

Mr Mark Shaw
Blackpool Borough Council
Customer First Centre
Municipal Building
Corporation Street
Blackpool
FY1 1NF

9th November 2015

Dear Mr Shaw,

**APPLICATION 15/0425 – LAYTON MEDICAL CENTRE, 200 KINGSCOTE DRIVE, BLACKPOOL
TWO STOREY REAR EXTENSION TO EXISTING MEDICAL CENTRE WITH AMENDED LAYOUT TO CAR PARK**

PWA Planning is retained by FWP and its client (Layton Medical Centre) to respond to recent planning and related issues concerning the above planning application. In particular we are asked to respond to the highway issues that have recently been raised by your highways officer and how this might affect the determination of the application.

In the first instance it is important to recap on the significance of the proposed development to the health facilities in this part of Blackpool and hence the significant population that the Practice serves. The effect of a failure to secure planning permission cannot be over-stated and in this regard the Practice Manager for the applicants has prepared a summary document which is appended to this letter and which identifies the urgent need for the improved facilities; the funding mechanisms for delivery of the scheme as well as other relevant matters concerning the proposed development from a healthcare perspective. I would ask that you consider and refer to this document within your report to Committee in order that Members of the Committee are fully aware of the significance of the development.

Turning to the planning application itself, we are aware that it has been with the authority since July 2015 and hence determination of the application is already considerably delayed. This is in the context of the timescales for securing the funding for the development – which will be lost if the matter cannot be resolved in 2015. We would very much hope that, having considered the content of this letter along with the associated documents, you will feel able to support the planning application and recommend approval. If this is not the case, we would ask that this be communicated to the agent at the very earliest opportunity in order that the applicants can consider how to proceed and how any concerns might be overcome. This would be consistent with the advice in paragraphs 186 and 187 of the National Planning Policy Framework.

In terms of the proposed development, we understand from discussions with FWP that, aside from the concerns raised by Mr Patel in his correspondence of 13th October 2015 and subsequent email of 4th November 2015, there are no other specific planning concerns, with the design, scale and massing of the

proposed extension and its effect on neighbouring property considered acceptable. Of course if this is not the case, the applicants would request that any issues be highlighted and that an opportunity is provided to seek to respond positively to any such matters.

It seems therefore that the only substantive issue is that of car parking and the concerns of your highways officer that the resultant level of car parking proposed in the application is inadequate to cater for the needs of the Practice and that this will result in overspill car parking on Kingscote Drive and other surrounding streets. Mr Patel also makes passing reference to concerns regarding taxis or other vehicles stopping to drop off on Kingscote Drive and the fact that this can cause some highway conflict.

On behalf of the applicants, PSA Design (as highway consultants) has prepared a brief rebuttal to the correspondence from Mr Patel and which is appended to this document. Whilst recognising the views of your own highway officer, you will see that the views expressed by your colleague are not shared by an experienced highway consultant acting for the applicants.

In addition, we have reviewed this application as well as earlier planning applications in the context of your highway officer's concerns and we would highlight the following in the context of the adopted Local Plan and more up to date guidance contained in National Planning Policy Framework.

A previous application ref: 09/0514 was made to and approved by Blackpool Council in May 2009 for the erection of six additional treatment rooms. This development resulted in a car parking space provision for the practice of sixteen spaces. The operation of the practice has continued since 2009 with this number of available parking spaces for both staff and patients, and has operated for the most part with a surplus of parking spaces, as is referenced in the transport survey provided by the applicant. The transport survey was undertaken in October 2015 by the Practice; it evidences the actual parking situation, providing details of staff and patient parking over a five day period. The graph showing the 'availability of practice car park spaces' shows that the peak parking space requirement over a four day period in October 2015 was eight, leaving 50% of the current spaces available. The report also details the wide availability of on-street parking in close vicinity of the practice, which is available for visitors to the medical centre as well as other people visiting the area. This on-street parking is not restricted and is freely available. Referring to the transport report it can be seen that 38% of the patients travel to the practice using sustainable transport. Patients at medical practices reside predominantly within close proximity of the health centre and it is consistent with current medical advice to promote a healthier lifestyle, encouraging the use of sustainable transport modes such as walking and cycling.

