

## **The Royal Borough of Kensington and Chelsea**

### **The Princess Louise Hospital Site Planning Brief**

#### **Statement of Consultation**

This statement sets out how the Council consulted on the draft supplementary planning document, known as the Princess Louise Hospital Planning Guidelines (“the SPD”), summarises the main issues in the representations received and explains how those main issues have been addressed in the SPD.

#### **The Consultation**

- The SPD was consulted upon during the six-week period from Monday 3 July, 2006, to Monday 14 August, 2006.
- The draft SPD, with a statement of proposal matters and the sustainability report, were made available on the Council’s website [www.rbkc.gov.uk](http://www.rbkc.gov.uk) on the Planning web page. Copies were available on request or could be viewed free of charge at the Planning Information Office at the Town Hall between 9am and 5pm Monday to Friday and at the following libraries: Kensington Central Library, Chelsea Library, North Kensington Library, Brompton Library, Notting Hill Gate Library and Kensal Library. Paper copies of the SPD were sent out to those who requested one. Information was provided on how to make representations via telephone (020 7361 3879), email ([PlanningPolicy@rbkc.gov.uk](mailto:PlanningPolicy@rbkc.gov.uk)) or via post to the Town Hall.
- The information on where to view the document and how to make representations was advertised in the local press.

The following were also consulted;

- The 12 Residents Associations and Groups whose members reside in the W10 postal catchment area.
- All those on the Local Development Framework Consultation Database.
- The residents in the area surrounding the former hospital site, living on Pangbourne Avenue, St. Quintin Avenue, Oakworth Road, St. Helens Gardens and Barlby Road. 167 letters were sent.
- Government Office for London and specific consultation bodies as identified in the Statement of Community Involvement (SCI).
- 10 general consultation bodies considered to be affected by the SPD.

#### **Representations received on the SPD**

- Representations were received from ten consultees

- The Council considered the representations and made changes to the SPD where considered appropriate. The recommendations from the Sustainability Appraisal were also taken into account.
- A summary of the main issues raised and how they have been addressed in the SPD is appended to this statement (Appendix A).

**Appendix A – Summary of the issues raised during consultation and how they have been dealt with in the revised SPD**

<b>Consultation Reference</b>	<b>Commentator</b>	<b>Comment</b>	<b>Response</b>	<b>Action</b>
<b>General</b>				
	GLA	The draft brief does not raise any strategic issues. The GLA supports the preparation of the planning brief for the Princess Louise Hospital site.	Noted	No change
	LDA	The LDA welcomes the preparation of the planning brief. It supports the proposed uses on the site for medical, cultural, educational/community uses set out in the draft brief on the basis that the existing medical services are proposed to be relocated to St Charles Hospital.	Noted	No change
	British Waterways London	British Waterways has no comments to make on the Princess Louise Hospital Planning Brief due to the separation of the site from the Grand Union Canal.	Noted	No change
	Highways Agency	The Highways Agency has no comments to make on these documents at this stage.	Noted	No change
	Environment and Heritage Org	We share the Council's concerns that the plans for re-location of the current hospital may not have been made out, and fully concur with the decision to request the Hospital to make first out its case.	Noted	Since the publication of the draft brief, the hospital has been declared surplus to requirements

Consultation Reference	Commentator	Comment	Response	Action
Section 1.0				
Section 1.0	GOL	Suggest inclusion of a reference to conformity and how the document fits with the overall LDF programme	Agreed	<p>Insert a new section 1.0 called Context before the current 1.0 Site and Location, renumbering all the following sections and paragraphs:</p> <p>“1.1. This adopted Planning Brief is a Supplementary Planning Document (SPD) and makes up one part of the Local Development Framework of the Royal Borough of Kensington and Chelsea. It provides statutory guidance which supplements Unitary Development Plan (UDP) and is consistent with national planning guidance and in general conformity with the Regional Spatial Strategy (the London Plan) policies”.</p>
Section 1.0	GOL	Suggest inclusion of a reference to the sustainability appraisal	Agreed	<p>Include a paragraph in the new section 1.0 Context.</p> <p>“1.2. Under the Planning and Compulsory Purchase Act 2004, Local Authorities must undertake a Sustainability Appraisal for Supplementary Planning Documents (SPD). The Princess Louise Hospital Planning Brief SPD was examined to assess its compatibility with the Royal Borough of Kensington and Chelsea's objectives for sustainable development. The sustainability appraisal is available from <a href="http://www.rbkc.gov.uk">www.rbkc.gov.uk</a> or by request from the Planning Information Office 020 7361 3012”.</p>

