

PURCELL

THE ARDWICK AND ANCOATS DISPENSARY, OLD MILL STREET, MANCHESTER CONSERVATION MANAGEMENT PLAN

ISSUE 2

MARCH 2016



ANCOATS HOSPITAL



BEV KERR

On behalf of Purcell ®

Carver's Warehouse, 77 Dale Street, Manchester M1 2HG

beverley.kerr@purcelluk.com

www.purcelluk.com

All rights in this work are reserved. No part of this work may be reproduced, stored or transmitted in any form or by any means (including without limitation by photocopying or placing on a website) without the prior permission in writing of Purcell except in accordance with the provisions of the Copyright, Designs and Patents Act 1988. Applications for permission to reproduce any part of this work should be addressed to Purcell at info@purcelluk.com.

Undertaking any unauthorised act in relation to this work may result in a civil claim for damages and/or criminal prosecution. Any materials used in this work which are subject to third party copyright have been reproduced under licence from the copyright owner except in the case of works of unknown authorship as defined by the Copyright, Designs and Patents Act 1988. Any person wishing to assert rights in relation to works which have been reproduced as works of unknown authorship should contact Purcell at info@purcelluk.com.

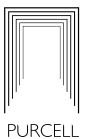
Purcell asserts its moral rights to be identified as the author of this work under the Copyright, Designs and Patents Act 1988.

Purcell® is the trading name of Purcell Miller Tritton LLP.

© Purcell 2016

DOCUMENT ISSUE

Issue 1	(February 2016)	-	The Ancoats Dispensary Trust
Issue 2	(March 2016)	-	The Ancoats Dispensary Trust



BK/tr0/013-235805

CONTENTS

	EXECUTIVE SUMMARY	4			
I	INTRODUCTION	7	5	CONSERVATION FRAMEWORK	70
1.1	Reasons for the Study	7	5.1	Introduction	70
1.2	The Vision	7	5.2	Legislation, Statutory Requirements and Consultation	71
1.3	Scope of the Study	8	5.3	Retaining and Enhancing Heritage Value	72
1.4	Resources Consulted	8	5.4	Condition and Maintenance	74
1.5	Authorship	8	5.5	Funding and Support	76
1.6	Acknowledgements	8	5.6	Context and Setting	78
2	UNDERSTANDING	10	5.7	Use	79
2.1	Management and Use	10	5.8	Understanding and Interpretation	80
2.2	Location and Setting	10	5.9	Environment and Sustainability	82
2.3	Condition	15	5.10	Accessibility	83
2.4	Site Description	15	5.11	Additional Policies	83
2.5	Statutory Designations	24	6	CONSULTATION, ADOPTION AND REVIEW	84
3	HISTORIC DEVELOPMENT	28			
3.1	Timeline	28			
3.2	Comparative Analysis	50			
3.3	Historic Development Plans	53			
4	SIGNIFICANCE	59		APPENDICES	
4.1	Significance Assessment Methodology	59		APPENDIX A: BIBLIOGRAPHY	86
4.2	Summary Statement of Significance	60		APPENDIX B: LISTED BUILDING DESCRIPTIONS	88
4.3	Evidential Value	61			
4.4	Historic Value	62			
4.5	Aesthetic Value	64			
4.6	Communal Value	65			
4.7	Significance Plans	66			



EXECUTIVE SUMMARY

This Conservation Management Plan (CMP) has been written to accompany the Ancoats Dispensary Trust's Round 2 Heritage Lottery Fund application for a Heritage Enterprise grant to restore the derelict Grade II listed Ardwick and Ancoats Dispensary in Manchester and re-develop the site as a community 'hub'. The Trust envision this project to be a celebration of the building's character that will make the building usable and sustainable in the long term.

The Ardwick and Ancoats Dispensary is a listed former dispensary and hospital. Known also as Ancoats Dispensary and Ancoats Hospital, the present building is the third incarnation of the dispensary which was initially established at 181 Great Ancoats Street in 1828. In 1850 it moved to Ancoats Crescent at 270 Great Ancoats Street. Established for the benefit of 'the labouring population',⁰¹ it provided a basic level of healthcare, complementing the work of the Manchester Infirmary. It moved to bespoke premises on the present site in 1874. Over the next century the hospital grew and many new buildings and facilities were added to a site. However, in 1989, during a consolidation of NHS services, the hospital was closed. The Dispensary building has been vacant since and has been the subject of redevelopment proposals by Urban Splash; due to a lack of funding during the recession, the Urban Splash scheme was not taken forward. During this period all buildings on the hospital site, except the listed building, were demolished.

Following severe deterioration of the building's fabric, Manchester City Council were 'minded to approve' an application for demolition in June 2012.⁰² In the event, Urban Splash withdrew their application. The demolition was vigorously opposed by locals, and resulted in the

formation of the Ancoats Dispensary Trust. Urban Splash withdrew their application allowing the Trust to apply for £770,000 from the Heritage Lottery Fund (HLF) to help stabilise the building. The money was provided under the Heritage Enterprise Scheme which aims to save historic buildings deemed not commercially viable to restore. The group took ownership of the building in 2015.

This CMP was commissioned as part of the investigative works with the purpose of defining what makes the place significant and to devise a set of conservation policies which will guide sensitive change on the site.

Through describing the existing site conditions and outlining the history of the building (Sections 2 & 3), it was possible to define the reasons why the Ardwick and Ancoats Dispensary is important to people in the past and people today, i.e. its significance. This is explored in Section 4 and summarised on page 6.

The CMP goes on to present a Conservation Framework which both explores the issues which affect the Ardwick and Ancoats Dispensary and presents the opportunities to enhance the site. The key issues and opportunities include its exposure to the elements and the continuing decay, its unstable condition, the lack of information concerning the building's present condition and surviving elements, raising funds to carry out the restoration, a lack of interpretation, a restricted site boundary and the building's setting. Opportunities include the potential for an exciting new use which will be at the heart of the local community and improved understanding. As part of the Conservation Framework a set of conservation policies and recommended actions can be used to guide sensitive change to the Ardwick and Ancoats Dispensary.

⁰¹ *Manchester Courier and Lancashire General Advertiser*, 9th August 1828

⁰² 'Report of the Planning and Highways Committee, Manchester City Council, 096729/LLJ2011/N2 28th June 2012

SUMMARY OF SIGNIFICANCE

- The Ardwick and Ancoats Dispensary was a purpose built voluntary dispensary and hospital constructed in 1874 which was in continual use as a medical facility until its closure in 1989.
- It is the last remaining and most architecturally significance building on the former Ancoats Hospital site which was once a physical beacon in the urban landscape.
- The building has high communal value locally and represents the identity and fading heritage of the community. The building was saved from demolition by members of the local community who continue to work for the building's restoration.
- The site was an important medical facility which was established to serve to the workers of Ancoats, an area inextricably linked with the Industrial Revolution and named the 'cradle of industrialisation'. Staff at the Dispensary were to observe first-hand the working and living conditions of its inhabitants.
- It is the location of a number of medical firsts including the first physiotherapy department in the North of England and Manchester's first x-ray department.
- The site has associations with important figures including Sir Harry Platt, LS Lowry and the Queen Mother.

- It is a surviving 19th century Dispensary in the Neo-Gothic style which despite alterations and a total loss of floors, appears to have largely retained its original layout.
- The fabric contains physical evidence of Victorian construction techniques and also the evidence of later modifications.
- The building is currently of low aesthetic value because of its condition. With sensitive restoration it has the potential to once again make a positive contribution to the streetscape and contribute towards the regeneration of the area.

DETRIMENTAL ELEMENTS

- Derelict, surrounded by scaffolding and safety fencing, it is unattractive in its present condition.
- The building is roofless; this exposure to the elements means it is deteriorating on a daily basis.
- The context of the structure has been lost and its immediate setting is a car park. The building is over shadowed by large modern developments which disconnect it from the Ashton Canal.

HOW TO USE THIS DOCUMENT

The CMP is intended to be a viable report contributing to the successful future management and use of the Ardwick and Ancoats Dispensary. It can be used to provide baseline information that contributes to an overall understanding of the site, as well as highlighted areas where improvements can be made – not only as part of planned works forming part of a Heritage Lottery Fund application but also in the longer term future of the place.

The CMP analyses the historic development of the site, its setting, context, management, use and what makes it important – its heritage value or significance. This overall understanding of the site provides evidence and helps set precedents for the future management, maintenance and development of the site, helping to ensure that the overall vision for the Ardwick and Ancoats Dispensary is fully understood, appreciated and maintained by all stakeholders.

The following table outlines what information can be found where in the CMP, based on three main aims:

1. **Orientation and getting to know the place**
2. **Gaining a more detailed understanding**
3. **Creating a positive future**

Executive Summary	This provides an overview of the CMP, and includes a summary of significance and heritage issues, opportunities and policies.	ORIENTATION AND GETTING TO KNOW THE PLACE
Introduction (Section 1)	This outlines what the scope of the CMP is, who wrote it and why, what information about the Dispensary exists and what the overall vision is.	
Understanding (Section 2)	This is where to find out about the heritage context, and provides an overview description of the building. Its condition as well as a guidance to national and local planning policy that is relevant to the site.	GAINING A MORE DETAILED UNDERSTANDING
History and Development (Section 3)	This outlines the history and development of the site, and key people and events associated with it. It also identifies similar sites and the local context.	
Significance (Section 4)	This provides an understanding of what makes the Ardwick and Ancoats Dispensary important, why and to whom. It is directly linked to the historic development and heritage context of the site.	CREATING A POSITIVE FUTURE
Conservation Framework (Section 6)	The overarching framework for the future of the Ardwick and Ancoats Dispensary, developed in line with the overall vision and the information developed in the sections above. It includes issues, opportunities, recommendations, policies and actions.	

I INTRODUCTION

I.1 REASONS FOR THE STUDY

The Ardwick and Ancoats Dispensary is a Grade II listed former dispensary and hospital. Known also as Ancoats Dispensary and Ancoats Hospital, the present building is the third incarnation of the dispensary which was initially established at 181 Great Ancoats Street in 1828. In 1850 it moved to Ancoats Crescent at 270 Great Ancoats Street. It provided a basic level of healthcare, complementing the work of the Manchester Infirmary. It moved to the present site in 1874. Over the next century the hospital grew and many new buildings and facilities were added to a site. However, in 1989 during a consolidation of NHS services, the hospital was closed. The Dispensary building has been vacant since this date and has been the subject of redevelopment proposals by Urban Splash; due to a lack of funding, the scheme was not taken forward. During this period all buildings on the hospital site, except the listed building, were demolished.

Following severe deterioration of the building's fabric, Urban Splash applied to Manchester City Council for permission to demolish the Grade II Ardwick and Ancoats Dispensary. The demolition was vigorously opposed by local people, and resulted in the formation of the Ancoats Dispensary Trust. The Trust received £770,000 from the HLF to help stabilise the building. The money was provided under the Heritage Enterprise Scheme which aims to save historic buildings deemed not commercially viable to restore. The group took ownership of the building in 2015.

This CMP has been commissioned by the Ancoats Dispensary Trust who are presently considering options for the future use of the site as a community facility. This report will form part of an application for Stage

2 funding from the HLF. This CMP assesses the historic development and significance of the building, which will shape decisions for its future that are considerate of and make the most of its historic value. It also analyses the issues and opportunities which the site presents for the retention and enhancement of heritage values, and presents conservation objectives and policies for the protection of the Ardwick and Ancoats Dispensary's heritage.

I.2 THE VISION

It is important to have an agreed vision for the Ardwick and Ancoats Dispensary as it will underpin every aspect of its future care and management and provide a common goal for all stakeholders to focus on. The nature of the site, which is a unique archaeological resource, is complimented by its complex history and modern use. The vision for the future of the Ardwick and Ancoats Dispensary is succinctly summarised in the Trust's stage 1 HLF bid. It aims 'to restore the Grade II listed Ardwick & Ancoats Dispensary as the heart of a creative and healthy Ancoats, breathing new life into the ailing local economy and bringing new opportunities to local people in one of the most seriously deprived parts of the country.'

The Ancoats Dispensary Trust was established in 2012. Its constitution includes the following aims. The Ancoats Dispensary Trust exists to:

- Drive the restoration of the Grade II listed former Ardwick and Ancoats Dispensary building and to provide a venue for the benefit of the whole community of Ancoats within an historical and architectural gem.
- Provide a sustainable venue that will lead to a 'working' and positive future for the building, shaped by the needs of the community and for future generations.

- *Support the wider economic, social and cultural regeneration of the Ancoats neighbourhood through beneficial partnerships with both professional and public bodies.*

To achieve these aims, the Trust will:

- *Ensure that any changes respect the distinctive heritage of the Ardwick and Ancoats Dispensary and, where possible, contribute to the wider interests of the neighbourhood.*
- *Gather and represent the views of the people of Ancoats and nearby communities of Manchester, and involve these people in the work to restore and develop the Ardwick and Ancoats Dispensary.*
- *Form co-operative links with local authorities, statutory agencies, businesses, voluntary and community groups, schools, health services and other appropriate organisations.*
- *Organise fundraising events and activities to support the achievement of the Ancoats Dispensary Trust's objectives, and take any lawful action that helps to realise the aims of the Ancoats Dispensary Trust.*

1.3 SCOPE OF THE STUDY

This report covers the Ardwick and Ancoats Dispensary. The extent of the site is shown on page 9.

It is essential to have a full understanding of the history and development of the Dispensary within the wider context in order to inform sensitive proposals. As such, this report has been prepared in line with requirements set out by the *National Planning Policy Framework* (NPPF), which requires those putting forward proposals to understand the significance of a site's heritage assets in advance of development. The content of this report is based on the latest guidance provided by Historic England (*Conservation Principles, Policies and Guidance*, 2008 and *The Setting of Heritage Assets*, 2015); *Historic Environment Good Practice*

Advice in Planning, 3, 2015), and by the Heritage Lottery Fund, *Conservation Plan Guidance*, 2012. The NPPF defines conservation as the process of maintaining and managing change to a heritage asset in a way that sustains and, where possible, enhances its significance.

A CMP is a document that aims to guide the future development and conservation of a heritage asset by setting out a framework for its management, maintenance and safeguarding in a series of policies which recognise the issues the building may face and also the opportunities where its heritage value can be enhanced. These policies, discussed in section 6, are informed by the understanding and significance sections that come earlier on in the CMP.

1.4 RESOURCES CONSULTED

A site visit was made on the 18th January 2016 at which time the buildings and surrounding context were visually assessed and photographed. The dangerous condition of the building prevented internal inspection, however, survey photographs taken in November 2015 greatly helped in an understanding of the present survival or otherwise, of the interior.

A desk-based study was undertaken to provide baseline information for this report. This involved consulting archives, documentary resources and online databases, which are referenced throughout this document. The Manchester Library, Information and Archive, hold a large collection of documents and photographs relating to the Ardwick and Ancoats Dispensary. Of particular help were the Annual Reports and the collection of historic photographs. Sadly, volume 3 was not available and a plan of the site from 1890-98 [M900/1/2/1/626] was 'missing' when the archive was visited during January 2016. A historic plan of the site by the architect Daniel Lewis from c.1870 was found on eBay and purchased by the Ancoats Dispensary Trust.

Archives also consulted for this document include:

RIBA Library
RIBApx
National Archives
British Newspaper Archives
Historic England Archive, Swindon

A full list of all sources is given in the bibliography in appendix A.

1.5 AUTHORSHIP

This report was prepared on behalf of the Ancoats Dispensary Trust by Beverley Kerr, Heritage Consultant MA (Cantab), MA, Mst (Cantab).

1.6 ACKNOWLEDGEMENTS

An archive of information and photographs collated by the Ardwick and Ancoats Dispensary were kindly made available to the author and were of invaluable assistance. Thanks go also to the staff of the Manchester Library, Information and Archives for assisting with historic research.



Location Plan (baseplan © 2016 Infoterra Ltd & Bluesky)

- The Site
- Ancoats Conservation Area
- New Islington



2 UNDERSTANDING

2.1 MANAGEMENT AND USE

The Ancoats Dispensary Trust, was formed in 2012 from an organisation known as 'Save Ancoats Dispensary' which had opposed proposals to demolish the Ardwick and Ancoats Dispensary. It is a currently owned by the Ancoats Dispensary Limited (ADL) an offshoot of the Trust who are responsible for the restoration of the building. ADL is a joint venture between the Trust and Igloo Regeneration Ltd. They took over the lease from Urban Splash in 2015.

ADL was awarded £770,000 from HLF to undertake immediate stabilisation and repairs to the Dispensary. They are currently preparing the Stage 2 application which, if successful, will bring their total grant from the HLF to £4.5 million.

The building was last used in 1989 and is currently derelict. Partial demolition of the building has taken place including the removal of the roof and floors. The Trust is exploring options to restore the building and bring it back into sustainable use as a community and enterprise hub.

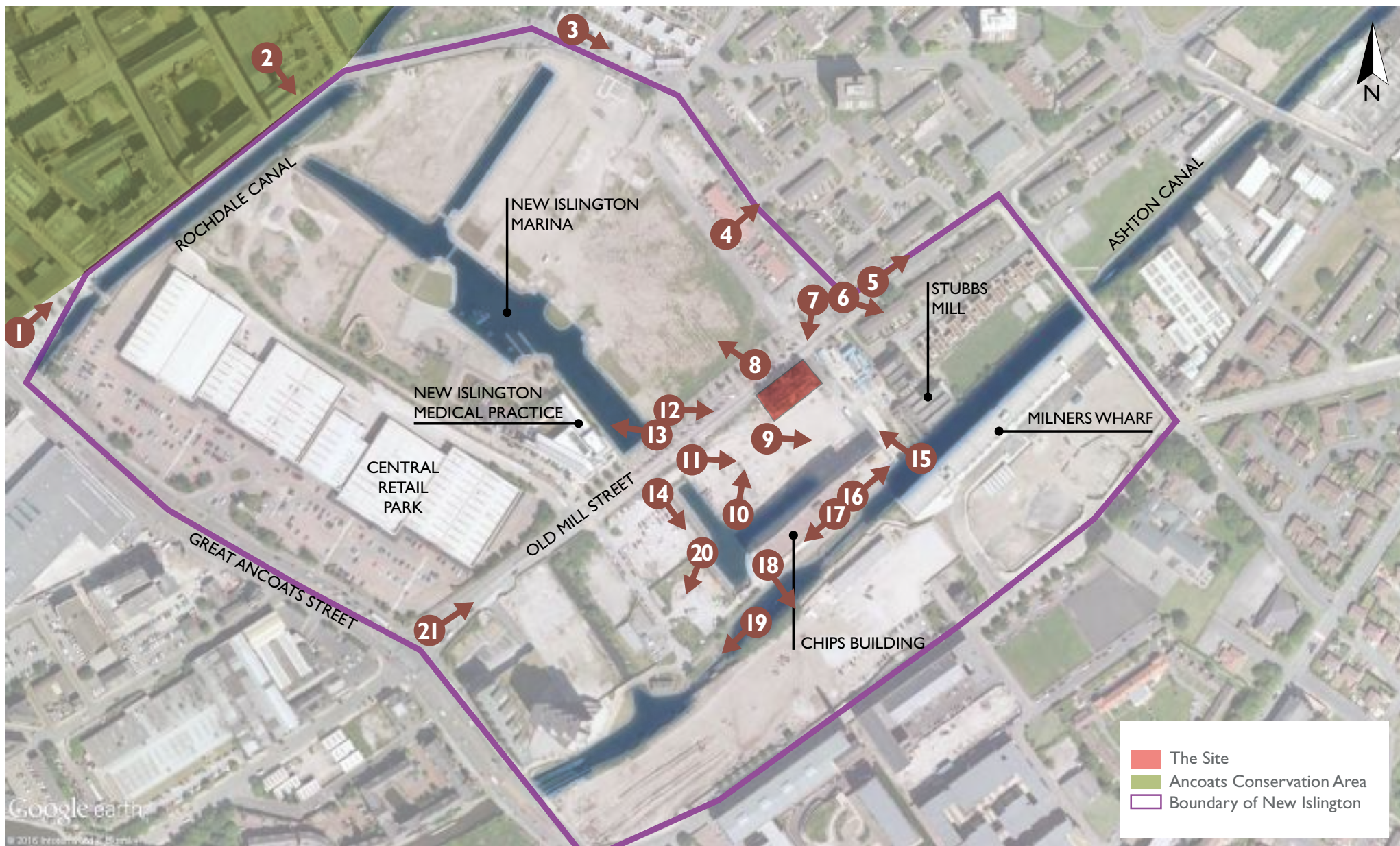
2.2 LOCATION AND SETTING

The Ardwick and Ancoats Dispensary is located within New Islington in Ancoats. It lies a short distance from Manchester City Centre which is situated approximately 1km to the south-west. The Dispensary is located on the south side of Old Mill Street at the junction of Upper Kirby Street.

New Islington is an area within Ancoats which was formerly known as the Cardroom Estate and has been the focus of more recent regeneration when it was designated a Millennium Community in 2002. The regeneration of the area aims to create a mixture of high and low density residential development intermixed with commercial and office space. New developments in the vicinity of the Ardwick and Ancoats Dispensary include the iconic Will Alsop designed Chips building, located immediately south-east of the Dispensary, and within the boundary of the former hospital site. The scale and design of the Chips building dominates New Islington; it is also visible outside of the immediate area.

Another building which has a strong architectural presence is Islington Wharf; a bold high-rise residential development to the south-west of the site. Further new developments in the vicinity of the site include Milliners Warf (a large rectangular mid-rise residential development to the east of the site), Spindle Mews and the Guts. The regeneration of the area also includes the restoration and conversion of former mill buildings in the area, a new arm of the Ashton Canal and the Metrolink line which passes to the south of New Islington. Adjacent to the site is the former Stubbs Mill, a former textile engineering works, which is presently under-going conversion into commercial units.

The regeneration of New Islington is incomplete and there are tracts of derelict land close to the site, specifically to the west between Old Mill Street and the Rochdale Canal. Land around the Dispensary is currently used as a temporary car park and is awaiting re-development. This use of the former hospital site erodes understanding of the Dispensary's context. The setting of the Ardwick and Ancoats Dispensary is fluid and unfixed, and likely to remain so for a number of years.





- 1 The edge of the Ancoats Conservation Area with Grade II* listed Old Mill to the left
- 2 View towards site
- 3 New low rise housing in New Islington
- 4 Looking up Saltford Avenue from Weybridge Road
- 5 Looking north-east along Old Mill Street
- 6 The site from Old Mill Street with Chips behind
- 7 Stubbs Mill under conversion with Milliners Wharf



- 8 Looking towards the Conservation Area with new development taking place between
- 9 The site, Stubbs Mill and Chips across the car park
- 10 The site, looking north across the car park
- 11 Chips building
- 12 The site looking along Old Mill Street from the south
- 13 New Islington Marina with the new health centre to the left
- 14 Old and new – Chips and former mill buildings
- 15 The site from the Ashton Canal



- 16 Looking north-east along the Ashton Canal.
- 17 The same view in 1962 (Manchester Libraries, Information and Archives, M5256 I]
- 18 Looking towards the tram stop
- 19 Listed lock and lock-keeper's cottage (right) on the Ashton Canal
- 20 Islington Wharf from south of the site
- 21 The site from Old Mill Street, adjacent to Central Retail Park

2.3 CONDITION

The Dispensary is currently surrounded by scaffolding to stabilise the structure. The building has been partially demolished which has included the removal of the roof and internal floors. It is generally believed that the main surviving elements of the building are the internal and external load-bearing walls. Chimneys and the central tower have been reduced in height due to their instability.

