

Reforming Planning Rules to accelerate deployment of digital infrastructure

Survey response
by M. Bevington
Electrosensitivity UK

2026.02.24

The Department of Science, Innovation and Technology (DSIT)/Ministry of
Housing, Communities and Local Government (MHCLG):

'Open Call for evidence on Reforming Planning Rules to accelerate deployment of digital infrastructure' (England)

(published 18 December 2025, response deadline 26 February 2026)

<https://www.smartsurvey.co.uk/s/A362KL/>

Q1: How appropriate is the current limit of 18 months for the emergency period to temporarily deploy infrastructure without planning permission? *

- It's too short
- It's of an appropriate length
- It's too long
- I'm unsure
- I have no opinion

Q1a: Please explain the reason for your answer, including any effect of 18-month the limit for you or your organisation (for example in terms of administrative processes, costs, resourcing, timelines, engagement with local residents or any other effects). *

All RF equipment should comply with long-term and non thermal guidelines, such as those promulgated by Bioinitiative, EUROPAEM, IGNIR etc.

All RF equipment should show exclusion zones for long-term and non thermal guidelines, such as those promulgated by Bioinitiative, EUROPAEM, IGNIR etc.

All RF equipment should show exclusion zones for both ICNIRP's short-term and in practice thermal guidelines for all people.

All RF equipment should show exclusion zones for people excluded from both ICNIRP's short-term and thermal guidelines, such as those with metal implants, active or passive, metallic dental amalgam restorations etc.

Q2. What would be the most appropriate limit for the emergency period? *

- 18 months (current limit)
- 24 months
- 36 months
- I'm unsure
- I have no opinion

Q2a: Please explain the reason for your answer, including any effect of retaining or changing the current limit for you or your organisation (for example in terms of administrative processes, costs, resourcing, timelines, engagement with local residents, or any other effects). *

All RF equipment not meeting the long-term and non thermal guidelines, such as those promulgated by Bioinitiative, EUROPAEM, IGNIR etc, should be removed.

Q3: How do you think extending the 18-month limit would affect each of the following? *

- Coverage and Restoration of Coverage following site loss
- Amenity
- Noise
- Local authority workload
- Is there anything else you think would be affected if the limit is extended?

Comment:

As above for Q1, the health of all the people exposed to RF above the long-term and non thermal guidelines, such as those promulgated by Bioinitiative, EUROPAEM, IGNIR etc, is being damaged. It has been shown that irreparable chromosomal damage affects residents near RF masts at present unscientific and unsafe levels under ICNIRP, along with the established adverse symptoms of allergy or sensitivity to EMFs caused by the RF radiation.

Q4. Please describe any safeguards or conditions you believe should be applied to any extension of the limit and explain why you think they are important. *

No extensions should be applied and all RF antennas transmitting radiation above the mainstream independent long-term and non-thermal guidelines, such as those promulgated by Bioinitiative, EUROPAEM, IGNIR etc, should be removed.

Q5. How do the current rules requiring a prior-approval process or a full planning application for larger rooftop infrastructure affect you or your organisation (for example in terms of administrative processes, costs, resourcing, timelines, engagement with local residents, or any other effects)? *

See answers to Q1 and Q3.

Q5a. Should specified rooftop apparatus on protected land that can currently be deployed under prior approval move to prior notification? *

- Yes
- No

- I'm unsure
- I have no opinion

Q5b: Please explain the reason for your answer, including any effect of the move from prior approval to prior notification for you or your organisation (for example in terms of costs, resourcing, timelines, engagement with local residents, or any other effects). *

Since LPAs are responsible under the Health and Social Care Act 2012 for improving the health of local residents in their area, as also required under the EECC Annex I(3)(b) (transposed into UK law via SI 2020/1419) where authorisation of networks must ensure a high level of protection for public health, and many RF masts are deleterious of the local residents' health where they do not meet the requirements of Bioinitiative, EUROPAEM or IGNIR, it is important that LPAs retain full scrutiny.

Q6. What do you think is an appropriate limit on the number of antennas per rooftop mast on protected land? *

- 3 (current limit)
- 4
- 5
- 6
- Other, please specify
- I'm unsure
- I have no opinion

Q6a: Please explain the reason for your answer, including any effect of retaining or changing the current limit for you or your organisation (for example in terms of administrative processes, costs, resourcing, timelines, engagement with local residents, or any other effects). *

No masts should be on any rooftop: see the confirmation of serious harm from 5G rooftop masts in the series of Swedish studies examining exposure to 5G antennas.

Q6b: If the current limit of 3 antennas was to be increased in protected areas, what design or heritage safeguards do you believe should be in place? *

See answer to Q6a.

