

# REPORT

Population Growth and Primary Care Premises Assessment:

Edinburgh 2022-2030

13 December 2022

## Executive Summary

1. The purpose of this report is to provide the **Edinburgh Integration Joint Board (EIJB)** with analysis and quantification of the required provision of Primary Care Premises 2022 – 2030.
2. Previous reports laid the foundations:
  - a. 2014 (recommendations for investment in primary care premises).
  - b. 2017 (updated and aligned with CEC Local Development Plan, 2016-26).
3. This 2022 report represents the picture accurately as at Autumn 2022. The picture is dynamic in terms of both population pressure and premises development opportunities.
4. The report was endorsed by the Strategic Planning Group (SPG) on 12 October 2022 and subsequently by the Edinburgh Primary Care Leadership and Resources Group (LRG) on 25 October 2022.
5. This 2022 version has been adapted as a separate document to provide the EHSCP ‘evidence base’ for the CEC proposed ‘investment actions’ required to respond to City Plan 2030.
6. Any EIJB member wishing additional information should contact the author in advance of the meeting.

## Recommendations

It is recommended that the **EIJB**:

1. Considers and approves the recommendations of the Population Growth and Primary Care Premises Assessment Edinburgh (2022-2030).

	<ol style="list-style-type: none"> <li>2. Supports the analysis of GP premises requirements to respond to population growth for the period 2022 to 2030.</li> <li>3. Supports the conclusion that c70,000 more people will live in Edinburgh by 2030 and the full set of actions (or equivalents) in the report will be required to match General Medical Services (GMS) premises capacity to this population growth.</li> <li>4. Support the conclusion that investment of c£90m over the next decade is required to provide and renew accommodation for the existing and additional population.</li> <li>5. Acknowledge the challenging funding context for public services in Scotland and consequent requirement to continue to work collaboratively with key partners to develop a deliverable set of actions.</li> </ol>
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## Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations	No direction required	
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	✓

## Report Circulation

1. Locality GP Practice Representatives
2. City of Edinburgh Council (CEC) Planning
3. CEC City Plan 2030 Programme Team
4. IJB Strategic Planning Group (13.10.22)
5. Primary Care Leadership & Resources (25.10.22)

## Main Report

1. The assessment of existing GMS premises overlain by additional population in Edinburgh is a complex and dynamic picture. Edinburgh's stock of primary care premises covers a spectrum from up-to-date, well-situated buildings able to house existing and future practice populations, to cramped, inadequate and functionally unsuitable premises, long overdue for replacement.



2. The timing of planned housing developments coming forward remains unpredictable, with some delayed a decade or more from original indications, whilst others come forward more rapidly. The inner city remains difficult to predict.
3. The identification of sites at the periphery of the city or as part of substantial brownfield development is relatively straightforward, whilst trying to identify realistic solutions in already populated areas is difficult. There is no clean sheet of paper.
4. The orientation of individual medical practices to new development can be both unpredictable and dynamic. Far-sighted Senior Partners can see the opportunity for renewal and expansion, whilst others are reserved and constrained by the realities of sustaining a service to their patients, in an environment which has been consistently challenging over the last decade.
5. This report identifies with confidence what needs to be done over the next 5-7 years. Some developments beyond 2028 should be subject to ongoing assessment and the consequent recommendations should remain fluid.
6. The opportunity presented by retail space could be key. Current indications from Scottish Government are that access to capital funding will be highly restricted. In this context, we must continue to ensure that Primary Care is seen as a priority. There is no national recognition of the required link between population expansion and primary care premises renewal and development.

## Implications for Edinburgh Integration Joint Board

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### Financial

7. This report identifies that Primary Care Premises requires capital investment of c£90m over the next decade.
8. The Financial requirement and priorities for Edinburgh Primary Care Premises have been shared with the NHS Lothian Primary Care IA Programme Board.
9. Allocation of capital to fund this programme will be considered by the Scottish Government once NHS Lothian sets its capital priorities. The financial picture is challenging and will remain so for the foreseeable future.

### Legal / risk implications

10. There are no risks associated with the submission of this paper, however, there is a considerable risk regarding securing the required investment. Should risks be realised, mitigation options will be developed.

11. Failure to provide adequate GMS premises for the growing population has been on the relevant Risk Registers for both EHSCP and NHS Lothian since 2014 (as 'severe').

### **Equality and integrated impact assessment**

12. Strategic Assessments have been undertaken for the four established priorities, one of which is under review.

### **Environment and sustainability impacts**

13. Environmental Assessments will be undertaken for each project as part of the preparation of each Business Case.

### **Quality of care**

14. Adequate premises is integral to quality and safety of GMS delivery.

### **Consultation**

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15. Extensive consultation has been carried out at locality meetings with locality GP Practice Representatives.
16. Ongoing and joint consultation with CEC City Plan 2030 Programme Team and CEC City Planning Dept.
17. The Edinburgh Primary Care Leadership and Resources Group approved the report (25.10.22).
18. The report has been shared informally with NHS Lothian and will be submitted as the EHSCP position following IJB consideration.

### **Report Author**

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### **Appendices**

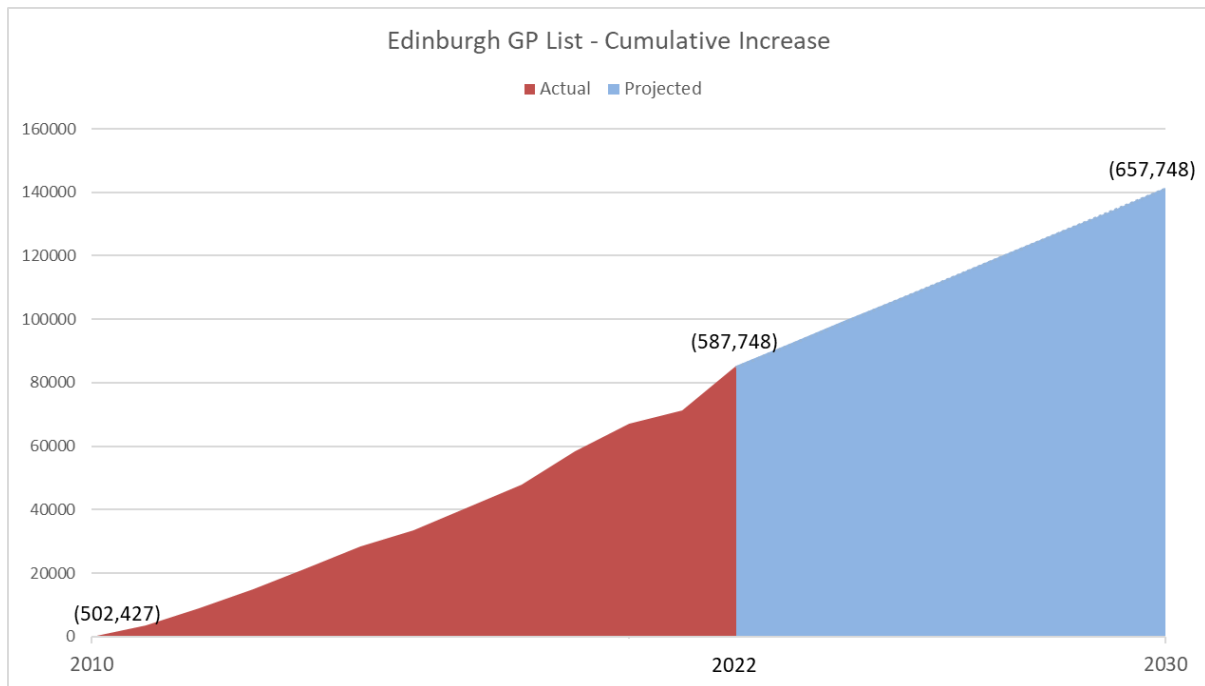
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|------------|--|
| Appendix 1 | Population and Primary Care Premises Assessment: Edinburgh 2022-2030 |
| Appendix 2 | Appendices for report in Appendix 1                                  |



## Population Growth and Primary Care Premises Assessment: Edinburgh 2022 – 2030

December 2022



**Edinburgh Primary Care Support Team (EPCST)**



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5. Key understandings
6. Resources
7. Governance
8. Beyond the current planning review
9. Impact assessment

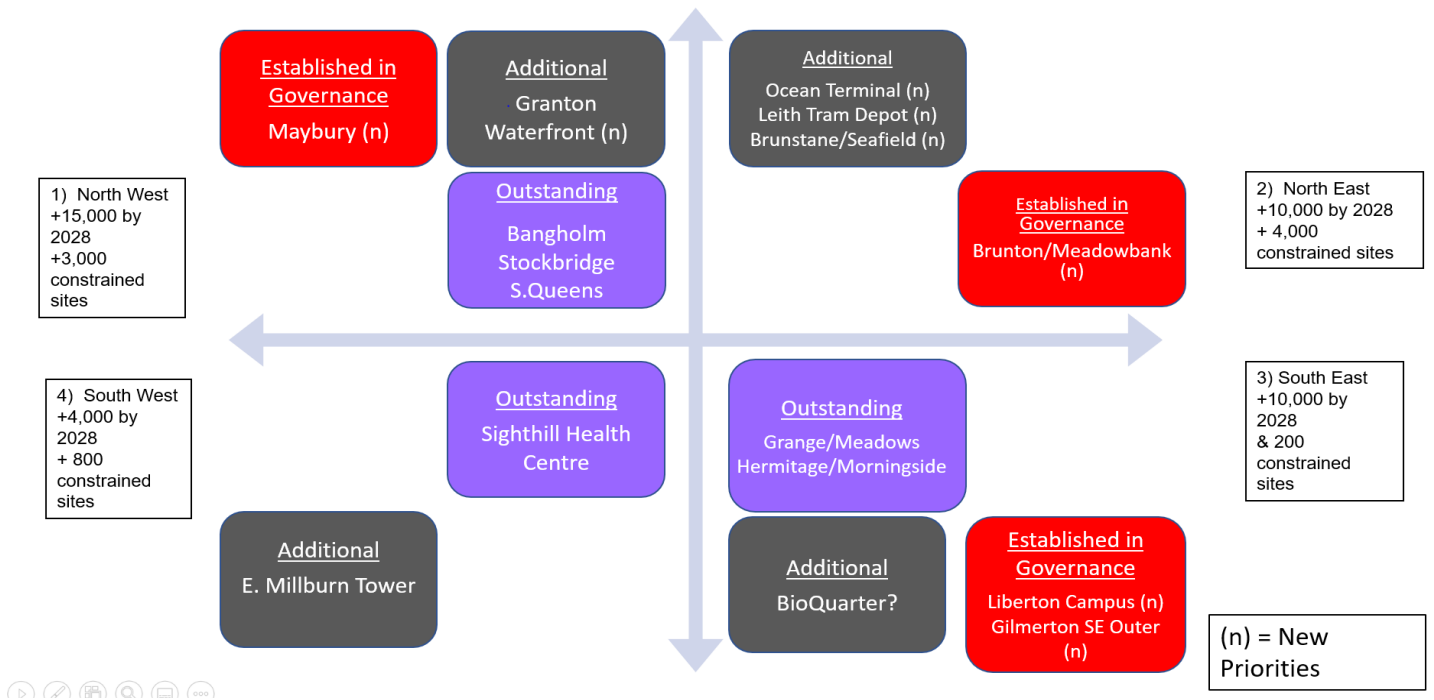
## **Appendices – separate document to be updated periodically**

- I. Established & required Primary Care premises
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# Executive Summary

## What Needs to be done?



The diagram shows the premises developments required in each locality to both re-new functionally unsuitable premises and to ensure we build to accommodate a further c70,000 people.

### Key

**Purple** – Outstanding schemes from 2016-2026. Still required

**Red** – Scheme recognised in governance

**Grey** – Additional scheme required



## **Population Growth & Primary Care Premises Edinburgh**

**2022 – 2030**

### **A Strategic Plan for Growth**

**(October 2022)**

#### **1. Purpose of Report**

This report describes and quantifies for Edinburgh, the required provision of Primary Care premises in mid-2022. The report details recommended actions to ensure the steadily growing Edinburgh population described by the Edinburgh City Plan 2030, can access Primary Care (GMS). The report identifies that Primary Care Premises Capital investment of c£90M, is required over the next decade.

This is the third of these reports. The first (2014) drew attention to the likelihood of sustained population growth and made recommendations for systematic investment in primary care premises. The second report (2017) aligned with the CEC Local Development Plan (2016-26). Both preceding reports proved influential but fell short of establishing the development of Primary Care premises as an essential component of public sector provision, with direct access to the required investment funds.

A further version of this Report has been developed as the EHSCP evidence base for the proposed investment actions required for Primary Care to respond to City Plan 2030. This evidence base is required for reference by commercial parties which are expected to contribute to costs which are directly attributable to their activities.

Whilst attention has been paid to try to represent each situation accurately, the picture is very dynamic both in terms of population pressure and opportunity. This assessment should be repeated/updated in 2025.





## 2. Recommendations

- 2.1 To support the conclusion that c70,000 more people will live in Edinburgh by 2030 and that full implementation of the clear set of actions in Appendix I is required to match General Medical Services (GMS) to this population growth. It should be noted that 70,000 is a simple extrapolation of the established annual GP list size growth of 7000, over the previous 10 years. If the outstanding Local Development Plan housing and City Plan housing are combined and added to constrained sites, the figure would be well over 100,000.
- 2.2 To support the conclusion that an additional c£90M (2022-2030) of capital investment is required to provide and renew accommodation for the existing and additional population.
- 2.3 A proportionate 'Direction' would create the expectation of two new GMS premises schemes being brought forward each year in Edinburgh. This would both accommodate new population and to replace outdated premises.
- 2.4 The challenging financial context to this capital requirement is acknowledged and we will continue to work with key partners in Scottish Government/NHS Lothian/Edinburgh Council to identify how this can be delivered.
- 2.5 To note that c£24M of the c£90M will be required to support four of the established priorities over the next 3 years, which will give physical capacity for up to an additional c30,000 people.
- 2.6 To note that the Corporate Risk to service provision attached to the mismatch between physical GMS capacity and population increase, has remained at 'severe' since the situation was first assessed in 2014.
- 2.7 To deliver the four **established proposals by 2028:**
  - Maybury (New GMS contract opportunity)
  - Liberton Campus (New GMS contract opportunity)
  - SE Outer – Gilmerton (New GMS contract opportunity)
  - Meadowbank (Brunton Medical Practice) to implementation by 2028.



2.8 To progress simultaneously two **additional opportunity led** priority developments:

Granton Waterfront (new GMS contract opportunity)

Ocean Terminal (New GMS contract opportunity)

2.9 To support the outcome of discussions with local medical practices held in early 2022, which have confirmed the continued requirement for renewal of the following existing premises:

- Stockbridge (new build + renewal of existing premises)
- Meadows/Grange (new build)
- Morningside/Hermitage (new build)
- Bangholm (renewal of existing)

2.10 To support the additional actions required beyond 2027/8 in response to City Plan 2030:

- Brunstane/Seafield (possible collaboration with Portobello/Durham Rd/Leith Links)
- Millburn Tower (E)
- Leith Tram Depot (bottom Leith Walk)

2.11 Bio quarter: note that the two proposed SE developments should combine to provide capacity for this population.

2.12 To note the ongoing development of the 'Capital Medical Practice' (a mainly 'remote' medical practice) for citizens unable to be timeously registered with their local practice due to lack of capacity.

