

Simon Clavell-Bate

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FAO  
Jason Hawkes  
Horsham District Council  
Albery House  
Springfield Rd  
Horsham  
RH12 2GB

18 11 2025

Dear Mr Hawkes,

**Ref: DC/25/1312 – 3,000 homes (Homes England) West of Ifield**

The NHS response, agreed in principle, is for a stand alone GP premises ready for patient use (termed a “turn key” solution). Parking is required adjacent for patients who will need to travel to the site, as walking for many will not be possible. Staff parking (as staff will not live in the new homes) will be required as well as ambulance access / pick up. Support for 50 vehicles would align to premises use.

The size required for the gifted premises is a negotiated 1,200m Net Internal Area. Expansion space adjacent is strongly recommended to support any future housing needs / services. Circa 200m (20m x 10m) would support this.

With a premises gifted for use, the NHS will drive the staffing and services required for the population at this new development, supporting local recruitment for workforce where roles align.

Premises ready for use is the minimum level of infrastructure required – so that new homes can be supported.

Timing wise – the provision should be available for the use of new residents upon occupation (ie when first occupation is in place).

A stand alone premises supports ownership, site maintenance, service development and any premises re-work to facilitate any future government or NHS requirements for the public from the NHS.

Also, the “ready for use” can be negotiated – to aim for back office, services (WC, plant etc) to be ready on completion with a cohort of patient facing rooms / services; with a 2<sup>nd</sup> phase delivered by Homes England (fit out void space) at an agreed trigger point.

Other options can be considered by all parties; with the aim of a stand alone premises remaining the most resident benefit solution.

It is recognised that the request may need negotiating with regard to fit out overall and building

type (mixed use) – from the early feedback by Homes England. This compromises patient use, but will be reviewed as options. I fully recognise this has been a late to the table solution at another site – as a compromise on cost impact / site space.

An option for early temporary accommodation has been mentioned recently too – how this would work and funding for this is unclear and would need aligning to the overall solution on infrastructure provision / location. Services access, foundations, access, timing of use (if over 4 years, purchase may be necessary...)

### **Financial only contribution**

Due to location and rural factors to the west of the site (land options issue and fit out cost workings shared by Homes England), the fiscal contribution sought would be £10m. This is not a wanted scenario by all parties, and is a “worse case” scenario, based on current market & Homes England shared costing workings.

Yours faithfully,

Simon Clavell-Bate

**Head of Estates, Primary Care**

**On behalf of NHS Sussex**