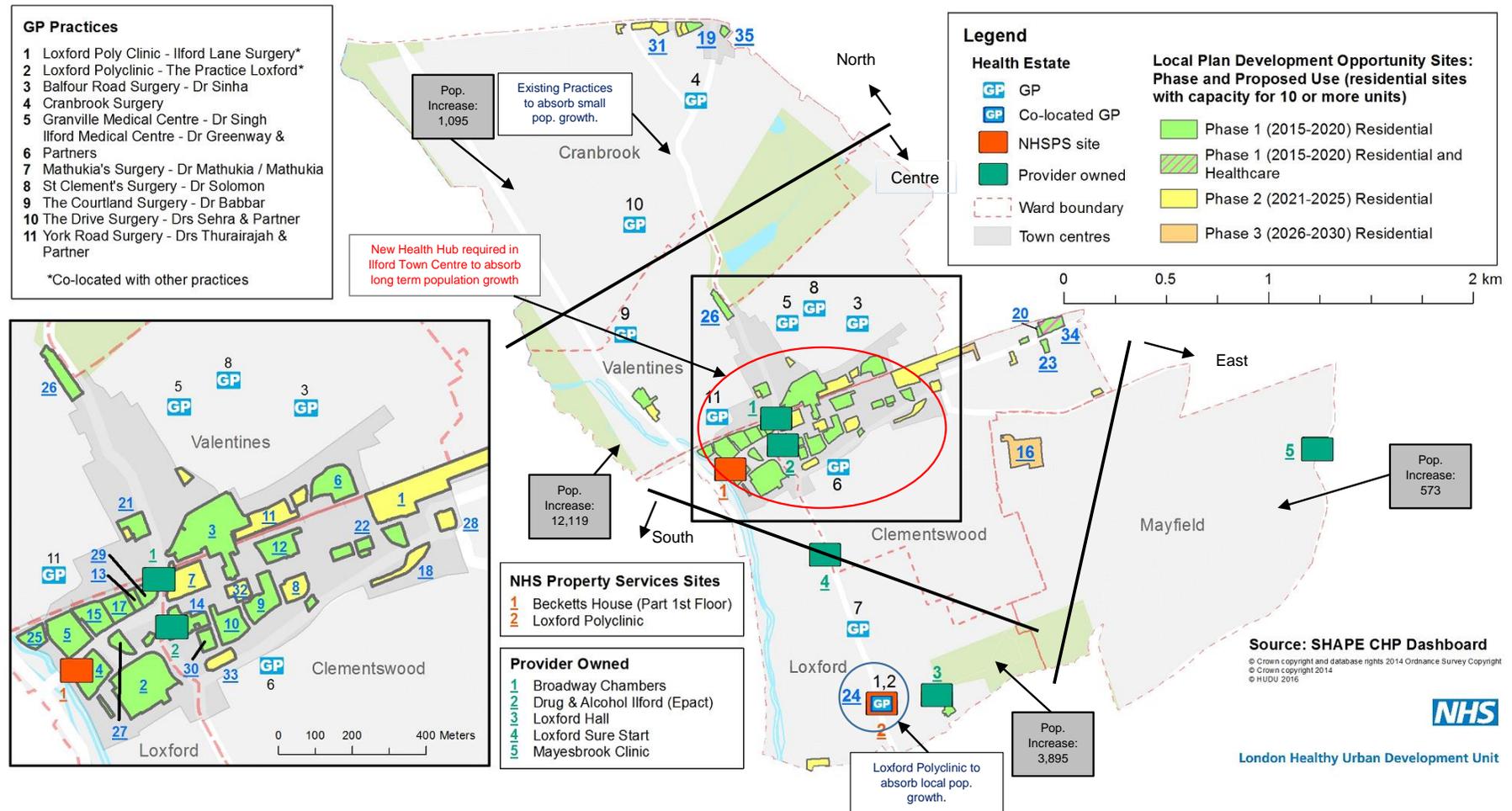
- |   |  |  |   |
|---|--|--|---|
| 1 Redbridge Enterprise and Ilford Retail Park   | 8 Kenneth More Theatre, and 10-11 Janice Mews                    | 17 51-69 Ilford Hill (Valentines House)              | 28 300 – 318 High Road, Ilford                                  |
| 2 Sainsbury's, Roden Street, Ilford   | 9 Town Hall Car Park   | 18 Land to south of Winston Way roundabout           | 29 73-85 Ilford Hill and 1-7 Cranbrook Road                     |
| 3 The Exchange Shopping Centre, High Road   | 10 Land bounded by Clements Road, Chadwick Road and Postway Mews | 19 Car Showroom, Eastern Avenue, Gants Hill          | 30 Land adjacent to Clements Lane and Clements Road             |
| 4 60-70 Roden Street and land between Chapel Road and Roden Street  | 11 68 – 126 Ley Street and Opal Mews, Ilford                     | 20 501 High Road, IG1 1TZ                            | 31 Eastern Avenue Storage Buildings, Eastern Avenue, Gants Hill |
| 5 Depot Mill Road/Mill House, Ilford Hill   | 12 177-207 High Road, Ilford (Includes Argos)                    | 21 51-71 Cranbrook Road, Ilford                      | 32 108 – 116 High Road, 18-20 Postway Mews, Ilford              |
| 6 Ley Street car park and bus depot, Ilford   | 13 If Bar 71 Ilford Hill   | 22 226-244 High Road, Ilford                         | 33 Britannia Car Park, Clements Road/Albert Road                |
| 7 Land adjacent to Cranbrook Road, High Road and the railway, incorporating Station Road (Includes Bodgers) | 14 Site bounded by Chapel Road, High Road and Clements Lane      | 23 Charter House, 450 High Road, Ilford              | 34 531-549 High Road, Ilford                                    |
|   | 15 Peachy House, 39 Ilford Hill, Ilford                          | 24 410-418 Ilford Lane, Ilford                       | 35 Arodene House, 41-55 Perth Road, Gants Hill                  |
|   | 16 TA Centre, Gordon Road, Ilford                                | 25 Land between Mill Road & the Railway Line, Ilford |   |
|   |  | 26 245-275 Cranbrook Road, Ilford                    |   |
|   |  | 27 40 Ilford Hill, Ilford                            |   |