Due to safety concerns, no investigative works have been possible to determine the extent of the load bearing capacity of the foundations or the potential capacity for the surrounding ground strata. As yet a detailed examination of the condition of structural elements or the identification of possible defects have not been carried out.

In 2012 David Narro Associates made a visual assessment of the building to determine its condition and make recommendations for stabilisation works. Their report was produced in December 2012 for the 'Save Ancoats Dispensary'. It made the following observations:

- The surviving fabric was not in good condition and was deteriorating
- Vegetation growth on the wall-heads was visible
- Loose brickwork
- Vertical cracking to the north-east corner and eastern façade, indicate the principle façade was moving forwards
- Brickwork on many gablets to the second floor were unstable

- Deterioration of brick piers between lancet windows
- Possible instability of some internal walls, particularly the thin non-load bearing

Since this report was produced, emergency works have been carried out to stabilise the structure, removing vegetation and capping the exposed wall-head. The structure, however, still remains exposed to the elements and is deteriorating on a daily basis.

2.4 SITE DESCRIPTION

2.4.1 INTRODUCTION

Due the dangerous nature of the structure, the interior was inaccessible at the time of the site visit in January 2016. The description of the site is assisted by survey photographs taken in November 2015 and from historic images and photographs taken since the site was abandoned in 1989.

2.4.2 PRINCIPLE ELEVATION

The building is Neo-Gothic in style, and constructed in red brick with decorative polychrome bands. Roughly rectangular in plan, the principle façade to Old Mill Street is of three storeys above a basement. The former use and present condition of the basement is unknown. The building is symmetrical and of seven bays, the central three bays and end bays project slightly forward. The building's principle entrance is centrally placed.

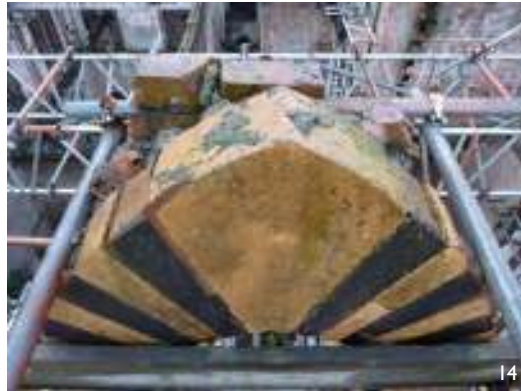
The central entrance door is arched with nook shafts and capitals. The inner arch is inscribed with 'ANCOATS HOSPITAL', whilst above the outer arch are the words 'ARDWICK AND ANCOATS DISPENSARY'. Originally this section rose as a four storey tower and was architecturally the most distinctive feature of the building. It was topped by a saddleback roof. Sadly, the fourth floor element which included an oculus and small corner turrets was removed due to safety concerns.

Windows are lancet with insert trefoils. These were formerly set with two light timber sliding sashes. Many of the timber window frames (although none appear to have their glass) have survived and appear to in reasonable condition. The windows are arranged together in patterns of two, three or four; those in the central three bays also feature shafts with decorative capitals, indicating that the more important rooms lay behind. The lancet windows are characterised by polychrome voussoirs. The windows to the third floor are all paired, the majority of which were originally set in gabled half dormers, but are now in varying states of decay. The chimneys, which would have been a feature of the roofscape, have all been removed, although the flues appear to be extant.

Three small windows on the third floor within the second and sixth bays appear to be later insertions. Other later alterations include vents, cabling and sanitary drainage pipes to the central bay.



- 1 The front elevation in 2006
- 2 The building in January 2016
- 3 The front elevation in 1967. Note the front door with glazed overlight, and the low wall and decorative Neo-Gothic railings (Manchester Archives, M10342)
- 4 Bay 1
- 5 Bay 2
- 6 Bay 3



7 Entrance Bay

8 Paired lancet window. Note the decorative shaft with foliate capital and roll moulding. Also note the trefoil heads to the lancet windows and polychrome voussoirs

9 Soil pipes

10 Bay 5

11 Bay 6

12 Bay 7

13 Window frame

14 Detail of a window head showing the keystone and distinctive polychrome. This appears to have been enhanced by the application of paint

15 The remains of the tower which formerly rose above the stone copings

16 Decorative capitals and shafts to the entrance

17 Street sign – the lower sign is made of timber

2.4.3 EASTERN ELEVATION

This elevation faces Kirby Street. The decorative banding and polychrome detailing continue from the principle façade. To the first and second floor are a series of original paired and single lancet windows. The ground floor has a number of openings with lintels which appear to be later alterations. The southern end of this wall historically projected to the rear of the building, initially at ground floor level, and later extending upwards through to the first floor with a chimney above. Evidence comes in the form of a straight joint and a termination of the polychrome bands. This element of the building was demolished as part of the clearance of the site in 2003.



- 1 This image was taken prior to the removal of the roof. Note the later insertions to the ground floor
- 2 The elevation in Jan 2016
- 3 Detail of rear extension. Note the straight joint at first floor, rising through the second
- 4 Northern end of façade water damages brickwork
- 5 Wall remains in the demolished rear range
- 6 A partial view of the elevation in 1962 showing the ground floor alterations

2.4.4 REAR (SOUTH ELEVATION)

The rear of the Dispensary was designed with few decorative features. The lancet windows arranged over nine bays are paired or in triple. They appear to be the only concession made to the Neo-Gothic style in this elevation – this is in contrast to the principle elevation. Additionally, it is clear from photographs taken before the scaffolding was erected, that this elevation has undergone a number of alterations. Historically these began shortly after the Dispensary was erected, and the need for an extension became quickly apparent. Alterations, appear to be concentrated in the eastern half of the elevation. Modifications have been made to the ground floor and large openings made at first floor level. The ghost lines of a double pitched roof can be seen at second floor level. The majority of the original lancet openings have been blocked or modified – at second floor level, a single original window opening remains.

There is evidence that a centrally placed, narrow structure, most probably a connecting corridor, rose through the three stories. This requiring large arched openings to be made to the ground and first floor. The third floor opening may have been a later modification as it does not conform to the alterations on the lower floors.

Alterations to the western end of this façade appear to have been restricted to the insertion of a rectangular opening on the second floor.



1 The southern elevation in 2010 (<http://www.28dayslater.co.uk/ancoats-hospital-manchester-1-2010.t46883>)

2 Southern elevation (detail), showing alterations and blockings

2.4.5 WESTERN ELEVATION

The western elevation is simply executed. Similar to the rear elevation, there are no decorative features; unlike the northern and eastern elevation, they were considered to be of lesser significance as they did not front onto a public highway. There are also few windows apart from two original lancet windows centrally arranged and two later openings at first and second floor. The ground floor was historically adjacent to the Accident Department built in 1900. A sign reading 'ANCOATS HOSPITAL' taken from the parapet of this building was relocated to the ground floor of this elevation. At the time of the site visit, it was unknown if this sign was extant.



- 1 The western elevation before the removal of the roof
- 2 Sign attached to the western elevation (University of Manchester Archaeology Unit, 2002)
- 3 A photograph taken during the archaeological recording of the site in 2002 (University of Manchester Archaeology Unit, 2002)
- 4 The western elevation in January 2016
- 5 The western elevation in January 2016 (detail)

2.4.6 INTERIOR

Due to the dangerous condition of the building, the interior was not accessible. However, survey photographs taken from scaffolding in November 2015 and a number of other images provide a general indication of the condition and appearance of the interiors.

It is clear that the principle brick internal walls have generally survived at ground floor level, although their survival decreases with each subsequent storey. The majority of floors have been removed or have collapsed into the ground floor, with a few rare exceptions. The ground floor is largely full of debris which may be causing lateral pressure on upstanding walls. Wall plaster, fixtures and fittings

including joinery and fireplaces, appear to have been lost. Where evidence of historic interior finishes survive they tend to be fragmentary – these include part of a staircase, fragments of plaster cornice and the remains of a green tiled dado. Of significance are the arches with decorative capitals within the main corridors to the ground, first and second floors.



- 1 The building taken from above
- 2 Looking into the third and fourth floors – facing north
- 3 Looking down into the eastern half of the interior from the south elevation wall.
- 4 A detail of the above showing an extant staircase
- 5 A surprising survival – a plaster cornice in a third floor room
- 6 Part of a timber floor in the process of collapse



- 1 Tiled dado
- 2 Surviving arches to the main north-south corridor
- 3 Encaustic floor tiles
- 4 Detail of interior. Note the evidence of alterations to the fabric
- 5 Surviving arches to the main north-south corridor
- 6 Surviving arches to the main north-south corridor
- 7 Surviving arches to the main north-south corridor

In 2001 the University of Manchester carried out an archaeological photographic survey of the hospital site prior to demolition works. Their record provides important information about the appearance of the hospital's interior before historic finishes were lost.⁰¹



- 1 Curiously shaped arch to the ground floor corridor (University of Manchester Archaeological Unit)
- 2 This images appears to have been taken in one of the smaller rooms which overlooked Old Mill Street (University of Manchester Archaeological Unit)
- 3 The high ceiling of a corridor. Note the cornice (University of Manchester Archaeological Unit)
- 4 Note finishes including deep skirting, cornice and shelf (University of Manchester Archaeological Unit)
- 5 Detail of cornice (University of Manchester Archaeological Unit)
- 6 Staircase (University of Manchester Archaeological Unit)
- 7 Timber four panelled door (University of Manchester Archaeological Unit)

⁰¹ M Nevell and I Hradil, 2003, *Ancoats: An archaeological Photographic Survey of a late 19th century Corridor Hospital*, University of Manchester Archaeological Unit

2.5 STATUTORY DESIGNATIONS

2.5.1 NATIONAL PLANNING POLICY FRAMEWORK

The NPPF (published March 2012) is the overarching planning policy document for England. Within Section 12 – Conservation and enhancing the historic environment – are the government's policies for the protection of heritage.

The policies advise a holistic approach to planning and development, where all significant elements that make up the historic environment are termed heritage assets. These consist of designated assets, such as listed buildings or conservation areas, non-designated assets, such as locally listed buildings, or those features which are of heritage value. The policies within the document emphasise the need for assessing the significance of heritage assets and their setting in order to fully understand the historic environment and inform suitable design proposals for change to significant buildings.

Conservation is defined in the NPPF as the 'process of maintaining and managing change to a heritage asset in a way that sustains, and where appropriate, enhances its significance'. Consequently, a key aim of the NPPF is to encourage the identification of the significance of heritage assets in advance of proposed development works (Paragraphs 128-139). The NPPF also emphasises the importance of sustainable development and the need for continued viability. By focusing on what matters about a heritage asset – its significance – it frees up opportunities to keep these assets in use and manage sustainable change.

2.5.2 HERITAGE ASSETS

The Ardwick and Ancoats Dispensary was listed Grade II in 1974 and the entry last updated in 1994. Listed buildings are protected under the Planning (Listed Buildings and Conservation Areas) Act 1990 for their special architectural or historic interest. Listing gives them protection as alterations, additions or demolitions are controlled by Listed Building Consent, which is required by local planning authorities when change is proposed. The list description text is as follows:

Red brick with polychrome bands, steeply-pitched hipped slate roofs. Irregular plan. Gothic style. Three storeys and basements, 1:1:3:1:1 bays, symmetrical, the 3-bay centre and the ends projecting. The centre bay, treated as a 4-stage tower, breaks forwards slightly, has a 2-centred arched doorway with shafts, the arch inscribed "ANCOATS HOSPITAL" and an arched extrados band inscribed "ARDWICK AND ANCOATS DISPENSARY", 2-light windows to the 1st and 2nd floors, weathered coping with stone turrets, and an elaborate turret with an oculus and tall oversailing parapet with corner tourelles (and formerly a saddle-back roof). All the windows have narrow arched lights with polychrome heads and impost bands, all those of the 3-bay centre with shafts: the ground floor has mostly 3-light windows and the 1st floor has mostly 2-light windows, but the recessed bays which have 4 and 3-light windows to these floors; the 2nd floor has 2-light windows rising into gabled half-dormers.

There are no listed buildings in the immediate vicinity of the Ardwick and Ancoats Dispensary, but there are a number of listed structures within a 300m radius of the site. These structures are principally associated with the Ashton Canal and date to the late 18th century to early 19th century. These include locks, a lock keeper's cottage and two canal bridges; all are Grade II listed. To the north-west are a number of listed mills including that of Hope Mill.

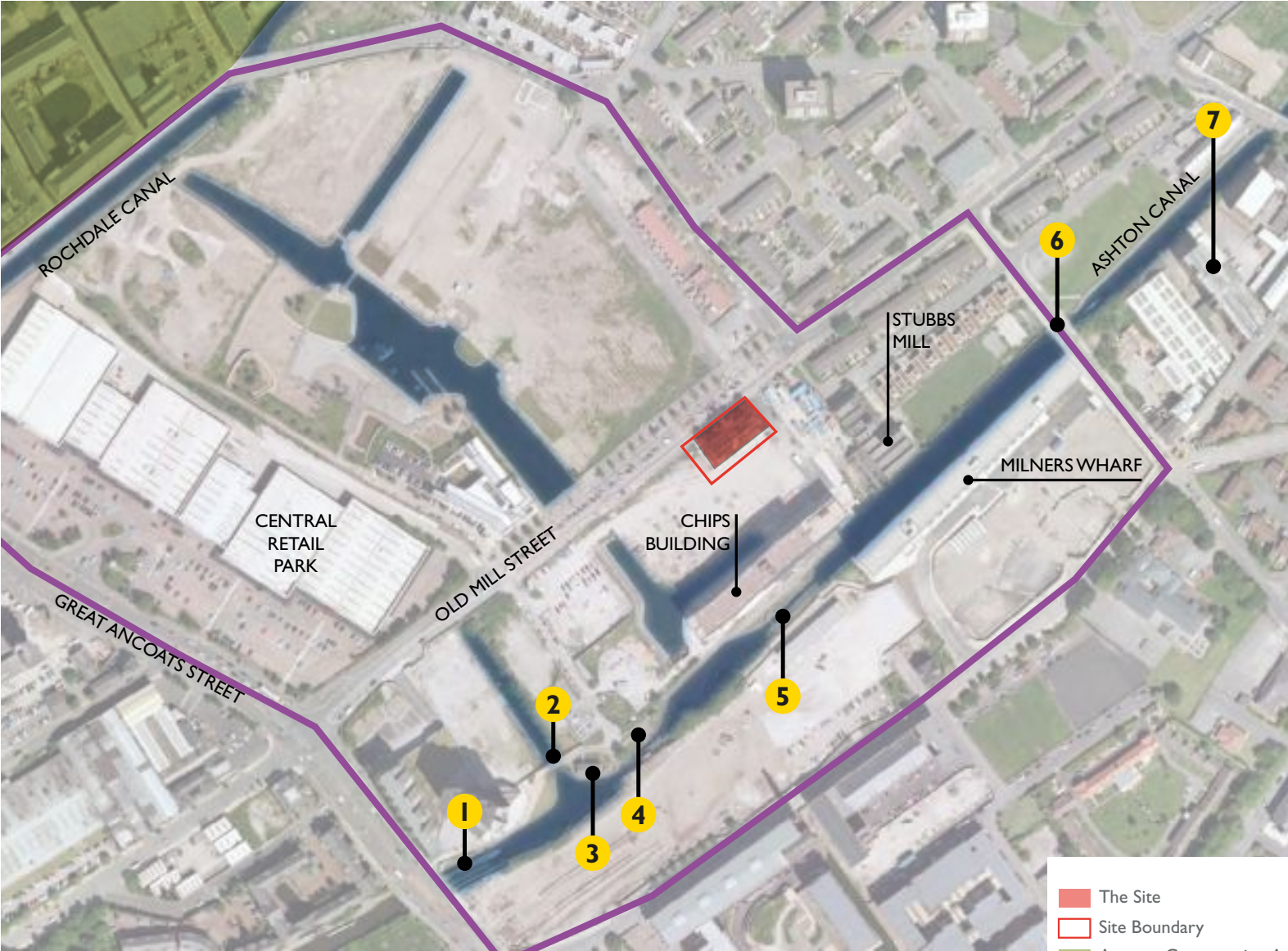
The Ashton Canal once marked the south-eastern boundary of the hospital site. Today, due to a reduction in the hospital site, and the surrounding redevelopment, the site lacks any meaningful visual relationship.

The Ardwick and Ancoats Dispensary is not within a conservation area, but the south-eastern boundary of the Ancoats Conservation Area site is located approximately 400m to the north-west. The conservation area, designated in 1989 contains one of the largest concentration of Grade II and Grade II* listed buildings in Manchester. The location of this conservation area, relative to the site, is shown on page 9.



Ashton Canal No. 3 Lock, Listed Grade II

All Heritage Assets are shown on the plan below.



1	Ashton Canal Lock No.1, Grade II
2	Ashton Canal Towpath Bridge, Grade II
3	Ashton Canal Lock Keeper's Cottage, Grade II
4	Ashton Canal Lock No.2, Grade II
5	Ashton Canal Lock No.3, Grade II
6	Bridge No.4 over Ashton Canal, Grade II
7	Hope Mill, Grade II*

2.5.3 LOCAL PLANNING POLICIES

Manchester City Council's Core Strategy was adopted on 11th July 2012 and is the key Development Plan Document in the Local Development Framework (LDF). It replaces significant elements of the existing Unitary Development Plan as the document that sets out the long term strategic policies for Manchester's future development and will form the framework that planning applications will be assessed against.⁰²

Specifically relating to heritage are Policy CC9 'Design and Heritage', and Policy EN3 'Heritage'.

Saved Unitary Development Policies include EM8 concerning development in East Manchester.

Also of interest is the Guide to Development in Manchester – Supplementary Planning Document and Planning Guidance (SPD)⁰³ and Ancoats and New Islington Neighbourhood Development Framework (October 2014).⁰⁴

The Guide aims to support and enhance the ongoing shaping of the City by providing a set of reasoned principles which will guide developers, designers and residents to the sort of development needed in Manchester. The Neighbourhood Development Framework guides future development in Ancoats and New Islington and aims to create attractive and successful neighbourhoods where increasing numbers of people want to live.

⁰² http://www.manchester.gov.uk/info/200074/planning/3301/core_strategy

⁰³ The Guide to Development in Manchester, Supplementary Planning Document, 2007 http://www.manchester.gov.uk/info/200074/planning/1528/the_guide_to_development_in_manchester

⁰⁴ Ancoats and New Islington Neighbourhood Development Framework, 2014 http://www.manchester.gov.uk/downloads/download/6286/ancoats_and_new_islington_neighbourhood_development_framework

2.5.4 GUIDANCE

ENGLISH HERITAGE CONSERVATION PRINCIPLES (2008)

Conservation Principles, Policies and Guidance, published by English Heritage (now Historic England), provides a comprehensive framework for the sustainable management of the historic environment, wherein 'Conservation' is defined as the process of managing change to a significant place and its setting in ways that will best sustain its heritage values, while recognising opportunities to reveal or reinforce those values for present and future generations.

The guidance describes a set of four heritage values, which are used to assess the significance of a heritage asset: evidential value, historical value, aesthetic value and communal value. Conservation Principles also differentiates between works that are repairs, restoration and new works or alterations. The following paragraphs indicate the level of justification required for different types of work.

117. Repair necessary to sustain the heritage values of a significant place is normally desirable if:

- a. there is sufficient information comprehensively to understand the impacts of the proposals on the significance of the place; and*
- b. the long term consequences of the proposals can, from experience, be demonstrated to be benign, or the proposals are designed not to prejudice alternative solutions in the future; and*
- c. the proposals are designed to avoid or minimise harm, if actions necessary to sustain particular heritage values tend to conflict.*

126. Restoration to a significant place should normally be acceptable if:

- a. the heritage values of the elements that would be restored decisively outweigh the values of those that would be lost;*
- b. the work proposed is justified by compelling evidence of the evolution of the place, and is executed in accordance with that evidence;*
- c. the form in which the place currently exists is not the result of an historically-significant event;*
- d. the work proposed respects previous forms of the place;*
- e. the maintenance implications of the proposed restoration are considered to be sustainable.*

138. New work or alteration to a significant place should normally be acceptable if:

- a. there is sufficient information comprehensively to understand the impacts of the proposal on the significance of the place;*
- b. the proposal would not materially harm the values of the place, which, where appropriate, would be reinforced or further revealed;*
- c. the proposals aspire to a quality of design and execution which may be valued now and in the future;*
- d. the long-term consequences of the proposals can, from experience, be demonstrated to be benign, or the proposals are designed not to prejudice alternative solutions in the future.*

DEFINITIONS

The Burra Charter 1999: (revision of 1988 charter) includes the following widely accepted definitions:

- **Place** includes site, area, land, landscape, group, spaces and views, may include memorials, trees, gardens, parks, places of historical events, urban areas, towns, industrial places, archaeological sites and spiritual and religious places.
- **Cultural significance** means aesthetic, historic, scientific, social or spiritual value for past, present or future generations. The term cultural significance is synonymous with heritage significance and cultural heritage value.
- **Conservation** means all the processes of looking after a place so as to retain its cultural significance.
- **Maintenance** means the continuous protective care of the fabric and setting of a place, and is to be distinguished from repair.
- **Repair** involves restoration or reconstruction.
- **Preservation** means maintaining the fabric of a place in its existing state and retarding deterioration.
- **Restoration** means returning the existing fabric of a place to a known earlier state by removing accretions or by reassembling existing components without the introduction of new material.
- **Reconstruction** means returning a place to a known earlier state and is distinguished from restoration by the introduction of new material into the fabric.
- **Adaptation** means modifying a place to suit the existing use or a proposed use.



3 HISTORIC DEVELOPMENT

3.1 TIMELINE

Early History to Eighteenth Century

The derivation of the place name Ancoats is not altogether clear: it could possibly refer to an area of enclosures or cottages (otherwise known as 'cotes') close to water ('am'), or it may refer to the settlement of a Saxon settler called An or Anne. By the 13th century land grants refer to the settlement of Annecotes and Antecotes.

Ancoats was largely a collection of cottages and farms in open countryside before the late-18th century. The principle manor was Ancoats Hall which was situated on Ancoats Lane (now Great Ancoats Street). Its gardens sloped down in the form of terraces to the banks of the River Medlock. Until 1596 the timber framed hall was the property of the Byron family, but during the 17th and 18th centuries it was the seat of the Moseley family who were lords of the manor of Manchester. It was described in 1795 as 'a very ancient building of wood and plaster, but in some parts rebuilt in brick and stone.'

By the end of the 18th century, Manchester was undergoing rapid industrialisation. Water powered mills were built on the banks of the River Medlock and by the late 18th-century these had spread into the district of Ancoats. In 1792 the boundaries of Ancoats were defined when the Manchester and Salford Police Act divided the growing town into 14 police districts.⁰¹ Ancoats (or Police District No. 1) was to be bounded by the River Medlock to the south, Newton Lane to the north and east, and Ancoats Lane to the west. It became the New Cross Ward which remained largely unchanged until recent years. Areas of Ancoats began to be laid out into a gridiron pattern of streets, and plots were sold off to speculative developers for the construction of workers housing, factories and businesses.

