



Land East of Oxhey Lane, Oxhey Lane, Carpenders Park

Iceni Projects Limited on behalf of Burlington Developments London Ltd

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Iceni Projects

London: Da Vinci House, 44 Saffron Hill, London, EC1N 8FH
Edinburgh: 11 Alva Street, Edinburgh, EH2 4PH
Glasgow: 177 West George Street, Glasgow, G2 2LB
Manchester: This is the Space, 68 Quay Street, Manchester, M3 3EJ

t: 020 3640 8508 | w: iceniprojects.com | e: mail@iceniprojects.com
linkedin: [linkedin.com/company/iceni-projects](https://www.linkedin.com/company/iceni-projects) | twitter: [@iceniprojects](https://twitter.com/iceniprojects)

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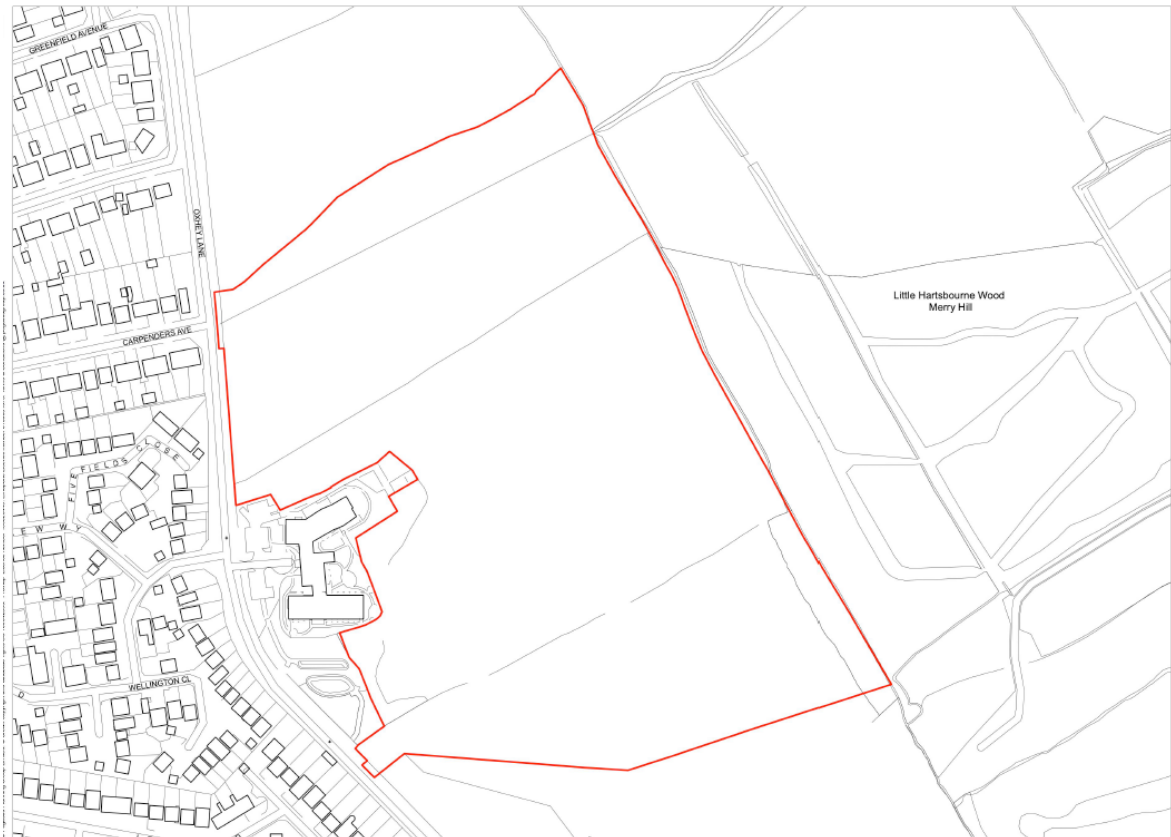
1. INTRODUCTION

- 1.1 This health note has been prepared by Icen Projects Limited on behalf of Burlington Developments London Ltd to provide an overview of the health profile and a primary care infrastructure audit for the area surrounding Land East of Oxhey Lane, Oxhey Lane, Carpenders Park. The Site is located within the administrative area of Three Rivers District Council (TRDC).
- 1.2 This health note has been prepared to respond directly to the consultation comments raised by Hertfordshire and West Essex Integrated Care Board (HWE ICB), received in October 2025 in response to the planning application for the Site, and to provide a clear, evidence-based overview of healthcare capacity in the local area.
- 1.3 HWE ICB have requested a financial contribution of £428,032, citing the need for additional primary care healthcare services arising from the development proposal.
- 1.4 Based on our analysis, we do not anticipate that the new incoming population will require additional floorspace. This Audit therefore establishes the existing level of primary care provision and capacity of primary care infrastructure in the locality to consider how these services can accommodate the population generated by the Proposed Development.