Consultation Reference	Commentator	Comment	Response	Action
Section 1.0	GOL	Suggest inclusion of a reference to Planning Policy Statement 1 and Better Places to Live by Design: A Companion Guide to PPG3	Agreed	<p>Include a paragraph in the new section 1.0 Context.</p> <p>“1.3. Planning Policy Statement 1: Delivering Sustainable Development, sets out the Government's planning policies on ensuring sustainable development through the planning system and has been consulted in the drafting of the Planning Brief”.</p> <p>Insert a new paragraph 5.4. in the newly renumbered section 5.0:</p> <p>"The design and layout of a residential scheme should take into account the guidance and example of good practice given in, <i>Better Places to Live By Design: A Companion Guide to PPG3</i>”.</p>
Section 1.0	Sue Biggs, Resident	There is no mention of the covenant attached to the land which is outlined on the land registry record.	Agreed	<p>Within the renumbered 2.0 Site and Location section:</p> <p>"2.5 There is a restrictive covenant attached to the site which permits the building of housing on the site but it must be in connection with the hospital. The Primary Care Trust (PCT) states that this would have to be released by the successors of William St. Quintin, or insured against if the site is to be redeveloped”.</p>
<b>Section 2.0</b>				
Section 2.0	J.J. Godin, Resident	The resident provided an interesting, detailed history of the hospital, urging the future development to take account of the sites past. The text is attached as Appendix B.	Agreed	<p>There are two 2.5's. Renumber the first as 3.5. Insert as the renumbered 3.6:</p> <p>"These uses respect the history of the site, where the hospital has played an important role in the local community since its opening in 1928. The preferred uses would ensure that the site's future has an involvement with its past”.</p>

<b>Consultation Reference</b>	<b>Commentator</b>	<b>Comment</b>	<b>Response</b>	<b>Action</b>
Section 2.0	LDA	The Brief could make specific reference to London Plan policy 3A.17 and could be enhanced by referring to the Mayor's Economic Development Strategy where health is a crosscutting theme.	Noted	Policy 3A.17 encourages UDP policy to support the objectives of the PCT's. This Brief was prepared in conjunction with the Kensington and Chelsea PCT and further reference is not considered necessary.
Para. 2.6	LDA	The LDA suggests that paragraphs 2.5-2.6 are amended to specify what information the developer would need to provide to demonstrate that medical, community, educational uses are not able to be provided on site, in support of a residential scheme.	Agreed	Insert at the end of the current para 2.6, which needs to be renumbered to 3.8.  "Applicants for residential schemes will be expected to show what steps they have taken to determine that medical, community and medical uses are not able to be provided on site".
Para. 2.7	LDA	Depending on the use of the redeveloped hospital site, it may also be appropriate to include planning obligations to address other barriers to employment, such as the provision of childcare. There should be a commitment to ensuring affordable childcare provision, and eligibility be limited to employees and potential employees and prioritized on the basis of need linked to barriers to employment. Measures must also be included to ensure that the facility does not become a private nursery.	Agreed	Add an additional paragraph in between the current 2.6 and 2.7 and the be renumbered 3.9:  "A Planning Obligation may be appropriate to secure a commitment to ensuring affordable childcare provision on a non-residential development, and eligibility should be limited to employees and potential employees. UDP Policy SC9 seeks to negotiate and encourage work place nurseries in the borough".
<b>Section 3.0</b>				No change

Consultation Reference	Commentator	Comment	Response	Action
<b>Section 4.0</b>				
Para. 4.3	LDA	In respect to the residential use the LDA considers that the proportion of affordable housing sought should specifically refer to Policy 3A.7 and the Mayor's 50% affordable housing target rather than stating a significant portion of housing on the site should be provided as affordable.	Noted	Paragraph 4.3 of the consultation draft already states that the policies of the UDP and Spatial Development Plan require a minimum of 50 % of units should be affordable. No action required.
<b>Section 5.0</b>				
Section 5	Environment and Heritage Org	We would have no objection to partial demolition behind retained facades, as is currently the case with the buildings in Manresa Road W3.	Noted	No change
Section 5	Environment and Heritage Org	Clearly, all options should be explored, but only in the most exceptional circumstances should there be complete demolition of these buildings.	Noted	No change
Para 5.5	Environment and Heritage Org	In the event that the current buildings become vacant, we would seek to resist any demolition of the facades that make a "positive contribution to the street scene".	Agreed in part	New paragraph between para 5.4 and 5.5, as 6.5 and renumbering of the following paragraphs in the section:  "Developers may wish to consider whether some of the existing hospital buildings make a contribution to the street scene and whether the facades should be retained".

