

**Draft Royal Brompton Hospital Supplementary Planning Document (SPD)
Consultation Responses 18 November – 30 December 2020**

The table below sets out the responses received on the Draft Royal Brompton Hospital SPD Consultation which was undertaken for six-weeks between 18 November and 30 December 2020. The last column titled ‘Response’ is the Council’s response to the comment received.

No.	Name	Key Comments	Response
1	Alessandro Mauri	Strongly support the maintenance of the Royal Brompton Hospital and to keep the functioning of the hospital within Chelsea. The hospital provides the community with essential services as well as world class facilities, I think each of the 3 borough hospitals should be maintained and should not be amalgamated unless it is from a purchasing of equipment or consumables. I think research and development should be maintained and further provision of medical services added, if permitted. Not only does cost need to be considered but also what the hospital means to the community and so should not be sought to just cut costs. Hospitals are also a pillar of strength for the community.	Support noted.
2	Nicandros Bouras	The Brompton Hospital is a world-renowned hospital for cardiovascular and respiratory diseases. It has been treating patients from the local community and all over the world. The closure of the hospital and the transfer of facilities to Guy’s – St Thomas’ will be a major loss for the area and I strongly oppose it. I strongly support the draft Royal Hospital Supplementary Planning Document that will upgrade the existing service and even extend the benefits offered to the local and wider population.	Support noted.
3	Peter Delf	I am totally against plans to downgrade the medical facilities of the Brompton Hospital. My daughter needed life-saving heart treatment and the Brompton was fantastic. Please don’t destroy essential medical services in pursuit of financial gain from redevelopment. Having said that, if reasonably priced accommodation for staff can be made available on or nearby, that would make sense so that key workers can afford to liv close to where they provide their vital work. This is where planning should focus.	The SPD seeks to retain and enhance the medical uses on the site. Support for key worker housing specifically is noted – and indeed the illustrative masterplan within the SPD indicates that this use could be viably delivered as part of a site-wide approach.
4	Carole Feldman	I feel that if the Brompton were to merge with Guys and St Thomas Hospital it would lose its standing worldwide. Overseas it would have an unknown name and would no longer be an international institution. The same happened to Westminster Hospital when it became Chelsea and Westminster Hospital and therefore became a local hospital. It is now in a	Noted. The merger is the choice of the Royal Brompton Hospital and NHS England. The Council wants the

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		prime position and to move it over to the South Bank would be a loss both to patients and the neighbourhood. Large is not always good it becomes impersonal.	Brompton to stay within Chelsea but does not have control over this.
5	Heather Archer (Highways England)	Having examined the Royal Brompton Hospital Draft SPD Consultation documents, we are satisfied that its policies will not materially affect the safety, reliability and / or operation of the SRN (the tests set out in DfT C2/13 para's 9 & 10 and MHCLG NPPF para 109). Based on this, Highways England does not offer any comments on the consultation at this time.	The Council notes that Highways England has not offered comments on the Royal Brompton Hospital SPD at this time.
6	Stephen Dean (Lee Bolton Monier-Williams LLP; Representing ROYAL BROMPTON AND HAREFILED HOSPITALS CHARITY (REGISTERED CHARITY NO: 1053585)	1. I act on behalf of the Royal Brompton and Harefield Hospitals Charity (the Charity"). The Charity have asked that I contact you to put on record its interest in and ownership of a number of properties which form the subject matter of the draft SPD. 2. The Charity is an independent charity and registered with the Charity Commission under charity number 1053584. 3. The objects of the Charity are " Furthering charitable purposes or such purposes relating to the hospital services of the Royal Brompton & Harefield NHS Foundation Trust or to any other part of the health service at any hospital for the benefit of patients and their families and staff of the hospitals as well as sponsoring research which benefit the sufferers of cardiac and thoracic illnesses." 4. The Charity is independent of the Royal Brompton and Harefield NHS Foundation Trust ("the NHS Trust"). 5. The draft SPD refers to a number of properties which are owned by the Charity. The draft report implies that these properties are within the ownership or control of the NHS Trust or the Secretary of State for Health. This is not the case. 6. The "Site Analysis" at Chapter 2, page 8 of the SPD refers to the following properties which are owned by the Charity: * 1 – 9 Foulis Terrace (referred to as part of Site A);* Dudmaston Mews (referred to as part of Site B); * 151 Sydney Street (referred to as part of Site D); * 250 Kings Road (referred to as part of Site D). 7. The Charity is the registered owner of the above properties which are a mixture of commercial office and retail units and residential accommodation. None of the properties are used for any purpose associated with the NHS Trust or provide any medical facility or use (although the NHS Trust are a tenant of one of the office units).	Noted. The SPD has been revised in order to correctly label the land ownership (Figure 1).
7	Shahina Inayathusein (Safeguarding Engineer, London Underground/DLR	I can confirm that London Underground/DLR Infrastructure Protection has no comment to make on this SPD as submitted. This response is made as LU/DLR Railway Infrastructure Manager under the "Town and Country Planning (Development Management Procedure) Order 2015". It therefore relates only to railway engineering and safety matters. Other parts of TfL may have other comments in line with their own statutory responsibilities. However, part of the site above is within the area subject to the Department of Transport's	The Council notes that London Underground/DLR Infrastructure Protection has no comment on the draft SPD at this stage.

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	Infrastructure Protection)	Safeguarding Directive for the proposed Crossrail 2 route. Details about how this might affect the SPD can be obtained from: Crossrail Safeguarding Zone Crossrail Ltd Email: CRL_Safeguarding@tfl.gov.uk	
8	Peter and Margaret Fawcett (Hon treasurer and Hon Secretary, Austell Street RA)	The Astell Street et Al Residents' Association, which represents some 200 households from St Luke's Street to Godfrey Street, has taken a prominent part with other Residents' Associations in recent years in commenting on previous Royal Brompton Hospital Supplementary Planning Documents. We have also attended numerous Working Parties in trying with the Royal Brompton Hospital to find a way forward for the Hospital. We have recognised the logistical advantages of hospitals working together, and in the consultation on the last SPD we argued, together with other Residents' Associations, for establishing a hub of hospitals in Chelsea. The present SPD addresses the Royal Brompton's wish to move its operations nearer the middle of London to form a bigger national hub. We are grateful for the discussions we have had with Councillor Josh Rendall and Eleanor Selby of RBKC's Planning Department, and the Dovehouse Street Residents' Association. We attended the Zoom presentation when the SPD was published. We have been promised in the past that the Royal Brompton would not move for 10 years, and that when it did the care it currently offers would be located in a site near St Thomas' Hospital. But concerns are already being expressed that the promises we were given would be watered down in this new planned consolidation. While we recognise the care and expertise that has gone into the production of the SPD with its detailed description of the various parts of the Hospital, the response of our Committee is simple, that is to support RBKC in taking the view that it is vital that we retain the Royal Brompton Hospital in our borough and to support its petition to the NHS "to save our Brompton Hospital". We have just heard from SAVEROYALBROMPTONHOSPITAL that on 15 December the Hospital plans to vote the Hospital out of existence by joining Guy's and St Thomas'. If for any reason this happens, we strongly urge that the means should be found to ensure that the site is used in perpetuity only for affordable medical use (we are not sure whether this is currently within the powers of RBKC).	Support noted. Regarding affordable medical uses, the Council do not have control over the type of medical use (i.e. public or private). This decision will be down to the NHS.
9	Elizabeth Searle (Operations Delivery, Natural England)	While we welcome this opportunity to give our views, the topic this Supplementary Planning Document covers is unlikely to have major effects on the natural environment, but may nonetheless have some effects. We therefore do not wish to provide specific	The Council notes that Natural England does not have specific comments at this stage. The issues of green infrastructure and

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		comments, but advise you to consider the following issues: Green Infrastructure; Biodiversity Enhancement; Landscape Enhancement; SEA/Habitat Regulations.	biodiversity enhancement have been added to in Chapter 5.
10	Matt Verlander (Avison Young, National Grid)	We have reviewed the above document and can confirm that National Grid has no comments to make in response to this consultation.	Noted.

