

Your Ref: DC/18/0721/FUL
Our Ref: 570\CON\1908\18
Date: 17th September 2018
Highways Enquiries to:
Highways.DevelopmentControl@suffolk.gov.uk

WORKING PAPER 2



All planning enquiries should be sent to the Local Planning Authority.

Email: planning.help@westsuffolk.gov.uk

The Planning Officer
St Edmundsbury Borough Council
West Suffolk House
Western Way
Bury St Edmunds
Suffolk
IP33 3YU

For the Attention of: Britta Heidecke

Dear Britta,

**TOWN AND COUNTRY PLANNING ACT 1990
CONSULTATION RETURN DC/18/0721/FUL**

PROPOSAL: (i) Change of use from dental clinic (D1) to dental clinic and community healthcare facility (D1); (ii) 5no. additional car parking spaces.

LOCATION: Saxon House, 7 Hillside Road, Bury St Edmunds, Suffolk, IP32 7EA

ROAD CLASS:

Notice is hereby given that the County Council as Highways Authority recommends that permission be refused for the reasons detailed in our response of the 26th June. This further response is to clarify this recommendation following the submission of the applicant's Transport Technical Note and supporting statements from the NHS and CDS.

Existing Use

The dental facility was granted permission after information provided by the applicant, extracts are copied here (in italics), which allowed us to withdraw our objection and accept that although the parking provision was below the recommend level in the Suffolk Guidance for Parking for a dentist surgery the specialist nature allowed a reduced parking provision and the permission was granted for this use only, as agreed with the applicant.

"The fact the scheme is meeting a specific need, where patients are generally transported to the surgery rather than using sustainable modes of travel, illustrates it is a specialist service as opposed to a traditional high street dental practice, this is relevant when considering its sustainability credentials"

"Should the case officer be minded to approve the application, we would recommend a condition be imposed limiting the use to CDS only for the purpose of special dentistry care. This would ensure the unit could not in the future be changed to another D class use without appropriate detailed consideration. Restrictions should be placed on the occupation of the unit to ensure the extent of the floor area available for use enables full compliance with the car parking standards"

However, for the Technical note they have undertaken a snapshot survey of on-site car parking and supplemented it with a car parking log – Points here:

- 1) The peak of 16 cars parked on-site coincides with a staff parking peak of 12 staff on-site (and 1 staff cycle). So we can assume by this basis that there will be occasions with all 13 staff on-site. Also indicative that it isn't a location that is attracting sustainable trips from its staff (assuming 13 staff, that's 13 single occupancy car drivers and 1 cyclist).
- 2) Para 2.3 sets out that *"It has been confirmed by the operator of the site that the surveys recorded conditions that were typical of the dental practice"*.
- 3) If you were to compare this to a standard TRICS assessment of a dental surgery (based on their criteria used in their TRICS assessment of the clinic) the peak car parking at the site is greater, which may indicate a site that is more car based than those within TRICS.

Community Healthcare Facility

They have used TRICS to assess the healthcare use using the category Health – Clinics and applied to the proposed 12 full time employees. This equates to a peak accumulation of ten vehicles. Points here:

- The methodology doesn't include any on-site car parking at the beginning, which given that the assessment ends with a negative accumulation is incorrect, so we can assume that the peak is actually at least 11.
- Given that the peak TRICS occupation is at least 11 cars – but you have 13 employees, you'd have to assume that a minimum of 2 employees are travelling sustainably, but in reality more as a number of these vehicles are going to be associated with patients. Assuming that 5 of the vehicles are patients that equates to 7 staff travelling sustainably, which has been indicated as unlikely given the results above for the dental surgery.
- As above the TRICS assessment for the dental facility underestimated the car parking demand.

Total Site

They have used two methods for the total site.

Method 1: Survey + TRICS for 12 employees

According to their assessment this results in a peak occupancy of 22 vehicles. For 31 spaces this equates to 71% occupancy. With obviously more capacity if you were to assume 36 spaces.

Method 2: 25 Employees

According to their assessment this results in a peak occupancy of 19 vehicles. For 31 spaces this equates to 61% occupancy. With obviously more capacity if you were to assume 36 spaces.

They go on to state that a maximum of 10 patients are likely to attend specific group therapy sessions, but that even if they all were to drive, the car park would still operate within capacity, which assuming that method 2 is accepted, then would be correct for both 31 and 36 car parking spaces, but assuming method 1 is accepted would only be correct for 36 spaces.

The methodologies above assume a significant amount of sustainable travel, which the existing use survey shows is not the case.

Car Parking Provision

The level of car parking provision has been justified based on correspondence with the NHS which states the following:

"I am aware that the planning authority is concerned about the provision of sufficient parking at Saxon House. You may be aware that in general terms, NHS England supports reimbursement for a maximum of 3 parking spaces per clinical room for primary care facilities for which we reimburse rental costs. I understand that the guidance currently being applied is for four spaces per treatment room. NHS England's view is that due to the type of services being delivered at this facility 3 parking spaces per treatment room will be sufficient."

They state that 2 disabled persons bays, which equates to 5.56% (36 bays) of the provision is acceptable, this is unevidenced. Suffolk Parking Guidance states that for Medical Centres:

"Dependent on actual development, on individual merit, although expected to be significantly higher than business or recreational development requirements".

Business or recreational standards are in the order of 5 to 6% dependent on the use. 5.56% is not significantly higher than 5%.

We further note that;

The additional 4 parking spaces proposed to the rear of the site (33 to 36) render spaces 5 to 12 inaccessible, and if used would cause additional vehicle movements and staff disruption as staff using the existing spaces would be totally blocked in. Space 32 removes the only passing space on the narrow access to the rear parking.

The ancillary back office use to support 'community health care professionals' is not detailed until the technical note and supporting information and appears to be an additional use to that initially detailed in the application. If the proposed facility is to also be a base for these community-based professionals is not made clear, nor is any associated parking for them.

In summary, we do not accept the Technical Note shows the existing level of parking to be sufficient for both proposed and approved uses, and as the application falls so far short of the recommendations in the Suffolk Guidance for Parking and this is not a sustainable location we retain our recommendation of refusal.

Yours faithfully,

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Development Management Engineer
Strategic Development