Site Context

- 1.5 The application site totals approximately 12.7 hectares and is located on the eastern side of Oxhey Lane, on the edge of Carpenders Park. The application site adjoins and wraps around Carpenders Park Care Home which fronts Oxhey Lane and a telecommunication mast, set behind the care home.
- 1.6 On the eastern side of Oxhey Lane is the built-up settlement of Carpenders Park comprising a range of residential housing, a school and associated pre-school, church, Greenfield Park play area, local amenities and Carpenders Park train station. Beyond Carpenders Park, on the western side of the railway is South Oxhey.
- 1.7 The north eastern boundary of the site is also the administrative boundary between Three Rivers District Council (TRDC) and Hertsmere Borough Council (site solely within TRDC). Beyond the site to the south east is Mutton Wood with Grims Dyke Golf Course and the administrative boundary with the London Borough of Harrow.

Figure 1.1 Site Location



Source: Pegasus Group, 2025

Proposed Development

- 1.8 The Applicant is submitting an outline planning application for *up to 256 homes (C3 use class) (including affordable and self/custom build housing), housing with care (C2 use class), a children's home (for looked after children) (C2 use class) together with associated access (including off-site highway works), parking, open space and landscaping (appearance, layout, landscaping and scale as reserved matters).*
- 1.9 Of the new homes proposed, 50% will be affordable, of which 70% would be social rent and 30% shared ownership. Additionally, 10% of market housing will be self/custom build.
- 1.10 The northern part of the site would comprise a surface water attenuation basin, open space, a new native woodland, a Locally Equipped Area for Play (LEAP) and community orchard with the public right of way maintained along its existing alignment.
- 1.11 Centrally and towards the eastern part of this parcel, residential development is indicatively proposed up to two storeys with a native hedgerow border. The second (central) part of the development site, located between Carpenders Park Care Home and Merry Hill Wood, would contain residential

development including housing with care, all of which would be up to three storeys in height and would adjoin a green corridor.

- 1.12 To the north west of this parcel a strip of up to two storey residential development is proposed with a pedestrian access linking onto Oxhey Lane. Towards the main part of central parcel and to the north east of the green corridor, further housing is proposed up to two storeys.
- 1.13 The most southern parcel of the development site would comprise up to three storey residential development including a 4 bed children's home (for looked after children), native woodland planting, an attenuation pond (south eastern corner) and an emergency access with removable bollards proposed onto Oxhey Lane. The housing with care element would be a 3 storey building supporting 60 x 1 and 2 bed self-contained apartments whereby residents would have access to a range of communal services, such as a dining room, lounge, reception, office and changing room and laundry rooms. The children's home would include a 4-bed dwelling capable of accommodating up to three children as well as providing facilities for staff to stay on site.

Health and planning policy overview

- 1.14 The key policies relating to health infrastructure in planning are set out below.

National Planning Policy Framework (2024)

- 1.15 Promoting healthy communities is an integral part of the NPPF, published in December 2024. *Section 8: Promoting healthy and safe communities* of the Framework outlines how planning policies should aim to achieve healthy, inclusive and safe places. This includes development which:
- Promotes social interaction;
 - Creates safe and accessible neighbourhoods; and
 - Enables and supports healthy lives, promotes good health, prevents ill-health and reduces health inequalities.
- 1.16 The NPPF also recommends that local planning authorities should also work proactively and positively with promoters, delivery partners and statutory bodies to plan for required health facilities and resolve key planning issues before applications are submitted.

Three Rivers District Council Core Strategy (2011)

- 1.17 The Core Strategy embeds health and wellbeing as part of its sustainable development agenda. The strategy recognises infrastructure as being necessary for development: CP8 notes that contributions to health facilities may be required depending on the scale, location and type of development.

