



THE KENSINGTON SOCIETY

WINTER NEWSLETTER 2025-2026



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The most unusual GP location in Kensington is probably that of Emperor's Gate Surgery, which is in the former South Kensington Presbyterian Church. It has 6,900 patients and 6 GPs. Picture courtesy Google Street View.

Fewer but better GP practices in Kensington

In less than 20 years, Kensington and Chelsea has lost 16 NHS affiliated GP practices, although the number of registered GP patients in RBKC has increased with 51,000. This is the result of a conscious effort to create larger practices with more doctors and expanded expertise, in order to shift healthcare as much as possible away from expensive hospitals to the primary care sector (i.e. the GPs).

However, this shift has meant that many residents no longer have a GP practice within the 10 minute walking distance that was a goal in the council's 2010 core strategy. But on the other hand, the need for patients to visit their GP has diminished drastically in the last ten years, as the system of designated pharmacies means that one no longer has to visit the GP just to pick up a prescription, and as Covid led to the birth of telephone consultations.

According to the council's "Review of Kensington and Chelsea Primary Care Trust's Commissioning Priorities", published in June 2008, there were 43 GP practices in RBKC in 2007, who jointly had some 180,000 patients registered. Of these practices, more than half (23) were run by a single GP and 13 had two GPs. Only 7 had three GPs or more. That review supported the plan for larger and more efficient GP practices across the country, as part of a long-term goal to move much care out of hospitals and closer to home.

Now, 18 years later, statistics show that much of this has actually happened: The number of practice sites (*) in RBKC has dropped to 27, handling some 231,000 patients. Of these 27, 93% (25) have three or more GPs and the remaining 4 have two GPs each. Today there are no "single-handed" NHS GP practices in the borough, but they can be found on the private side. The 27 have a total of 177 GPs registered.

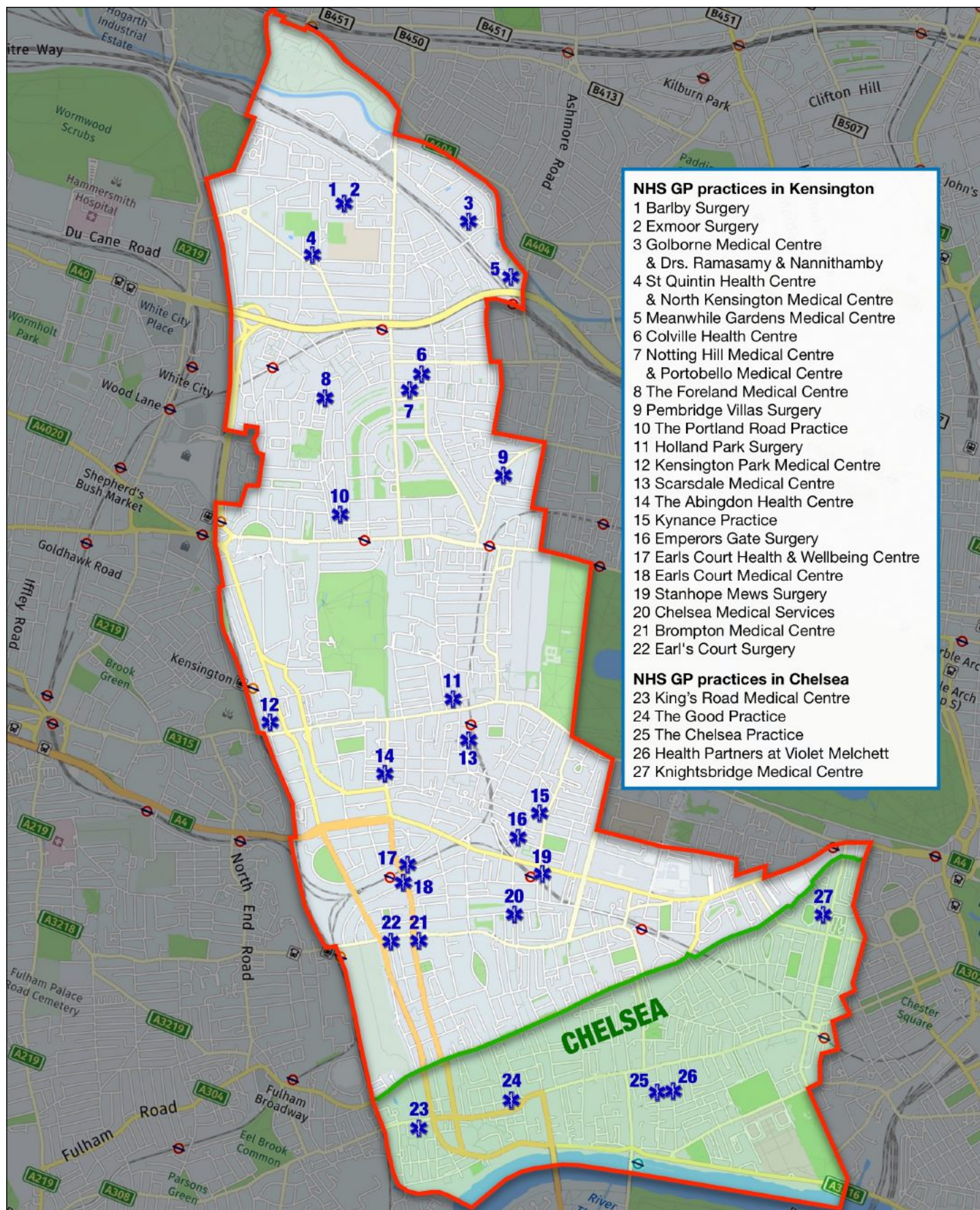
However, many of them aren't working full time, so when turning their working hours into "full-time equivalent (FTE) GPs" doing 37.5 hours per week, those 177 GPs become 120 FTE GPs.

