

Section '3' - Applications recommended for PERMISSION, APPROVAL or CONSENT

Application No : 11/01174/VAR

**Ward:
Plaistow And Sundridge**

Address : 84 London Lane Bromley BR1 4HE

OS Grid Ref: E: 540355 N: 170325

Applicant : Sundridge Medical Practice (Dr A Arora) Objections : YES

Description of Development:

Continued use as a doctors surgery with variation of condition 8 of appeal decision 98/01709 (restricting use to a single handed doctors practice of no more than one doctors and for no other purpose) to allow 3 doctors to practice from Sundridge Medical Centre.

Key designations:

Biggin Hill Safeguarding Birds
Biggin Hill Safeguarding Area
London City Airport Safeguarding
London City Airport Safeguarding Birds

Members previously deferred this application from Plans Sub Committee on 8th December, without prejudice, for the following 3 reasons:

- in order to seek advice from the Primary Care Trust (PCT) regarding patient numbers at the surgery
- for the Highways section to consider the appeal decision with regards to impacts on road safety
- for the ward members to consider the impacts of the highway surveys carried out by the Council's highway section

The responses received in respect of each of the above points is set out below with the previous report attached and the conclusion updated.

Primary Care Trust

Numbers of patients registered with GPs

Prior to the establishment of the national 2004 General Medical Services (GMS) contract, a national body called the 'Medical Practices Committee' determined all individual applications for increases in GP Principal workforce. It worked on the basis that a whole time equivalent/full time GP should have patients between the

benchmarks referred to by Dr Arora, subject to the perceived needs of the patient population. Since 2004, a number of changes have occurred:

- GP Principals (i.e. GPs who have signed a partnership agreement and are called independent contractors) have reduced and are being substituted by salaried GPs or Nurse practitioners (both employed directly by remaining GP Principals)
- A list of registered patients does not now relate to individual GPs within a practice, but to the partnership/clinical workforce as a whole. Therefore, a list size of 3,500 could be serviced by a part time nurse practitioner (who can provide the broad range of services provided by a GP providing it is within their 'scope of practice' and a three quarter time GP, and any combination of these. Practices (other than single handed GPs on a local Personal Medical Services (PMS) contract [which is equivalent to a GMS contract but with some locally commissioned services included] therefore determine themselves what workforce they require without interference from the PCT, unless the PCT has broader concerns about the practice.
- For single handed PMS Contract holders (of which Dr Arora is one), practices must seek permission from the PCT to increase the number of GP Principals (note: not salaried GP/nurse practitioners) which hold the Contract. In Dr Arora's case, the PCT permitted Dr Arora to take a partner some years ago subject to the removal of the planning condition that currently exists and that he is seeking to challenge.

Expansion of Patient Lists

Expansion of lists is only possible if patients choose to register with a practice and the practice chooses to remain open (see comments below too) to allow them to register. Dr Arora is already employing salaried GP help, which is completely within the Regulations, so whether or not the planning condition is removed, there is nothing to stop him continuing to register patients/ employ more salaried support and, providing the PCT is satisfied that there is sufficient clinical workforce available to provide good access to services within the practice, it would not stand in the practice's way as they would be appropriately responding to patients choosing to register. The reason why the PCT supports Dr Arora to take a partner is that it believes it is in the best interests of the patients who choose to register with the practice to have the choice of seeing more than 1 GP principal. It is far better for a GP Principal to share the burden of running a practice with another GP Principal, rather than having to only rely on salaried GPs who tend to work on the basis of working surgery hours/undertaking home visits but not supporting the wider administration needs of a practice. In short, the current planning condition provide no legitimate safeguard which prevents expansion of list.

Controlling list sizes

Whilst GPs have the right to close their lists to new registrations, this flies completely at odds with national/Government policy for practices to remain open and extend their boundaries to allow more patients to register. Whilst the PCT has no right to forcibly close a list, if there were concerns about how a practice was coping, it would deploy a range of other contract remedies to investigate/take

action. The PCT has no reason to take such actions in the case of Dr Arora's list size.

Highways

Two further surveys were carried within the morning rush hours between 8.30 – 9.00am (06/12/2011) and between 9.30-10am (08/12/2011). A number of roads within the survey area have Controlled Parking Zone (CPZ), the roads in above surveys only restricts parking between 12:00noon and 2:00pm Monday to Saturday.

