
Land South of Shenley Hill, Radlett

Health Proof of Evidence

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Table of Contents

I.	Executive Summary.....	ii
1.1	Qualifications.....	4
1.2	Experience.....	4
1.3	Background/Content.....	4
1.4	Scope of Evidence.....	6
1.5	Need for a New GP Surgery.....	6
1.6	Health Benefit.....	9
1.7	Residual Health Concerns.....	13
1.8	Conclusion.....	13
1.9	References.....	14

List of Appendices

Appendices A: Floor Plans of Current Red House GP Surgery and Proposed Medical Facility.....	15
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I. Executive Summary

- i. Health was not a reason for refusal, and health care was only raised in relation to a commitment to delivering health care, underpinning the urgent need to respond to current and future demand, and enhance health care service provision in Radlett.
- ii. The Statement of Case for both Aldenham Parish Council and Hertsmere Borough Council do not introduce any health risks or adverse health impact to be addressed from the application, but set a contradictory position, where they both question the need for a new medical facility, while at same time indicating a pressing demand for such provision, albeit in a different location, which falls outside of the influence of this application.
- iii. The main thrust for both Councils is that the provision of a brand new, purpose built medical facility that would greatly increase capacity, adaptability and expand current medical services within Radlett rapidly, while reinforcing economic security for the Red House GP Surgery and aiding in retaining, enticing and training of new medical practitioners has no value, and should not be given any consideration in the planning balance of very special circumstance.
- iv. This position is flawed, undermined and contradicted within their own Statement of Case, the Neighbourhood Plan, the withdrawn Draft Regulation 18 Local Plan and much of its supporting information, including their own community engagement response on the withdrawn Draft Local Plan, but also the Revised Radlett District Centre Key Locations SPD. No party will say there is an abundance of health care, or that improved and enhanced health care provision is not essential in Radlett, or anywhere else in the country for that matter.
- v. There is a clear and immediate need for the new medical facility, and the alternative locations they suggest are neither within the influence of the appeal scheme and inquiry, and to my knowledge, none of these sites are available. All have constraints and competing use, all would command a purchase or rental premium that neither the Integrated Care Board nor Red House Surgery are likely to afford; and for two of these options, would mean another retrofitted GP surgery with higher maintenance demand and costs, and less adaptive and enhanced health care opportunities.
- vi. The need should be abundantly clear to all parties, and the application is the only option that can be delivered in the time frame noted in the Neighbourhood Plan, which states ***“It is recognised by the Red House Surgery that the building will be at capacity in in less than 10 years’ time, as the population grows in Radlett and further demands are put on the already overstretched GP service”***. This was published by Aldenham Parish Council in 2021, already knowing that the GP surgery was overstretched, and the building will be beyond capacity in less than ten years. This puts it, at best, 8 years before breaking point, with no viable alternative in place, and a significant lead in time to find, fund and build an alternative. Such delay could well see the surgery consolidate and relocate, as so many others have.
- vii. I cannot over emphasise the benefit a purpose built medical facility represents over a retrofitted premises. It affords greater energy efficiency, increasing the economic viability of the surgery. It improves patient accessibility and experience over and above the often warrenlike experience we are all too aware of. It helps retain, entice and train new GPs in a sector where demand is high, supply is low and competition is increasing. It provides the means to enhance and expand existing health care to meet the care models for the future. It helps improve equality and inclusivity, where acoustics, lighting and quiet spaces can be designed and built in to reduce environmental overload and emotional stress for neurodiverse individuals. It can facilitate greater integration of technology, future-proofing not only the building but the GP surgery itself, with far greater coverage and telehealth. This is not ground-breaking, and why even the 2013

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Core Strategy states that ***“The provision of purpose built facilities will often present the best solution for healthcare”***. These points echo those shared with me by the Red House GP Surgery, and their recent letter supporting the application.

- viii. In the absence of any health risk raised by any party, and given the extent of the health and health care benefits that the proposed application clearly delivers, it is my professional opinion that there is an immediate need for the medical facility, and significant weight should be given to such benefits in the planning balance of very special circumstance.

1.1 Qualifications

- 1.1.1 My name is Dr Andrew Buroni, I am the Director of Health and Social Impact Assessment services within the Savills Planning, Environment and Infrastructure division. I hold a BSc with Honours in Biological and Biomedical Sciences, an MSc in Environmental Impact Assessment (EIA), and a PhD in International Health Impact Assessment (HIA) methods and best practice. I have received formal training in Environmental HIA at the Caribbean Environmental Health Institute by the Pan American Health Organisation and Health Canada, and I am a Fellow of the Royal Society of Medicine and the Royal Society for Public Health.
- 1.1.2 I provide specialist advice to the public and private sector clarifying potential health and social outcomes, separating perceived impacts from actual risk, assessing the distribution, significance and likelihood of potential health outcomes, and providing bespoke Health Action Plans geared to addressing existing burdens of poor health, inequality and improving community public health (health protection, health promotion and health care).

1.2 Experience

- 1.2.1 I am a leading, internationally recognised expert with over 23 years of health assessment experience within three mainstream environmental and planning consultancies. I have designed, led assessments and provided evidence at oral hearings, public inquiries and issue-specific hearings to some of the most complex planning focussed examples of HIA. I have an extensive catalogue of HIA project examples ranging from airport expansions, surface mines, oil and gas waste and mineral development frameworks, through to informing local plans, the spatial planning of garden villages and new town developments, national strategies and climate adaptation and resilience action plans.
- 1.2.2 This has included the development of sector specific HIA guidance and best practice, and the development of a transport and health resource for the UK Department of Health and Department for Transport. I am a technical advisor and accredited author to the WHO, I sit on the IEMA Health in Impact Assessment expert panel, and more recently I presented on a Planning and Health Question Time for the Office for Health Improvement and Disparities.

1.3 Background/Content

- 1.3.1 The appeal relates to land south of Shenley Hill, Radlett. A full description of the Site and surroundings is provided in the Planning Statement submitted as part of the planning application. The outline planning application was validated on 7th September 2022 with the following description of development:

“Erection of up to 195 new homes (40% affordable), safeguarded land for the expansion of Newberries Primary School and provision of a new medical centre, along with associated access. Outline application to include the matter of ACCESS (with the following matters reserved: APPEARANCE, LANDSCAPING, LAYOUT and SCALE).”

- 1.3.2 The planning application was recommended for refusal for three reasons and was heard at Planning Committee on 23rd February 2023, where members agreed with the officer’s recommendation. The decision was subsequently issued on 2nd March 2023. The reasons for refusal relate to:
- impact on the Green Belt, namely that the proposals are considered by the Council to represent inappropriate development not outweighed by very special circumstances and would harm the openness of the Green Belt;
 - risk to potential archaeological artefacts; and
 - insufficient information to demonstrate that an appropriate sustainable drainage strategy can be delivered.