231,000 patients may seem odd, as the borough only had some 143,400 residents in 2021. But the reason is simple: due to the many workplaces in RBKC, the daytime population during weekdays exceed 250,000, and many of these shop and office workers are registered with a GP near their job instead of their home. In addition, several practices are near RBKC's borders, so some of their patients actually live on the other side of the borough border, just as some RBKC residents are registered with GPs outside the borough, or with private practices.(**)

BMA (The British Medical Association), which represents the GPs, presented data in October 2025 which correlates with

(*) "Practice sites"? Well, there are 30 individual GP surgeries registered in the borough, but six of those have paired up with another surgery, which they share practice and reception staff with. As the two companies haven't merged, they remain separate businesses, although most patients regard them as one, as they are in the same practice. At St Charles Hospital there are two surgeries sharing the same space, but they have separate receptions and waiting rooms, so we count those as two.

(**) In the more affluent areas of the borough there are also some 15 private practices that offer standard GP consultations outside the NHS system. Most of these are located in South Kensington and Chelsea. Many of them mainly cater for wealthy foreign visitors, while others focus on individuals who have a private health insurance that covers GP visits. Many of these GPs are very small one doctor surgeries. There are also some private specialists in the RBKC, who only treat specific problems



There are currently 22 GP locations in Kensington and 5 in Chelsea, although the official number of practices is somewhat higher, as three of the Kensington locations consist of two practices that share both space and some administrative staff. Consequently, most patients see those as one practice instead of six. In addition, several separate practices are clustered together in the same area.

this trend. The number of GP practices in England dropped from 7,623 to 6,191 between September 2015 and September 2025, a loss of 1,414 practices (i.e. 19%). During the same period, the average number of patients per practice grew from 7,465 to 10,300, and the number of patients per

FTE GP increased from 1,938 to 2,241. The total number of patients have increased with 11%, from 56.9 million to 63.8 million, during the period. No wonder that many GPs feel overworked!

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Tucked away in an industrial area at the western border of the Golborne Ward, located between the Grand Union canal and the railway into Paddington and just 250 meters from Trellick Tower, is the frequently graffitied Meanwhile Gardens Medical Centre, the smallest of Kensington's GP practices, with 2,300 patients. It is a vast contrast...

However, two fairly recent “innovations” have helped the GPs and their practice staff with the workload. One was the introduction of online ordering of repeat prescriptions, coupled with sending the prescriptions electronically to the patient's preferred pharmacy and having in-house pharmacist handling some of the medication issues. This means that GPs need to spend less time issuing repeat prescriptions and the patients don't need to visit their GP just to pick up a prescription.

The other was the introduction of phone consultations during the Covid pandemic. While most patients seem to prefer face-to-face consultations, many like to use phone or video consultations for simpler issues and follow-ups, as they are great time savers - and they definitely save the GPs a lot of time. Today, 35% of all consultations are done over phone or via video link.

The new role for pharmacies

As part of moving more of the care from hospitals to the primary care sector, pharmacists are rapidly becoming a sort of assisting GPs. After a successful pilot scheme in 2015, more and more GP practices have now an in-house “clinical pharmacist” (often a rolling position shared by several pharmacists) who handles repeat prescriptions and discusses alternative medications with patients who have a specific problem.

And on 31 January 2024, the NHS launched a service called Pharmacy First, which builds on a consultation service started in October 2019, which enabled pharmacies to prescribe contraception pills and give flu and covid vaccinations. Pharmacy First means that regular pharmacies are allowed to diagnose and prescribe medicines for seven common conditions without any GP consultation. These include earache, shingles, sinusitis, sore throat, and urinary tract infections.

Pharmacy First, still being rolled out, is expected to cut down the number of patients visiting GPs for these common ailments. Regular pharmacies are in the NHS known as “com-

munity pharmacies”, to distinguish them from in-house dispensaries/pharmacies in hospitals or in GP practices in areas that have no regular pharmacies.

The neighbourhood health service

The next step in this move towards more care in the local community instead of in expensive hospitals is the “neighbourhood health service”, which aims to bring together services across the NHS, social care, and community organisations, in order to provide an integrated solution which focuses on prevention and personalised care in the neighbourhood. Trials with neighbourhood health services have been going on for several years, in places like Brighton, Wigan and Fleetwood in Lancashire.

The more versatile GP practices and the GP assisting pharmacies are two of the cornerstones in the new neighbourhood health service, which The next steps will be adding things like mental health facilities, social care and the voluntary sector - and to link this better with both patients and traditional hospitals, administration and communication with patients will move from analogue to digital; providing easier bookings and quicker responses. The plans for the neighbourhood health service plays a prominent role in the government's 10 year health plan for England, which was presented in July 2025.

In June 2025, Joe Powell, Kensington's Labour MP, announced that eight of Kensington's GP practices have been selected for refurbishments, which will free up space and create new consultation and treatment rooms.

Those eight consist of three in Dalgarno Ward (Exmoor Surgery, North Kensington Medical Centre and St Quintin Health Centre); one in Golborne Ward (Golborne Medical Centre); one in Notting Dale Ward (Foreland Medical Centre); two in Colville Ward (Notting Hill Medical Centre and Portobello Medical Centre); and the only practice in Campden Ward (Holland Park Surgery).

THOMAS BLOMBERG



...to Brompton Medical Centre, in Kensington's most famous mansion block, Coleherne Court, at the corner of Old Brompton Road and Redcliffe Gardens in the Redcliffe Ward, which has 4,700 patients. These two demonstrate how different GP practices in Kensington can be. Both picture are courtesy Google Street View.



This picture collage shows 18 of Kensington's 22 GP practices. From the top, left to right: the joint practice of Golborne Medical Centre and Dr Ramasamy & Partners, Golborne Road (W10 5PG); the joint practice of St Quintin Health Centre & North Kensington Medical Centre, St Quintin Avenue (W10 6NX); Meanwhile Gardens Medical Centre, Elkstone Road (W10 5NT); Colville Health Centre, Kensington Park Road (W11 1PA); The Portland Road Practice, Portland Road (W11 4LA); The Foreland Medical Centre, Walmer Road (W11 4EP); Kensington Park Medical Centre, 75 Russell Road (W14 8HW); Holland Park Surgery, Phillimore Walk (W8 7RX); Scarsdale Medical Centre, Scarsdale Place (W8 5SX); The Abingdon Health Centre, Earls Court Road (W8 6EG); Emperors Gate Surgery, Emperor's Gate (SW7 4HJ); Kynance Practice, Kynance Mews (SW7 4QS); Earls Court Health & Wellbeing Centre, Hogarth Road (SW5 0PT); Earls Court Medical Centre, Earls Court Road (SW5 9AD); Stanhope Mews Surgery, Stanhope Mews West (SW7 5RB0; Earl's Court Surgery, Old Brompton Road (SW5 9JA); Brompton Medical Centre, Old Brompton Road (SW5 0EA); and Chelsea Medical Services, Rosary Gardens (SW7 4NQ). All pictures are courtesy Google Street View.