In addition through consultation with the Council's accident data base there were no accidents immediately in front of the site in the last 3 years, however there were 4 accidents that occurred on the opposite side at Plaistow Lane, 3 slight accidents and one serious accident. All involved driver's behaviour. As mentioned previously there are no highway safety issues.

Furthermore TRAVL data base which predicts the traffic generation for various developments has been consulted and it estimates that up to 3 cars (traffic) movement would be generated during peak hours as a result of the development.

Moreover the expansion of CPZ and waiting restrictions in the surrounding area was implemented after December 2003 has helped to reduce the parking problem within the immediate vicinity.

The inspector in July 2002 visited the site and stated that "...hardly any parking spaces unoccupied in those parts of the area I visited". It is not clear what area the inspector covered. The site has now been visited 6 times at various times and there were parking spaces available within the vicinity.

It is considered that those people who arrive by car will not park in an unsafe location, as the usual waiting time for patients to see a GP is between 15 to 20 minutes. The Inspector's decision was nine and half years ago, the circumstances have changed.

Additionally TRAVL data base confirms that some of those would come to surgery on foot or by public transport and so it is unlikely that the residual level of traffic generation would have a significant impact on local traffic flows.

It is accepted that any increase in parking demand can give rise to inconvenience as a driver's first choice is to park as close as possible to the final destination, but when matching likely parking demand against the possible availability, there are no convincing arguments that additional traffic generated by the development inclusive of dropping off passengers would be detrimental to highway safety.

Further to the above comments a letter dated 13th December from the Metropolitan Police concluded that there had been a total of 36 collisions in the last five years in London Lane and around the junction with College Road. Further clarification has been sought by the highways section from the Metropolitan Police as to how their accident numbers could be so divergent.

The author of the letter has confirmed on behalf of the Metropolitan Police that the accident data referred to covers the entire length of London Lane and is not restricted to the area of and directly around the application site. In view of the above, the comments given from the Highways section remain unchanged.

Applicant's Agent

The applicant's agent has also submitted a further statement providing what they consider to be clarification on a number of matters raised at the previous committee.

It is considered that the main issue should not be list size per se but rather the number of patients that visit the surgery at any one time. Notwithstanding the size of the list, the number of patients who can visit the surgery at any one time will be largely determined by the number of surgeries operating at that time. Although the application seeks permission to allow 3 doctors to practice, it is anticipated that three surgeries would only operate simultaneously in rare and exceptional circumstances, e.g. in the event of a flu epidemic.

Each GP would normally see 6 patients an hour, it is therefore anticipated that only an additional 6 patients would visit the surgery per hour.

The body of the previous report is repeated below with the Comments from Local Residents and Conclusions sections updated.

Proposal

Planning permission was granted on appeal in December 1998 for the doctor's surgery and pharmacy. A condition attached at this time set out that the surgery should be used as a single handed doctor's practice of no more than one doctor and for no other purpose.

The current application seeks to vary this condition to allow up to three doctor's to practice from the surgery.

Location

The application building is a modern 2 storey detached structure with a single storey side element. It is sited in a corner location at the eastern end of London Lane at the junction with College Road. The area is mainly residential in character. Its close proximity to Bromley town centre means that many of the surrounding streets are subject to controlled parking zone (CPZ) between 12 noon and 2pm Monday to Saturday or single yellow lines. There is a small car park [accessed via College Road] within the application site to the south of the main building for 5 cars. To the north there is a pharmacy.

Internally, the building is spacious and appears to provide a generously proportioned functional use of the available floorspace. There are 5 consultation rooms over 2 floors in total including 3 for medical consultation and 2 for

therapy/ treatment and interventions. In addition there is also a reception, waiting room, office, records storage room, managers room / meeting room / kitchenette.