Three Rivers Infrastructure Delivery Plan (2012)

- 1.18 The Three Rivers Infrastructure Delivery Plan(2012) seeks to establish the additional infrastructure required to support planned increase in new homes and jobs, and the projected population growth within the District up to 2026.
- 1.19 When considering GP practices, the report notes that '*GP capacity is broadly sufficient and that local practices operate out of a total floor space appropriate for the size of the population*'. It states that planned growth is considered moderate and at a rate comparable with recent years, and that primary care will engage with local planners considering redevelopment/regeneration of the South Oxhey central area as an opportunity to address health inequalities in the area through better integrated services.

Note Structure

The note is structured as follows:

- **Section 2:** Current primary care health provision
- **Section 3:** Population health
- **Section 4:** Impacts of the Proposed Development
- **Section 5:** Conclusions

2. CURRENT PRIMARY HEALTH CARE PROVISION

- 2.1 Healthcare services in Three Rivers District are covered by Hertfordshire and West Essex Integrated Care Board (HWE ICB). This organisation oversees the delivery of NHS services across Hertfordshire and West Essex, and is responsible for delivering joined up health and social care to a population of approximately 1.5 million residents.
- 2.2 This section provides an overview of current healthcare provision, with a particular focus on GP practice capacity locally. This provides a baseline understanding of primary care provision against which the potential impacts of the proposed development can be assessed in section 4.

GP Practices

A review of the NHS service 'Find a GP'¹, shows that there are four GP surgeries within the 20-minute walking distance. All four practices are part of Primary Care Networks (PCNs), groups of GP practices that work closely together, allowing them to share resources, expertise and services, which ultimately increases the range of services available to patients.

- 2.3 As illustrated in the table below, all of these are operating above the nationally recognised benchmark of one GP per 1,800 patients². However, at the time of writing, all practices are accepting new patient registrations.

Table 2.1 Closest General Practices (within 1.6km of the site)

GP Practice	Number of Patients	Number of FTE GPs	GP to patient ratio
South Oxhey Surgery	4,230	1.5	1:2,820
Attenborough Surgery-Carpenders Park	33,447	13	1:2,572
Consulting Rooms	6,732	3.7	1:1,819
Manor View at South Oxhey	48,376	23	1:2,103

¹ NHS, Find a GP Service, <https://www.nhs.uk/service-search/find-a-gp>

² Benchmark as set by the Royal College of General Practitioners.

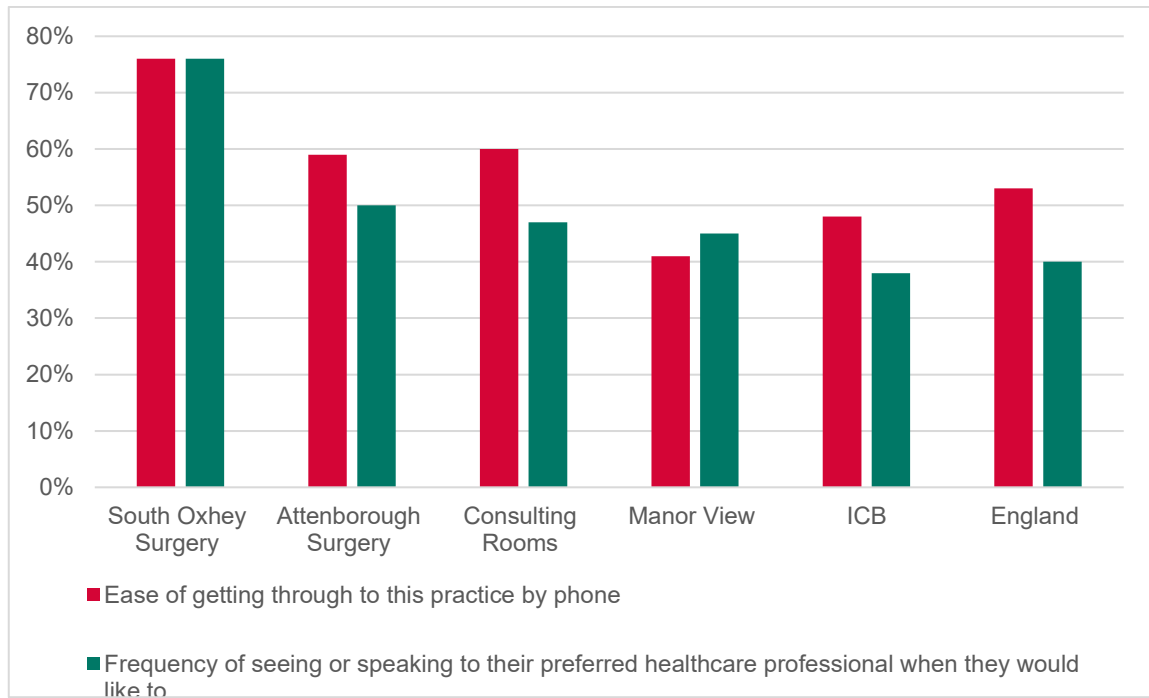
Total	102,785	41.2	1:2,494
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Source: NHS Digital (2025)

