

PLANNING REF : 250517
PROPERTY ADDRESS : 50 Century Drive
: Spencers Wood, Berkshire
: RG7 1PE
SUBMITTED BY : Mr Vernon Avidi
DATE SUBMITTED : 17/07/2025

COMMENTS:

Objections to Planning Application:

I object to the proposed development of the land off Basingstoke Road, to the south and West of Spencer's Wood as laid out in Application Number 250517.

Grounds for my objection are detailed below and a response on how some of the issues raised are being considered within the planned future development would be welcome:

1. The proposed dwellings will bring increased traffic and congestion on the roads. Your own traffic studies indicate as much as 27% in loading on major sections of the roads in the village just for travel during peak AM and PM times. This is assuming no road traffic incidents such as break downs, accidents or traffic signal outages and the increased vehicle loading will only further exasperate the impact of such incidents than currently experienced. Evacuation during an AWE emergency has not been considered in the traffic report. With 480 homes proposed and assuming a conservative average of 1 car an home and 10 seconds just to exit the proposed estate at the proposed site access junction with Basingstoke road, this would take approximately 80min to clear the estate in the event of an emergency evacuation through a single site access. Even with the proposed second site access through the roundabout junction and considering a 2 car average per home, you still likely at an excess of an hour to empty the estate.

Both exits offload traffic onto Basingstoke road which is currently already a high traffic road during peak hours and would be overwhelmed during any such evacuation. Evacuation scenario aside, additional daily traffic from the estate will compound the high traffic loads on Basingstoke Road and exponentially increase the already lengthy traffic times to exit the village onto the M4 during peak hours. Whilst the Transport assessment reports on the increase in car count and subsequent loading impact, it does not correlate this into impact on increase in journeys times to enter and exit the village during peak am and pm times. The percentage change in vehicles on the road does not linearly translate to journey time impact and queuing theory needs to account for traffic signal wait times, road length and vehicle count to fully understand the negative impact of the additional cars as a result of the proposed development.

It is not clear if a reduced number of dwellings been considered during the feasibility study for the development. Perhaps a more reasonable order of 50-80 might be more realistic given the constraints on the existing infrastructure. Based on being a current user of such road infrastructure, it is my view that this additional loading from 480 homes cannot be handled within the existing road infrastructure without a significant impact on increasing existing

users travel times during peak hours. In addition evacuation during an AWE incident would not be timeous enough. Until this is further understood in subsequent traffic studies, it is deemed reasonable grounds for my objection to the proposed development.

2. The proposed 480 homes could entail an increase of population in the village by approximately 960- 2400 assuming 2-5 persons per home. Whilst plans indicate a proposed GP Surgery, this is meaningless

without support from the local NHS Trust to fund the operations of an additional GP Surgery for the area. The NHS system is already overburdened and funding allocation for an additional GP surgery is likely many years away and will not be a reality within the timeframe of the proposed development. So realistically, they will not be an GP surgery included within the development timeframe that will address the needs of the additional 960-2400 residents moving into the area. The local Shinfield Surgery and Swallowfield surgery is already over subscribed with the Shinfield Meadows, Croft Garden and Swallowfield Developments. The proposed development would collapse the existing GP infrastructure in place. In addition, occupation of the proposed

development dwellings will largely come from Londoners looking to relocate away from the city and commute for work. So the increase in population to the area will increase and also overburden the local Royal Berkshire hospital and dental surgeries which are already struggling to cope with the needs of the local population with long waiting times. The local medical infrastructure simply cannot cope with the influx of an additional 960-2400 persons. What studies have been done on the increased loading and capacity assessment of the dental and wider medical infrastructure required to support the additional dwellings being considered? How has the study concluded that the proposed plan provision for a new GP surgery is sufficient, which as I mention above is also highly unlikely to realise within the timeframe of this development? Unless such verifiable data is presented confirming how the medical needs of the additional population will be serviced by the existing NHS infrastructure, it is my experience that such an influx of residents will overwhelm the already constrained medical services and collapse the local GP services and thus also valid grounds for my objection to the proposed development.

3. Areas of Play are being proposed located directly next to existing neighbouring residential dwelling gardens. Due concern for the impact on privacy to existing dwellings does not appear to have been adequately considered. A significant buffer space with adequate green foliage and tree screening between existing residential homes and proposed dwellings needs to be considered in a revision of the development framework plan. Based on the encroachment of the proposed dwellings on my current privacy, I object to the proposed development in its current layout indicated in the development framework plan.

4. Location of proposed location of housing and housing density is unclear. This is to be made available at the earliest to assess potential impact on existing neighbouring dwellings by way of noise and privacy infringements.

5. The area currently experiences low water pressure which over the years has been compounded by the increase in new developments in the village. Without a robust plan detailing the adequacy of the main water supply headers and pressure profile impacts, it is my view that the cost and planning provisions for such infrastructure improvement has not been adequately considered. What is the the engagement plan with Thames Water and results of the assessment of

current water supply and sewerage return infrastructure to handle the additional load on the systems due to the proposed development. Until this data has been verified, it is my view that current systems will be under strain and impact current uses in the village and thus also are grounds for my objection.

5. AWE has already raised objections to this development with it being inside the AWE DEPZ. One of the proposed mitigation measures included in the DRAFT DSEP is to have a paid on-site 24/7 Management Company (MC) to facilitate the rapid identification and addressing of any emergency scenarios during a shelter period. It is not clear who is paying for the MC Company, the qualifying criteria for such MC nor the legal responsibility of such MC. Whilst the proposed outsourcing to a MC might in theory be plausible, the execution and maintenance of such an arrangement is likely to be challenging and likely to be cancelled after a timeous period has passed. Please confirm who appoints the MC, who is responsible for their remuneration, what the qualifying criteria are for such an MC and who carries the legal liability associated with the role of the MC.

The DRAFT update to the DSEP also depends on the RMU being staffed by trained NHS staff, and the application scheme would not cause the need for additional RMUs. Is the Developer's consultant Marrons volunteering the services of NHS staff without engagement from the NHS? Has such a commitment been confirmed by a NHS trust for the Developer's consultant to make this claim?

The Developer's consultant Marron appears to have also undertaken some sort of plume distribution modelling to quote in their opinion that "(a) around 96% of radiation emergencies at AWE(B) will not blow

radiation towards the site, (b) of 3 the residual 4%, only around 10% occur in category F conditions (ie, 99.6% of radiation emergencies would either miss the site or doses would be extremely low (around normal background), and well below the category F doses used to set the UPA), ". Whilst this independent assessment is valued, albeit may perhaps be construed by some as having an element of bias, the data has not been presented or verified with AWE's own diffusion modelling data. Sharing such numbers in the said DEPZ response Letter appears to unduly create the perception that these assessment numbers being

quoted by the Consultant are the authority on this subject when AWE carries this responsibility for their site. Can we please see AWE's view on their results on their diffusion modelling compared to the Consultant's view and if significantly different, a third party independent consultant be appointed by AWE at the Developers expense to verify such claims being made on the low risk posed during radiation emergencies.