⁰¹ M E Rose, 2011, *Ancoats: Cradle of Industrialisation*, p.8

Nineteenth Century

The construction of the Rochdale Canal and Ashton Canal at the start of the 19th century brought further industry to Ancoats. Mill owners were attracted by the cheapness and ease with which raw materials and finished goods could be shipped in and out of the area. The development of steam power led to the establishment of larger mills in Ancoats, including Murray's mill and the McConnel and Kennedy's mill. The concentration of large steam powered mills was unique to Ancoats.



McConnel and Kennedy's mill, 1820 [Manchester Library, Information and Archives m52533]

Attracted by the prospect of work, people flocked to the area and the population of Ancoats saw a huge increase during the first half of the 19th century. In the census return of 1801 the population of Ancoats stood at 11,000; by 1831 it had grown to 31,000 and was to peak at 56,000 in 1861. Many workers came from the surrounding counties, but these were also joined by an expanding Irish population.

Ancoats was described as a 'peculiarly dependent' district; a great deal of wealth was created in the area but very little passed down to its inhabitants.⁰² Early housing provision was very poor and conditions were dirty and squalid. Houses were often poorly constructed; back-to-back housing arranged along narrow cobbled streets with shared privies were common. The numerous cellar dwellings became notorious. Workers housing existed cheek by jowl with the mills, iron foundries, chemical works, glass factories and dye works which proliferated in Ancoats.⁰³

Until 1820, the Manchester Infirmary was the only medical institution in the city. As Manchester's population grew it became increasingly clear that more medical provision was required to meet growing demand for medical assistance. The Infirmary Board complained they spent a great deal of time treating the inhabitants of Ancoats but gained little in return from subscriptions.⁰⁴ They recommended that Ancoats should have its own independent dispensary for the benefit of 'the labouring population'.⁰⁵ It was therefore left to a number of philanthropically minded people in the district to establish the new institution.

⁰² J Pickstone, 1985, *Medicine and Industrial Society: A history of hospital development in Manchester*, p53

⁰³ *Ibid* p.43.

⁰⁴ *Ibid*, p53

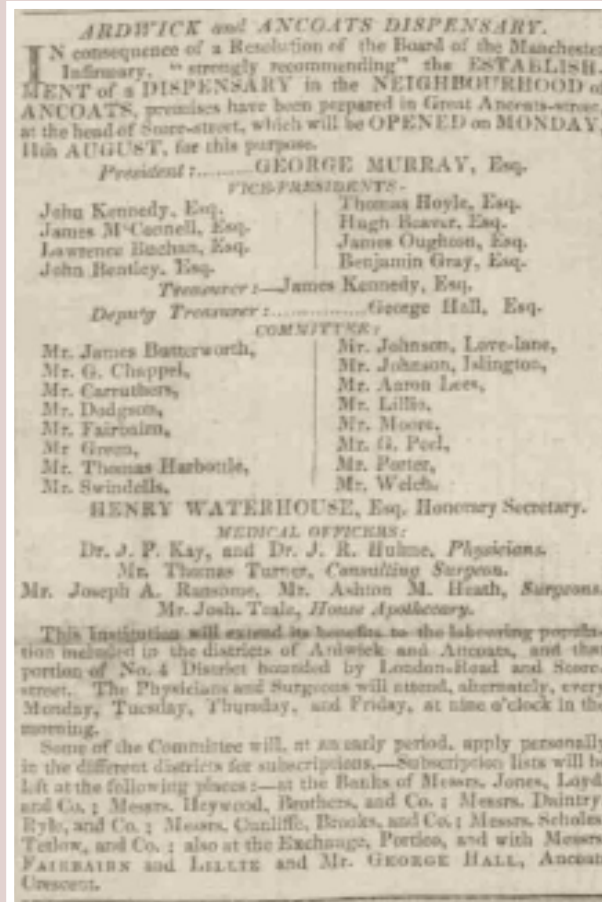
⁰⁵ *Manchester Courier and Lancashire General Advertiser*, 9th August 1828

VOLUNTARY HOSPITALS AND DISPENSARIES

Before the creation of the NHS in 1948 there were generally two types of hospitals; the workhouse hospital and the voluntary hospital. For those who were destitute, the workhouse hospital was the only option when they fell ill. However, the 18th-century saw the emergence of the voluntary hospital. Surprisingly, it was not the medical profession which led the establishment of this new kind of hospital – many were established by lay philanthropists. Supported by donations and through money raised by subscriptions, voluntary hospitals aimed to help those who were unable to claim Poor Law relief but too poor to pay for their own medical care. Those that could, procured treatment in their own homes, attended by private physicians, surgeons or apothecaries.

The Dispensary movement was born out the failure of these hospitals to provide an adequate service to the growing poor brought to towns during the Industrial Revolution. Originating in London they began in the poorer districts. These offered out-patients medical treatment within the dispensary or in their own homes. Like the voluntary hospitals they were supported by philanthropy and subscription. The first was the General Dispensary in Aldersgate Street in 1770, and by 1800 London had 16 dispensaries treating an estimated 50,000 cases. The movement was to become popular in many parts of the country including Manchester.

Many hospitals were to emerge from these smaller establishments. The Ardwick and Ancoats Dispensary is one of many examples where this progression took place and the need to provide 24-hour care was quickly identified.



Manchester Courier and Lancashire General Advertiser on 9th August 1828 announces the opening of the Dispensary

August 1828

It was announced in the Manchester Courier that the Ardwick and Ancoats Dispensary was to open on Great Ancoats Street on Monday 11th August. It also announced the intention of the Committee to seek subscriptions. Funding was to come largely from the mill and factory owners of Ancoats, many of whom were to sit on the Dispensary Board. In addition, the middle-classes of Ardwick felt it their duty to support those less fortunate than themselves who laboured in the mills and manufactories of the neighbouring district – the high percentage of poor within Ancoats made it essentially dependent on other areas. The dispensary provided care for the poor in their own homes or as outpatients but did not provide in-patient care.

The first patron of the new institution was Sir Oswald Moseley. Amongst the new board members of the dispensary were a number of the first mill owners in Ancoats; George Murray (Murray Brother's mill), who was the first president, and James McConnell and John Kennedy who were amongst the vice-presidents, (McConnell and Kennedy mill). This connection with the wealthy mill-owning families of Ancoats was to continue into the 20th century.

One of the first doctors was Dr James Kay (later Sir James Kay-Shuttleworth) who was to become a leading character in the development of the education system (see feature box).

SHUTTLEWORTH, SIR JAMES PHILLIPS KAY- (1804-1877)



Sir James Phillips Kay-Shuttleworth by an unknown engraver after a photograph by Charles Allen Duval

Born in Rochdale as James Philips Kay, he was the eldest son of Robert Kay, a cotton merchant. He obtained his Medical Degree from the University of Edinburgh where he was to work in the New Town Dispensary as a student. His work as a student gave him a great deal of experience working with the poor of Edinburgh and important insight into their living and working conditions.

Although an unsuccessful candidate for the post of physician at the Manchester Infirmary, he obtained a number of years of experience working as medical officer in the poor and populous district of Ancoats where he was one of the founders of the Ardwick and Ancoats Dispensary. He was also secretary to the Board of Health in Manchester; during the first outbreak of cholera in 1832 he attended patients at the cholera hospital. He became well aware of the insanitary surroundings of the poor; and in 1832 published a pamphlet on

The Moral and Physical Condition of the Working Classes employed in the Cotton Manufacture in Manchester, which drew attention to the conditions of the mass of working class who were forced to live crowded together in places like Ancoats, but questioned whether charity actually promoted poverty rather than providing relief. He was eventually to become one of the city's most prominent medical identities before leaving in 1835.

He moved into education first becoming an assistant poor-law commissioner where he wrote a number of reports on the education of paupers. From that time forward his life was devoted to the introduction and development of a national system of education, including the establishment of the first teacher training college in Battersea in 1839. He suffered ill health and retired from public life in 1849. He married into the wealthy Shuttleworth family and continued to write until his death in 1877.

ARDWICK AND ANCOATS'S DISPENSARY.			
Nov. 11, to Dec. 12.			
OUT-PATIENTS.		HOME PATIENTS.	
Received	64	Received	44
Cured	83	Cured	16
Irregular	1	Relieved	2
Remain on the Books....	142	Remain on the Books....	52
Accidents.....		20	

*Manchester Times 12 December 1828:
Ardwick and Ancoats Dispensary figures for November to December that year*

Within six months of its opening, it was felt that establishment had already made a marked difference to the lives of Ancoats, but their resources were already under strain. In February 1829 it was reported that the 'weekly ratio of admissions still rapidly increases' and that they were 'unable to satisfy more than a portion of the demands made for its benevolent assistance'.⁰⁶ In the early years the dispensaries patient numbers were reported in the press on a monthly basis. In the first year the dispensary dealt with 388 home-patients, 720 out-patients and 186 accidents.⁰⁷ By July 1833 the dispensary had treated over 13,000 people in four years.⁰⁸ The number of accidents it treated also rose; given the high population engaged in the factories and mills of Ancoats, it is not surprising that the dispensary, and later as a voluntary hospital, it came to specialise in the treatment of industrial injuries.

⁰⁶ *Manchester Courier and Lancashire General Advertiser*, 14th February 1829

⁰⁷ Susan Hall, 2004, *Workhouses and Hospitals of North Manchester*, p.38

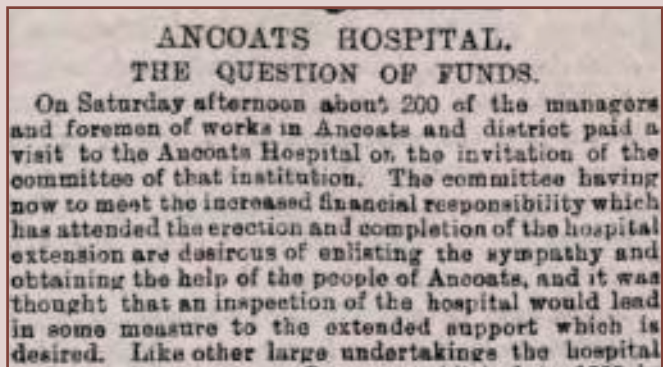
⁰⁸ *Ancoats Dispensary Trust, Ancoats Dispensary (1828-1874)*, <http://www.ancoatsdispensarytrust.co.uk/1828-1874-72.html>

FUNDING THE ANCOATS DISPENSARY AND VOLUNTARY HOSPITALS BEFORE THE NHS

Funding usually came in the form of subscriptions, bequests or one-off donations from benefactors. The names of those who supported dispensaries or voluntary hospitals were published in the Committee's minutes or posted in the local press, acting as an incentive to others. Not only did it give the donors the satisfaction of supporting a worthy cause, but often allowed them a voice in the management of the charity and, importantly, gave them the right to refer new patients.

But survival was a continual struggle for the Dispensary; this is reflected in the financial statements made in the Annual Reports of the Committee. In 1845 the Committee issued a request for funds, appealing 'When the poor man is sick all must be sacrificed to the hope of regaining the health and strength which is his only capital'.⁰⁹

Local businesses also encouraged their workforces to subscribe. The owners of McConnel and Murray mills were among the first to persuade their workers in 1848. It was no coincidence that the owners were also Dispensary board members! They were joined by the 'operatives in the employ' of Longden and Ireland in the same year.¹⁰ By the 1850s many other firms had followed suit. The continuing need for subscriptions was reflected in 1890 when the Committee invited 200 managers and workers of local firms to tour the hospital in an effort to encourage new contributions.



Workers were invited on a tour to raise funds (Manchester Courier April 29 1890)

Another method of raising money at the Ancoats Dispensary was through the endowment of beds; from the 1880s they began naming hospital beds or cots after benefactors. Funds were also raised through two national organisations including the Hospital Saturday Fund and the Hospital Sunday Fund – the Sunday Fund was an organisation to raise money through the Church whilst the Saturday Fund was a workman's fund which collected small weekly subscriptions from workman's wages which were then distributed to the institutions which most required assistance. The Ancoats Dispensary was one of the early operators of a provident scheme which was introduced in the 1870s.

⁰⁹ Report of the Committee of the Ardwick and Ancoats Dispensary, 1872

¹⁰ Report of the Committee of the Ardwick and Ancoats Dispensary, 1848, p7

1850

In 1850 the dispensary moved to new premises at 270 Great Ancoats Street, adjacent to Ancoats Crescent. By this time the numbers of subscribers were increasing, bolstered by company owners encouraging their workforces to take up subscriptions in the dispensary. The McConnel and Kennedy Mills were amongst the first, accompanied by the workforce of George Murray, of Murray Mill, who also owned Ancoats Hall.¹¹

1866

In 1866 the dispensary was to move again, having sold the land on which the dispensary stood to the Midland Railway Company. As a stop-gap it rented premises at 94 Mill Street, and after further donations its was able to purchase land from the Manchester, Sheffield and Lincolnshire Railway Company on an adjoining site. The 6" Ordnance Survey map of 1848 shows that the area of the proposed new dispensary north of the Ashton Canal as undeveloped land. Mill Street at this time was called Beswick Street and Halesworth Street.



1848 Lancashire 6" Ordnance Survey Map.

¹¹ Hall, *ibid*

1872

Having received the substantial donation of £5,000 from Miss Hannah Brackenbury, the daughter of a local solicitor, the Hospital Committee were able to proceed with the construction of the new building. The need for a 'more commodious building in which to carry out the work of the charity' had been required for a number of years.¹² Indeed they felt that a new building might 'command more general notice and support' and might attract and maintained more skilled doctors and medical staff.¹³

It had been felt for many years that the work of the dispensary could better serve the local population by providing 24-hour care for the sickest of patients. Lack of funds and cramped accommodation had prevented this in the past. The new building was to allow for the accommodation for up to 40 beds in three new wards so that the dispensary might now care for in-patients.¹⁴

The foundation stone was laid by the Mayor of Manchester, Alderman Booth. He was presented with a silver trowel and ivory mallet by D Lewis who is believed to have been the building's architect. The name of the architect has been the subject of some confusion. The National List Description believes the architect to be Thomas Worthington whilst other publications name Lewis and Crawcroft. However, contemporary newspapers describe the architect as 'Mr D Lewis of Cross Street' whose name also appears on an early plan of the building.¹⁵

Lewis does not appear to have been a prolific architect and his career is thought to have spanned just 3 years. His other known work is the Church of St David near Flint. Lewis gave up practicing not long after the Dispensary was completed and died in 1876.¹⁶

A plan of the new dispensary shows the building as 'L' shaped in plan; the central entrance is located opposite the main staircase which gives access to the upper floors. To the right are private areas consisting of living and service areas, a kitchen and servant's stair. To the left are public waiting and consulting rooms and the dispensary. Accident patients also have a dedicated treatment room. A yard to the rear contains a laundry, washhouse and also an underground mortuary. The three wards are likely to have been located on the first and second floors.

The builder Edward Johnson was engaged to construct the three storey building. It was reported in that year that 'the New Building is making fair progress,' and they hoped it would be 'completed about by March next'.¹⁷

¹² *Manchester Times*, Saturday 15th June 1872, p.6

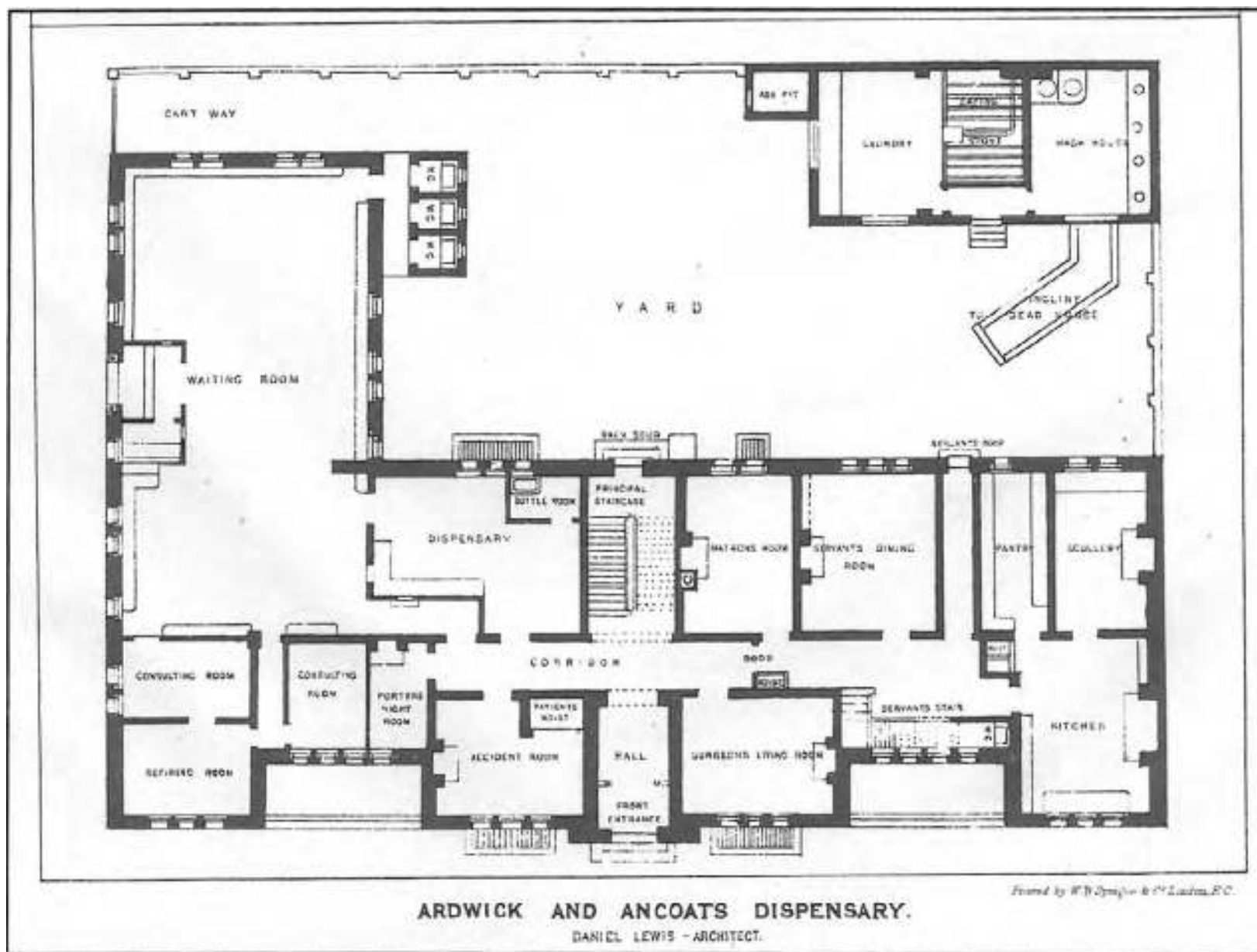
¹³ Report of the Committee of the Ardwick and Ancoats Dispensary, 1869, p6 6 (Manchester Library, Information and Archives [M325/111])

¹⁴ *Ibid*

¹⁵ D Lewis is named by the *Manchester Time* in 1872 and research by Neil Darlington suggests 'Crawcroft' was in fact Samuel Crowcroft, a building surveyor and clerk of works for the Dispensary. <http://www.victoriansociety.org.uk/regions/vicsoc3columnspring2012Emailversion.pdf>

¹⁶ N Darlington, 2012, <http://www.victoriansociety.org.uk/regions/vicsoc3columnspring2012Emailversion.pdf>

¹⁷ Report of the Committee of the Ardwick and Ancoats Dispensary, 1872, p6 6 (Manchester Library, Information and Archives [M325/111])



Undated ground floor plan of the new dispensary, circa 1873
[Ancoats Dispensary Trust]

Thursday 29th January 1874

The new 'Ardwick and Ancoats Dispensary and Ancoats Hospital' was formally opened by the Bishop of Manchester. The building was designed in Victorian Gothic Revival style.

The Annual Committee Report for 1873 announced

*'the long cherished hoped of the Committee have been realised. By the munificent gift of the late Miss Brackenbury, a noble building with every accommodation for surgical and dispensary practice has been erected on land in Mill Street, purchased from land from Manchester, Sheffield and Lincolnshire Railway Company. Three spacious Wards are set aside for Hospital Patients, and it is hoped that funds will soon be raised to enable the Committee to supply 50 beds.'*¹⁸

An illustration of the new building shows it to be largely symmetrical and set over three storeys, with the third floor windows partially set in dormers. The central element is set forward with two flanking wings. A distinctive feature is the steeply pitched roof; the image suggests they were originally of slate or tile but incorporating decorative banding. The roof also has a distinctive decorative rail in metal or terracotta along the ridge with finials to the gable ends. Other decorative features include banding to the brickwork, whilst the narrow windows have trefoil heads and polychrome voussoirs. Historic images and modern plans suggest the wards which were to contain 50 beds were to be situated to the rear of the building whilst the more prestigious offices and Board Room, would have looked onto Mill Street.

The focus of the building, however, is the central arched doorway with a tower rising above incorporating a clock. The tower features machicolations and decorative turrets and is topped by a steep saddleback roof. A single storey structure projects from the rear of the building on the north-east side and a gate can be seen, probably leading to service buildings in the yard.

At the official opening it was clear that the Committee intended to provide in-patient care – but at an estimated annual cost of £50 per bed, it was calculated that unless they were able to raise an extra £2,000 per year from subscription or through the newly introduced Provident Scheme, they would be unable to do so.¹⁹ This proved to be the case and the dispensary failed to find the finances to open and maintain hospital beds despite the increasing need for care.

*The Ardwick and Ancoats Dispensary and Ancoats Hospital
[Inside cover image of 'Report of the Committee of the
Ardwick and Ancoats Dispensary', 1885, [Manchester Library,
Information and Archives M325/111]]*



¹⁸ Report of the Committee of the Ardwick and Ancoats Dispensary, 1873, p5 6 (Manchester Library, Information and Archives [M325/111])

¹⁹ Manchester Courier and Lancashire General Advertiser, Friday 30th January 1874, p7

1879

An increase in the number of subscriptions enabled the dispensary to finally admit their first in-patients and six beds were occupied. Now functioning as a hospital, it was to continue to struggle to find the funds to open further beds.

1880

The Committee issued an appeal for more subscriptions in which they expressed their hopes and their frustrations. The Hospital, being situated 'in the midst of the factories and workshops of the district', saw 'frequent accidents...It was hoped that when the new building was completed means might be found to open and carry on the Hospital work. This hope however was not realised. The Institution did not possess sufficient funds'. They needed to raised £5,000 to pay off their debts and put the Dispensary of a 'sound footing'. Only with more subscriptions would they be able to continue their work and open more beds to add to the six public and three private beds they already had.²⁰

²⁰ Committee Minutes, June 18th 1880 M325/2/1.