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- 1.3.3 As confirmed within the Council's Statement of Case (CD/7.2, Paragraph 1.4,) the archaeological issues have now been overcome, and are removed from the appeal, and whilst ongoing discussions are taking place with the Lead Local Flood Authorities (LLFA), I understand that drainage issues are also likely to be addressed, and removed from the appeal.
- 1.3.4 On the above basis, the sole remaining reason for refusal rests on if the scheme accords with Green Belt policy at both the local and national level, and the very special circumstance to be taken into account in the planning balance.
- 1.3.5 Health was not a reason for refusal, and health care was only raised in relation to a commitment to delivering health care, underpinning the need to respond to current and future demand, and enhance health care service provision.
- 1.3.6 The Statement of Case for both Aldenham Parish Council and Hertsmere Borough Council do not introduce any health risks or adverse health impact to be addressed from the application, but set a contradictory position, where they both question the need for a new medical facility, while at the same time indicating a pressing demand for such provision, albeit in a different location, of which falls outside of the influence of this application.
- 1.3.7 The main thrust for both is that the provision of a brand new, purpose built medical facility that would greatly increase capacity, adaptability and expand current medical services within Radlett rapidly, while reinforcing economic security for the Red House GP Surgery and aiding in retaining, enticing and training new medical practitioners has no value, and should not be given any consideration in the planning balance of very special circumstance.
- 1.3.8 The Hertsmere Borough Council Statement of Case expands on this, reflecting on the Planning Officer's initial engagement with the Red House GP Surgery, and how the withdrawal of their objection is at best a "tepid response" for support.
- 1.3.9 However, this position is out of date, where the Red House GP Surgery now understands the greater internal capacity and accessibility that far exceeds the existing facility, and provides greater opportunities for new and enhanced services, that can accommodate and co-locate a range of wider health care options, while retaining the flexibility to adapt and continue to grow and evolve to the changing health care needs of Radlett and the wider area.
- 1.3.10 I personally attended discussions with the Red House GP Surgery to gauge current limitations and challenges, and to explore and inform the internal layout of the new facility, including adaptable design features, staff amenities and lift provision to ensure accessibility to the entire facility (not just the ground floor as in the current facility), as well as the external space for parking, drop off areas and mobile health screening lay down areas (building additional health care flexibility and resilience for Radlett). Energy efficiency and features to reduce overheads and responding to inflation and increased NHS Budget Allocations being spent on actual health care were also explored, as was the phasing of development to best align with the transition between the two facilities. Importantly, confirmation that the new medical facility is to be provided to the Red House GP Surgery for fit out as a planning contribution, with no cost to them for the land and purpose built medical facility has been confirmed, and brings significant economic certainty and resilience to the Surgery, and also secures the Surgery's base of operations in Radlett (reducing the risk of consolidation and relocation elsewhere).
- 1.3.11 Red House GP Surgery has since provided a letter setting out their views of the application, and the health care value this will bring to the community of Radlett and surrounding areas; and I understand that subject to consent, a S106 has been agreed, securing expansion and enhancement of local health care through a binding planning obligation.

1.4 Scope of Evidence

- 1.4.1 In the absence of any evidence submitted by any party or individual indicating a tangible risk to health from the proposed application, and given that the Red House GP Surgery has not only removed its formal objection to the proposed application, but further communicated its need and support, the scope of my proof of evidence is largely focused on:
- i. explaining the need for a new GP surgery, raising awareness as to the pressing challenges surgeries are facing, and setting the rationale as to why this should be considered in the planning balance;
 - ii. responding to and rationalising the proposed location, and the difference between a brand new purpose built medical facility, versus the continued use of a retrofitted facility, and/or further expansion onto multiple sites.
 - iii. explaining the exceptional health benefit the application brings in terms of improving:
 - a. housing stock, quality, efficiency, affordability and associated health and social benefits;
 - b. health care capacity, adaptation and resilience for Radlett; and,
 - iv. responding to any residual third party concerns on health and health care that may present during the inquiry.

1.5 Need for a New GP Surgery

- 1.5.1 Hertsmere Borough Council's position is that:
- “Owing to the lack of evidence to show a need for a new GP surgery, and the non-compliance with the Radlett Neighbourhood Plan, the Council retain that the provision of a medical facility would attract very limited weight in the planning balance”.*** (CD7.2 Para 4.38)
- 1.5.2 Nobody at the inquiry will stand before you and say, we have enough health care. In fact, the Hertsmere Borough Council Statement of Case already establishes this is not the case, where they state that ***“information available with regards to medical provision and NHS surgeries borough-wide and in Radlett specifically indicates that there is somewhat of an under provision of medical care”*** (CD7.2 Para 4.36) (my emphasis).
- 1.5.3 They also confirm that the ***“Red House currently has 1,817 patients registered per doctor, which is above the ideal standard”***, and that ***“NHS England Recommended the refusal of the application should the application not include a medical facility”*** (CD7.2 Para 4.35).
- 1.5.4 While the Hertsmere Draft Regulation 18 Local Plan has been withdrawn, the work and consultation underpinning it remains a valuable piece of evidence to frame local demand, current challenges and future need. The 2017 Issues and Options study demonstrated that a key concern of residents was inadequate, insufficient or inaccessible community facilities, including health care. ***“It is clear that many of you already worried about the pressure on existing schools, GP surgeries and other local facilities. This Issues and Options report emphasises that any significant growth will need to be supported by investment in local services and infrastructure from the outset*** (CD3.3 Page 6 Paragraph 1)
- 1.5.5 This led to the Draft Regulation 18 Local Plan locating a medical facility exactly where this application has placed it. While the Draft Local Plan has been withdrawn, that does not change any of the rationale that indicated Radlett needed more health care over 6 years ago. The Hertsmere Health and Wellbeing Strategy 2018 to 2022 reinforces this, and

Health Proof of Evidence

states that ***“the population is growing, with greater health needs but the resources available are reducing”*** (CD4.32 Page 4, 2nd Column, Paragraph 1)