- 2.4 Whilst these practices are operating above this recommended ratio, a number of other factors must also be considered.
- 2.5 **Presence of wider multi-disciplinary teams:** GP practices increasingly rely on multi-disciplinary teams (MDTs) to deliver primary care, meaning that patients are not solely depend on GPs for appointments. Alongside GPs, practices employ a wider range of patient-facing healthcare professionals, including practice nurses, pharmacists, physiotherapists and physician associates. These roles allow practices to offer a wider scope of clinical services in-house, reduce pressure on GP appointments, and ensure that patients are seen by the most appropriate clinician for their needs. MDT working is now a cornerstone of NHS primary care policy and is intended to increase resilience, improve access, and deliver more proactive and personalised care.
- 2.6 For example, South Oxhey Surgery employs a further 1.5 FTE direct patient care staff in addition to its GP workforce. This significantly enhances the practice’s capacity to deliver a broader range of clinical services and to manage patient demand more effectively. When measured per 100,000 registered patients, the practice has 36 FTE direct patient care staff, which is substantially higher than both the Sub-ICB average (17 FTE) and the England average (27 FTE). This indicates that South Oxhey Surgery is comparatively well-resourced, with a stronger and more diverse clinical team than is typical locally or nationally. As a result, patients are more likely to access timely care, benefit from specialist support, and experience improved continuity and quality of care.
- 2.7 **New patient registrations:** At the time of writing, all practices are accepting new patient registrations. This suggests that no practice has yet reached a critical capacity threshold, and all are still able to absorb additional demand. If capacity was severely constrained, the ICB could advise or require list closure. Remaining open implies no such intervention has been necessary.
- 2.8 **Patient feedback:** It is also important to take into consideration patient feedback about their experiences of accessing services. The GP Patient Survey is an annual NHS commissioned survey designed to gather feedback from patients across England about their experience with their GP practices.³ This includes insights into how patients find accessing GP services, typical appointment availability and interactions with clinicians. The graph below illustrates patients’ feedback on how

³ <https://www.gp-patient.co.uk/>

easy they find it to access their practice via phone and how frequently they can see their preferred healthcare professional.



2.9 This suggests that patients at the South Oxhey Surgery (76%), Attenborough Surgery (59%) and Consulting Rooms (60%) all consider it easy to get through to this practice by phone (compared to 48% in the ICS and 53% of patients nationally). Manor View was slightly below the ICB average at 41%.

2.10 When asked about the frequency of seeing or speaking to their preferred healthcare professional when they would like, all four local practices were above the ICB and national averages (38% in the ICS and 40% nationally). This suggests that patients themselves do not consider there to be issues with accessing GP practices locally.

Dental Practices

2.11 There are five dental practices within a 20-minute walking distance from the Site. The closest practice is Carpenders Park Dental Practice approx. 1 km from the Site. Unlike GP practices, catchment areas are not used for dental practices, and residents are able to elect a dental practice outside of the 20 minute walking distance area.

Table 2.2 Dental Practices

Dental Practice	Accepting new Patients?
Carpenders Park Dental Practice	When availability allows

Dental Practice	Accepting new Patients?
Oxhey Dental Healthcare Centre	When availability allows
Bushey Dental Practice (Smith and Luck)	No
Eastbury Dental Partnership	When availability allows
Bupa Dental Care, Bushey	No

Source: NHS Digital (2025)

Pharmacies

- 2.12 Arches Pharmacy is within walking distance of the Site. Pharmacies do not use catchment areas or capacity limits on their services.
- 2.13 The Hertfordshire Pharmaceutical Needs Assessment (2022)⁴ states that there are no gaps in the provision of necessary pharmaceutical services in the Three Rivers locality. No gaps were identified that if provided either now or in the future would secure improvements or better access to relevant services.

⁴ Hertfordshire Pharmaceutical Needs Assessment. 2022

3. POPULATION HEALTH

3.1 A review of the health of the local population is essential when assessing GP capacity because the number of patients alone does not reflect the true level of demand on primary care services. Factors such as patient age, socio-economic deprivation, rates of mental health conditions, and prevalence of long-term or complex conditions can all affect use of health services.