1881

A Dispensary House Surgeon, R Martin, expressed his concerns within the Committee annual report that due to a lack of day care in the area they had seen many terrible accidents to children:

*'infants, terribly burned, are bought here from time to time, who have been left solely in the care of a brother or sister kept from school to nurse the baby, whilst the mother is out at work, a fire or matches being at hand...in other cases infants thus left are badly fed; digestion and nutrition consequently become disordered.'*²¹

Falls at home were also common. The children's mothers were either incapable or unable to look after them.

Largely as a result of their concerns, the Manchester and Salford Sanitary Association opened the first day-nursery in Ancoats in 1882.

²¹ Report of the Committee of the Ardwick and Ancoats Dispensary, 1881, p.6 (Manchester Library, Information and Archives [M325/1/1])

1886

James Jardine, a prominent Ancoats cotton manufacturer and later President of the hospital, made a donation of £12,000 to enable more beds to be opened, plus a further £500 a year to maintain them. The ward was to be named after him. By 1887 all 50 beds of the Ancoats Hospital were in use.

June 1888

By June 1888 the building was described as 'cramped and inconvenient'²². It was clear that further expansion of the hospital was needed. The committee stated that 'daily applications for admission are so numerous that the committee feel they would fail in their duty were they to postpone any longer the appeal to the public fund to enable them to provide a substantial increase in hospital accommodation'.²³

They purchased adjacent land for £2,000 and proposed that the new extension would be connected to the original hospital by a corridor and provide further ward space for 60 new beds. The cost was estimated as £11,000.²⁴ They intended to reorganise the existing building, removing many hospital beds into the new wing. The hospital extension was also to provide better accommodation for the hospital's nurses.



Foundation Stone laid by Prince Albert Victor

20th October 1888

Despite the slow influx of donations, it was decided that new building could not be delayed. Prince Albert Victor, the Duke of Clarence, laid the foundation stone for a new wing to the Ancoats Hospital in October 1888 to a great deal of pomp and ceremony. A bottle containing newspapers and coins was placed beneath the stone. The building was named the Albert Victor Pavilion. The new extension to the hospital is shown on the Ordnance Survey map published in 1891. It shows that the original 'L' shaped building on Mill Street extending to the south-east, forming a roughly 'H' shaped building on plan; a spinal corridor connects the original dispensary building with the new wards which are placed either side of the corridor at the southern end. A number of smaller buildings, possibly the mortuary, lie on the southern boundary of the hospital site.



1891 Ordnance Survey map

- Ardwick and Ancoats Dispensary
- Site boundary
- Former extent of hospital site

²² *Manchester Courier and Lancashire General Advertiser*, Saturday 16th June 1888, p16

²³ *Ibid*

²⁴ *Report of the Committee of the Ardwick and Ancoats Dispensary, 1888, P6 6* (Manchester Library, Information and Archives [M325/111])

1890

Within a year the extension had proved its worth and all beds were occupied. Despite this the hospital continued to struggle to fund their upkeep.



The Jardine Ward c.1892 in the new wing of the hospital [Report of the Committee of the Ardwick and Ancoats Dispensary, 1892 [Manchester Library, Information and Archives, M325/112]]

1894

The committee raise the need for a new out-patients waiting room 'and accessories' away from the main building.²⁵

²⁵ Report of the Committee of the Ardwick and Ancoats Dispensary, 1894, p8 (Manchester Library, Information and Archives [M325/111])



The Children's Ward c.1892, and later photographed in 1901. These photographs show the ward to have been within the original Dispensary building. It was probably located on the first floor within the north-east corner. Note the lancet windows with trefoils, the internal windows which would have lit the corridor and the tiled dado. The floors are polished timber boards. The walls and ceiling are simply finished. The room was heated at the southern end by an open fire [Manchester Library, Information and Archives, M325/112]

Twentieth Century



The accident and emergency department façade to Mill Street (1967). The wall of the adjacent Girl's Institute is to the right. The 'Ancoats Hospital' sign was retained after the building's demolition and appended to the Dispensary's western elevation, [Manchester Library, Information and Archives, m10341]



Patients undergoing treatment in 1913 in the accident department [Manchester Library, Information and Archives, 157713]

1900

A new accident and out-patient's department was opened. This was made possible by the benefaction of the Oliver Family, in memory of James Oliver who had served on the hospital's committee for many years. The new building was located on land to the south-west between the Ancoats Dispensary and the newly constructed Girl's Institute. The 1908 Ordnance Survey map illustrates this addition. Few

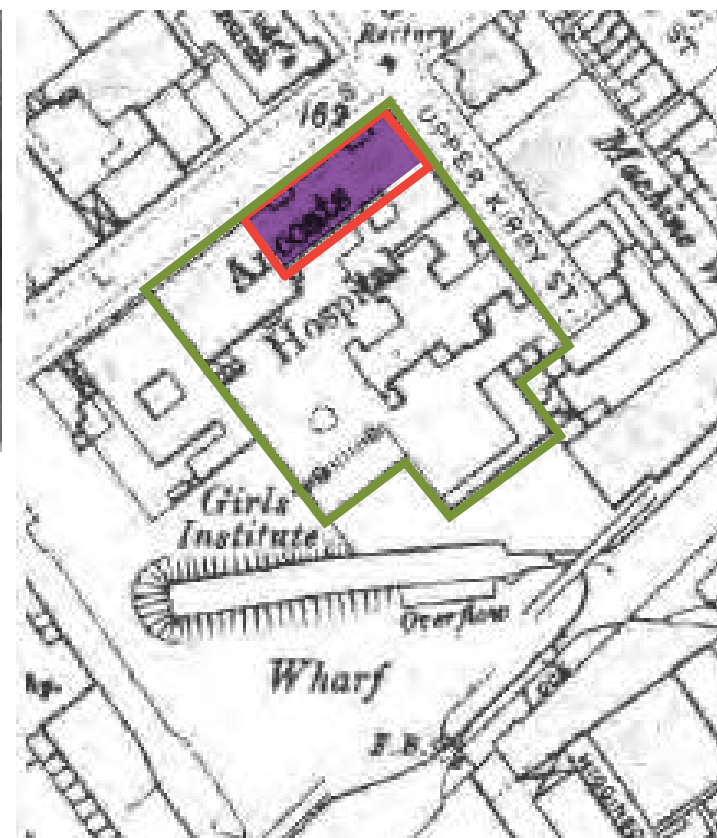


The out-patient's waiting room as it appeared soon after construction, Report of the Committee of the Ardwick and Ancoats Dispensary, 1902, p.4 [Manchester Library, Information and Archives, M325/112]

- Ardwick and Ancoats Dispensary
- Site boundary
- Former extent of hospital site

other changes appear to have taken place on the site, although the earlier 'H' plan of the building is being degrading by minor additions along the spinal corridor.

With the opening of the new unit, the old waiting room was demolished to make way for new accommodation.²⁶ The following year a larger children's ward and new nurses home were opened.



Caption: 1908 Ordnance Survey map

²⁶ Report of the Committee of the Ardwick and Ancoats Dispensary, 1900, P9, (Manchester Library, Information and Archives, M325/112)

1904

The Crossley family, eminent philanthropists in Manchester, and founders of Crossley Engines, gave £10,000 for the establishment of a convalescent home at Great Warford, Alderley Edge. The home provided extended care for Ancoats patients; it was thought that the fresh air and country surroundings would be an ideal place for those recuperating from serious illnesses such as tuberculosis and polio, away from the pollution and disease of the city.

The Hospital Committee reported a 58% increase in patient numbers since 1894. The 114 beds and cots were all at capacity.²⁷



The new convalescent home for Ancoats Hospital patients, opened in 1904, Report of the Committee of the Ardwick and Ancoats Dispensary, 1904, p.49-50 [Manchester Library, Information and Archives M325/112]

²⁷ Ibid, 1904, p 7

1907

Dr Alfred Barclay establishes Manchester's first radiology department at Ancoats. This was due to the benefaction of Mr and Miss Hyde of Whalley Range. A new mortuary and post-mortem room were built at a cost of £450.²⁸



Ancoats Hospital's X-ray room in 1913 [Manchester Library, Information and Archives 1577/110]

²⁸ Ibid, 1907, p7

1914

Harry Platt sets up the country's first fracture clinic at Ancoats Hospital and later sets up the first physiotherapy department for the North of England.

The committee launched a new appeal for funds to extend the hospital by a further ward. The current total of 114 beds was reported as 'totally inadequate' in order to deal with the 33,000 patients attending the hospital.



Operating Theatre in 1914 [Manchester Library, Information and Archives m52557]

1914-1918

Ancoats Hospital staff were to play a part in the First World War; a number of the staff served in the armed forces. Meanwhile the wounded were also sent to Ancoats and its convalescent home; in October 1914, 20 Belgian soldiers were admitted. The following month 30 beds were officially assigned for military use with a further 31 beds set aside at Alderley Edge.

The First World War was also to bring further endowments to the hospital in memory of those who had fallen; the Ancoats Hospital Treasurer, John R Oliver, endowed the pathology laboratory in memory of his son, whilst Lord Crawley of Prestwick, President of the Hospital, gave £10,000 for the Crawley Ward in memory of his three sons. Others endowed hospital beds to memorialise their loved ones.



The hospital circa 1913, [Manchester Library, Information and Archives I577/15]

SIR HARRY PLATT (1886-1986)

Harry Platt was born in Lancashire and attended the University of Manchester to study medicine where he gained a distinction. He became a surgical officer in 1912 at the Royal National Orthopaedic Hospital in London. After a year spent in Boston, USA, he decided to specialise in orthopaedics which was at that time a less fashionable branch of surgery.

He was appointed honorary orthopaedic surgeon to Ancoats Hospital in 1914. It was at Ancoats hospital that he set up the first organized segregated fracture clinic in 1917 and later a new 'massage' or physiotherapy department and continued at the hospital until the 1932.

He went on to work in a number of hospitals, specialising in orthopaedic surgery. He helped found the British Orthopaedic Association in the same year. He became their president and was also appointed president of the Royal College of Surgeons. He was consultant adviser in orthopaedic surgery to the Ministry of Health from 1940 until he retired and was actively involved in setting up the National Health Service. He was knighted for his work in orthopaedics, finally being made a Baronet in 1958. He wrote prolifically on orthopaedic subjects and received honorary degrees, memberships and fellowships from organisations around the country.

For his 80th birthday his former colleagues at Ancoats Hospital presented him with a bronze shoulder joint in honour of his work.



Sir Harry Platt by an unknown artist, Central Manchester University Hospitals NHS Foundation Trust (permission being sought)

1921

A new nurse's home is built to the rear of the Girls' Institute at a cost of £35,000.

1928

On the centenary of the institution's foundation, the committee launched a new appeal for funds of £100,000 to extend the hospital. Within two years, construction was underway.

9th July 1935

In scenes 'reminiscent of Jubilee Day' the Duchess of York visited Ancoats hospital. Factories, railings and lamp posts were decorated with red, white and blue and the crowds gave her an enthusiastic welcome.²⁹ The Duchess visited all wards and officially opened the new extension which included a new four storey ward block, two new operating theatres, a new pathology and physiotherapy departments, an extension to the nurse's home and new mortuary and laundry facilities. The Ordnance Survey map shows the site in 1936. The hospital is shown to extend southwards into the adjacent site and over a branch of the Ashton Canal.



Ordnance Survey map of 1936 shows further extensions to the site, south of the original dispensary building, removing a branch of the Ashton Canal.

■ Site boundary
□ Former extent of hospital site

²⁹ Western Morning News, Wednesday 10th July, 1935, p7

1939-1945

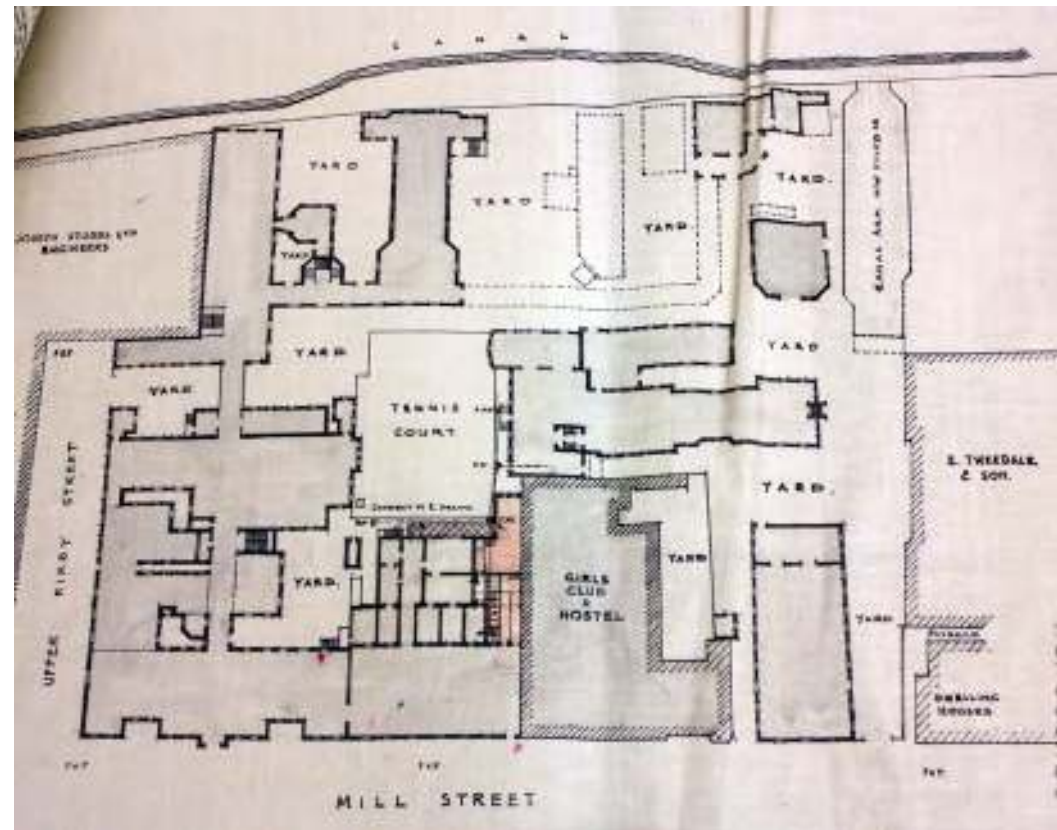
During the Second World War Ancoats Hospital continues to serve the community and suffers only minor damage from bombing.

1948

With the formation of the National Health Service, Ancoats ceased to be a voluntary hospital. This meant that it lost control over its funding, although it continued to be run by a house committee which included former Board members.

1950s

The hospital aimed at further expansion but their lack of independence and financial control meant that the process was laborious. When the hospital sought funding from the NHS to expand into the adjacent Girls' Institute on Mill Street, they were slowed by red tape. At the time the Manchester Evening News criticised the number of committees and subcommittees between Ancoats and Whitehall which caused frustration and lengthy delays. Proposals to install new toilet into the out-patient's department included a plan of the hospital site. It shows that the hospital surrounding the Girls' Institute. Expansion into the building seemed a natural progression for the hospital, but the constraints of the urban site are also clear.



The site in 1950 [Manchester Library, Information and Archives M900/111/2/20/30911]

January 1952

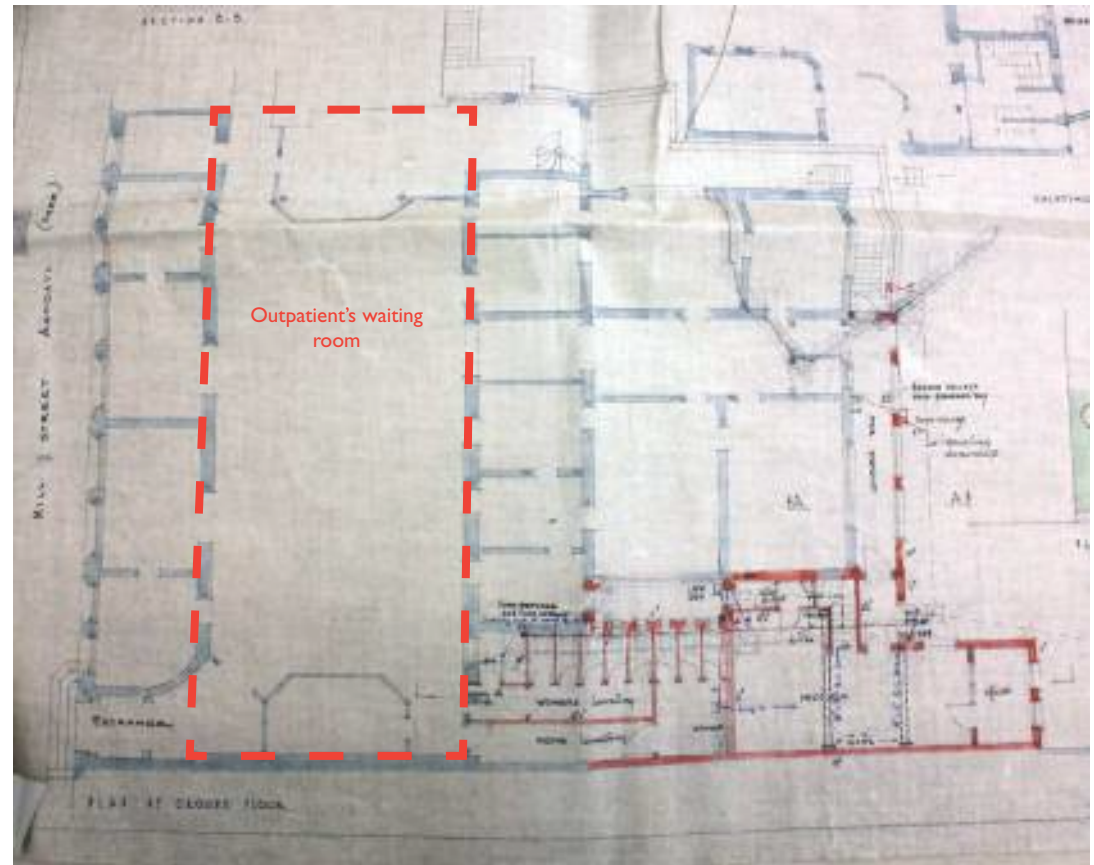
The Ancoats Hospital Medical Committee commissioned a painting from a local artist, LS Lowry, as a memorial to an Ancoats eminent surgeon, Peter G McEvedy. The scene he chose to depict was the out-patient's department which opened in 1900.

The picture depicts a waiting room filled with the typical working class characters of Lowry's earlier work. Men, women and children are seated on rows of wooden benches. The double-height space has three distinctive semi-circular windows in the left wall. Numerous doors lead off to consulting rooms. At both ends are glazed offices. A dado rail with red tiling runs around the walls. The remaining walls and ceiling have a clinical white finish. Stylistically, the windows and other features agree with a late 19th or early 20th century. Its location is shown in a plan of the building from 1950 and shown on opposite. The room is sadly no longer extant.

Lowry's painting was to hang in the boardroom at Ancoats until 1974, by which time Lowry's work was better appreciated. It had cost the Committee £500 but by 1962 when it received its first public viewing at a special exhibition in Sheffield, it was insured for £1000. By 1975 it was felt that its value was such that it would be better under the care of the Whitworth Art Gallery where it is currently held.



LS Lowry's depiction of the outpatient's department at Ancoats Hospital in the 1950s
(Courtesy of the Whitworth, The University of Manchester)



A detail of the site from 1950 which depicts the out-patient's waiting room left of centre; Mill Street is to the left. The Dispensary building is not shown on this detailed plan, but is positioned on the top left. The waiting room depicted by LS Lowry is indicated
[Manchester Library, Information and Archives M90011112/20/30911]

1960s and 1970s

Fear for the future of Ancoats Hospital began to grow as pressure is put on the North Manchester Health Authority to centralise services. In 1974 the Ancoats Dispensary building was listed Grade II. In 1979 its accident cases were transferred to the North Manchester General Hospital.



- 1 Ancoats Hospital captured in 1962. Note the word 'HOSPITAL' painted on the roof of the tower. [Manchester Library, Information and Archives m52560] permission being sought
- 2 Ancoats Hospital out-patients entrance in 1967, [Manchester Library, Information and Archives, m10340] permission being sought
- 3 A view of the rear of Ancoats Hospital in 1960 taken from the Ashton Canal. From left to right, the buildings shown are the nurses home built in the 1920s, the boiler house with prominent chimney in the foreground, the extensions to the Dispensary built in the late-1880s and the four-storey 1930s hospital extension. Buildings in the foreground include the mortuary and chapel. All have been demolished [Manchester Library, Information and Archives m53849].

1980s

The population of Ancoats underwent a decline; closure of the mills, job losses and migration from the area were contributing factors. Despite this, the hospital continued to treat large numbers of patients. The hospital was, however, restricted from further expansion – hemmed in by the canal and by industrial buildings, further development of services was made extremely difficult.

Despite the lingering question of closure, the hospital continued to plan improvements; in 1981 it sought approval for the construction of new day rooms and alterations and extensions to the mortuary. In 1987 an application for a first floor extension to Armitage ward was approved.

But the NHS had decided to transfer the accident and emergency service elsewhere. On the 1st February 1987, the day it was due for closure, a group of local people organised by the Ancoats Action Group, occupied the Casualty Department. The sit-in was to last two years and although unsuccessful the Local Authority offered the people of Ancoats a Community Clinic, providing a walk-in service for minor injuries.

1987

The transferral of services to the North Manchester General Hospital was completed and Ancoats Hospital was closed.

TWENTY-FIRST CENTURY

2001

Urban Splash purchased the former hospital site and began to develop plans for a mixed-use development of 340 residential units and office space. This was to include the construction of a new arm of the Ashton Canal.

May 2002

Urban Splash gained approval to demolish all buildings within the curtilage of the Dispensary. An archaeological survey took place in January 2003 prior to their demolition by University of Manchester Archaeological Unit.

Jan 2003

Urban Splash lodged an application for a mixed-use development within the old dispensary building of 12 residential units combined with commercial space. This was to include demolition of sections of the listed building.

April 2009

Due to concerns raised by the City Council over the deterioration of a brick gable fronting Upper Kirby Street (a public highway used for access to the car park), the gable was dismantled and stored for rebuilding.

May 2009

A temporary scaffold was erected by Urban Splash.

2009-2010

Funding was withdrawn from the project and the all work on the Dispensary is put on hold. The Greater Manchester Building Preservation Trust work with all parties to find a solution and offer to purchase the building for £1. The deal falls through when they are unable to purchase the scaffolding.

June 2011

Urban Splash make a formal planning application 096729/LL/2011 to demolish the Grade II Listed former dispensary building.

September 2011

A building notice was issued by the City Council under Section 77(2) of the Building Act 1984 after concern over the instability of the structure. This resulted in the demolition of the central tower fronting Old Mill Street and the removal of elements of three top floor arched windows.

October 2011

The Victorian Society included the Ancoats Dispensary on their list of the top 10 buildings at risk in England and Wales.³⁰

2011

The 'Save Ancoats Dispensary Group' is formed, later to become the Ancoats Dispensary Trust. They set up a daily vigil outside of the building.

June 2012

Following an application by Urban Splash in July 2011, the planning committee at Manchester City Council recommended approval of the application for demolition on the grounds it was unsustainable.

³⁰ <http://www.victoriansociety.org.uk/news/category/2011-top-ten/>

May 2013

The application to demolish the building is put on hold, enabling the Ancoats Dispensary Trust to apply to the HLF for funding to start the process of saving the building.