Missing from the collage as they are not visible from the street: Barlby Surgery and Exmoor Surgery inside St Charles Centre, Exmoor Street (W10 6DZ); the joint practice of Notting Hill Medical Centre and Portobello Medical Centre, Codrington Mews (W11 2EH); and Pembridge Villas Surgery, 45 Pembridge Villas (W11 3EP).

Altogether, the 22 practices have some 177,000 patients on their books, with Stanhope Mews Surgery, Pembridge Villas Surgery and Holland Park Surgery being the three largest (16,400, 14,200 and 12,600 patients) and Chelsea Medical Services, Kynance Practice, Meanwhile Gardens Medical Centre being the three smallest (3,700, 3,100 and 2,300 patients). The 22 practices have combined 138 GPs (99 full time equivalent GPs) and on average 1,913 patients per FTE GP. All the statistics are from late 2024, so they may not be fully accurate now.

Creating the NHS – against all the odds

The soldiers fighting for Britain's freedom in World War II wanted "homes fit for heroes", just as their fathers had been promised at the end of World War I, but they also wanted social change. The Beveridge Report, published in 1942 by Liberal stalwart William Beveridge (with input from John Maynard Keynes), was well aware of this and outlined a future welfare state that could be realised once the war ended. At its heart was the conviction that a country that could mobilise so effectively to fight an external enemy in time of war, should have the capacity to fight the internal enemies of poverty and ill-health in time of peace.

Clement Attlee's Labour Party won its landslide victory in the 1945 general election on a post-war recovery platform, so it had a mandate for change and the mood in the country also demanded it.

Although the two had often clashed politically, Attlee appointed the charismatic former Welsh miner and left-winger Aneurin Bevan (nicknamed "Nye") as health minister, with a remit that also covered housing. Meeting the target of 400,000 new homes a year would be a tough enough task, but establishing a national health service which provided free access to doctors, dentists, opticians and hospitals, was seen as his most urgent job. Creating the legal foundation for it, the National Health Service Act, was comparatively easy when Labour had 196 more seats in Parliament than the Conservatives, so Parliament approved the act in 1946 and the starting date (called "the appointed day") for the new service was set to 5 July 1948. Bevan was determined to meet that date.

Continued rations and staggering national debt

However, creating the NHS in 1948 was no easy feat. World War II had ended just three years earlier; the national debt was a staggering 200% of GDP; there was a growing currency crisis, which in 1949 would lead to a 30.5% devaluation of the sterling towards the dollar; an extremely cold winter, followed by the worst floods in over 50 years, threatened both harvests and livestock and led to further food rations; the country had also embarked on a bold plan to build millions of

new homes (which Bevan was also in charge of), not just in bombed cities, but also in eight brand new cities, while there was a severe shortage of building materials and skilled building workers. In addition to all these obstacles, the plans for the NHS were strongly opposed, not just by the Conservative opposition but also by most doctors – except those who were employed by municipal hospitals and the local authorities' public health departments.

In February 1948, the British Medical Association (BMA) balloted its members about the forthcoming National Health Service. Would they support it? Among GPs, 17,037 opposed the NHS while only 2,500 were in favour. Among consultants and specialists, 25,340 were against the NHS and just 4,084 were positive.

But Bevan was a realist as well as a visionary. The consultants, who were opinion builders and key to convince the voluntary hospitals to join the system, were in effect bought off in early 1948. "Ultimately I had to stuff their mouths with gold", Bevan explained to a table partner during a dinner in 1955. What he meant was that he offered the consultants very generous payment structures and also allowed them to keep lucrative private work alongside their NHS duties.

He then took on the two most difficult groups: the 18,000 GPs and 10,000 dentists in England and Wales. They ran private practices, most of them singlehandedly, and they, like the consultants, feared that the new system would turn them into salaried doctors and dentists.



When the history of the NHS is told, the dentists are often overlooked. In 1948, 9,200 dentists began treating millions who had never seen a dentist before. More than 70% of the adults were toothless and most children had "significant tooth decay".



On 5 July 1948, Nye Bevan visited Trafford General Hospital in Manchester and met the very first NHS patient, the 13-year-old Sylvia Beckingham. She later married and became Sylvia Diggory. Her son Clive became a GP and two of his sons became NHS doctors...

Continued independence convinced the GPs

The solution was to promise both groups continued independence, including the right to sell their practices and patient lists. The dentists would be able to continue with their private patients, but would agree to take on NHS patients as well, for fixed prices per treatment. The GPs would not be able to treat private patients in the same practice, but they would be paid a fixed annual stipend per individual in their patient list instead of being paid per treatment.

A majority of the GPs quickly realised that an annual payment for each person in their patient list could be rather profitable, at least if most of the patients were very healthy, so within a few months the resistance from BMA evaporated as most GPs were busy signing up patients. Before the end of 1948, 17,200 of the 18,000 GPs had accepted the NHS system and by April 1949, 93% of the population had registered with NHS doctors.

As for the dentists, most signed up before July 1948, realising that if they worked hard, this could be very profitable, as the nation's oral health was abysmal (more than 70% of adults were toothless and 80% of 12-year-olds had "significant decay") as most people hadn't been able to afford going to the dentist. They had also seen appointments from those who did go to the dentist drop significantly during the two years since the NHS act became law, as they thought: "Why spend money on the dentist now, when we can go for free after July 1948?"