3.2 This section covers the demographic and health profile of the population locally.

Demographic Profile

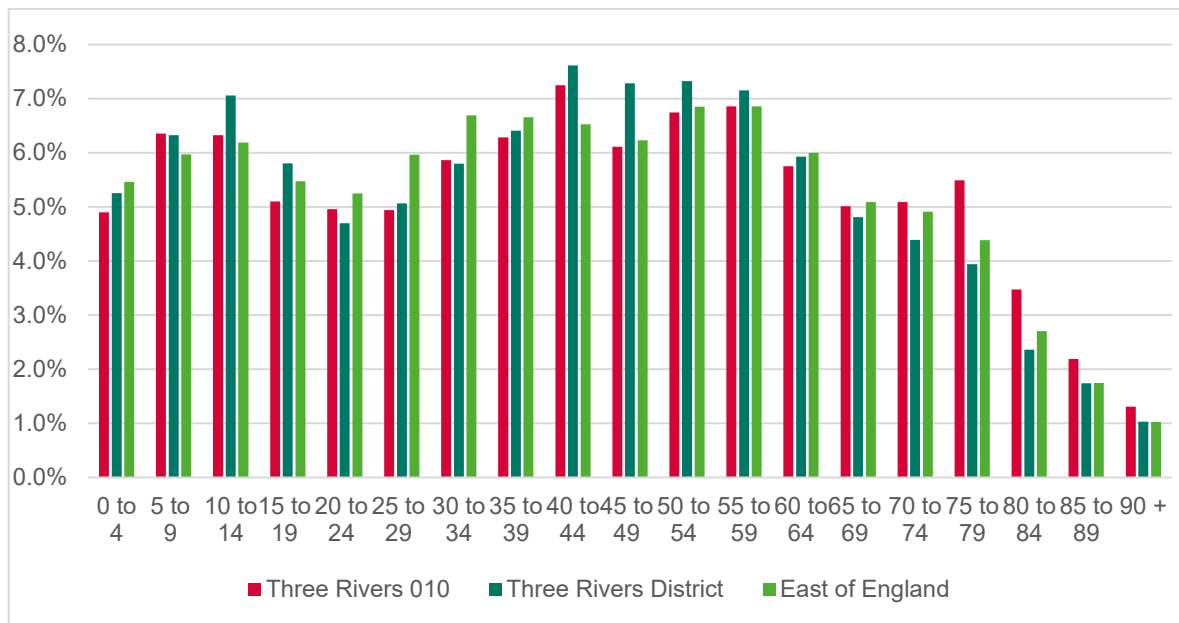
3.3 Based on ONS 2022 Mid-Year Population data, the population within the Three Rivers 010 MSOA was 6,940 people⁵, equivalent to approximately 7.4% of the total population of Three Rivers District (94,123 people).

3.4 Figure 4.1 provides a comparison of the population age structure in Three Rivers 010 MSOA to Three Rivers District. Overall, the age profiles are similar but indicate a higher proportion of people over the age of 65 within the district. The following analysis can be drawn out:

- The number of babies and infants (aged 0 to 4) in Three Rivers 010 MSOA (4.9%) is slightly lower than Three Rivers District (5.3%).
- The proportion of children (aged 5-14) in Three Rivers 010 MSOA (12.7%) is slightly lower than Three Rivers District (13.4%).
- The proportion of young people (aged 15-24) in Three Rivers 010 MSOA (10.1%) is broadly in line with Three Rivers District (10.5%).
- The proportion of people of working-age (age 16 to 64) in Three Rivers 010 MSOA (59.0%) is slightly lower than Three Rivers District (61.79%).
- The proportion of older people (aged 65 and over) in Three Rivers 010 MSOA (22.6%) is higher than Three Rivers District (18.3%), largely driven by higher proportions of residents within the 75-84 years age group.

⁵ Mid-year population estimates relate to the usually resident population, accounting for long-term international migrants (12 months or more) but do not account for short-term migrants (less than 12 months).

