

**Additional requested information in respect of development proposals  
for new medical centre and residential development at Woodford Road,  
Byfield (DA/2017/0826)  
on behalf of Byfield Medical Centre**



Prepared by: Paul Clarke, Head of Planning  
Checked by: Emma Griffiths, MRTPI

For and on behalf of Brown & Co.

*Brown & Co is a leading provider of agency, professional and consultancy services across the whole range of rural, commercial, residential, and agricultural markets.*

Date: February 2021

## 1. INTRODUCTION

**1.1** The purpose of this document is to provide additional information regarding the proposals for a new medical centre and residential development at Byfield. For clarity, this additional information is provided under the specific headings requested by the District Council.

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**1.2** This document is structured as shown below:

- **Section 1:** Introduction;
- **Section 2:** Details of scale, appearance, layout , and landscaping;
- **Section 3:** Financial details;
- **Section 4:** Suitability of proposed contribution;
- **Section 5:** Need for additional funding;
- **Section 6:** Occupation required to secure contribution;
- **Section 7:** Potential gifting of land;
- **Section 8:** Highways impacts; and
- **Section 9:** Implementation of highway mitigation.

## 2. Scale, appearance, layout and landscaping

*Details of the scale, appearance, layout and landscaping relating to the proposed medical centre in effect providing full details of the medical centre building to be considered at this stage rather than being reserved for future consideration*

**2.1** We have provided detailed drawings which illustrate how the proposed new medical centre is intended to come forward. The design shows the Medical Centre as a single storey building but with the ability to be extended to the side or upwards should the need arise in the future (subject to planning). The internal arrangements allow for as much flexibility as possible. The plans highlight how the consulting rooms and waiting areas would be arranged around a central core reception and waiting area together with a separate dispensary.

**2.2** There is a further plan to show the siting of the new medical centre, and the associated car park. We have also submitted an illustration/visualisation of how we believe the medical centre will look and incorporate a sedum roof.

**2.3** There are no details submitted of landscaping, materials or detailed elevations of the building as we believe we have provided sufficient information for the District Council to gain comfort as to what is intended. The planning application has been submitted in outline and the details will need to be the subject of a separate application.



Figure 1: Artist's impression of the proposed medical centre

Figure 3: Proposed Ground Floor Plan  
(Drawing No. 15/959 208 Rev. A)