2,688 hospitals enrolled into the NHS

On the appointed day, Monday 5 July 1948, 1,143 voluntary hospitals and 1,545 municipal hospitals, which had some 480,000 beds between them, were taken over by the NHS in England and Wales. Nye Bevan spent that day at Trafford General Hospital in Manchester, where he announced that the country now had a universal and comprehensive health system based on clinical need, not the patient's pocket.

As for the dentists, those who had signed up found themselves inundated with work, and by early 1949 almost all the remaining dentists had done the same, eager not to miss out on this gold rush. As very few Brits had a telephone in 1948-49, most just showed up in the waiting room and were treated on a first come, first served basis. Those 9,200 dentists had 8.5 million cases per year, mainly pulling teeth, fitting dentures and doing basic fillings. In NHS' first year, dentistry even outspent GP services and hugely overshot its budget.

While the number of patients treated by GPs weren't much higher than anticipated, prescriptions doubled: before the NHS, doctors had written 7 million prescriptions per month, by September 1948 this had increased to 13.5 million per month.

Too costly, so fees were soon introduced

It was quickly evident that the demand for NHS services was much higher than had been budgeted for and that the settlement with the dentists had been much too generous, so already in February 1949 the government intervened, by cutting fees for dentists who had made more than £4,800 (equivalent to £223,000 in 2025) on NHS treatments during the first seven months, and by May 1949 the dentist fees were cut by 40%.

On 1 April 1951, the Attlee government introduced charges for adult dental patients and for some optical care, as well as for wigs and fabric supports, such as surgical bras.

In 1952, prescription charges were introduced by Winston Churchill's Conservatives government in 1952. These were abolished by Harold Wilson's Labour government in 1965, but then reintroduced by the same government in 1968.

Although prescription charges have since been removed in Scotland, Wales and Northern Ireland, they still remain in England – and there are currently no plans to remove them.

THOMAS BLOMBERG



SOM in Houston, the place where chairman Amanda learned that "We" is more important than "I" – many, many years ago...

The chairman's reflections

Every time when asked for the chairman's report, my first thought is about the current state of planning in Kensington. This newsletter will cover the planning issues prepared by the tireless and excellent planning committee, so I will leave that aside for now.

My thoughts are elsewhere. Thoughts about the state of the nation. A bit about the state of our society and this Society. We are entering a time of selfishness where the individual is more important than the whole. Not so for this Society.

Some of you may know that back in my Houston days, pre-Martin, I was with Skidmore Owings and Merrill, better known as SOM; at the time one of the largest architectural firms in America. It was an excellent training ground. However, what was taught was not only architecture, as well as a company lettering style test – yes, back then we produced hand-drawn plans, and every document had to appear as if from the same hand. No individual lettering style for SOM.

However, what has stayed with me to this day is "We". There was no "I" at SOM. What we needed, we sought together, we did together. We designed. We worked hard into the night. We partied, became a family of sorts. And we produced some of the best architecture of its time, especially in Houston.

Our ability to work together is our strength

The trustees of the Kensington Society are all individuals. We work together with our own individual interests, talents, and endeavours. To me, yes, an individual sentiment, the strength of the Society is our ability to come together with varying opinions, aspirations, with some successes and some disappointments. But we carry on as a group formed into a single We.

There is more, though. We also represent and partner with over 40 residents' associations and conservation societies. We, together with them, are a force to be reckoned with for the council; respected and hopefully not feared, but a positive critic and strong supporter.

Weekly consultations are sent out by the government, the mayor of London or even our own council. Some of the consultations are well produced, though many are poorly written. We have commented even when we know that the outcome has already been decided and any comments will be ignored. The consultations which directly affect our members or our resident affiliates (RAs) are sent out for your own

comments. Sophia Lambert has been our guiding light on all these, with excellent responses.

We have joined with RAs in efforts to improve the two opportunity area developments, Kensal Canalside and the Earl's Court Development (ECDC). Henry Peterson led our response to Kensal Canalside, joined by the highly active and informed local residents' organisations. Michael Bach has led, now for years, the ECDC efforts. Shayan Keyhan-Rad, Barry Munday and James Fairrie have supported in all these and other planning issues. Individually, these two developments are the largest this borough has ever faced and will have major effects upon us.

This government keeps throwing curve balls at us. Challenges go to the core of who We are. The commitment to build 1.5m homes is pushing through approvals of developments, such as Kensal Canalside, although they may never be built. Sainsbury's may build the superstore it so desires, while the rest of the development may be a testament to the failures of numbers at the expense of proper design, proper accessibility and transport, and proper living spaces.

Offices are more profitable to build than homes

The housing numbers required by both the government and the London mayor for "affordable" housing, has reached a stage where it is more profitable to build offices (i.e. Newcombe House) than housing. At the same time, housing associations, such as the well-respected Peabody, have concluded that schemes like their 564 homes Southall development have become financially unviable due to the new fire requirement to have two stairs in new buildings over 18 metres, so they have been forced to renege and pull out. And the Odeon developer on Kensington High Street can apparently not find a housing association willing to manage their required affordable housing.

Such challenges have not stopped us in the past and will not do it now. It is sometimes disheartening, but with the dedication of our trustees and the support of our members, We will carry on.

AMANDA FRAME



The developer's CGI vision of Earl's Court at night, sometime after 2041. Picture from ECDC's presentation material.

The planning report

This planning report covers the changes in planning policy at government and London levels, as well as developments in Kensington, since the publication of our annual report in the spring. It has been an extremely busy period.

Changes in government planning

The government has been presenting new proposals for planning almost on a weekly basis.

Planning and infrastructure bill: This bill has recently completed its passage through parliament. It includes various powers which will affect the ways that the borough handles planning applications.

The Kensington Society made representations about the proposal for greater delegation of planning decisions to planning officers, which would result in very few applications being decided by a planning committee. This would remove decision-making in public by our councillors. In the future, all but the very largest cases will be decided behind closed doors by planning officers. The only way our councillors get the experience to decide on really big applications is by working with smaller ones, where they learn how to apply policy and make finely-balanced and difficult decisions.

The government also considered the issue of the size of planning committees, although RBKC's two planning committees (the planning committee, which handles major applications, and the planning applications committee, which handles the smaller ones) only have five members, which is less than the government is now considering. This may be academic if there is very little business for the council's planning committee.