Figure 3.1 Population Profile of Three Rivers 010, Three Rivers District and East of England



Source: Icen Analysis, 2025

- 3.5 GP appointment use varies significantly by age, with older people and children tending to use GP services the most. For children, this is often due to frequent minor illnesses, vaccinations and developmental checks, as well as parental concern leading to earlier consultation. For older people, this can be due to the prevalence of long-term conditions, higher numbers of hospital discharge follow-ups and medication reviews.
- 3.6 When the age profile of the four GP practices is explored, this indicates that the proportion of patients under 9 years and above 60 years makes up between 29.17% and 32.5% of the overall patient population, suggesting that no practice has an above-average proportion of high-usage patients. This is illustrated in the table below.

Table 3.1 Proportion of patients registered under 9 and over 60 years

GP Practice	Number of Patients under 9 years	Number of patients over 60	As a % of the overall patient population
South Oxhey Surgery	483	751	29.17%
Attenborough Surgery-Carpenders Park	3,618	7,220	32.4%

Consulting Rooms	649	1,537	32.5%
Manor View at South Oxhey	5,927	9,076	31.0%

Source: NHS England Patients registered at GP practices in NHS Hertfordshire and West Essex ICB (2025)

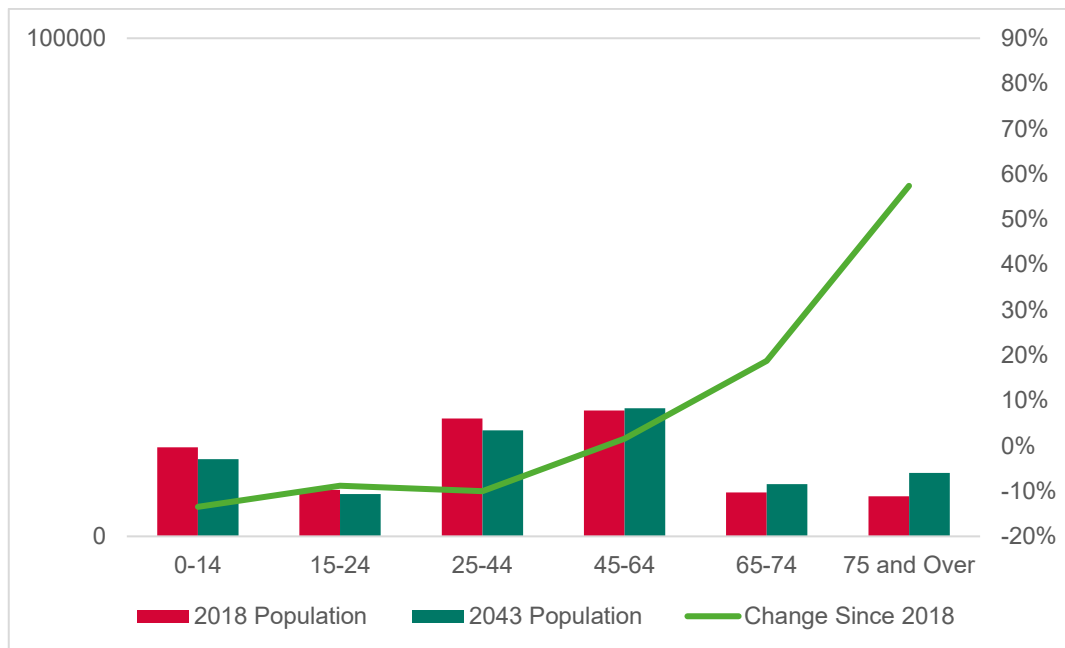
Population Projections

2018-Based Projections

- 3.7 The 2018-based National Population Projections⁶ are the most up to date population dataset published by the ONS, and include changes to assumptions including long-term international migration, number of children per woman and life expectancy meaning the numbers vary compared to the 2014 projections. The Three Rivers population is projected to grow by 1,075 people by the year 2043, from 93,045 to a total of 94,120.
- 3.8 Over the 25-year population projection period, the 75 and over age category is expected to see a significant proportional increase of 57% from 2018 to 2043. The 65 to 74 age groups are also expected to see a significant proportional increase of 19% with 45-64 only at 2%. There were significant decreases for the age groups 15-24 at -9%, 25-44 at -10%, and 0-14 at -13%.

⁶ ONS 2018-based population projections (2020)

Figure 3.2 Population Projections based on 2045 Projections.