July 2014

Ancoats Dispensary Ltd (ADL) a subsidiary of Ancoats Dispensary Trust (ADT) received £770,000 from the HLF to help stabilise the building. The money was provided under the Heritage Enterprise Scheme which aims to save historic buildings deemed not commercially viable to restore. This was to be the first stage in a grant totalling £4.5m. It also secured grants from Social Investment Business (SIB).

September 2015

After a further fundraising campaign the ADL took over the lease of Ancoats Dispensary from Urban Splash.

3.2 COMPARATIVE ANALYSIS

The dispensary movement began in London in the mid-18th century aimed to bring relief to the poorest areas of East London. The first to be established was the London Dispensary in 1770 which later developed into the London Hospital. The dispensary movement was to spread throughout the country. Below are a number of examples which have been listed for their historic and architectural significance.



© Copyright Robin Sones under Creative Commons licence

The Eastern Dispensary was founded in 1782. Similar to the Ardwick and Ancoats Dispensary, it moved to a purpose built dispensary in Leman Street which was constructed in 1859. Designed by G H Simmonds the dispensary's secretary and a surveyor, it was built in the Italianate style and is Grade II Listed. It is now a pub and dining room.



© Copyright Stephen Richards under Creative Commons Licence

The former Newcastle Dispensary opened in 1836, was designed in the classical manner. It is built of sandstone ashlar with an emphasis on the central bay. Grade II listed, only the façade remains.



CBA, <http://www.archaeologyuk.org>

The Lancaster Dispensary was an early example built by public subscription in 1784 and continued to serve the poor of Lancaster until 1832 when it moved to new premises. The Royal Lancaster Infirmary grew from the dispensary in the 19th century. The small two storey Georgian building still exists on Castle Hill.



© Copyright Rose and Trev Clough under Creative Commons licence

The Carlisle Dispensary was founded in 1782 by Dr John Heysham in Paternoster Row. New premises were constructed in Chapel Street in 1857. It continued its function until the formation of the National Health Service in 1948 and is today still serves a health care function. It is Grade II listed.



© Copyright Betty Longbottom under Creative Commons licence

Former Leeds Chest Clinic and Dispensary was built by William Hill in 1865 in the angle of Upper Briggate and Vicar Lane. It is built in the classical Italianate style with a roofline enlivened by a balustrade with large balusters topped by finials. It is Grade II listed and was the home of the Leeds Dispensary until it moved to new premises in 1904 where it operated until 1971. The building is now used as retail premises.



York Dispensary on Duncombe Street opened in 1899. It is a distinctive Jacobethan revival style building designed by Edmund Kirby and is Grade II listed. It closed in 1949 soon after the National Health Service was formed. Today it is used as offices



© Copyright Gordon Hatton under Creative Commons Licence

Ripon Dispensary in Firby Lane, was built in 1850 in sandstone ashlar and in a classical style. It has a distinctive frieze with the lettering DISPENSARY above the entrance. Like Ancoats, it evolved into a general hospital which remains today. The building is Grade II listed.

THE MANCHESTER CONTEXT

In Manchester, the population expansion of the 19th century put significant pressure on the Manchester Infirmary. Prompted by the establishment of dispensaries in neighbouring towns like Blackburn, the Manchester Infirmary Board recommended similar institutions should be set up in the city's new districts.

The first to be established was the Chorlton Dispensary in Chorlton Row (now Chorlton-on-Medlock) around 1825. It was based in the newly constructed town hall from 1831 and its first president was Hugh Hornby Birley (1778-1845), a textile mill owner and the man who had led the charge of the cavalry at Peterloo. It continued as a voluntary dispensary in the town hall until it closed around 1938. Only the façade of the building remains which is Grade II listed.

Salford and Pendleton Dispensary was established soon after Chorlton and moved to purpose-built premises around 1830. It had hoped to provide beds, but was unable to find the funds until 1845.⁰¹ The site in Chapel Street evolved to become the Salford Royal Hospital. The building closed as a hospital in 1993 and has been converted into residential apartments.

The Ardwick and Ancoats Dispensary was therefore the third major dispensary to be founded in Manchester. Like Salford, it survived the establishment of the NHS, and continued to provide healthcare to the people of Manchester almost to the end of the 20th century.



1 Former Chorlton Town Hall and Dispensary (© Copyright Stephen Richards, Creative Commons licence)

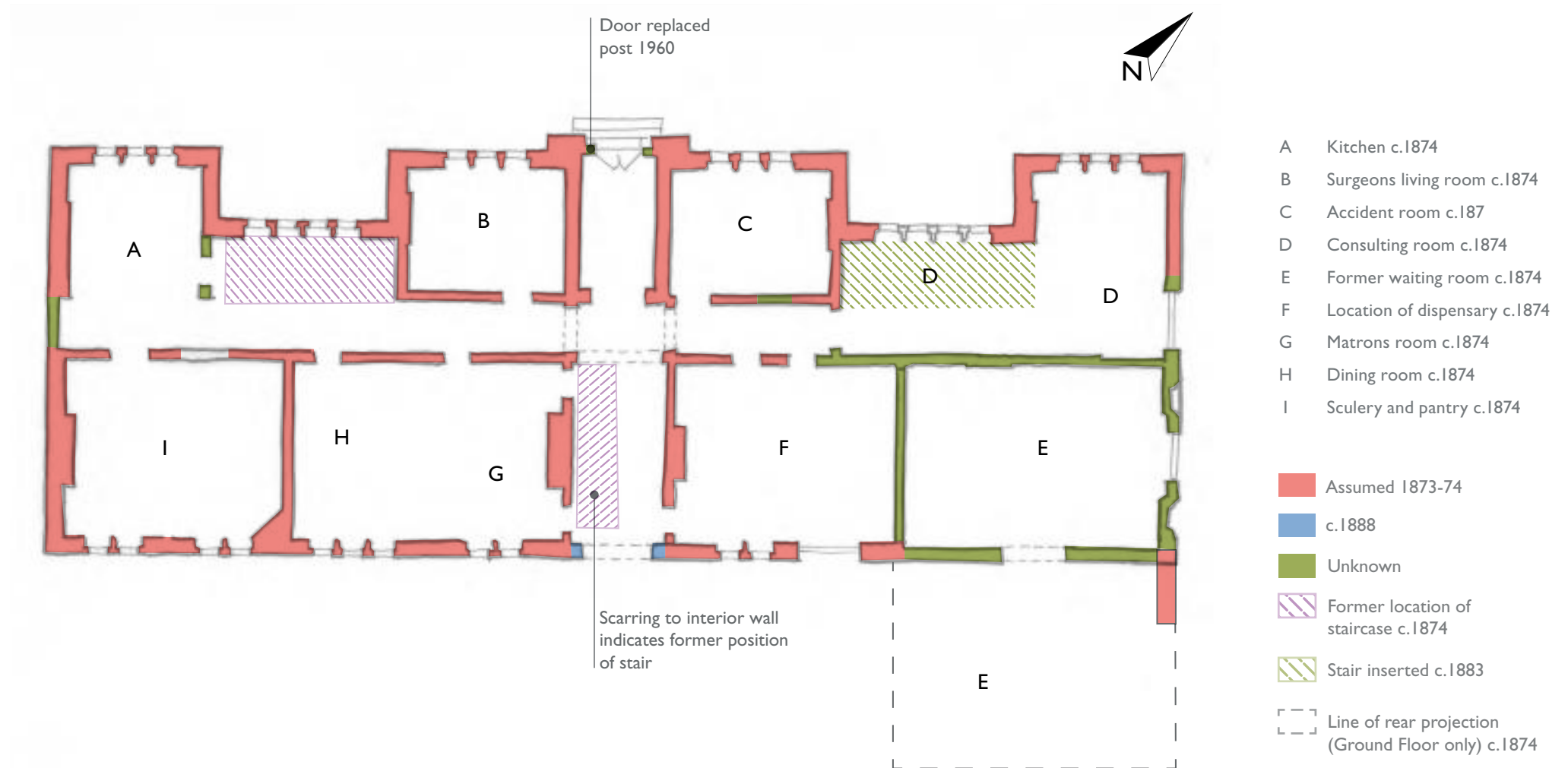


2 Former Salford Royal Hospital (© Copyright David Dixon, Creative Commons Licence)

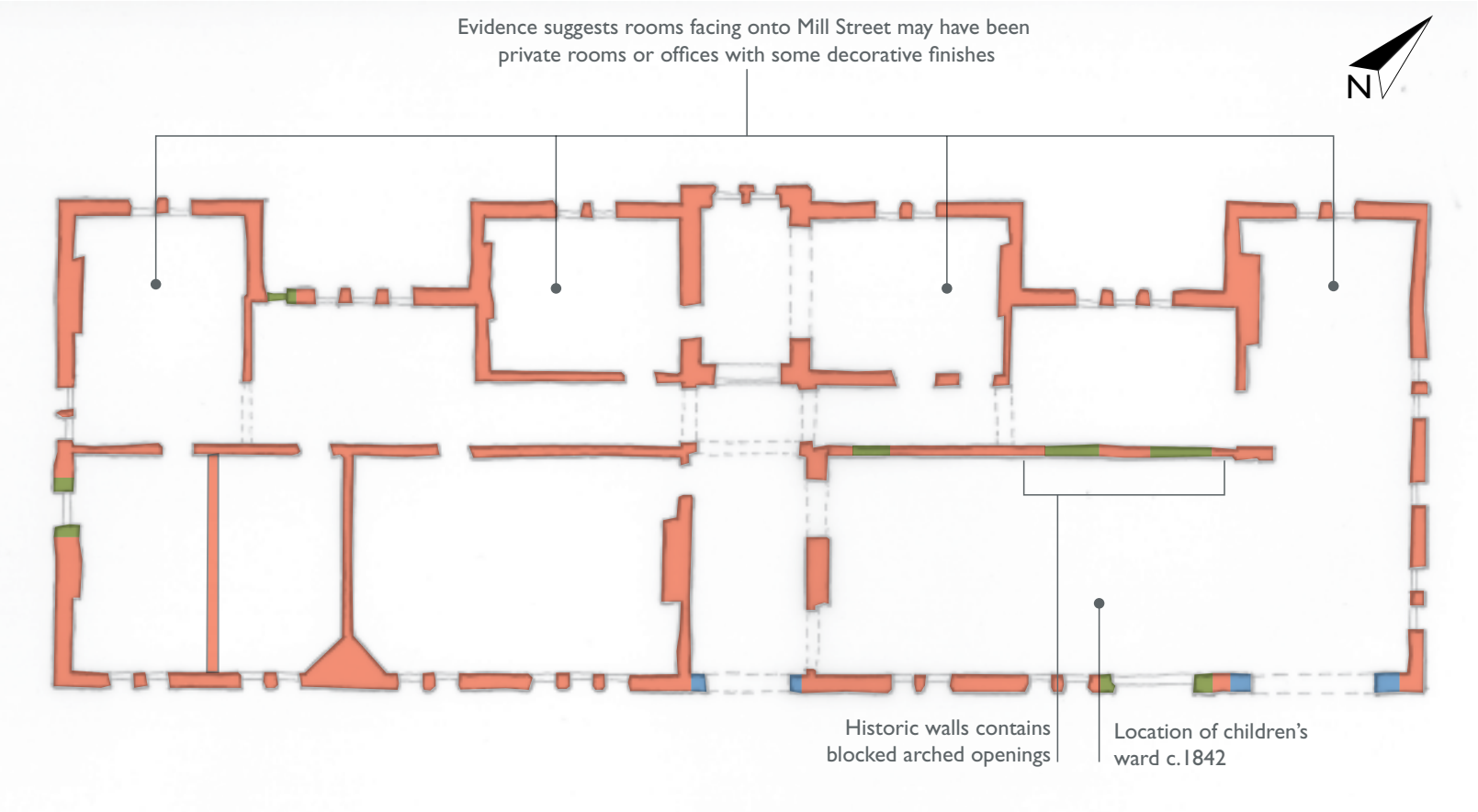
⁰¹ J Picktone, 1985, *Medicine and Industrial Society: A History of Hospital Development in Manchester and Its Region, 1752-1946*, p51

