



THE BOSMERE MEDICAL PRACTICE

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FAO Sophie Osborne
Transport Planner – Highways Development Planning
Hampshire County Council
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(By email)

2 May 2024

Havant Borough Council Planning Application APP/22/00601

Ref: Your email, dated 19 April 2024, in response to a letter from The Bosmere Medical Centre Patient Participation Group, dated 8 April 2024.

Dear Ms. Osborne

In my letter of 8 April 2024, written on behalf of the staff and patients of the Bosmere Medical Practice, I covered the history of this planning application and made the following request:

“Could you please provide us with a clear explanation and justification for the exclusion of any analysis of the existing traffic generation at these healthcare facilities.”

Your email response dated 19 April 2024 directed me back to the Planning Authority, stating that:

“Your concerns are noted and have been throughout the consideration of the application. My understanding is your main concern is in relation to the safe and appropriate operation of the access proposals. The supporting evidence base, which includes recorded traffic data for the access has been reviewed in detail. The current application is for office use only and my conclusions on the suitability of the access having considered all points raised remain unchanged.”

The representations made in my letter of 8 April 2024 were intended for Hampshire County Council Highways Development Planning rather than to the Planning Authority. My understanding is that the County Highways team are responsible for the thorough assessment of transport matters, including detailed consideration of the supporting evidence base in the overall context of the proposed development, before giving the professional advice on which the Local Planning Authority are reliant.

Please would you therefore respond in appropriate detail to my original letter and now also address the following specific points of concern regarding the supporting evidence base.

Dr T Chung Dr D König Dr S Schaeper Dr B Bracegirdle Dr E Mowlem Dr S Jadhan

The principle of shared access

Since it opened in 2007, the Bosmere Medical Centre and the ancillary pharmacy have been the sole users of the driveway developed as an integral part of its original planning application. This driveway provides vehicular access for the healthcare establishments from Solent Road and the proposed sharing of this access point has been the primary concern of the staff and patients of the Bosmere Medical Centre since the proposal was first shared to the public at the pre-planning Development Consultation Forum in October 2019.

The current access forms a cul-de-sac used exclusively by the healthcare facilities at the site. As the NHS patient list has grown and nearby street parking has been lost, the 'dead end' of this cul-de-sac has been constant use, providing both temporary turning space for vehicles attempting access and egress from the already over-stretched medical centre parking and temporary waiting space for medical deliveries and patient drop-off and collection.

The current access design for APP/21/00601 would change this dedicated driveway into a through road, significantly reducing the space available for manoeuvring and parking at this busy NHS facility.

With no satisfactory response ever given and without any formal opportunity for engagement with the design process, it seems clear to us that this fundamental concern is either still not understood or is being deliberately ignored.

Question: Please would you explain your rationale for acceptance of a proposal to fundamentally change this Solent Road access point without consideration of the needs of the current exclusive users of the access.

The integrity and currency of the supporting evidence base

I would be grateful if you could substantiate your acceptance of the following apparent conflicts and shortfalls within the supporting evidence base.

1) Baseline trip generation:

In the 'Multimodal Trip Generation' detail shown at Section 5, the modelled trip generation for the Portsmouth Water offices covers only the staff commuting movements during the two defined daily peak periods. It takes no account of trips generated by Portsmouth Water's residential or business customers, by services delivering to and from the building, or by Portsmouth Water employees and contractors making trips on company or other business.

We have already noted that apart from a limited junction survey of the surrounding area, there has been no consideration of trip generation from either the Bosmere Medical Centre or the on-site pharmacy.

Question: Please can you explain why you consider that the full scope of trip generation at the proposed junction need not be considered?

2) Currency of the supporting evidence:

I note that the baseline traffic data was derived from a survey carried out on Wednesday 4 November 2020 and limited to the hours of 07:00-10:00 and 16:00-19:00.

Paragraph 8.4.1 states that *"The principle of undertaking traffic counts on the above date has been agreed with HCC. However, it has also been agreed that measured traffic volumes need to account for potential reduced demand during a time where the coronavirus pandemic had been having an impact on prevalent traffic volumes on the network. It should however be noted should be noted that the above date was not during a time of nationwide 'lockdown'."*

The last sentence is misleading. The Prime Minister had in fact announced a second Covid lockdown in England four days earlier, coming into effect on 5 November 2020, the day after the survey on which the data presented at 'Appendix I' is solely based.

On the date of the survey, it is highly unlikely that the traffic movements at the surveyed junctions would have been anywhere close to 'normal'. You will also appreciate that under the increasing urgency of the circumstances of the pandemic, operations at the medical practice were under considerable strain at this time and were also far from 'normal'.

Question: Given the two year period which elapsed between the publication of the original Transport Assessment V1.1 (9 June 2021) and the amended Transport Assessment V2.0, (4 July 2023), can you explain why you find it acceptable that the baseline traffic survey was not repeated under the more representative conditions which existed when APP/21/00601 was resubmitted in July 2023?