Source: Icen Analysis based on ONS UK 2018 projections

Deprivation Profile

- 3.9 The English Indices of Multiple Deprivation (IMD)⁷ provides a ranking of neighbourhoods (data zones) to compare levels of deprivation across the country. To calculate the rank of each data zone the average rank across the total population, working age population, income, employment, health, education, access, crime, and housing measured to produce an overall relative measure of deprivation.
- 3.10 The proposed Site is located in Lower Layer Super Output Area (LSOA) Three Rivers 010D LSOA, which is in the 9th decile of deprivation and shows low levels of deprivation (where the 1st decile represents the highest level of deprivation, and the 10th decile experiences the lowest level of deprivation). Overall, Three Rivers District ranked 291 in 2019 out of 317 local authorities within England, suggesting below average levels of deprivation.
- 3.11 Table 4.1 provides a breakdown of each domain of deprivation score (where a score of 1 is the most deprived and 10 is the least deprived). Overall, most of the domains are performing very well, with 'Health', 'Living Environment', 'Income', 'Crime' and 'Employment' falling into the 8th-10th deciles. The only domain in which the LSOA performs less strongly is the living environment, within the 4th decile.

⁷ English Index of Multiple Deprivation (2025)

This indicates that challenges are present within the environmental conditions, such as housing quality, air quality, or proximity to major transport routes.

Table 3.2 Index of Multiple Deprivation for Three Rivers 010d LSOA.

Domain of Deprivation	Three Rivers 010d LSOA Decile
Income	8
Employment	9
Education, Skills and Training	9
Health	10
Crime	9
Barriers to Housing and Services	8
Living Environment	4
Average Overall IMD	9

Source: IMD 2025

Health profile

- 3.12 Table 3.3 provides an overview of the health profile of the local area when compared to Hertfordshire and England. The health indicators for Carpenters Park suggest an overall picture of a relatively healthy population with outcomes that are better than both the Hertfordshire and England averages in most areas.

Table 3.3 Health Profile

Indicator	Carpenters Park	Hertfordshire	England
Life expectancy (male)	81.0	80.8	79.1
Life expectancy (female)	84.8	84.3	83

Mortality from cancer	86.4	90.1	100
Mortality from cardiovascular disease	73.6	84.0	100
Mortality from causes considered preventable	89.0	78.1	100
Year 6 prevalence of obesity	20.0%	17.8%	22.3%
COPD hospital admissions	76.2	78.3	100

3.13 Life expectancy is above average for both men and women, with males living to an average of 81.0 years and females to 84.8 years. Deaths from cancer and cardiovascular disease are significantly lower in Carpenters Park compared with England as a whole, and even lower than the Hertfordshire averages. These patterns suggest effective prevention, early detection and management of long-term conditions, and healthier lifestyle behaviours across much of the population.

3.14 However, mortality from causes considered preventable is higher in Carpenters Park than the Hertfordshire average, although it should be noted that it is still better than the England benchmark. This suggests that while overall health outcomes are strong, there may be specific groups within the community who experience barriers to prevention or who engage in higher-risk behaviours.

3.15 The Three Rivers Health Inequalities JSNA (2023) provides a detailed overview of the health needs impacted by inequality within the Three Rivers district. This indicates that:

- a statistically lower percentage of the population report a long-term musculoskeletal (MSK) condition (13.8% compared to 17.0% in England)
- the estimated prevalence of common mental disorders (CMD) for people aged 16+ in Three Rivers was 12.9%, which was statistically similar to the Hertfordshire prevalence (14.0%), but statistically significantly lower than the national prevalence (17.0%).
- the proportion of physically inactive adults (19+) that exercise less than 30 minutes per week in Three Rivers was 19.8%, which was statistically similar to Hertfordshire (22.1%) and England (23.4%).

Summary

- 3.16 The population of the Three Rivers 010 MSOA is around 6,940 people, which is equivalent to approximately 7.4% of the total population of Three Rivers District (94,123), and with an age profile that is broadly similar to the wider area.
- 3.17 In terms of deprivation, the Site demonstrates low levels of deprivation. Health outcomes are largely positive: life expectancy is above national and county averages and mortality from cancer and cardiovascular disease is lower than benchmarks, reflecting good overall health. However, preventable mortality is slightly higher than the Hertfordshire average, and obesity in Year 6 pupils, while below the England average, remains an area to monitor.
- 3.18 Broader JSNA indicators reinforce this picture of generally favourable health, with lower levels of long-term musculoskeletal conditions, lower prevalence of common mental disorders than nationally, and a physically active population.