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11	Aimee Squires (Associate Director, Savills, Representing Auriens Group)	<p>Constraints 1. Point 10 states “development would have to respect new development to the west.” Planning permission has been granted for 2 Dovehouse Street. Construction of the permitted development is well advanced and completion is due in early 2021. The masterplan depicts this development incorrectly in various images and should be corrected to ensure future development within the masterplan area appropriately responds to the site particularly given its relationship with Dovehouse Green. 2. Point 7 states “poor internal movement network, particularly to Dovehouse Green.” The need for an internal pedestrian connection is questioned when Dovehouse Green can be accessed from Dovehouse Street and Sydney Street. It is considered that strengthening the existing pedestrian environment along Dovehouse Street and Sydney Street is more beneficial than disaggregating the Chelsea Farmers Market site with a superfluous pedestrian connection which constrains its development potential. In terms of the wider connection, it is unclear what the purpose of the pedestrian connection would be to the north i.e. what is the link connecting to? Creating a link which dissects the masterplan area, particularly to the south, reduces development capacity without a particular purpose, particularly when the pedestrian environment along Sydney Street could be improved. Site opportunities 3. Planning permission has been granted for the Chelsea Farmers Market site and this permission remains extant. The draft SPD does not account for this permission or its potential implementation. 4. In relation to point 6, it is questioned why a new public square is proposed given the very close proximity to Dovehouse Green. It would be preferable to improve the quality of Dovehouse Green and optimise the provision of healthcare / residential uses on the Chelsea Farmers Market site. Furthermore, the open public square is likely to cause amenity impacts to the development at 2 Dovehouse Street, particularly when coupled with the proposed north-south pedestrian connection in terms of overlooking and noise. 5. In relation to point 7, the north-south pedestrian connection through the Chelsea Farmers Market site is questioned in term of intent and benefits. As set out above, the need for an internal pedestrian connection is questioned when Dovehouse Green can be accessed from Dovehouse Street and Sydney Street. The north-south pedestrian connection through the Chelsea Farmers Market seems at odds and competition with point 5 which seeks to create “a more continuous active frontage along Sydney Street would create a more vibrant and outward-looking streetscape.” It would be preferable to focus on fewer north-south links to ensure their viability in this case enhancing the existing pedestrian connections is preferred. 6. It is requested that the</p>	<p>1. Wording in point 10 has been amended to remove ‘new’ and add site address. As 2 Dovehouse Street is not within the site boundary therefore the granted built form is not shown in detail, but is suitably represented throughout the SPD. Addition of sentence within site D Guidance to make clear consideration of relationship with 2 Dovehouse Street.</p> <p>2. Point 7 is referring to the fact that there is poor access directly to Dovehouse Green from the north. The indicative masterplan suggests that there is an opportunity to provide a new N/S link through both sites C and D, which is a possibility. As made clear, this is one ‘option’ for a masterplan and does not tie any future development to a particular course of action. The Council remain open minded about the detailed design of any future masterplans and will consider the acceptability of this route, if proposed, at this point.</p> <p>3. The Chelsea Farmers Market application and site allocation is referred to in the introduction. This permission is separate to the focus of the SPD.</p> <p>4. Overlooking and noise would be assessed in detail if/when a pre-</p>
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		<p>viability analysis underpinning draft SPD be released for review. 6. Despite the draft SPD acknowledging that healthcare facilities need to be flexible and adaptable (2.6.1), the masterplan (page 21 and 22) is prescriptive in terms of the layout of uses across the masterplan area. It would be preferable to identify zones across the masterplan area or identify uses by use class (e.g. C2, C3) or how they are to be assessed in accordance with policy (e.g. social and community uses, residential) to allow flexibility through the masterplan area. 7. Furthermore, distinguishing between elderly care, extra care and retirement living also limits flexibility and adaptability. It would be preferable to identify zones for older persons accommodation more generally. 8. The stacking of uses such as retail, leisure, retirement living and extra care is not well thought out. This would discourage retirement living or extra care operators from taking up parcels of the masterplan on the basis that they would be limited by the development below. It also does not take account of the importance of the provision of open space and gardens to support these types of use. 9. The provision of food and beverage, office and retail throughout the masterplan needs to be reconsidered in the context of the new Class E use. Greater flexibility of uses needs to be introduced throughout the masterplan area in response to the Government's position. 10. The quantum of specific retail provision within the masterplan area needs to be reconsidered particularly within the context of current economic trends and state of retail/the high street. It is important to ensure the retail function and vitality of King's Road is maintained and retail throughout the masterplan should only be to serve the healthcare uses. We believe there is an overprovision of retail within the masterplan, particularly on the Chelsea Farmers Market site.</p>	<p>application/application was submitted. 5. See response to point 2. 6. The evidence base will be made available at the time of adoption. 6(2). The masterplan purposely does not adopt a zoning technique because it is built on the theory that this site could deliver a healthcare hub, a wide mix of uses across the entire site. It is not intended to demonstrate the detailed design of any future schemes, rather a single example of how it could be brought forward viably. The Council remain open minded regarding the layout and mix of buildings within future proposals. 7. The masterplan identifies uses not zones because it is recognised that the site wide approach could include any of these uses on any part of the site. Zoning and generalising these would constrain and inhibit any future masterplans. 8. The indicative masterplan is a modern approach to mixing uses within a building. The Council are open to discussion on how the mixing of uses is best achieved within any future applications, and again, emphasise that the indicative masterplan is one way of achieving a site wide viable masterplan. It does not stipulate</p>
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			<p>how the uses should be mixed within buildings. 9. Accepted. Amendments made as necessary. 10. The masterplan is indicative and makes it clear that this is one way to design the site, allowing flexibility for other site wide masterplan options. It also does not specify quantum of retail provision and therefore does not hinder any future proposals with specific quanta.</p>
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12	Simon Birkett (Founder and Director, Clean Air London (CAL))	<p>CAL is very concerned by the SPD's references to 'air quality' and 'climate change' in section 5.25 (page 34) which seem outdated. In particular:</p> <ul style="list-style-type: none"> • They do not reflect the strength of RBKC's commitment to become 'carbon neutral' (per the definition in the Climate Change Act (as amended) and 'net zero' throughout the borough by 2040. In practice this means achieving zero air emissions from buildings i.e. nothing or virtually nothing emitted to the air. https://www.rbkc.gov.uk/newsroom/all-council-statements/kensington-and-chelsea-be-carbon-neutral-2030 ; • The section muddles "carbon neutral" and "air quality neutral" which mean quite different things. The former means "net zero emissions" whereas the latter means "no worsening" of current harmful emissions (which may be quite high). • The verdict from the Inquest touching on the death of Ella Roberta Adoo Kissi-Debrah highlighted the need to reduce air pollution below World Health Organisation guideline levels and beyond. CAL recommends that this section should be rewritten please to ensure that any project on the wider site complies fully with RBKC's commitment to achieve net-zero emissions throughout the borough by 2040. In practice, this should mean for example that all energy must be electric or ground or air source heat pumps or similar. The use of combined heat and power or fossil fuel generation, with or without gas, would not be consistent with RBKC's commitment. 	Noted. Relevant sections in Chapter 5 amended.
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13	<p>Alex Christopher (Director, Turley, on behalf of Royal Brompton and Harefield Hospitals Charity (RBHHC) (in addition to Lee Bolton Monier-Williams))</p>	<p>We write on behalf of the Royal Brompton & Harefield Hospitals Charity (“RBHHC”) with respect to the current public consultation on the Royal Brompton Hospital Supplementary Planning Document (November 2020) and specifically with regard to their properties on Foulis Terrace, Sydney Street and Kings Road which are included within the Supplementary Planning Document (hereon referred to as “SPD”). It should be noted that separate written representations have been submitted by Lee Bolton Monier-Williams on behalf of RBHHC in respect of clarifications on their land interests. As confirmed within this wider written submission, RBHHC are the registered owner of the following properties that are detailed within the SPD, namely: 1 – 9 Foulis Terrace (referred to as part of Site A); Dudmaston Mews (referred to as part of Site B); 151 Sydney Street (referred to as part of Site D); and 250 Kings Road (referred to as part of Site D). Given the structure of land ownerships within the SPD area we would reemphasise that it is important for the SPD to recognise that there can be no expectation for RBHHC’s land to be brought forward as enabling development to fund the delivery of enhanced medical facilities for the Hospital Trust within Sites B and C given this is for a completely separate entity. RBHHC’s properties at 1-9 Foulis Terrace (within ‘Site A’ of the SPD) received planning consent in 2019 for refurbishment to provide 44no. HMO rooms and 10 studio apartments and are currently advancing with the delivery of this planning permission. Therefore the Charity supports that the site is retained as residential use. Similar we agree that it is not suitable for healthcare development, and in turn supports that it is not included within the wider masterplan within the SPD. The SPD states that development at Foulis Terrace should be enabling development for funding medical facilities. However, and as clarified above, the site is in RBHHC’s ownership as opposed to the medical Trust’s and therefore it is requested that this is clarified and amended in the SPD. The Charity also owns 151 Sydney Street and 250 Kings Road which are contained within part of ‘Site D’ of the SPD. The SPD sets out “The southern part of the site (151 Sydney Street and 250 Kings Road) is further from the heart and would likely deliver a lower proportion of medical uses, if necessary”. Page 25 of the SPD states “151 Sydney Street would be retrofitted to accommodate private residential at upper floors and food and beverage at ground floor, and 250 Kings Road would provide office and food and beverage uses”. In terms of physical changes it advises “It may be appropriate to sensitively remodel to create a better frontage on to 250 Kings Road” and “Both buildings make a positive contribution to the Royal Hospital Conservation Area and should be retained”. The charity supports the aspiration for an</p>	<p>Noted. The relevant map (page 4) has been updated with the accurate ownership areas.</p> <p>The SPD is not suggesting that certain parts of the site should be brought forward as enabling development to help fund other parts of the site for medical uses. It is suggesting that a mixture of uses (particularly healthcare uses) within any part of the site could fund themselves and be as profitable as a housing scheme. The Council have suggested how these could be put together in a masterplan approach.</p> <p>An additional sentence has been added in paragraph 1.11 to acknowledge that the Council understand at present that there are multiple owners and therefore that enabling development across ownerships would not be possible.</p> <p>The SPD content has not been amended to suggest façade retention at 250 Kings Road. Facadism is not usually considered/ supported by the Council, and it would need exceptional reasoning, which is not the case at 250 Kings</p>
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		<p>improved frontage for 250 Kings Road and in turn supports the activation and animation of this frontage through sensitively designed external alterations to the façade. Such an approach would be beneficial to the defined town centre with increased activation on this prominent corner plot. In respect of the retention of the buildings, we are in agreement in principle that the two buildings are positive contributors. However, we would suggest that the SPD should consider the future opportunity of a sensitively designed façade retention development scheme for 250 Kings Road. Such an approach would allow for the principle features of this building to be retained with a more efficient internal built form (layout and usable floorspace) which would optimise the long term use of this prominent site. In terms of the defined uses specified within the SPD, the use of the upper floors, which are currently in existing office use, for private residential use is encouraged, and of food and beverage uses at ground floor is also encouraged. RBHHC supports the encouragement of the food and beverage uses at ground floor, however they request that maximum flexibility for the uses of the upper floors of 151 Sydney Street and 250 Kings Road is allowed for within the SPD to ensure that the SPD can be responsive to ever changing market conditions, and in turn request these uses are broadened to include office use, small medical uses and private residential use. RBHHC are currently evaluating the potential opportunity for the comprehensive refurbishment and reconfiguration of 151 Sydney Street and 250 Kings Road within the short to medium term and therefore the flexibility requested above is pertinent to ensure that that the SPD does not unintentionally stifle these future development proposals. It should also be noted for clarity, within the SPD, that the Charity has rights of access to the rear of 151 Sydney Street and 250 Kings Road within the Chelsea Market site.</p>	<p>Road at this time and would not help achieve the aims of the SPD.</p>
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14	Katie Parsons (Historic England)	<p>Historic England recognises the clear benefits of producing a detailed SPD for the Brompton Hospital sites. Generally heritage is well represented throughout the document and we are pleased to see that opportunities for enhancement are clearly set out. We do however have some comments on areas that require further consideration in the SPD:</p> <ul style="list-style-type: none"> • Facadism – Fulham Wing Site B <p>Façade retention is not normally the preferred choice, even for non-designated buildings, but can be seen as an acceptable solution to preserve the character and appearance of a Conservation Area. If pursued, the works need to be undertaken to a high standard and the façade needs to be seen to still be tied into the building behind. As such, there should be a clear relationship between the facades and the floorplates and partitions behind, which should not intersect window openings. Any new external fabric should also relate appropriately to the façade and there should be a convincing roof form and side elevations. Careful thought should also be given to ensure that no associated fabric that makes a positive contribution is lost, such as roof forms, railings, light wells etc. The site is on a corner plot so it is more than just the primary Fulham Road elevation that makes a positive contribution to the conservation area. The elevation along Dovehouse Street is also of interest. Although the retention of the side elevations is suggested in the Site B Guidance (pg.31), it is not fully clear which elevations would be retained. Retaining one façade alone is not normally effective. The SPD should include more guidance and detail (as set out above) on how a façade retention proposal should be treated. We welcome the text at 4.10 which requires proposals to first explore options that retain the building as existing before considering façade retention. This should be brought out more however in the Site B Guidance (pg. 31). Paragraph 146 of our Conservation Principles sets out more detail on facadism: https://historicengland.org.uk/images-books/publications/conservation-principles-sustainable-management-historic-environment/conservationprinciplespoliciesandguidanceapril08web/ . • Enabling development <p>The SPD refers to many of the proposals as “enabling development”. The NPPF defines enabling development as development that would otherwise conflict with planning policies but would secure the future conservation of a heritage asset, and that outweighs the dis-benefits of departing from the development plan. The SPD is not describing enabling development as defined by the NPPF. How RBKC is using the term should be clarified in the SPD as this will be important when making judgements regarding public and</p> </p>	<p>General support noted. Wording added to 4.10 to include detail regarding the relationship between the façade and floorplates.</p> <p>Noted re term ‘enabling development’. Clarified within the introduction.</p>
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		heritage benefits at application stage. At the moment the term could be being misused and may cause confusion. The Site Guidance provided on pages 30-33 is very helpful and provides good detail on a number of key heritage issues such as materials, heights, views. We hope this level of detailed in retained in the final SPD.	
15	Frances Williams	Please do not close this hospital and mix up the all medical conditions. It has a world wide excellent reputation and vital ground breaking research. Do not change for change sake.	Noted. The merger is the choice of the Royal Brompton Hospital and NHS England. The Council wants the Brompton to stay within Chelsea but does not have control over this.
16	Marsha Hayward	I cannot see how a merger with Guys and St Thomas's Hospital is going to improve hospital care. I fear the real agenda is to close The Royal Brompton in a few years after the merger so that the properties can be sold. It is too bad that staff have to occasionally go to another hospital to visit patients. Imagine if it is difficult for staff how difficult is for the ill and disabled to be travelling. I think the NHS would be much better off stopping mergers, creating super hospitals and start spending the money on patient care. Foundations hospitals – a way to waste money on Booklets to distribute to any patient that has attended the hospital at all. The cost of writing, editing, printing and posting must be a bit ridiculous. I am sure most people that receive them throw the booklets out without reading them. Other the years I have seen computerised boards set up to tell patients how long waiting times are to be seen by doctors. They have now disappeared, but I wonder how much it cost to purchase equipment, computers and train staff. The old fashioned white board works well and only took a matter of a few seconds to update. If the problem is Paediatric care then what we really need is more dedicated paediatric only hospitals. I am fairly confident Great Ormond Street could be very helpful with ideas on that.I would like to see a lot less money being spent on researching methods of making it more difficult for the patients and this includes at GP practices which are few, far apart and not easy to get to.	Noted. The merger is the choice of the Royal Brompton Hospital and NHS England. The Council wants the Brompton to stay within Chelsea but does not have control over this.