2.13 To encourage opportunities to develop infrastructure which allow Practices to share services with relevant partners. To recognise that sustainable Primary Care practices embedded in their local communities and connected to local services, are an important part of the '20 Minute Neighbourhood' model promoted by City Plan 2030.



2.14 Table 1 (below) summarises the requirements.

**Table 1 Planned additional capacity**

In governance	Year	Planned Additional Patient Capacity
Meadowbank/Brunton*	2024	2,000 (rehousing)
Liberton School Dev	2025	10,000 (new practice)
West Edin (Maybury)	2025	10,000 (new practice)
South-East Outer	2026	10,000 (new practice)
<b>In development</b>	<b>(Sub-total)</b>	<b>(32,000)</b>
Ocean Terminal	2024	10,000 (new practice)
Leith Tram Depot	2028	4,000 (rehousing tbc)
Granton Waterfront	2026	10,000 (new practice)
Milburn Tower (E)	2030 (tbc)	10,000(not in City Plan)
Morningside / Hermitage*	ASAP	4,000
Meadows / Grange*	ASAP	4,000
Stockbridge*	ASAP	1,000 (tbc)
Bangholm	ASAP	1,000 (tbc)
<b>Total</b>		<b>c.76,000</b>

\*Existing Practices requiring new premises

Table 1 illustrates how and where capacity for the new population (both ongoing Local Development Plan 2016-26 and City Plan 2030) should be developed. The table illustrates what is already recognized and has been supported in the initial stages of governance and those schemes still to be established. **City Plan 2030 confirms all the existing schemes recommended in either or both the 2014/2017 reports remain essential.** Of the schemes in development, Ocean Terminal is highlighted as an urgent priority which could create capacity quickly for the rapidly expanding population in the Leith area.

The proposals already in governance will account for c32,000 of the anticipated list size increase of c70,000 (2022-2030). It should be noted that the anticipated population increase figure is not final, as Scottish Government recently approved significant housing in the area known as 'East of Milburn Tower'. This was not highlighted in City Plan 2030 and could increase population in this area by c19,000 people. A further premises proposal beyond the agreed Maybury development, is likely to be required in due course.



### 3. Background

- 3.1 This is the third assessment of the challenge of population growth for Edinburgh Primary Care (General Medical Services). The first report in 2014, highlighted the pressures and opportunities of sustained population growth and the necessity of a planned and supported program to replace the historic incremental approach. The second report in 2016/17, explicitly aligned with the CEC Local Development Plan (housing) refreshing and pinpointing the premises capacity developments required to respond to known population expansion.
- 3.2 Over the period 2012 to 2022 the population registered with an Edinburgh medical practice grew by 85,000. This is almost the size of Midlothian or East Lothian, absorbed into Edinburgh.
- 3.3 When population increases in a health board area, this triggers increased central allocations for healthcare provision. Part of this additional resource is bound into the GMS contract where the largest proportion of payments to individual medical practices is defined by population size, before being adjusted for demographic factors and any 'enhanced' services. (In addition, the allocation each health board gets for primary care prescribing costs is adjusted by central government). No adjustment is made nationally for the increased costs associated with additional premises required for expanded population. Neither are there matching adjustments made automatically to the community health workforce infrastructure associated with primary care; district nurses, health visitors, mental health nurses, midwives etc.
- 3.4 The lack of specific funding to facilitate primary care premises development associated with population expansion is unsustainable, as can be seen by the current Edinburgh position. Other essential public sector infrastructure improvements required to mitigate the impact of development and population increase are recognized through 'Section 75' legal agreements and programmed into Council plans for Education and Transport infrastructure delivery. This disparity has been highlighted repeatedly to government.
- 3.5 Since 2010, the Edinburgh GMS list has had an established growth rate of approximately 7,000 per year, equivalent to a new medical practice annually. Edinburgh's 70 Primary Care Medical Practice teams have been very flexible in absorbing this new population, but this elasticity is now exhausted in almost all areas of the city.



- 3.6 An obvious symptom of the pressure on individual medical practices was the number which declared themselves as restricted, usually to a defined number of additional patients able to register each week. Over half of City practices were in this position at any point over the last few years. The Health Board has reminded practices that 'restricted' is not a contractual term and withdrew recognition of this status in favour of the strict GMS contract terms of, 'open/closed'.
- 3.7 The flexibility of Edinburgh medical practice teams during this long period of population build up should be highlighted again. The number of practices has declined slightly since 2010 (Table 2, below), whilst the patients registered with the average practice has increased steadily to c8500. Many medical practice teams have grown reluctantly but done so in recognition of the consequences for patients remaining un-registered. In addition, some 200wte PCIP staff have been embedded into existing practices, contributing to workload management but further pressurising precious space.
- 3.8 It is important to understand that neither the Health Board nor the EHSCP can compel a medical practice to grow their list size. This decision is made amongst the Partners who must balance building capacity, local pressures, income and clinical quality & safety.
- 3.9 Some implicit guidelines have been applied by the EHSCP Primary Care Support Team (PCST) over recent years, to help prioritise and shape a more resilient Primary Care sector in the city.
- We are unlikely to actively support practices to develop new premises without the prospect of list size growth to a minimum threshold of c5000
  - We have preferred to encourage expansion of existing City practices, not simply for economic and practical reasons, but taking account of the potential for new practices to consume disproportionate resources and destabilize neighboring practices.
  - We have encouraged co-location of practices at every opportunity, either with other practices, or with other public services.
- 3.10 From 2013, Primary Care premises development in Edinburgh has been guided by an explicit and reported assessment of both current condition of premises and knowledge of known housing (therefore population) development.



3.11 Table 2 (below) shows how new premises have been developed since 2000:

**Table 2 New Premises contribution to List Size Increases**

	Year Completed	Original List Size	Current List Size (April 2022)
Craigmillar	1999	8,223 (Jan 20)	11,114
Bellevue x 2 practices	1998	7,272 (Jan 20)	15,246
Mountcastle x 2 practices	2004	11,004	12,187
Leith Mount	2005	7,250	11,455
Slateford	2007	6,608	10,656
Conan Doyle/Portobello	2007	10,500	11,213
Gracemount	2005	5,880	8,653
Westerhailes	2013	6,712	7,448
West End	2014	7,925	11,237
Victoria	2015	1700	5,507
Leith Surgery	2017	8,000	10,385
PACC – Muirhouse Branch Practice	2019	16,142	18,327
Allermuir x 2 practices	2019	14,241	14,733
Ratho	2020	2,863	3,029
The Access Place	2021	750	763
Salisbury Court;	2022		
Boroughloch		8700	8,661
Dalkeith Road		3900	3,877
<b>Total</b>		127670	164491

3.12 Over the period described in Table 2 (1999-2022), GP list sizes grew by nearly 100,000. Only about 35% of this growth was facilitated by the new builds. The remainder, some 65,000 people, were absorbed by existing practices increasing their list sizes. This was during a period when the number of practices declined.

3.13 It should be noted that until at least 2007 the rate of Edinburgh's population was relatively slight and often erratic. Only in 2010/11 did public services in the City begin to recognise the implications of a long term and accelerated trend of population increase.



**Note** The population figures used in this document reflect the combined number of people registered with the City's medical practices. To reconcile with the City of Edinburgh GRO estimates, a reduction of c6% would be made to reflect turnover delays (as elsewhere) and the excluded Kirkliston population would be added back in (treated as part of West Lothian for Primary Care). In addition, we believe there is a significant suppression of people registered with a medical practice in Edinburgh, due to the restrictions on access. Nevertheless, the GP registered population updated each quarter, remains the most accurate intra census barometer of population change available to the public sector.

- 3.14 Despite the number of hospital reprovisions which have taken place over this period and the relevance of these vacated locations for Primary Care, no site provision has yet been made in any hospital decommissioning.
- 3.15 Table 3 (below) highlights the relationship between population estimates based on medical practice registrations and NRS estimates, alongside the available information on the number of practices and the associated number of premises.
- 3.16 The number of practices is expected to reduce to 69 in 2023 and then climb again from 2024, as new practices are established to serve the growing population. There may be practices which amalgamate to reduce this low figure slightly. The total number of premises is expected to continue to develop at a similar rate i.e. one in two new premises developments will house two practices. Further analysis is required to identify the ideal 20 Minute Neighbourhood spread, but this is highly likely to confirm the current distribution is already sensitive to obvious neighbourhood 'nodes'.





**Table 3 Population Increases, Practices and Premises**

	Edinburgh GP (List Sizes)  (April reported figures)	Edinburgh Estimated Total Population (Source: NRS)  *mid year estimates 2018 based	% Differ- ence	Restricted Lists	No. of prac- tices	Number of prem- ises
<b>2009</b>	505,000	463,240	9.00%	-	79	75
<b>2010</b>	510,000	469,940	8.50%	-	79	
<b>2011</b>	511,000	477,940	6.90%	3	79	
<b>2012</b>	511,000	482,630	5.90%	2	79	
<b>2013</b>	517,000	487,460	6.06%	7		
<b>2014</b>	524,000	492,610	6.37%	10		
<b>2015</b>	530,000	498,810	6.25%	12		
<b>2016</b>	536,000	503, 805	6.39%	24		
<b>2017</b>	543,000	512,912	5.87%	41	72	67
<b>2018</b>	550,000	518,500	6.07%	43		
<b>2019</b>	561,000	522,842	7.29%	42		
<b>2020</b>	569,531	526,835	8.10%	36 (counting ceased)	70	62
<b>2021</b>	573,775				70	61
<b>2022</b>	587,748				70	60
<b>2033</b>	647,000*				C77	tbc

**Note.** Number of practices excludes Challenging Behaviour Practice

#### 4. City Plan 2030

The implications of both the continuing LDP (2016-26) and City Plan 2030 are best understood at locality level. The implications for each locality are relatively discrete, but any significant cross-boundary issues are described.

- 4.1 The City Plan 2030 covers the period 2022 - 2032 and gives us the context for our updated set of recommendations. The City Plan 2030 was examined, and representations were collated by the Edinburgh Primary Care Support Team (PCST) for submission to CEC Planning (by the end of summer 2022). Although there will continue to be speculative planning applications from developers for sites which are not within the plan, it does allow for an informed approach in planning the primary care response to the pressures generated by housing growth. The established rate of growth is expected to continue for the life of the plan, and beyond. CEC Planning





Officers are meeting with PCST regularly and when considering new developer led planning applications.

- 4.2 PCST are working closely with CEC Planning colleagues to secure Developer Contributions towards healthcare infrastructure by applying the per unit or per student contribution towards healthcare actions in the (updated) contribution zones.
- 4.3 Appendix I summarises the overall City position and gives indicative figures and timescales. The City Plan 2030 housing sites confirm considerable new development in green belt areas, particularly in the South-East Wedge, West and North West. Scheduling now identifies that building will commence on most housing sites during 2022 and this could be accelerated as demand increases.

#### **Locality Overview (see Appendix II for detail)**

- 4.4 Appendix II sets out the four locality summaries reflecting the consensual outcomes of discussions with local medical practices. These recognise the long-term need for new buildings, partly in response to poor existing accommodation and partly in response to population pressure. They also suggest investment in existing buildings, where it is possible to augment or to expand list size. Thirdly, they identify those Practices which could be helped to keep their list size open and continue to welcome new patients over the next three years (List Expansion Growth Uplift (LEGUP) grants).
- 4.5 The four-locality Appendix II will continue to be updated annually and discussed at local GP Representative Meetings across the city.
- 4.6 All practices have been encouraged to consider adjusting their boundaries to reflect their 'natural population' and are supported via the Premises Fund and Scottish Government Small Premises Grants to create additional consulting space where possible.
- 4.7 **North West (Jul 2022 registered pop. 171,235k with 18 practices)**

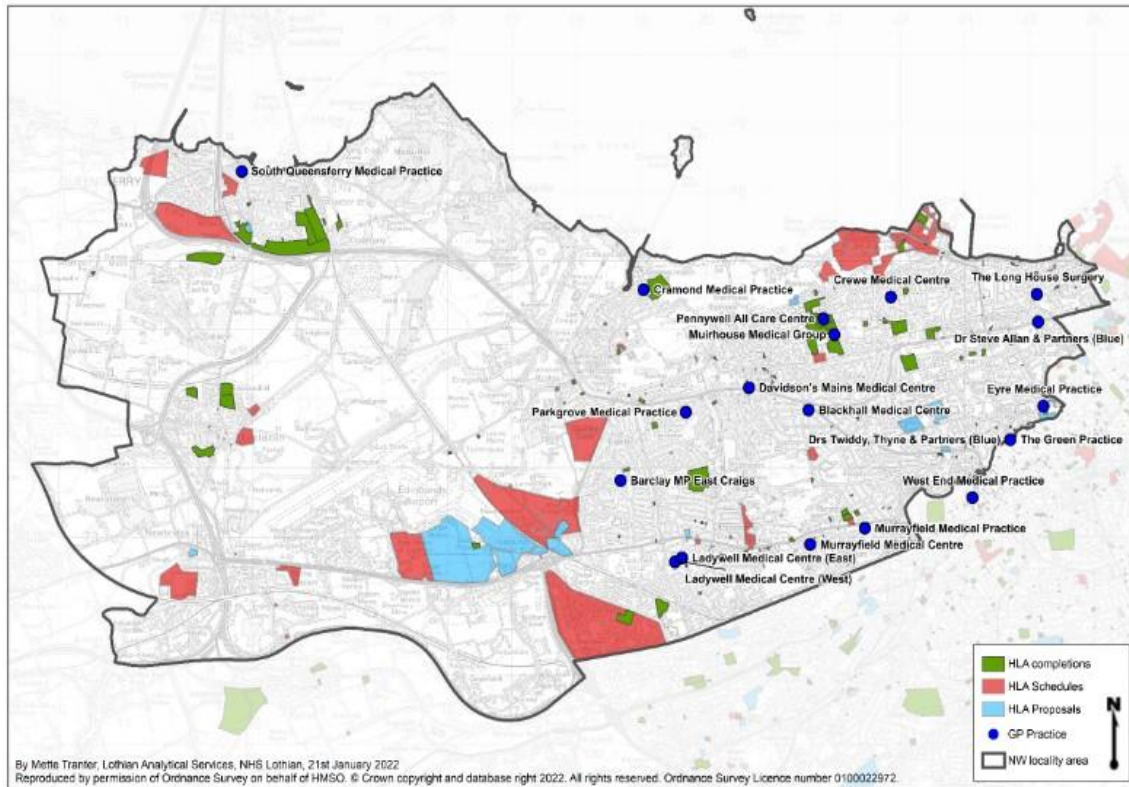
Several of the City's areas of major population development are in the North West Sector. An additional 15,000 people are expected by the end of 2028.

The Parkgrove and to a lesser extent, Davidson's Mains surgeries have been earmarked to absorb the incoming Cammo development population.