4. IMPACT ASSESSMENT

- 4.1 Based on average household size data for Three Rivers (2.4 residents per dwelling), it is estimated that the Proposed Development could support a population of approximately 614 new residents. It should be noted that, at this stage, no firm accommodation schedule is available, which could provide a more nuanced version of population yield (for example, a higher proportion of one bedroom units will be less likely to generate families within the scheme). Therefore, this 614 figure represents the worst case scenario.
- 4.2 It is estimated that the Proposed Development will generate 175 children, ranging from early years to 18 years. The age profile of the other residents is currently unknown, but it is likely to include at least 60 older people (given the number of units of housing with care).
- 4.3 If all 614 new residents were to register at the four GP practices locally, this would increase the GP to patient ratio from 1:2,494 to 1:2,509. However, as noted earlier in this report:
- GP practices locally are continuing to accept new patients. NHS capital investments were made in The Consulting Rooms (2024) and Carpenders Park Surgery (2020) to extend their existing buildings, meaning that both practices can continue to accept new patients.
 - It is likely that a significant number of new residents are already registered with a GP locally, and are therefore will not increase practice list sizes.
 - The health profile of the wider population (which determines usage) indicates very low levels of deprivation locally, with levels of MSK conditions, obesity and mental health conditions in line with national averages. Deprived areas typically experience higher levels of chronic illnesses, greater mental health needs and higher unplanned care usage, which can in turn lead to increased GP appointment demand. All four practices locally have around 30% of patients registered below the age of 9 or over the age of 60, which tend to be the most frequent users of GP services.
- 4.4 When considering healthcare usage in relation to the Proposed Development, it should also be noted that the Proposed Development will provide 60 units of housing with care. Housing with care can lead to cost savings by preventing premature moves to more expensive residential care, reducing hospital visits through improved health and well-being, and lowering social care costs by providing the right level of support.

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- 4.5 Research by Aston University indicates that after 12 months, planned GP usage by extra care housing village residents decreased by 46%.⁸ Researchers suggested that this was due to residents taking part in drop-in well-being activities as a substitute for booking routine GP appointments.
- 4.6 HWE ICB uses NHS England 'Premises Principles of Best Practice Part 1 Procurement & Development' to propose build costs. For this application, this is specified as £7,000 per m². However, for Planning Application Consultation S62A/2023/0027 and Planning Application Consultation S62A/2022/0014 this is specified as £5,410 per m². The explanation for this cost difference has not been outlined.
- 4.7 If we are to use the Department for Business, Energy and Industrial Strategy recommended PUBSEC (Public Sector Non-Residential) Index adjusted HPCG figures, this suggests a primary care cost of £3,577 per m². For the floorspace suggested by HWE ICB, this would work out at £218,672.

⁸ Housing Learning and Improvement Network (2019) The health and social care cost-benefits of housing for older people

5. CONCLUSIONS

5.1 HWE ICB has suggested a contribution of £428,032 for primary care services. Our analysis suggests that a contribution is not required for the Proposed Development for the following reasons.

- **No clear appetite locally for expansion to existing practices:** recent investments have been made to The Consulting Rooms and Carpenders Park Surgery, and the other two practices locally are uncertain over their space requirements.
- **Existing healthcare services having capacity to increase GP hours to FTE** which could increase capacity – within the same floorspace. Currently, there are 73 GPs employed across all four practices. If the current patient population plus the 614 new residents generated were served by 73 FTE GPs, then this would reduce the patient to GP ratio to 1:1,408, which is comfortably within the recommended ratio.
- **Patient profile:** the likelihood is that incoming residents will have similar health profile of Carpenders Park and are therefore unlikely to place above average service needs on the existing surgery provision. The area is within the 10% of least deprived neighbourhoods of England in terms of health.
- **Housing with care will reduce NHS usage:** the 60 housing with care units proposed by this Scheme will reduce primary care usage, as residents will have many of their health needs met on site.

5.2 This analysis suggests that there is no need basis for contributions to primary healthcare. Rather than contribute to physical infrastructure (given the recent investments made to The Consulting Rooms and Carpenders Park Surgery and the other two practices uncertain over their space requirements) it may be more expedient to increase the hours of existing practitioners to increase capacity.

5.3 If HWE ICB is still intent to provide new floorspace, we would suggest that a more proportionate cost of £218,672 (in line with best practice) is considered. The £7,000 per m² referenced in the ICB response is disproportionate and significantly higher than two other recent applications in the HWE ICB area, in which HWE ICB quoted £5,410 per m². In addition, national figures suggest that £3,577 per m² should be used for primary care floorspace. The £218,672 proposed contribution is calculated using this national figure.