- 1.5.6 This not only undermines the Councils opinion that ***“the responses from the Red House Surgery and the NHS also do not indicate a clarified need for a new medical facility in any urgent capacity”*** (CD7.2 Para 4.36), but also reinforces that additional provision was known to be needed years ago, and the urgency is only increased when you factor in the significant lead in time required to plan, fund, build and staff health care.
- 1.5.7 The Parish Council take a similar position that there is no immediate health care demand, stating: ***“the Parish Council accepts that there may be a need in the future to expand these surgery facilities”*** (my emphasis) (CD7.3 Paragraph 6.18), only to then contradict this by saying there is the need, but they want it elsewhere. This contradiction is reinforced by the Radlett neighbourhood plan, which states ***“It is recognised by the Red House Surgery that the building will be at capacity in less than 10 years’ time, as the population grows in Radlett and further demands are put on the already overstretched GP service”*** (CD3.11 Page 52 Column 3 Paragraph 1). This was published by the Parish Council in 2021, knowing that the surgery was ***“already overstretched”***, and the building will be beyond capacity in less than ten years. This puts it, at best, 8 years before breaking point, with no viable alternative in place, and a significant lead in time to deliver. Such delay could well see the surgery consolidate and relocate elsewhere.
- 1.5.8 With regard to the suggested options in the Parish Councils Statement of Case, this includes the possible extension of the existing Red House GP Surgery using the post office, the redevelopment of the Radlett Village Institute or development of the Newberries Car Park. However, to my knowledge, none of these sites are available, and as detailed in HBC Supplementary Planning Document (Revised Radlett District Centre - Key Locations), all have constraints and competing uses (CD3.6 Page 21, Para 9.11). Furthermore, all would command a purchase or rental premium for the location in the centre of Radlett; and for two of the options, would mean another retrofitted GP surgery within higher maintenance demand and costs, and less opportunity for enhanced and adaptive health care. This all of course assumes that funding isn’t an issue, but neither the GP Surgery, Integrated Care Board, Parish Council or Hertsmere Borough Council have expressed the availability or allocation of any funding for such provision.
- 1.5.9 Even the Draft Radlett District Centre Key Locations Design Brief, exploring the viable options 7 years ago acknowledges that ***“it is understood that the Red House Surgery is looking for improved premises”*** (CD3.6 Page 21, Para 9.11).
- 1.5.10 I cannot over emphasis the benefit a purpose built medical facility represents over a retrofitted premises.
- I. It affords greater energy efficiency, increasing the economic viability of the surgery.
 - II. It improves patient accessibility and experience over and above the often warrenlike experience we are all aware of.
 - III. It greatly improves working conditions, and helps retain, entice and train new GPs in a sector where demand is high, supply is low and competition is increasing, extending the quality and continuity of care.
 - IV. It provides the means to enhance and expand existing health care to meet the care models for the future and co-locate health care and treatment, moving away from the base level of care.
 - V. It helps improve inclusivity, where acoustics, lighting and quiet spaces can be designed and built in to reduce environmental overload and emotional stress for neurodiverse individuals.

Health Proof of Evidence

- VI. It can facilitate greater integration of technology, future proofing not only the building but the GP surgery itself, with far greater coverage and telehealth.
- 1.5.11 None of this is ground-breaking, and is why even the ten year old Core Strategy states that ***“The provision of purpose built facilities will often present the best solution for healthcare”*** (CD3.1 Para 6.7), and why provision and a specific site for a new medical facility was made in the now withdrawn Reg 18 Local Plan (CD3.3 page 21, page 38, page 100).
- 1.5.12 To suggest there is no urgent need for improved health care capacity is at best, incorrect, as is the Council position that there is no value and no weight should be placed in the planning balance for such provision.
- 1.5.13 The need is abundantly clear to all parties, but I do not believe people fully appreciate just how dire the situation is, and why such provision should be given significant weight in the planning balance.
- 1.5.14 The Royal College of General Practitioners have a series of reports that set out the strain GP surgeries are under and what is needed to make them Fit for the Future (CD 4.34). A survey of 2,649 general practice staff shows that the current state of GP premises and digital infrastructure is inadequate and making it hard for GPs to deliver the care patients need. Two in five staff members consider their premises not fit for purpose; 88% stated insufficient consulting rooms; 75% stated insufficient space to take on additional GP trainees; and 66% stated insufficient space for training GPs or professional development.
- 1.5.15 The survey further shows that the current state of physical and digital infrastructure within general practices in England makes it difficult for practices to deliver even the basic level of care, let alone achieve the vision for the future. The number of allied healthcare professionals, students and trainees working as part of general practice teams has expanded greatly in recent years, without a parallel expansion of clinical space for them to work in, greatly reducing the care GP’s want to provide their communities.
- 1.5.16 Limited access and accessibility in continually modified and expanded buildings that were never intended for health care, compounds health inequality, and can often give a false impression on treatment room space and capacity, particularly if there is limited accessibility beyond the ground floor (as is here).
- 1.5.17 Then there is maintenance and overheads. In terms of overall funding, primary care only receives around 8% of total NHS spending, and the resources to improve GP infrastructure are even more scarce (CD4.34, page 4). Of those GP practices lucky enough to own their own premises, they often struggle with building maintenance and spiralling energy costs, and expansion is often at the cost of staff amenities, impacting upon working conditions, adding to the departure of staff, and the consolidation of GP surgeries. Of those GP surgeries that rent their premises, 36% of general practice staff indicate that their rented premises are not fit for purpose due to a lack of regular maintenance, and three in four members of staff that requested funding to upgrade their premises in the last year were unsuccessful in obtaining it. (CD4.34, page 4).
- 1.5.18 These points come from just one document, Fit for the Future: Reshaping general practice infrastructure in England. Concluding with ***“the poor conditions in which general practice staff are delivering care requires urgent additional support and funding”*** (my emphasis) CD4.34, page 6) and sets out the following priority actions:
- 1) “Invest in upgrading general practice premises to ensure sufficient space and good conditions for patient consultations to take place, to house expanded practice teams, and enable the development of more ‘community hubs’, with the co-location of a wider range of primary care services alongside general practice.

