Design and Access Statement
D1 – Medical Centre
Erection of a part single part two storey building to provide clinic

Client: Dr Ugo Umeadi

Address: land to the rear of the premises (120 and 120a) fronting Withington Road,
Whalley Range
Manchester
M16 8FA

Revision: C

Date: 16/03/2021

Existing Site Features

Overall size of site

230 square meters.

Existing Site

The site is currently a derelict plot of land to the West of 120A Withington road. Most of the ground is overgrown and broken hardstanding, with 5 trees on site.

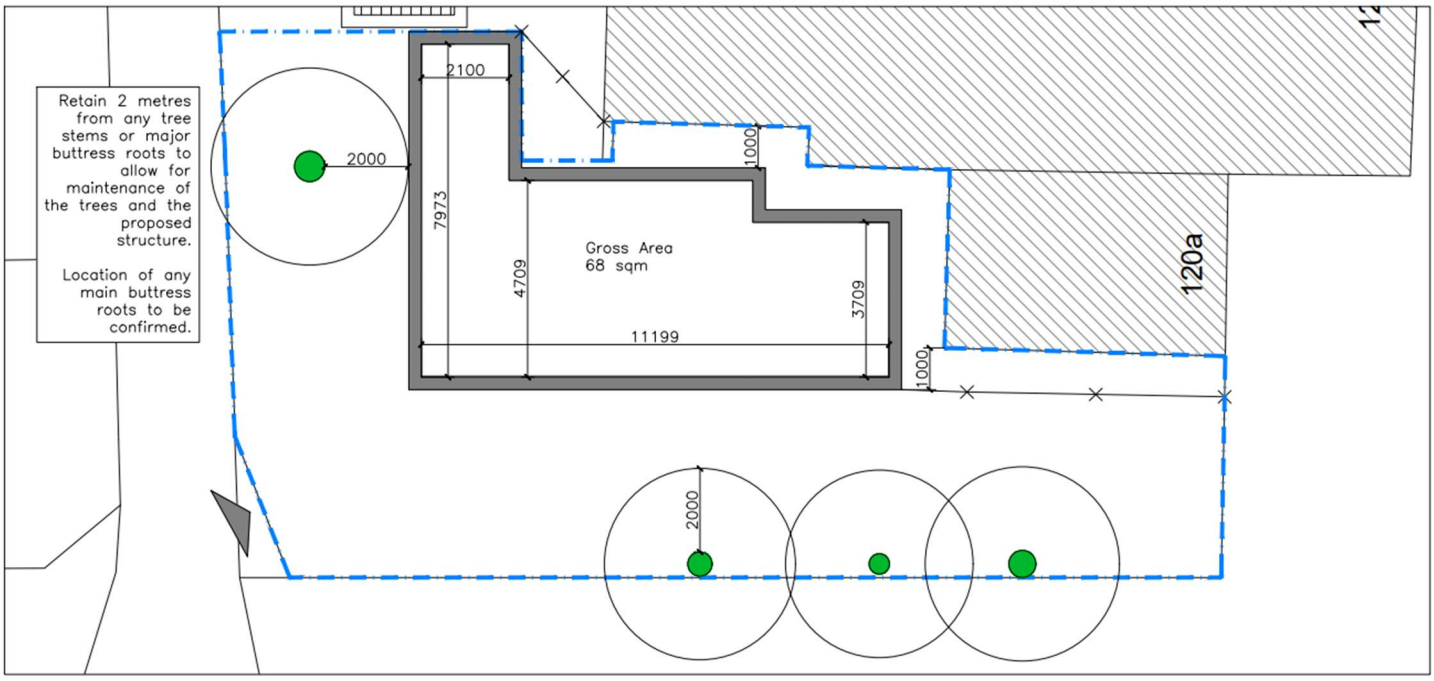
After email correspondence on 07/05/2020 with the planning Technical Support team at the Manchester City Council, it was confirmed that the plot of land in question land is within the Whalley Range Conservation Area 1992 Conservation Area. The trees on site were confirmed to have no Tree Protection Order yet require planning permission for any work on the trees.