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17	Sue Hardy (London Estates Delivery Unit and Regional Estates Delivery Director, GLA)	<p>My role within the NHS in London is to support the five Sustainability and Transformation Partnerships (STPs), 36 NHS trusts, 32 Clinical Commissioning Groups (CCGs) and 32 London boroughs to ensure that together we provide high quality services that meet the healthcare needs of the people of London, provided from premises that are fit for purpose and enable the delivery of new models of care. It is important that the planning and delivery of new hospitals in London is NHS led, aligned to identified policies, goals and requirements of the health and care system in London, and the relevant NHS and wider stakeholders. I am concerned that the draft SPD has been prepared without engagement with the Royal Brompton and Harefield NHS Foundation Trust or local NHS partners and I would ask that before the Council progresses further with the draft SPD it engages and works with the NHS to develop a collaborative approach to planning for the future use of this important part of the borough. As you will be aware the NHS in London supports the proposed merger between the Royal Brompton and Harefield NHS Foundation Trust and Guy's and St Thomas' NHS Foundation Trust, and it is important that the proposed introduction to this SPD does not adversely impact the Trusts' ability to make decisions based on delivering the best care for patients and the most efficient use of public resources. I also note that the Royal Brompton and Harefield NHS Foundation Trust response to the consultation highlights that a number of the assumptions and some of the evidence underpinning the SPD are inaccurate, for example, the use, suitability and future potential of particular buildings/ parts of the site. I particularly support the Trust's objection to the draft SPD and request to the Council not take forward the draft SPD until these inaccuracies are addressed and a collaborative approach is adopted to the future potential use of the site.</p>	<p>Noted. As requested, the Council paused the work on the project and met RBHT and in order to discuss the concerns relating to the SPD.</p> <p>The adoption of the SPD would not adversely impact the Trust's ability to make strategic decisions – the document does not stop the merger or prevent the sale of the land, it only suggests a way that the land could viably continue to be used for medical uses, whether RBHT decide to stay or go.</p>
18	Greg Hands MP (MP for Chelsea and Fulham)	<p>The Royal Brompton and Harefield NHS Foundation Trust provides world-class specialised cardio-respiratory services, in addition to leading medical research, innovation and education, and its medical facilities and services are greatly valued across my constituency of Chelsea and Fulham and beyond. I am therefore pleased to be supporting RBKC in its efforts to protect the future of the Royal Brompton Hospital in Chelsea and welcome the SPD. As noted in the SPD, the Royal Brompton and Harefield NHS Foundation Trust is part of the international hub of medical excellence in Chelsea, alongside the Royal Marsden NHS Foundation Trust and Chelsea and Westminster Hospital NHS Foundation Trust. Therefore, I agree with RBKC on the importance on retaining and enhancing the world-class facilities and services. Additionally, it is important that the heritage of the Royal</p>	Support noted.