Comments from Local Residents

Nearby owners/occupiers were notified of the application and 13 representations were received including a petition signed by 19 local residents a letter on behalf of partners of the nearby London Lane Clinic and one letter in support of the proposal. The representations can be summarised as follows:

- the nearby London Lane Clinic has the capacity to register a further 3,500 patients, whilst still remaining within the Department of Health list size guidelines. In addition there is a large dedicated car park attached to the clinic for patient use.
- the chances of being able to take a photograph of London lane and Burnt Ash Lane during a weekday showing no traffic and plenty of parking spaces is extremely unlikely. The photographs submitted are extremely misleading.
- the surgery already employs staff for a host of other services including nurse practitioner, community psychiatric nurse, health visitor, dietician, chiropodist, yet there are only 5 off street parking spaces available
- any increase in parking demand in this location will give rise to illegal parking and would be harmful to traffic and pedestrian safety
- households already experience daily difficulties of access to and from their own properties as a result of individual parking a cross their driveways
- the continued expansion of the Sundridge Medical Practice has led to serious traffic and parking problems which causes delays for doctors and nurses when going out on urgent house calls
- if the practice is increased to 3 doctors it is imperative that the practice patient numbers are kept to a reasonable manageable level
- any new doctors appointed could bring patients with them and greatly increase existing patient numbers
- two surgeries running simultaneously would mean twice as many appointments per hour and twice as many patients coming to the surgery
- the applicant gave written assurances when he originally applied for planning consent in 1998 that he had no intentions of recruiting another doctor, that his patient list would be around 2,500, that the pharmacy would dispense medicine only, the outcome has been very different which has resulted in an over-intensive use of the site and traffic and parking problems
- there are grave concerns regarding the high number of accidents that have occurred in London Lane and around the junction with College Road and also the discrepancies between the accident data recorded by the Metropolitan Police and that referred to the highways department.

Comments from Consultees

From highways point of view the following comments are made:

The practice is located in an area with a medium Public Transport Accessibility Level (PTAL) of 3. The submitted parking surveys were carried out on three occasions, Tuesday 15 February 2011 between 10:45am to 11:15am, Friday 18 February 2011 between 9:15am-9:45am and Monday 7 March 2011 between 12:10pm to 12:25pm.

The results show that there are a good number of car parking spaces available within the locality. Also as the area has a good public transport links it is considered that the increase in number of doctors to 3 wouldn't have a significant impact on the parking demand and highway safety and no objection to the proposal are therefore raised.

Following input from local residents regarding the existing parking difficulty within the vicinity of the proposed development the site was visited on a number of occasions to determine the validity of the evidence produced by the applicant's agent.

Four separate car parking surveys were carried out by the Council between 8th-13th September 2011 within 5 minutes walk of the development over this period between 27 and 37 available parking spaces were observed.

During the surveys it was noted that the pharmacy has a number of visitors stopping to pick up prescriptions, it is considered that a lot of the short term parking may be as a result of patients picking up their prescriptions and causing inconvenience to local residents.

On balance no objections are raised from a highways point of view.

Bromley Primary Care Trust (PCT) have expressed their strong support for the application for three key reasons:

- significant additional demand will be placed on general practices as a result of the Adopted Bromley Town Centre Area Action Plan. Sundridge Medical Practice (SMP) is well placed to offer high quality, accessible services to Bromley residents, giving them a genuine choice of quality primary medical providers
- there is a significant drive towards delivering services within the community to avoid patients having to go to hospital SMP is well placed to support the PCT in delivering more services locally
- unlike many of the GP premises in Bromley SMP is a modern building and is more than adequate to accommodate additional clinical support staff with minimal investment in infrastructure.

Planning History

Planning permission was originally refused under planning ref. 98/1709 for a detached one/ two storey building for doctors surgery and pharmacy with new vehicular access. A subsequent appeal was allowed the Inspector did

not consider that the proposal would give rise to a significant parking demand which would be unduly prejudicial to highway safety. In reaching a decision the Inspector reasoned as follows:

“You have estimated based on the appellants current list and allowing for those coming to the surgery on foot or by public transport, the practice would give rise to demand of 3 on street parking spaces per hour during the main opening hours...However, your figure seems to me a conservative estimate given that the current patient list could expand without sanction and the other health services provided at such a commodious building could also generate additional traffic. But even an underestimate of 30-40% would only account for an additional car and this is a reflection of a demand which even if doubled cannot in my opinion be regarded as, to use the Council’s term, ‘substantial’”.