<b>Consultation Reference</b>	<b>Commentator</b>	<b>Comment</b>	<b>Response</b>	<b>Action</b>
5.10	Scott Wilson for RBKC	The SPD should include guidance for minimising crime on the site	Agreed	Additional paragraph to be numbered 6.11  "The scheme should be created with the concept of minimising crime through physical design in mind in compliance with UDP Policy CD39. An SPD Designing Out Crime is to be consulted on and adopted in the near future and will provide more guidance on this issue".
<b>Section 6.0</b>				
Section 6.0	Scott Wilson for RBKC	The SPD should include guidance to incorporate energy efficiency measures into the design such as meeting BREEAM/EcoHomes 'Excellent' ratings. Design incorporating measures such as solar power or other renewable energy generation could be favoured.	Agreed	Insert into section 6.0 Detailed Design, which will be renumbered 7.0:  "7.5. The developer should make use of the landscaping, design, the use of materials and the orientation and lighting of the buildings to encourage energy efficiency in line with UDP Policy CD29. Additionally London Plan Policies 4A.9 and 4A.10 support the provision of renewable energy on major development sites".
Section 6.0	Scott Wilson for RBKC	The SPD should recommend that the use of recycled materials in the development and the re-use of demolition waste on site.	Agreed	It is considered this recommendation is covered in the response above.
Section 6.0	Scott Wilson for RBKC	Biodiversity enhancements such as bird and bat boxes and green or brown roofs should be considered where possible.	Noted	Green and brown roofs form an integral part of the design of the building and as such must be assessed against the policies of the plan and in particular, the policies within chapter 4 of the UDP. Therefore it is not considered appropriate to amend the Brief.



Consultation Reference	Commentator	Comment	Response	Action
<b>Section 7.0</b>				
Section 7.0	TfL	No reference has been made to the public transport accessibility (PTAL) of the site which should be included. TfL is happy to provide a PTAL measurement and PTAL map for this site on request if necessary.	Agreed	<p>Insert as a new paragraph 8.5: Renumbering the rest of the section:</p> <p>“The development is located in an area of Medium Public Transport Accessibility (PTAL Level 3). This level of public accessibility is considered acceptable for permit free development to occur”.</p> <p>Attach map showing the PTAL and the public transport services. See Appendix C.</p>
Section 7.0	TfL	TfL recommends that a map showing the site in a wider context should also be included. This could display the main public transport services in the vicinity such as bus route numbers 7, 70 and 316, the location of Ladbroke Grove Underground Station as well as Local Cycle Network routes.	Noted	Attach map showing the PTAL and the public transport. See Appendix C.
Section 7.0	TfL	TfL expects the parking standards within Annex 4 of the London Plan to be reflected within the brief.	Not agreed	The parking standards in the London Plan Annex 4 differ to those in the UDP, encouraging more spaces (maximum 1 space per 600-1,000sqm in Inner London) than the borough does (maximum 1 space per 1,500sqm) for potential non residential. No change.

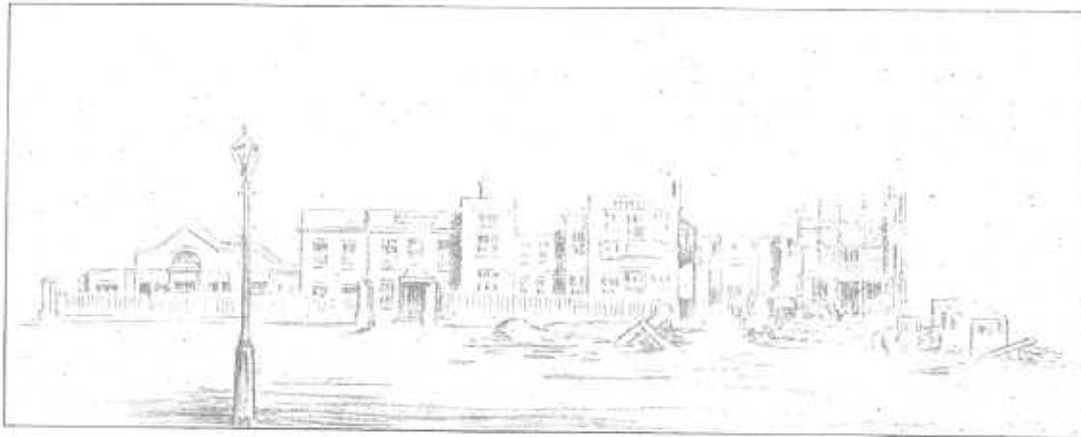
Consultation Reference	Commentator	Comment	Response	Action
Para 7.1	TfL	With regards to paragraph 7.1, TfL recommends that reference is made to TfL's - 'Transport Assessment Best Practice Guidance Document' which is available at the following address <a href="http://www.tfl.gov.uk/transportassessment">www.tfl.gov.uk/transportassessment</a>	Agreed	Add to the renumbered 8.1  "..and TfL's - 'Transport Assessment Best Practice Guidance Document'.
Para 7.4	TfL	TfL encourages the promotion of 'car free development' and the provision of a 'car club' on site.	Noted	Edit renumbered Para. 8.8. to read:  "The Council is currently working to establish extensive car club coverage for the Borough. Ninety-nine car club on-street parking bays are proposed across the Borough with the aim of at least one bay being within a 5 minute walk of all residents. Cambridge Gardens and Oxford Gardens are two of the nearby locations that will have a car club bay. Given the level of car club provision the use of car club as a way of reducing parking demand for a scheme with low levels of parking is unlikely to be acceptable. However, parking for a car club vehicle could be considered on-site".
Para 7.6	TfL	TfL supports paragraph 7.6 which 'seeks that residents of the scheme be exempted from eligibility for parking permits, by virtue of a Planning Obligation'.	Noted	No change