Mr Patel has not disputed the results of the transport survey, and his comments are principally concerned with the degree of shortfall in parking against parking standards. Of course these standards (set out in the adopted Local Plan – Appendix B) are clearly set as **maximum**. Indeed in the case of D1 Medical/Health Facilities, the stated maximum is 3 spaces per consulting room in locations with high levels of accessibility – which we consider would be the case given that the medical centre sits at the heart of its population base and which good means of access by means other than the private car. **Given that the adopted policy sets the parking number as a maximum figure, provision below this level remains in accordance with the development plan.** Indeed unless there were substantial evidence of highway safety concerns and / or significant loss of amenity to residents in the area, increasing parking provision would be inconsistent with encouraging the use of sustainable transport modes in preference to use of the private car.

In this respect the Practice has been operating in this location for many years with on-site parking provision well below the maximum standards. There is no substantive evidence of any highway safety or other amenity issues as a result of such parking levels. Indeed it seems evident from his comments that Mr Patel appears concerned about the general principle that on-street parking should serve to support developments with restricted on-site parking. He states that he does not understand why the use of unrestricted parking areas in the immediate vicinity is considered acceptable. Without commenting on this perspective, we would

simply repeat that there is no evidence of any adverse impact as a result of this under-provision. The only specific concern that Mr Patel has identified is that associated with taxis and other vehicles dropping off on the restricted section of Kingscote Drive. Drop-off of passengers is not prevented by the loading restrictions and is not directly related to the proposed development, i.e. it will continue even in the absence of the development. Perhaps more importantly Mr Patel has not noted any actual collisions / incidents occurring in this area as a result of these activities, which would indicate that this is not a significant highway safety concern.

The current application will result in the provision of fourteen treatment rooms with 12 on-site parking spaces. This represents a modest increase in consultation rooms / treatment rooms and it has been evidenced that it could result in an increase in trips of around 8%. Based on the transport survey information this could result in the requirement for one additional parking space at the practice. As such, the increased peak parking demand of 9 spaces will still be well within the residual on-site provision meaning that there will likely be free spaces even during the practice's peak hour. This will also mean that overspill car parking will remain the exception rather than the rule, although there appears to be ample unrestricted parking locally, which again implies that there are no serious issues with on-street parking in the locality.

Taking into account the above points, we consider the development to be in accordance with the development plan and in particular consistent with saved Local Plan Policies BH19 (Neighbourhood Community Facilities) and AS1 (General Development Requirements).

Furthermore, national policy as set out in the National Planning Policy Framework (NPPF), provides clear guidance on highway related issues and the determination of planning applications. NPPF paragraph 33 states that *“Development should only be prevented or refused on transport grounds where the residual cumulative impacts of development are severe”*. We cannot see that there is any evidence of likely severe residual impacts, nor indeed does Mr Patel suggest such impacts. As such refusal of the planning application on highway grounds would be contrary to NPPF guidance and would be wholly unreasonable, particularly given the clear benefits that the development will generate.

We trust that the above response is of some assistance in terms of the preparation of your report to Committee. We also hope that, notwithstanding the advice of your highways officer, the significant benefits of the scheme and the lack of other planning related concerns will allow you to conclude that the merits outweigh the alleged harm from lack of on-site parking and hence that planning permission ought to be granted.

In the meantime please let us know should you require any further information or clarification.

Yours sincerely



Paul Walton MRTPI

Managing Director

paul.walton@pwaplanning.co.uk

enc.

- Correspondence from Practice Manager (9th November 2015)
- Correspondence from PSA Design (6th November 2015)

Mr Barry Cleminson
Frank Whittle Partnership
6 & 7 Ribblesdale Place
Preston
PR1 3NA

9th November 2015

Dear Barry

SUPPORTING INFORMATION FOR DECEMBER 1st PLANNING MEETING

As requested, I've prepared the following summary of the benefits our proposed extension will provide to both the Layton community and the development of medical research in the North West.

Benefits to the Layton Community

The future of General Practice is in the development of 'multi-specialty community providers (MSCPs)' i.e. sites that can in one location deliver the full range of physical, mental and social services to the local population. The proposed extension is critical if Layton Medical Centre is to become a MSCP, as we do not have the space to provide an expanded range of services to our current and expected future patient population.

