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The Society's response to the pre-planning application enquiry in respect of a proposal to demolish and replace the Bristol Royal Infirmary (the Hospital) car park in Marlborough Street.

Summary

This will be a difficult application for the Council to decide because of conflict between public service and transport policy. The Council must decide whether the public advantage of more short-stay Hospital car parking outweighs the public harm that it would cause through increased traffic conflict, congestion and worsened air condition when the local road network is at capacity and traffic at a standstill. For several years past, the Council has delivered policies to counter the impact of the car in the centre of the city. It has borrowed and invested substantially in Park and Ride schemes, the central and residents' parking zones and two Metrobus schemes. There is Government pressure on the Council to improve air quality in the city centre. In the absence of evidence to show that the local road network has the capacity to absorb the projected increase in private car movements the Society is unable to support the proposal.

The Scheme

University Hospitals Bristol (the Trust) proposes to demolish the existing multi-storey car park, approximately 120 parking places, and to replace it with a new multi-storey car park of about 820 parking places (the Car Park). Because the footprint of the new car park would extend north from Marlborough Street to Alfred Parade the scheme would demolish the Eugene Street flats and close Eugene Street with the consequent loss of the city centre homes. To accommodate the additional traffic, the scheme would widen Marlborough Hill and remodel the junction of Dighton Street with Marlborough Street to create a new left hand filter lane for traffic approaching Dighton Street from the direction of the Triangle.

Public access to the Hospital

The Trust says that there are several hundred thousand out-patient appointments each year. UHB can only estimate the annual number of visitors to in-patients. Out-

patients/visitors who travel to the Hospital and who do not use public transport, taxi or ambulance will generally travel by private car. It is probable that the number who walk or cycle to the hospital are not statistically significant. Some out-patients/visitors who travel by private car are dropped off and collected from the kerb, the remainder will use a public car park.

Parking facilities near the Hospital

The Council is aware that the Trust has had a long-term aspiration to improve its service and increase the public parking for Hospital users. The Hospital's parking provision is in the bottom quartile measured against the parking provision of hospitals outside London. The Trust offers public parking under St. Michael's Hospital and limited concessionary parking at the Oncology Centre. Because the Trust does not propose change to these provisions, the Society does not consider them further. The Trust offers open air public car parking on Marlborough Hill, 36 places, and at the to be demolished Marlborough Street multi-storey car park, 120 places. There is nearby public parking at several city centre multi-storey car parks. Cabot Circus car park has a hospital link bus service. There are few on-street public parking bays in the Central Parking and Kingsdown Residents' Parking Zones.

The impact of a replacement 820 place multi-storey car park on the local road network

The Trust's proposal would increase the capacity of the Car Park from 120 to about 800 places. The Trust proposes to retain, around 20 places for the Hospital's essential operational needs. There would be a net gain of about 700 car parking spaces available to out-patients/visitors. On a balance of probability, it must follow that the additional 700 parking places will generate considerably more traffic. The Trust has provided no projection of the number of vehicle movements that the enlarged Car Park would generate. It is reasonable to infer that there would be over 3,300 more private car movements a day on the local road network assuming that the 700 new parking places had an 80% occupancy rate and a three times a day churn. It is probable that the Trust will contract with a for-profit car park operator to build and manage the Car Park. It will be commercially necessary for the car park operator to maximise the Car Park's use.

The roads that serve the car park are Marlborough Street (both directions) and Stokes Croft leading through Jamaica and Dighton Streets (the local road network). The Society has seen no evidence to show whether the local road network has the capacity to accommodate the additional 3,300 private car movements. The closure of the Marlborough Hill open air car park would not mitigate the increase of parking spaces. Access to the Marlborough Hill car park does not use the same local road network. Out-patients/visitors who use other city centre car parks can reach their parking along routes that do not require the use of the local road network. Traffic flow through all the junctions in the local road network is light controlled. Traffic travelling down Stokes Croft must turn right across the oncoming traffic. Traffic approaching up Marlborough Street from the Horsefair must also turn right across oncoming traffic. The junction between Dighton Street and Marlborough Hill is uncontrolled and often congested.

It is probable that the car park operator will introduce some form of technology at the car park entrance to confine users to those with hospital business. Southmead has installed scanners that scan a bar code printed on an out-patient appointment letter. The technology will be novel to many users. It is probable that at times there would be queuing at the Marlborough Hill Car Park entrance back into Dighton Street. The junction between Dighton Street and Marlborough Street is one of the most congested places in the city.

Planning policy

National Planning Policy Framework

35 Plans should protect and exploit opportunities for the use of sustainable transport modes for the movement of goods or people. Therefore,

- developments should be located and designed where practical to accommodate the efficient delivery of goods and supplies*
- give priority to pedestrian and cycle movements, and have access to high quality public transport facilities;*
- create safe and secure layouts which minimise conflicts between traffic and cyclists or pedestrians, avoiding street clutter and where appropriate establishing home zones;*
- consider the needs of people with disabilities by all modes of transport.*

Policy BCS10 - Development Principles

..... proposals will be determined and schemes will be designed to reflect the following transport user priorities as set out in the Joint Local Transport Plan:

- 1) The pedestrian;*
- 2) The cyclist;*
- 3) Public transport;*
- 4) Access for commercial vehicles;*
- 5) Short stay visitors by car;*
- 6) The private car.*

Proposals should minimise the need to travel, especially by private car, and maximise opportunities for the use of walking, cycling and public transport.

