



Appeal Decision

Site visit made on 8 October 2019

by Jonathon Parsons MSc BSc DipTP (Cert Urb) MRTPI

an Inspector appointed by the Secretary of State

Decision date: 20 November 2019

Appeal Ref: APP/K3605/W/19/3232439

Walton Community Hospital, Rodney Road, Walton-on-Thames KT12 3LD

- The appeal is made under section 78 of the Town and Country Planning Act 1990 against a refusal to grant planning permission.
 - The appeal is made by North West Surrey Clinical Commissioning Group against the decision of Elmbridge Borough Council.
 - The application Ref 2018/3453, dated 16 November 2018, was refused by notice dated 5 February 2019.
 - The development proposed is the change of use of Burwood Ward from Hospital (Use Class C2) to General Practitioners Surgery (Use Class D1).
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Decision

1. The appeal is dismissed.

Main Issue

2. The main issue is the effect of the proposal on the living conditions of local residents, having regard to possible demands for on-street parking.

Reasons

3. The proposal would relocate the existing GP services at nearby Fort House Surgery to the former Burwood ward of the Walton Community Hospital on Rodney Road. The remainder of the hospital is currently in use and will continue to be operational. Opposite the hospital, there is a health centre with three GP practices. The hospital and centre have a total of 37 and 74 car parking spaces respectively. Outside of the two car parks, there is unrestricted street parking for 4 to 6 vehicles. A van used for a breast screening service has been removed from the centre car park.
4. The hospital and health centre lie either side of the junction of Rodney Road and Sidney Road. With the exception of the unrestricted street parking, both roads in the vicinity of the junction have double yellow parking restrictions. Most dwellings within the area have off-street parking or designated on-street parking, especially in cul-de-sac developments leading off the main roads. Only a few occupiers of dwellings along Rodney Road were observed parking on the road itself or associated verge areas based on what I saw on my site visit.
5. Initially, the existing surgery service would be relocated to the hospital site with its eight GPs (two full time, six part-time), two nurses and one support staff, and a list of approximately 12,000 patients. On a typical day, the surgery would see 46 patients an hour. The appellant's Transport Statement (TS) details a parking demand exercise, informed by data from the current

surgery operation, modal split for vehicle trips and trip generation for GP surgery doctors (Trip Rate Information Computer System (TRICS)). Taking a worst case possible scenario, it sets out an initial parking demand ranging from 17 to 26 spaces between the hours of 0800 and 1700 during the working week (Monday to Friday).

6. The appellant's 2018 and 2019 parking surveys highlighted the hospital car park was at full capacity and most spaces were occupied on a long-term basis, probably by staff. In contrast, there was spare spaces available most of the time at the health centre car park with at least 13 spaces being available. The surveys also indicated that the small staff car park at the centre was half full most of the time.
7. Under the TS, 13 spaces at the hospital car park would be marked up as patient spaces with a maximum one-hour length of stay and 5 spaces would be marked up for hospital staff car sharing. To prevent staff from parking in the health centre car park, all non-staff spaces would be identified for patient use only. Staff at the centre would be encouraged to use their underused staff car park in the first instance rather than the general centre car park itself. Parking by patients and staff in the centre car park would be encouraged when the hospital car park is full. Patients will be advised to come just 10 minutes prior to appointments in order to manage traffic flow and parking demand.
8. Under a detailed travel plan, there would be marketing and 'raising awareness of travel options' measures to encourage sustainable travel by staff, patients and visitors to the hospital, health centre and proposed surgery. Measures include a Travel Plan Co-ordinator (TPC), car sharing, discounted bus travel, cycling equipment discounts and the promotion of alternative non-private modes of travel. To monitor staff parking, staff would be required to display staff permits on vehicle windscreens. On this basis, the proposed mitigation measures for the initial re-location of the surgery would minimise the need for on-street parking in the area and any inconvenience to residents.
9. However, the appellant wishes to expand the capacity of the existing surgery and in this regard, objects to any planning condition restricting the number of patients to 13,500. Additional capacity would result from a greater number of consulting rooms within the former ward building which would increase appointments and thus patients visiting compared to the existing surgery. On this basis, the TS estimates that future parking demand would range from 37 to 56 spaces between the hours of 08:00 and 17:00 hours during the working week.
10. Such an analysis indicates maximum parking requirements on a worst case scenario basis and the implementation of the travel plan would reduce the need for additional car parking from these levels. However, there would still be likely to be a significant demand for additional parking because of the number of consulting/treatment rooms. The analysis also accepts that some of the patients would be using non-private car modes of travel in any case. On this basis, the actual additional parking demand would not be significantly lower than that indicated.
11. Further mitigation measures would involve parking space monitoring with a view to the re-configuration of the existing health centre car park and the creating of an additional parking area within a landscaped part of the centre site. Such works could create significant additional parking capacity. The