The population increase on the Granton Waterfront is predicted to be c10,000 post 2022 and is separate to the population increase in Muirhouse (now almost complete).

**Proposed, Scheduled and Completed Housing in NW Locality**



A new practice building has been identified in EHSCP prioritisation list; Granton Waterfront, which will be required by 2025 as substantial new building will have taken place. In the period before 2025, the Capital Medical Practice and a new medical practice in Ocean Terminal (NE Locality) will have to be in place to absorb this new population.

There are a further 3 new development sites clustered around the Gogar roundabout, one of which has a new combined Primary School and medical practice site; Maybury. This is scheduled for completion in 2025, a year or so before the population build-up will require dedicated GMS provision. An additional development post-2030 is anticipated east of Milburn Tower. The Maybury practice will be available to absorb demand from early housing development in this new area, before further dedicated GMS premises are required.

There is a longstanding requirement to renew the Stockbridge Practices premises.



There are several options available, including the potential of an RVH site development for either or both practices. If there were provision for a single practice, the current building could be adapted for continued use by the remaining practice. The requirement for this is steadily becoming urgent. With relatively little specific and significant planned housing development, the New Town area has nevertheless become increasingly intensively populated and the four practices most closely associated with this area require further capacity.

In 2017, South Queensferry benefited from an Intermediate Scheme, potentially allowing a further 3000 people to be offered GMS from the exiting premises. This practice has again reached capacity and will require further extension or consideration for a new Branch Practice, potentially within a commercial location.

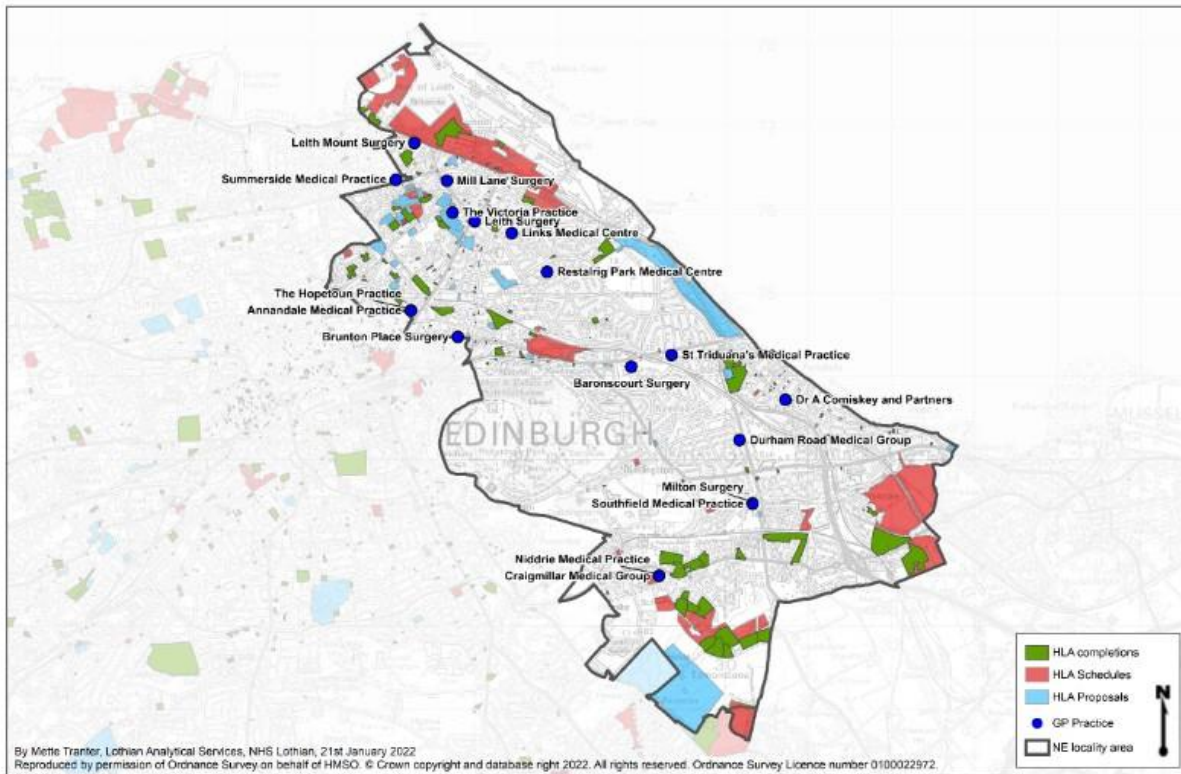
Bangholm Practice requires considerable 'intermediate' investment to increase their consulting space and make best use of a building originally designed for two distinct practices.

#### 4.8 **North East (Jul 2022 registered pop 141,286k with 18 practices)**

4.9 The North East locality has been subject to considerable population expansion for over the last decade. As part of the original 2014 work, GPs looked imaginatively at their existing premises and c7,000 of new population capacity was able to be accommodated through a combination of both augmentation of existing premises and LEGUP funded growth.



**Proposed, Scheduled and Completed Housing in NE Locality**



The NE population is expected to increase by +10,000 by 2028.

The capacity of the Leith Mount practice is now exhausted, and the relocation of Victoria Practice has absorbed c4000 additional patients in this area.

The area now has 5 distinct population challenges to respond to.

The Leith Waterfront area is nearing completion and the population is building quickly. Fortunately, this could be matched with the development of a new medical practice in the Ocean Terminal Shopping Centre. Informal discussion with representatives of the owners have confirmed that attractive space can be made available, and we are already using the site as one of our main vaccination delivery sites. With the build-up of housing in the wider Leith and Granton area, it is proposed that every opportunity is made to ‘fast-track’ this development to provide additional capacity from 2024. Immediately and throughout 2023 we anticipate that many new residents will have to use the Capital Medical Practice to access a form of GMS. As mentioned in the NW Locality summary, this new practice would also provide early capacity for the Granton population arriving before a new practice is able to be developed.



**Secondly**, there is a considerable build-up of population, occurring mainly from 2028 in the area flanking Leith Walk. EHSCP are therefore working with CEC on provision of a new practice on the site of Leith Tram Depot within planned commercial development units. Land in this area is returning to CEC in 2023 with planning approved for housing and commercial units including the provision of healthcare. There are ongoing discussions on the replacement of Inchkeith and Allander House which are situated at the entrance of the site of Leith Tram Depot. This may become relevant to the opportunity provided by Ocean Terminal.

A **third** new development in City Plan 2030, is significant housing development in the Seafield and Brunstane areas of the city. The housing in Seafield area will increase population in this area by 2,000+ putting additional pressures on practices already at capacity in this area. The Durham Road practice and the Leith Links practice may wish to consider an opportunity for premises renewal which could offer a good solution to both existing and new population. The premises of the Leith Links Practice require replacement and there is **ongoing consideration** of how best to combine this with additional housing development provision

**Fourthly**, the new population in the Meadowbank area has a proposal established in governance, which will provide new premises for the Brunton population. It should be noted that the new population expected to be associated with this move is already registered in the time taken to bring this development forward. It is noted that the Baronscourt Practice has some remaining capacity which will be important to ensure this development can be covered.

**Finally**, there is a large area of post 2028 development housing at the Bioquarter. The natural relationship for this population is with the South-East Locality rather than North to Greater Craigmillar. It is proposed that the overdue development on the southern edge of the Gilmerton area is ear-marked for this population. This assessment also notes that the smaller development (700 houses, building 2022) will not be able to access registration at the adjacent Danderhall, as was previously assumed. The (Midlothian HSCP) practice for the village is already at capacity and oriented to the additional demands of the Shawfair development.

It should also be noted that the build-up of the Craigmillar population continues with some remaining local capacity and the potential for a reorganisation/extension to give additional capacity in the Craigmillar Medical Centre building.

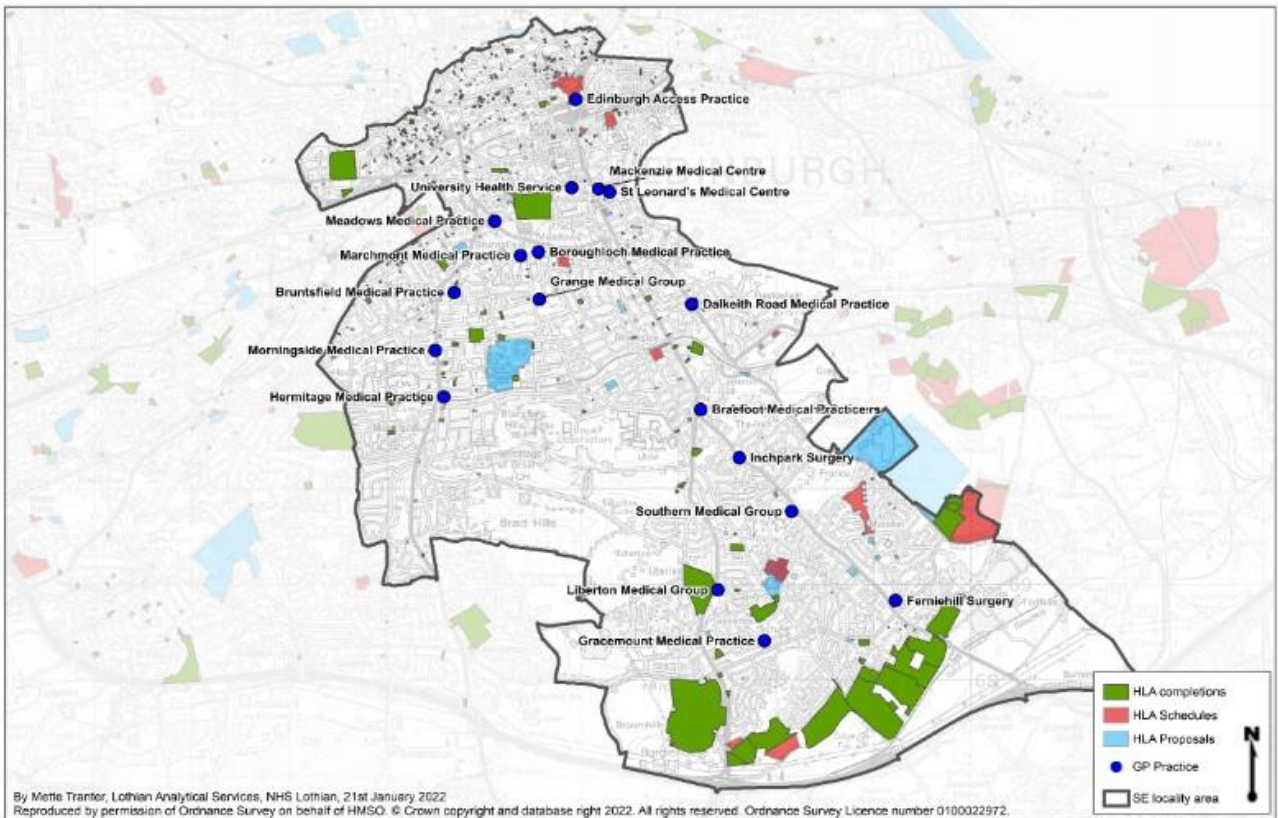




4.10 South East (July 2022 register pop 139,489k with 18 practices)

The population of SE remained relatively stable until 2014 when the certainty of change was highlighted. The population is planned to grow by a further 10,000 up to the end of 2028. There are four distinct areas of pressure with several practices continuing to struggle with capacity and restricted lists.

Proposed, Scheduled and Completed Housing in SE Locality



The SE Outer area towards the City boundary with the bypass is now largely developed, but no substantive GMS premises capacity has yet matched this. The SE Outer area has been an EHSCP (previously ECHP) established priority since the 2014 Report. An Initial Agreement was submitted to government in 2020 seeking support to pursue the opportunity of a local site. This is now the City's most pressing premises priority.



The CEC led development of the new Liberton High School Campus has become another established priority in governance. This was developed with a local practice in mind but will now be available for the development of a new practice for the area.

Boroughloch and Dalkeith Road practices are set to move to their new co-located premises, Salisbury Court late Summer 2022. This will allow both practices some further scope to grow their list sizes. It should be noted that in common with other new premises developments, the list sizes the building was planned for, is exceeded by the population of the two practices, before the building is occupied.

The priority of Grange and Meadows Practices has been heightened by the developments planned on the Astley Ainsley site, loss of a further local practice (expected 2023) and ongoing accumulation of inner-city development of the SE of the city center. Both practices have benefited from small scheme grants to expand in previous years, however their footprints will not accommodate any further expansion.

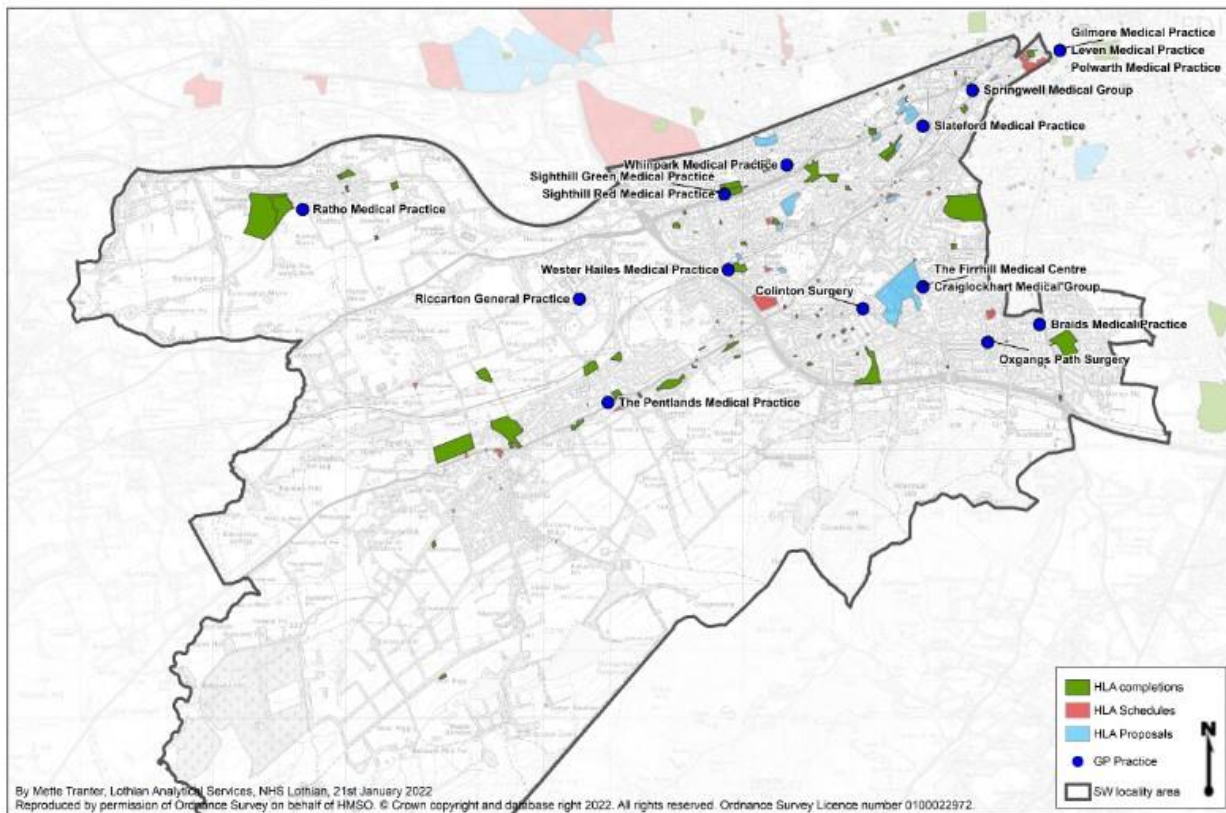
The remaining area of concern is for the Hermitage and Morningside practices. Planning restrictions prevent redevelopment of the Morningside premises and both practices are at capacity. There is potential opportunity as part of the REH Phase 3 redevelopment for a new joint practice premise to be located at the site boundary close to Morningside Road.