The details for these proposals will be specified through secondary legislation, which are difficult to influence.

Proposals for changes to planning policy: There has been a tsunami of consultation documents from the Ministry of Housing, Communities & Local Government (MHCLG), with more being promised. There are proposals to speed-up housing delivery in London, proposed revisions to the national planning policy framework and proposed national development management policies. These are all expected before Christmas.

The impact of all these proposals will be to put pressure on London's mayor and boroughs to deliver a large amount of new housing, by granting more planning consents to help

deliver London's share of the new housing to be completed by the next general election.

In the last six months, it has become apparent that house-building in London has stalled: there are fewer large housing applications, fewer housing starts and even fewer completions. The government's proposal for increasing the speed of house building is unlikely to have any impact on this borough. Apart from the two opportunity areas – Kensal Canalside and Earl's Court – there are no sites that could make a significant contribution to meeting the current London plan target (an average net increase of 448 homes completed per year). Indeed, there are few sites that could even produce a net increase of 10 or more homes. The latest proposal from the government is that the size of housing schemes that need to be referred to the mayor will change from 150 or more units to 50 or more units. This will, however, not affect our borough much, as there are a few schemes that are large.

The proposed national development management policies could affect the form and content of both the mayor's London-wide plan and, more importantly for us, it could affect the RBKC local plan, which is tailored to the special circumstances of this borough. Standardised, lowest common denominator policies to replace these hard-won local policies would be alarming. However, the government has now decided that these policies will be "non-statutory", a material consideration, but will not trump our local plan.

Heathrow Expansion: Following the government's announcement of the need for proposals for a third runway at Heathrow, they have just decided to proceed with a scheme proposed by Heathrow Airport. We are concerned about the likely implications to noise and pollution from a major increase in flights.

Greater London Authority

The London plan: Following the consultation on "Towards a new London plan" to which the Kensington Society responded in June, things have gone quiet. With all the proposed changes in government policy and, especially, the concerns

(continues next page)

about the low levels of housing completions, the timetable appears to be slipping. The draft new London plan was due to be published in late 2025 or early 2026, but this is now scheduled for “early summer”, which may delay the examination, although final publication, including new borough housing targets, will still need to be in 2027. The next mayoral election will be in May 2028.

The new London plan will allocate London’s target of 88,000 net additional homes per year. RBKC’s target is likely to rise, but it will be severely limited by capacity constraints. Progress on the two opportunity areas, Kensal Canalside and Earl’s Court, is unlikely to have produced much in the first ten years.

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The Royal Borough of Kensington and Chelsea

Kensal Canalside opportunity area: The Kensal Canalside opportunity area has been mentioned in the London plan since 2011, but its poor public transport accessibility and land-locked site have proved a handicap. The application by Ballymore and Sainsbury’s for the main site was made in November 2023, but it took two years for the application to reach the borough’s planning committee on 11 November.

The council decided to hold a factual briefing on 15 October for planning committee members and to make a 436-page committee report available on 31 October, ahead of the 11 November planning committee meeting, which was more than the statutory minimum of 5 working days. An excellent, well-organised objection was prepared by residents, supported by the Kensington Society. This emphasised the problems of trying to put over 2,500 homes and a massive Sainsbury’s store in this location and the problems contamination. Planning permission was granted by 4 votes to 1, and the application has now been forwarded to the Mayor’s Office for final decision.

A more detailed account of meeting and the application can be found on pages 12 and 13 in this newsletter.

For the area immediately west of the Ballymore site there is an application for a major 800-home housing scheme by St William, part of the Berkeley Group. The latest application for that scheme reached the council’s planning department in June. It is not yet known when it will be handled by the planning committee. That part of the opportunity area has even lower public transport accessibility levels than the Ballymore site. In addition, as it is a site of a former gasworks, it also suffers from much contamination.

Earl’s Court/West Kensington opportunity area: The developer – ECDC – held a meeting in August to present further changes to their plans. The Kensington Society submitted a further objection, highlighting the excessive density and that the proposed 27-storey building exceeds the maximum height set by the Local plan. ECDC applied for further changes in September. We replied to the consultation about those changes on 10 October.

Following a factual briefing for members of the borough’s



CGI vision of Kensal Canalside’s Towpath Gardens, between mock Victorian mansion blocks. Picture from the application.

planning committee on 19 November, the planning application was due to go to the planning committee for determination on 9 December, with a recommendation from the planning department that it is allowed.

South Kensington Station: There have been discussions between government, Transport for London (TfL), RBKC, South Kensington Estates (SKE) and the Exhibition Road Group to piece together £120m funding for South Kensington Station works that are covered by a S106 agreement: step-free access and increasing capacity. TfL will pay 50% (£60m), the council has committed £12million to the step-free access project, while SKE and the Exhibition Road Group have committed £500,000 for the upgrade of the 360m long Victorian foot tunnel under Exhibition Road between the station and the museums. This will however still leave a shortfall of about £30m.

Local issues

Picturehouse Cinema (142-150 Fulham Road): The Kensington Society was approached by a developer who wishes to convert this listed 6-screen cinema into a members’ club for families with children, possibly retaining two screens. Following a site visit in August, a public consultation on site was held on 30 September. A planning application is expected shortly for the reuse of the building.

Alan Morkill House (St Marks Road): This care home in St Marks Road, North Kensington was built only 35 years ago. An application was made in October 2025 for its demolition and replacement with a much larger care home. The Kensington Society has submitted a formal objection to the proposed demolition and redevelopment.

We feel that the existing building could be adapted for continued use as a care home and could be extended to provide the necessary number of bedrooms to make it viable. We have challenged the scheme’s climate and circular economy credentials and criticised the lack of robust justification for demolition. Key concerns include the negative impact on local heritage, loss of mature trees, poor resident outlook, and insufficient exploration of sustainable retrofit options. We call for a refusal of the current application and urge a greater focus on retention, adaptation, and measurable sustainability commitments.