Health Proof of Evidence

- 2) Expand training capacity in general practice to allow for expanded GP numbers above and beyond current Government targets, as well as training space for other healthcare professionals working in general practice teams. This should include both physical space and capacity of educators/supervisors.
 - 3) Invest in IT systems and organisational support to implement improvements to how practices operate, enhancing patient experience, efficiency, and connectivity with other parts of the healthcare system.
 - 4) Provide a permissive framework and the appropriate resources for practices to retrofit and improve energy efficiency and cut down on their carbon footprint”.
- 1.5.19 All of these issues and the solutions should resonate, as they are exactly what Radlett and the Red House GP Surgery are experiencing, are exactly why both the 2013 and withdrawn draft regulation 18 Local Plan defined the need for a new medical facility years ago, and why the Neighbourhood Plan, the Draft Radlett District Centre Key Locations Design Brief and Parish Councils Statement of Case are all seeking viable, appropriate and affordable locations for such provision.
- 1.5.20 Even without the development, maintaining the status quo is not a sustainable health care solution. In the absence of new homes, populations do not just stop growing they continue to increase, albeit with higher household densities, or having to relocate elsewhere. For the former, this tends to compound health burdens and increase health care demand, and for the latter, this tends to sever family and social support networks, increasing social and health care demand.
- 1.5.21 The COVID-19 Pandemic hit home the need for more resilient and adaptable health care; the increasing elderly population presents a greater frequency, complexity and cost of health care that we are already struggling to respond to, and climate change presents another pressing challenge to health and health care. There is no question that health care needs urgent investment, enhancement and to evolve. The proposed development would deliver this for Radlett and the surrounding areas with no cost to the Parish Council, Borough Council, NHS Estates, the Integrated Care Board or Red House GP Surgery.
- 1.5.22 Insufficient, inappropriate, high maintenance and low efficiency infrastructure is only part of the stress our health care is under, and why the Royal College of General Practitioners predict a mass exodus of 19,000 GP’s from the service in the next five years, which will only accelerate closures and consolidation of GP Surgeries. The winter of 2022 was one of the most challenging for GP’s to date, and the Royal College of General Practitioners website has stated that without urgent action, this winter could be even worse. I would encourage anyone wanting to know more on the pressures GP surgeries are under, to visit this site. (Royal College of General Practitioners, 2023).
- 1.5.23 I hope this goes some way to explaining the urgent need and the significant benefit a brand-new facility would have for the community of Radlett and surrounding areas, and why exceptional weight should be placed on this.

1.6 Health Benefit

Housing and Health

- 1.6.1 The planning of new communities and the enduring health legacy that it represents is often overlooked, and in this case undervalued, where it seems no health benefit of the housing provision has been considered in the planning balance.
- 1.6.2 There is often a misnomer that housing provision drives population growth, this is not the case. Housing need is in response to population growth, and provides the ability for communities to grow, meet their varying needs during different stages of life, retain family and social networks and helps maintain a balanced and economically active

Health Proof of Evidence

demographic. To put it into context, if we stop planning and delivering new homes and communities, populations don't stop growing or ageing, you just increase population household densities and often delay improvements in housing stock, affordability, accessibility, and energy efficiency, while reducing living conditions from overcrowding and often compounding existing burdens of poor health, inevitably increasing reactive health care, adult social care and children's services.

- 1.6.3 It is accepted that planning and the provision of healthier homes and public realms can prevent more diseases than the NHS can ever treat (CD 4.33) I am not going to lecture on this, as the evidence base is extensive. However for those interested, I can thoroughly recommend the House of Commons Library: Housing and Health: a Reading List (House of Commons Library, 2022).
- 1.6.4 We know poor housing amounts to an annual NHS cost of £1.4bn per year in the UK to treat preventable conditions, with a wider societal cost of £18.5bn per year of people living in poor housing (CD4.38).
- 1.6.5 More locally, the 2013 and withdrawn regulation 18 draft Hertsmere Local Plan and the Neighbourhood Plan establish a clear housing need to which no party is refuting, and the lack of provision invariably results in increased adult social care (CD4.39) and children's services (CD4.40), of which typically represent the two biggest budget items for every local authority, and are growing.
- 1.6.6 Improvements in local housing stock quality, availability and adaptability all lead to facilitating healthy independent living for longer, removing, reducing and delaying the need for clinical intervention and social care, and enable communities to grow while maintaining social and family networks important to achieving good health and wellbeing. Given the health benefits, it is my professional opinion that significant weight should be considered in the planning balance.

Housing Affordability

- 1.6.7 Affordable housing demand, delay and shortfalls are covered in Mr Stacey's Proof, alongside a detailed rationale as to why very substantial weight should be placed on the provision of up to 88 affordable homes; it is often easy to neglect that these statistics are in fact individuals and families within Hertsmere in dire need (CD3.15, Page 2).
- 1.6.8 The Hertsmere Supplementary Planning Guidance on the subject notes that ***"Hertsmere was the least affordable local authority in the East of England, with parts of the Borough having amongst the greatest gaps between housing affordability and access to services in England"*** (CD3.5 Para XV page IV).
- 1.6.9 This contributes to a skewed population demographic, where economically active individuals are pushed out and those moving in tend to be more senior, accelerating the ageing population and reducing the viability of amenities and facilities geared to the younger demographic, of which tends to lead to reduced housing appeal for this demographic, resulting in a vicious cycle. Equally, the accelerated aged demographic places greater demand on local health care, where the frequency, complexity and cost of health and social care all increase.
- 1.6.10 Given the lack of affordable housing locally, coupled with the provision of 88 through this application and the social and health benefits it brings, it is my professional opinion that significant weight should be considered in the planning balance.

Health care capacity, adaptation and resilience

- 1.6.11 As explained in the Neighbourhood Plan, the current Red House GP surgery is already overstretched, and has reached the limits of what can be achieved at the current site, where all available space has been utilised, often at the sacrifice of staff amenities and working conditions. It would not be possible to refurbish the existing surgery without closure or relocation. The former would result in significant disruption, and no viable option or funding is present for the latter. Offline construction and then relocation of a new facility is the only credible means to increase capacity within Radlett (and the wider area the surgery serves).
- 1.6.12 No party is seriously refuting that the Red House GP Surgery isn't already overstretched, and that a new site and building isn't urgently needed; which is why it is noted in both the withdrawn draft Hertsmere Local Plan, the Neighbourhood Plan, and even the initial objection from the Red House GP Surgery itself.
- 1.6.13 The application includes provision for a purpose built GP Surgery, with 750 square meters of internal clinical space, including four additional GP Consulting rooms that not only far exceeds any demand directly attributable to the proposed development, but addresses the existing under provision, and still retains additional capacity for future demand. This is then further complemented by two additional treatment rooms, all of which are accessible via the lift. This is of critical importance, as patients and staff with mobility impairments are currently limited to the nine consulting rooms on the ground floor at the red House GP Surgery.
- 1.6.14 The overprovision is intentional, linked to supporting improvements in health care and co-locating services and treatment. Not all the GP consulting rooms will need to be used, and build in additional adaptability but also capacity and resilience should seasonal demand require it.

Proposed Medical Facility	Current Red House GP Facility
16 consulting rooms: 10 on the ground floor with an additional six on the 1 st floor accessible by lift.	12 consulting rooms: nine on the ground floor, three on the first floor accessible only by stairs.
Two treatment rooms on the ground floor.	Phlebotomy councillors room and phlebotomy physio room on ground floor.
Reception area with tea station. Staff meeting room with tea station. Separate practice manager office, secretaries office, administration office, staff showers and locker room. Records in services stored in roof void.	Combined reception area and office on ground floor, second office on 1 st floor. Staff room on 2 nd floor with kitchenet, and storage area in roof void.
Dirty utility room, with separate clean utility room on the ground floor.	Dirty utility room on ground floor.