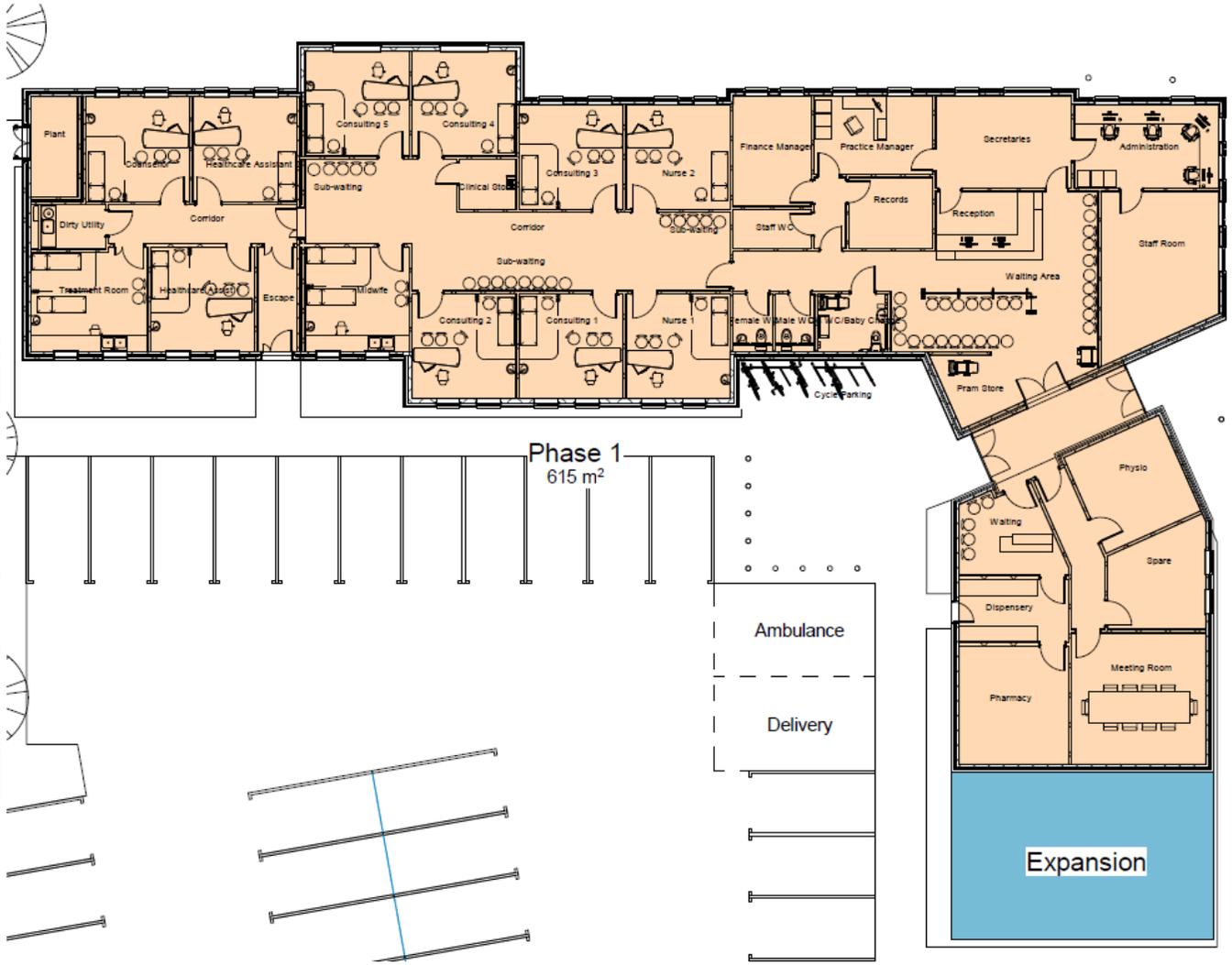


Figure 2: Proposed site plan (Drawing No. 15/959 210 Rev. F)

### 3. Financial details

*More definitive details of the financial cost of delivering such a medical centre having regard to these details*

**3.1** Having undertaken some initial work on costings, we believe the cost of building the new medical centre will be approximately £2 million. The funding would be split between the landowner/ developer providing £1.25M and approximately £800,000 by way of a mortgage.

Attached as appendix one to this document is an email from the doctor's surgery bank confirming they would be able to offer such a mortgage. Until planning permission is given they are unable to proceed any further in securing a mortgage.

### 4. Suitability of proposed contribution

*Whether the proposed contribution of £1.25million would be sufficient to enable the delivery of the proposed medical centre in its entirety and in perpetuity*

**4.1** We believe that the above details on the costing of the proposed should give sufficient comfort to the Local Planning Authority that the medical centre can be delivered. There is no requirement to review the financial operation of the existing doctors surgery or the intended medical centre. The Regional NHS have indicated their support for the proposals.

### 5. Need for additional funding

*If additional funding is required, the proposed source of additional funding and the certainty of its provision*

**5.1** We do not believe that any additional funding would be required for the project. Currently, the doctors practice pay the rent on the building they currently use, however this is reimbursed to them by the NHS, the reimbursement is based on a number of factors, floor space, list size etc so for a new building the amount reimbursed each month would be higher than what is currently received, this should cover the cost of the mortgage payments each month.

## 6. Required occupation

*To determine the level of occupation of the proposed dwellings which would allow the financial contribution to be delivered in full or part (to deliver the surgery in a timely manner)*

**6.1** It has always been intended that the Medical Centre would be constructed in advance of any residential dwellings being occupied. Effectively, it would be the first phase of the development, and simply replace the existing doctors surgery on Church Street.

## 7. Potential gifting of land

*Consideration by the landowner as to whether the land may be gifted to the community to ensure that the site provides a community use in perpetuity including details of how this is to be gifted*

**7.1** The land will not be gifted to the community however we are happy to draw up a covenant that states that the building will always remain a medical facility.

## 8. Highways impacts

*To ascertain the impacts of the development on the highway and to agree and secure measures to satisfactorily mitigate the impacts to be agreed with the County Highway Authority*

**8.1** I have set out our Consultants response based on the comments made by the Highway Authority specifically reference areas where NCC have requested further information.

**Traffic flows in Appendix E appear reasonable. However, the LINSIG model zones requires recalculation of the flows. these need to be provided for verification.**

**8.2** The Linsig data input data has been issued to NCC prior to these comments and therefore all data which is required should be with NCC.

**An initial review of the Rev E layout would appear to indicate that there will be a Departure from Standard (DfS) on the intervisibility between a number of the arms. It would appear that this was not communicated to the RSA Audit team and so was not commented on. Due to the layout of the junction and the distances between arms commentary on the lack of intervisibility needs careful consideration and an explanation given of how this could be overcome.**

**8.3** Create have reviewed this comment and confirm it will not be possible to address intervisibility between all arms on account of

existing constraints, including existing buildings.

**8.4** This is commonly the case where traffic signals are installed at historic junctions in existing urban and semi-urban locations, and we can point to numerous examples on Northamptonshire's existing network where this is so. It should be noted that the Fiveways junction is a relatively low speed environment and the risk of a serious incident on account of limited intervisibility between arms is considered to be minimal.

**8.5** Furthermore the current intervisibility cannot be achieved and therefore the planned mitigation scheme is a betterment against the current layout and no risk has been defined by the Road Safety Audit.

