



Fact sheet 4: New homes and healthcare facilities

This fact sheet considers the relationship between new homes and healthcare facilities. If you are reading this online, please click on the hyperlinks for further information. See the full New Homes Fact Sheets series [here](#).

How do new homes affect demand for GPs?



1,800 people per one full-time General Practitioner (GP) is considered standard by the [NHS London Healthy Urban Development Unit \(HUDU\)](#), based on guidance by the Royal College of GPs, and is applicable nationwide.



Based on the HUDU guidance, **5 full-time GPs** will provide healthcare services for a population of approximately **9,000 people**, equivalent to **3,800 homes** based on the [average national household size](#).



The demand for local GPs will vary. Larger homes such as family-sized dwellings typically accommodate more people than smaller homes, such as flats. Specialist types of housing, such as retirement villages, may also create a higher-than-average demand for GPs. The Government collects [data on national trends](#) on patient-to-staff numbers.

Aside from new homes, what other factors influence demand for local healthcare services, and how are these monitored?



The size of the local population can increase and decrease due to changes in birth and death rates and patterns of migration.



Areas with changing rates of health problems, for instance ageing populations can face more complex healthcare needs.

Local trends that influence demand for healthcare are regularly researched and monitored, for example:

- The Government publishes [Local Authority Health Profiles](#), which provide an overview of health and highlight issues, for each local authority in England.
- Joint Strategic Needs Assessments are carried out by Local Government bodies to plan for the health and wellbeing needs of local people.

Is there a link between the quality of homes and health outcomes?

Poor-quality homes harm peoples' health. [Research shows](#) that the cost to the NHS of treating those affected by poor-quality homes is £1.4 billion per year. Of this, the costliest issue to the NHS relates to poorly insulated homes.

In [2021/22](#), 14% or 3.5 million households lived in homes that failed the Decent Homes Standard, which can be hazardous to people living there.

The need for [specialist homes for older people is increasing](#), associated with [increased life expectancies](#). [Assisted living and care homes can help to support health outcomes](#), such as reducing the risk of falls and fractures, which in turn reduces the demand for care services.

Retrofitting existing homes is an important part of the [Government's Net Zero Strategy](#) to bring existing homes up to better standards. From 2025, the [Future Homes Standard](#) will ensure that new homes are built to higher standards, including high levels of insulation, to reduce carbon emissions and promote health outcomes. For further information, please refer to the [Fact sheet 8: The economic, social and environmental benefits of new homes](#).

New homes can include play spaces and cycle lanes that encourage active and healthy lifestyles. For further information, see the Town and Country Planning Association's resources on [Healthy Placemaking](#) and please refer to the [Fact sheet 6: The role of design and placemaking in new homes and communities](#).



How is the impact of new homes on local healthcare facilities considered?

As part of Local Plan making, local authorities work alongside health agencies to strategically plan for healthcare facilities. At the point in time when a planning application is proposed, it may be considered appropriate to undertake an assessment of the scheme's potential to impact local healthcare facilities, taking into account factors such as the scale and location of a scheme.

For further information on how planning applications are decided, please refer to the [Fact sheet 2: How new homes are planned](#).

1. Calculating the number of additional residents: The net increase in population resulting from new housing is calculated using data on local [trends in household sizes](#) and taking into account that some people moving into the new homes will already live in the local area.



2. Identifying nearby healthcare facilities: Healthcare facilities relevant to the location of the new housing development are identified. This can include GP and dental clinics, pharmacies, hospitals, and emergency services.



3. Understanding spare capacity: NHS data is used to assess the level of spare capacity in relevant local healthcare facilities. Local authorities regularly monitor demand for local healthcare facilities, involving the Public Health, Housing, Planning and other teams. NHS England publishes an [interactive dashboard](#) which provides data on the number of GPs and patients per GP practice.



4. Taking into account the health profile of the local area: The health profile of the area and forecast trends in patient numbers and healthcare facilities are considered to understand if there will be spare capacity to accommodate additional demand.



5. Developers can contribute to funding healthcare infrastructure: Housing developers may be required to [pay financial or 'in kind' contributions](#) if it is shown that the demand generated by a larger population cannot be accommodated in existing facilities. The Government recommends that local plan makers should consider how needs and the [development's viability](#) may differ between site typologies and may choose to set different policy requirements for different sites or types of development. Financial contributions can fund the expansion of existing facilities or build new ones. Sometimes it is more appropriate for a developer to provide land or floor space within a development. Developer contributions are only used for infrastructure, in the form of land or buildings, and are not used to fund healthcare services.



6. Planning for new healthcare facilities: Creating any new healthcare facility goes beyond town planning and involves multiple organisations working together. Integrated Care Systems were established in 2022 and are partnerships that bring together NHS England organisations, local authorities, and other partners such as volunteer community and social enterprise (VCSE) organisations to take collective responsibility for planning healthcare provision, improving health and reducing inequalities across geographical areas. When the NHS was formed in 1948, GPs remained as independent contractors, which means they operate GP surgeries around the country. [Integrated Care Boards \(ICBs\)](#) allocate the NHS budget to commission healthcare services for the population. ICBs are also responsible for deciding how and where to spend developer contributions.