

## Appeal Decision Notice

T: 01324 696 400  
F: 01324 696 444  
E: [dpea@scotland.gsi.gov.uk](mailto:dpea@scotland.gsi.gov.uk)



Decision by Mike Croft, a Reporter appointed by the Scottish Ministers

- Planning appeal reference: P/PPA/400/291
- Site address: land at St John's Hospital, Howden West Road, Livingston, EH54 6PP
- Appeal by NHS Lothian against the decision by West Lothian Council
- Application for planning permission 1182/FUL/07 dated 30 November 2007 refused by notice dated 5 March 2008
- The development proposed: the widening of an existing access road and the erection of barriers and ticketing machines
- Date of site visit by Reporter: 16 September 2008

Date of appeal decision: 30 September 2008

### Decision

I dismiss the appeal and refuse planning permission.

### Preliminary matter

1. The appellants' submissions include a claim for expenses. This notice is concerned with the planning merits only, and I deal with the expenses claim in a separate notice.

### Reasoning

2. The determining issue in this appeal is whether the appeal project would be at odds with the interests of free traffic flow and/or pedestrian safety.

3. The road that the appellants propose to widen forms the main access to the large public car park within the hospital site. It leads off the hospital access road within the site which in turn leads off Howden West Road. The widening would allow, for a distance of about 35-40 m, 2 lines of cars to approach the 2 barriers and 2 ticketing machines proposed. The system proposed would provide for payment on entry. This would replace the present system in which cars approach in a single line along the car park access road, with a single barrier lifting automatically on a car's approach, and with payment being made elsewhere at pay stations before departure from the car park.

4. The council express concern about the adequacy of the combined capacity of the new ticketing machines. The information provided for the appellants indicates that the



existing barrier has a capacity of 450 transactions per hour, that the existing access rate is 300 vehicles per hour, and that each of the proposed barriers would have a typical throughput of 200-250 transactions per hour, ie 400-500 for the 2 barriers proposed. So it is contended that the proposed capacity exceeds the observed demand. But I remain unsatisfied with the appellants' stance on queuing which, of course, is a function of the relationship between capacity and demand. It may well be that, over a period of an average hour, capacity will exceed demand, but I am concerned about short-term peaks in demand that might not be matched by short-term capacity. The stated throughput of 400-500 per hour for the 2 proposed barriers equates to one entry every 7-9 seconds on average. Clearly some drivers will take longer than that: indeed each entry terminal includes an intercom facility when assistance is needed. My observations during my visit to the hospital become important at this point: although some cars arrived singly, I saw several instances during a period of only a few minutes when platoons of several cars arrived at once. I saw little queuing with the existing system because, as I have indicated, the existing barrier lifts in response to a car's approach – indeed, I saw several instances where more than one car was able to enter the car park immediately after another with the barrier remaining raised, with the interval between entries probably down to about 2 seconds.

5. The proposed system, with each car having to stop for payment to be made, inevitably has more potential to generate queuing than the existing system. Such queuing would only be a problem if it were to extend back along the car park access road and into the hospital access road. In favour of the appeal project in this context is the fact that, while the existing system provides for about a 35 m length of queuing traffic before any additional traffic has to wait on the hospital access road, the appeal project would provide a comparable length of about 95 m (about 20 m from the hospital access road to the point where the car park access road would provide for 2 lanes, and then about 75 m on the 2 lanes combined). On the basis of the present 35 m providing capacity for a queue of 6 cars (as shown on the application plans), the proposed 95 m would provide for a queue of about 16 cars.

6. At first sight this appears ample provision for a car queue that would not impact on the hospital access road. Microsimulation modelling has been carried out for both the appellants and the council seemingly to deal with the point. But the results of that modelling are not included in the appeal submissions. Moreover, the summaries of the modelling results that are presented for the appellants are confusing. At different points in the grounds of appeal it is said for the appellants that there would be no queuing on Howden West Road (paragraphs 2.5 and 5.4), that there would be no queuing on the hospital access road (paragraph 5.7), and that no queuing is anticipated (paragraph 5.9).

7. The suggestion that there would be no queuing at all is simply not credible: it is inconsistent with the timing of car arrivals that I observed in relation to the speed at which they could progress through the proposed entry system. The suggestion that there would be no queuing on Howden West Road implies the acceptance of some queuing on the hospital access road, but I regard that as unacceptable as the hospital access road is a major route within the hospital site, and the possibility of ambulances being delayed by queues is not one to be contemplated. I am driven further towards an adverse view of the

appeal project because it represents a revision – but significantly how much of a revision is not explained – of a system that was temporarily installed in late 2007 that did result in queuing traffic on the hospital access road.

8. As presented to me, therefore, I am not satisfied that the appeal project does not pose serious risks for free traffic flow within the hospital site. There may be some additional risk to pedestrians, but that is unlikely. However, the risks I refer to are sufficient in my view to justify withholding permission. I have little doubt that these matters would have been covered in a traffic management plan and risk analysis, the absence of which led to the council's refusal. Given the lack of clarity about the traffic queue implications of the appeal project, I see no justification for a temporary permission to cover a trial period.

9. I have taken account of all the other matters raised. I have considered carefully the council officer's report that recommended permission. The arguments in some of the submissions against charging for parking at hospitals as a matter of principle are out of place here: such charging is not a material consideration in this planning case. Although the appellants are aware of the Scottish Government's recent announcement that car parking charges are to be abolished at NHS hospitals in Scotland, they maintain their position on this appeal. I see no specific conflict with any development plan policies, but a relevant material consideration is policy TRAN 2 of the Finalised West Lothian Local Plan which says that development will only be permitted where transport impacts are acceptable. I am not satisfied that the impacts here would be acceptable.

***This is the version issued to parties on 30 September 2008***

MIKE CROFT  
Reporter