The Planning Inspectorate

Appeal Decision

Site visit made on 21 March 2018

by John Morrison BA (Hons) MSc MRTPI

an Inspector appointed by the Secretary of State

Decision date: 5 April 2018

Appeal Ref: APP/A2525/W/17/3192339
3 Church Walk, Pinchbeck, Spalding PE11 3RD

- 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 Munro Medical Centre against the decision of South Holland District Council.
- The application Ref H14-0925-17, dated 28 September 2017, was refused by notice dated 22 November 2017.
- The development proposed is the extension of doctor's surgery and addition of 25 degree pitched roof.

Decision

1. The appeal is dismissed.

Main Issues

2. The main issue in the determination of this appeal is the effect of the proposed development on the living conditions of existing neighbouring occupiers with specific regard to whether or not there would be increased disturbance and inconvenience arising from the use of both Church Walk and the existing car park.

Reasons

3. The appeal site comprises a single storey detached flat roofed building currently in use as a doctor's surgery. The land around the building is laid to loose stone and is an irregular shape, tapering to a point at the rear and opening wider at the front where it abuts the back edge of Church Walk. The road is a single width surfaced track which terminates at one end allowing pedestrian through access only. There are no segregated footways making it effectively a shared surface. There are a number of residential dwellings that surround the site that have private access on and off the road. The car park to the front of the surgery is owned by a separate party who also use it and operate a hair and beauty salon.

4. It is set out in the evidence that the existing car park has a capacity for between 6 and 7 cars. There are no formal spaces demarcated.

5. The proposed development seeks to extend the building to both sides and provide a pitched roof. I have no doubt that from an aesthetic point of view this would represent something of an improvement. However, the extensions would involve additional land take, land on which cars can currently be parked.

Specifically the south side which would be subsumed by additional floor space. Parking at the premises seems, from the evidence of third parties, to be at a premium.

6. There are other factors which add to my concerns in this respect. Chief among which is that the proposals show, to my mind, a clear expansion plan. The surgery would go from one consulting room to two and increase the size of the waiting room. Whilst this does not necessarily indicate that there will be more than one GP operating from the premises or more patients at any one time, it is reasonable to deduce that the purpose of the second consulting room and enlarged waiting area is so appointments can operate simultaneously or increase in their number and thus, in essence, increase operations or services in some way.

7. Whilst space for six to seven vehicles may be physically possible now, there is no indication that this does not refer to all possible space. Space that would inevitably reduce as a result of the increase in the size of the surgery. Indeed at the time of my site visit which was early of a weekday afternoon there were two cars parked outside, one to the south side which would be taken up by new floor space. This reduction in capacity would perhaps only result in the loss of a single space but such a move seems illogical when the premises are expanding.

8. I fear that this capacity does not legislate for staff and concentrates on patients. However, there could conceivably be one or two people working reception and two occupants of the consulting rooms. There is a distinct probability that a proportion of this staff roster would travel to work by car. This adds further pressure.

9. The lack of any marking out of spaces outside the surgery means that parking would be informal at best. This means visitors will park where they can and allow for other parked cars to gain access to their vehicles and importantly allow them space to leave. Taking this, staff parking, patrons associated with the adjacent hair and beauty salon and the enlargement of the premises into account I have serious reservations that the capacity of the car park is and would be as stated.

10. The proverbial up shot of this is that there would be an increased propensity for visitors to park on the road which would not only cause an obstruction for vehicles and pedestrians and thus impact adversely on the safe use of the highway but also cause an inconvenience and likely higher level of stress for occupiers of neighbouring dwellings who rely on unimpeded access to their properties. This would, I have little doubt, have an adverse effect on their living conditions.

11. In noise and other disturbance terms, I do not find there would be significant harm. There would likely be an increase in the number of visitors to the premises as I have explained. However, approach speed would be very low due to road conditions and the type of noise would not change from how it is now. In addition, there is no indication that the surgery would operate during unsociable working hours.

12. Be this as it may, this would not be sufficient to reduce the harm that I have found above. Harm that would bring the proposed development into conflict

with saved Policies SG1 and SG17 of the Local Plan[1]. These Policies, amongst other things and along with one of the core principles of the Framework[2], seek to ensure that new development does not impair the quality of life for residents and that a good standard of amenity is provided for existing and future occupiers of land and buildings.

Other Matters

13. I accept the appellant's argument that not all visitors to the surgery would arrive by car. It is reasonable to assume that due to its central location some patients would be on foot. However, this would not overcome my concerns sufficiently. Mainly since the size of the premises is expanding and the land take afforded to any car park is reducing. The matter of staff parking appears to have been given little consideration, the car park is not marked out and it is shared with another commercial premises. Taking all of these factors into account which reflect my findings as well as the fact that some visitors may be disabled or unable to access the surgery by means other than the car, the fact that some may walk to the surgery fails to convince me that the provision for parking on the site is sufficient.

14. There are clear community benefits to the proposed development. Enlarged surgery capacity would no doubt be of further benefit. Local accessible health care is important. I apportion this matter some weight. This benefit however has to be weighed in the balance and given my concerns above I can only conclude that whilst improvement and expansion is a good thing, perhaps not in the location where it is proposed in this particular case.

15. I have given some thought to limiting the operating hours of the surgery as a means to alleviate parking concerns. This could be done by planning conditions. Whilst this may go some way to limiting the use of the car park it would not be reasonable to limit the number of visitors in the times that I could specify which could still represent a problem. This would in itself not be practical to enforce. In addition, there is no clear indication that such a measure would be workable for the expansion/improvement plans for the surgery going forward.

Conclusion

16. Having considered all of the matters before me it is for the reasons I have set out that the appeal is dismissed.

John Morrison

INSPECTOR

[1] South Holland Local Plan 2006
[2] The National Planning Policy Framework 2012