#### 4.11 **South West (July 2022 registered pop. 134,907k with 16 practices)**

Southwest Edinburgh has been and will continue to be relatively stable in terms of additional population. The population is planned to grow a further 4000 before the end of 2028. Despite this, there is intense pressure in the Slateford/Springwell area and a difficult to assess future demand associated with development in the Fountainbridge area. There is no specific additional capacity recommendation associated with this, as the concentration of housing does not justify an additional build or new practice establishment. Nevertheless, existing practices will need to be able to move some of their patients to other local practices where there is capacity to allow list size growth. The new housing planned beside the Slateford Practice is a particular example of this.



### Proposed, Scheduled and Completed Housing in SW Locality



Allermuir Health Centre opened in 2017 and provides new accommodation with increased capacity for the Craiglockhart and Firhill Practices. The inclusion of a CTAC and Pharmacy team has helped to support a wider group of local practices and associated population growth. EHSCP are continuing to work with practices on re-organisation of Allermuir floorplan to support increases in required consulting /treatment spaces for all disciplines in the building. The additional population from Redford Barracks has identified via the City Plan 2030 a population increase of c2,500, but this is not an immediate prospect.

The reorganization of Day Hospital services has highlighted need for additional consulting space in the SW area of the city. PCST Premises Management Team are working with the Day Hospital Program Team to identify this capacity. The ideal area for the city is Sighthill HC, however this building has potential to be redeveloped to meet a wider range of local needs.





The Pentlands Practice catchment area includes substantial new development over the last 5 years and an additional cohort for 2,000+ population into the Practice boundary area. An intermediate scheme is at project scoping stage to add additional consulting space in this area.

## 5. Key Understandings

- 5.1 The population build-up due to new housing has previously been estimated to account for c50% of the actual increase in inner city areas. These figures will be locality sensitive and the conclusions they provoke will be adjusted and refined annually. Accordingly, we have only recommended capital investment where we believe there is a high probability of substantial population increase and/or the urgent requirement to renew existing premises.
- 5.2 This analysis only addresses the core Primary Care premises requirements and highlights where new solutions need to be found. These pieces of the public sector jigsaw can then lend themselves to an imaginative and locally responsive shaping of public services and enhancement of the public realm. In some cases, there will be opportunities to put two or more practices together. In other circumstances co-location with libraries, mental health facilities, Third Sector, or Community Centers, acute 'outreach' or schools, are all attractive potential opportunities. Only in the areas of concentrated economic disadvantage are more deliberately integrated models required, as was achieved with Westerhailes and the Pennywell All Care Centre.
- 5.3 A complicating factor is the student population. The student population does not generate the same GMS workload as an average population. It is important to recognise the administrative workload caused by high turnover and the concentration of this in September-October in particular. In some areas, an increase in dedicated student accommodation locally, can create rapid rises in list sizes which are associated with relatively modest additional clinical demand. It is important we neither over-react to this or fail to make adequate provision. We have revisited our assumptions about student population and been assured that none of our universities are expecting to increase their student roles further. Student numbers in the 4 main Edinburgh Universities has increased on average 2k per year from 2016/2017 (**Appendix IV**).
- 5.4 An additional factor which has caused challenges is the expansion of care homes across the city. The phase of growth may have settled for the immediate future judging by the additional consents being sought.



- 5.5 There are currently 5 CTACs (Community Treatment & running in locations across the city, supporting the delivery of PCIP. CTACs deliver the vaccination program throughout the year and the staff are key to the Winter Program. There is a consequent additional demand for consulting / treatment rooms and associated accommodation for admin functions.
- 5.6 CTACs are only one part of the additional multi-disciplinary workforce which has been added from 2018 onwards. The average Edinburgh practice would expect to have demand equivalent to an additional two rooms of clinical and some admins desk space. We have been fortunate that the Allermuir and Pennywell developments arrived just before the pharmacotherapy workforce was built. In future premises builds, this should be a more conscious adjustment.
- 5.7 The 2014 work recognised the strategic opportunity which occurs when an existing GP Partnership decides to reform into two new partnerships. This provided a very welcome response to rapid population build-up in two areas of the city (Niddrie and Victoria (Leith)).
- 5.8 Work has been ongoing with City of Edinburgh Council Planning Department to identify the impact on GP practices from new developments (**Appendix V currently being developed**), and to quantify the potential for Developers' Contributions to mitigate the impact of the associated growth.
- 5.9 The methodology for contributions is summarized in **Appendix VI**.
- 5.10 Practice size is an important part of the planning process. Historically, a list size of c3000 was regarded as sufficient for stability and in many parts of Scotland it could be less for geographical reasons. The average practice size in Edinburgh is now c8,500. Only 7 practices out of 70 now have a list size under 5000. All are growing and one will be absorbed into neighbouring practices as senior partners retire. By 2025, it is likely that no practice in Edinburgh will have a list size under 5000, and the average practice size will rise to around 9000.
- 5.11 Most of the new practice premises have been consciously planned for list sizes of around 10,000. This is partly because we need to make the most of the limited availability of sites and because this represents a balance between team size and the renewed focus on a group of locally recognized services relevant to the 20 Minute Neighbourhood populations.



- 5.12 The issue of Practice boundaries continues to be a live topic. There is ongoing work to promote continued rationalisation of boundaries which remain counter-productively wide for some practices. This work will be taken forward to create further alignment with planning zones and Healthcare Contribution zones / Cluster boundaries **(Appendix VII shows 2018 zones which are being updated)**. This has the potential to become an important part of the affordability equation in the future.
- 5.13 Related to boundary adjustment is the longstanding request to Scottish Government for flexibility in allowing patients to be removed from a list and placed on another practice's list, closer to where they live. This would allow practices to concentrate on much better defined 'natural population' areas based on local neighbourhoods.
- 5.14 The provision of Primary Care infrastructure moved from an historically (pre-2012) opportunistic approach to deliberate planning in parallel with the City's expansion. The City Plan offers a very helpful guide to expansion, but it cannot account for the cumulative development of windfall schemes, nor the more intensive use of available stock, nor associated timescales. In short, we have to respond to a more complex picture than that indicated by City Plan.
- 5.15 The New General Medical Services Contract 2018 gave a strengthened role in premises provision and management to the NHS/ IJBs. Increasingly, premises will be leased by Independent Contractors from the health board. There continues to be no mechanism to oblige an independent practice to move or grow.
- 5.16 It should be noted that the cost of new premises can be prohibitive for practices and there is considerable variation between practices in what they contribute for facilities. For some, the rental income is an essential part of the practice income. More consideration should be given nationally to a standardized range of payments for Partners who lease their premises.
- 5.17 GPs continue to be receptive to the idea of sharing premises with neighbouring practices and indeed other public services. Much closer working between CEC, NHS and other agencies has developed over several years. Buildings which are no longer required, or which are considered unfit for purpose by one agency, may present a long-awaited opportunity for a partner. This has been important in identifying EHSCP new premises priorities. (Maybury, Liberton, Granton Waterfront, Leith Tram Depot.)



5.18 The ideal 'partnership' models have been brought together in developments such as Wester Hailes and the new North West Edinburgh Partnership Centre (PACC) development. These are essential in areas which have high levels of economic deprivation but are not necessarily a requirement in other areas of the city. We already have obvious Partnership groupings in several areas with high deprivation.

- Craigmillar
- Liberton and Gilmerton
- Wester Hailes

5.19 Areas with high levels of economic disadvantage which have no obvious public sector 'hubs', are;

- Sighthill area
- Craigentinny / Lochend
- Leith

5.20 Work has been ongoing with City of Edinburgh Council Planning Department to identify the impact on GP practices from new developments, and to quantify the potential for Developers' Contributions to mitigate the impact of the associated growth. The methodology for contributions is summarized in **Appendix V**.

5.21 Work continues with CEC colleagues to explore opportunities for co-location with planned new schools, housing developments and existing CEC estate.

## 6. Resources (Primary Care Population Growth Funds)

6.1 The capital costs involved in building new practice premises vary considerably. As an outline guide, each 1,000 patients require approximately 85m<sup>2</sup> of space, so a practice with a list size of 10,000 will have an associated build cost of c£5.0M (or its revenue equivalent). In reality, this can be anywhere between £5M & £7M depending on whether the premises are stand alone or built as part of a joint development.



- 6.2 As a crude 'rule of thumb', the combined Primary Care Estate could be costed at £500k per 1000 people, using 2022 standard costs. With a July 2022 list size of c590,000 (April 22) this equates to £295M. If we anticipate that premises require renewal every 25 years, this gives an annual capital requirement of £11.8M. Even if this calculation is adjusted to a 40-year life cycle, the annual expenditure required is £7.4M, simply to keep the current premises in reasonable condition. This figure then needs to be augmented by an additional £3.5m per year to reflect the requirements of the new population (ie minimum of 7000 additional). In short, a capital investment program of £10.9M per annum has been required since 2009 to keep up with population increase. Using the 40-year calculation over the period 1999-2017 inclusive, we should have invested £170-£190M. During this period c£45M was invested.
- 6.3 The 2014 assessment recommended a modest facilitating fund for a three-year period to enable increased capacity, alongside commitment to a sequence of additional strategic investments. The potential for a 'small scheme premises fund' to add flexibility is now all but exhausted, although a small number of practices continue to come forward with innovative ideas to augment their existing premises for increased population.
- 6.4 Practices which wish to improve the functionality of their buildings but are not increasing their population, have had no support since the Primary Care Improvement Grants disappeared more than a decade ago. In very recent years, practices have benefitted marginally from increased flexibility in the application of year end funds from Scottish Government.
- 6.5 In late 2012, a short-term measure was designed and proposed; the Edinburgh List Extension Grant Uplift (LEGUP), to help with the immediate pressure. This was intended to help Practices who could extend their list sizes to do so, and release pressure from surrounding Practices.
- 6.6 One-off LEGUP grants of £12.5K (originally £25K) enable practices to implement the necessary actions required to grow by the agreed amount of 500 patients over a 12-month period. There is a time lag between a practice making an investment in additional capacity and the additional income associated with list size increases. LEGUP grants help practices to bridge that gap. There have been 33 LEGUP grants made to City Practices up to June 2022, with an additional 2 received awaiting approval as at August 2022.
- 6.7 The modest annual provision of £200k for minor premises 're-organisation and expansion' grants (less than 50k per practice), will be a continuing program with Capital



slippage augmenting when available.

- 6.8 There have been 3 successful applications so far in 2022/23 for LEGUP consideration, with at least another 7 applications expected over the next few months.
- 6.9 The combination of our small schemes grants and the LEGUPs, have provided additional capacity for c50,500 patients across the city. The cost of this was approximately c£2m; a fraction of the cost of establishing 5 new practices and providing premises.
- 6.10 The Covid 19 Pandemic presented a challenge for many GMS premises. This resulted in double the applications in 2022 – 23 for small grants funding. Many of the requests focused on practice re-organisation to allow for eConsulting rooms created from record or storage rooms, thus also impacting on the need for digitization of patient's records.
- 6.11 There has been some speculation about the impact of the pandemic on the use of physical capacity. **Appendix iii** addresses this with a short statement. The picture is not yet settled and will vary depending on the population served, but there may be some marginal benefit to more intensive use of space. It should be emphasised that Edinburgh practices have **already** had to find ways to use their space more intensively and that a decrease in daily footfall will not yield significant additional capacity.
- 6.12 Previous Population and Premises Reports highlighted the lack of opportunity in a City where there was often considerable commercial interest in available sites. In 2022 and perhaps for the next year or two, there is a window with commercial sites potentially available to house new practices. This is immediately relevant in the Leith area.
- 6.13 The funding required to support digitization (of medical records) across City practices has been estimated at c£1.5M. The funding of this has therefore been restricted to a small number of practices which were moving to new premises and where there were considerable list size increases and population pressure.
- 6.14 Part of the Primary Care Premises Priority list (indicative cost c£90m), is the potential for 5 'intermediate' schemes; Bangholm, Muirhouse, Pentlands, South Queensferry & Craigmillar. Depending on project scope and funding, these may exceed the level of funding intermediate schemes and therefore increase the number of capital funded projects. At August 2022 three of these projects are at scoping / costing stage. NHS Lothian Estates Department have no capacity to undertake this





work, therefore PCST are working with Partners approved by NHS Lothian.

## 7. Governance

- 7.1 The four Edinburgh GP locality groups helped to develop this paper.
- 7.2 Considerable challenges have previously been posed in aligning urgent operational decision making and commercial opportunity with our governance decision-making. The risks of not being able to make decisions in a timely fashion are considerable and could result in service failure.
- 7.3 Infrastructure projects are required to comply with the terms of the Scottish Capital Investment Manual (SCIM). This applies to both capital schemes and schemes using third party developer funding or other ways of providing premises for independent contractors. For a decision to be made about the reprovision of a practice, the following groups need to be consulted in the order indicated:

- EHSCP EMT (fortnightly)
- LCIG (monthly)
- IJB (bi-monthly)
- F&P (NHSL) (bi-monthly)

These groups need to be consulted at each of the prescribed stages (below), resulting in a long process from a Strategic Assessment being presented to the EHSCP EMT to a Full Business Case being agreed by NHS Lothian Finance and Performance.

- Strategic Assessment
- Initial Agreement
- Standard Business Case (within delegated limits, i.e. <£5m) or Outline Business Case then Full Business Case if > £5m.

All schemes greater than £5m currently require Scottish Government approval at each stage, in addition to that of NHS Lothian and the Integrated Joint Board. Pragmatic and helpful decisions continue to be made to avoid the consequences of delays which threaten services, but the lack of an agreed mechanism to expedite is a weakness in the current arrangements.

It should be noted that the cost of each new medical practice development designed for 10,000 patients or more, is now likely to be in excess of £5M.



A newly formed (joint) Asset Investment Steering Group is intended to support alignment of governance arrangements and to explore challenges and new opportunities to translate strategic direction into physical capacity.

## 8. Beyond the Current Planning Period

- 8.1 The city will continue to grow and to put immediate and obvious pressures on the infrastructure required for education, transportation, and Primary Care. The wider impacts will be slower to materialize, but it is essential that the public sector is able to respond collectively to these immediate pressures.
- 8.2 Judgements which try to foresee the impact of technology, professional development and public preferences far ahead, quickly deteriorate into guesses. Nevertheless, when we build, we build for at least 20 and more commonly 40+ years. The inherent trade-offs between local access as perceived by communities and staff delivering services and the perceived advantages of co-location and scale is a perennial dilemma. Failure to adequately invest is almost certain to result in a very intense period of public dissatisfaction and the resultant scrutiny. In 2022 we see this developing quickly around south-east Edinburgh. Our experience of public sensitivity to changes in the geographical access to Primary Care, underline that any significant departure from current disposition would require careful public consultation.