3) The location of the reference traffic counter:

The use of a Department for Transport (DfT) traffic counter sited on Brockhampton Road in 2018 as a proxy for deriving a 'Coronavirus factor' is noted, but is questionable given that HCC Highways published data sources position the counter selected (803475) on Brockhampton Road (North) at a point just south of the Knox Road junction. As the Traffic survey data in 'Appendix I' shows, and local road users would readily confirm, the predominant flow of traffic between Solent Road and Brockhampton Road is turning south from Solent Road into Brockhampton Road (South) and turning east from Brockhampton Road (South) into Solent Road.

The southbound route from Solent Road into Brockhampton Road (South) is a primary route from the town centre to the employment areas south of the A27 and this same route provides a commonly used rat-run between the A27 and the A3(M) to the west and the Solent Road Retail Park. In contrast, traffic crossing the selected DfT counter at Brockhampton Road (North) is predominantly local traffic and we question whether it provides a representative benchmark for the calculation of the 'Coronavirus factor'.

Question: Given the location of the DfT counter used to provide the benchmark for a Coronavirus factor, can you comment on whether or not there is a more appropriately located counter which should have been used?

4) The soundness of the derived 'Coronavirus factor' value:

Looking at the data in 'Appendix I' relating specifically to the turns into and out of the Bosmere Medical Centre site access from Solent Road, it is difficult to relate the observed traffic counts with the actual use of the access. There is no narrative account of the usual congestion at the cul-de-sac part of this driveway, just a numerical account of the turns within each time window, uplifted by a derived Coronavirus factor of 1.665.

To provide a comparative benchmark, the Medical Practice records show that there were 84 face-to-face appointments recorded at the Medical Centre on 4 November 2020 compared with 216 face-to-face appointments recorded on the most recent equivalent date, 3 November 2023. We could, with a similar level of accuracy, express this as a Coronavirus factor of 2.571.

Of course, a simple count of face-to-face appointments does not account for the daily trip-generation associated with the other vehicle movement types associated with the Medical Centre highlighted in our letter to you of 8 April 2024. Were we to include that data, our own interpretation of a 'Coronavirus factor' would rise to well over double that used in the Mode Transport assessment.

Mode Transport have also made no allowance for the separate trip generation associated with the unrelated pharmacy business, data which would uplift this factor still further.

Question: With the above details in mind, please would you justify your conclusion that the Coronavirus factor used by Mode Transport is sufficiently robust to form the basis of an acceptable model of projected use of this junction.

Consideration of alternative access routes

At the Development Consultation Forum in October 2019, we questioned the proposed access arrangement in comparison with other available access points on the surrounding Portsmouth Water estate.

Access to the new office location could readily be gained from other existing Portsmouth Water junctions with the road network, including the new, enlarged access provided from Brockhampton Road referenced in our previous letter.

At Section 5.1.2, the Transport Assessment states that *"The existing PW premises on Brookhampton (sic) Road may remain in-situ until further notice and any subsequent change to the nature of the site will remain subject to a separate planning application considered on its own merits."*

The covering letter provided with the re-submission of APP/21/00601 and published on 4 July 2023 states that the commercial units removed from the plan units *"were no longer commercially viable, given the issues and concerns to address."* This opens up a further alternative access option providing a dedicated entrance driveway into the proposed new offices with minimal changes to the architectural design for the office site.

Question: Can you explain how you conclude that the proposed access arrangements are acceptable, given the obvious disturbance to the healthcare facilities and the alternative access options available?

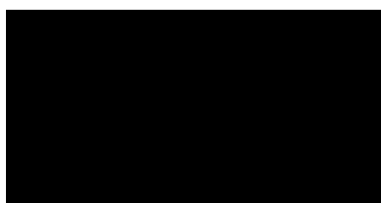
In summary

The original evidence base was derived from a six hour traffic survey carried out during the pandemic in November 2020, with observed data uplifted using a questionable Coronavirus factor based on an inappropriately located traffic counter.

It is a matter of considerable concern to us that the amended (V2.0) Transport Assessment provided with the re-submitted planning application in July 2023 remains based on the original evidence base, out-of-date, unconvincingly fabricated, unrepresentative and above all incomplete.

Furthermore, there remain alternative access options, including those first highlighted in October 2019, which we believe should be fully explored with the applicant before the current proposal, unchanged from that presented to the 2019 Development Consultation Forum, is progressed to the detriment of the staff and 20,000 patients of the Bosmere Medical Practice.

We look forward to your detailed and considered response to the points raised in this letter.



Robert Comlay

Bosmere Medical Practice - Patient Participation Group

For and on behalf of the staff and patients of Bosmere Medical Practice

cc:

Dr Ben Bracegirdle
Dr Tommy Chung
Dr Salam Jadhan
Dr Dirk König
Dr Elizabeth Mowlem
Dr Shahnaz Schaeper

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