The owners of the Alan Morkill House care home want to replace it with a much larger care home. Picture from Google Street View

The application contravenes several RBKC and London plan policies, including London plan policy SI7 (Reducing waste and supporting the circular economy) and Local plan policy GB2 (Circular Economy), and also London plan policy SI2 and Local plan policy GB3 (Whole life carbon).

The Odeon cinema site (Kensington High Street): The long and complicated planning history of the former Odeon cinema site continues to evolve. The first phase of the project is now almost complete, with the former cinema frontage reproduced in new materials. The original intention had been to retain the original facade, but this proved impossible due to corrosion of the reinforced concrete structure.

The planning permission required the provision of a 7-screen cinema with 887 seats. Developers Lodha indicated some time ago that no cinema operator could be found to take on a cinema of this size and that they would apply to change the permission to a 4-screen cinema. Lodha is understood to have been in discussions with Everyman as a potential operator for some while now, but as yet, no application for this reduced facility has been made. A reduced cinema will leave space in the basement for alternative uses as yet undefined, but for which a change to the planning permission will be required.

Meanwhile, the second phase of the development appears to have stalled. The reason given by Lodha is that no registered housing association can be found to take on the 20 affordable flats for people over 55, which are required by the planning permission.

Other issues

New policy on licensing: The government issues guidance to local authorities on how they should exercise their functions in relation to pubs and other licensed premises. The current guidance has just been updated after a consultation on a draft text to which the Kensington Society responded. We are happy to say that quite a few of our suggestions have been accepted in the final document. In particular, we opposed the addition to the four licensing objectives of a new objective on promoting business growth. The current objectives – i.e the reasons for which licence applications can be rejected – are prevention of crime and disorder; public safety; prevention of public nuisance; and protection of children.

We felt that an objective on business growth would be very difficult for local authorities to apply. We said that we are not sure what was meant by “business growth”, but we suspected it meant additional profit for licensed premises and their landlords. This, however, takes no account the harmful effect that licensed premises sometimes can have on other businesses. In the RBKC, for example, we have streets that used to be full of shops, which are now being taken over by cafés and eateries, with damaging effects for the local economy. Fortunately, the government decided not to pursue this idea.

The new guidance also specifies – just as we suggested – that licences for so-called temporary events – for instance when a pub or restaurant wishes to hold a late night party – should be required to follow the same conditions, e.g. on noise mitigation, as the existing licence held by the establishment. This is also welcome, as such one-off events often carry on later than normal opening hours, which can cause real nuisance for neighbours.

Gambling establishments: It is not always realised that there are two sorts of gambling establishments. The first are casinos with gaming tables. It is almost impossible to open a new casino. However, any licence issued for a casino under the previous, more liberal regime has grandfather rights and can continue indefinitely. There are six such licences in RBKC, mostly for casinos attached to big hotels. Anybody wanting to open a casino can only do so by acquiring one of these licences. This is just what the Silvertime company has done. It is seeking to transfer the licence from a now closed casino in Palace Gate to the old NatWest building in Notting Hill Gate.

Casinos are very tightly regulated and give very few problems. Local councillors and the Pembridge and Ladbroke Associations have been in dialogue with Silvertime over their Notting Hill Gate plans. It will be almost impossible for the council to refuse the transfer of the licence, so the aim has been to ensure that the casino is discreet and well run – for instance by having something someone permanently on the door to ensure that underage children aren’t admitted. A hearing is taking place on 11 December and the two associations will seek to ensure that appropriate conditions are imposed on the operation of the casino.

The other type of gambling establishment is the “adult gaming centre” with slot machines. There is no restriction on how many can be opened within the borough. There is a cluster in Earls Court which have been causing various nuisances. We are happy to say that the council recently refused an application from one of these establishments to extend its opening to 24 hours. However, it is quite hard for the council to resist the opening of a new adult gaming centre under the current licensing regime. This borough is not the only place where there have been problems, and the government has indicated that it is considering legislation to allow local authorities to refuse licences where there is an undue agglomeration of such establishments. We welcome this.

Post offices: Following a campaign to save the post office at 208 Kensington High Street it has now closed, and a new post office has been provided within the new Ryman store at 184 Kensington High Street, although with fewer counters and smaller range of services.

THE KENSINGTON SOCIETY PLANNING COMMITTEE



An idyllic CGI view of the Ballymore-Sainsbury's site, looking across the canal from the cemetery side onto an open space called "Towpath Gardens". It must be very early morning, as the sun seems to be in northeast. Picture from the application.

Kensal Canalside application approved by the council:

The council ignored its own reservations

The first of the two applications for the “regeneration” of Kensal Canalside was approved by the RBKC council’s planning committee on 11 November, although its own planning officers have previously concluded that the site is unsuitable unless the plans include much improved public transport – which they still don’t. Now the final decision lies with the London mayor, whose planning officers have also acknowledged that the site is unsuitable without significant new transport infrastructure.

The question of what form of “regeneration” should take place in the Kensal Canalside opportunity area has been consulted on and debated for over a decade. As an “island site” with a single access and egress on Ladbroke Grove, this former gasworks land has remained largely undeveloped apart, from the existing Sainsbury’s store. Back in 2012, RBKC’s planning officers assessed the whole of these 20 hectares of land (including the southern strip of Network Rail land) and concluded the area could be suitable for 2,000 new homes, but only if public transport could be much improved.

No to Crossrail station

As Crossrail (now known as the Elizabeth line) was being built and would pass the site, the council lobbied for an extra station there, but without success. Meanwhile, the 2016 Lon-

don plan set a housing target of 3,500 homes for the site, with the proviso about public transport seemingly ignored. This increased figure was built into a RBKC 2021 supplementary planning document and the council’s 2024 local plan. These planning documents also allowed for residential towers at heights equivalent to Trellick Tower.

In 2021, the Ballymore-Sainsbury’s joint venture first consulted on their proposals for the eastern part of the opportunity area. Their “hybrid” planning application was submitted to RBKC in October 2023, followed by subsequent negotiations and some revisions. This is a typical pattern for major schemes in London. Does careful “planning” by professionals decide the future of this part of North Kensington? Or do inflated land values and developer aspirations dictate the only outcome deemed “financially viable”.