## 9. Impact Assessment

A Rapid Impact Assessment was undertaken on 23.1.2014. The assessment highlighted the following points:

- The opportunity for Public and Third Sector services to plan for the population increase collectively through the Edinburgh Partnership.
- The risks associated with any new population being unable to access a GP list or appointments are thought to be greater for areas of widespread economic deprivation.
- The consequences of substantial numbers of the population by-passing Primary Care Services would be increased pressure on Acute and other direct access health and social care services.





(EPCST will submit their representations to City of Edinburgh Council Planning team by the end of 2022. Once this has been submitted, work will commence on a Rapid Impact Assessment).

**David White - Strategic Lead Primary Care & Public Health**

**Lee Clark - Project Manager Edinburgh Health & Social Care**

October 2022



## *Population Growth and Primary Care Premises Assessment: Edinburgh 2022 – 2030*

### **Appendices**

- I. Established & required Primary Care premises
- II. Locality summaries
- III. Model of care statement
- IV. Student population
- V. City Plan Housing Sites linked to proposed developments – excel spreadsheet
- VI. Developer contribution methodology
- VII. Existing (2018) 'contribution zones'

*(As at October 2022)*



Appendix I - Table 1 Primary Care Capital Projects July 2022

Project	Approval Status	Est.Cost £M	Progress July 2022	Priority
<b>1. Fully Approved</b>				
<b>North West Locality</b>				
Maybury – <i>New Practice</i> Joint Development with CEC	Full Business Case Completed	£5-7	Site start delayed due to C19; to Start Jan 23	1
<b>2. In Governance</b>				
<b>North East Locality</b>				
Meadowbank <i>Re-provision</i> of Brunton Medical Practice	Initial Agreement approved NHSL F & R July 2019	£5-7	Business case in develop- ment; progress depends on CEC Meadowbank develop- ment  Start 2023	1
<b>South East Locality</b>				
South East Outer – <i>New Practice</i>	Initial Agreement supported by EIJB, NHSL F & R, and NHS Lothian Board March 2020	£5-7	NHS Lothian submitted Ini- tial Agreement to Scottish Government Sept 2020	1
Liberton Campus	Initial Agreement supported by EIJB and F & R (Mar 22)	£5-7	Full Business Case in prep- aration available Nov 22	1
Sub Total (in gov).		<b>£24</b>		
<b>3. Prioritised (Locality order) Capital Requirements currently Out with Governance</b>				
<b>North West Locality</b>				
Granton Waterfront – <i>New Practice</i>	Initial Agreement – Part of NHS L	£5-7	CEC led project – In phase 1 of project, to be delivered 2026	1



	overarching IA Priorities Request			
Milburn Tower (E) – <i>New Practice</i>	Initial Agreement – Part of NHS L overarching IA Priorities Request	£5-7	Subsequent to City Plan 2030 Further substantial site agreed by Scottish Government	2
Stockbridge – Re-provision of one Practice currently occu- pying Stockbridge Health Centre	Initial Agreement – Part of NHS L overarching IA Priorities Request	£5-7 (new Build)  £4 (redevel- opment of existing build	Potential site on former RVH provides several op- tions for existing 2 prac- tices. If one practice re- mains in current building then the total investment would be c.£11m	2
<b><u>North East Locality</u></b>				
Leith Waterfront - Ocean Terminal New Practice	Initial Agreement – Part of NHS L overarching IA Priorities Request	£4.0	Potential for new GP Prac- tice at Ocean Terminal. Reduced capital cost due to existing infrastructure.	1
Leith Tram Depot - <i>Re-provision of one local practice</i>	Initial Agreement – Part of NHS L overarching IA Priorities Request	£5-7	CEC led project – site re- turned to CEC 2023, Phase 1 to commence 2023	2
Brunstane / Seafield – New Practice	Initial Agreement – Part of NSH L overarching IA Priorities request	£5-7	City Plan 2030 and signifi- cant housing development in Brunstane and Seafield. Specific proposal to be identified	2
<b><u>South East Locality</u></b>				
Grange / Meadows – Re-provision of practices		£10-12	Initial agreement to be de- veloped in anticipation of site opportunity	2
Hermitage/Morningside Re-provision of practices	Strategic Assess- ment prioritised	£10-12	Initial Agreement to be de- veloped – potential for in- clusion in REH phase 3	2
Sub Total (out with gov).		<b>£60.0M</b>		
<b>Intermediate Projects - Service Re-provi- sion/ Refurbishment</b>			<b>SA planned</b>	
Muirhouse Medical Group		£1	2022/23	



SHHC	£1	2023/24	
Craigmillar	£1	2022/23	
South Queensferry	£1	2023	
Bangholm	£1	2022/23	
Replacement of Inchkeith/Allander House	TBC	2023	
Sub Total (cost indicative only)	£5M		
<b><u>Overall TOTAL all recom- mended schemes</u></b>	<b><u>£89.0M</u></b>		

Costings in 3 groups:

- 10,000 Patients - £5M - £7M
- 20,000 Patients - £10M - £12M
- Practice Extension - £1M

***Please note, average of range was used to create total***



Appendix II - Locality summaries

**EHSCP POPULATION/ PREMISES PLAN**

**NORTH EAST EDINBURGH SUMMARY**

**July 2022**

**Key Understandings**

The Edinburgh population has increased by 7,000 per year since 2009.

NE population will continue to grow at c2,000 per year or by +10,000 by 2028. This rate of growth should be expected to continue for several years after 2028.

We assess that 3 new practices will be required with premises over the next decade (+ Granton in NW)

The new practices are:

- Waterfront/Ocean Terminal
- Leith Tram Depot
- Brunstane/Seafield

The Initial Agreement for re-provision of Brunton Place has already been approved (Meadowbank).

Leith Links can accommodate further growth although their premises does not have a long-term future.

A new practice will be required for the Leith Waterfront Developments (see Ocean Terminal opportunity below)

The Vaccination Programme clinic within Ocean Terminal may be developed to include CTAC and new GMS premises for a newly established practice

Niddrie will require premises redesign to accommodate population growth

Leith Tram Depot has potential for development of a new practice which could allow relocation of an existing practice.

Restalrig can accommodate further growth but this is not easily matched with local population growth.

Significant housing development in Brunstane and Seafield may require additional premises subject to discussions with practices directly affected

**Population (GP List Size as at 1<sup>st</sup> July)**

	2018	2021	%	Additional population	Known developments of c1,000 people or more



				2021 – post 28	
<b>East</b>	58,812	62,028	+5.47	5,319	Greendykes, Brunstane
<b>Leith</b>	70,345	75,496	+7.32	9,275	Leith Waterfront, Western Harbour, Salamander, Seafield, Portobello
<b>Local-ity</b>	<b>129,157</b>	<b>137,524</b>	<b>+6.39</b>	<b>14,594</b>	
<b>New build/New Premises (part of Lothian-wide Capital Prioritisation)</b>					
				<b><u>Additional Capacity</u></b>	<b><u>Status</u></b>
Leith Walk				2,000	Completed 2017
Leith Tram Depot - Potential Practice				TBC	TBC Mid 20s
Brunton Place / Meadowbank				2,000	TBC 2025
Ocean Terminal – Vacc / Potential Practice				10,000	2024-2026
Seafield – potential growth c1900				TBC	Late 2020's
Brunstane – potential growth c2000				TBC	Late 2020's
<b>Extension/reorganisation to enable growth</b>					
		<b>Extra capacity</b>		<b>Estimated £</b>	<b>Status</b>
St Triduana's		500		10k	<b>Actioned 2014</b>
Niddrie		1000		5k	<b>Actioned 2014</b>
Long House		500		6k	<b>Actioned 2014</b>
Victoria		2000		28k	<b>Actioned 2016</b>
Leith Mount		500		4.3k	<b>Actioned 2016</b>
Brunton		500		6.1k	<b>Actioned 2016</b>
Links		500		5.6k	<b>Actioned 2017/18</b>
Baronscourt		1,000		24.6k	<b>Actioned 2017</b>
Victoria		1,000		25k	<b>Actioned 2018</b>
Durham Road		1,000		32.5k	<b>Actioned 2018</b>
Portobello		1,000		47k	<b>Actioned 2018</b>



Niddrie	500	5k	<b>Actioned 2018</b>
Southfield	500	5.3k	<b>Actioned 2018</b>
St Triduana's	500	25k	<b>In progress 2018</b>
<b>Total</b>	<b>11,000</b>		
<b>Intermediate Schemes</b>	<b>Project</b>		<b>Status</b>
Niddrie	Creation of consulting rooms		<b>Completed 2020</b>
Durham Road	Additional consulting rooms		<b>Pending 2022</b>
<b>Small Schemes</b>			
Brunton	Increased consulting Rooms/digitalisation		<b>Pending 2022</b>
Leith	BP Pod / segregation area		<b>Approved 2022</b>
Victoria	BP Pod		<b>Approved 2022</b>
Victoria	Digitalisation		<b>Pending 2022</b>
Bellevue	Working space		<b>Approved 2022</b>
St Triduana's	Digitalisation		<b>Pending 2022</b>
Southfield	Adaptation of Admin space		<b>Approved 2022</b>
<b>LegUp</b>			
<b>Year</b>	<b>Practice</b>	<b>Extra population</b>	<b>Status</b>
2014/15	Niddrie	500	<b>Actioned</b>
	St Triduana's	500	<b>Actioned</b>
	Victoria	500	<b>Actioned</b>
2015/16	St Triduana's	500	<b>Actioned</b>
	Leith Mount	500	<b>Actioned</b>
2016/17	Leith Mount	500	<b>Actioned</b>
	Durham Road	500	<b>Actioned</b>
2017/18	Baronscourt	500	<b>Pending</b>





2019/20	Brunton	500	<b>Actioned</b>
2021/22	Craigmillar	500	<b>Actioned</b>
	Durham Road	500	<b>Actioned</b>
	Leith	500	<b>Actioned</b>
	Annandale	500	<b>Actioned</b>
	Leith Mount	500	<b>Actioned</b>
	Victoria	500	<b>Pending</b>
<b><u>Total</u></b>		<b>7,500</b>	

### North East Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2021. The HLA, which is updated annually, programmes expected completions over the audit period 2021 - 26, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1<sup>st</sup> April 2021, therefore sites which have received planning consent since that date may not appear until the 2022 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected for 2021 of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.



**Housing Land Audit and Completions Programme 2021 North East Locality**

Site Name /Address	Dwellings			Delivery Programme					
	Total	Complete by 4/21	Remain- ing as at 4/21	2021-26		2026-28		Post 2028	
				Units	Pop.	Units	Pop.	Units	Pop.
<b>EAST CLUSTER</b>									
LDP HSG 17: Greendykes Areas K and L	129	0	129	0	0	79	166	50	105
LDP HSG 17: Greendykes Road Areas N,P, Q and R	169	0	169	169	355	0	0	0	0
LDP HSG 18: New Greendykes Areas C & D	145	81	64	64	134	0	0	0	0
LDP HSG 18: New Greendykes Areas A & E	163	0	163	150	315	13	27	0	0
LDP HSG 18: New Greendykes Areas H/AH1	128	0	128	78	164	50	105	0	0
LDP HSG 27: Newcraighall East Phase 4	37	0	37	37	78	0	0	0	0
LDP HSG 27: Newcraighall East Phase 5	29	0	29	29	61	0	0	0	0
LDP HSG 29: Brunstane	1330	0	1330	237	498	200	420	893	1875
Abbey Mount	11	0	11	11	23	0	0	0	0



Corbieshot	54	0	54	54	113	0	0	0	0
Craigmillar Park (new site in 2021)	48	0	48	48	101	0	0	0	0
Duddingston Road West (new site in 2021)	8	0	8	8	17	0	0	0	0
Duddingston Row (new site in 2021)	40	0	40	40	84	0	0	0	0
Edinburgh Road (new site in 2021)	5	0	5	5	11	0	0	0	0
Figgate Street	6	0	6	6	13	0	0	0	0
Niddrie Mains Road	136	0	136	136	286	0	0	0	0
Peffermill Road	30	0	30	30	63	0	0	0	0
Rosefield Place	6	0	6	6	13	0	0	0	0
The Wisp	139	0	139	139	292	0	0	0	0
<b>EAST CLUSTER</b>	<b>2613</b>	<b>81</b>	<b>2532</b>	<b>1247</b>	<b>2621</b>	<b>342</b>	<b>718</b>	<b>943</b>	<b>1980</b>
<b>LEITH CLUSTER</b>									
LDP EW 1A: Western Harbour	978	0	978	190	399	200	420	588	1235
Central Leith Waterfront	390	60	330	330	693	0	0	0	0
Shrub Place	376	201	175	175	368	0	0	0	0
Albion Road	205	175	30	30	63	0	0	0	0
Ashley Place	65	0	65	65	136	0	0	0	0



Bath Road	218	0	218	218	458	0	0	0	0
Bernard Street	11	0	11	11	23	0	0	0	0
Bonnington Road Lane	453	0	453	150	315	150	315	153	321
Canon Street	11	0	11	11	23	0	0	0	0
Constitution Street	9	0	9	9	18.9	0	0	0	0
Dickson Street	7	0	7	7	15	0	0	0	0
Fishwives Causeway	435	108	327	287	603	40	84	0	0
Gayfield Square	11	0	11	11	23	0	0	0	0
Great Junction Street	37	0	37	37	78	0	0	0	0
Hopetoun Crescent	6	0	6	6	13	0	0	0	0
Leith Walk	10	0	10	10	20	0	0	0	0
London Road	712	0	712	241	506	150	315	321	675
Madeira Street	12	8	4	0	0	4	8.4	0	0
Maritime Lane	8	0	8	8	17	0	0	0	0
Meadowbank	11	0	11	11	23	0	0	0	0
Newhaven Road	52	15	37	37	78	0	0	0	0
Mitchell Street	9	0	9	9	19	0	0	0	0



Ocean Drive	338	0	338	150	315	188	395	0	0
Pitt Street	8	0	8	8	17	0	0	0	0
Restalrig Road	6	0	6	6	13	0	0	0	0
South Fort Street	115	0	115	115	242	0	0	0	0
St James Centre	150	0	150	150	315	0	0	0	0
Steads Place	11	0	11	11	23	0	0	0	0
Timberbush	5	0	5	5	10	0	0	0	0
Warriston Road	191	0	191	191	401	0	0	0	0
Wellington Place	32	0	32	32	67	0	0	0	0
West Bowling Green Street	101	0	101	101	212	0	0	0	0
<b>LEITH CLUSTER TOTAL</b>	<b>4983</b>	<b>567</b>	<b>4416</b>	<b>2622</b>	<b>5507</b>	<b>732</b>	<b>1537</b>	<b>1062</b>	<b>2231</b>
<b>LOCALITY TOTAL</b>	<b>7596</b>	<b>648</b>	<b>6948</b>	<b>3869</b>	<b>8128</b>	<b>1074</b>	<b>2255</b>	<b>2005</b>	<b>4211</b>

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are not included in the population projections above.