Consultation Reference	Commentator	Comment	Response	Action
Para 7.11	Thames Water	<p>We have concerns regarding Water Supply Capability in relation to this site. Specifically, the water supply network in this area is unlikely to be able to support the demand anticipated from this development. It will be necessary for us to undertake investigations of the impact of the development and completion of this will take several weeks. It should be noted that in the event of an upgrade to our assets being required, up to three years lead in time will be necessary.</p> <p>In this case we ask that the following paragraph is included in the Planning Brief:-</p> <p>"Developers will be required to demonstrate that there is adequate water supply capacity both on and off the site to serve the development and that it would not lead to problems for existing or new users. In some circumstances it may be necessary for developers to fund studies to ascertain whether the proposed development will lead to overloading of existing water infrastructure".</p> <p>In terms of wastewater, peak discharges to combined sewers should not be increased. This should be achieved if necessary by surface water retention.</p>	Agreed	<p>Additional paragraph 8.11 in the renumbered Brief under 'Infrastructure Enhancements' and renumbering the following paragraphs in the section:</p> <p>"As recommended by Thames Water, developers will be required to demonstrate that there is adequate water supply capacity both on and off the site to serve the development and that it would not lead to problems for existing or new users. In some circumstances it may be necessary for developers to fund studies to ascertain whether the proposed development will lead to overloading of existing water infrastructure. In terms of wastewater, peak discharges to combined sewers should not be increased. This should be achieved if necessary by surface water retention, in line with UDP Policy PU10".</p>

Consultation Reference	Commentator	Comment	Response	Action
Para 7.11	TfL	TfL supports considering cycling provision from the outset, however paragraph 7.11 should also specify that cycling parking provision should be in line with TfL standards should be provided across the entire site. Reference should be made within the document to TfL's 'London Cycle Design Standards: A guide to the design of a better cycling environment'.	Agreed	Paragraph 7.11 to be renumbered 8.12 and text added to the end  "..and take into account TfL guidance in the document <i>London Cycle Design Standards</i> ".
Section 8.0				No change
Section 9.0				No change
Section 10.0				No change
Section 11.0				

Consultation Reference	Commentator	Comment	Response	Action
<b>Section 11.0</b>	LDA	<p>Section 11.0 Construction Training refers to the Council's recently published SPG on Construction Training and Planning Obligations. The proposed uses on this site could provide significant employment opportunities for local residents and businesses during construction and within the completed development, as set out in London Plan Policy 3B.12 and the objectives of the LDA's Economic Development Strategy. In addition to construction training planning obligations, the LDA requests that the Council considers the addition of further planning obligations for:</p> <ul style="list-style-type: none"> <li>• the use of local businesses for the supply of goods and services both during construction, in the procurement of services and supplies from small and medium enterprises of micro businesses and within the completed development.</li> <li>• training and employment opportunities for local people and businesses within the completed development.</li> </ul>	Agreed	<p>Add a new paragraph, to the renumbered Section 12, Para 12.2:</p> <p>"The proposed uses on this site could provide significant employment opportunities for local residents and businesses during construction and within the completed non-residential development, as set out in London Plan Policy 3B.12 and the objectives of the LDA's Economic Development Strategy. Examples of possible planning obligations are:</p> <ul style="list-style-type: none"> <li>• the use of local businesses for the supply of goods and services both during construction, in the procurement of services and supplies from small and medium enterprises or micro businesses and within the completed development.</li> <li>• training and employment opportunities for local people and businesses within a completed non-residential development".</li> </ul>

# **APPENDIX B**



## The Princess Louise Kensington Hospital for Children

before completion.

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### Princess Louise Hospital, Kensington

Princess Louise Hospital, Kensington, came into existence as a direct result of people recognising a need for medical care among the poor in the parish and taking matters into their own hands. By their hard work and commitment to their cause they managed to achieve their goal and local health and welfare was improved beyond recognition.

In other words, the hospital was built by the people for the people.