Surrey Heathlands healthcare strategy for 2020 also proposes digital access to the surgery's services to reduce the need for patient appointments.

12. Nevertheless, it is unclear whether there would be any consents/permissions required to be obtained for the physical car parking works and whether there may be any practical issues, such as highway, legal or utility constraints, possibly hindering such provision. In the case of the car parking re-configuration, it is unclear where the additional spaces would be created in the absence of detailed plans. As to the digital transformation of services, there is little information on its scope and timeline and therefore, I am unable to gauge the effects of it on patient parking demand. For all these reasons, it has not been demonstrated that such measures could take effect and thus, little weight can be attached to them.
13. Surgery patient travel is characterised by a high number of arrivals and departures during the day. If parking is unavailable for patients, a situation would soon arise whereby people will wait until a space within either of the car parks becomes available, park outside of the designated spaces within the car parks or elsewhere on the streets outside of them. Given the extent of the proposed surgery's services and facilities, there is a strong probability of the latter occurring.
14. There has been considerable third party representation raising problems of unauthorised parking on restricted sections of roads including around the junction of Rodney Road and Sidney Road, blocked drives and the parking of vehicles on pavements hindering pedestrians. Some of this relates to a previous temporary re-located surgery which would have been likely to generate significant traffic and parking demands because the patients would have mostly come from a different urban area. However, it has not been demonstrated that significant on-street parking demands would not occur for the reasons indicated and therefore, such demands would be likely to give rise to such problems again.
15. The highway authority has raised no objection to the proposal but this was on the basis that the existing patient numbers are not increased until additional parking is provided. Overall parking provision at the two car parks would accord with parking standards for the existing and proposed uses. However, there would be significant harm to the living conditions of residents for all the reasons indicated given the proximity of residential properties along Rodney Road and Sidney Road to the appeal site. Accordingly, the proposal would conflict with policies DM2, DM7 and DM9 of the Elmbridge Development Management Plan 2015, which collectively and amongst other matters, require parking provision to be appropriate to the site, parking stress not to be increased to the detriment of residents, and developments to be sustainable, safe and accessible to the local community
16. There is significant need for additional surgery capacity to cater for ever increasing numbers of patients and the appellant has been exploring options for alternative premises for many years. Fort House surgery is substandard in nature, size and facilities, especially for the disabled. There is local support for the proposal. The appellant is currently paying rent for a ward building that is empty. However, it can only be concluded that there would be significant parking issues based on the evidence before me in the absence of achievable mitigation measures. Therefore, the harm to the living conditions of residents

through inconvenience would be considerable, permanent and long-standing. Accordingly, there would be no material considerations of sufficient weight or importance that determine that the decision should be taken otherwise than in accordance with the development plan and therefore planning permission should be refused.

Conclusion

17. For the above reasons and having regard to all other matters raised, I conclude that the appeal should be dismissed.

Jonathon Parsons

INSPECTOR