<b>CONSTRAINED SITES NORTH EAST</b>	<b>Units</b>
LDP EW1A Western Harbour Platinum Pt	452
LDP EW1A Western Harbour	669
LDP EW1A Western Harbour View	258
LDP EW1B Central Leith Waterfront	2,138
LDP EW1C Leith Waterfront Salamander Place	719
LDP HSG 15 Castlebrae	145
LDP HSG 17 Greendykes Road	10
LDP HSG 27 Newcraighall East (East Part)	88
London Road	30
Ocean Drive	57
	<b>4,566</b>
	<b>Population c9,000</b>

<b>CARE HOMES/RETIREMENT FLATS NORTH EAST – (Since 2016 ) EAST CLUSTER</b>			
Address	Bedrooms	Proposal	Status
Lauder Lodge, 99 Inchview Terrace	60	Care home	Completed 2017
Jameson Gate 17-20 Portobello High Stret	42	Retirement flats	Completed 2017
Elsie Inglis	69		Completed 2022



STUDENT ACCOMMODATION <i>(applications between Jan-Oct 2018)</i>	CLUSTER	STUDENT BED SPACES
<b>Planning applications submitted</b>		
11, Hillside Crescent	Leith	27
139, London Road ( Meadowbank)	Leith	?
<b>Completed 2017</b>		
16-18, Bothwell Street	Leith	240
<b>Consented</b>		
43, Jeffrey Street	Leith	102
7, Shrub Place	Leith	38
2, Murano Place	Leith	9
151, London Road	Leith	350
40, Stanley Place	Leith	98
84-90 Leith Walk	Leith	17
63, Calton Road	Leith	83
<b>Application withdrawn</b>		
179, Canongate	Leith	117

STUDENT ACCOMMODATION	CLUSTER	STUDENT BED SPACES
<b>Completed 2020</b>		
Hillside Crescent, 11	Leith	27



<b>Under construction 2020</b>		
London Road, 61-62 [land at]	Leith	198
<b>Consent given 2020</b>		
Stanley Place, 44	Leith	102
Abbey Lane, 2	Leith	277
London Road, 65	Leith	76
London Road, 151	Leith	377
Montrose Terrace, 11-23	Leith	141
Peffer Place, 2 (Site 90 Metres South Of)	East	164
<b>Unimplemented consents</b>		
London Road, 139	Leith	14
<b>Awaiting determination 2020</b>		
Baltic Street 1-5 And Constitution Street 7-27	Leith	558
Iona Street, 48-50	Leith	250

NB: Student accommodation as per annual report Dec 2017 and HLA 2021

Prior to 2022 we advised that the student population was largely static although increasingly concentrated in purpose-built accommodation; in fact, student numbers across the city had been rising by c2,000 per year since 2016 which explains pressure on some practices. We are assured by all 4 universities that this period of growth is now finished and further numbers will be consolidated.



***EHSCP POPULATION / PREMISES PLAN***

***NORTH WEST EDINBURGH SUMMARY***

***July 2022***

**Key Understandings**

The Edinburgh population has increased by 7,000 per year since 2009. This rate of growth is almost certain to continue. Several of the City's areas of major population development are in the NW sector.

Population increase has taken place at c2,000 additional people per year and this is set to continue with c15,000\* more people by 2028

Substantive planned development at Granton Waterfront will require a further new practice - opportunity for a GP Practice / Healthcare Facility close to the new Primary School

An Intermediate scheme for Parkgrove practice was completed in 2020, in conjunction with lease renewal, to provide capacity for the planned housing development at Cammo

CTAC space was developed within Parkgrove practice in 2020 to support local practices (Davidson's Mains)

Approval has been secured to develop a new practice in collaboration with CEC in the new primary school to be built as part of the Maybury development. Further work will be required to support the population associated with other developments in the west of the city including the International Business Gateway. In the meantime, Ratho boundary (SW Locality) has been extended to cover these areas

The City Centre population continues to put pressure on West End, Stockbridge(s) and Eyre, despite not being directly associated with large scale additional housing developments (until significant development 22/23)

South Queensferry population continues to expand as previously highlighted

All practices with pressure on current premises have been encouraged to consider adjusting their boundaries to reflect their 'natural population'

The approval of East of Milburn Tower site (c.3,000) and the City Plan 2030 has allocated a number of sites in West Edinburgh (pop c. 20,000) Crosswind, 205, Edinburgh Gateway, Saica and Turnhouse Road – subject to planning examination – ***These have not been included in the housing figures below at this time***

**Population (GP List Size as at 1<sup>st</sup> July)**

	2018	2021	%	Additional population 2021-post 2028	Known developments of c1,000 people or more
<b>Bridge</b>	80,241	85,860	7	10,231	Granton Waterfront



<b>Tower</b>	81,098	82,599	1.85	12,105	South Queensferry, Maybury, Cammo, Crosswinds, South Gyle		
<b>Locality</b>	<b>161,339</b>	<b>168,459</b>	<b>4.41</b>	<b>24,232</b> (948 City Center included)			
<b>New build/New Premises</b> (part of Lothian-wide Capital Prioritisation)							
					<b>Capacity</b>	<b>Status</b>	<b>Date</b>
West End Medical Practice + 1,000 (already absorbed)					+1,000	complete	2014
Pennywell All Care Centre – new branch practice + 5,000					5,000	complete	2018
<b>Extension/reorganisation to enable growth</b>							
		<b>Extra capacity</b>	<b>Estimated £</b>		<b>Status</b>		
Davidson's Mains		1,000	40.5k		<b>Actioned 2014</b>		
Parkgrove & E Craigs		500	18k		<b>Actioned 2014</b>		
Inverleith		500	7.7k		<b>Actioned 2014</b>		
Longhouse		500	8k		<b>Actioned 2015</b>		
Eyre		500-1,000	49.5		<b>Actioned 2016</b>		
Ladywell West		500	5.5k		<b>Actioned 2016</b>		
Bangholm		1,000	48k		<b>Actioned 2017</b>		
Stockbridge Green		1,000	39k		<b>Actioned 2018</b>		
Stockbridge Blue		500	15k		<b>Actioned 2018</b>		
Blackhall		1,000	15-20k		<b>Actioned 2019</b>		
			<b>251.2k</b>				
<b>Intermediate scheme</b>							
Sth Queensferry		3,000	300k		<b>Actioned 2018</b>		
Cramond		1,000	266k		<b>Actioned 2020</b>		
			<b>566k</b>				



Small Schemes	Project		Status
Bangholm	Cycle storage		Pending 2022
Bangholm	Digitalisation		Pending 2022
Davidsons Mains	Automatic Door		Pending 2022
Eyre Medical Practice	Ventilation (Windows)		Approved 2022
Muirhouse	Digitalisation – consulting rooms		Approved 2022
Ladywell East	Improve Accessibility		Approved 2022
Ladywell East	Maximising Space		Approved 2022
Murrayfield	Information Screens		Approved 2022
Murrayfield	Convert store room into office		Approved 2022
South Queensferry	External lighting		Pending 2022
South Queensferry	Waiting room upgrade		Pending 2022
LegUp			
Year	Practice	Extra population	Status
2014/15	E raigs/Parkgrove	500	Actioned
	Longhouse	As above	Actioned
	Inverleith	As above	Actioned
2015/16	South Queensferry	500	Actioned
	Muirhouse	New premises	Actioned
2016/17/18	Muirhouse	New premises	Actioned & ongoing
2021/2022	West End	500	Actioned
	Leith Surgery	500	Actioned
	Leith Mount	500	Actioned

## North West Edinburgh - Planned Developments

The following tables represent the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2021. The HLA, which is updated annually, programmes expected completions over the audit period 2021-2023, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1<sup>st</sup> April 2021, therefore sites which have received planning consent since that date may not appear until the 2022 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

The tables are presented in 3 groupings:

1. City Centre – boundaries of some NW practices extend to these areas
  2. Bridge Cluster
  3. Tower Cluster
- (The latter two only combined overleaf to give a **locality** total)



Site name / address	Dwellings			Delivery Programme					
	Total	Complete as at 4/21	Remaining as at 4/21	2021 -26		2026 – 28		Post 2028	
				Units	Pop.	Units	Pop.	Units	Pop.
LDP CC2: New Street	167	0	167	137	288	30	63	0	0
Frederick Street	5	0	5	5	10	0	0	0	0
George Street	6	0	6	6	13	0	0	0	0
Melville Street (New site 2021)	31	0	31	31	65	0	0	0	0
North Castle Street (New site 2021)	6	0	6	6	13	0	0	0	0
Princes Street	17	0	17	17	36	0	0	0	0
Randolph Crescent	23	0	23	23	48	0	0	0	0
St James Centre	150	0	150	150	315	0	0	0	0
West Coates Crescent	203	157	46	46	97	0	0	0	0
<b>City Centre total</b>	<b>608</b>	<b>157</b>	<b>451</b>	<b>421</b>	<b>885</b>	<b>30</b>	<b>63</b>	<b>0</b>	<b>0</b>



Housing Land Audit and Completions Programme 2021 North West Locality

Site Name /Address	Dwellings			Delivery Programme					
	Total	Com- plete By 4/21	Remain- ing as at 4/21	2021-2026		2026-2028		Post 2028	
				Units	Pop.	Units	Pop.	Units	Pop.
<b>BRIDGE CLUSTER</b>									
Western Harbour	978	0	978	190	399	200	420	588	1235
Salamander Place	505	0	505	404	848	101	212	0	0
West Shore Road	444	0	444	250	525	194	407	0	0
Upper Strand Phase 3	89	0	89	89	187	0	0	0	0
Waterfront WEL	1149	0	1149	50	105	150	315	949	1993
Granton Harbour	1043	132	911	557	1170	302	634	52	109
Bells Brae	11	0	11	11	23	0	0	0	0
Eyre Place / Terrace	77	0	77	77	162	0	0	0	0
Groathill Road South	9	0	9	9	19	0	0	0	0
Pennywell Road	521	24	497	417	876	80	168	0	0
Warriston Road	191	0	191	191	401	0	0	0	0
West Granton	11	0	11	11	23	0	0	0	0
<b>BRIDGE CLUSTER TOTAL</b>	<b>5028</b>	<b>156</b>	<b>4872</b>	<b>2256</b>	<b>4738</b>	<b>1027</b>	<b>2156</b>	<b>1589</b>	<b>3337</b>





<b>TOWER CLUSTER</b>									
Edinburgh Park / South Gyle	1737	0	1737	150	315	200	420	1387	2913
Maybury East	250	0	250	250	525	0	0	0	0
Maybury Central (New site in 2021)	205	0	205	205	430	0	0	0	0
Maybury Central	1400	0	1400	550	1155	600	1260	250	525
Maybury West	130	0	130	0	0	75	158	55	116
Cammo	655	0	655	581	1220	74	155	0	0
Buileyon Road	840	0	840	125	262	200	420	515	1082
South Scotstoun	339	11	328	328	689	0	0	0	0
Barnton Avenue West	22	0	22	0	0	22	46	0	0
Barnton Brae (New site in 2021)	11	0	11	11	23	0	0	0	0
Corstorphine Road (New site in 2021)	104	0	104	104	218	0	0	0	0
Pinkhill (New site in 2021)	46	0	46	46	97	0	0	0	0
St Johns Road	36	0	36	36	76	0	0	0	0
<b>TOWER CLUSTER TOTAL</b>	<b>5775</b>	<b>11</b>	<b>5764</b>	<b>2386</b>	<b>5010</b>	<b>1171</b>	<b>2459</b>	<b>2207</b>	<b>4636</b>
<b>LOCALITY TOTAL*</b>	<b>11,411</b>	<b>324</b>	<b>11,087</b>	<b>5,063</b>	<b>10,633</b>	<b>2,228</b>	<b>4,678</b>	<b>3,796</b>	<b>7,973</b>

CONSTRAINED SITES NORTH WEST	Units	Cluster
LDP EW 1A Western Harbour	1379	Bridge
LDP EW 2A West Shore Road	779	Bridge
LDP EW 2C: Granton Harbour	768	Bridge
LDP EW 2D: Waterfront - WEL – Nth Shore	988	Bridge
LDP HSG 4 West Newbridge	490	Tower
LDP HSG 7: Edinburgh Zoo	80	Tower
Ardshiel Avenue	6	Tower
Belford Road	52	Tower
Shandwick Place	11	Tower
Fords Road	9	Tower

*\*Locality totals include City Centre aligned to NW Practices*

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward . Some examples are noted below. These are **not** included in the population projections above.



<b>CARE HOMES/RETIREMENT FLATS NORTH WEST</b>				
<b>Address</b>	<b>Bed-rooms</b>	<b>Proposal</b>	<b>Status</b>	<b>Cluster</b>
Northcare Suites 100, Telford Road	76	Care home	Under construction Oct 2018	Bridge
Murrayside Care Home 118 Corstorphine Road	63	Care home	Operational Oct 2018	Tower
Cramond Residence Cramond Road North	74	Care home	Operational Sept 2018	Tower
Queens Manor Care Home, 565, Queensferry Road	60	Care home	Under construction Oct 2018	Tower
Manor Grange Care Home 31, Pinkhill	49	Care home	Extension – consented	Tower
13, Whitehouse Road	50	Care home	Consent- minded to grant	Tower

<b>STUDENT ACCOMMODATION</b> <b>(applications between Jan – Oct 2018)</b>	<b>STUDENT BED SPACES</b>	<b>CLUSTER</b>
<b>Consent granted in 2017</b>		
22 Haymarket Yards	104	Bridge
<b>Under construction</b>		
Muirhouse Avenue	72	Bridge



<b>Completed 2020</b>		
St Johns Road, 64	16	Tower

**NB:** Student accommodation as per annual report Dec 2017 and HLA 2021

Prior to 2022 we advised that the student population was largely static although increasingly concentrated in purpose-built accommodation; in fact, student numbers across the city had been rising by c2,000 per year since 2016 which explains pressure on some practices. We are assured by all 4 universities that this period of growth is now finished and further numbers will be consolidated.



***EHSCP POPULATION/ PREMISES PLAN***

***SOUTH EAST EDINBURGH SUMMARY***

***July 2022***

**Key Understandings**

The Edinburgh population has increased by 7,000 per year since 2009.

The SE population increased from 2018 with over 2,000 additional people per year.