4.10.4 - *Enhancing and promoting less environmentally damaging modes of transport is central to the Joint Local Transport Plan (JLTP) for the West of England.*

4.10.5

4.10.5 - *National transport policy documents emphasise the need to promote sustainable transport choices in land use decisions, promote accessibility of sites to essential facilities by public transport, walking and cycling, and to reduce the need to travel, especially by car.*

4.10.9 - Demand Management and Sustainable Travel Measures: - *The council will continue to investigate the potential for demand management measures such as parking management (e.g. Controlled Parking Zones and Residents Parking Zones), and wider demand management options where appropriate.*

Policy BCAP29: Car and cycle parking

7.17 Non-residential car parking in Bristol City Centre

Proposals for long-stay public car parking will only be acceptable where it would replace existing provision and would be appropriately located within the hierarchy of vehicular routes in the city centre. Long-stay private non-residential car parking should be limited to the essential operational needs of the proposed development. Proposals for short-stay car parking will be considered on a case by case basis having regard to the nature and requirements of the proposed development, the position of the site in the hierarchy of vehicular routes and the desirability of reducing car use in favour of more sustainable modes of transport.

The strategic questions

1. Is a new city centre, 820 bay, short-stay car park acceptable having regard to the Hospital's requirements, the position of the Car Park in the hierarchy of vehicular routes and the desirability of reducing car use in favour of more sustainable modes of transport?
2. Would the provision of more short-stay Hospital car parking outweigh the harm that it would cause to the local road network by increased traffic conflict, congestion and acutely, when the local road network is at capacity and traffic at a standstill, worsened air condition?

There is conflict between public service and transport policy. The public will support the Trust's wish to improve the Hospital service. The public also want the Council to reduce city centre traffic congestion. The city centre road system has no flexibility. Any traffic mishap leads to hours of congestion, bus services are at a standstill and thousands of residents are frustrated. It is an axiom that National and local planning policies attempt to remedy chronic urban traffic congestion by discouraging development that attracts cars into city centres.

The planning decision must be evidence based. The Society has seen no evidence of the projected car park use or traffic flow figures on the local road network. The Trust must supply evidence to the Council to enable it determine the impact of a substantial increase of private car movements on the local road network. These are the critical questions that the Trust's evidence must satisfy:

1. The probable percentage of car park usage and churn to calculate the number of additional private cars that will use the local road network to access or exit the Car Park. The projection must analyse the times of heaviest movements to and from the Car Park. The Society anticipates that week-days will be busiest. The largest flow of arriving out-patients are called in at 9.00 am, which will coincide with the morning traffic peak and the largest flow of arriving visitors to in-patients (visiting time 6.00 – 8.00 pm) will probably coincide with the evening traffic peak.

2. Evidence of the current traffic flows from the Triangle to the Horsefair and from Cheltenham Road to the Horsefair and the vehicle capacity these roads. At present, the local road network is at capacity and traffic at a standstill at peak hours. Traffic in Marlborough Street through to the Triangle is at a standstill at other times of the day between the peak hours.
3. Evidence of the hourly vehicle capacity of the several light controlled junctions and the numbers of vehicles currently using those junctions at critical periods on week-days. The Council must be able to assess whether the junctions in the local road network can accommodate an increase the movements of more than 3,300 private cars each day.

Bristol is one of the most heavily congested core cities with poor air quality along its arterial routes. There is Government pressure on the Council to improve air quality in the city centre. To deliver the policy to reduce the need to travel by private car the city has invested heavily in public transport schemes, Residents' Parking Zones and plans further Park and Ride destinations. During the period when the Trust has held a long-term aspiration to increase the Hospital's on-site parking there has been a Europe-wide policy shift to reduce the need to travel by private car in city centres.

The construction of a new left filter lane on the north of Marlborough Street to improve the access for east bound traffic turning into Dighton Street would seriously harm and degrade the character of the area. In addition to the loss of welcome green space the wider road would be an additional obstacle for pedestrians. The demolition of the attractive accommodation blocks in Eugene Street would be a retrograde action when the Council's Core Strategy housing policies aim to build 7,200 new homes in the city centre before 2026. Altering traffic light sequences to improve the traffic using the car park would give private cars priority over the pedestrians who cross at light controlled crossings. BCS10 gives clear guidance, pedestrians have priority in the centre of the city. There are substantial pedestrian flows around the local road network. The redevelopment of the Trust's Old Charity Universal Building to create a new large student hall of residence will add over 700 students who must use the local road network.

The Council's annual city centre, air quality audit shows the air quality to be chronically below the advisory standard. The local road network is heavily used by pedestrians and cyclists. More than 3,300 additional private car movements will further degrade the air quality particularly when the local road network is at capacity and traffic at a standstill. When traffic is stationary in local road network, concentration of particulates is unpleasant for pedestrians, cyclists and vehicle drivers.

The Council should compare the Hospital with other city centre hospitals. Many hospitals in the centres of other core cities have never had on-site parking. A proposal that would increase private car traffic in the centre of Bristol would be retrogressive. Through its clear and helpful travel plan, the Trust offers extensive advice about travel to the Hospital and nearby car parks. Relevant extracts from the travel plan accompany every out-patient

appointment and are on-line. The recent experience of the redevelopment of Southmead Hospital shows that the Trust cannot provide on-site parking for all its out-patients and visitors. The best that the proposed scheme could achieve would be to provide parking for a percentage of the potential users. It is probable that should the 820 place car park be built, the Trust and the Council will continue to receive complaints that public car parking is inadequate and that access by private car, problematic.



Over-capacity on the local road network