3.3 HISTORIC DEVELOPMENT PLANS

GROUND FLOOR

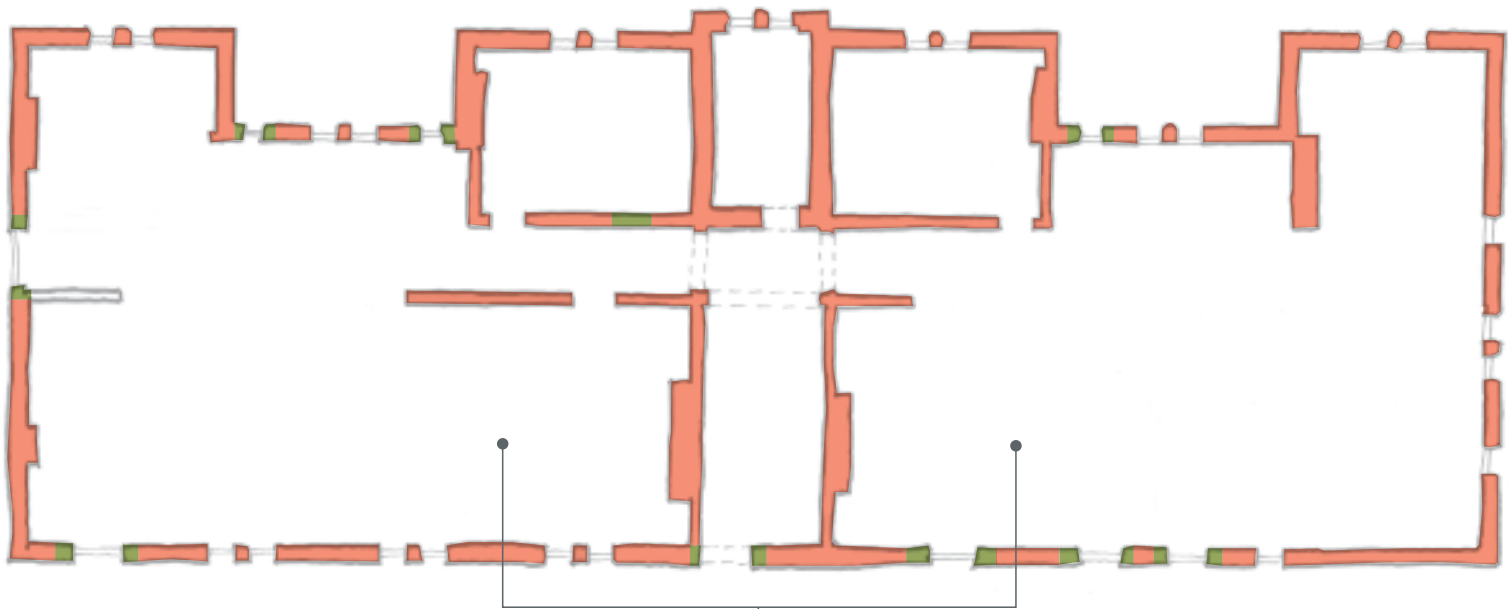


FIRST FLOOR



- Assumed 1873-74
- c.1888
- Unknown

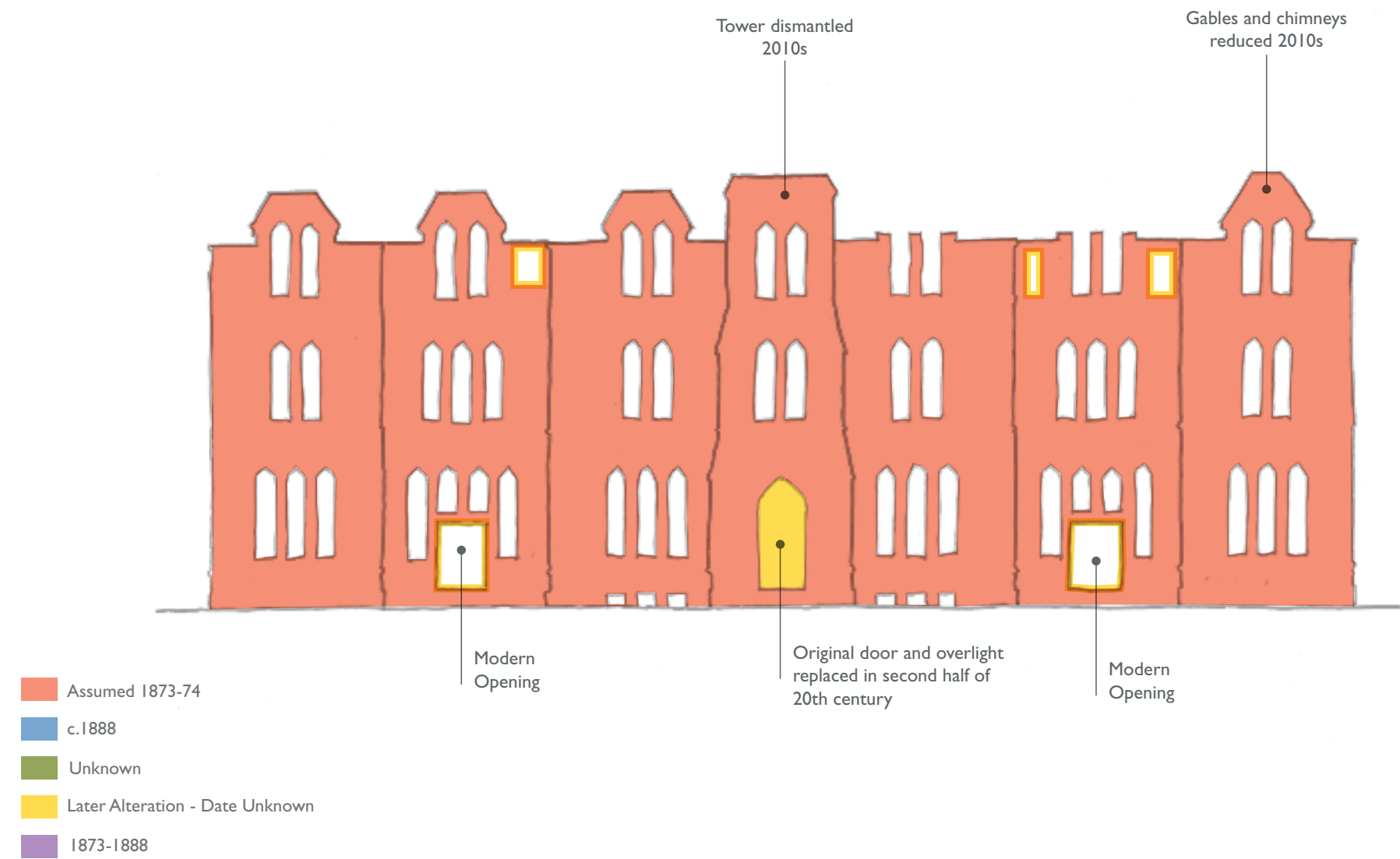
SECOND FLOOR



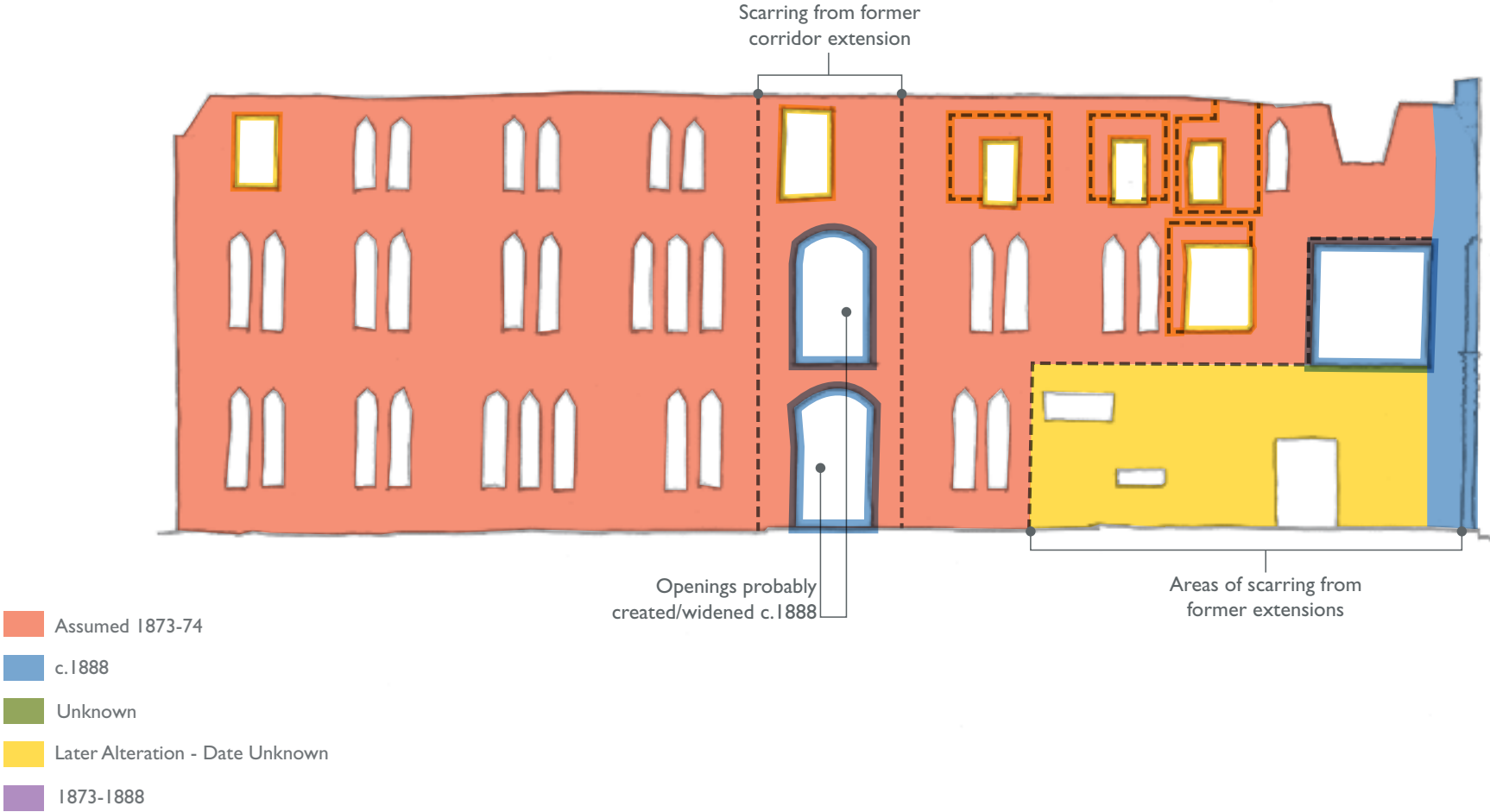
Possible position of wards

- Assumed 1873-74
- c.1888
- Unknown

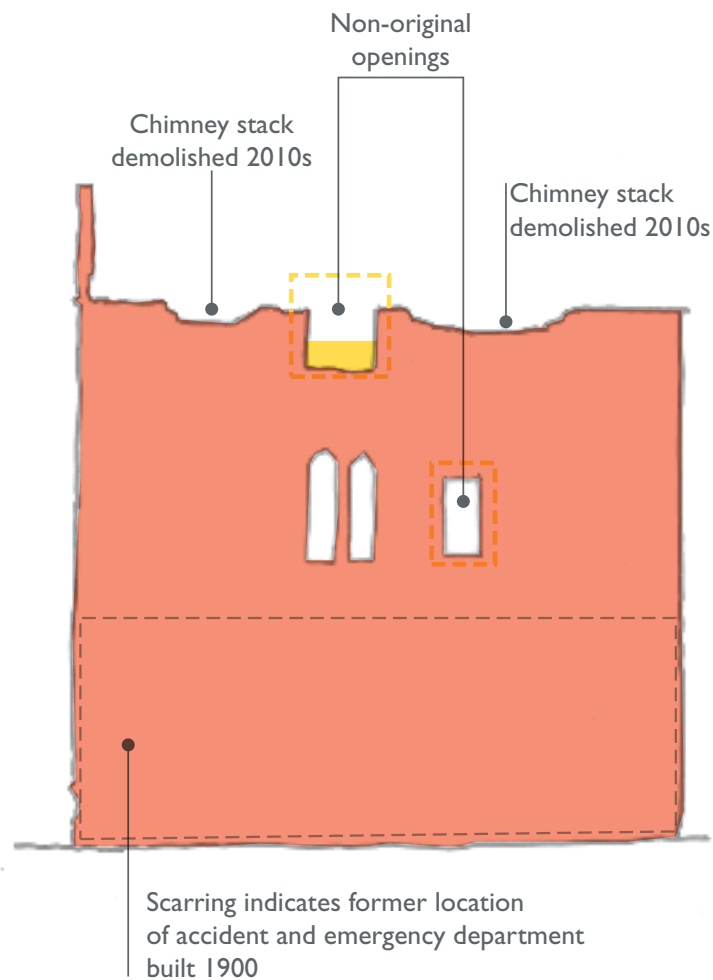
MAIN ELEVATION



REAR ELEVATION

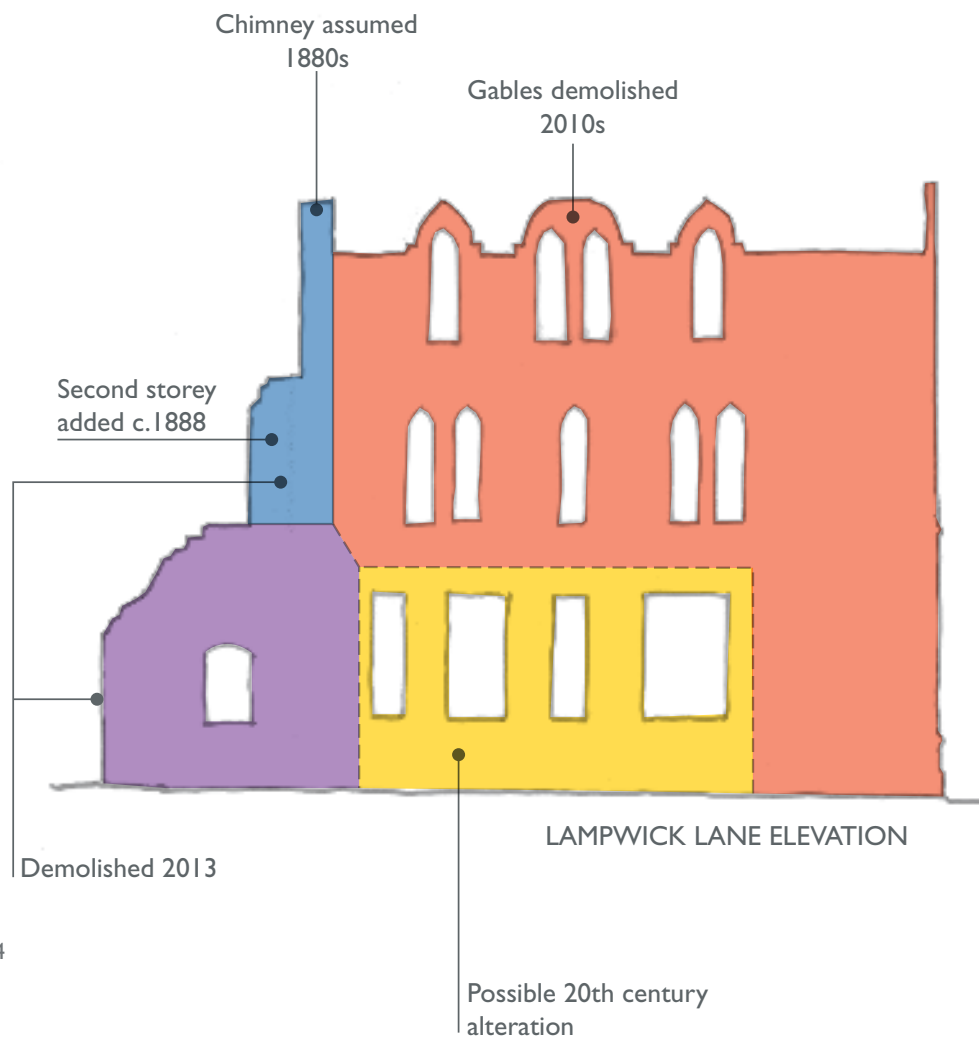


WESTERN ELEVATION



- Assumed 1873-74
- c.1888
- Unknown
- Later Alteration - Date Unknown
- 1873-1888

EASTERN ELEVATION



4 SIGNIFICANCE

4.1 SIGNIFICANCE ASSESSMENT METHODOLOGY

This assessment of significance has been informed by a non-intrusive site investigation and historical research

Significance can be defined as the sum of the cultural, social and/or natural heritage values that make a place important to this and future generations. As well as the physical fabric, age and aesthetic value and more intangible qualities such as communal value, association with historic people and events and former uses are all important in defining the significance of a place. Understanding the significance of a place is vital to inform sensitively managed change to ensure that the significance is maintained and, where possible, further revealed, reinforced and enhanced.

The significance assessment is based on the heritage values identified in English Heritage's Conservation Principles, Policies and Guidance, which defines value as "an aspect of worth or importance...attached by people to qualities of place" and separates heritage values into four categories:

- **Evidential:** The potential of a place to yield evidence about past human activity.
- **Historical:** The ways in which past people, events and aspects of life can be connected through a place to the present. This can be both illustrative and associative.
- **Aesthetic:** The ways in which people draw sensory and intellectual stimulation from a place.
- **Communal:** The meanings of a place for the people who relate to it, or for whom it figures in their collective experience or memory.

The significance of the study area is assessed using a number of significance ratings: High, Medium, Low, Neutral and Intrusive. The definitions of these ratings are provided below. Also provided is a significance plan, which gives a broad understanding of the overall significance for each part of the building.

VALUE DEFINITION

High Significance is attributable to a theme, feature, building or space which has a high cultural value and forms an essential part of understanding the historic value of the site, while greatly contributing towards its character and appearance. Large scale alteration, removal or demolition should be strongly resisted.

Medium Significance is attributable to a theme, feature, building or space which has some cultural importance and helps define the character and appearance of the site. Efforts should be made to retain features of this level if possible, though a greater degree of flexibility in terms of alteration would be possible.

Low Significance is attributable to themes, features, buildings or spaces which have minor cultural importance and which might contribute to the character or appearance of the site. A greater degree of alteration or removal would be possible than for items of high or medium significance, though a low value does not necessarily mean a feature is expendable.

Neutral Significance relates to themes, spaces, buildings or features which have little or no cultural value and neither contribute to nor detract from the character or appearance of the site. Considerable alteration or change is likely to be possible.

Intrusive Significance relates to themes, features or spaces which actually detract from the values of the site and its character and appearance. Efforts should be made to remove these features.

4.2 SUMMARY STATEMENT OF SIGNIFICANCE

- The Ardwick and Ancoats Dispensary was a purpose built Voluntary Dispensary and Hospital constructed in 1874 which was in continual use as a medical facility until its closure in 1989.
- It is the last remaining and most architecturally significant building on the former Ancoats Hospital site which was once a physical beacon in the urban landscape.
- The building has high communal value locally as an institute which provided medical assistance to the people of Ancoats for over a century and represents the identity and fading heritage of the community. The building was saved from demolition by members of the local community who continue to work for the building's restoration.
- The site was an important medical facility which was established to serve the workers of Ancoats, an area inextricably linked with the Industrial Revolution and named the 'cradle of industrialisation'. Staff at the Dispensary were to observe first-hand the working and living conditions of its inhabitants.
- It is the location of a number of medical firsts including the first physiotherapy department in the North of England and Manchester's first x-ray department.
- The site has associations with important figures including Sir Harry Platt, LS Lowry and the Queen Mother.
- It is a surviving 19th century Dispensary in the Neo-Gothic style which despite alterations, appears to have largely retained its original layout.
- The fabric contains physical evidence of Victorian construction techniques and also the evidence of later modifications.
- The building is currently of low aesthetic value because of its condition. With sensitive restoration it has the potential to once again make a positive contribution to the streetscape and contribute towards the regeneration of the area.

DETRIMENTAL ELEMENTS

- Derelict, surrounded by scaffolding and safety fencing, it is unattractive in its present condition.
- The building is roofless; this exposure to the elements means it is deteriorating on a daily basis.
- The context of the structure has been lost and its immediate setting is a car park. The building is overshadowed by large modern developments which disconnect it from the Ashton Canal.

4.3 EVIDENTIAL VALUE

Evidential value derives from the potential of a place to yield evidence about past human activity. Physical remains of past human activity are the primary source of evidence about the substance and evolution of places, and of the people and cultures that made them. Evidential value is proportionate to its potential to contribute to people's understanding of the past. The ability to understand and interpret the evidence tends to be diminished in proportion to the extent of its removal or replacement.

In terms of archaeological evidence, the Dispensary was constructed on undeveloped land between 1872 and 1874. Ancoats was, until the late 18th century, a collection of isolated settlements set in a rural landscape. The Historic Environment Record contains no information to indicate human activity in the vicinity of the site before the post-medieval industrialisation of the landscape. Its archaeological potential is therefore considered to be low.

There are extensive records relating to the history of the Ancoats Hospital held within the Manchester Archives. These include committee minutes, reports and accounts which give a detailed picture of the everyday running of the hospital. There are also many articles within historic newspapers held in archives which detail events, openings, state visits, hospital statistics and also the dramatic events which brought people through its doors. Added to this are the personal memories, oral histories and photographs which have been collated by organisations like the Ancoats Dispensary Preservation Trust and the Manchester Libraries, Information and Archives Service. However, there are a number of gaps in our knowledge; for example, only

one early plan of the ground floor has been found. It is unclear how the upper floors were laid out and used, and how the building changed over the next century.

The former Ancoats Dispensary is currently in an extremely poor condition. Demolition of part of the listed building to the rear has resulted in the loss of its original 'L' shaped plan. The demolition of the surrounding hospital complex also reduces understanding and appreciation of the present Dispensary and the former hospital site.

The building has been vacant since 1989. This and the removal of the roof and floors has resulted in a loss of built fabric. However, it retains its external envelope and a number of distinctive features such as the original entrance doorway and part of the base of the central tower. Materials such as brick, roof slates, dressed stonework and timber windows have been retained for re-use.

A study of the architects original plan of the building suggests that the historic layout is still largely extant. Additionally the physical fabric provides evidence of Victorian construction techniques. Although the condition of the building has prevented a full examination of the fabric, a number of pictures of the interior have revealed evidence of alteration in the form of blocked or modified openings.

Prior to the demolition of curtilage buildings on the hospital site, a photographic recording was made by the University of Manchester Archaeological Unit.⁰¹ However, the photographic record was not extensive. There is a **HIGH** potential that new information in the form of fabric analysis, documentary evidence and photographs may further our understanding of the building's history and development.

Ancoats Dispensary is therefore of **HIGH** evidential value at a local level.



- 1 Photograph of the interior reveals alterations such as blocked openings
- 2 An aerial photograph of the Ancoats Dispensary showing the extent of internal fabric loss. However, it is clear that the original main internal walls are still extant.

⁰¹ M Nevell and I Hradil, 2003, *Ancoats: An archaeological Photographic Survey of a late 19th century Corridor Hospital*, University of Manchester Archaeological Unit

4.4 HISTORIC VALUE

Historical value derives from the ways in which past people, events and aspects of life can be connected through a place to the present. Historic aspects of the site that help us understand life in the past and the broader context of British social history, especially where it reveals important trends or events in historic development and associational links, including links to significant people that are important in the site's history or design, or the history of the area or nation. Historic value can also include the changing use of a site or its evolving place in a local community. Historic values tend to be illustrative or associative.

ASSOCIATIVE

The historic value of Ancoats Hospital is rooted primarily in its associations with historical events and figures. These include:

- The establishment of Ancoats Dispensary was largely due to the philanthropy of local mill owners. Amongst the new board members of the dispensary were George Murray (Murray Brother's mills), who was the first president, and James McConnel and John Kennedy who were vice-presidents, (McConnel and Kennedy mills). These men were key figures in the early stages of the Industrial Revolution in Manchester.
- Dr James Kay Shuttleworth, one of the first physicians and a founder of the Dispensary wrote the seminal work 'The Moral and Working Conditions of the Working Class' based partly on his experiences in Ancoats. It highlighted the conditions suffered in by the poor in inner city areas. He went on to become a key figure in the development of the education system.
- The foundation stone to the new wing was laid by Prince Albert Victor, the Duke of Clarence in 1888 to great pomp and ceremony. This new extension was known as the Albert Victor Pavilion.
- The hospital became the location of Manchester's first x-ray department in 1907.
- The eminent orthopaedic surgeon Sir Harry Platt was an honorary orthopaedic surgeon to Ancoats Hospital from 1914. It was at Ancoats hospital that he set up the first organized segregated fracture clinic in 1917. He was also responsible for setting up the first physiotherapy department for the North of England at Ancoats.
- A number of eminent figures were patrons, including Sir Oswald Moseley, Queen Alexandra and the Elizabeth, the Duchess of York. The latter visited in 1935. As Queen, and from 1952, as Queen Mother, she continued to take an interest in the hospital. Her office kept in touch with the hospital regarding progress, particularly regarding closure plans.
- The out patient's department at Ancoats Hospital is the subject of a painting by LS Lowry which was commissioned as a memorial to another of Ancoats' eminent surgeons, Peter G McEvedy. The painting is currently held in trust by the Whitworth Art Gallery. The out patient's waiting room is sadly, no longer extant.
- The architect, Daniel Lewis, appears to have had a short career; his other notable building is that of St David's Church in Oakenholt near Flint, which is also in the Gothic revival style; Lewis employed similar decorative techniques here, such as polychrome as he did at the Ardwick and Ancoats Dispensary. Daniel Lewis is not listed in RIBA's Dictionary of Architects and his architectural career appears to have lasted only 3 years. He died three years later in 1876.

ILLUSTRATIVE

The Ardwick and Ancoats Dispensary illustrates the history and development of the modern hospital within an early industrialised urban context and before the establishment of the National Health Service. Dispensaries provided basic healthcare, complementing the services of the main town or city hospital. Many voluntary hospitals around the country originated as dispensaries often due to the increasing need to provide round-the-clock care for patients. They were a popular method of providing healthcare before the NHS and a number of former dispensaries have survived throughout the country; several retain a healthcare function. The Ardwick and Ancoats Dispensary is therefore not a unique survival from the 19th century.

The history of Ancoats Hospital is inextricably linked to the industrialisation of Manchester. The need for a dispensary providing medical care was born out of the massive population growth of the area. Ancoats' doctors experienced first-hand the poverty, insanitary and appalling living conditions of 19th century Ancoats. The hospital developed a specialisation in treating industrial accidents, illustrating the dangerous working conditions within the cotton mills and factories of Ancoats. The Ancoats Dispensary also illustrates the problem of funding independent dispensaries and hospitals and the schemes and incentives which existed to encourage subscriptions, bequests and donations.

Externally, its appearance is similar to other public buildings of the mid-19th century such as town halls, and would have been the focus of civic pride. Internally, it is an example of a Dispensary from the mid to late 19th century. The ground floor contained a large waiting room, several consulting rooms, and accident and a large dispensary. The remaining space was given over to various service rooms and accommodation required for the running of the Dispensary. It is believed that the upper floors contained several wards,

offices and possibly a board room. The building was adapted and altered as the needs of the institution changed, and new wards and departments were added to the site; however, the basic layout of the original Dispensary is still legible in the present building.

The photographic recording of the building by the University of Manchester Archaeological Unit briefly describes the interior of the dispensary before the removal of the roof and loss of much of the interior details. It describes modified gothic arches; these appear to illustrate a period which saw the move away from the Victorian Gothic Revival into cleaner architectural lines, a move which was to lead to new forms such as the Arts and Crafts and Queen Anne style. It is possible that Lewis was a participant in this adaptation.

Whilst the hospital illustrates the development of the modern urban hospital, initially adopting a basic corridor-plan, the loss of its associated buildings has lessened this element of its value. The use of the setting as a car park and for modern residential housing continues to erode understanding of the site.

Ancoats Dispensary is of **HIGH** historic associative value at a national level and despite its present condition it still retains **HIGH** illustrative value at a local level and **MEDIUM** illustrative value at a national level.

4.5 AESTHETIC VALUE

Aesthetic value derives from the ways in which people draw sensory and intellectual stimulation from a place. Aesthetic values can be the result of the conscious design of a place or the seemingly fortuitous outcome of the way in which a place has evolved and been used over time. Aesthetic values tend to be specific to a time and cultural context but appreciation of them is not culturally exclusive. While aesthetic values may be related to the age of a place, they may also (apart from artistic value) be amenable to restoration and enhancement.

Ancoats Dispensary has significance as being the earliest and the most architecturally notable building of the former Ancoats Hospital site. Its main significance lies in the principle façade. It is an example of hospital architecture from a period when the area was a thriving industrial suburb and the building would have been a focus of civic pride. Its architectural significance has been recognised by its Grade II listed status.

Relative to other hospital buildings constructed in this period in the Neo-Gothic style, such as the Leeds General Infirmary designed by George Gilbert Scott, it is not of comparable quality.⁰² However, it is very likely that architect Daniel Lewis was familiar with Gilbert Scott's work in Leeds. The building's main attribute until recently was the ornate tower which brought considerable interest to the main façade. The façade retains a pleasing symmetrical form, the decorative banding and window and door detailing lend it merit and style. Internally, despite the severe loss of internal finishes it is clear that some features of interest are still extant including a partial staircase and Gothic archways.

Before it was surrounded by scaffolding, the modest scale of the building, and the brick and stone decorative detailing would have contrasted with the plain faced historic mill buildings and modern housing in the surrounding area. The building is undoubtedly an interesting example of its type. Historic photos have demonstrated that the central tower, with turrets and machicolations, was an important feature within the Ancoats roofscape. Early images also show the words 'HOSPITAL' emblazoned upon the tower's slate roof, demonstrating that this element was beacon in the urban landscape. The building and tower have the potential to once more make a positive contribution to the streetscape, should they undergo sensitive restoration.

Unfortunately, the aesthetic quality of the building has been heavily compromised by its present condition and much of the façade is currently obscured.

In its present condition Ancoats Hospital is of **INTRUSIVE** aesthetic value but there is potential for it to be of **HIGH** aesthetic value should it be sensitively restored.



The central tower before its removal and the erection of scaffolding



Recent photographs revealing a number of extant internal features

⁰² H Richardson (ed), 1998, *English Hospitals 1660-1948* (p 29)

4.6 COMMUNAL VALUE

Communal and spiritual values derive from the meanings of a place for the people who relate to it, or for whom it figures in their collective experiences or memory. Spiritual value is attached to places associated with organised religion or perceptions of the spirit of a place, including places of worship. Social value is associated with places that people perceive as a source of identity, distinctiveness, social interaction and coherence, and are often public places. Commemorative / symbolic value often symbolise positive or negative aspects relating to the history of a place. It can also be used of buildings, structures or landscapes that have specifically been created to commemorate a particular historical event or person.

*'The Ancoats Dispensary became the physical embodiment of this care and concern. It stands as a continuing tribute to the principle of the dignity of each and every human being, regardless of social status or personal wealth' Bishop of Manchester in an interview with the Manchester Evening News during the campaign to save the building in 2015*⁰³

As an institution which provided medical care and treatment, and has stood in the heart of an industrial community for over a century, it is clear that Ancoats Dispensary is an important building featuring in the memory for those who have used its services and for those who have worked there; the building is likely to illicit a strong emotional response - both positive and negative.

The response by the local community to the threat of closure illustrates the strength of feeling which existed in the 1980s and resulted in a two-year sit-in of the Casualty Department. Whilst this may have been largely a response to cuts in NHS services as opposed to the loss of the building, it demonstrates the communal significance of the facility.



The main entrance of the Ancoats Dispensary has become a symbol of the campaign to save the dispensary.

The recent campaign to save the building from demolition with the formation of the 'Save Ancoats Dispensary Group' in 2012 and later the Ancoats Dispensary Trust, is testament to its continuing communal value. Volunteers staged a vigil outside of the building for four years, even when demolition plans were halted; this demonstrates the strength of community feeling which surrounds the hospital.

For some the Ardwick and Ancoats Dispensary is an emblem of the tradition of public health:

The efforts to conserve the Dispensary are not simply a matter of historical interest or sentimental attachment to a building of yesteryear. To me they are about embodying physically the principles that it stood for, especially in an era when, if we take them for granted, we risk losing

*them.*⁰⁴ It was also described as 'Gothic temple to public health' in 2012.⁰⁵

For others it stands for a community's identity and its fading heritage:

*'This place is amazing because the people of Manchester got together and said we don't want this to go...[it] had a place in people's hearts – it's the last bit of the old community.'*⁰⁶

Although the building no longer provides a community function and is inaccessible to the public, the building has a presence on Old Mill Street and will have attracted the attention, curiosity and the imagination of many. There will be an element of the wider community who see the building as an eyesore and who would prefer to see the building removed. However, should the building be sensitively restored and brought back into use, it has the high potential to once again be appreciated by all members of the public and to perform a useful function within the local community. The level of interest and support the campaign has attracted outside of Manchester also increases its value on a national level.

The Ancoats Dispensary is clearly of **HIGH** communal value.