Health Proof of Evidence

Proposed Medical Facility	Current Red House GP Facility
Five toilets on the ground floor, including specimen W/C, disabled W/C and baby changing W/C. Two additional toilets on the 1 st floor.	3 toilets on ground floor, 1 on the first floor accessible by stairs only.
Ground floor waiting room with partitioned lobby (retain thermal comfort). Second waiting room on first floor.	Waiting area on ground floor.
Derived from the existing Red House GP Surgery Floor Plan and proposed new medical facility Floor Plan in my appendices	

- 1.6.15 In addition, the new facility boasts more washrooms, utility areas, waiting rooms, office space, storage space, but also staff amenities including sperate tea stations in the reception and staff room as well as dedicated shower and locker room.
- 1.6.16 All of this is provided with no charge to any party, will anchor the Red House GP Surgery to the community, and will greatly improve working conditions, which is critical to retaining and enticing staff, but also improves patient experience, while building in spare capacity to accommodate the future needs of Radlett. Importantly, access to the 1st floor via a lift not only improves access and accessibility for patients, but also staff, building opportunities for equality.
- 1.6.17 The overprovision of external parking space is also intentional, and given proximity, is not for the new residents associated with the application, but reflective of the wider area the Red House GP Surgery already serves. However, it also serves as additional clinical space, where external electrical and utility points can accommodate mobile health screening units, and if necessary, accommodate temporary test and vaccination facilities, while still retaining more parking than the current facility.
- 1.6.18 Such features not only greatly improve capacity, but significantly enhances and expand current health promotion and health care services and resilience through a community health hub.
- 1.6.19 The proposed building also improves energy efficiency and thermal comfort over and above what can be achieved at the current facility, which aids in maximising the NHS budget allocation to health care (as opposed to responding to inflated energy bills), while improving working conditions and patient experience.
- 1.6.20 Provision of the building directly to the GP surgery itself means greater financial resilience and security to the surgery, removing any rental overhead, but also acquiring a building with a warranty, removing unexpected maintenance costs for 10 years. This again means more of the NHS budget allocation can be spent on care and staff, securing greater provision, capacity and service to Radlett. Importantly, this would also make Radlett the centrepiece for the Red House GP Surgery, and removes the risk of consolidation elsewhere or closure.

Site suitability

- 1.6.21 The proposed site itself is suitable for development, and was specifically allocated for this purpose within the now withdrawn Draft Hertsmere Local Plan (Reg 18) (CD3.3 page 21, page 38, page 100) , and would have supported the

delivery of the overarching vision, the strategic objectives, local objectives, and all the pertinent policies. I have walked to the site from the existing GP facility, and while not central, it is accessible and just as suitable a location for a GP, as it is suitable for the existing school neighbouring the site. Please note GP surgeries are not all centrally located, are not permanently fixed and do move when space becomes limited, financial pressures dictate, or staff challenges demand.

- 1.6.22 The proposed application provides the only viable option in that a suitable site is identified, a plan and application has been submitted, a planning obligation to build and hand over the medical facility is in place with no cost to the community, Parish Council, Hertsmere Council or the GP Surgery, and the operational transition between existing and new facility would be seamless with no disruption to care. It is my professional opinion that the site is suitable.

1.7 Residual Health Concerns

- 1.7.1 To my knowledge, no health concerns have been raised by any party, and did not form part of the refusal. Neither construction nor operation presents any credible health hazard that is not already addressed through the regulatory planning process.

1.8 Conclusion

- 1.8.1 When considering health care in Radlett was known to be overstretched, that the Red House GP Surgery was looking for improved premises, and that potential options have been discussed for years, but with no clear funding or delivery plan, coupled with the obvious challenges public health and GP Surgeries are facing throughout the country that is leading to consolidation and closures, there is no question that there is an urgent need for a new medical facility. This project includes this provision, that far exceeds any demand directly attributable to what is proposed, and would greatly improve not only capacity, but enhance the range of health care provision, while retaining flexibility to adapt and respond to future public health challenges, population growth and accommodate new and emerging services.
- 1.8.2 On the above basis, it is my professional opinion that there is an immediate need for the medical facility, and significant weight should be given to it when balancing the very special circumstance.

1.9 References

House of Commons Library. (2022). *Housing and Health: A Reading List*. Retrieved from <https://researchbriefings.files.parliament.uk/documents/CBP-9414/CBP-9414.pdf>

Royal College of General Practitioners. (2023). *The present crisis in general practice*. Retrieved from Royal College of General Practitioners: <https://www.rcgp.org.uk/representing-you/future-of-general-practice#pressures>

Appendices A:

Floor Plans of Current Red House GP Surgery and Proposed Medical Facility

14/0203

REVISION	DATE

PROJECT: RED HOUSE SURGERY
WATLING STREET
RADLETT

CLIENT: RED HOUSE SURGERY

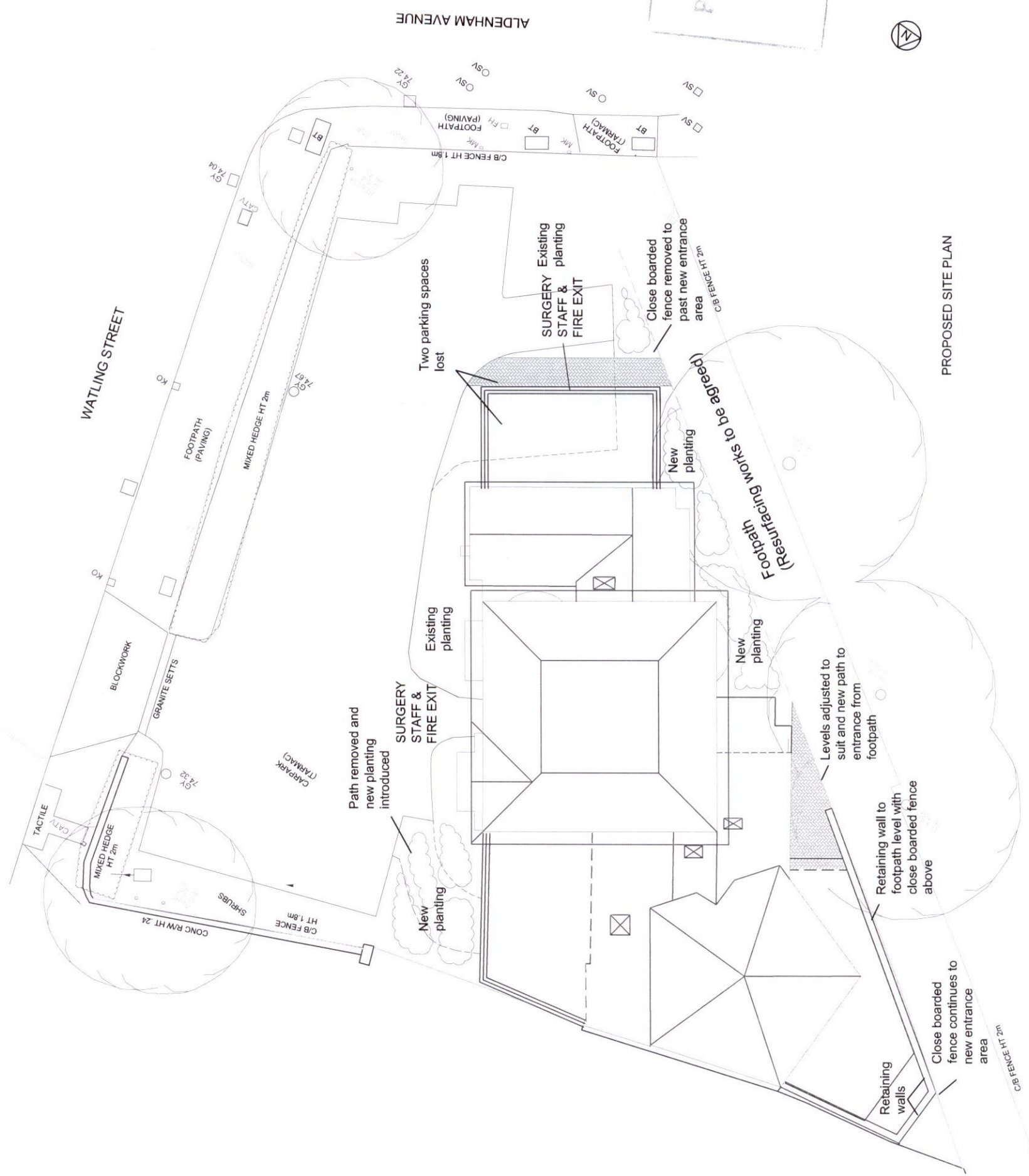
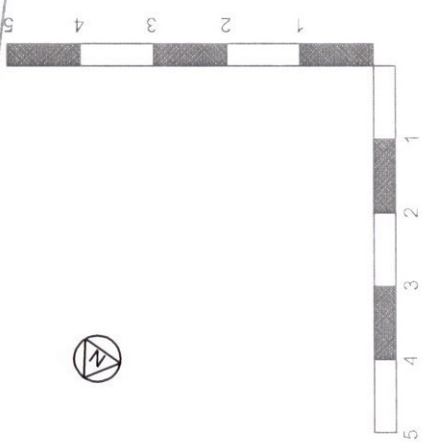
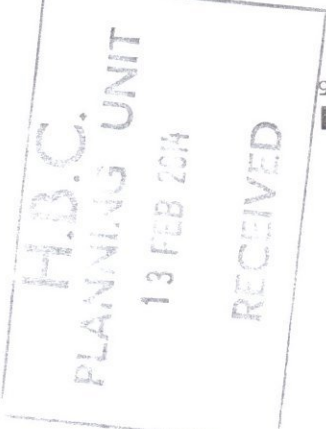
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Drawing No.: 1651/P04 Scale: 1:200-A3

Drawn/Check: JRC Date: 12/13

Issue: Sketch Planning Construction Other

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PROPOSED SITE PLAN

14/0203

REVISION	DATE

PROJECT: RED HOUSE SURGERY
 WATLING STREET
 RADLETT

CLIENT: RED HOUSE SURGERY

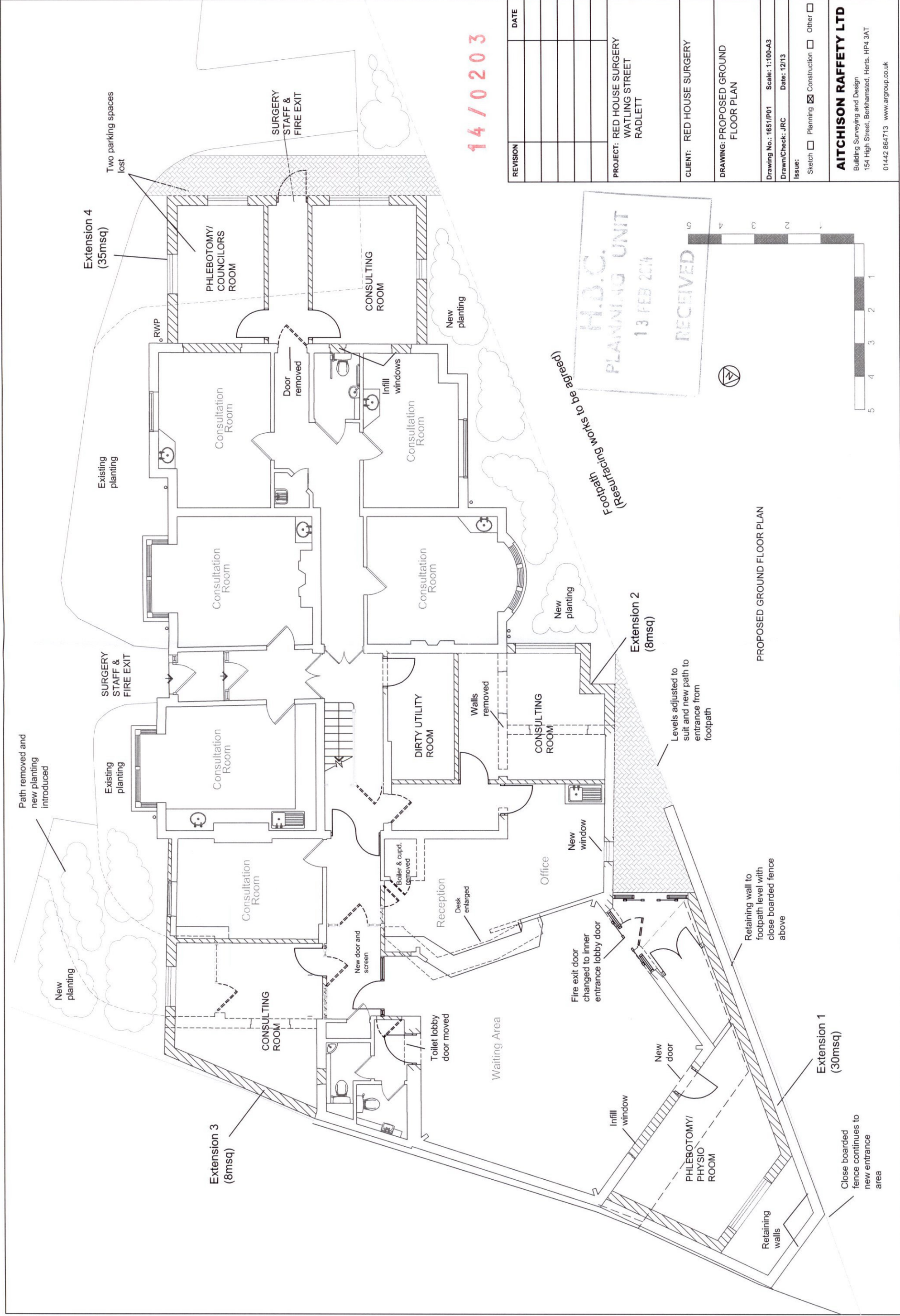
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Drawn/Check: JRC Date: 12/13