*The pedestrian phase along the Woodford Road has been incorporated in stages to consider RSA 1 comments. However, CCE stated that an all red phase for the traffic has not been included in the stage sequence in either Option 1 or Option 2 models. This should be considered, and model need to be updated.*

**8.6** Create have confirmed that even during peak periods, the pedestrian push button facility on this particular arm (Woodford Road) is likely to be called only a few times per hour, say 1 in every 10 cycles on average. This would temporarily impact on traffic capacity, but, over the course of an entire peak hour the overall effect would be negligible –

this is why an all red stage has not been explicitly allowed for in the LINSIG modelling and in line with best practices.

*It should be noted that with 120 seconds cycle time, this gives 30 cycles in an hour as such it would be expected that a pedestrian would want to cross during this two minute period, as such a pedestrian stage along the Woodford Road need to be included in the modelling assumptions.*

**8.7** The same point as above applies.

*The intergreens entered in the model appear low and need to be remeasured as NH would expect a number of conflicting movements to be at least 9 seconds, if not greater. TSM: CHAPTER 6 Traffic Control, para. 6.5 gives guidance and should be used in determining correct values.*

**8.8** Intergreen values in earlier versions of the LINSIG modelling have previously been reviewed by NCC and were understood to be acceptable. Intergreen can be extended, however, by a few seconds (should this be considered essential). This will have some effect on modelling capacity as it will introduce more “dead time” each cycle, however, the fundamental conclusions already arrived at in terms of the proposed mitigation scheme shall remain the same and therefore no changes are made.

*It would be a requirement to run the Church Street and Boddington Road run in separate phases due to the staggered locations of both approaches and likely uncertainty of which turning movements would assume to have priority at the junction.*

**8.9** Create do not agree. This was not raised as an issue in the Stage 1 RSA, and as NCC will be aware, running these arms separately will significantly diminish traffic capacity and increase queuing on all arms over the AM and PM peak periods. No changes are made.

*A very high level findings of the model runs suggest that the junction operates over capacity in the 2031 future year without and with development scenario with Option 2 model and this is likely to be worsened with separation of stages for Church Street and Boddington*

*Road phases. Therefore, an appropriate mitigation scheme should be designed and put forward for NH consideration.*

**8.10** While NCC continue to pick over details, we consider that the scheme put forward is already an appropriate mitigation scheme in principle (and can be refined further at the detailed design stage).

**8.11** Critically, NCC need to understand that the LINSIG modelling effectively provides a “worse-case account” of future traffic conditions using rudimentary fixed timings. For the reasons explained

## 9. Highways implementation

in our Technical Note, AM and PM peak period levels of traffic are likely to remain suppressed compared to historic levels (particularly in respect of increases in home working, which look set to be the norm) and also that, in reality, a significantly more advanced and responsive form of traffic signal control will be adopted compared to that allowed for in the LINSIG modelling.

**8.12** The signalisation of the Fiveways junction is also an ideal candidate for MOVA operation and this should bring about significant operational efficiencies, much beyond those which are able to be modelled in LINSIG.

**8.13** It is also highlighted that the 2031 scenario applies a level of growth with Create continue to feel is not justified, which would inherently lead to traffic delay in the base do nothing scenario. The mitigation scheme as a result of the do nothing scenario is considered to be a betterment based on the current request by NCC to use a high growth traffic growth.

**8.14** For the reasons outlined above, the information already provided to NCC is considered sufficient at this stage for approval and the proposed mitigation scheme should be considered acceptable in principle for the outline to the Highway Authority as set out on the attached scheme plan.

*To agree the timing for implementation and build out of the highway mitigation measures*

**9.1** We feel it would be prudent to employ a monitor and manage scenario here, in the absence of a crystal ball, it is impossible to predict the future traffic levels and the effect of the current pandemic may have going forward. Other local authorities have embraced a monitoring mechanism where a trigger level is agreed which should this level be exceeded the scheme of works promoted would be constructed. We note NCC will not accept this which we feel is short sighted and not in line with other areas.

**9.2** In terms of the timing of off-site highway mitigation measures, if the above is not considered acceptable we would urge DCC to allow the medical centre will be built first prior to any off-site highway improvements being undertaken and that subsequent highway improvements would be undertaken on manage and monitor basis paid for by the residential developer.

## Appendix 1: Email from Barclays Bank PLC re. mortgage

**Sent:** 04 May 2020 09:44  
**To:** RYMER, Tracey (BYFIELD MEDICAL CENTRE)  
**Subject:** Commercial Mortgage

Hi Tracey,

As per our call last week, having reviewed the accounts and your request for a loan towards the build cost of a new doctors surgery we would be able to make an application and provide funding up to £800k based on the notional rent.

This will be subject to application.

You will need a development loan with staged drawdowns.

Under normal circumstances I would have spoken to the doctors first and obtained information and consent to make an application.

This will allow me to formally confirm how much the bank can provide in funding with terms and conditions.

However I have not been able to do this, If you can arrange a call with both doctors and I will need full details of the build with expected time scales I will assist you further.

If a call can be set up I will make myself available before 8am and after 6pm to help.

Kind regards

[REDACTED]  
Barclays Bank, 36 North Street, Rugby, CV21 2AN  
[www.barclays.com](http://www.barclays.com)

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