⁰³ <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/bishop-backs-ancoats-dispensary-manchester-8593868>

⁰⁴ Bishop of Manchester, <http://www.manchestereveningnews.co.uk/news/greater-manchester-news/bishop-backs-ancoats-dispensary-manchester-8593868>

⁰⁵ Liz Kaye, <http://www.theguardian.com/uk/the-northerner/2012/sep/10/manchester-heritage-ancoats-dispensary-loz-kaye-pirate-party>

⁰⁶ Karen Houghton, <http://www.bigissuenorth.com/2015/09/trust-us/14521#sthash.DZnNywJj.dpuf>

4.7 SIGNIFICANCE PLANS

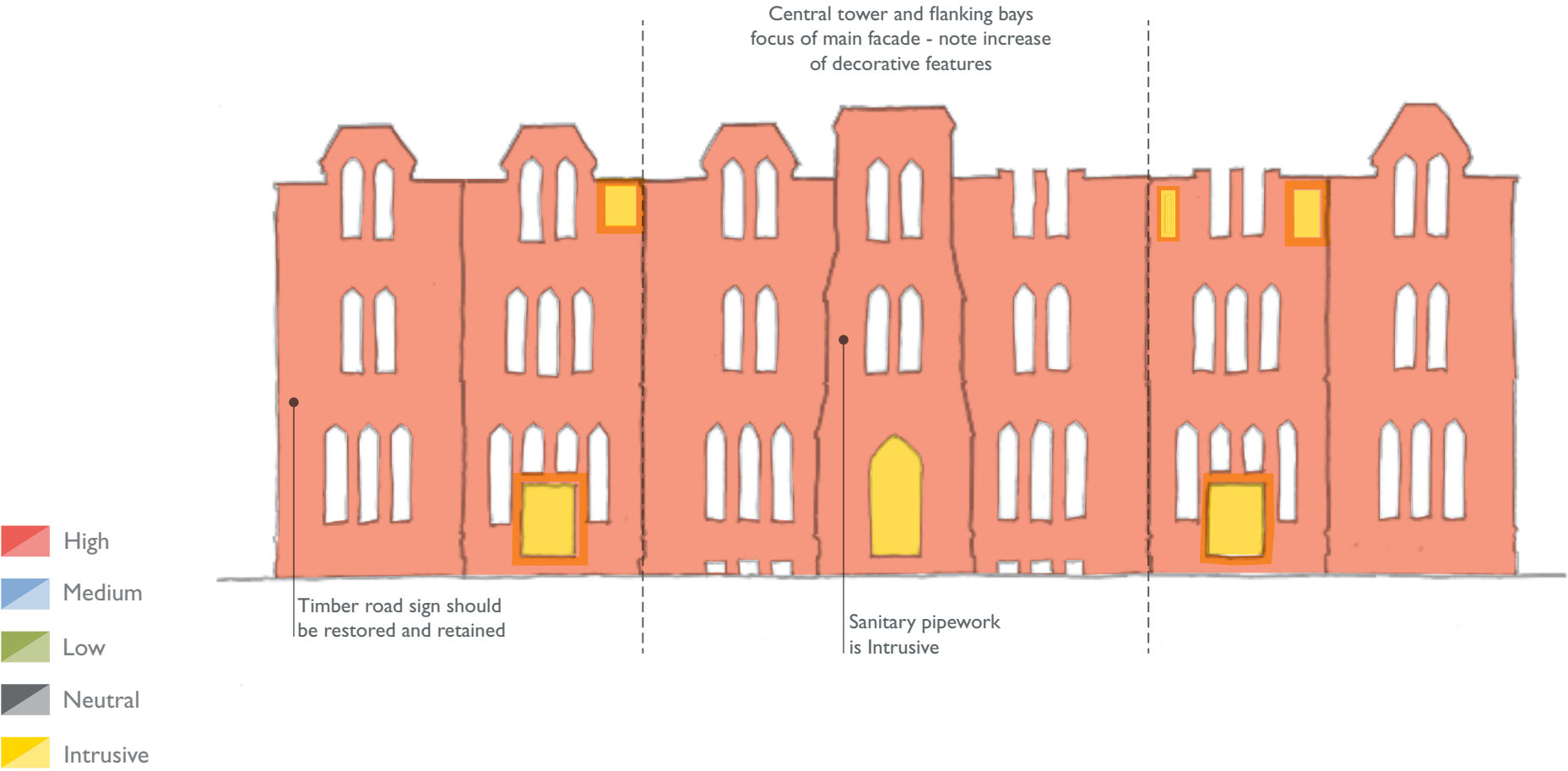
The following are a set of plans and elevations in which the significance of the different parts of the building have been expressed graphically. Significance drawings have inherent limitations: for example, they do not easily communicate the significance of individual features. They are used here as a means of communicating ideas and not definitive statements in themselves. These drawings articulate only architectural and historic interest, because the communal interest of buildings and structures is not easily combined and expressed graphically and the archaeological interest and potential of the site is considered to be low.

The drawings describe the level of significance values according to the five-stage sliding scale mentioned in 4.1. The strong colours indicate the significance of the fabric, whilst the lighter tones illustrate the significance of the spaces within, including assumed former uses and any remaining decorative features. Due to the absence of floors, the significance plan covers all floors.

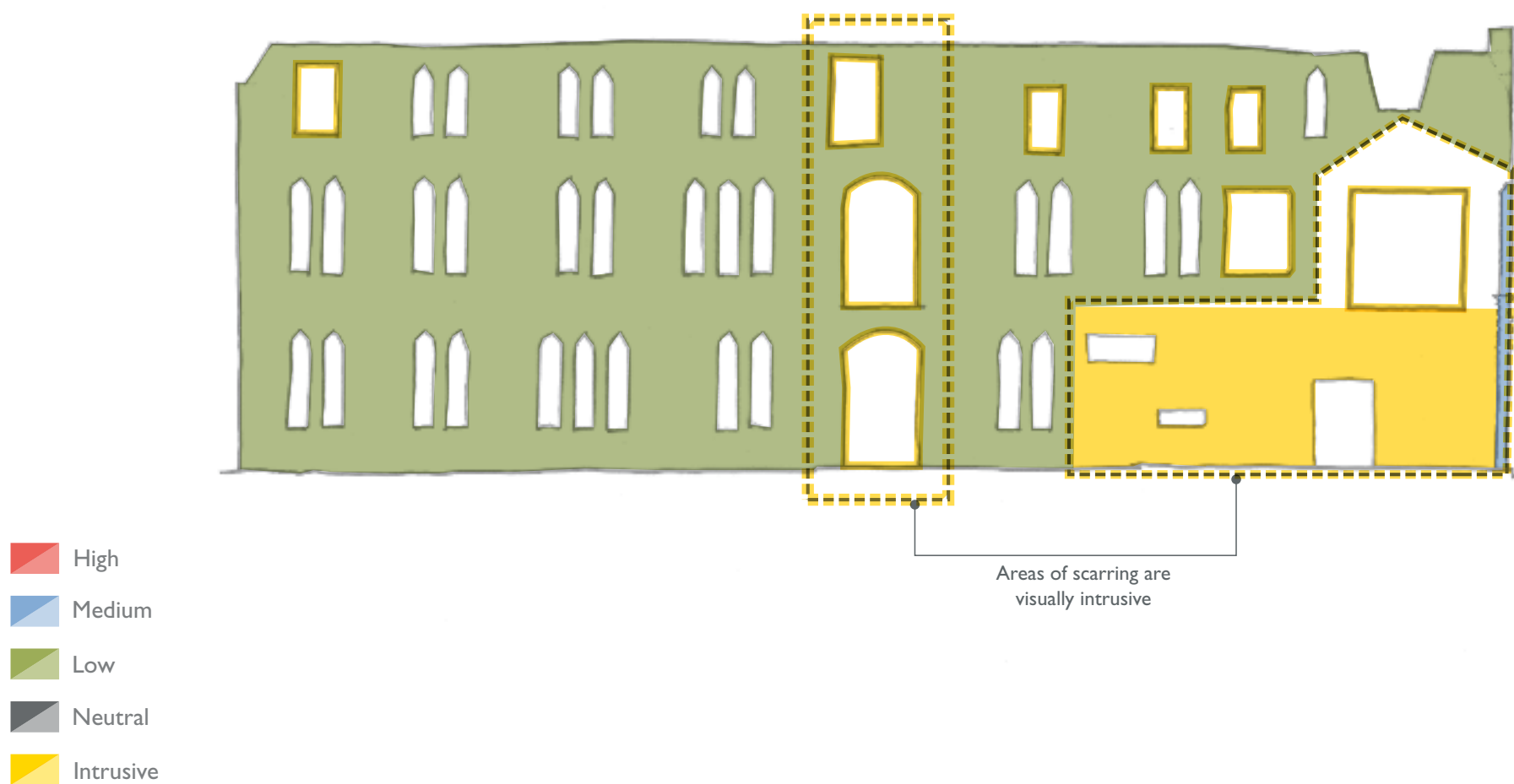
ALL FLOORS



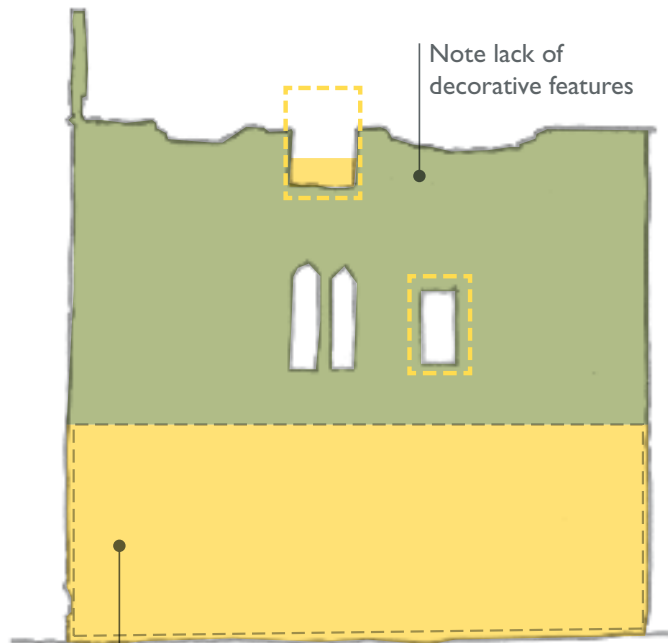
MAIN ELEVATION



REAR ELEVATION



WESTERN ELEVATION

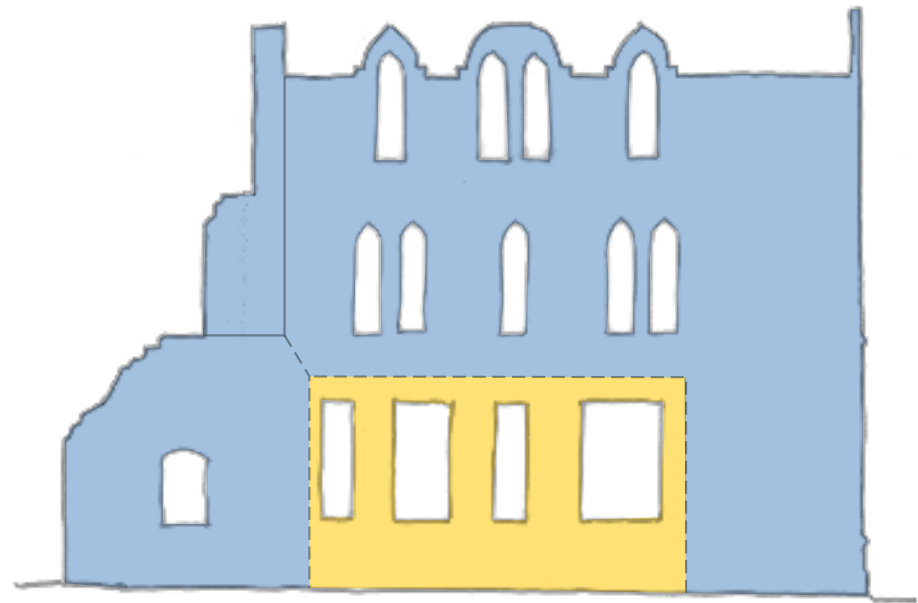


Should the 'Ancoats Hospital' sign by extant, consider installing it in a more appropriate location

Note lack of decorative features

- High
- Medium
- Low
- Neutral
- Intrusive

EASTERN ELEVATION





5 CONSERVATION FRAMEWORK

5.1 INTRODUCTION

This section will explain what is happening to the heritage, how it might be vulnerable and what the potential threats are to its long term survival. It also identifies opportunities for enhancing the building and makes recommendations for its on-going conservation following the redevelopment proposals.

Each area of identified risk and opportunity is discussed within a table. The policies which address the identified risks and opportunities are included within each table. This is so that the conservation policies which should be adopted by Ancoats Dispensary Trust (ADT) can be read directly in tandem with the identified factors that have prompted them.

Collectively, these policies form a framework intended to guide the restoration, future management, conservation and use of the building. The framework is not intended to be a rigid and impractical set of rules but will ensure that change is appropriately managed, both in the immediate and long-term future. The framework should also be consulted in collaboration with the guidance set out in a Management and Maintenance Plan once one has been drafted and agreed.

Each policy is assigned a priority level based on the following scale:

1. This policy should be adopted straight away (i.e. as soon as the CMP is formally adopted).
2. This policy should be adopted as soon as reasonably possible following the formal adoption of the CMP and as part of works relating the HLF application.
3. This policy concerns a long-term goal and is continual and should be adopted as appropriate.

Where policies are identified as having both level 1 and 3 priorities, this is in recognition of the proposed restoration works which are the subject of an HLF application and also in anticipation of any future development work.

5.2	LEGISLATION, STATUTORY REQUIREMENTS AND CONSULTATION	
	KEY ISSUES: • Legislation relating to the buildings Grade II Listed status.	KEY OPPORTUNITIES: • Ensure best practice for the restoration, conservation, management and development of the Grade II Listed Buildings. • To follow the appropriate legislation and statutory guidance in accordance with their listed status. • Carry out necessary stakeholder consultation.
	The Ardwick and Ancoats Dispensary is a Grade II listed heritage asset. The protection of listed buildings is defined in primary and secondary legislation, government guidance and local policy. Although an application was submitted in 2011 to demolish the building, the application was later withdrawn – this means that the building remains listed and is subject to protection afforded by legislation. It is necessary to have an awareness of this legislation and guidance and to carry out appropriate consultation and procedures to manage change. The main documents of relevance are: • Planning (Listed Buildings and Conservation Areas) Act 1990 • Planning (Listed Buildings and Conservation Areas) Regulations 1990 • National Planning Policy Framework (NPPF) and associated guidance • Manchester Core Strategy It is also essential to consult with the appropriate authorities when planning or proposing change to the site. This includes, as a minimum, Historic England and Manchester City Council, but may also involve other relevant groups such as the Victorian Society. It is advisable to contact the Planning Department of the Manchester City Council in the early stages of proposing change. The large-scale restoration works proposed may require a pre-application advice session that also involves Historic England. A general idea of future proposals is recommended at this stage, but the potential to adapt and change them should be inherent. For both the current restoration project and for future proposals, it may be necessary to appoint an architect to assist in the design work and liaison with stakeholders. Experience working with similar building types, and particularly working with listed buildings, should be essential. Multiple discussions with stakeholders beyond a single pre-application advice session may also be necessary. In all cases, the key is to keep all interested parties up to date, informed and involved in the design process.	
	POLICIES	PRIORITY LEVEL
	LS1 Consult with Historic England (HE) and the conservation officer at Manchester City Council to the earliest possible stages of the restoration project or any future project, and continue to involve them in the development of plans as they progress.	I & 3
	LS2 Proposed changes will take note of relevant statutory designations. Full approval and consents will be obtained before work starts.	I & 3

KEY ISSUES:

- Potential for conflict between conservation of the historic fabric and the need to adapt the building for a sustainable new use.
- Insensitive alterations and intrusive features which might impede on an appreciation of the historic elevations.

KEY OPPORTUNITIES:

- Opportunity to carry out repair and conservation of the historic fabric using appropriate materials and techniques.
- Reuse of dismantled fabric
- Restore dismantled features.
- To repair or restore areas which have undergone insensitive alteration and remove any remaining intrusive features to enhance the heritage value of the building.
- Enrich the architectural heritage through new high-quality design.

One of the core principles of the National Planning Policy Framework is to *'recognise that heritage assets are an irreplaceable resource and conserve them in a manner appropriate to their significance'*. The NPPF also highlights the need for *'sustaining and enhancing the significance of heritage assets and putting them to viable uses consistent with their conservation'*.

Within historic buildings there is often conflict between the conservation of historic fabric and the need to adapt the building to perform a new function. The building has been listed which means that its significance has been recognised and Listed Building Consent is necessary when planning alterations. However, this brings the necessity to ensure that changes to the building are sympathetic and the heritage value of the place enhanced through alteration.

Changes to the building will be necessary to save it from collapse, to enable public use and to provide new uses that meet modern building standards. The renovation of the Dispensary will require a careful balance of heritage significance with viability as a sustainable community asset.

As a general rule, those areas identified as having high significance (i.e. the principle façade) will offer less flexibility for change. Areas or features of medium, low or neutral significance will be able to accommodate a greater degree of change.

There is a great opportunity to repair and restore the building and to put back original features which have been dismantled. These include the second floor gables, the central tower and saddleback roof (the latter removed in the 20th century). There is also the opportunity to reinstate an appropriate entrance door and over light, to remove detrimental features and inappropriate alterations and insertions. At the rear of the building, these should either be restored to their historic appearance or consideration should be given to incorporating these later openings as part of a new high quality extension. Restoration work should be carried out by suitably-skilled professionals using appropriate materials and techniques.

A potential risk within the re-development scheme is the need to accommodate the Ancoats Dispensary Trust's (ADT) proposals for workspaces, flexible communal areas, café, toilets, plant etc. within the present building envelop. The building's historic layout is still legible; however, to ensure that the building has a viable future, there may be a requirement to open up or alter the layout of areas and remove original fabric. The benefits that each proposal brings will need to be carefully weighed against the potential negative impact on the built fabric (i.e. the loss of original walls), demonstrating the conflict between conservation and long-term viability. This is achievable but needs to be carefully thought out and informed by an understanding of the building's significance.

It is important to remember that any new work should be of a high quality as this is an opportunity to both restore and enrich the building's heritage for future generations. Poor-quality or pastiche work is unlikely to withstand the test of time and will ultimately reflect badly on today's decision makers. Whether taking a traditional approach or proposing a bold architectural design, it is important that any new work respects the scale and style of the Dispensary.

POLICIES	PRIORITY LEVEL
HV1 Any new work should seek to enhance rather than detract from the historic character and significance of the site. Intrusive features should be addressed, and significant features should be retained and enhanced.	I & 3
HV2 Where possible, necessary change should be focussed on areas of lower significance. Where change is proposed that adversely affects the heritage value of the building, consideration should be given to the best possible way to mitigate this impact.	I & 3
HV3 Any new buildings, extensions or internal partitions should respect the character, scale and style of the building.	I & 3
HV4 Where possible and appropriate, alterations should be carried out in a way that is reversible.	I & 3
HV5 Enrich the architectural heritage through high-quality design.	I & 3

KEY ISSUES:

- Vacant status and lack of use.
- Poor overall condition.
- Inaccessibility.
- Lack of regular maintenance programme.
- Lack of knowledge about current condition.
- Lack of information about internal survival.
- Lack of information about potential structural floor loadings and stability.

KEY OPPORTUNITIES:

- Repair and restore the fabric, incorporating surviving historic features, and restoring lost features within a sympathetic new scheme.
- Ensure a repair and maintenance strategy continues through the redevelopment works.
- Implement a regular programme of repair and maintenance following redevelopment of the building.
- Potential reuse of the basement.

The Dispensary is a robust, good quality building. It has stood the test of time and survived without any significant structural defects or deterioration for almost 130 years. However, the partial demolition of the building has left it open to the elements which is now leading to deterioration of the structure on a daily basis. It is essential, therefore, that remedial works continue to take place to stabilise the building and that it is not allowed to deteriorate further. The possibility of erecting a temporary roof covering should be considered. It is also recommended that the building continues to be closely monitored both before, during and after restoration works.

Currently there is very little information concerning the strength or stability of the structure as a whole. No investigations have been carried out to determine the extent of the load bearing capacity of the walls, foundations or the potential capacity for the surrounding ground strata. As yet a detailed examination of the condition or the identification of possible defects has not been carried out. Recent surveys have been unable to enter the building to carry out more detailed surveys. As a result, there are many potential risks with the project which may arise as the project progresses. These include:

- localised collapse as internal clearance progresses;
- inability for the structure to take modern loadings;
- inadequate foundations; and
- basement instability

It is possible that the survey results will affect the ongoing design proposals which will have to change and adapt as information is forthcoming. Should it be identified that the present structure is unable to take the modern loadings anticipated for the scheme, it may be necessary to consider a design which incorporates a steel structure within the present building. There is the risk that this may require the removal of many internal walls and consequently the loss of historic fabric. This should be kept to a minimum with a focus on retaining the more significance areas and walls (e.g. the main corridors). The sole retention of the building envelope would amount to façadism which should be avoided, if possible.

Once the building has been successfully restored, it is of paramount importance that the building remains in use and that a considered and robust programme of maintenance is devised and implemented to maintain condition. ADT should conserve and maintain the building to the highest possible standard to ensure its longevity and integrity.

	POLICIES	PRIORITY LEVEL
	CM1 Continue to stabilise the present poor structure and monitor throughout the restorations works.	I
	CM2 Carry out internal surveys at the earlier possible opportunity to inform repair works and the emerging design options	I
	CM3 Restoration work should be carried out by suitably-skilled professionals using appropriate materials and techniques	I
	CM4 When appropriate, prepare and implement a maintenance plan which should be reviewed on a regular basis by all relevant parties.	2

5.5 FUNDING AND SUPPORT

KEY ISSUES:

- The need to stabilise and restore a Grade II listed building to an appropriate standard.
- Possible risk that match funding is not forthcoming.
- Possible risk of reversion of ownership.
- Ongoing cost of maintenance of a Grade II Listed building following restoration.
- Need to find sustainable income streams for a viable future.

KEY OPPORTUNITIES:

- Located in an area of regeneration.
- New incoming community and potential customers.
- Opportunity to establish new partnerships.

The present condition and continued vacancy of the site has stemmed largely from a lack of funding to restore the building. The present owners have, however, made a successful bid to the Heritage Lottery Fund (HLF) through the Heritage Enterprise Scheme (HES) resulting in an offer of £4.5 million of funding in two instalments – initially to enable the development of a scheme and secondly to finance the delivery. The funding is set to cover a 4-year period to August 2018, when the project should be complete.

The terms of the HLF funding is that the Ancoats Dispensary Ltd (ADL) raise an additional 23% of costs in a project which is expected to cost in the region of £5.9 million. The organisation is currently looking to raise funds from a number of grant sources. The potential risk is the failure to reach the financial target set. Should the project fail, ownership of the Dispensary will revert to Urban Splash. It is anticipated that match funding will be met through successful grant applications and via donations. The organisation must continue to explore potential sources of funding both to match the HLF grant and also to finance its own running costs.

Project delays (as touched upon in 5.4) may cause additional costs; it is therefore important that the potential risks which might delay the project are identified and regularly reviewed. Consideration should be given to building in a contingency within the financial budget.

In the long term the Ancoats Dispensary Trust (ADT) aims to take charge of the building from partners and run the Dispensary as a community business. Although the exact details are continuing to be teased out, it is possible this will include a café and community space for hire, IT suite and reception on the ground floor, whilst on the upper floors it is envisaged that spaces will be let out to start-up businesses or hired as workshops or meeting rooms. It is hoped that this will generate a sustainable income stream which will underpin the Trusts outreach activities.

Whilst the development of New Islington will irrevocably change the setting and context of the Ancoats Dispensary, it brings with it the opportunity of a potential new audience. As this grows, so the ADT should seek to connect with the new residents and establish a range of services fitting their requirements. To ensure the sustainability of the Ancoats Dispensary project, the ADT should continue to actively respond and adapt to the needs of the current and future communities.