This is how Ballymore-Sainsbury's envisions that their "Project Flourish" will look like from Ladbroke Grove,, We can see a bus going into the site's only entry/exit, the current Canal Way which leads to Sainsbury's. Picture from the application.

This is the predictable course of events that is being played out at Kensal Canalside. Despite local organisations coming together to prepare well-evidenced objections, the planning committee approved Ballymore-Sainsbury's "Project Flourish" on 11 November, with its 10-year build programme of 2,519 homes and a replacement superstore.

No right to talk at "factual briefing"

In the weeks leading up to the committee meeting, the Kensington Society had persuaded the council to hold a "factual briefing" for the councillors on the committee. As in the past, the local organisations most involved were allowed to attend the event. But unlike previous such briefings, attendance was as observers only, with no chance to question the Ballymore-Sainsbury's team.

At the planning committee meeting, 10 objectors had pre-agreed to share the limited time made available, in order to cover points on site capacity, transport and access, decontamination risks, heritage, impact on Kensal Cemetery, and the low level of affordable housing. The fact that the application no longer included plans for a foot and bicycle bridge across the canal and had no public transport improvements beyond "more buses", was re-emphasised by the Kensington Society. The 4:1 vote to approve the application came as no surprise.

This decision by the council will now be evaluated by the

London mayor, who may agree, impose more conditions or reject the application. The extensive research carried out by local groups, in particular on safe decontamination methods, are being raised with the mayor. Also, his planners have hitherto acknowledged that the Kensal Canalside opportunity area is not suitable for high density development without significant new transport infrastructure.

Next application soon to be decided

Meanwhile, the separate application from Berkeley Homes-St William, with potentially a further 900 homes, sits with the council awaiting decision. This western part of the opportunity area is even more isolated from the local road network and from any overground or underground station. The prospect of Elizabeth Line platforms at Old Oak Common station, a mile to the west along the canal towpath, has been pushed from the original date of 2026 to the late 2030s.

Overdevelopment of land with poor public transport is not the way in which European cities go about planning a successful future. Kensington has long resisted such an outcome. At a moment when alternatives for more housing in London are opening up, with plans for new towns at Thamesmead in Greenwich and Crews Hill in Enfield with a total of more than 35,000 homes, the timing of this current round of decisions at Kensal and at Earls Court will be reflected on by generations to come.

HENRY PETERSON

The mansion blocks: Paris, but in red brick

Nowadays we regard Kensington's imposing redbrick mansion blocks to be an integral part of its Victorian and Edwardian architecture, but they were seen as something very alien and foreign when they arrived in the 1880s, as terraced one-family houses had been the prescribed building norm since the Great Fire of 1666, 200 years earlier. However, with London's rapid growth in the second half of the 19th century came the realisation that mansion blocks offered an alternative way of living for a growing upper middle class who wanted to live in central London instead of remote suburbs. They were also ideal for the nouveau riche living in other parts of England, who wanted a pied-à-terre in London but found the old landed gentry's large London town houses too expensive or wasteful.

When London's largely mediaeval housing stock burned to the ground in the Great Fire of 1666, the fear of fire together with the capital's peculiar land laws – where nobility or the church owned large parcels of land and only offered leasehold – meant that the Rebuilding of London Acts of 1667 and 1670 determined that Londoners should live in terraced houses made of brick or stone, most often held on a lease. These terraced houses were divided into different classes, based on the occupant's social class, from the poorest to the wealthiest. Although Inner London's population had doubled to 500,000 since 1600, the city leaders were convinced that every family would be able to afford a leased terraced house.

However, by 1750 that population had grown to 700,000 and by 1801 to 1 million, and most of those arriving from the countryside ended up in the low-paying jobs that the growing industrialism offered. In addition, housebuilding couldn't keep up, so leases became more expensive. As a consequence, many of the terraced houses were subdivided by the leaseholders or unscrupulous freeholders into rented flats, often with poor sanitation and thin walls. In 1839 it was estimated that only 25% of the terraced houses in central London actually were one family homes. The other 75% had 2-10 families crammed together.

London's explosive population growth

By 1831, Inner London's population had grown to 1.7 million and by 1851 to 2.4 million. By then, housebuilding in Outer London had also kicked off. From 1851 to 1901 (50 years), the population in Greater London grew by almost 80,000 per year and had by 1901 reached 6.5 million, whereof 4.5 million lived in Inner London and the other 2 million lived in the suburbs outside. During those years Kensington grew fivefold, from 27,000 residents in 1831 to 177,000 by 1901.



Kensington Court, south of Kensington High Street, has several magnificent red-bricked mansion blocks.

With the rapid population growth, many areas also deteriorated into slums. It was obvious that the traditional terraced house no longer could be the only solution, so already in the 1840s, developers and architects had begun looking beyond England for ideas. Edinburgh and Glasgow had their tenement houses, a Scottish solution that had been around since the late 16th century, containing rented flats for several families, often lower middle-class traders and clerks, but far better than the blocks of flats in some London slums.

However, the London developers wanted something much grander that could attract people with money, so they began looking at the large apartment houses that were being built in Berlin, Vienna and Paris at the time. As Paris was closest, the main focus became the high-quality apartment houses that were being built along Paris' new boulevards. These were part of a vast public works programme that had begun in 1853, commissioned by the new emperor, Napoleon III, and led by the prefect for the Paris region, Georges-Eugène Haussmann.

London's first mansion block was built in Victoria Street in 1852-54, as part of the clearing up of the Devil's Acre, a notorious slum area between Buckingham Palace and Westminster Abbey. The building was given an Italianate design by architect Henry Ashton. It is long gone and few other details about it are publicly known.

Ten years later, London's second mansion block appeared. It was the controversial 14 storey Queen Anne's Mansions, hated by many for its height and austere design. It was built 1873-90 and situated just south of St James's Park. It catered to a wealthy, socially mobile section of society, often bachelors, who wanted a convenient pied-à-terre in London, with the landlord providing both servants and food. The flats



The 213 flat Coleherne Court (also on the front page) can be found on Old Brompton Road.

didn't have many rooms and lacked kitchens, as the building was intended for cooperative living and included communal dining, recreation facilities and servants who cleaned and tended the coal fires.