**GP Practices**

- Loxford Poly Clinic - Ilford Lane Surgery\*
  - Loxford Polyclinic - The Practice Loxford\*
  - Balfour Road Surgery - Dr Sinha
  - Cranbrook Surgery
  - Granville Medical Centre - Dr Singh
  - Ilford Medical Centre - Dr Greenway & Partners
  - Mathukia's Surgery - Dr Mathukia / Mathukia
  - St Clement's Surgery - Dr Solomon
  - The Courtland Surgery - Dr Babbar
  - The Drive Surgery - Drs Sehra & Partner
  - York Road Surgery - Drs Thurairajah & Partner
- \*Co-located with other practices

**Legend**

- |                      |  |
|----------------------|--|
| <b>Health Estate</b> | <b>Local Plan Development Opportunity Sites: Phase and Proposed Use (residential sites with capacity for 10 or more units)</b> |
| GP GP                | Phase 1 (2015-2020) Residential  |
| GP Co-located GP     | Phase 1 (2015-2020) Residential and Healthcare   |
| NHSPS site           | Phase 2 (2021-2025) Residential  |
| Provider owned       | Phase 3 (2026-2030) Residential  |
| Ward boundary        |  |
| Town centres         |  |



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## 5.5 Seven Kings

The Seven Kings locality spans the east of the Borough, adjacent to Barking & Dagenham, including five wards shown below in the table with housing growth for 2015-2030 years. This locality has 35% of the anticipated population growth in the Borough.