Some medical care had been available for the sick and poor in Kensington from the early 1800s, most likely provided by a group of medical and philanthropic people getting together and starting what was called in those days a "dispensary." This would have been a consulting room or converted building where medical men could attend their patients, give treatments, dispense medicines, and so on. From such small beginnings the Kensington Dispensary opened in 1815 at 13, Holland Street, with an initial expense of twenty pounds for furniture and equipment.

A group of medical practitioners opened an establishment there for the purpose of interviewing their poorer patients, and apparently continued there until the Kensington Dispensary was founded as a properly constituted body on April 12<sup>th</sup> 1840.

Its affairs were governed by a Committee of lay people, advised by a medical board of 8 doctors. A consultant physician and surgeon were appointed plus a resident Apothecary, required to be a licentiate of the Apothecaries' Hall.

Although in the mid-1800s there was general poverty and extremely poor living conditions throughout Kensington, by the end of the nineteenth century improvements were taking place in the districts nearer the Dispensary, but the working classes were moving north west to the new district of North Kensington. Soon some of the worst slums in London could be found in that area, particularly in The Potteries of Notting Dale, Golborne, and Kensal Rise.

Dr. Goodrich, the first Medical Officer of Health for Kensington, described the Potteries as follows:-

*“One of the most deplorable spots, not only in Kensington but in the whole of the metropolis, is “The Potteries” at Notting Dale”, . It occupies 8 or 9 acres of ground and contains about 1000 inhabitants, the majority of whom obtain a living by rearing and fattening pigs upon the house refuse obtained from club houses and hotels, and upon offal from slaughter houses.*

*The general death rate varies from 40 to 60 per annum. Of these deaths the very large proportion of 87.5% are under five years of age and the most appalling fact, however, is that for a period of three years the average age or time of death is under twelve.”*

The first President of the Dispensary was the Venerable Archdeacon Potts and the first Patrons included HRH the Duke of Sussex, HRH the Duchess of Kent, HRH the Princess Sophia, Her Grace the Dowager Duchess of Bedford and the Most Noble Marquis of Bute. In 1843 HRH Prince Albert also consented to become a Patron.

The object of the Dispensary was *“to render medical and surgical aid gratuitously to the sick poor not receiving parochial relief upon the recommendation of the Governors.”*



Two members of the Board attended at the Dispensary taking alternative days for 3 months in succession, so that “ *a patient may, by attending every other day have the benefit of being seen by the same medical man even for 3 months together .... should any continue for so long a period as to require it.*”

Apart from attendance at the Dispensary the Medical Board organised a scheme of home visiting, dividing the district into 8 areas and appointing medics to cover each area.

By the year 1845 the premises at 13, Holland Street had become too small for the increasing numbers of patients. As a result it was decided to look for a new site for Dispensary House and a building fund was set up. It was not until 1849 that suitable premises were found. The Dispensary moved to 49, Church Street, Kensington in September of that year and remained there for seventy five years.

A turning point in the Dispensary's history took place at a meeting of the Medical Board on November 10<sup>th</sup> 1879. The Board had noticed for some time that the proportion of child patients attending the Dispensary or being visited in their homes was steadily increasing and thus it produced a Report which recommended the setting up of a Childrens' Hospital and stipulating what would be needed for such an establishment, e.g. the cubic space per bed, the size and position of the windows, the placing of the toilet - separate from the ward - and the necessity of having a bathroom. The Board also recognised the needs of the childrens' parents, in that, although glad to have their children in hospital they objected to sending them too far away, as every visit involved expense and possibly the loss of a day's work.



H.R.H. the Prince of Wales with  
H.R.H. the Princess Louise, Duchess of Argyll,  
at the Hospital, on November 14th, 1933.

By the 1920s plans were afoot to take the Dispensary north. Princess Louise, the only daughter of Queen Victoria to marry a British subject, was the President of the Kensington Dispensary and very supportive of education and health projects for women and children. Thus she called a conference at her home in Kensington Palace in 1924 where it was decided to re-establish the Dispensary in North Kensington. After all, the Kensington Dispensary was almost two miles away from the areas of greatest poverty and, according to The Times in 1924, it *"was the only provision for the sick poor in the whole of Kensington apart from the poor law institution."*

Lord Balfour of Burleigh, a Kensington Councillor, was appointed Treasurer. His fund raising campaign began with an advertisement in The Times, March 1925, quoting the Medical Officer for Health, Kensington,

*"out of every 1000 children born in Kensington not many more than one half are alive and perfectly fit at the age of five"*

An all out effort was made to raise the necessary money to build and maintain the planned hospital and four years of continuous collecting took place. One way and another their goal was reached and the £80,000 needed was achieved. Thus the Princess Louise Hospital for Children was indeed *"built by Kensington people with Kensington money for Kensington children."*

A site on the War Memorial Playing Fields was bought in 1925 for £4237 6s 6p ( £4237 . 32½), the foundation stone was laid a year later by Princess Louise and the new road of Pangbourne Avenue was created. The Hospital, built on an open, airy site between some of the worst slum areas was finally opened in 1928 by King George V and Queen Mary. There were 42 beds, an Out Patients Department, a Dispensary for Sick Women and both Medical and Surgical wards.