It was marketed as an apartment hotel: *"not 10 minutes from all the clubs, combining the advantages of a private house, the freedom of a hotel, and the luxury of a club"*. The building was eventually requisitioned as government offices during WWII and continued as such until it was demolished in 1973 and replaced by Basil Spence's brutalist Home Office building, today used by the Ministry of Justice.

The London mansion block is born

But then came the project that would define the London mansion block for the next 40 years: Albert Hall Mansions.

After the successful Great Exhibition in 1851, its commissioners were by 1874 desperate to generate money, as they had debts of £208,500 but an annual income of only £8,744. So they decided to build a big luxurious mansion block directly to the east of the recently completed Royal Albert Hall. After having wasted two years on designs they didn't like, they turned to the architect Robert Norman Shaw, who in 1873 had completed the redbrick Lowther Lodge (since 1912 the home of the Royal Geographical Society) directly to the east of the intended site, and had just completed a five-story redbrick terraced house at 196 Queen's Gate (on the other side of the Royal Albert Hall). Both were done in the then popular Queen Anne Revival style, and the commissioners asked him for something similar, but inspired by the new apartment houses that were being built along the new boulevards of Paris. Shaw accepted and promptly visited Paris with his assistant Ernest Newton to research the planning of continental flats.

Like the Parisian houses, but in red brick

The result was three terraced 7-storey buildings along Kensington Gore, but while the Parisian buildings were plastered in light, subdued colours, these were made with dark red bricks and white window frames. They had large split-level flats for wealthy families on all floors except the two attic floors, which had much smaller bachelor flats. Each of the large basements had a flat for the building's porter, as well as living quarters for the small army of servants who delivered coal to the numerous fires, while the tenants' servants had their own bedrooms near the kitchen in each flat. When the buildings were finished, passenger lifts were not yet available, so the bachelors in the attic flats needed to be fit.

This first phase was a great success, so Shaw soon expanded Albert Hall Mansions with five more buildings. The height of the four buildings in the last phase was increased to nine storeys. By then, passenger lifts could be installed, so living high up was no longer a problem even for elderly and less vigorous tenants. The first buildings had lifts installed shortly thereafter.

The Albert Hall Mansions set the style, and numerous builders and architects were soon erecting redbrick ornate mansion blocks all over the affluent parts of western London. World War I ended that specific style, but mansion blocks continued to be built in the 1920s and 1930s, but usually in the art deco style and in any other colour than red.

THOMAS BLOMBERG



Albert Hall Mansions' first three buildings became prototype for London's mansion blocks.



Richard Norman Shaw, the architect who made mansion blocks popular in London.



Sheffield Terrace, off Kensington Church Street, is a typical London mansion block.



Roger Goad, who died 1975.

The plaque could be seen on the pillar between two shops.

The plaque before it was removed.

The bomb plaque that disappeared

When the row of two-story retail buildings at the top of Kensington Church Street disappeared in early 2025, to make place for the ongoing Newcombe House development, a discreet memorial plaque also disappeared. Having been unveiled only seven years earlier, very few ever noticed this memorial of violent death 50 years ago, when an IRA bomb killed a 40-year-old bomb disposal expert.

The bomb had been placed in the doorway of the local K-Shoe store at 225 Kensington Church Street shortly before 9.30pm of 29 August 1975, by two members of a six-man team from the Provisional IRA, which had been carrying out a number of bombings and shootings in London after having arrived from Ireland in October 1974.

A warning about the bomb was telephoned to the Daily Mail at 9:35pm by a man "with a pronounced Irish accent". The Daily Mail switchboard operator immediately called the police and two police officers patrolling in the area found a plastic bag in the doorway, with a pocket watch taped to items in the bag. They and arriving policemen cordoned-off the area and the Old Swan pub opposite was evacuated.

Meanwhile, the Met's senior bomb disposal officer, Roger Goad, who was returning to London after having dealt with a suspected package in Slough, was told to divert to Kensington to deal with plastic bag. He arrived at 10pm, concluded that the bag seemed to contain a standard timed bomb, and began to defuse it. But it went off and he died instantly. It was later found that the bomb had an anti-handling device and the pocket watch was just a diversion. Goad had just turned 40 and left wife and two children.

Born in India 1935, when his father served there, Roger Goad grew up in the little town of Torpoint in Cornwall. At 17, he joined the Royal Army Ordnance Corps and became a bomb disposal expert. In February 1958 he was awarded the British Empire Medal for "*repeated acts of deliberate courage in the disarming of bombs and booby traps set by terrorists*", when serving in Cyprus the previous year. He became a commissioned officer in 1968 and served in Northern Ireland in the early 1970s. He retired from the army as a captain in 1974 and joined the Metropolitan Police's bomb squad instead.

On 1 October 1975, he was posthumously awarded the George Cross for "*exceptional gallantry and devotion to duty in circumstances of extreme danger*".

On 29 June 2018, the Police Memorial Trust - created in 1984 on the initiative of Kensingtonian film director Michael Winner to erect plaques over fallen police officers - unveiled the

Kensington Church Street plaque. Their website reveals that when they learned that the building was to be torn down, they took down the plaque and put it in storage. The plan is to put it back in a suitable position when the Newcombe House development has been completed in 2027.

But even if it doesn't come back, Roger Goad will not be forgotten, because in Torpoint there is a street named after him, and his name is also on Torpoint's new war memorial, which was unveiled in 2019 in the attendance of his brother Colin, another army veteran who now is a Chelsea pensioner.

THOMAS BLOMBERG



Formed in 1953, the Kensington Society strives to ensure that our part of London retains its magnificent heritage of buildings, parks and gardens alongside the best of contemporary architecture and design.

With 700 members and some 40 affiliated societies, we are very active in planning issues and able to exert a real influence on planning decisions in the Royal Borough of Kensington & Chelsea. We also have a programme of lectures and talks, which covers a wide range of subjects, both historical as well as informative. The events offer the chance to meet your Kensington neighbours.

Interested in joining? It only costs £20 per year.

Membership form and bookings for events can be found on the Kensington Society website.

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