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		<p>Brompton Hospital is safeguarded as it is an important contributor to the local healthcare system, community and economy, in addition to protecting the site for medical use in the future. I trust that you will take my comments regarding the Royal Brompton Hospital draft SPD into consideration. I sincerely hope the Royal Brompton Hospital remains in Chelsea, a world-renowned hub of medical excellence.</p>	
19	<p>Dr Richard Grocott-Mason (Interim Chief Executive, Royal Brompton and Harefield NHS Trust)</p>	<p>1. We are responding to the draft Supplementary Planning Document (“dSPD”) published by the Royal Borough of Kensington & Chelsea (“the Council”) on its website on 18 November 2020, seeking views on the dSPD by 30 December 2020. Royal Brompton and Harefield NHS Foundation Trust (“the Trust”) is at the forefront of the national and regional effort to treat patients with Covid-19, so this is a very difficult time at which to prioritise comments on the SPD. In light of this and given the limited time available and to the fact that you did not engage early with us prior to this draft publication (contrary your own Statement of Community Involvement at paragraphs 5.29-5.30), we have restricted our commentary to strategic issues and reserve our position to make further and more detailed representations. The Trust is one of the freeholders of the sites to which the dSPD refers, the provider of NHS healthcare to over 250,000 patients a year, the largest specialist heart and lung centre in the UK and amongst the largest in Europe. In December 2020 we announced our decision to merge with Guy’s and St Thomas’ NHS Foundation Trust. The two Trusts (“the Partners”) have a long history of being at the forefront of patient care and research. We want to use our collective clinical and academic expertise to provide the best possible care to patients, meet all national standards of paediatric congenital heart disease and ensure the long-term future of the specialist services provided at Royal Brompton Hospital. The Boards of both Trusts are confident that by formally bringing together our respective organisations and the shared expertise of our clinical and academic teams, we can significantly improve care and outcomes for people with cardiovascular and respiratory disease in London and the UK.</p>	<p>Comments noted, project was paused in order to meet and discuss concerns (Jan 2021). Paragraph 5.30 of the Statement of Community Involvement states that we will produce a draft SPD which will be subject to a six-week consultation, which was undertaken between 18 November and 30 December 2020.</p> <p>2. This SPD does build upon policy in the Local Plan – specifically Policy CK1 – Social and Community Uses.</p> <p>3. The SPD states (paragraph 1.6) that it remains the aspiration of the Council that the Royal Brompton Hospital continues to function from its Chelsea site. It also states (paragraph 1.8) that the SPD addresses the eventuality of an alternative outcome – that the Brompton relocates to Guys and St Thomas’. The draft document therefore acknowledges that, although the Council would prefer that the Brompton stays, the</p>