| Ward                | Location in locality | Housing Growth (units) | Population increase (2.3 per unit) | 1800 patients: 1 WTE GP | Current buildings  | GP list or Provider  |
|---------------------|----------------------|------------------------|------------------------------------|-------------------------|--|--|
| <b>Aldborough</b>   | North                | 1,928                  | 4,433                              | 2.46                    | The Palms Medical Centre<br>Newbury Park Health Centre:<br><ul style="list-style-type: none"> <li>Newbury Group Practice</li> <li>Redbridge Diabetes Centre</li> </ul>   | 8,073 NHS PS<br>13,607 NELFT   |
| <b>Seven Kings</b>  | Centre               | 1,643                  | 3,778                              | 2.10                    | The Doctors House<br>Goodmayes Medical Centre<br>Goodmayes Hospital<br>King George's Hospital<br>NEL Treatment Centre  | 8,628<br>6,793 NELFT<br>BHRUT<br>NHS PS                                |
| <b>Seven Kings/</b> | Centre/<br>West      | 1,487                  | 3,421                              | 1.90                    | <Covered above and below>  |  |
| <b>Newbury</b>      | West                 | 626                    | 1,439                              | 0.80                    | No estate  |  |
| <b>Chadwell</b>     | East                 | 548                    | 1,260                              | 0.70                    | Chadwell Health Surgery<br>Grovelands Children's Centre<br>Grove Surgery   | 9,575<br>NELFT<br>8,466  |
| <b>Goodmayes</b>    | South                | 347                    | 798                                | 0.44                    | Green Lanes Surgery<br>Castleton Road Surgery<br>Oak Tree Medical Surgery<br>Seven Kings Health Centre:<br><ul style="list-style-type: none"> <li>Community services</li> <li>Community services</li> <li>Seven Kings Practice</li> <li>Seven Kings Health Centre</li> </ul> | 5,605<br>4,280<br>12,816<br>NHS PS<br>NELFT<br>BHRUT<br>3,966<br>1,808 |
| <b>TOTALS</b>       |                      | <b>6,578</b>           | <b>15,130</b>                      | <b>8</b>                |  |  |

Most of the housing growth is concentrated in the north of the locality in the wards of Aldborough and Seven Kings, which is one of the Council's five major growth areas in the Local Plan. There is a predicted population increase of 15,130 with a need for eight FTE GP's.

There is also significant development planned at Goodmayes with the arrival of Crossrail.

The following map shows the location of GP practices and other healthcare infrastructure in each ward together with Local Plan development sites:

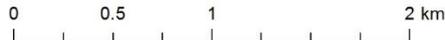
**Seven Kings Locality Health Estate and Local Plan Opportunity Sites**  
HUDU | September 2016