Throughout the 1920s and 1930s the Hospital played an important role in the local community, its work supported by the Borough Council and the London County Council. However, health care was becoming more a matter of obligation than one of charity. The Hospital's pamphlet of 1937 said that *"Today the keyword is not 'Charity to the poor but 'service.' And in our special case 'service to the children' is the keystone on which Princess Louise Kensington Hospital for Children bases its claim."*

Even so it still needed to rely on charitable donations and voluntary

groups e.g. the Linen Group, to survive. Kensington's annual carnival gave all its profits throughout the 1930s and all manner of bazaars, charity balls, and matinees were organised to raise further funds.

**THE PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN,  
FÊTE AND CARNIVAL, JUNE 25th, 1936,**

**KENSINGTON PALACE FIELDS (KENSINGTON GARDENS).**

CARNIVAL ORGANISER:  
R. T. CHURCHILL

FÊTE SECRETARY:  
MAJOR POPE

**FÊTE PROGRAMME.**

2.40	ARRIVAL OF CARNIVAL PROCESSION WITH CARNIVAL QUEEN.	6.15	RICHARD BARRS THE BOY MAGICIAN
3.0	OPENING OF FÊTE BY Mrs. AMY MOLLISON, C.B.E.	7.0	DISTRIBUTION OF PRIZES BY Mrs. DUNCAN
3.15	JUDGING OF CARNIVAL ENTRIES	7.15	DONKEY DERBY with CELEBRATED JOCKEYS
3.30	DANCING DISPLAY by the TACCHOMO SCHOOL OF DANCING (UNDER THE DIRECTION OF LYDIA SOKOLOVA AND KATHLEEN TACCHI).	7.30	R. T. CHURCHILL PRESENTS A GRAND VARIETY ENTERTAINMENT SEE SEPARATE PROGRAMME.
4.30	CLOWNS and PUNCH & JUDY	8.0	<b>BOXING</b>
5.30	DANCING DISPLAY by the TACCHOMO SCHOOL OF DANCING	9.0	GRAND PAGEANT OF NURSING
		11.0	THE COMMITTEE THANK YOU FOR YOUR PATRONAGE AND WISH YOU GOOD NIGHT

**GOD SAVE THE KING.**

The Committee thank the following gentlemen for their kindness in having given the Silver Cups and other Prizes:—

HIS WORSHIP THE MAYOR OF KENSINGTON (Councillor H. W. FAIR, J.P.)

FIELD-MARSHAL SIR CLAUD W. JACOB, G.C.B., G.C.S.I., K.C.M.G.

THE RIGHT HONOURABLE THE LORD BALFOUR OF BURLEIGH

THE MOST HONOURABLE THE MARQUESS OF READING, K.C., M.C.

THE MOST HONOURABLE THE MARQUESS OF DUFFERIN AND AVA

J. A. DUNCAN, Esq., M.P.

COUNCILLOR FRANKLIN

C. T. SEAL, Esq.

THE BUSMEN OF THE MIDDLE ROW GARAGE, L.P.T.B.

The House Committee Minutes Book of 1929 gives the following examples of donations to the Hospital funds:—

The opening of the Royalty Cinema in Lancaster Road raised £10.00 which was shared between Princess Louise and the Middlesex Hospitals.

A charity meeting of the Greyhound Association on November 29<sup>th</sup> donated £300.00 and a Boxing Tournament raised £130.00.

For one week a year the income from Derry & Toms' roof garden was donated.

It was agreed that the notice board in the grounds of St. Helen's Church be repainted and the wording altered to include an appeal of some nature for funds. Later this was changed and it was agreed that a totally new board would be put in place, rather than having just the old one with an appeal pasted on.

One scheme was proposed whereby local people could pay a penny a week to support the Hospital.

Another scheme, proposed by the Maintenance Fund Committee, was that the residents of North Kensington be offered the opportunity of paying three pence a week or 12 shillings a year, for which they would receive certain benefits:-

- Free general Out Patients treatment for children
  - Free medical Out Patients treatment for women
- (special treatment for children & women was not included)

One card covered

- All the girls in the family
- The mother in the family
- All the boys in the family who had not reached their 12<sup>th</sup> birthday

This was not a popular proposal, especially among the doctors who thought that they would become known as the "Threepenny Doctors."