As it is anticipated that funding will also be obtained from public donations. It is therefore essential that ADT maintain the present high profile of the organisation. Whilst the building has been saved from demolition and has successfully received an HLF grant, the most difficult element of the project is now underway. It is essential to continue to work with local and national organisations, and continue to forge relationships with heritage organisations such as the Victorian Society and the Council for British Archaeology, as well as businesses, schools and universities in order to maintain the profile of the campaign and to source new income streams and voluntary help. It is important that the organisation's profile is maintained both in the media and on-line. For the public, the success of 2015 should not be perceived as a 'happy ending' – it is essential that the website presence and social media are not allowed to stagnate – they should reflect the new battle to save the Ardwick and Ancoats Dispensary.

POLICIES	PRIORITY LEVEL
F1 Secure match funding for the restoration of Ardwick and Ancoats Dispensary.	1
F2 Ensure all possible risks are identified and financial contingency is built into the project costs.	1
F3 Continue to explore potential income sources to ensure a viable future for the Ardwick and Ancoats Dispensary following restoration.	2
F4 Continue to forge relationships with local and national organisations, amenity societies (such as the Victorian Society), businesses and educational organisations including universities, to encourage practical and financial support, and help raise to the ADT's profile.	1 & 3
F5 Maintain the organisations profile in the local and national media.	1
F6 Maintain the ADTs website and social media and ensure theses are kept up to date.	1 & 3
F6 Engage with the incoming residence of New Islington and adapt to the needs of the current and future communities.	2 & 3

5.6

CONTEXT AND SETTING

KEY ISSUES:

- Loss of original hospital setting.
- Massive redevelopment in the immediate setting of building continues to erode its setting.
- Disconnection with the Ashford Canal.
- Restricted site boundary.

KEY OPPORTUNITIES:

- Easy walking distance from city centre.
- Close to canal network and short distance from Ancoats Conservation Area.
- Located in an area of regeneration.
- Opportunity to be actively involved as a stakeholder in the regeneration of New Islington and attempt to influence decisions about the setting of the Dispensary.

The building has the advantage of being centrally located in Manchester, close to the city centre and within an easy walking distance of Piccadilly Station. It is close to a number of major roads, including the Manchester’s inner ring road. Additionally, the New Islington Metrolink station is a short distance to the south-east. The presence of the restored canal network with associated footpaths also provides an additional link to the city, whilst in the opposite direction, it connects to the Etihad Stadium, Manchester United’s Football ground. This accessibility offers the opportunity to promote the site beyond a local audience.

The building is now one of the few buildings locally which provides a tangible link to Ancoats’ past. The major development of the Dispensary’s setting has seen the loss of both its immediate hospital surroundings as well as the housing and industrial buildings which once formed its historic backdrop. The building is now disconnected from the canal and it is overshadowed by large modern development. Its immediate surrounding is a car park. All of these factors serve to reduce understanding and appreciation of the present Dispensary and the former hospital site.

Whilst the surrounding developments cannot be halted, there is the opportunity for the ADT to engage with Manchester City Council and developers as a stakeholder and consultee and influence future planning decisions which could potentially threaten the immediate surroundings of the site. ADT should ensure they are aware of all new planning applications in the surrounding area and comment on the appropriateness of use, scale and massing of the proposed development and ensure a response is made at the appropriate stage of the planning application.

Unfortunately, demolition of the hospital site has also removed part of the Dispensary building to the rear. This has resulted in the loss of its original ‘L’ shaped plan. The restrictions of present site are such that the original ‘L’ shaped plan cannot be fully recovered and presents challenges for both present and future expansion of the building. Current design plans include an extension, potentially to house the café or as part of a flexible space – the preferred location for such an extension would be to the north-east which has undergone considerable alteration and hints at the original ‘L’ shaped plan.

Policies

S1

Seek engagement with Manchester City Council local developers as a stakeholder and consultee and influence future plans which have the potential to threaten the setting of the Dispensary.

S2

Seek to locate a new extension in the position of the former rear projection.

Priory Level

I & 3

I

5.7	USE	
	KEY ISSUES: • Current derelict condition. • Need to respect the historic nature of the building.	KEY OPPORTUNITIES: • Establish a sustainable and viable use for the building. • Earn revenue from room and office hire that can be re-invested in the community projects and the ongoing conservation of the building.
	Many of the issues and risks arising at the Ardwick and Ancoats Dispensary stem from its vacant status.	
	The issue of dereliction will soon be addressed, as the opportunity to re-develop the building and establish a new use has already been identified and is the focus of the current HLF application. Initial proposals by Urban Splash were for a mixed-use development of residential units and commercial space. The ADT are now proposing a less invasive use of the building which will allow more public access: it is proposed to locate office spaces, workshops and meeting rooms on the upper floors, and a café, community spaces, IT suite and reception on the ground floor. It is hoped the community business will also promote the health and wellbeing of the local community, reflecting the building's former use. ADTs proposals follow full consultation with the local community and have been guided by professional advice. The establishment of a financially-viable and sustainable use for the Dispensary is an opportunity to restore and revitalise the building and ensure its long-term survival. It is important that the new use takes into consideration the limitations posed by the listed building, and that both impending and future works are informed by a baseline understanding of the building's significance.	
	POLICIES	PRIORITY LEVEL
	UI Establish a viable and sustainable use for the hall which is informed by an understanding of the hall's significance.	I & 3

KEY ISSUES:

- Gaps in knowledge regarding the built development of the Dispensary.
- Possibility of making decisions that have not been informed by a thorough understanding of the historic fabric and its significance.
- Lack of public interpretation/intellectual access.

KEY OPPORTUNITIES:

- Potential to analyse historic fabric prior to restoration works and carry out archaeological recording.
- Opportunity to create an archive for future generations.
- Potential to explore and expand public interpretation methods including the internet, exhibitions, interpretation boards or through publications.
- Potential for partnerships with other heritage organisations.
- Potential for involvement in a city heritage trail / long distance trail / cycle trail.

Whilst information about the development of the Ardwick and Ancoats Dispensary is contained within this CMP, there are a number of gaps in our knowledge of the history and development of the building. Few building plans have been found during research and the inaccessibility of the property precludes a proper analyse the built fabric. It has not been possible to account for each phase of alteration to the building, although it is clear that there may have been many.

The present condition of the building provides an excellent opportunity to record the historic fabric which has been revealed. Fragments of tiling and cornice, the ghost lines of the original principle staircase, and blocked openings within the interior have been observed. Recording these features before they are covered over, or if necessary, removed altogether, will further our understanding of how the building has evolved and adapted, which is essential to sustaining the historic environment.

Any records concerning the built archaeology should be carried out by an experienced professional and conform to the guidelines set out by Historic England and the Chartered Institute for Archaeologists. It should also be deposited with the HER and any other relevant local bodies (e.g. the local record office) so that there is an archive available for future generations to both consult and add to. The material could also form the basis for ADTs own archive.

Additional research to further our understanding into the social and built heritage of Ancoats Dispensary could be undertaken by volunteers and there is potential for the Ardwick and Ancoats Dispensary to offer a student a topic for a dissertation or thesis. ADT are currently collating personal memories of the Dispensary by former patients, visitors and staff. There is an opportunity to extended this further with a collation of other materials including a call to the community for personal photographs in which the Dispensary features. ADTs archive should be opened to researchers and could provide the material for interpretation boards, or a permanent or temporary exhibition within the Dispensary.

The ADT currently run a website which contains a history of Ancoats Dispensary. This should be regularly updated as new information is forthcoming.

Once the re-development is completed there will also be opportunities to show off the newly-refurbished building, through Heritage Open Days and other means of public engagement and continue to foster connections with universities, museums and other heritage organisations. Additionally, ADT should continue to explore the potential for including the Dispensary in a heritage trail and benefit from its close proximity to the Ancoats Conservation Area and historic canal systems.

POLICIES	PRIORITY LEVEL
U1 Compile (or commission) a record of the features revealed in the built fabric at the Ardwick and Ancoats Dispensary before and during restoration works in accordance with good practice and deposit the results in an appropriate archive. The record should inform the emerging proposals.	1
U2 Build a unique archive of materials and personal memories.	1 & 3
U3 Provide space within the restored Dispensary for a permanent public exhibition.	2
U4 Continue to expand public interpretation methods including the internet, temporary exhibitions, interpretation boards or through publications.	1 & 3
U5 Foster connection with other heritage organisations and link the Dispensary into a Manchester Heritage Trail.	2
U6 Encourage volunteer and students to undertake further research.	2 & 3

5.9

ENVIRONMENT AND SUSTAINABILITY

KEY ISSUES:

- Potential threat from extreme weather and unsuitable environmental conditions now and in the future.

KEY OPPORTUNITIES:

- Restoration of a historic building.
- Reuse of building materials.
- Incorporation of green technologies, materials and products for a 'green' future.

Climate change is an important consideration for the future adaptation and protection of heritage assets. The reuse of historic buildings is an inherently sustainable process, negating the need to use energy to manufacture new materials and dispose of waste from demolitions, thereby reducing carbon emissions and the impact on climate change.

At the Ardwick and Ancoats Dispensary the major restoration work provides an excellent opportunity to ensure the restored building is energy efficient and environmentally sustainable. A properly insulated roof and insulated walls may be possible and there will be the opportunity to explore new and efficient heating methods such as underfloor heating, ground source heat pumps and sensitively located PV panels. The reusing of materials such as roof trusses and timber windows is not only a sustainable process but will help restore the building's historic appearance and integrity. Professional advice should be sought to discuss the various options to improve the thermal efficiency of walls, roof, floor and windows. There should be a common policy to specify 'green' materials and products both in the upcoming re-development work and for future works to reduce environmental impact.

Historic England's *Climate Change and the Historic Environment* (2008) explores the potential risks posed by climate change:

- Increased extremes of wetting and drying that heighten the risk of ground subsidence and accelerated decay of brick and stonework which poses a threat to many historic buildings;
- Possible increases in the frequency or geographical range of extreme weather that could pose an increased risk of damage to historic buildings;
- Changes in the distribution of pests that threaten the integrity of historic buildings;
- The design integrity of some historic buildings could be damaged by the need to provide new and more effective rainwater disposal or storage systems.

Given the exposed condition of the building, it has already suffered a good deal of damage. The potential risks identified by Historic England should be considered now, in particular the dangers from extreme weather, strong winds and heavy rainfall during the redevelopment phases, and should be considered and monitored for its long-term survival following the building's restoration.

POLICIES

PRIORY LEVEL

ES1

The future restoration of the Ardwick and Ancoats Dispensary should take full consideration of the using of 'green' technologies and ensure this does not conflict with the heritage value of the building.

2

ES2

Monitor all environmental changes that could affect the building both now and following restoration works.

1 & 3

5.10 ACCESSIBILITY		
	KEY ISSUES: Lack of inclusive physical access.	KEY OPPORTUNITIES: Provide inclusive access as part of restoration works.
	Accessibility for all to enjoy is a key aim for heritage assets in the 21st century. This was not an aim taken into consideration when the Dispensary was originally built, but would have become increasingly necessary when the Dispensary became a hospital. This would have been achieved via the former extensions and corridor links to the rear of the building. These have been removed and today the building remains fenced off and inaccessible to all. There is a clear potential during the proposed restoration works to incorporate step-free access into the building and to allow easy access to the upper floors to people with physical mobility issues. This will allow the building to be used and appreciated by all, and will aid a sustainable future. It is accepted, therefore, that the installation of a lift is necessary. As the building is floorless, there is potential for its installation within the buildings with the potential for a low impact on historic fabric. However, the location of the lift must be carefully considered for the impact it may have on the understanding and appreciation of internal spaces and its appearance and impact on setting. There is potential to insert a lift within former circulation areas within the building (i.e. the location of former staircases). Alternatively, the lift could be accommodated in a new extension of high-quality design to the rear of the building; this has been identified as an area of lower significance and could accommodate a higher degree of change. As discussed, the potential for change should be carefully considered and the benefits weighed against the potential for negative impact on the historic asset, informed by an understanding of its significance.	
	POLICIES	PRIORITY LEVEL
	AC1 Adopt a policy of accessible design compliant with the Equality Act 2010.	I & 3
	AC2 Ensure all accessible solutions are of a high quality and sympathetic to the heritage value of the building.	I & 3

5.11 ADDITIONAL POLICES		
The below policies reflect good practice within the field of conservation and are more general than those prompted by the risks and opportunities specific to the Ardwick and Ancoats Dispensary.		
	POLICIES	PRIORITY LEVEL
	API The Ardwick and Ancoats Dispensary are to adopt the policies in this CMP and disseminate them to all relevant third parties (e.g. Manchester City Council, statutory bodies etc.)	I & 3
	AP2 The CMP is to be reviewed on a regular basis.	3



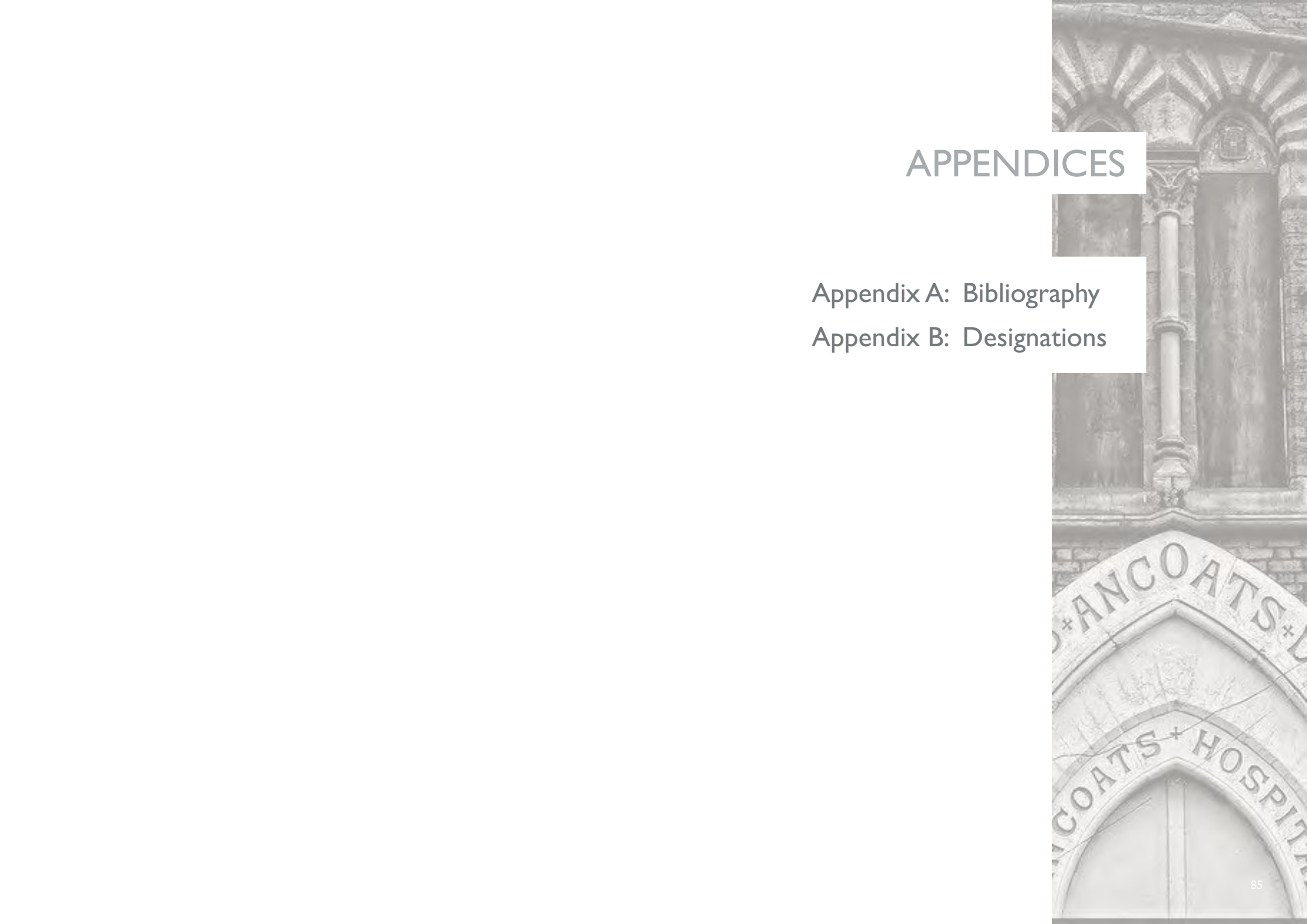
6 CONSULTATION, ADOPTION AND REVIEW

Drafts of the CMP have been given to the Ancoats Dispensary Trust for review and comment. All comments will be reviewed and incorporated into the second draft as appropriate. A second draft will be issued to a wider group of consultees, including the HLF, Historic England and the City of Manchester's Conservation Officer. Further amendments will be incorporated if necessary before completing the document. The aim is for the final draft of the report to be signed off by Ancoats Dispensary Trust and adopted as policy.

A CMP is 'a living document' and should be subject to review on a regular basis, usually every five years or when major change occurs.⁰¹ One such change will be the completion of the re-development of building as a community venue and workspaces. Once the project has reached practical completion and the building has settled into its new use, it may be beneficial to review the CMP and make amendments where necessary.

Additionally, should further changes occur to its use, it is advisable to review the CMP to reflect any new or altered conservation requirements. It is recommended that the relevant consultees are involved as and when it is deemed appropriate.

⁰¹ James Semple Kerr, 2013, *Conservation Plan*, Australia ICOMOS



APPENDICES

Appendix A: Bibliography

Appendix B: Designations



APPENDIX A: BIBLIOGRAPHY

POLICY AND GUIDANCE DOCUMENTS

The National Planning Policy Framework (NPPF), 2012

Historic England, Conservation Principles, 2008

Manchester City Council, Manchester's Local Development Framework: Core Strategy Development Plan Document, July 2012 http://www.manchester.gov.uk/info/200074/planning/3301/core_strategy

Manchester City Council, Unitary Development Plan, 1995 http://www.manchester.gov.uk/info/500207/planning_and_regeneration/2148/unitary_development_plan_udp

Manchester City Council, 2007, The Guide to Development in Manchester, Supplementary Planning Document http://www.manchester.gov.uk/info/200074/planning/1528/the_guide_to_development_in_manchester

Manchester City Council, Ancoats and New Islington Neighbourhood Development Framework, October 2014, http://www.manchester.gov.uk/downloads/download/6286/ancoats_and_new_islington_neighbourhood_development_framework

NEWSPAPERS

Manchester Courier and Lancashire General Advertiser 9th August 1828, 14th February 1829, Friday 30th January 1874, Saturday 16th June 1888

Manchester Times, 12 December 1828, Saturday 15th June 1872
Western Morning News, Wednesday 10th July, 1935

PUBLICATIONS:

Dunn, M C, 1993, Stitched Up: Action for Health in Ancoats

Hall, S, 2004, Workhouses and Hospital of North Manchester

Kerr, J S, 2013, Conservation Plan, Australia ICOMOS

Pickstone, J, 1985, Medicine and Industrial Society: A history of hospital development in Manchester 1752-1946

Richardson, H (ed), 1998, English Hospitals 1660-1948, RCHME

Rose, M E, 2011, Ancoats: Cradle of Industrialisation, English Heritage

WEBSITES

28 Days Later Urban Exploration Website	http://www.28dayslater.co.uk/
Ancoats Dispensary Trust	http://www.ancoatsdispensarytrust.co.uk/
Big Issue Online	http://www.bigissue.com/
British History Online	http://www.british-history.ac.uk/
British Newspapers Online	http://www.britishnewspaperarchive.co.uk/search/advanced
Council for British Archaeology	http://www.archaeologyuk.org
Geograph	http://www.geograph.org.uk/
The Guardian News Online	http://www.theguardian.com/uk-news
Google Books	http://books.google.co.uk/
Heritage Gateway	http://www.heritagegateway.org.uk/gateway/
Historic England Archives	http://archive.historicengland.org.uk/
Historic England Pastscapes	http://www.pastscape.org.uk/
Manchester Evening News Online	http://www.manchestereveningnews.co.uk/
Manchester Local Image Collection	http://www.images.manchester.gov.uk/
National Archives	http://www.nationalarchives.gov.uk/a2a/
National Heritage List for England, Historic England,	http://www.historicengland.org.uk/listing/the-list/
Old Maps	https://www.old-maps.co.uk/index.html#/
Promap	http://www.promap.co.uk/
RIBA	https://www.architecture.com/RIBA/Visitus/Library/Collections/Archives.aspx
Victorian Society	http://www.victoriansociety.org.uk/

GREY LITERATURE

Ancoats Dispensary Ltd and Igloo Regeneration, 2015, Ancoats Dispensary Limited Business Plan, 2014-2018

Ancoats Dispensary Trust, 2015, Ancoats Dispensary Trust Business Plan 2015-2018

Nevell M & Hradil I, 2003, Ancoats: An archaeological Photographic Survey of a late 19th century Corridor Hospital, University of Manchester Archaeological Unit

Staples Consulting Ltd, 2010, A Visual Survey to Report on Condition of the Structure, The Dispensary, Old Mills Street, Great Ancoats, Manchester

ARCHIVES

Manchester Library, Information and Archives:

I577/I-15	Photographs of Ancoats Hospital
M325/1/1/1-4	Ancoats Hospital Annual Report of Committee 1828-1947
M325/2/1-8	Ancoats Hospital General Committee Minutes 1873-1914
M325/4/1-4	Miscellaneous
M325/4/2	Histories of Ancoats Hospital
M900/1/1/2/20/30911	New Sanitary Accommodation Offices and covered way to Ancoats Hospital, Mill Street, Ardwick (2) erection of Waiting Room – 1950-1



APPENDIX B: DESIGNATIONS

Name: ARDWICK AND ANCOATS HOSPITAL

List entry Number: 1283019

District: Manchester

Grade: II

Date first listed: 3rd October 1974

Date most recent amendment: 6th June 1994

SJ8598 MILL STREET, Ancoats 698-1/17/455 (South East side) 03/10/74
Ardwick and Ancoats Hospital (Formerly Listed as: MILL STREET,
Ancoats (South East side) Ancoats Hospital)

Dispensary and hospital, now hospital. 1879-91, by Lewis and Crawcroft. Red brick with polychrome bands, steeply-pitched hipped slate roofs. Irregular plan. Gothic style. Three storeys and basements, 1:1:3:1:1 bays, symmetrical, the 3-bay centre and the ends projecting. The centre bay, treated as a 4-stage tower, breaks forwards slightly, has a 2-centred arched doorway with shafts, the arch inscribed "ANCOATS HOSPITAL" and an arched extrados band inscribed "ARDWICK AND ANCOATS DISPENSARY", 2-light windows to the 1st and 2nd floors, weathered coping with stone turrets, and an elaborate turret with an oculus and tall oversailing parapet with corner tourelles (and formerly a saddle-back roof). All the windows have narrow arched lights with polychrome heads and impost bands, all those of the 3-bay centre with shafts: the ground floor has mostly 3-light windows and the 1st floor has mostly 2-light windows, but the recessed bays which have 4 and 3-light windows to these floors; the 2nd floor has 2-light windows rising into gabled half-dormers. Later additions to rear. Interior not inspected.

National Grid Reference: SJ 85464 98407