Q7. What evidence is there on coverage benefits and visual impacts in protected areas? *

LPAs should be concerned with their legal responsibilities to improve the health of local residents, since this comes before coverage benefits or visual impacts. See answer to Q5b.

Q7b. Please explain the reason for your answer, including any effect of increasing the height limit for you or your organisation (for example in terms of coverage benefits, costs, resourcing, timelines, engagement with local residents, or any other effects). *

All rooftop masts should be removed. See answers to Q5b and Q6a. Since some 4% of the UK population (c.2.8m) suffers from allergy to EMFs according to UK government studies, it is the first duty of LPAs to protect these local residents.

Q7c. If the height limit was increased, what design or heritage safeguards do you believe should be in place? *

Increased height increases the range of the harmful radiation effects and should be refused. Increased EMF exposure means increased numbers of local residents would become ill and unable to enjoy any design or heritage safeguards. See answers to Q5b, Q6a and Q7b.

Q8. Are there other barriers to the deployment of digital infrastructure on rooftops on unprotected land, noting the current restriction of 6m in height for rooftop masts? *

As stated above, all RF infrastructure should be removed from rooftops on unprotected land, unless compliant with current protective international guidelines such as Bioinitiative, EUROPAEM and IGNIR.

Q9. How do the current rules requiring a prior-approval process to deploy a monopole up to 20m affect you or your organisation (for example in terms of costs, resourcing, timelines, engagement with local residents, or any other effects)? *

As explained above, prior approval is essential for LPAs to exercise their legal responsibilities to improve the local residents' health.

Q9a. Should monopoles up to 20m be allowed in unprotected areas under prior notification? *

- Yes
- No
- I'm unsure
- I have no opinion

Q9b: Please explain the reason for your answer, including any effect of this change for you or your organisation (for example in terms of costs, resourcing, timelines, engagement with local residents, or any other effects). *

As explained above, prior approval is essential for LPAs to exercise their legal responsibilities to improve the local residents' health.

Q9c. If 20m monopoles were allowed under prior notification, what would be the effect on areas with local wireless capacity issues? *

Disastrous. The UK government should be providing areas for all citizens which comply with the LPAs' legal responsibilities to improve the local residents' health and provide proper and effective healthy and safe residences and work places for the 4% of the population with a severe allergy to EMFs including RF radiation from masts.

Q10. Should the existing height limit for ground-based masts (excluding monopoles) in unprotected areas be increased from 25m to 30m, changing the approval process from prior approval to prior notification? *

- Yes
- No
- I'm unsure
- I have no opinion

Q10a: Please explain the reason for your answer, including any effect of this change for you or your organisation (for example in terms of costs, resourcing, timelines, engagement with local residents, or any other effects). *

See answer above to Q9c.

Q10b: If the height limit was increased, what would be the effect on local coverage and the timescale of the network upgrades required for 5GSA? *

The effect on local coverage would be disastrous, since more people would suffer from cancers and EHS symptoms, increasing the burden on society of those unable to work and on benefits.

Q11 Should the existing height limit for ground-based masts (excluding monopoles) in protected areas and on highway land be increased from 20m to 25m allowed under prior approval? *

- Yes
- No
- I'm unsure
- I have no opinion

Q11a: Please explain the reason for your answer, including any effect of this change for you or your organization (for example in terms of costs, resourcing, timelines, engagement with local residents, or any other effects). *

This increase in radiation would create greater ill health in local residents.

Q11b: If the height limit was increased, what would be the effect on local coverage and the timescale of the network upgrades required for 5GSA? *

See answer to Q11a.

Q12 If government proceeds with any of the proposed changes outlined in the previous questions, what specific mitigations should be required to manage impacts on visual amenity, heritage and environmental sensitivities? *

Specific mitigations for people with environmental sensitivities to RF and EMFs should include the removal of all masts exceeding international long-term and non-thermal safety standards, such as Bioinitiative, EUROPAEM and IGNIR.

Q13. To what extent, if at all, do restrictions on small cells affect you or your organisation? Please provide details of this (for example, in terms of deployment timelines, costs, hosting operator equipment etc.) *

All small cells should be restricted so as to ensure that they comply with the protective biological international guidelines, not the irrelevant, unsafe and unprotective short-term heating guidelines issued by 'captured' agencies like the World Health Organization and its officially recognised ICNIRP. These seek to support the wireless industry instead of people's health.

Q14. What changes to small cell systems' definitions and or size limits would support multi-operator equipment and 5G while helping to manage and minimise street clutter? *

N/a.

Q15. What conditions or limitations do you believe would be proportionate in this context? Please describe any conditions or limitations (for example on mounting locations, cabling, power, maintenance access) and explain why they would be proportionate. *

N/a.