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		<p>2. We understand from the glossary in the NPPF that supplementary planning documents are designed to add further detail to the policies in the development plan. At present only one of the 12 sites mentioned in the draft SPD is allocated for development under policy CA9, namely, the Chelsea Farmers Market. This site is already the subject of a detailed planning permission for redevelopment with a 15-year implementation period and is currently safeguarded for Cross Rail 2 and so not available for development. The need for this SPD is not borne out of CA9.</p> <p>3. Whilst we recognise your stated aim to ask the decision makers to reconsider the merger, and you are opposed to the possible relocation of services from the Royal Brompton Hospital to St Thomas', the Intention to Publish London Plan policy S1 F does recognise as a limited exception to the loss of social infrastructure, where the loss is part of a wider public service transformation plan. The same plan goes on to state how important it is that boroughs work collaboratively with service providers and other stakeholders including the local community to fully understand existing and future social needs. It seems to us your actions to date are inconsistent with this approach. Any future movement of services between from Royal Brompton Hospital to St Thomas' will be subject to public consultation in future. As Policy S2 of the Intention to Publish London Plan makes clear, boroughs should work with the merged NHS Trusts in this instance, taking account of borough and cross boundary issues. It seems to us that this is a matter for the Local Plan Review to take up and not for an SPD.</p> <p>4. Core Vision 1 in the 2019 Local Plan supports The Royal Marsden and Royal Brompton hospitals to further their international reputation for delivering world class health care, education and research activities. It plainly does not contemplate the forthcoming merger of the Royal Brompton & Harefield and Guy's and St Thomas' Foundation Trusts. Moreover this local plan is already under review. This again simply reinforces how inappropriate it is to proceed with this draft SPD at this juncture, rather this is a matter which can only properly be explored through the Local Plan Review already at the very earliest stage.</p> <p>5. We make the following high-level comments in relation to the dSPD: The dSPD purports to address the future use of the property ownership of the Royal Brompton & Harefield NHS Foundation Trust (the "Trust") in Chelsea and yet at no</p>	<p>decision to relocate is entirely the Trusts own. The SPD accounts for both eventualities – that the Brompton decide to stay or go. Crucially, the SPD does not prevent the Brompton going ahead with the merger and relocating their facilities as per Policy S1 F in the London Plan (and this policy is referenced in paragraph 1.17 of the SPD). It does not prevent the sale of the site and the pursual of a 'wider transformation plan'; it only suggests how medical uses could be retained on the site were the Brompton to leave. If the Brompton were to stay, they would not require permission from the Council to continue in medical use and therefore the SPD would not be required. The SPD is simply suggesting how, if the Brompton leave, the site could be viably used for medical uses. Policy S1 F(2) in the London Plan relates to instances where development proposals would 'result in a loss of social infrastructure in an area of defined need'. Need is not mentioned in the SPD and the suggested viable medical uses (in the indicative masterplan) would be in the form of private healthcare – i.e. separate to</p>
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		<p>time in the run up to the publication of the document have the Trust been consulted either as to existing arrangements or future uses. As a result, there are various factual inaccuracies as follows:</p> <ol style="list-style-type: none"> 6. Twelve sites are identified as being occupied by the Royal Brompton & Harefield NHS Foundation Trust (the “Trust”). This is incorrect. The Trust owns and occupies The Fulham Wing, South Parade and the buildings comprising the Sydney Street Campus. The Trust also owns the Chelsea Farmers Market and 117-123 Sydney Street, but it is not occupied by them and they are not in medical use. In addition, a number of the sites are not owned or occupied by the Trust including 250, Kings Road, 151, Sydney Street and 1-11 Foulis Terrace. These are freehold owned by Royal Brompton & Harefield Hospitals Charity, which is a wholly independent charitable organisation which, whilst linked to the Trust, it is not an exclusive relationship. Whilst not in the Trust’s ownership, we are aware these buildings are in a mix of commercial and other uses. In addition to the above whilst the Trust benefits from the freehold ownership beneath Dudmaston Mews this is public highway. 7. Chelsea Farmers Market benefits from a 15-year planning consent (ref: PP/16/04366) dated 17th November 2017 for 59 residential units and ancillary retail. The site is currently safeguarded by TfL for Crossrail 2. The Crossrail 2 safeguarding is a significant omission from the draft SPD. 8. There are four rather than two listed buildings in the Sydney Street terrace Nos:117-121. 9. The Imatron building on Dovehouse Street has been demolished and is the construction site of a new Imaging Centre on Site C over 4 floors which is due for completion in 4Q21. 10. Quite apart from failing to have any regard to policies S1 and S2 of the Intention to Publish London Plan with which it would conflict , the dSPD also conflicts with the recommendations of the NHS London Plan and other guidance from the Department for Health & Social Care, NHS England / Improvement, and the Trust’s commissioners. It takes a value based approach to identifying potential future medical related uses without considering the demand or commissioning processes 	<p>public borough need. Any proposal to retain an NHS hospital on the site (i.e. the expansion of the Marsden) would be required to go through the NHS procedure, including a needs assessment. The SPD would not prevent or hinder this process. An additional sentence has been added in paragraph 1.17 the SPD to make this clear.</p> <ol style="list-style-type: none"> 4. A Local Plan review process takes a number of years, and we cannot halt work during these phases. 5. See response to no. 3 – this SPD does not prevent the Brompton from going ahead with the merger. 6. Land ownership inaccuracies have been corrected. Please note that consultation comments number 6 and 13 on behalf of the RBHHC list Dudmaston Mews within the Charity’s ownership, not the Trust’s. 7. This permission is referenced on page 7. 8. Accept that the text (1.31) is unclear. It was aiming to reference two <u>listed terraces</u> (i.e. Foulis
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		<p>to establish appropriate healthcare service provision in Chelsea. It is also prescriptive about proposed categories of residential development, which is inconsistent with the needs of commercial developers.</p> <p>11. The suggestion that the Chelsea, Britten and Sydney Wings are no longer fit for healthcare use is strongly refuted. Sydney Wing remains fit for its purpose of caring for some of the sickest respiratory (as well as cardiac) patients in the UK, as evidenced by it serving as the base for our nationally commissioned ECMO service. With routine maintenance and partial reconfiguration to accommodate new innovations in clinical service delivery, Sydney Wing will remain the Trust’s core inpatient building for the foreseeable future. Fulham Wing remains wholly safe for level 1 inpatient, outpatient and daycase care, although its maintenance demands are significant, and layout and design are outdated and inefficient. The situation for Chelsea Wing’s outpatient and daycase care is broadly the same, while Britten Wing more than adequately houses some of our ambulatory, non-clinical and administrative activities.</p> <p>12. The document does not reflect the services the Trust provides for patients, now or in future; and if adopted would constrain us in providing the best care for patients and value for public money. Any SPD needs to be developed from an evidence-based needs assessment determined by the Trust, NHS London, our regulators and commissioners and very likely a review of your Local Plan.</p> <p>13. The Partners have not yet established specific plans for the development of these or other sites, and we will take some time to develop those plans informed by the optimal design of clinical services for our patients. Only after that work has been done will we be able to bring forward plans for these sites, and the law requires that any significant changes to NHS services are subject to public consultation in which the Council and public will be consultees. Adopting the SPD now would unnecessarily hamper and potentially compromise those plans, and our ability to invest in new facilities that offer the best and most efficient patient care.</p> <p>14. Our plans include the intention to combine our clinical and academic expertise to provide the best possible care to patients and capitalise on the</p>	<p>Terrace and Sydney Street Terrace) within the whole site. Amended.</p> <p>9. This permission is referenced on page 7. Section on Imatron Building page 16 has been amended.</p> <p>10. See response to point 3. The SPD encourages the retention of medical uses across the site so would not inhibit the use of the site for public medical uses.</p> <p>11. The phrasing around the buildings being fit for purpose has been amended to reflect your comments. Our consultants concluded that the buildings mentioned above are constrained in their ability to deliver world-class medical uses into the future, due to the physical constraints outlined in the SPD (14-15), and that were the Brompton to relocate, it may be more financially efficient to rebuild (the Sydney Wing) uses than to retrofit the existing building.</p> <p>12 and 13. See response to Point 3.</p> <p>14. Noted, but the SPD does not hinder the combining of clinical or academic expertise.</p>
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		<p>value our partnership can deliver for our patients, London and the UK. We have reached this conclusion after several years exploring alternative options. Adopting the SPD at this time would hinder our ability to do that, to the detriment of patients and taxpayers.</p> <p>15. There has been no engagement with NHS London or local healthcare providers or commissioners in developing the dSPD, which conflicts with the council’s own policies in engaging with stakeholders in developing planning policy. Whatever future decisions are made in relation to these sites, we will work closely with all stakeholders (including the Council) to secure a mutually agreeable future for the sites and it would be premature to prejudge the outcome of that process by adopting a restrictive SPD.</p> <p>16. NHS facilities in England can only be developed following a rigorous presentation of the case for change based on empirical evidence of improvement in patient care. The SPD provides no such evidence.</p> <p>17. The funding of NHS hospital projects is prioritised nationally, and the Department of Health and Social Care is the only source of capital funding for NHS hospital construction. The ideas represented in the dSPD have no funding proposals and would need to be supported by DHSC.</p> <p>18. There is clear local and national government policy covering the development of NHS estate that is not needed for NHS operations, with which the dSPD is inconsistent.</p> <p>19. The ‘commercial viability’ section of the dSPD appears to present the case for commercial development of a healthcare facility, whose viability would depend on costs and revenues for which there is no evidence, and which would not be supported by NHS commissioners as noted above.</p>	<p>15. The SPD is not restrictive – it encourages and shows how medical uses could be retained.</p> <p>19. This is evidenced in the work completed by CBRE, who were appointed due to their vast experience in the valuation and assessment of medical uses.</p> <p>20. It is possible to review SPD at appropriate time with stakeholders, if necessary. This SPD does not prevent Brompton going through any merger processes.</p>
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		<p>20. The timing and complexion of the dSPD is incongruous with the current strategic intent and detail of the merger. We are committed to working with you on the future of these sites when more detail and certainty is available, but we would propose doing so in a more structured and collaborative manner.</p> <p>We urge the Council not to adopt this document given the very serious failings and consequences we have already identified. The impact it would have on our services and the quality of patient care, could lead us to take more formal steps to protect the interests of our patients. Instead we most strongly submit that the Council should pause the promotion of this SPD whilst it undertakes direct consultation with us so that a co-ordinated proposal can be promoted in the future which is consistent with the intentions of the Trust, and in the best interests of patients and residents in the Royal Borough and London as a whole. We would welcome the opportunity to meet with you early in the New Year to discuss how we could work together to agree a way forward.</p>	
20	Sunil Vyas (Director of Projects and Estates, Royal Marsden NHS Foundation Trust)	<p>Introduction</p> <p>These representations on the Royal Borough of Kensington and Chelsea's (RBKC's) draft Supplementary Planning Document (SPD) are made by The Royal Marsden NHS Foundation Trust (the Royal Marsden).</p> <p>The Royal Marsden welcomes the opportunity to make representations on the draft SPD for the land in Chelsea that is currently occupied by The Royal Brompton and Harefield NHS Foundation Trust (the Royal Brompton).</p> <p>The Royal Marsden supports RBKC's Vision and Objectives for the site which are in line with planning policy CK1 in the adopted 2019 Local Plan for RBKC as well as policy S1 in the London Plan (2019 Intend to Publish). However, it also recognises that the Royal Brompton has made a decision to merge with Guy's and St Thomas' NHS Trust and that this will result in the relocation of medical services from the Royal Brompton's current site.</p> <p>The Royal Marsden's Role as a World Leading Cancer Hospital</p> <ul style="list-style-type: none"> • The Royal Marsden is a world leading cancer hospital. Together with the ICR, it is currently rated the fourth leading cancer centre in the world. • It is the largest and most comprehensive cancer centre in Europe specialising in cancer research diagnosis and treatment serving 60,000 patients every year. 	Support noted. Interest in expansion to multiple parts of the Brompton site also noted.