Another 10,000 can be expected in the SE locality up to 2028

Dalkeith Road and Boroughloch Practices co-located in a new development in Salisbury Court in Summer 2022 with additional capacity already largely accounted for

A new practice is required in the Gilmerton area to provide for the planned developments. An Initial Agreement has been with Scottish Government since October 2020 awaiting consideration

An Initial Agreement has been approved to develop new premises in Liberton High School. Discussions are ongoing with Southern Medical Practice

University practice may require new premises subject to Edinburgh University re-development

Phase 3 Royal Edinburgh Hospital development offers potential site for Hermitage/Morningside re-provision

Both Grange & Meadows Medical Practices require new premises

Further population can be accommodated by some existing practices if small schemes feasible

Proposed plan for Astley Ainsley Site proposal for 500 new homes (timescale tbc)

Development of housing site at Bio Q circa 2500 new homes (timescale tbc)

**Population (GP List Size as at 1<sup>st</sup> July)**

	<b>2018</b>	<b>2021</b>	<b>%</b>	<b>Additional population 2021-post 28</b>	<b>Known developments of c1,000 people or more</b>



<b>North</b>	45,707	48,708	+6.56	388	
<b>South</b>	80,521	85,194	+5.80	4,994	Gilmerton/Drum/Broomhills/Burdiehouse/Bio Quarter
<b>Locality</b>	<b>126,228</b>	<b>133,902</b>	+6.08	<b>4,382</b>	
<b>New build/New Premises development</b> (part of Lothian-wide Capital Prioritisation)					
					<b><u>Completion</u></b>
Edinburgh Access Practice					Completed 2021
South East Outer Area new practice/re-provision					early 2020s
Re-provision schemes x 2 North Cluster					early/mid 2020s
Liberton Campus					June 2025
Royal Edinburgh Hospital					Proposal
<b>Practice moves</b>					
Southside to Conan Doyle					2017
<b>Extension/reorganisation to enable growth</b>					
		<b>Extra capacity</b>	<b>Estimated £</b>	<b>Status</b>	
Mackenzie		500	10k	<b>Actioned 2014</b>	
St Leonard's		500	8.7k	<b>Actioned 2015</b>	
Morningside		500-1,000	34k	<b>Actioned 2017</b>	
Southern		1,000	Tbc	<b>Feasibility study 2018</b>	
<b>Intermediate scheme</b>					
Liberton		2,000	320k	<b>Actioned 2016</b>	
<b>Small Schemes</b>		<b>Project</b>		<b>Status</b>	
Ferniehill		Creating Small Consulting Room		Completed 10/2019	
Meadows		Reorganise Reception back office		Completed 09/2019	



Southern	Create HCA room	Completed 06/2019	
Bruntsfield	Flooring Reception and Consulting Room	Pending 2022	
Southern	Remove Wall	Declined 01/2022	
Dalkeith Road	Digitalisation of Records	Approved 01/2022	
Boroughloch	Digitalisation of Records	Approved 01/2022	
Ferniehill	Disable Access Door	Approved 01/2022	
Morningside	LED Lighting	Declined 01/2022	
Morningside	UPVC Window Frames	Declined 01/2022	
Morningside	GPST Consulting Room	Approved 01/2022	
Hermitage	Window in Treatment Room	Approved 01/2022	
<b>LegUp</b>			
<b>Year</b>	<b>Practice</b>	<b>Extra population</b>	<b>Status</b>
2014/15	Gracemount	500	<b>Actioned</b>
	St Leonard's	As above	<b>Actioned</b>
2015/16	Mackenzie	As above	<b>Actioned</b>
	Morningside	As above	<b>Actioned</b>
2018/19	Liberton	As above	<b>Actioned</b>
2021/22	Gracemount	As above	<b>Actioned</b>





## South East Edinburgh - Planned Developments

The following tables represent the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2020. The HLA, which is updated annually, programmes expected completions over the audit period 2020-26, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1<sup>st</sup> April 2020, therefore sites which have received planning consent since that date may not appear until the 2021 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

The tables are presented in 3 groupings:

4. City Centre
  5. South Cluster
  6. North Cluster
- (The latter two only combined overleaf to give a **locality** total)



Site name / address	Dwellings			Delivery Programme					
	Total	Complete as at 4/21	Remaining as at 4/21	2021 -26		2026-28		Post 2028	
				Units	Pop	Units	Pop	Units	Pop.
LDP CC2: New Street	167	0	167	137	288	30	63	0	0
Frederick Street	5	0	5	5	10	0	0	0	0
George Street	6	0	6	6	13	0	0	0	0
Melville Street (New site 2021)	31	0	32	31	65	0	0	0	0
North Castle Street (New site 2021)	6	0	6	6	13	0	0	0	0
Princes Street	17	0	17	17	36	0	0	0	0
Randolph Crescent	23	0	23	23	48	0	0	0	0
St James Centre	150	0	150	150	315	0	0	0	0
West Coates Crescent	203	157	46	46	97	0	0	0	0
<b>City Centre total</b>	<b>608</b>	<b>157</b>	<b>451</b>	<b>451</b>	<b>885</b>	<b>30</b>	<b>63</b>	<b>0</b>	<b>0</b>



Housing Land Audit and Completions Programme 2020 South East Locality

South Cluster

Site Name /Address	Dwellings			Delivery Programme					
	Total Dwellings	Complete by 04/21	Remaining as at 04/21	2021 - 26		2026-28		Post 2028	
				Units	Pop.	Units	Pop.	Units	Pop.
LDP HSG 21: Broomhills	671	4290	242	242	508	0	0	0	0
LDP HSG 24: Gilmerton Station Road	198	151	47	47	99	0	0	0	0
LDP HSG 24: Gilmerton Station Road	294	26	268	268	563	0	0	0	0
LDP HSG 24: Gilmerton Station Road	315	23	292	231	485	61	128	0	0
LDP HSG 25: Candlemaker's Park	149	67	82	82	172	0	0	0	0
LDP HSG 28: Ellens Glen Road	240	0	240	0	0	120	252	120	252
LDP HSG 39: Lasswade Road	260	150	110	110	231	0	0	0	0



LDP HSG 40: SE Wedge South - Edmonstone	695	0	695	105	220	120	252	471	989
Burdiehouse Road – new site in 2021	116	0	116	116	244	0	0	0	0
Dumbiedykes Road	11	0	11	11	23	0	0	0	0
Lasswade Road	335	67	268	268	563	0	0	0	0
Simon Square	6	0	6	6	13	0	0	0	0
<b>South cluster total</b>	<b>3290</b>	<b>4774</b>	<b>2377</b>	<b>1486</b>	<b>3121</b>	<b>301</b>	<b>632</b>	<b>591</b>	<b>1241</b>
<b>North Cluster</b>									
Braid Road	7	0	7	7	15	0	0	0	0
Canaan Lane	10	0	10	10	21	0	0	0	0
Falcon Road West: new site in 2021	11	0	11	11	23	0	0	0	0
Jeffrey Street: new site in 2021	31	0	31	0	0	31	65	0	0
Sciennes Road: new site in 2021	126	0	126	126	265	0	0	0	0
<b>North cluster total</b>	<b>185</b>	<b>0</b>	<b>185</b>	<b>154</b>	<b>323</b>	<b>31</b>	<b>65</b>	<b>0</b>	<b>0</b>
<b>Locality total</b>	<b>3475</b>	<b>4774</b>	<b>2562</b>	<b>1640</b>	<b>3444</b>	<b>332</b>	<b>697</b>	<b>591</b>	<b>1241</b>



There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward. Some examples are noted below. These are not included in the population projections above.

<b>CONSTRAINED SITES SOUTH EAST</b>	<b>Cluster</b>	<b>Units</b>
Moredunvale Road	South	200
Shandwick Place	South	11

<b>CARE HOMES/RETIREMENT FLATS SOUTH EAST (since 2016) NORTH CLUSTER</b>			
<b>Address</b>	<b>Bed-rooms</b>	<b>Proposal</b>	<b>Status</b>
Morningside Manor Care Home, 35 Balcarres St	41	Care home /residential development with associated parking	Completed 2017

<b>STUDENT ACCOMMODATION (applications between Jan-Oct 2018)</b>	<b>CLUSTER</b>	<b>STUDENT BED SPACES</b>
<b>Planning application submitted 2018</b>		
Mayfield Road and Braefoot	South	158
<b>Completed 2017</b>		
Bernard Terrace	South	237
Buccleuch Place	South	237
Buccleuch Street	South	138
Causewayside	South	187



St Leonard's	South	579
<b>Under construction 2018</b>		
Gilmerton Road	South	100
Potterrow	South	52
<b>Under construction 2020</b>		
Calton Road, 63		83
Dundee Street, 160		216
Duncan Street, 20		24
Gilmore Place, 41-45 (St Josephs Nursing Home)		230
Murieston Crescent, 27-29		120
<b>Consent Given 2020</b>		
Lower Gilmore Place, 7		74
Calton Road, 32		9
Mayfield Road, 200		89
Mayfield Road, 224-234, 14-15 Braefoot Road		154
<b>Unimplmented Consents 2020</b>		
Haymarket Yards, 22		104
Lothian Road, 91		12
Sciennes Road (RHSC)		323
St Peter's Place (St Kentigern's Church)		8



St Peter's Place (St Kentigern's Church)		31
<b>Awaiting Determination 2020</b>		
Lasswade Road, 115 9Northfield House Hotel)		103
<b>Not proceeding 2018</b>		
Duncan Street – permission refused	South	25
<b>Closed 2018</b>		
James Craig walk (St James development)	?	106

**NB:** Student accommodation as per annual report Dec 2017 and HLA 2021

Prior to 2022 we advised that the student population was largely static although increasingly concentrated in purpose-built accommodation; in fact, student numbers across the city had been rising by c2,000 per year since 2016 which explains pressure on some practices. We are assured by all 4 universities that this period of growth is now finished and further numbers will be consolidated.

Other potential sites for future development in the locality include Liberton Hospital and the Astley Ainslie Hospital.





***EHSCP POPULATION/ PREMISES PLAN***

***SOUTH WEST EDINBURGH SUMMARY***

***July 2022***

**Key Understandings**

The Edinburgh population has increased by 7,000 per year since 2009. New housing developments have accounted for around half of this growth.

Wester Hailes is well placed to absorb population from local new housing if space /team capacity allows

Sighthill Health Centre able to absorb planned adjacent housing

CTAC established in Sighthill Health Centre in 2019

Fountainbridge masterplan will bring significant additional housing and student accommodation

Increased population planned for Pentlands area from local developments

Further population can be accommodated by some existing practices if small schemes feasible

Plans for 800 new homes in Colinton (Redford Barracks)

Plans for further housing development Gorgie Road / Stevenson

**Population (GP List Size as at 1<sup>st</sup> July)**

	2018	2021	%	Additional population 2021-post 28	Known developments of c1,000 people or more
<b>Canal</b>	71,894	72,933	1.4%	3,217	Fountainbridge
<b>Pent-lands</b>	61,670	61,572	-0.01%	757	
<b>Locality</b>	<b>133,564</b>	<b>134,505</b>	<b>0.07%</b>	<b>3974</b>	

**New build/New Premises development** *(part of Lothian-wide Capital Prioritisation)*

<b><u>Healthcare</u></b>	<b><u>Completion</u></b>
Allermuir Health Centre – Craiglockhart/Oxgangs/Firrhill +2000	2017
Ratho Surgery – + 3000	2018
<b><u>Practice Moves</u></b>	



Polworth to Tollcross Health Centre		2018	
<b>City Plan 2030 Housing</b>			
Gorgie Road / Stevenson (469/290)		2022 – 2030	
Murrayburn (384)		2022 - 2030	
Redford Barracks (800)		2022 – 2030	
Broomhouse (320)		2022 - 2030	
<b>Extension/reorganisation to enable growth</b>			
	<b>Extra capacity</b>	<b>Estimated £</b>	<b>Status</b>
Braids	1,000	49.6k	<b>Actioned 2014</b>
Polwarth	500	28.8k	<b>Actioned 2014</b>
Pentlands	500	11k	<b>Actioned 2016/17</b>
Springwell	500	18.2k	<b>Actioned 2016</b>
Slateford	500	6k	<b>Actioned 2018</b>
SHHC	List redistribution	6.6k	<b>Actioned 2018</b>
<b>Total</b>	<b>3,000</b>		
<b>Small Scheme</b>			
		<b>Project</b>	<b>Status</b>
Colinton		Additional workstation	Approved 2022
Slateford		Reutilisation of existing space	Pending 2022
Springwell		Fixture Upgrades	Pending 2022
<b>LegUp</b>			
<b>Year</b>	<b>Practice</b>	<b>Extra population</b>	<b>Status</b>
2014/15	Slateford	500	<b>Actioned</b>
2015/16	Braids	As above	<b>Actioned</b>



## South West Edinburgh - Planned Developments

The following table represents the expected completions of housing developments, based on the City of Edinburgh Council Housing Land Audit (HLA) 2018. The HLA, which is updated annually, programmes expected completions over the audit period 2021-26, and in the longer term. The audit includes housing sites that are under construction, sites with planning consent, sites in the Local Development Plan and constrained sites which have not been programmed yet. The audit is effectively a snapshot as at 1<sup>st</sup> April 2021, therefore sites which have received planning consent since that date may not appear until the 2022 HLA.

Population projections have been calculated by multiplying the planned number of units to be built by the average household size for Edinburgh, source National Records Scotland (NRS). The average household size projected of 2.1 has been used in these calculations, although it is expected to decrease over time. It is worth bearing in mind that if the planned developments include family housing, the population projections from the developments will be much higher; therefore, the figures below are only indicative.

The tables are presented by cluster, with a locality total at the bottom.



Housing Land Audit and Completions Programme 2021 South West Locality

Site Name /Address	Dwellings			Delivery Programme					
	Total	Complete	Remaining	2021-26		2026-2028		Post 2028	
CANAL CLUSTER	Dwellings	by 04/21	as at 04/21	Units	Pop.	Units	Pop.	Units	Pop.
LDP CC3: Fountainbridge	125	0	125	125	262	0	0	0	0
LDP CC3: Fountainbridge	205	0	205	205	430	0	0	0	0
LDP CC3: Fountainbridge	140	0	140	140	294	0	0	0	0
LDP CC3: Fountainbridge	64	0	64	64	134	0	0	0	0
LDP CC3: Fountainbridge	113	0	113	113	237	0	0	0	0
LDP CC3: Fountainbridge	258	0	258	78	164	180	378	0	0
LDP CC3: Fountainbridge	234	0	234	100	210	100	210	34	71
Calder Road	184	64	120	120	252	0	0	0	0
Clovenstone Gardens: new site in 2021	69	0	69	69	145	0	0	0	0
Colinton Road: new site in 2021	24	0	24	24	50	0	0	0	0
Dumbryden Drive	49	0	49	49	103	0	0	0	0
Gorgie Road	48	0	48	48	101	0	0	0	0
Viewforth	104	20	84	84	176	0	0	0	0
<b>CANAL CLUSTER TOTAL</b>	<b>1617</b>	<b>84</b>	<b>1533</b>	<b>1219</b>	<b>2558</b>	<b>280</b>	<b>588</b>	<b>34</b>	<b>71</b>
<b>PENTLANDS CLUSTER</b>									
LDP HSG 37: Newmills Road	206	178	28	28	59	0	0	0	0



LDP HSG 38: Ravelrig Road	140	101	39	39	82	0	0	0	0
Craighouse Road	145	30	115	115	242	0	0	0	0
Hailes Avenue: new site in 2021	11	0	11	11	23	0	0	0	0
Lanark Road	66	0	66	66	139	0	0	0	0
Lanark Road West	9	0	9	9	19	0	0	0	0
Long Dalmahoy Road	7	0	7	7	15	0	0	0	0
Oxgangs Green	85	0	85	85	178	0	0	0	0
<b>PENTLANDS CLUSTER TOTAL</b>	<b>669</b>	<b>309</b>	<b>360</b>	<b>360</b>	<b>757</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>LOCALITY TOTAL</b>	<b>2286</b>	<b>393</b>	<b>1893</b>	<b>1579</b>	<b>3315</b>	<b>280</b>	<b>588</b>	<b>34</b>	<b>71</b>

There are potentially a number of other sources of land for development, including constrained sites, windfall and other development land coming forward. Some examples are noted below. These are not included in the population projections above.