In 2001 under planning ref. 01/00522, a very similar application to that currently being considered was refused to vary condition 8 to allow more than one doctor. A subsequent appeal was dismissed. In this instance the Inspector concluded the following:

“I have seen no evidence that either parking or traffic conditions are better now than they were in 1998...The surgery is situated at fairly sharp corner within what appears to be a busy road system, and cars stopping at this location to deposit patients would be a source of traffic conflict and a lower safety level. Furthermore an increase in parking demand in an area where very few spaces are available would generate considerable pressure to find spaces with a significant risk of illegal or unsuitable parking and on-street manoeuvring. Both would cause inconvenience and, in some locations, risk to traffic and pedestrian safety. I conclude that all of these factors would, in combination, be unacceptably prejudicial to traffic safety and as such, would be contrary to local policies whose aim is to avoid such problems.

Planning Considerations

The current application must be determined in the context of present circumstances. Since permission was originally allowed on appeal in 1998 Planning Policy Guidance Note 13-Transport PPG13 has been significantly amended placing emphasis on the importance of accessibility by means of transport other than the car. Additionally the nature of healthcare has radically altered with a drive to deliver services that were formerly provided in hospitals, in GP surgeries. Additionally the Bromley Town Centre Action Plan (AAP) proposes significant increases in the population of Bromley an additional 1,820 residential units. Whilst additional health provision is proposed within the AAP it is likely that some of the additional residential development will occur in advance of the intended health care provision.

Policy C1 of the Unitary Development Plan (UDP) concerns ‘Community Facilities’ it states that the Council will normally permit developments which meet an identified health need. The proposal has the strong support of the

PCT which indicates that the proposal will help to improve the health and well being of patient in the area.

Policy C4 of the UDP concerns 'Health Facilities' it states that the Council will support improved facilities where they are accessible by public transport. The site has a PTAL rating of 3, being within walking distance of Sundridge Park train station and 4 bus routes.

The applicants agent has provided justification for the requirement for a further 2 doctors at the practice. The detailed comments can be summarised as follows:

The number of patients currently registered at the SMP is currently 4,778 which is twice the recommended 1,500- 2,400 patients per doctor ratio set out in the Department of Health (DoH) guidelines. The practice also has the highest patient to doctor ratio in Bromley. The additional two doctors are therefore needed to alleviate the workload of the current doctor who is currently struggling to meet the demands for consultations at the surgery. The advice from DoH is that the patient list should remain open and can only be closed in exceptional circumstances.

It is stated that analysis carried out clearly demonstrates that SMP is accessible by a number of modes of transport including train, 4 local buses, cycle routes and walking. Furthermore, the results of the submitted parking survey show that during periods when the CPZ was / was not in operation there were ample parking spaces available. It is recognised that circumstances arise where patients need to be dropped off outside the surgery and in this instance it is proposed that one of the five car parking spaces within the existing car park be designated as an emergency drop off point and this arrangement could be secured by way of an appropriate planning condition.

Examples are also given of other surgeries within the Borough that have more staff than the SMP but less off street parking.

It is also stated that the proposal would in line with Government advice enable the business to develop and provide much needed employment opportunities for doctors and other staff thereby promoting sustainable economic growth.

It is not anticipated that list sizes will increase significantly as this is largely dependent upon increases in the size of the local population also increasing. Although the application seeks to allow a total of 3 doctors it is anticipated that for the majority of the time only 2 surgeries will run simultaneously which would (based upon each doctor seeing 6 patients and hour) result in approx. 12 patient visiting the surgery per hour. With 3 simultaneous surgeries occurring only in exceptional circumstances.

Confirmation is also given that it is the applicant's intention to employ 2 doctor's to deal with the current patient list and not for a doctor/s to transfer an existing patient list to the SMP.

Conclusions

UDP policies, the London Plan, the Draft London Plan and Central Government guidance give clear support for the principle of proposals which meet health and community needs.

The main issue in this case is therefore whether the proposal would give rise to a significant parking demand which would be unduly prejudicial to highways safety.

The initial Planning Statement stated that the surgery received on average 10-15 applications per week from local families and individuals wanting to join the practice. This is at odds with later statements which set out "that the list size will not increase significantly in the future". The Bromley AAP proposes an additional 1,820 residential units which could see a significant population increase. Notwithstanding this the staggered appointments system proposed by the applicant with only 2 surgeries running simultaneously would lower by one-third the number of patients visiting the surgery to 12 per hour from a possible 18.