This scheme was abandoned 1929.

Few patients could afford to pay for their treatment so an almoner, positioned near the Out Patients Department, was on hand to assess how much the Hospital could afford to subsidise each patient. At the time, National Insurance only covered those in employment and there was increasing unemployment in the 1930s. Healthcare depended on a range of private, voluntary and municipal provisions.

This Out Patients Department stayed open throughout the second World War even though the Hospital was damaged three times by bombs. It also served as an air raid First Aid Post. Most of Kensington's children were evacuated during the Second World War and as many of the wealthier residents left London so fund raising decreased. It was becoming clear

that a state provided health service was needed.



The Post-war Government was mandated to provide welfare for the whole nation - an idea that had been gaining popularity since the beginning of the century. Thus in 1948 the National Health Service came into being and all hospitals were absorbed into it although in 1946 Princess Louise Hospital had already volunteered to come under the protection of St. Mary's Paddington, in the hope that this voluntary association would preserve its identity more effectively. Even then Princess Louise continued to receive donations, e.g. on Wednesday, January 14<sup>th</sup> 1948, the Globe Theatre played a special matinee programme of "Tuppence Coloured" for the Hospital. The local Girl Guides worked hard to raise funds to provide entrance gates and also painted and maintained the railings.



Medals presented to nurses who completed training in paediatrics. Princess Louise became a teaching hospital as part of St Mary's in 1952. The left hand one shows a portrait of Princess Louise and the right hand one an image taken from a statue which was presented to the hospital in 1930 by Sir Kenneth and Lady Swann in memory of their daughter.

There were benefits to be gained from this association with St. Mary's in that 2 houses were bought in St. Quintin Avenue for nurses' accommodation - they had been sleeping in the wards until then - and also the hospital became an official teaching hospital. Nursing was becoming a profession, not a vocation. Local support also continued and in 1948 the Friends Association was formed, which over the next twenty years raised thousands of pounds for the Hospital. In Littlehampton, a home was given anonymously so that children could convalesce at the seaside . For many, it was their first view of the sea.



People's health began to improve steadily, thanks to a better diet, and the slum clearance and inoculation programmes. This was particularly noticeable among the young. The "Daily Herald," in 1955, was pleased to print, *"the happiest news of all, they can't fill the kids' beds in hospital."*

This was certainly true for Princess Louise where some of the beds were routinely empty. In 1954 it was planned to close two wards and use them for maternity; the long-term intention being to use the Hospital for adults only. This was not popular locally and, in fact, this became a national issue, going twice to the House of Lords.

Lord Balfour, now heading the Friends' Association, along with the Borough Council, local M.P.s and a petition of 15,000 local people fought this proposal. A vigorous campaign was begun to save Princess Louise for children. It was felt that despite the general decline in demand for children's beds Princess Louise was in an area whose needs had changed little over the years.

The Minister for Health discovered that the Hospital's land carried a Royal Charter stipulating that it could be used only by mothers and children, so for a while the Hospital became a maternity and paediatric unit. This change took place in 1960.



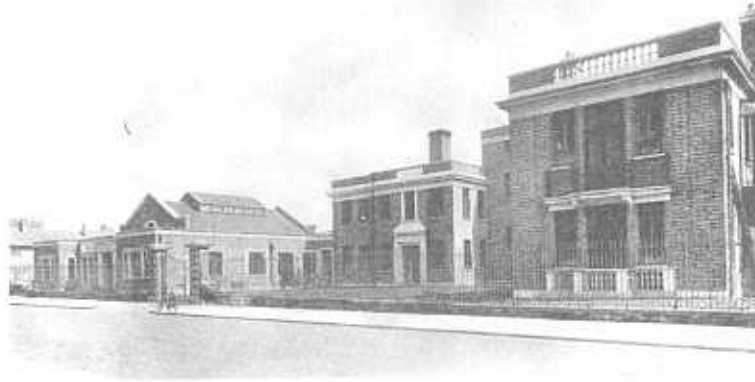
Improving conditions - diet, housing, medical care - resulted in people living longer and the idea developed that the Hospital would be of greater benefit if used for geriatric care. Despite local protests this came about; the final children's party was held in 1970 and the elderly took up residence in 1971. The Hospital was converted to accommodate 61 beds, and day rooms were added, along with rehabilitation, long - stay wards and a day hospital. As well as a social worker, chiropodist, visiting dentist and hairdresser there was speech therapy, occupational therapy, and physiotherapy plus art and music therapy available. There was even its own ambulance service.

