Planning Inspectorate

Appeal Decision

Site visit made on 16 January 2026

by Alison Scott (BA Hons) Dip TP MRTPI

an Inspector appointed by the Secretary of State

Decision date: 9 February 2026

Appeal Ref: APP/P2935/W/25/3374664
Land between A189 and B1505, Cramlington, NE23 7QR

- The appeal is made under section 78 of the Town and Country Planning Act 1990 (as amended) against a refusal to grant outline planning permission.
- The appeal is made by Mr M Burke Alpha Recovery against the decision of Northumberland County Council.
- The application Ref is 25/00037/OUT.
- The development proposed is Erection of a Medical Centre (up to 1,500sqm) and associated works.

Decision

1. The appeal is dismissed.

Preliminary Matter

2. The proposal is submitted in outline with all matters reserved pertaining to appearance, access, landscaping and layout to be reserved.

Main Issue

3. The main issue is whether or not there is a need for a medical centre in this location.

Reasons

4. The appeal site is part of a longer linear piece of overgrown land sandwiched between and parallel to the A189 and the B1505 within the southeastern part of the settlement of Cramlington close to the housing estate of Southfield Lea. A double gate provides vehicular access from the B1505. The site is overgrown with a band of hedgerows enclosing it.

5. Although in outline, the proposal would indicatively consist of a two-storey building to be used as a health care service. An illustrated masterplan informs the principles of the development. The medical centre would be designed in an 'L' shape with indicative access to its parking area, taken approximately from the existing vehicular access. The main building would be located in the far northern end and designed to a modern specification with a large car parking area indicatively laid out for around sixty five spaces.

6. The area in dispute between the parties lies in the sole reason for refusal siting the unfounded need for the proposed healthcare facility.

7. The North East and North Cumbria NHS Integrated Care Board (ICB) has been consulted on the proposal and the appeal. They are responsible for planning and commissioning local health services in the North East and North Cumbria area.

8. Throughout the various stages they raise concerns relating to the need for the medical practice given Cramlington already provides a number of existing NHS GP services and the modern NHS hospital of the Northumbria Specialist Emergency Care Hospital (NSECH). This hospital care is available for local residents and workers to access. Their consultation response informs me they have no prior knowledge of the proposed facility and comment that as commissioners they have not been approached by the appellant or other GP's about providing a new facility here.

9. The appellant points to a number of factors adding pressure to primary care services. One such factor relates to new housing developments increasing the demand on GP services that would be made more severe by new housing developments in other boroughs that boarder onto the county where the occupants could access neighbouring NHS services within Cramlington.

10. Although the appellant provides evidence of developer contributions to be spent on GP services, they have not demonstrated that housing developments coming forward or windfall sites, either within the local area or within the neighbouring borough will place demand on primary care services within the local area to justify the proposal. Therefore, without further evidence to demonstrate how this would affect the healthcare supply within the Cramlington area, I cannot comment further.

11. Furthermore, the developer contribution towards primary care services is specifically targeted to a particular beneficiary once the evidence is gathered of a need. The contribution can be used by way of expansion to an existing practice to create additional space to accommodate the uplift in patient numbers. Alternatively, extensions to GP practices may not always be required as the financial contribution can go towards an additional medical clinician. It does not always stand to reason that a physical extension to a medical practice or a new build medical practice is required, or indeed that any financial contribution is necessary in accordance with paragraph 57 of the National Planning Policy Framework (the Framework).

12. The also justify the proposal as they reference an NHS in crisis; services being stretched, finances reduced and long wait times for care. They point to the Framework advocates faster delivery of health care facilities and local plan policies also supports improved health and wellbeing. There are further references made by the appellant referring to the pivotal direction of the County Council's Corporate Plan (2023-2026) and the Northumberland Joint Health and Wellbeing Strategy (2018-2028) focusing on strategic measures to tackle inequality.

13. In Northumberland as a whole, improving health and wellbeing is in focus and an aging and growing population is reported by the predictions of the Office of National Statistics. An aging population may also add to pressures on primary care resources. Be that as it may, there is still a requirement to precisely demonstrate whether or not there is a specific local need to deliver a medical centre of up to around 1,500sqm with car parking for around sixty-five vehicles in this location.

14. The appellant explains there are no end users procured for the proposed medical practice and they also comment that until planning permission is secured, medical practitioners will not engage in any discussions with a developer. Without evidence to substantiate their claim, I cannot rely on this. In any event, the ICB comment on no minimal engagement with them as commissioners for GP services. This is even more significant as their purpose is engagement and to direct medical centres to

areas that are strategically chosen to maximise patient benefit and operational efficiency.

