

Subject: RE: Land north of Solent Road (adjacent to Bosmere Medical Centre) Havant APP/21/00601

CAUTION: This email came from outside of the council - only open links and attachments that you're expecting.

Hi David,

Having reviewed the deputation it appears that there are several key themes that have been raised, and I will set these out with our response to this below.

Consideration of medical centre trip generation within the assessment work:

The traffic surveys undertaken within November 2020 included the medical centre junction with Solent Road.

The original application surveys had a coronavirus uplift factor both within the AM and PM peak periods which was a standard practice tool to agree representative traffic conditions at the time of the application.

In the 2023 application a further uplift using industry standard tool TEMPro was used to reach 2023 flows.

This outlines 107 and 59 trips respectively generated by the medical centre utilising this junction.

The Highway Authority must consider what is fair, reasonable, and necessary to be submitted to support an application. Given that the approach of use of the Covid uplift factor had been previously agreed at the time of the initial submission (June 2021) and the quantum of development had been reduced to remove the associated industrial units, in the professional opinion of the Highway Authority, it was not considered that additional survey work would be required given that it would not alter the previous conclusions of the Highway Authority.

That being said, the Highway Authority appreciate that at the time of the surveys would not have considered the full operation of the medical centre. I have therefore utilised the TRICS database to estimate the number of trips associated with the GP practice to assess whether the assessment work undertaken by the applicant is representative of the operation or not. Given that the square footage of the medical centre is unknown, I have based this of a footprint of the recently agreed health hub in Bordon which totals 3,480m² GIA which is much larger in scale compared to that of the Bosmere Medical Centre. Tailoring the TRICS outputs to consider a town centre, edge of town and neighbourhood location provides peak two-way vehicular movements of 20 in the surgery AM peak (10:00-11:00) and 15 in the surgery PM peak (14:00-15:00).

It is important to note that the Highway Authority were mindful of the restrictions of the dataset but when considered against the TRICs data sets it clearly shows that the trip generation assumptions used within the assessment are robust.

Office Trip Rates

Additionally, on a separate but related matter, the Highway Authority are content that the method of calculation the vehicular trips associated with the office use is robust and sound. The use of travel to work data for existing employees is reflective of the travel patterns and choices that will continue given the proximity to the proposed relocation. This has been applied to total person multi-modal trip rates from the TRICS database. I have obtained more

recent data which outlines significantly lower total person trips for an updated period and therefore the initial data provide from the applicant is remains acceptable.

Trip Generation Impacts

What is key here is that the peak periods of the GP surgery do not coincide with the peak periods associated with the office use. Where the vehicular trips associated with such office use are at their peak, those associated with the GP surgery are arguably at their lowest and vice versa. I note Mr Comlays reference to the various categories within the TRICS database for healthcare facilities. I have run an assessment for all relevant categories and trips associated with the GP surgery are the highest by far. Regardless, I am therefore content that utilising an overly robust scenario of a larger health care provision that the trips utilised within the initial baseline work by the applicant to inform further junction modelling are overly robust when comparing the two numbers. The joint location of the medical centre and the pharmacy benefit from linked trips to the GP surgery and the wider town centre and therefore any assumptions on primary trip generation is likely to yield no higher figure than that assumed. Noting that the pharmacy would have been operational at the time of the surveys. If you are able to tell us the GDA for each of the GP uses and the retail use we can provide more specific figures for comparison.

Safety considerations of the access

The site access arrangement (incorporating the access to the medical centre) has also been subject to an independent Road Safety Audit (RSA1). As part of the audit brief, the auditors were privy to the 2023 baseline traffic survey data at the access including the addition of the development flows, so they therefore had an appreciation of the levels of trip generation proposed to utilise the access point. The auditors visited the site in May 2024 between 13:15-14:00 at the medical centres post-covid levels of operation and walked and drove the local highway network as part of the audit process. The auditors raised no safety issues with the operation of the two access points with the additional development trips. The Highway Authority therefore remain of the view that the access will continue to operate in a safe and suitable manner with the additional development trips with the implementation of the proposed access amendments.

Construction Traffic Matters:

The Highway Authority have recommended a CTMP condition is placed on the application to manage traffic movements associated with construction activities. As part of the CTMP we require the applicant to set out the management and suitability of movements associated with construction. The Highway Authority would expect this to include a requirement for the applicant to work with the surgery to ensure construction traffic movements do not clash with the busiest operational times of the surgery e.g. peak clinic times for example along with the traditional network peak hours. Construction traffic by its nature can be disruptive but the Highway Authority do work alongside the Planning Authority and would work with the applicant through the discharge of condition requirements to ensure that this disruption is minimised and would and would not place users of the surgery in danger. This will be a managed situation and that should be acknowledged by the committee.

Ransom Strip:

This matter is not for us to respond to but is a planning matter.

I trust that this provides the appropriate clarification you are after but please let me know if you require anything further from me ahead of committee.

Kind regards,

Sophie

Sophie Osborne
Senior Transport Planner – Highways Development Planning
Hampshire 2050