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		<ul style="list-style-type: none"> • The Royal Marsden and ICR form the only National Institute for Health Research designated Biomedical Research Centre for Cancer in the UK. • The pioneering work undertaken in Chelsea means that not only can The Royal Marsden offer the best cancer care to those in the immediate area, but it can also make a significant impact on the treatment and research of cancer around the world. • The unique partnership between the Royal Marsden and ICR and their physical proximity allows a level of patient care which other institutions cannot emulate. Expansion of their joint enterprise on parts of the Royal Brompton site would enable this to flourish further. <p>The Royal Marsden's Chelsea Campus</p> <ul style="list-style-type: none"> • The Royal Marsden has been in Chelsea since 1851 and it is committed to remaining in the area. This commitment is demonstrated by over £100 million being invested to improve the Royal Marsden's Chelsea site over the last 10 years. • The Royal Marsden's hospital buildings are located on Fulham Road, immediately to the east of the Royal Brompton's Fulham Wing and to the north of the Sydney and Chelsea Wings. The ICR is located on Fulham Road immediately to the west and adjoining the Fulham Wing. <p>The Royal Marsden's and Institute of Cancer Research's Need for Additional Land and Buildings</p> <p>For some time, the Royal Marsden has wanted to expand its operation in Chelsea but its ability to fulfil this is severely constrained. The Royal Marsden's need for more space is driven by a number of factors including the site constraints, historical events, the increase in demand for cancer care and in merging new cancer treatments. These are summarized in more detail below.</p> <ul style="list-style-type: none"> • The specific spatial setting of the Royal Marsden's Chelsea campus, i.e. the site is physically constrained and landlocked, with no realistic scope for adding meaningful floorspace. • A major fire at the site in 2008 resulted in the loss of 22% of the hospital's beds. • Rapid advances in the understanding and treatment of cancer: activities at the Chelsea hospital are becoming increasingly space intensive as a result of recent developments in cancer treatment and care. These developments include: <ul style="list-style-type: none"> o Targeted diagnosis using enhanced genomics and imaging techniques 	
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		<ul style="list-style-type: none"> o An increase in the number of systemic therapy drugs which can be offered to patients o New specialist treatments in areas such cellular therapies, immunology and radiotherapy o An increase in both the volume and complexity of the clinical research being undertaken <ul style="list-style-type: none"> • Increased demand: <ul style="list-style-type: none"> o UK - Around 367,000 new cancer cases are diagnosed in the UK every year. Over the last decade, the incidence of all cancers combined has increased by 5% and this expected to continue to increase by 2% per year o Royal Marsden - In 2019/20 the Royal Marsden diagnosed or treated over 61,000 different patients. Based on data from the past 3 years, the number of patients requiring surgery at the Royal Marsden is expected to grow by 2.5% per year, meaning that by 2030 capacity will be required to deliver an additional 2100 procedures. <p>The Institute of Cancer Research (ICR), the Royal Marsden's academic partner who occupies and owns buildings immediately adjacent to the Fulham Wing to the west, is also in desperate need for additional space to enable it to continue to expand its innovative programme of new treatments for cancer.</p> <p>Background</p> <p>Ever since 2012, when the Royal Brompton indicated it may be moving from Chelsea, the Royal Marsden has been expressing an interest in making use of the Fulham Wing. The Royal Marsden made it very clear in 2014, when RBKC published a draft SPD which could have allowed the Royal Brompton to dispose of key parts of its site for residential use, that it regarded any possibility of expanding its services on land surplus to the Royal Brompton as a 'once in a lifetime opportunity'. The Royal Marsden Board meeting on 26th March 2014 confirmed that it was willing and able to fund the purchase of the Fulham Wing. At that time in order to demonstrate the feasibility of its aspirations to expand its services and capacity to treat cancer patients, the Royal Marsden prepared and submitted a planning application for the redevelopment of the Fulham Wing (Planning ref: PP /14/ 07871). Although RBKC has not determined this application, it remains as clear evidence that an alternative medical use of this part of the Royal Brompton's site is achievable. However, it is important to remember that the 2014 planning application was prepared and submitted as a response to a specific set of circumstances, i.e. the threat that the only</p>	
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		<p>option for the expansion of the Royal Marsden's services would be lost to high value residential development. The Royal Marsden acknowledged at the time that the planning application proposals represented just one potential solution to meeting its wish to expand and extend the services provided in Chelsea.</p> <p>The Royal Marsden is a key local stakeholder who together with the Royal Brompton and the Institute of Cancer Research form a unique cluster of medical, research and clinical providers in the southern part of the Royal Borough of Kensington and Chelsea. The Royal Marsden supports RBKC's vision for this area which is to retain and enhance this centre of medical and clinical excellence.</p> <p>As a key stakeholder the Royal Marsden considers that it is essential that it is closely involved with RBKC in developing and delivering the long-term development planning solutions for this world class medical campus. This will ultimately be an asset not only for the Royal Borough and its local residents but also for London as a whole.</p> <p>This new draft SPD, prepared by RBKC, recognises the case put forward by objectors to the 2014 draft SPD that policy CK1 in the Local Plan needed to be fully recognised in the consideration of the future of the Royal Brompton site. It also provides detailed and well researched evidence from both a design and commercial perspective which also reflects the policies in the Local Plan and the strategic London Plan.</p> <p>The new draft SPD provides a much greater choice of possibilities for the Royal Marsden in terms of development site opportunities for continuing medical use, i.e. the Sydney Wing and the Fulham Wing, whilst at the same time proposing substantial parts of the site to be suitable for non-medical use.</p> <p>The Royal Marsden's Aspirations for Growth in Chelsea</p> <p>The Royal Marsden's current aspirations for growth of medical services and research are discussed below. The benefits that are expected to accrue from the use of a new hospital building on the site of the Fulham Wing are as follows:-</p> <ul style="list-style-type: none">• the opportunity to be physically connected to the adjacent ICR premises, resulting in benefits to the quality and efficiency of the research output of the ICR and the Royal Marsden, and• A 30% increase in the floorspace of the Royal Marsden's Chelsea hospital, which would provide for nearly twice as many ward beds, extra surgical theatres, consulting rooms, chemotherapy bays and MRI and CT scan suites. This would allow the Royal Marsden to significantly increase the number of patients treated at its Chelsea hospital.	
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		<p>This is reflected in the proposals contained in the extant planning application prepared for the Fulham Wing in 2014.</p> <p>However, should a larger Royal Brompton building become available instead of the Fulham Wing, as part of the preparation of the Masterplan, then the Royal Marsden would be able to further expand an additional number of essential clinical services including Critical Care, Pathology and Radiotherapy. Also, any additional space could also introduce the possibility of some of the Royal Marsden's Sutton based clinical services, such as Haematology having a greater presence in Chelsea.</p> <p>Detailed Comments on SPD</p> <p>Having set out the background and context for the Royal Marsden's approach to the draft SPD, we have set out some further comments on the contents of the draft SPD under the chapter headings below:-</p> <p>Introduction</p> <p>The Royal Marsden welcomes and supports RBKC's pro-active position in preparing the draft SPD in response to the decision made by the Royal Brompton to merge with Guy's and St Thomas'. It is very important that as much of the Royal Brompton's estate that is required to meet the needs of other medical, social and community uses is retained for those uses in recognition of policy CK1 in the RBKC Local Plan.</p> <p>The Royal Marsden recognises that RBKC has sought evidence from experts in design and architecture and commercial real estate in preparing the SPD. This is welcomed as it provides credibility to the guidance in the SPD.</p> <p>The Royal Marsden supports the Development Principles outlined in this section of the SPD which identifies Sites B and C, i.e. the Fulham Wing and Sydney Wing, as the focus for continuing world class medical facilities. It also recognises that where it is not possible to find medical uses for some of the buildings or sites that suitable alternative complementary and/or enabling uses may be allowed.</p> <p>The Royal Marsden supports the draft SPD as providing an important framework for any future planning applications for the Royal Brompton site and as an important material planning consideration. It is also recognised that the SPD has been drafted in conformity with both local and strategic planning policies.</p> <p>In particular the Royal Marsden notes the reference to policy CV1 which relates to the Vision for the Borough and the need to enhance the reputation of national and</p>	
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		<p>international destinations which include the medical, clinical and research cluster on Fulham Road, which includes the Royal Marsden.</p> <p>Even more importantly the Royal Marsden fully endorses the reference to policy CK1 which protects social and community uses from being lost to high value uses such as residential use without a thorough assessment of the viability of medical, social and community uses on a sequential basis.</p> <p>Site Analysis</p> <p>The Royal Marsden considers that it is sensible to divide the Royal Brompton into 4 sites and for the focus of continuing medical provision to be concentrated on Site B (Fulham Wing and Dudmaston Mews) and Site C (Chelsea Wing, the Imatron Building, the Britten wing and Sydney Wing). In particular the proximity of the Fulham Wing and the Sydney Wing to the Royal Marsden's campus make these parts of the site the most attractive to potential future medical uses, as identified in Site Opportunities and in the Existing Site Building Analysis.</p> <p>Commercial Viability</p> <p>The Royal Marsden supports RBKC's pragmatic approach to the issue of commercial viability on the Royal Brompton site by seeking expert advice as part of the preparation of the SPD. This background information will be a helpful starting point for future discussions on the masterplan and future uses.</p> <p>Indicative Masterplan</p> <p>The Royal Marsden supports the overall vision shown in the indicative masterplan but also recognises RBKC's own admission this is just one potential option.</p> <p>From its own point of view as a provider of healthcare and potential future user of part of the identified site opportunities, the Royal Marsden agrees with RBKC that the Fulham Wing (Site B) and the Sydney Wing (Site C) represent the most likely viable options for continuing healthcare use.</p> <p>The Royal Marsden is pleased to note that RBKC acknowledges the practical difficulties that would arise in accommodating continuing healthcare uses in the Fulham Wing if it were to insist in the building being retained in its entirety. It welcomes RBKC's acknowledgement that it would accept retention of the facade only and notes that in view of its location in the Chelsea Park and Carlyle Conservation Area any new building would have to be one of exceptional design quality.</p>	
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		<p>As has been stated above the Royal Marsden's planning application was a response to the context at the time of its preparation and submission. The Royal Marsden does not wish to offer any detailed comment on the indicative proposals for the Fulham Wing illustrated in the SPD at paragraphs 4.8 to 4.12 as this only serves to show, as does its own planning application, that the redevelopment of the Fulham Wing for medical use is entirely feasible.</p> <p>Whilst it remains the case that the Royal Marsden would like to expand and extend its range and quantum of services offered in Chelsea, the clinical requirements and priorities will have changed over time. With that in mind, the Royal Marsden will respond to whatever opportunities present themselves as the preparation of a detailed masterplan for the site unfolds. It is therefore imperative that the Royal Marsden is included as far as possible at every stage in the formulation and decision-making process of future plans for the Royal Brompton site.</p> <p>Delivery</p> <p>The Royal Marsden supports Development Principle 1 which identifies Sites B and C being the focus of continuing medical uses on the Royal Brompton site.</p> <p>The Royal Marsden welcomes the conclusion taken from the commercial viability work commissioned by RBKC that medical uses can be used as enabling development. It is also supports the need for a comprehensive site wide masterplan and financial viability assessment to accompany any planning application.</p> <p>The Royal Marsden makes no detailed comment on the guidance for Site A and D which are expected to be used for uses other than healthcare.</p> <p>The Royal Marsden agrees with the SPD that the re-use of the Fulham Wing site for medical uses and the retention of the facade as part of a redevelopment proposal is likely to be the most favourable outcome.</p> <p>In addition, the Royal Marsden also agrees that there is also considerable scope for the Sydney Wing in particular to be considered as one of the options to provide continued provision of world class medical facilities.</p> <p>The Royal Marsden supports RBKC's policies to engender active travel and acknowledges the aims of improving public health and limiting traffic impacts. It also supports the other sustainability measures that have been put in place in various policies in the Local Plan including those related to climate change and air quality, flooding, waste management and land contamination.</p>	
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		<p>Conclusion</p> <p>The Royal Marsden welcomes the overall guidance in the SPD which seeks to retain a substantial part of the Royal Brompton site in continuing health care use. It recognises that RBKC has also provided guidance in the SPD to ensure that where medical use is not able to be retained that other complementary and enabling non-medical uses can be considered.</p> <p>The Royal Marsden needs to expand and extend its range and quantum of services offered in Chelsea. The Trust has plans for a significant expansion of its cancer care services over the next 10 to 15 years. The merger of the Royal Brompton with Guy's and St Thomas' NHS Health Trust, with land being safeguarded for medical uses, represents a 'once in a lifetime opportunity' for the Royal Marsden. Increased capacity allows for faster diagnosis and treatment of cancers. With all treatment models there is a strong link between the speed of diagnosis and treatment and patient outcome.</p> <p>As the clinical requirements and priorities for cancer care are constantly evolving over time, the Royal Marsden will take a flexible approach to the identification of the most appropriate part of the Royal Brompton's site to meet its needs.</p> <p>Although the Fulham Wing was seen as the most appropriate location for the expansion of the Royal Marsden services in 2014, other options such as the Sydney Wing may be economically more viable.</p> <p>Therefore, the Royal Marsden will respond to whatever opportunities present themselves as the preparation of a detailed masterplan for the site unfolds. It is therefore imperative that the Royal Marsden, as an important local stakeholder and close neighbour of the Royal Brompton site, is included as far as possible at every stage of the formulation and decision-making process of future plans for the Royal Brompton site.</p>	
21	R. Alexander (Member, Sydney St. & District R.A.)	5.17 Guidance -Design. The use of Brick is mention. I believe it should be more specific and stipulate that cream coloured London Stock Brick is used. This will best complement the warm colours of the sandstone used for St. Luke's Church.	The detail of buildings will be assessed during the course of any future planning applications and conditions.
22	Paul Lever (Chelsea Society)	The Chelsea Society strongly supports the Council's efforts to ensure that the Brompton Hospital stays in Chelsea; or that, if it decides to leave, the site remains largely in medical use. The Supplementary Planning Document is a valuable instrument for achieving this goal and the Chelsea Society welcomes its publication and adoption. The arguments in it for retaining medical use appear well founded and well argued. We recognise that, as set	Support noted.