London Healthy Urban Development Unit

**Local Plan Development Opportunity Sites**  
(with capacity greater than 50 units)

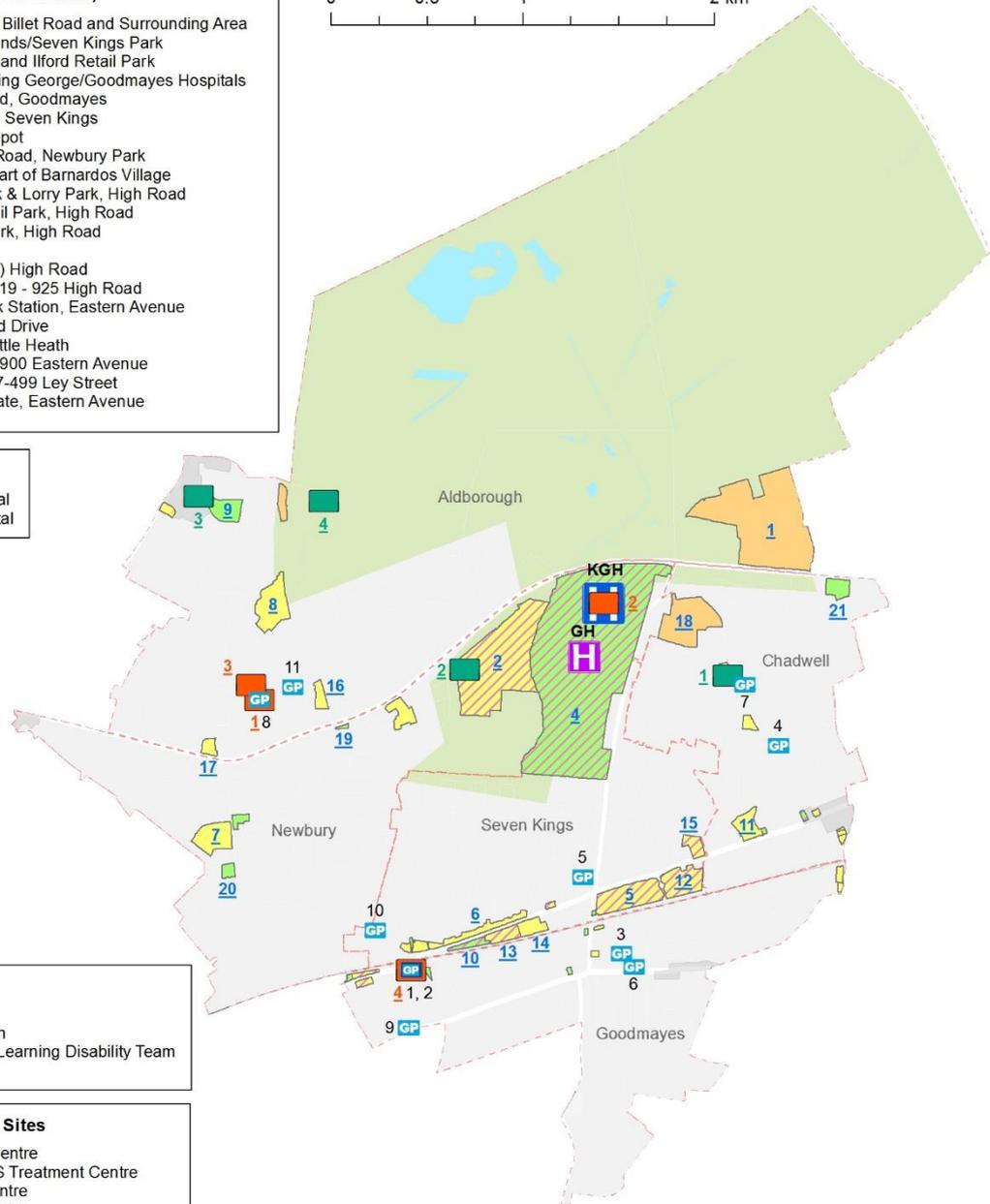
- 1 Area of Open Land at Billet Road and Surrounding Area
- 2 The Ford Sports Grounds/Seven Kings Park
- 3 Redbridge Enterprise and Ilford Retail Park
- 4 Land in and around King George/Goodmayes Hospitals
- 5 822 (Tesco) High Road, Goodmayes
- 6 645 – 861 High Road, Seven Kings
- 7 Ley Street Council Depot
- 8 Chase Lane/Perkins Road, Newbury Park
- 9 New Mossford Site, Part of Barnardos Village
- 10 Seven Kings Car Park & Lorry Park, High Road
- 11 Chadwell Heath Retail Park, High Road
- 12 Goodmayes Retail Park, High Road
- 13 674-700 High Road
- 14 706 - 720 (Homebase) High Road
- 15 Metropolitan Police, 919 - 925 High Road
- 16 Land at Newbury Park Station, Eastern Avenue
- 17 B&Q Store, Springfield Drive
- 18 Redbridge College, Little Heath
- 19 Newbury House, 890-900 Eastern Avenue
- 20 Ley Street House, 497-499 Ley Street
- 21 Newton Industrial Estate, Eastern Avenue



- Hospital Sites**
- GH Goodmayes Hospital
  - KGH King George Hospital

- Provider Owned**
- 1 Grovelands
  - 2 Ilford Ambulance Station
  - 3 Redbridge Community Learning Disability Team
  - 4 Station Road Centre

- NHS Property Services Sites**
- 1 Newbury Park Health Centre
  - 2 North East London NHS Treatment Centre
  - 3 Redbridge Diabetes Centre
  - 4 Seven Kings Health Centre