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PROPOSED GROUND FLOOR PLAN

NOTES

14/0203

REVISION	DATE

PROJECT: RED HOUSE SURGERY
WATLING STREET
RADLETT

CLIENT: RED HOUSE SURGERY

DRAWING: EXISTING FIRST SECOND
FLOOR PLANS

Drawing No.: 1651/E02 Scale: 1:100-A3

Drawn/Check: JRC Date: 12/13

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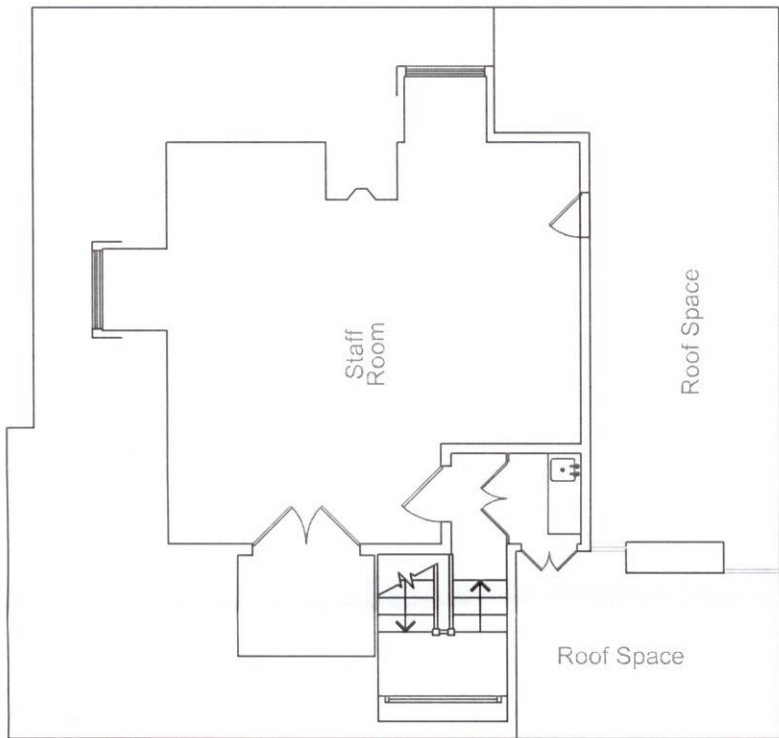
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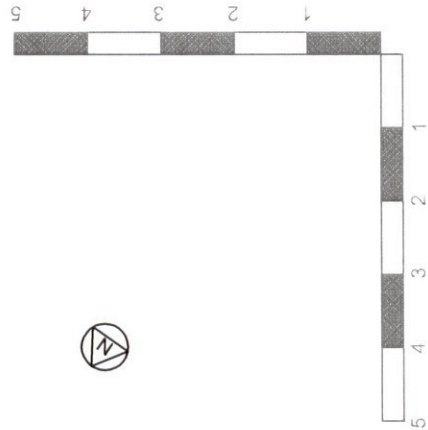
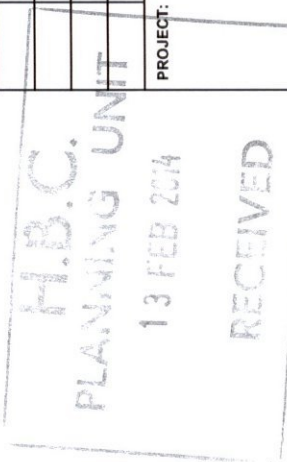
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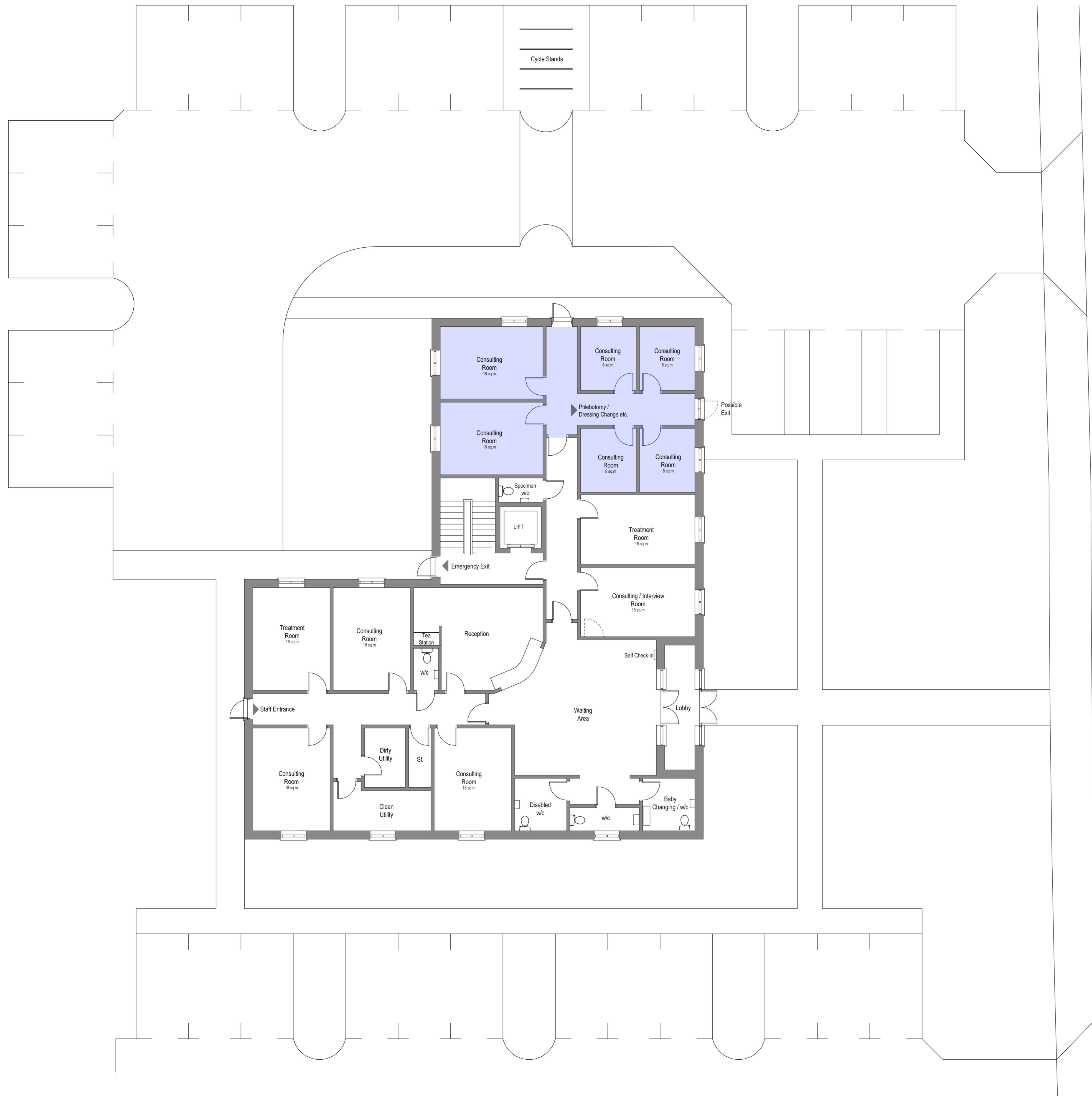
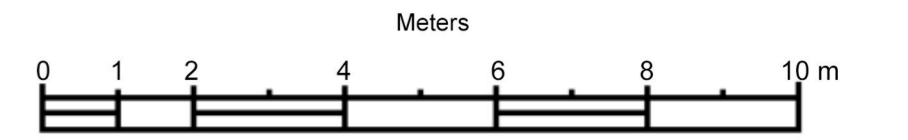