The Senior Nursing Officer, Eulena Craig, wrote in 1989 about Princess Louise being "*built to be an intimate, warm environment for the most needy of its age: it still is, "Embracing the elderly need that is carrying us into the 21<sup>st</sup> century".*

Despite this, at the start of the 21st century opinions were changing again. Surveys of elderly patients showed that they would much prefer to receive care in their own home rather than in an institution, when, and if, care was needed. So, the future of this local resource, once more became a local cause for concern. However the decision was made on February 28<sup>th</sup> 2006 that this Hospital would close as a centre for geriatric care. Other possibilities would have to be considered for its future.

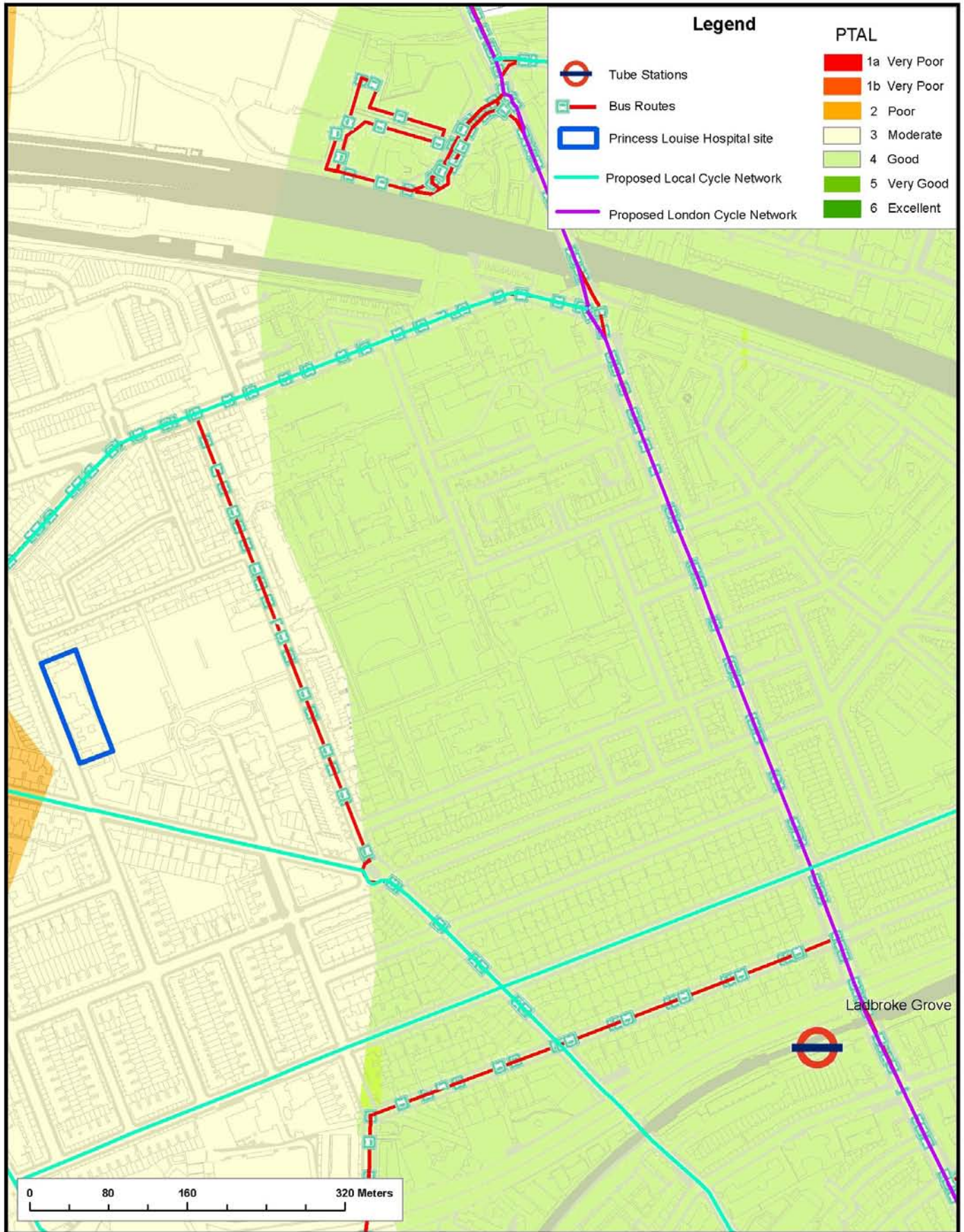
It would be a great shame if its future had no involvement with its past and all the hard work, endeavour and enthusiasm of local people for Princess Louise Hospital was lost completely.

JJ. Godin  
Aug. 2006.



FRONT VIEW OF PENNSYLVANIA

# Appendix C - Context and Public Transport Accessibility Level (PTAL) Map for the Princess Louise Hospital Site



**Context and Public Transport Accessibility for the Princess Louise Hospital Site**

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