

Cabinet

Meeting date: 16 September 2025

Member question

1. Question from Councillor Graham Beale to Cabinet Member for Planning and Building Control, Councillor Mike Collins

I am receiving a lot of feedback from residents about the availability and quality of GP care. It is quite clear to me that Leckhampton Surgery is under extreme pressure and this seems to be leading to an empathy gap between patients and doctor. For elderly patients in Warden Hill, this surgery is one of the nearest to residents following the relocation of many other local surgeries to Swindon Road. On top of this, we have 350+ houses currently in development - which will increase the pressure further.

Please can you assure me that CIL money is being reserved to enable new doctors' surgeries to be built in Cheltenham?

Cabinet Member response

Thank you, Councillor Beale, for your question, for reference I have provided the link to the published [Constituency data: GPs and GP practices](#). My apologies in advance for the length of response; the funding for health provision in the context of planning is not straightforward.

The Gloucestershire Integrated Care Board (ICB) plays a central role in monitoring and managing GP capacity. Working with NHS partners and local authorities, the ICB assesses current pressures and future demand to ensure resources are directed to the right locations. This process includes developing business cases for new or extended GP premises, securing developer contributions where appropriate, and embedding primary care within wider community health networks.

Each Community Infrastructure Levy (CIL) Charging authority has a statutory requirement to publish annually, as part of its Infrastructure Funding Statement, the document that reports on s106 developer contributions and CIL, a list of specific projects or types of infrastructure that its CIL Infrastructure fund receipts *may* be spent on. The current published Infrastructure list ([Cabinet report 17 December 2024](#)) includes as a pipeline project **NHS GP surgeries**. This was included on the list in recognition of the demands for services across Cheltenham.

The Cheltenham, Gloucester and -Tewkesbury Strategic Local Plan Team and the CIL Strategic Infrastructure Planning Manager are currently working across all parties to review the Infrastructure Delivery Plan (IDP) the evidence base document that tracks the infrastructure needs associated with growth, and also separately the content of the Infrastructure List as an update to the Infrastructure Funding Statement that will be considered by Cabinet later this year.

These receipts are not ringfenced for specific purposes in advance. The CIL Joint Committee is the decision-making body in regard to the strategic allocation of CIL from the CIL Infrastructure Fund receipts. This is reliant on the availability of CIL receipts for consideration for allocation to projects, and when a CIL funding bid round is open, the appropriate bodies submitting clear and costed proposals for consideration of allocation of CIL receipts to a project, informed by the assessment process.

There is currently no CIL Funding bid round open. In the event that a future CIL funding bid round is opened, this would not prevent the ICB from submitting a funding bid request. The CIL Joint Committee process would determine if any project were considered for funding support or not, and if it is, to what value. Liaison with the ICB will continue to determine any future bids for funding.

Alongside CIL, the SLP team are preparing a new IDP which seeks to address the issues you have raised through forward planning, ensuring health provision is aligned with planned housing and demographic change. This involves identifying where additional capacity may be required, either through the expansion of existing surgeries or the delivery of new primary care facilities in areas of significant growth. In respect of planning applications, the local planning authority ensures health infrastructure is properly considered through consultation with the ICB and other health bodies. Where capacity impacts are identified, mitigation is often secured via Section 106 agreements, enabling financial contributions from developers to support the improvement or expansion of GP services, where this can be justified and meets the three statutory tests for securing planning s106 obligations. While CIL receipts can be used to support infrastructure requirements also part funded through planning obligations, in practice s106 agreements and direct NHS funding streams are typically more effective and reliable in delivering the necessary health infrastructure to support growth.

By combining strategic infrastructure planning through the IDP, the ICB's operational role in managing capacity, and the development management system's ability to secure contributions and respond to consultee input, a coordinated approach is achieved. This framework is to help ensure GP surgeries in Cheltenham can continue to meet patient needs as the town grows.

Code	Name	Number of patients from Cheltenham	What percentage of Cheltenham's patients are registered at this practice?	What percentage of this practice's patients live in Cheltenham?
L84033	Weston House Practice	14,989	13.7%	77.6%
L84030	Berkeley Place Surgery	14,318	13.1%	81.1%
L84041	Overton Park Surgery	11,080	10.1%	84.2%
L84040	The Leckhampton Surgery	11,011	10.0%	84.2%
L84003	Underwood Surgery	10,002	9.1%	88.2%
L84015	Sixways Clinic	9,529	8.7%	87.1%
L84008	St. George's Surgery	8,449	7.7%	70.4%
L84058	St. Catherine's Surgery	6,560	6.0%	70.4%
L84049	The Royal Well Surgery	6,232	5.7%	75.2%
L84059	Royal Crescent Surgery	6,067	5.5%	74.2%
L84022	Yorkeleigh Surgery(Ct)	6,065	5.5%	76.1%
Y05212	West Cheltenham Medical	3,444	3.1%	57.8%

Source: [Constituency data: GPs and GP practices](#)

The above shows that 11,011 patients are registered at Leckhampton. To determine capacity/accessibility issues further consultation will be required with the ICB.