<b>CONSTRAINED SITES SOUTH WEST</b>	<b>Units</b>
West Newbridge	490
Curriemuirend	188
Fords Road	9
Gorgie Road	11



<b>CARE HOMES/RETIREMENT FLATS SOUTH WEST</b>			
Address	Bedrooms	Proposal	Status
Northcare Manor, 17-31 Allan Park Crescent	72	Nursing home	Completed Feb 2018
14 Drumbryden Drive	60	Nursing home	Lapsed consent

<b>STUDENT ACCOMMODATION</b>	<b>Cluster</b>	<b>Student bed spaces</b>
<b>Planning application submitted</b>		
101, Unit 1 Gorgie Road		54
236, Gorgie Road		152
<b>Completed 2017</b>		
396 Gorgie Road		256
<b>Under construction</b>		
125a Fountainbridge		261
<b>Consent granted</b>		
160, Dundee Street		216
22, Haymarket Yards		104
Pentland House, Robb's Loan		337
555 Gorgie Road		26
Murieston Crescent		101
St Peter's Place		31
King's Stables/Lady Wynd		245



<b>Awaiting determination</b>		
35 Lanark Road		97
91 Lothian Road		12

**NB:** Student accommodation as per annual report Dec 2017.



## Appendix III – GMS Model of Care Statement

### GMS Model of Care

The previous model of care can be summarised as a doctor led model operating 8am to 6pm, five days per week. Populations differ in their intensity of interaction with GMS, just as they vary in their need for physical consultation. Previously a practice with an ‘average demand’ population could expect to provide 60 doctor and 25 nurse appointments per 1000 patients per week. This would require a consultation room per 1000 patients for physical planning purposes.

The influence of the pandemic on practice behaviour and patient demand is far from settled. Nevertheless, it seems reasonable to assume that where previously 90% of appointment requests would result in a face to face (F2F) interaction, with only 10% dealt with by telephone, this **may** evolve to a steady average 50/50. Again, different populations will react differently, broadly with younger and more affluent people using fewer F2F appointments.

For planning purposes practice construction should continue to use 1 consulting room per 1000 patients and add a **dedicated** telephone/video consulting room per 5000. These rooms can be situated on the first floor of a building which may be important for some practices. Approximately 60/70% of consulting rooms would be designed to allow **both** F2F and remote consulting, with 30/40% designed for **mainly** remote consulting. This allowance should be sufficient to facilitate the additional PCIP/New Contract staff who are practice embedded at a ratio of approximately 1wte per 3000 patients. The availability of consulting space is dependent on non-exclusive use of clinical rooms, and therefore on sufficient non clinical space for clinicians to operate effectively.

The underlying assumption is that where doctor appointments can be augmented by New Contract staff appointments, the new workforce will convert similar proportions of their workload to F2F.

The waiting room space allowance required should be able to be reduced to 2 chairs per consulting room. This assumption presumes that the requirement for ‘social distancing’ and a meter between patients waiting will not be required.

Practices are exploring whether sections of clinical work can be undertaken both remotely and from outside the medical practice. This is thought to be an important local flexibility but does not impact on the practice footprint nor internal design.

A small number of Practices are currently considering whether adjustments in opening hours might offer more intensive use of buildings. As has been shown with the practice extended hours contract, this works well for some populations but is less popular with others. Whilst it is too early to be definitive, inner-city and or student dominated practices with generally younger populations, may be well-suited to this adjustment. In this case, the practices could facilitate a larger population from the same building.

In the context of sustained population growth across Lothian, consideration must be given to extended use of any of the suitable buildings to prevent the requirement for additional physical buildings where intensive





## Appendix IV – Student Population

	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27
<b>Undergraduate</b>											
QMU	3,309	3,222	3,270	3,258	3,354	3,273	3,300	3,300	3,300	3,300	3,300
Edinburgh	21,513	22,541	23,094	23,335	24,569	25,692	25,744	25,888	25,632	25,060	25,182
HW	6,400	6,550	6,600	6,900	6,700	6,640	6,640	7,225	7,715	8,165	8,540
Napier	11,024	10,851	10,797	10,528	10,476	10,713	10,600	10,600	10,600	10,600	10,600
<b>Postgraduate Taught</b>											
QMU	1,289	1,271	1,253	1,245	1,335	1,086	1,200	1,200	1,200	1,200	1,200
Edinburgh	5,143	5,493	6,024	6,856	7,017	7,590	7,658	7,927	8,325	8,492	8,701
HW	1,920	2,000	2,390	1,900	2,400	2,445	2,795	3,315	3,365	3,415	3,450
Napier	1,580	1,824	2,070	2,952	3,279	3,771	3,700	3,700	3,700	3,700	3,700
<b>Postgraduate Research</b>											
QMU	158	144	147	141	148	116	142	142	142	142	142
Edinburgh	3,263	3,291	3,430	3,495	3,399	3,550	3,599	3,562	3,452	3,457	3,445
HW	1,075	1,030	1,020	1,010	1,025	820	795	795	760	705	675
Napier	258	220	237	220	218	240	230	230	230	230	230
<b>Total</b>	<b>56,932</b>	<b>58,437</b>	<b>60,332</b>	<b>61,840</b>	<b>63,920</b>	<b>65,936</b>					
<b>Summary</b>											
	16/17	17/18	18/19	19/20	20/21	21/22	22/23	23/24	24/25	25/26	26/27
QMU total	4,756	4,637	4,670	4,644	4,837	4,474	4,642	4,642	4,642	4,642	4,642
Edinburgh Total	29,919	31,325	32,548	33,686	34,985	36,832	37,000	37,377	37,409	37,009	37,328
HW Total	9,395	9,580	10,010	9,810	10,125	9,865	10,230	11,335	11,840	12,285	12,665
Napier Total	12,862	12,895	13,104	13,700	13,973	14,724	14,530	14,530	14,530	14,530	14,530
<b>Total</b>	<b>56,932</b>	<b>58,437</b>	<b>60,332</b>	<b>61,840</b>	<b>63,920</b>	<b>65,895</b>	<b>66,402</b>	<b>67,884</b>	<b>68,421</b>	<b>68,466</b>	<b>69,165</b>

QMU and Napier have advised that Roll Numbers will not increase 22 /23 - 26/27



**Appendix V – City Housing Sites Linked to Proposed Developments (under development v.6/10/22)**

City Plan Ref	Alt Ref	Site_name	Capacity Estimate	Pop. Generated	New P	Extension	increase practice size	Infrastructure Required	Funding source
H19	328	Broughton Road	262	550	Tram D				
H21	404	East London Street	41	86	Tram D				
H22	255	McDonald Road (B)	158	332	Tram D				
H23	144	McDonald Place	152	319	Tram D				
H52	142	Iona Street	80	160	Tram D				
H53	112	Albert Street	28	59	Tram D				
H54	12	St Clair Street	373	783	Tram D				
H42	161	Leith Walk /Halmyre Street	235	494	Tram D				
H24	336	Norton Park / Rossie Place	69	145	Meadowbank				
H25	115.2	London Road (B)	113	237	Meadowbank				
H26	335	Portobello Road	41	86	Meadowbank				
H27	350	Willowbrae Road	24	50			Baronscourt		
H35	393	Salamander Place	113	237	OT				
H36	157	North Fort Street	8	17	OT				
H37	136	Coburg Street	152	319	OT				
H38	386	Commercial Street	45	95	OT				
H39	158	Pitt Street	48	120	OT	Bangholm			
H40	382	Steads Place	193	405	OT	Victoria			
H41	384	Jane Street	448	940	OT	Victoria			
H43	7	West Bowling Green Street	83	174	OT	Victoria			
H44	8.2	Newhaven Road (B)	90	189	OT	Bangholm			
H45	8.3	Newhaven Road (C)	193	405	OT	Bangholm			
H46	10	Bangor Road (Swanfield Industrial Estate)	290	609	OT	Victoria			
H47	134	South Fort Street	414	869	OT	Victoria			
H48	329	Stewartfield	207	435	OT	Bangholm			
H49	385	Corunna Place	24	50	OT	Bangholm			



H50	9	Bonnington Road	56	118	OT	Bangholm			
H51	230	Broughton Road	23	48	OT	?			
H55	0	Seafield	800	1680		Restalrig	?		
H56	400	Sir Harry Lauder Road	104	218	Brunstane /Seafield		?		
H57	210	Joppa Road	8	16	Brunstane /Seafield		?		
H58	225	Eastfield	40	80	Brunstane /Seafield		?		
H87	75	Duddingston Park South	24	50	Brunstane /Seafield		?		
H5	348	Roseburn Street	152	320			?		
H7	99	Murieston Lane	69	145			?		
H16	128	Eyre Terrace	245	515	Stock-bridge				
H17	151	Eyre Place	69	145	Stock-bridge				
H18	226	Royston Terrace	28	59	Stock-bridge				
H20	399	Broughton Market	41	86					
H29	277	Silverlea	120	252	Granton				
H30	330	Ferry Road	14	29	Granton				
H31	302	Royal Victoria Hospital	360	756	Granton				
H32	95	Crewe Road South	320	672	Granton				
H33	106	Orchard Brae Avenue	55	116			?		
H34	107	Orchard Brae	124	260			?		
H59	0	Land at Turnhouse Road (SAICA)	1000	2100	S Gyle				
H60	0	Turnhouse Road	200	420	S Gyle				
H61	0	Crosswinds	2500	5250	S Gyle				
H62	0	Land adjacent to Edinburgh Gateway	250	525	S Gyle				
H63	0	Edinburgh 205	7000	14700	S Gyle				
H64	509	Land at Ferry-muir	88	185		S Queens			
H66	342	St John's Road (A)	14	29	S Gyle				
H67	391	St John's Road (B)	72	151	S Gyle				
H68	397	Kirk Loan	16	34	S Gyle				
H69	345	Corstorphine Road (A)	16	34	S Gyle				
H70	346	Corstorphine Road (B)	8	17	S Gyle				
H3	257	Chalmers Street (Eye Pavilion)	68	143	M / G				
H8	259	Astley Ainslie Hospital	500	1050	M / G				
H14	124	Ratcliffe Terrace	97	204	M / G				
H10	249	Watertoun Road	72	151					
H11	89	Watson Crescent Lane	8	17	M/H				
H13	94	Gillspie Crescent	166	349	M/H				
H15	126	St Leonard's Street (car park)	24	50			Salisbury		
H28	371	Cowans Close	55	116			Salisbury		
H86	0	Edinburgh Bioquarter	2500	5250	SE Outer				



H88	374	Moredun Park Loan	32	67	SE Outer			
H89	375	Moredun Park View	24	50	SE Outer			
H90	503	Morrisons at Gilmerton Road	32	67	Lib			
H91	289	Liberton Hospital	120	252	Lib			
H92	187	Gilmerton Dykes Street	24	50	SE Outer			
H93	188	Rae's Crescent	32	67				
H94	364	Old Dalkeith Road	24	50			Salisbury	
H95	353	Peffermill Road	16	34			Braefoot	
H1	91	Dundee Street	45	95			West E	
H2	100	Dundee Terrace	45	95			West E	
H4	356	Dalry Road	45	95			West E	
H6	349	Russell Road (Royal Mail)	69	145				
H12	88	Temple Park Crescent	28	59				
H65	320	Old Liston Road	104	218				
H71	58	Gorgie Park Close	110	231				
H72	363	West Gorgie Park	110	231				
H73	401	Gorgie Road (Caledonian Packaging)	138	290				
H74	191	Craiglockhart Avenue	24	50			Craiglockhart	
H75	379	Lanark Road (D)	80	168				
H76	368	Peatville Gardens	10	21				
H77	62	Gorgie Road (east)	469	985				
H78	61	Stevenson Road	290	609				
H79	34	Broomhouse Terrace	320	672				
H80	37	Murrayburn Road	384	806				
H81	38	Dumbryden Drive	124	260				
H83	280	Clovenstone House	97	204				
H84	238	Calder Estate (H)	28	59				
H85	367	Redford Barracks	800	1680			Craiglockhart	
			<b>24814</b>	<b>52115</b>				

***Proportionate contributions, in accord with the Circular 3/2012, will be sought from development towards the cost of new infrastructure***

*The final edition of this report will indicate all City Plan 2030 Housing sites linked to proposed Primary Care New or Existing Practices grouped by new Contribution Zones.*

#### **Appendix V(b)– City Plan + HLA 21 Housing Site summary linked to localities**

  
Copy of  
CityPlan\_New\_Housing



## Appendix VI – Developers Contributions Methodology

CEC Planning carry out an assessment of the impact of development proposals on Primary Care at the point of planning application submission. Despite the Scottish Government’s direction to not allow the Council to adopt its finalised guidance as ‘statutory supplementary guidance’ ([Finalised Supplementary Guidance on Developer Contributions and Infrastructure Delivery August 2018](#)) the Council’s planning service continues to use it as a material consideration in determining how to address the impact and level of contribution, using a series of healthcare contribution zones. Accordingly, since 2016 just over £1m has been received in contributions.

The Supplementary Guidance sets out a series of relevant actions that developers will be expected to make proportionate contributions towards to address the development’s impact on primary care. The actions vary from small schemes whereby a practice increases capacity through relatively minor adjustments of existing premises, to full re-provision or new build. This approach enables a flexible and proportionate response to the population increases arising from developments. The generic cost of actions is identified below. These costs are based on average construction costs and do not include land costs.

### 1.1 **Small Schemes** Cost range: £0.02m-£0.1m

Schemes to increase capacity by creating additional consulting space / reorganisation within existing practice premises. Cost range is based on the work carried out for comparable schemes in over 20 practices in the past 8 years

### 1.2 **Intermediate schemes** Cost range £0.1m – £1.0m

An intermediate scheme is a more substantial scheme for existing practice premises, where an extension is added or significant internal refurbishment is required to add sufficient increased capacity. Costs are based on completed schemes or schemes in development in the last 3 years.

### 1.3 **Refurbishment/redesign entire practice premises (£1M - £2M)**

This involves extensive redesign which may include augmentation of premises. May not be wholly attributable to new development pressures in which case only a % would apply for developers’ contributions e.g. If a practice of 8,000 increases capacity by a further 2,000 to accommodate growth from developments, then only the % relevant to the development would apply for contributions i.e. 20% in this example.

### 1.4 **New build** (Cost highly variable but in excess of £2M)

Likely to apply when an entirely new practice is required and where there is no general practice premises in the area, or that existing premises are unable to respond to the increased need. Indicative costs are based on Scottish Future Trust metrics.



Appendix VII – Existing Contribution Zones

Map of Health Care Contribution Zones, Edinburgh Council (2018)