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		<p>out in the document, a couple of the properties owned by the Brompton on the other side of the Fulham Road could reasonably be allocated to residential purposes. But we urge the Council to be firm in resisting any proposals for changing then use of the rest of the site. We hope too that the Council will be pro-active in exploring the detailed options for continued medical use if indeed the Brompton decides to move.</p>	
23	Martin Flash (Royal Avenue residents, Chairman)	<p>The site(s) are clearly sub-optimal for a hospital. No space is given for the medical/health reasons for the Brompton to move. That said the proposed departure of the Brompton is to be deplored. If RBKC which to maintain a large health presence in the borough, which I would support, more space is needed to be given on the alternatives e.g. expansion of the Marsden etc.</p>	Noted.
24	Charles Bezoari Elder	<p>I support the overall objectives of preserving, and further developing the MEDICAL purposes of the Royal Brompton Hospital. As a fall back, if it is to be merged with something, the Council should push for a merger with the Chelsea and Westminster hospital. This has the merit of further enhancing the MEDICAL strength and offering in the borough. It also strengthens the C&W hospital, which may be next for a "downgrade" (or disappearance) as Medical capabilities are moved outside the borough to Guy's/St. Thomas. While the draft SPD is clearly a substantial piece of work, undertaken with seriousness and dedication over a long time period, its relevance has been overtaken by Covid. Covid is the third virus from China in the last 10 years. Each one is worse than the previous one. The next is inevitably going to come, and be worse yet again. Thus, the SPD needs to consider seriously a new environment. The world is changing rapidly, and will never go back entirely to what we had pre-Covid. Govts should be planning "to live with the virus" or the next virus. And not for a return to life as before. The SPD needs to be adjusted accordingly, as it is based on the precepts that governed our lives in the past. Covid has changed the fundamentals. Retail development will not expand anymore. At best it will stay the same and be based on the same space. But realistically it is shrinking quickly and will not come back. Thus the SPD should not count on providing more retail space in its approach. The High street driven concept of development funding everything else is a dead duck, and should not only not be counted upon, it should be eliminated, and the prospect of retail shrinkage is much more probable. Every Covid, and new virus will require lockdowns. A vaccine will not stop this. Thus the SPD needs to focus on a Covid (and its successors) world. Retail is not the only to shrink. Office space too is declining and will continue to decline, as companies have now adapted to distributed working and made it</p>	<p>General support noted. The Council does not have control over the merger itself – these are decisions made by NHS England and the Trusts. The Council will continue to ask the Brompton to stay in Chelsea.</p> <p>Points noted in regard to the viability of uses in the future. The masterplan shown in Chapter 4 is indicative and is one example of how the site could come forward. It makes it clear that medical uses should be the focus of the site, but that they can be utilised as enabling development. There are no specific requirements within the SPD that set out a quantum of space for retail etc, so this will be up to any future proposals to decide and to provide the viability evidence to support it.</p>