Therefore the immediate benefit to the Layton Community of our proposed extension is the availability of an enhanced range of healthcare services.

Looking at the benefits more widely, the proposed extension will potentially safeguard the provision of local primary care in Layton per se, as without the extra space it is doubtful we will be able to achieve MSCP status, bringing the long-term viability of the medical centre as a whole into question.

Benefits to the development of Medical Research in the North West

Layton Medical Centre is at the heart of final trials research in the North West, providing early access for Layton patients to the newest treatments for a range of conditions. However, research has relatively low penetration in primary care (less than 20% of practices participate) and to achieve the goal of 'a trial for every patient' the NHS needs existing research practices to increase the scale and scope of their activities.

The proposed extension will enable Layton Medical Centre to extend research activities, by providing room for extra staff to coordinate research with other practices and to involve more local patients in research trials.

Support from key stakeholders

Throughout the preparation of our proposals we have taken great care to ensure our plans meet the needs of our patients and other key stakeholders e.g. the local council, other healthcare providers, the Clinical Commissioning Group.

The attached letters from the Chief Executive of Lancashire Care and our local MP and minutes from our Patient Participation Group all demonstrate the strong support of patients and stakeholders for our proposals. This gives us confidence that the proposed improvements will achieve our goals.

I cannot stress how important it is that we receive planning permission from the Council on 1st December. The £500,000+ funding we have won from NHS England remains in our grasp, but only just. Any further delay in planning approval is likely to result in the withdrawal of that funding, at which point we will have little choice but to consider scaling back our ambitions for the future delivery of healthcare from Layton Medical Centre.

Yours sincerely

PAUL DUXBURY
PRACTICE MANAGER

Lancashire Care NHS Foundation Trust

Sceptre Point
Sceptre Way
Walton Summit
Preston
PR5 6AW

Tel: 01772 401064

Judith.Hough@lancashirecare.nhs.uk

12th February 2015

Layton Medical Centre – Letter of Support

Lancashire Care NHS Foundation Trust (LCFT) are supportive of the physical development of Layton Medical Centre as it will enable delivery of better care in a more accessible and patient focused manner.

LCFT are transforming the delivery of our services to better support an integrated neighbourhood approach by wrapping services around enhanced primary care reflecting the needs of the population. The development of the primary care estate is a key enabler of that integration.

I support the bid in-principle subject to the usual funding, planning and building regulations permissions.

Kind regards

Yours sincerely

Professor Heather Tierney-Moore OBE
Chief Executive

PAUL MAYNARD, MP.



HOUSE OF COMMONS

LONDON SW1A 0AA

Mr Paul Duxbury
Practice Manager
Layton Medical Centre
200 Kingscote Drive
Blackpool
FY3 7EN

Our Ref: PM/KM

4 March 2015

Dear Mr Duxbury

Please find enclosed a copy of the support letter I have sent to Dame Hakin and Jackie Forshaw in support of your NHS Infrastructure Bid. I do hope that the surgery is able to secure the extra funding to further develop your model of integrating physical, social and mental care – something much needed in Blackpool. I wish you and your team the best of luck with the bid.

In the meantime, if I can be of any further assistance to you or the surgery, please do let me know. I would be happy to help.

Yours sincerely

A handwritten signature in cursive script that reads "Paul Maynard".

Enc.

XXX

4 March 2015

Dear X

I am writing in support of the application for an Improvement Grant (IG1) for Layton Medical Practice.

As the MP covering the Layton area of Blackpool, I am well aware of the significant public health challenges that Layton Medical Practice faces, as well as their outstanding track record in addressing those challenges.

The proposals are an important step in allowing the Medical Practice to deliver on the model of care outlined in the NHS Forward View, and is entirely consistent with the CCG's commissioning strategy. Layton Medical Practice is currently amongst those piloting a new model of care to integrate physical, social and mental care of the local population, not only in an affordable and effective manner in primary care terms, but also in terms of relieving pressure on the nearby emergency care facilities at Blackpool Victoria Hospital. The Enhanced Primary Care initiative, which LMP are developing, is particularly important as it seeks to reduce Blackpool's high levels of hospitalisation amongst the over 75s and other vulnerable groups.