Existing Trees

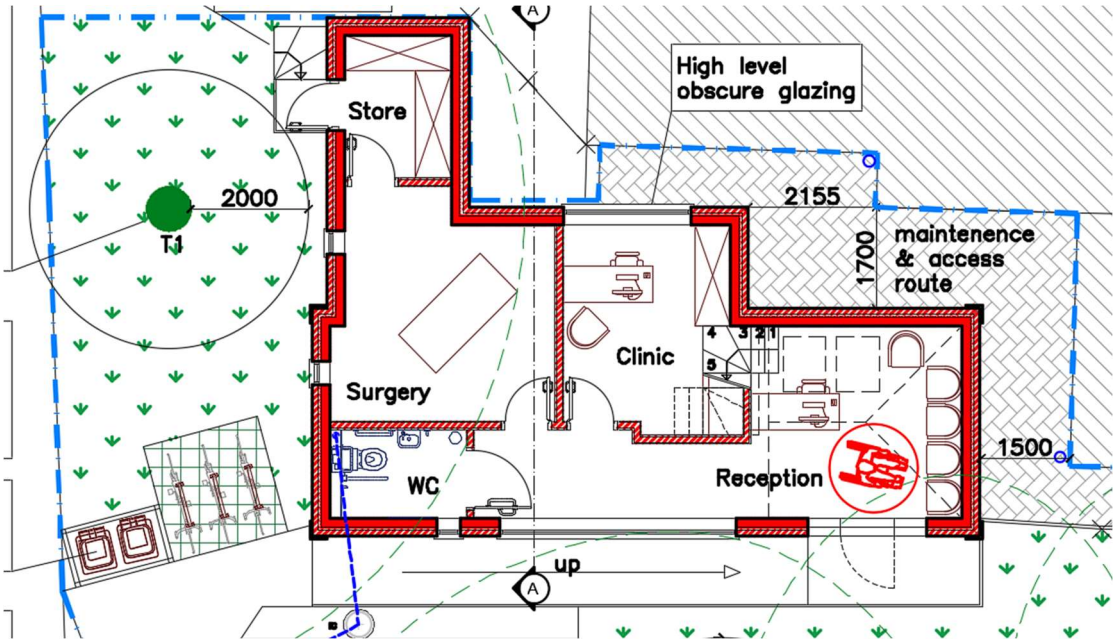
Due to the limited amount of advice available, CA&D Architects felt it necessary to employ the services of an Arboriculturist. Matthew Lally (MArborA) of Lally Tree Management was employed to conduct a tree survey and provide specialist input regarding designing a scheme that will protect the current condition of the trees.

Refer to the Tree survey and Preliminary Assessment reference number LTM0055.PAA.01 for the full details and conditions of the trees.

CA&D entered several discussions with Matthew Lally to determine a suitable footprint, that in his professional opinion, would be acceptable. This is shown below:



This footprint allows for 120/120A to access the rear of their property from Withington Road. The surrounding buildings footprints have been respected. The building footprint projects 1M past the footprint of 120A, however is considerably set back from the boundary edge. This, in combination with it being a corner plot seems a fitting compromise to allow for adequate internal space. The footprint has since then been adjusted to reduce the overall footprint and distance between T1 (top left) and the building:



Notable Surrounding Context

There are no notable surrounding buildings to the plot of land that would considerably impact design. However, the site is in the Whalley Range Conservation Area and so the scheme has been designed to ensure that the character and quality of both the existing buildings and the spaces between them is retained.

The height of the proposed building and proximity to 120/120A has been considered as to minimise impact on the building. There are no windows to habitable rooms that will be obscured at ground floor, and the dormer has been designed to have minimal impact whilst still being able to house sufficient programme. The pitch of the roof is also designed so as not to overshadow the neighbouring building.

Views of 120 and 120A Withington Road from Proposed site

Proposal
The allowable footprint as deemed suitable by the Arboriculturist was then combined with the client's criteria for a private clinic in the area. The criteria was to allow for 2 consultants room and a small surgery area. Other requirements were to provide a reception, waiting area, accessible WC, staff area and office, all within a limited space. However the programme has since been pared back through dialogue with the Local Planning Authority.

Positioning and shape
The main defining factors for the positioning and shape was the proximity to trees, access for the adjoining owners and the surrounding building lines.

Access to site
Both vehicular and pedestrian access will remain as current, with a gate leading from May Road. Access from 120/120A to Withington road is being retained.

Due to the foundation system, the finished floor level is higher than the external ground level. An access ramp with a gradient in accordance with Building Regulations has been designed for access to the building.

Parking
There will be provision for one car parking space on site. There is sufficient existing parking on May road, in combination with most clients being local and assumed to prefer walking over driving. There are also provisions for bicycle storage on site.

Boundary treatment
The concrete post and beam boundary & metal fence will be retained.

Waste Removal
Minimal waste is produced from the clinic, a majority of which is surgical waste. Dr Ugo has confirmed that provision has been made to combine this with his existing practises waste for safe disposal.