Source: SHAPE CHP Dashboard

**Legend**

|   |  |
|---|--|
| <b>Health Estate</b>                      | <b>Local Plan Development Opportunity Sites: Phase and Proposed Use (sites with capacity for 10 or more residential units)</b> |
| GP  | Phase 1 (2015-2020) Residential  |
| Co-located GP                             | Phase 1 (2015-2020) Residential and Healthcare   |
| CHP site                                  | Phase 2 (2021-2025) Residential  |
| NHSPS site                                | Phase 2 (2021-2025) Residential and Healthcare   |
| Provider owned                            | Phase 3 (2026-2030) Residential  |
| Mental Health Hospital                    | Ward boundary  |
| Large (>40,000sqm) General Acute Hospital | Town centres   |

- GP Practices**
- 1 Seven Kings Health Centre - Paulz Surgery\*
  - 2 Seven Kings Practice - Dr Price & Patel\*
  - 3 Castleton Road Health Centre - Dr Quraishi
  - 4 Chadwell Heath Surgery - Dr Kana
  - 5 Goodmayes Medical Centre
  - 6 Green Lane, Goodmayes Medical Practice
  - 7 Grove Surgery - Dr Moghul
  - 8 Newbury Group Practice - Dr Clarke & Partners
  - 9 Oak Tree Medical Centre - Dr Akpabio & Partners
  - 10 The Doctors House - Drs Spiteri & Elaibodi
  - 11 The Palms Medical Centre - Dr Mackenzie
- \*Co-located with other practices

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### 5.5.1 North Seven Kings

The ward of Aldborough is approximately 70% green space and country park with two small villages to the south, Aldborough Hatch and Little Heath and denser residential in the south west around Barkingside station. Current GP services covering joint list of over 21,000 patients are delivered by The Palms (GP owned converted domestic building) and the Newbury Group practice which resides within the NHS PS owned Newbury Park Health Centre. The Newbury Park Health Centre and Redbridge Diabetes centre (NELFT) are on the same site.

Of all the wards, Aldborough has the greatest number of new housing units and corresponding population growth of 4,433.

A recent utilisation study carried out at the Newbury Park Health centre (in the south west of the ward) indicates that with some reconfiguration and efficiency improvements, the centre may have capacity to absorb some of the predicted population increase.

With most of the planned development taking place on the east side of the ward at “Billet Road”, it is likely new residents would seek primary care services from a proposed hub on development land in proximity to King George Hospital/Goodmayes Hospital.

Given the planned population growth in the neighbouring Borough of Havering, to the East of Billet Road, it will be important to coordinate primary care services with Havering CCG.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Existing nearby practices;
- Newbury Park Health centre and;
- Development of a new health hub on development land within proximity of King George Hospital/Goodmayes Hospital.

### 5.5.2 Centre Seven Kings

Seven Kings Ward in the centre of the locality has a large level of planned housing growth, as part of the Seven Kings growth area outlined in the Local Plan. The predicted population increase for Seven Kings ward is 3,778. However, the likely population growth accessing primary healthcare services in Seven Kings is likely to include a large portion of the Aldborough (e.g. Billet Road development), Chadwell (e.g. Redbridge College development) and Newbury (e.g. Ford Sports Ground development) wards as these have significant developments adjacent to Seven Kings. Hence over c.10,000 additional patients may be seeking services in Seven Kings.

The ward is currently served by two GP practices operating out of converted domestic premises covering over 16,000 patients.

The ward also contains the acute provision for the Borough at King George’s Hospital (KGH) owned and run by BHRUT and Goodmayes Hospital (mental health services) owned and run by NELFT. The NEL Treatment centre sits on the KGH site and is leased on a long lease to NHS PS and sub-let to Care UK providing elective inpatient services.

With significant development taking place around the King George and Goodmayes Hospital sites a new primary care health hub is likely to be required on development land in proximity

to the Hospitals. This hub would also serve the planned development at Billet Road (Aldborough ward), and the Ford Sports Ground (Newbury ward) and Redbridge College (Chadwell ward).