There are a number of areas where it appears that unsanctioned changes could occur which could change the overall impact that SMP has upon parking demand and ultimately highways safety. This includes the ability for a new doctor to transfer patients, for patient lists to expand further, for 3 surgeries to run simultaneously on a regular basis. The intentions of the applicant are clearly set out but as is evident from the applicants original no doubt earnest intentions for the practice [in 1998] regarding number of doctors and patient lists, circumstances can change over time.

It is however considered that the current application must be determined in the context of the present circumstances and from a highways point of view no objections are raised and indeed highways surveys carried out by the Council's own highways engineer would support the contention set out in the applicants statement that their would be sufficient on street parking capacity to cope with the additional patients visiting the practice.

The PCT have confirmed that there would be no legitimate safeguard to prevent the expansion of the patient list in the future, it also states that GP's themselves have the right to close their lists to new registrations. They confirm however that this action would be at odds with the national and government policy which encourages practice lists to remain open and indeed for boundaries to be extended to allow more patients to register. The PCT reasserts its support for the proposal primarily on the basis that it would be in the best interest of the patients to have the choice to see more than 1 GP principal.

The Highways section have updated their earlier comments with reference to the appeals history and also the recent data from the Metropolitan Police. Having considered the previous appeal decision and accounted for the

discrepancy between the Highways and Met Police data the highways view remains unchanged and no objections are raised.

In view of the above the previous recommendation remains unchanged.

Background papers referred to during production of this report comprise all correspondence on file ref. 11/01174, excluding exempt information.

as amended by documents received on 26.07.2011 08.10.2011 17.11.2011 11.01.2012

RECOMMENDATION: APPROVAL

subject to the following conditions:

- 1 The use of the surgery shall not operate on any Sunday or Bank Holiday, Christmas Day or Good Friday or before 08:30 hours and after 18:30 hours on Mondays, Tuesdays, Wednesday s and Fridays; before 08:30 and after 19:30 hours on Thursdays; or before 09:00 hours and after 12:00 noon on Saturdays.

Reason: To accord with the terms of the appeal decision (application 98/1709) permitting the redevelopment of the site and in the interest of the residential amenities of the area.

- 2 The use of the pharmacy shall not operate on any Sunday or Bank Holiday, Christmas Day or Good Friday or before 09.00 hours and after 18.00 hours on Mondays and Fridays; or before 09.00 hours and after 12.00 on Saturdays.

Reason: To accord with the terms of the appeal decision (application 98/1709) permitting the redevelopment of the site and in the interest of the residential amenities of the area.

- 3 The surgery shall be used for up to 3 doctor's and for no other purpose.

Reason: In order to comply with Policy C1 of the Unitary Development Plan and accord with the terms of the appeal decision (application 98/1709) permitting the redevelopment of the site.

- 4 The pharmacy hereby permitted shall be for no more than one pharmacist and shall be used for no other purpose.

Reason: In order to comply with Policy C1 of the Unitary Development Plan and accord with the terms of the appeal decision (application 98/1709) permitting the redevelopment of the site.

- 5 The car park signage clearly indicating the car park is for staff use shall be permanently maintained.

Reason: In order to comply with Policy T3 of the Unitary Development Plan and accord with the terms of the appeal decision (application 98/1709) permitting the redevelopment of the site.

- 6 The car park barrier which shall be permanently maintained shall be kept in locked and closed position at all times when not being used for the purposes of vehicular ingress and egress.

Reason: In order to comply with Policy T3 of the Unitary Development Plan and accord with the terms of the appeal decision (application 98/1709) permitting the redevelopment of the site.

7 The 3.3mx2.4mx3.3m visibility splays shall be maintained and there shall be no obstruction to visibility in excess of 1m in height within these splays.

Reason: In order to comply with Policy T18 of the unitary Development Plan and in the interests of pedestrian and vehicular safety.

8 AJ02B Justification UNIQUE reason OTHER apps

Policies (UDP)

C1 Community Facilities

C4 Health Facilities

Application:11/01174/VAR

Address: 84 London Lane Bromley BR1 4HE

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