Q16. How clear are the current Part 16 rules? *

- Very clear
- Clear
- Neither clear nor unclear
- Unclear
- Very unclear
- I'm unsure
- I have no opinion

Q16a. Please provide evidence for your answer - in relation to Q.16 *

It is unclear whether the definition of small cell system is intended to include 5G antennas which require an exclusion zone which is greater than the 20m set-back stipulated for some situations. More evidence of compliance with the biological safety guidelines listed above is needed, especially in scenarios such as where passengers on the upper floor of a double-decker bus may be stationary inside a 5G exclusion zone based on heating levels and inside an exclusion zone based on non-thermal levels.

Q17. How consistently are the Part 16 rules applied and/or interpreted across local authorities in England? *

- Completely consistent
- Mostly consistent
- Somewhat inconsistent
- Very inconsistent
- I'm unsure
- I have no opinion

Q17a. Please provide evidence for your answer - in relation to Q.17 *

N/a.

Q17b. If you feel the current rules are not applied consistently, how does this affect you or your organisation (for example, in terms of the outcome of planning applications)? *

N/a.

Q17c. Please describe how previous legislative changes to Part 16 have affected you or your organisation's ability to interpret or implement the rules. Please provide examples of challenges, delays or any other impacts on you or your organisation. *

N/a.

Q18. Do you think a full review of the Part 16 rules would help improve their clarity? *

- Yes
- No
- I'm unsure
- I have no opinion

Q18a. Please provide evidence for your answer - in relation to Q.18 *

Part 16 rules should be based on measured outcomes for the electric field in Volts per metre, so that LPAs and local residents can be assured that the antennas meet the international biological guidelines such as Bioinitiative, EUROPAEM and IGNIR.

Q18b. Beyond those referenced elsewhere, which targeted reforms to Part 16 would provide greater clarity to local planning officers? *

See answer to Q18a.

Q19. Do you think a full review of Part 16 would support 5G standalone rollout? *

- Yes
- No
- I'm unsure
- I have no opinion

Q19a. Please provide evidence for your answer - in relation Q.19 *

A full review of Part 16 would not support 5G standalone rollout if the review included the health of local residents as legally required from LPAs. See the answers to Q5b and Q9c.

Q20. How do the current rules regarding FEx sites affect you or your organisation (for example in terms of administrative processes, costs, resourcing, timelines, or any other effects)? *

N/a.

Q21. Do you think certain fibre exchange structures should be allowed as permitted development? *

- Yes
- No
- I'm unsure
- I have no opinion

Q21a. Please explain the reason for your answer, including any effect of this change for you or your organisation (for example in terms of administrative processes, costs, resourcing, timelines, engagement with local residents, or any other effects) *

All structures should be approved by LPAs.

Q22. If you think they should be allowed, what dimensional thresholds or conditions would be appropriate? *

N/a.

Q23. What are the key planning considerations for local authorities when determining planning applications for FEx sites (for example noise, transport, flood risk, design)? For each consideration, please also suggest how it could be addressed. *

N/a.

Q24. How effective is the current Code of Practice in providing sufficient guidance for deploying network infrastructure? *

- Very effective
- Effective
- Neither effective nor ineffective
- Ineffective

- Very ineffective
- I'm unsure
- I have no opinion

Q24a: Please explain the reason for your answer and include any evidence, examples or recent experiences that support your view. *

The current Code of Practice is ineffective in providing sufficient guidance for deploying a safe and healthy network infrastructure. Mainstream independent scientists, such as ICBE-EMF, have shown the unscientific and unproductive nature of the ICNIRP's guidelines. Likewise, the Scientific Consensus International Report on EMF allergy or electromagnetic hypersensitivity (EHS) by 32 leading worldwide experts stated that EHS is physiological and not psychological as the WHO arbitrarily decided in 2004 although the condition has been established since 1746. LPAs need to ensure that the well being of people with EHS are properly safeguarded, since they are legally obligated to improve the health of local residents.

Q25. Where the current Code is ineffective, what impact does it have on you/your organisation? *

The ineffectiveness of the current Code in ensuring the well-being of people with EHS, as recognised by the UK government at some 4% of the population, means that people with severe EHS or allergy to 5G and 4G radiation are unable to live equally with other members of the population. Some are forced by RF radiation to live in cars in wild areas or woods, if they can find any place still without EMF pollution. Many have lost their jobs or homes or family, as well as their health.

Q26. In what areas could the Code of Practice be updated to reflect the latest developments in network rollout? Please provide specific examples and reasons. *

The Code of Practice should be updated to reflect the latest developments in network rollout based on solely fibre optic. All wireless should be removed unless it can be made safe for people with EHS and for the whole population, since all people's chromosomes are damaged irreparably by RF radiation from antennas.