In addition, at a time of obvious pressures on primary care, it will also help to guarantee the future of provision within Layton. Like many GP practices, the practice needs to expand so as to benefit from economies of scale. The closure of an adjacent single-handed practice due to retirement will also put greater pressure on list numbers, and is an added factor to be considered when assessing the bid.

I hope you will look favourably on this application due to the significant improvement in primary care it will represent for my constituents in one of the more deprived parts of the constituency.

Yours sincerely

LAYTON MEDICAL CENTRE
Patient Participation Group Meeting
Tuesday 27th January 2015

MINUTES

Present: Robert Maxfield (Chair), Irene Horner, Liz King, Ann Hindle, Susan Lancaster, Paul Duxbury (minutes)

1 Apologies

- The Chair received apologies from Eric Norbury and Alan Neath

2 Minutes of previous meeting

- Reviewed and agreed with one amendment – apologies received from Susan Lancaster

3 Preparation for the 2015 Patient Participation Group Survey

- Draft survey questionnaire was reviewed and agreed with a few revisions:
 - Additional part to question 1 : “Why do you choose this/these modes of transport?”
 - Various typos to be corrected
- Maureen & Robert Maxfield will need a little excel tutoring to prepare the analysis charts for the survey. Action: PD
- ~400 copies of the survey will be required. Action:PD
- Survey to take place w/c 23rd February
- PPG Members to attend in person at the following times
 - M-F 0900-1100
 - M-F 1600-1730
 - Plus Mon 1800-1930
- Grid required to record who will be present from the PPG and when. Action: PD

4 Infrastructure Fund Bid

- PD gave an overview of the practice bid for a share the 2015/16 NHS Infrastructure Fund
- The aim is to increase the number of consulting rooms to allow provision of integrated physical, mental and social care
- The PPG unanimously endorsed the bid

Action: PD to draft the questionnaire

5 Next meeting

- Tuesday 17th February 2015 at 5pm
- Main item – to agree the rota and final arrangements for the PPG survey week

Meeting closed at 1730hrs

Our Reference : T2171/DW

Your Reference :

6th November 2015

**Mr B Cleminson
FWP
6+7 Ribbledale Place
Preston
PR1 3NA**

Dear Mr Cleminson,

**Layton Medical Centre Extension
Review of Highway Implications**

Further to your recent instructions, I confirm that I have now reviewed the Blackpool Council email of the 4th November (Mr Patel to Mr Shaw) with respect to parking and its potential transport/highways implications and set out my findings as follows.

Existing (baseline) Situation

As set out in the email, the 09/0514 planning application approved by the Council comprised expansion to 13 treatment/consultation rooms which according to Mr Patel would require a maximum of 52 spaces (plus pharmacy parking) – 16 were proposed. Whilst on paper, the parking provision is well below the Council maximum standards – in actual fact the surveys undertaken recently demonstrate that the nature of the site is such that there is more than adequate parking provision on the site, with between 12 and 6 spaces available (unused) at any time. There is also an abundance of on-street parking also available as recorded in the surveys.

Proposed Development

The current application would comprise 14 treatment/consultation rooms for which Mr Patel states that 56 spaces would be required – albeit that there would be a slight reduction in parking with 12 spaces proposed. Clearly, there would be a modest increase treatment/consultation rooms from 13 to 14 which pro-rata could increase trips to the site by some 8% (although I note that the Practice would consider this a worst case as not all the treatment rooms would be used simultaneously). Accordingly, this could result in an increase in peak parking demand in the car park (based on the surveys) of less than 1 space i.e. an

The Old Bank House
6 Berry Lane
Longridge
Preston PR3 3JA
T: 01772 786066
F: 01772 786265
E: mail@psadesign.co.uk
www.psadesign.co.uk

increase in peak parking demand from 8 to 9 spaces – clearly the 12 spaces proposed would be more than adequate to cater for this peak demand.

Notwithstanding the above, the parking surveys undertaken on the local highway network revealed that there is a significant amount of on street parking available should there be occasions when additional parking is required. It is clearly evident on site that such parking could be undertaken without detriment to either road operation or safety.

Conclusion

I am convinced that the proposals include sufficient parking provision and could be implemented without detriment to road operation or safety and therefore, I do not believe that there any highway related reasons why the application should not be approved.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'D Wallbank', written in a cursive style.

Dave Wallbank
Director