

## Response to draft London Plan: Assura

28<sup>th</sup> February 2018

**About us:** Assura is the country's leading healthcare real estate investment trust, working as property partner to GPs in just under 500 primary care buildings around the country – including more than 40 in London - to help them create the modern, fit-for-purpose surgery premises that doctors say they urgently need, in the right places for patients. Our team helps GPs to expand and improve their existing buildings, and in the development of new GP premises which are fit for the future of primary care.

GP surgery buildings are the workplaces of many NHS staff, and are the locations where most patient contact in the NHS takes place<sup>1</sup>. Government's recent budget announcements on capital investment for NHS buildings and its response to Sir Robert Naylor's review of NHS estate highlighted the need for private sector funding to help government meet a £10bn goal<sup>2</sup>, and London's innovation to improve its NHS estate through the dedicated London Estates Board and the process of greater devolution of health powers is welcome<sup>3</sup>.

### Key points:

- We welcome the draft plan's recognition of the importance of future healthcare infrastructure, particularly in areas of high growth/current under-provision; we also welcome the plan's support for development proposals for high-quality new and enhanced facilities to meet identified need and new models of care.
- As well as the London Estates Board, the plan should explicitly specify the need for boroughs to work directly with London's five STPs (as well as CCGs) in their planning for healthcare estates needs, now and in the future – to reflect their role in this process. STPs, as local blueprints, have a unique opportunity to align local healthcare infrastructure requirements with master planning for new homes and growing communities.
- Given the unique scale of improvement required for London's healthcare estate, its existing backlog maintenance and distinct development challenges, we believe language

to state this more explicitly may help the plan in achieving its goals for healthcare and in ensuring NHS infrastructure can keep pace with changes to care delivery and patient demand.

- More effective monitoring of the impact of land value capture mechanisms such as Section 106 and Community Infrastructure Levy could help local government planning functions and NHS commissioners to be more consistent in their collaborative efforts to ensure sufficient primary care infrastructure is delivered to support growing communities. Government is currently consulting on proposals to improve these processes more generally<sup>4</sup>, and the plan could consider reflecting this under section 5.2.7.

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**References:**

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<sup>1</sup> <http://content.digital.nhs.uk/primary-care>

<sup>2</sup> [https://www.gov.uk/government/publications/naylor-review-government-response;](https://www.gov.uk/government/publications/naylor-review-government-response)  
<https://www.gov.uk/government/publications/nhs-spending-autumn-budget-2017-brief>

<sup>3</sup> [https://www.london.gov.uk/sites/default/files/what\\_health\\_devolution\\_means\\_for\\_london\\_2017.pdf](https://www.london.gov.uk/sites/default/files/what_health_devolution_means_for_london_2017.pdf)

<sup>4</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/652888/Planning\\_for\\_Homes\\_Consultation\\_Document.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/652888/Planning_for_Homes_Consultation_Document.pdf)