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		<p>effective.They will continue to do so and refine this further.It makes good business sense,and is substantially cheaper than having lots of expensive office space.Thus commercial office space development and reliance will also be in decline and should not be counted upon in the SPD. The mantra of councils for decades has been,and continues to be to kill off the car. But in a Covid and its successors' world, public transport of any kind is a major vector of infection and expansion of the virus.Cycling,much beloved by councils is highly discriminatory! It is only for males aged 18-mid forties; and women in the same age group who are not concerned about their personal appearance.But all of the elderly,infirm, and age groups who cannot handle the physical rigours of cycling in a major city, are excluded by this devotion to cycling.How will the 45-80 year olds get about? And,bearing in mind that public transport is a major source of infection, this age group is the most affected by covid like viruses. And,as commercial development will decline as companies distribute work there is clearly less demand for public transport and cycling lanes.The SPD needs to be re-thought to cover the new covid world we will be faced with, which will not go away even with a vaccine, because people are shopping differently,working differently etc and these changes are being made permanent.Even housing needs will reflect Covid with gardens being demanded,parks and open spaces with wide walking lanes. Flats have fallen out of favour,and will continue to do so.The SPD should take this into account.Farmers Markets also fail the Covid test.The boarded up retail space expands each day,and most of these will not retrun. Periodic lockdowns of varying duration;distributed working;more reliance on the car by a large segment of the population;reduced pub/restaurant/cinema etc space should be the context/backdrop of the SPD.It is negligent for the council to pretend otherwise.</p>	
25	Harry Salmon	<p>I am not qualified to comment on the detail of the plan. However overall it makes a strong case for the retention in RBKC of this wonderful Hospital. As an elderly out patient of the hospital I find it easy to travel to. The proposal of relocation to the proposed location fills me with horror. The hospital needs to be updated - WHERE IT IS. It is a part of the fabric of RBKC. The plan indicates how space can be made available that will enhance the attraction of the Borough. Please keep fighting for its retention in the borough.</p>	Support noted.
26	Ian Rickwood	<p>I am appalled at the suggestion that the Royal Brompton Hospital might move away from Chelsea. If however this is to be, then I totally support the Council's suggestion that the site should continue to be used for medical purposes and not sold off for commercial or residential development. It is essential for the health and well being of Chelsea that what</p>	Support noted.

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		remains of the vibrant mixed character of the area is maintained and that it is not allowed to be turned into an upmarket concrete suburb.	
27	Lance Poynter	I applaud the council's aims. I imagine it makes logistical sense to group medial facilities in an area and the three main facilities have been here a long time. As a resident I have long valued, and indeed benefited, from the proximity of the Chelsea and Westminster Hospital. Luckily neither I nor my family have needed the Royal Marsden or the Royal Brompton but feel very lucky to have them all on our doorstep.	Support noted.
28	Cllr Linda Wade	<p>I welcome the draft SPD and its aspirations to create a site-wide approach to enable the retention its close working relationships with other hospitals and research establishments in the immediate area, and supporting the delivery of world-class medical services north of the river. In the report: Fulham Wing, Clinical Skills and Simulation Centre (formerly the Nurse's Home) and the former Chelsea Hospital for Women, it is unclear whether there is the recommendation to retain these historic, landmark buildings or facades or not, but I would ask that they are retained as they have architectural details and placemaking significance. The use of the brickwork, moulding, scrolling and detailing are very much a part of the Chelsea Architectural legacy and a reminder of the founding philanthropy. It is agreed that the other spread of buildings have been "plug-ins" and to have a coherent design that these could be removed. Opening up the space opposite St Luke's church would add amenity value to the area, to patients and increase flow for pedestrians and cyclists.</p> <p>It is hoped that this Masterplan will supersede the application that was passed at Planning Committee for the development of the Chelsea Farmers Market site, which was an enabling application, and flawed in its concept.</p> <p>The one issue that was raised at that committee was the significance of traffic flow in the immediate area for deliveries to the hospital using Quiet Ways and narrow streets. It is essential that this is an integral part of the design and that of visitor parking. Is there any consideration of a pull in area for the buses so that it might reduce congestion?</p> <p>It is hoped that the open area behind the Workhouse area is still open to being a part commercial/hospitality area. What is the outcome for buildings such as The Crown and Le Columbier (formerly The Princess of Wales) which has been there since before 1850?</p>	<p>The indicative masterplan shows the buildings listed within the response retained (with additional detail on Fulham Wing on page 26). This SPD would not supersede the application granted at Chelsea Farmers Market, but once adopted would be a material planning consideration in the decision-making process for applications within the site area.</p> <p>Traffic/transport is discussed in chapter 5 of the SPD and states that proposals should comply with Policy CT1 and should include a transport assessment, which would detail the traffic flow mentioned.</p>

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29	Spencer Parsons	It is vital that the Royal Bromtpin Hposital is saved and not merged with Guys and st Thomas which ultimately will result in the closure of the Royal brompton site, a site with world class teratemnts and that ahs been at the forefront in the Covid 19 pandemic in this country . To lose this site would be for wnat of a better word criminal. The claim by hospital mangement is the hospotal will still provide a servcie for ten eyars , but what srevcie if they would move the specialist staff to Southwark ? would it just become a jumped up outpatients clinic before being sold to a developer ? The trusts behind this merger which would not really be a merger but a takeover need to realise that this is a hospital and the NHS is not a business. they also cliam there will be no staff transfers for eyars to come when we know this isn not true they also claim the name wil lsurvive, yes on its current site but not long term. The Royal Brompton must be saved in its current form and RBKC need to protest to NHS England in the strongest terms on this matter	Noted.
30	Sandra Peros		N/A
31	Paul Manduca	I like the Council proposal	Support noted.
32	Florence Hampson Bellon	I have read the letter of explanation. I think it is highly reprehensible to present a plan to replace two leading hospitals in order to sell the sites to the higher bidder. There are plenty of upscale residential developments around London. Existing much needed Specialist hospitals should not be “merged” in order to sell their land to wealthy private sector companies for profit. This application suggests the government places profit before the health of those who vote for them. I was born in St Georges in Knightsbridge which later became The Lanesborough hotel.It is unlikely I would be writing this comment had my mother had not reached her local hospital. How has said hotel added to our capital’s services or our benefited its surrounding community? This would be an erosion of London’s community and already stretched Health Service infrastructure. It is an amoral move. The use of the word merger is frankly insulting. As the population density grows and ages, we need these services more than ever for all in this borough and for those who travel from far and wide for them. It is shameful.Yours faithfully,	Noted.
33	María Rey	I fully support what the Borough is trying to achieve. We should keep this world class health services in our community. It will benefit us all. I have read the draft and I think it is very comprehensive. Let’s support the project.	Support noted.

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34	Mary Francis	Yes It's important to keep this hospital in our borough. I oppose consolidating so many services into one huge complex. It removes the element of care and personal attention. Likening it to a small wheel in a vast cog	Support noted.
35	John Taylor	It is essential that the Royal Brompton Hospital continues to operate as a world class hospital from its existing sites and I support that draft SPD that is proposed.	Support noted.
36	Anne Fisher	Without being an expert, I am very much in favour of retaining the world-class facilities provided by the Brompton Hospital within the Royal Borough of Kensington and Chelsea. Any upgrading of the facilities would be welcome and it seems to me that the proposed redevelopment would do this. Both the Fulham Road and Sydney Street are very busy roads with heavy traffic and therefore high levels of pollution. It is not ideal to have a hospital so exposed and I hope the council will include enhanced measures to minimise pollutants entering the hospital buildings. Anything that discourages a car usage in the borough should be encouraged.	Support noted.
37	Imperial College (Sergei Kharitonov)	The most important thing is to keep the hospital functioning	Noted.
38	G Michotte	The Hospital is an essential part of our local nexus of exceptional medical expertise. This group of institutions (Royal Brompton Hospital, Marsden Hospital, Institute of Cancer Research etc) has the potential to be a leading global hub of research, industry and medical care, enriching the borough and local communities across it. It would be more than a great shame to jeopardise this potential by moving the Royal Brompton Hospital.	Noted.
39	Sarah Panizzo	I strongly support all the proposed action to stop the closure of the Royal Brompton Hospital. I support the objectives in 1.14 of the consultation. I support the RBKC current policies eg CA9 and CK1. I wish to see the site continue as a centre of medical excellence and a hub for patient care and specialist centres of medical sciences. I could not see a mention of the sale some years back of the property now redeveloped as Rose Court on the Fulham Road. Were the proceeds of this sale used to enhance the hospital. If Foulis terrace is redeveloped and any proceeds be tied to enhancement of the hospital. I would be horrified if the whole site were to be redeveloped as luxury accommodation.	Support noted.
40	Day	Disagree with the merging the Brompton and St Guy & Thomas's NHS Trust. The specialist cardiac facilities have been critical in offering lifesaving treatment and conducting research. The importance and need has only been more obvious during the Covid 19	Noted.

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		pandemic. The merger puts this at risk and the health services in the area and London would be poorer for it.	
41	Labour Group (Labour Group of Cllrs of Kensington and Chelsea Council)	While we welcome and have supported the SPD, we believe that there should be a requirement within the SPD that the site should be retained for medical need within the NHS rather than the private sector and we are concerned about the sale of land and properties on this site. Any sale of land and properties on this site should not be for luxury residential development, but for medical use only.	Although the Council would prefer the continuation of public medical uses here, the decision is for the NHS to make and is out of the control/realms of planning.