15. The site location is outside Cramlington town centre where the local services and amenities are found including other complementary services like pharmacies that are closely associated with medical practices. A transport statement has been submitted with the appeal, and a travel plan would be in place to mitigate some of the impacts of the proposal. Public transport options to and from the site are available to the south of the site and the transport statement lists these. They are limited and infrequent. Patients to the medical practice may favour arriving by private car rather than using public transport. However, in locations where public transport options are limited, this encourages the use of the private car and undermines the sustainability of the site in this regard. Even with the appellant's good intentions to provide a footpath to join up with the bus stop, I am not convinced that the site is sustainably located where operations efficiency is optimised.

16. In terms of the benefits of the proposal, there would be economic benefits by way of job creation during construction, and any on-going spend that would be generated. The Green Belt would be preserved as a result of the proposal and some of this land used to mitigate the effects of the proposal by way of biodiversity enhancements with a 10% biodiversity net gain incorporated. Its design is intended to relate to local character and appearance with an active street frontage and designed to respond to site constraints. It would be built from high-quality materials to its finish and to an NHS specification and to green credentials. The appellant intends the building to be future proofed to adapt to increased population growth and age and fully accessible to patients and staff. The proposal would accommodate ambulance parking close to the main entrance and locationally close to the NSECH. Cycle and vehicular parking would be included on site. Flooding may be effectively mitigated, and any land contamination and ground stability issues can be overcome through planning conditions.

17. When weighing up the benefits of the proposal, construction job creation would be short term and small in the overall scheme of things as well as any on-going local spend arising from the likes of staff members. I apportion only a very small amount of weight to this. There would be no adverse impact on the openness of the Green Belt. However, this is a neutral matter in the overall scheme of things and neither weighs for or against the proposal. Biodiversity net gain is a policy requirement and would be supplied at the minimum necessary to make the development acceptable in planning terms. This is therefore afforded no weight. Its finished design would be part of a reserved matters application and can include an NHS specification as necessary. Precise details of its sustainable construction would not be fully addressed until the reserved matters stage. Therefore, I cannot reasonably apportion them any more than very moderate weight to these things at this stage. It would be a fully accessible building although there is no weight apportioned to the benefit of this as all public buildings are required to be fully accessible and there is no evidence before me to agree the building would be designed to be future proofed.

18. The site can accommodate cycle and vehicular parking. These are necessary to make the development acceptable in planning terms and therefore are afforded only very minor weight. As too is the effect on flooding and land subsidence that

should be mitigated. I apportion no weight to the ambulance bay and the close physical relationship of the medical centre to the NSECH.

19. All things considered, the benefits of the proposal do not overcome the fact it has not been demonstrated there is an identified need for this resource.

20. To conclude on this main issue, the development is therefore contrary to Policy STP 5 of the Northumberland Local Plan (NLP) with regards to the strategic priority of health and wellbeing in terms of its accessibility to public transport, and Policy INF 2 where new services must meet an identified need. It would conflict with Policy CNP 1 that encourages sustainable development but only in so far as the requirement to minimise the need to travel.

Other Matters

21. The appellant has insisted the medical centre would be designed to an NHS specification and the evidence is largely based around patients requiring an NHS service, and not a private one. However, a private medical centre has been mooted by the appellant. This is a very different proposition to that of public healthcare although there is no evidence before me of private healthcare providers early involvement with this proposal.

22. From the evidence before me it would appear that a private medical practice could be delivered by the appellant with no input required from the ICB. Furthermore, its delivery would not be reliant on predictions of new housing developments coming forward, population growth, expected future needs, an aging population, whether or not GP surgeries can or cannot accommodate expansion, and some of the other more stringent planning considerations where public healthcare is concerned. Therefore, under the circumstances I cannot fully consider the matter of a private facility without precise details.

23. It is not clear to me from the evidence presented whether or not the proposal would combine both public and private healthcare within one building. Therefore, I cannot comment on the acceptability of this from a planning perspective as there is insufficient details before me.

24. Where support to the proposal has been generated, they comment it would make efficient use of the land and that they believe there is a demand for this type of facility. It may make efficient use of land but nonetheless I am not persuaded a genuine need for the medical centre has been evidenced.

Balance and Conclusion

25. There is not sufficient evidence before me to justify the proposal. Whilst there would be some benefits to the proposal, in their totality they would be small. This leads me to conclude that there are no material considerations that indicate the decision should be made other than in accordance with the development plan. Therefore, for the reasons given, I conclude that the appeal is dismissed and planning permission is refused.

Alison Scott

INSPECTOR