EXISTING FIRST FLOOR PLAN



EXISTING SECOND FLOOR PLAN





 Potential Isolation / Pandemic Suite

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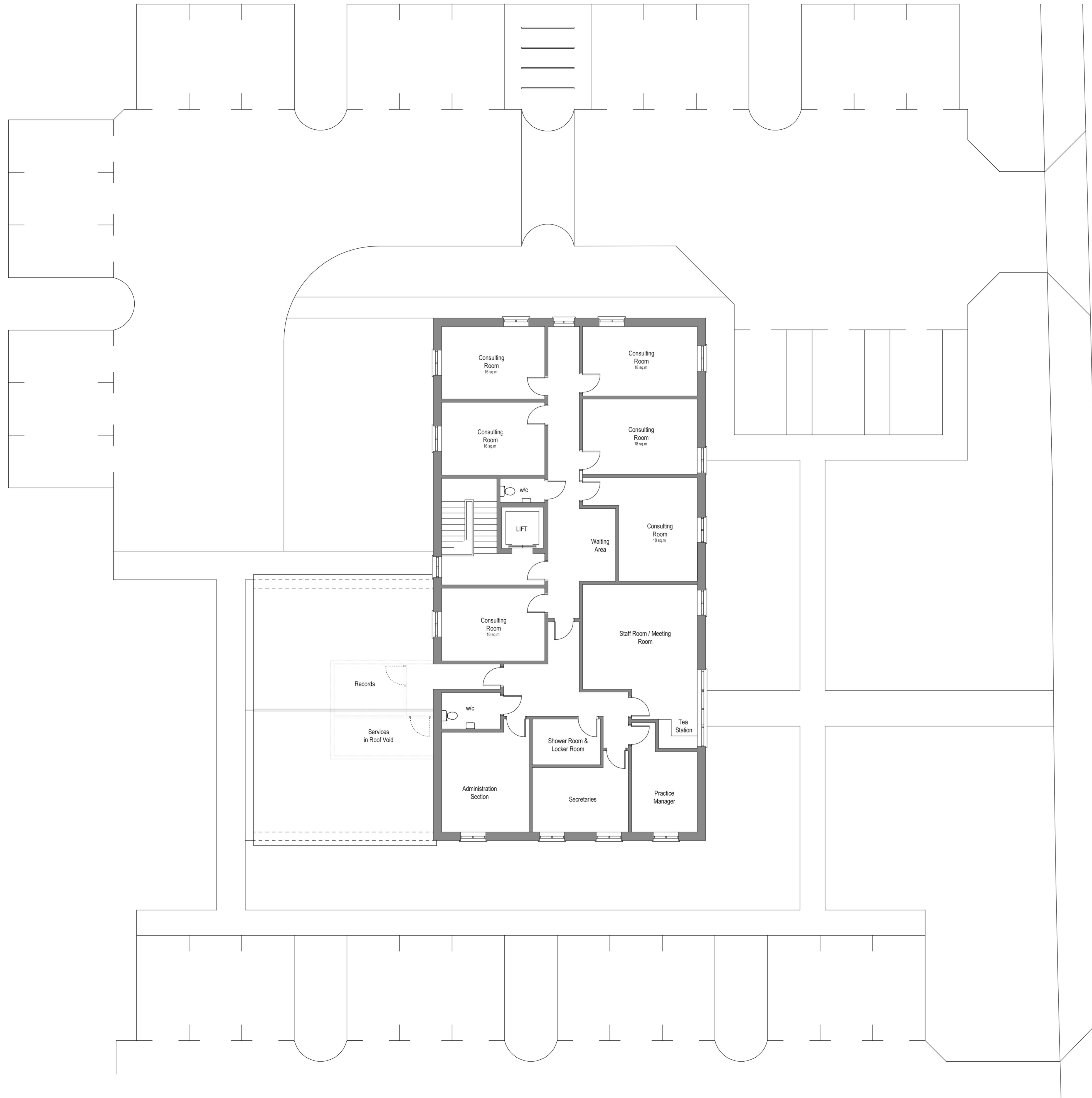
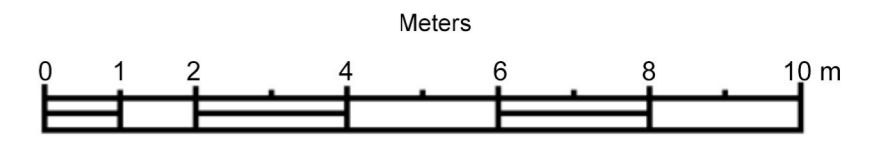
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SOUTH OF SHENLEY ROAD,
RADLETT

title:
MEDICAL CENTRE
SKETCH GROUND FLOOR PLAN

date: Nov '22 **scale:** 1:100 @ A1

drawing number: 2213/SK.10	Rev. A
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project:

Land:
SOUTH OF SHENLEY ROAD,
RADLETT

title:

MEDICAL CENTRE
SKETCH FIRST FLOOR PLAN

date: Nov '22

scale: 1:100 @ A1

drawing number:
2213/SK.11

Rev.
A

Paul Hewett R.I.B.A.

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