There is also the significant development planned at Goodmayes with the arrival of Crossrail along the Seven Kings/Goodmayes ward boundary corridor. Whilst the Seven Kings Health Centre may have limited initial capacity to absorb some local patients, the Centre cannot offer a long term solution as the lease on the property is short term (c. 7years). There will hence be the need to seek a new primary healthcare facility on development land within the Crossrail corridor.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Existing nearby practices and;
- Development of a new health hub on development land within proximity of King George Hospital/Goodmayes Hospital;
- Development of a new health facility on development land in Goodmayes to serve the new Crossrail corridor.

#### *5.5.3 West Seven Kings*

The ward of Newbury to the west of the locality does not currently have any health estate but is covered by the adjacent wards of Goodmayes and Aldborough with the border locations of the Newbury Park and Seven Kings Health Centres. A review is required to look at where patients are currently accessing primary care and whether the additional patient capacity can be absorbed within current service provision such as Newbury Park and Seven Kings and when services would be required at a new health hub on development land within proximity of King George Hospital/Goodmayes Hospital.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Existing nearby practices and;
- Development of a new health hub on development land within proximity of King George Hospital/Goodmayes Hospital.

#### *5.5.4 East Seven Kings*

The ward of Chadwell to the East of the locality is currently served by two GP practices covering nearly 20,000 patients both operating from converted domestic premises. NELFT also provide children's services from Grovelands.

As most of the proposed development is close to King George Hospital/Goodmayes Hospital on the Redbridge College site, it is likely that patients would access services from a new health hub on development land within proximity the two Hospitals. Planned development in the south of Chadwell will most likely choose to access proposed facilities sited in the Crossrail corridor.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Existing nearby practices and;
- Development of a new health hub on development land within proximity of King George Hospital/Goodmayes Hospital;
- Development of a new health hub on development land in Goodmayes to serve the new Crossrail corridor.

#### *5.5.5 South Seven Kings*

Goodmayes ward to the south has a planned population growth of 798.

There are five GP practices in the ward, two within the Seven Kings Health Centre, covering a combined list of over 25,000 patients.

Recent utilisation surveys indicate that the Seven Kings Health Centre may have some spare capacity in the short term. The Centre has a limited lease span so an alternative solution will be need longer term. There will hence be the need to seek a new primary healthcare facility on development land within the Crossrail corridor.