Q27. Do you think it would be beneficial for the government to convene a working group to review the guidance. *

- No
- Yes, on an ad hoc basis
- Yes, every 6 months
- Yes, every year
- year, every 2 years
- Other, please specify below
- I'm unsure
- I have no opinion

Comment:

Since the DHSC's UKHSA and COMARE have proved ineffective at protecting the 4% of the population severely harmed by RF radiation from antennas it is essential that the government finds another way, such as by a working group, to review its guidance.

Q28. To what extent, if at all, does the current engagement between mobile operators and developers affect you or your organisation? Please provide details of the ways in which this affects you or your organisation and include any examples or evidence. *

The 4% of the population with severe EHS are badly affected by the current engagement between mobile operators and developers where proper health and safety requirements are not followed.

Q29. What practical mechanisms would best encourage early engagement between developers and operators? Please explain the reason for your answer and include any examples or evidence. *

N/a.

Q30. What non-statutory levers (e.g. guidance) would be most effective in encouraging developed to plan for mobile coverage from the outset of development? Please explain the reason for your answer and include any examples or evidence. *

Legal obligations on developers, as on LPAs, should be used to ensure that they follow the international biological safety guidelines and not the unscientific and unproductive ICNIRP guidelines.

Q31. Do you consider existing planning legislation or guidance to be a barrier to deployment of digital infrastructure along the rail network? If so, please specify what exactly is a barrier. *

N/a.

Q32. Where legislation or guidance is a barrier, what is the impact on you or your organisation? Please include any examples or evidence. *

N/a.

Q33. What legislative or non-legislative changes could support Mobile Network Operators and Neutral Host Providers to deploy digital infrastructure for passenger connectivity on the rail network? *

Passenger connectivity on the rail network should be by fibre optic cable, not harmful wireless pollution.

Q34. What impacts have the previous 2016 and 2022 planning reforms had on deployment timelines, costs, and the planning system? Please provide evidence or examples where possible. *

N/a.

Q35. How have these planning reforms affected certainty and administrative processes for operators and local authorities? Please describe any benefits or remaining challenges. *

Remaining challenges for LPAs include fulfilling their legal obligations to improve public health, which means ensuring RF radiation is compliant with international biological guidelines such as those of Bioinitiative, EUROPAEM and IGNIR, and as required by the mainstream independent ICBE-EMF.

Q36. Please share any supporting information for your response. This could include quantitative data, case studies, or examples that illustrate how these reforms have affected network rollout and upgrades. *

Many people with EHS feel powerless to find anywhere to live or work or move in public areas where they are free from harm from RF radiation as from antennas and small cell systems. Their quality of life is reduced when they cannot work and instead suffer neurological conditions and cancers. For children with EHS it means poor academic performance where cognitive skills are impaired and conditions like autism and ADHD are worsened. For schools and the health services it means increased costs through illnesses and absences.

Q37. Are there specific areas where the planning reforms have been particularly effective or ineffective (e.g., rural vs urban deployment, mast upgrades, rooftop installations)? *

Planning reforms have been particularly ineffective in preserving areas free of RF wireless pollution. This RF wireless pollution not only harms humans but also wildlife, especially

insects which are now in decline by 80% even in conservation areas free of pesticides, causing problems for bats and birds, and for trees where viruses and die-back caused by RF exposure are growing problems. RF wireless pollution can also destroy the ability of migratory birds to navigate according to the earth's magnetic field.

We welcome evidence on economic, environmental, heritage and amenity impacts of the proposals, including cumulative effects. We also welcome views on equalities impacts under the Public Sector Equality Duty, including how proposals may affect different groups and rural/urban communities.

Please provide these below. *

As explained above, RF wireless radiation prevents people with severe EHS from accessing housing, work or public places. This is an Equality issue, but as yet unaddressed by the UK government. All people who live near RF masts and antennas suffer increases in cancers by up to ten times and neurological conditions depending on their genetic makeup. Children near masts suffer impaired cognitive abilities, while autism and ADHD can be made worse in the presence of RF wireless pollution. Some adults are affected by infertility or miscarriages caused by RF wireless pollution.

RF wireless radiation from antennas also damages wildlife. It can confuse avian migration using the earth's magnetic field, prevent honey bees from effective navigation, and cause the proliferation of viruses attacking plants, trees and birds, requiring increased use of damaging pesticides.

Planning is a devolved matter in the United Kingdom and this call for evidence focuses on England. However, we would welcome and encourage views from stakeholders in Scotland, Wales and Northern Ireland on interactions with their planning frameworks, and on any cross-border implications.

Please provide these below. *

N/a.

END