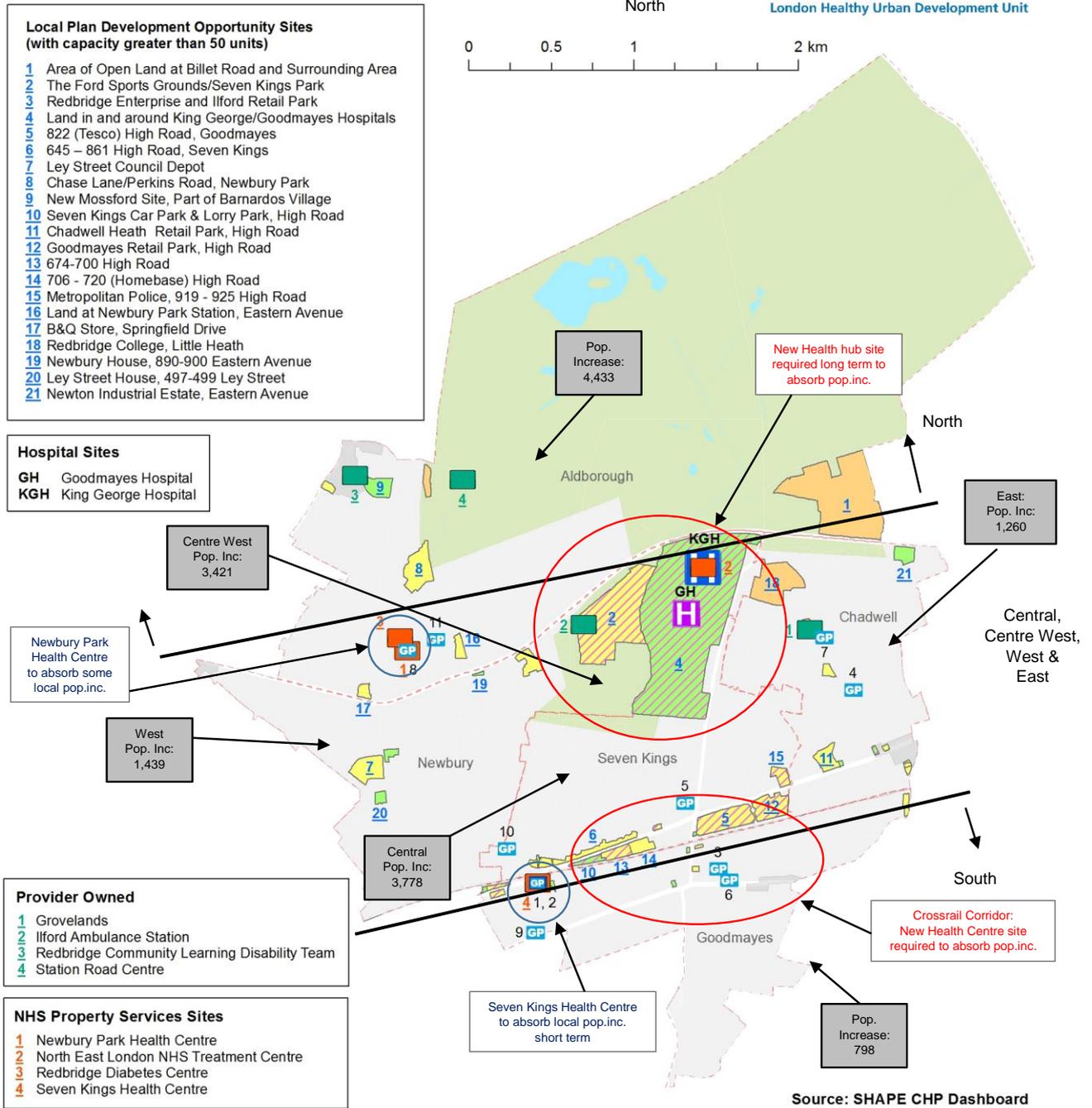
Given the planned population growths in neighbouring Barking Town Centre (Borough of Barking & Dagenham) to the South East of the Goodmayes ward, it will be important to coordinate primary care services with Barking and Dagenham CCG.

S106 contributions from development will be required to support primary care service and infrastructure improvements within:

- Existing nearby practices and;
- Development of a new health hub on development land in Goodmayes to serve the new Crossrail corridor.

The following map shows the proposed estate solutions to address the population increases:

**Seven Kings Locality Health Estate and Local Plan Opportunity Sites**  
HUDU | September 2016



## 6. Conclusion and Next Steps

This report gives an indication of the additional primary care infrastructure requirements across the London Borough of Redbridge, to meet the needs of a significantly expanding population to 2030.

It is intended that the London Borough of Redbridge (LBR) will use information in this report to assist commercial discussions with developers about S106/CIL (Council Infrastructure Levy) contributions for primary healthcare.

With potentially nearly 19,000 new homes in Redbridge, this could lead to a population increase in excess of 43,000. This will increase the burden on health services in the borough, in particular primary care.

Existing primary care estate has little capacity to absorb additional activity from new population growth due to:

- Over utilisation of many of the existing GP practices;
- The fact that many of the GP practices are operating in aging, small converted domestic buildings that would be difficult to adapt/extend;
- The current facilities are already small compared to patient list sizes.

The CCG's vision for primary care is to combine general practice care with other community-based health and social care into a place-based care model with more productive general practice at its foundation and GPs overseeing care for their patients. Each of the localities in Redbridge where neighbouring GP practices work together will be a 'place', and the vision is therefore to establish locality-based care across all health and social care services for the populations within those geographical localities.

In summary by locality the additional requirements could be:

1. **Wanstead & Woodford** – new development required to provide locality hub.
2. **Fairlop** – Redevelopment of Fullwell Cross or alternative health centre on the Oakfield site.
3. **Cranbrook & Loxford** – new development required in Ilford Town centre to provide locality hub.
4. **Seven Kings** – new development required between two growth areas to provide locality hub.

All housing growth will require contributions towards the extension of current services to accommodate the additional patient capacity in all current and future buildings.