Internal design
Accessibility has been considered to allow for a wheelchair user to use the Clinic safely and comfortably. Following several conversations and design Workshops, the spaces have been designed alongside the Doctor, to efficiently provide the necessary facilities and working spaces required.

Internal Accessibility

The proposed clinic allows for accessibility at ground floor level (this is the public access space). The Corridor has maintained a minimum width of 1.2M, allowing a sufficient turning circle of 1.5M at either end. An accessible toilet 2.2Mx1.5M is provided at the end of the corridor, allowing a certain level of privacy relative to the small constraints of the plan. The reception and waiting area are directly opposite the main entrance, reducing the need to manoeuvre through the building and allowing for immediate assistance if so required upon entry.

Aesthetics and design

The design takes its cues from the Whalley Range Conservation Area and attention has been paid to maintain harmony with regard to type and colour of materials. To this end, the façade is faced in buff brick to create a continuity with the May Road flats next door as shown in the image below. The decision has been made to use buff brick to maintain continuity along May Rd rather than red brick to maintain continuity along the Withington Road parade because the scheme has so little impact on that street scene, being mostly concealed by 120a. The roof will be tiled in blue slate and the windows will be set back one brick depth to match the vernacular of the Conservation Area.

The design incorporates contemporary full height glazing to allow sufficient sunlight to enter through the dense tree line.

The roof design was carefully thought out to maximise space internally, whilst minimising interference with the surrounding trees. Where the building is within the closest proximity to T1 (surgery, store and WC), a flat roof is used. The rest of the building utilises a pitched roof as it is further away from the other trees.

On the Northern side of the pitched roof, a dormer has been added up until where 120 Withington becomes a 2 storey element. This was done to allow the passage of light to the 2 storey element. At single storey, there are no windows to obscure.

Secured by Design

See appendix B for comments by Sean Bastow, Assistant Design For Security Consultant, received 02/03/2021.

Conclusion

We feel that the proposal of the erection of May Clinic addresses and overcomes all the potential issues, whilst allowing the creation of a private clinic to benefit the community.

Scale and massing are addressed to create a well thought out design whilst respecting its local surroundings. The design has been developed in close relation with an Arboriculturist and the Doctor who will be using the space.

This will only develop and improve a derelict piece of ground, currently used for nothing other than rubbish and overgrowth.

For these reasons we believe the proposed development should be approved.

Appendix A – Supporting statement from Dr Ugo Umeadi

Supporting Statement for proposed May Private Clinic. May Road Manchester M16 8FA

I am a general practitioner based at Cleggs Lane Medical Practice, 129/131 Cleggs Lane , Little Hulton Salford M38 9RS. My primary degree is from the University of Ibadan. I am a fellow of the Royal College of Surgeons of Edinburgh and a Member of the Royal College of General Practitioners.

In my practice I offer private minor surgical services such as male infant circumcision, Vasectomies and skin surgeries.

Rationale

Male infant circumcision is not available on the NHS. However due to the cultural diversity of Greater Manchester there is a significant population of Muslim, Jewish and African people for whom male infant circumcision is accepted cultural and religious practice. From my surgery in Salford I provide this service for the people, privately. 50% of my patients come from Manchester. Travelling to my GP Surgery requires long travels for the patients due to Manchester traffic. I have recognised the need to bring this service closer to the people of Manchester, as a beneficial service, since the service is not widely provided. It is a fact that some families resort to quack practitioners due to inability to get ready access to circumcision service, therefore I hope to bridge this gap. My infant circumcision service is accredited by the Manchester Public Health Department.

My service of non -scalpel vasectomy provides a wider choice to patients. Although vasectomy is available on the NHS non scalpel technique is not available in all NHS hospitals. My clinic will provide a choice of this operative technique which leads to quick recovery and return to work for patients, with low complication rates.

Opening Hours

The proposed clinic will be CQC registered. Opening hours will be open from 9am to 6pm. Patients will attend by appointment only and it is planned that not more than four patients will be booked into the clinic at any one time. All operations will be done under local anaesthetic.

Benefits of Proposed Clinic Building

1. Improved Access to Male infant circumcision service for the people of Manchester with particular emphasis on Asian and African population. Proposed location is central to Rusholme, Moss side, Gorton and Longsight which have a high Asian/African population. It is near to public transport routes.

2. Reduction of the risk to male infants posed by non-qualified illegal male circumcision practice

3. Improved choice to the community by provision of Private Non scalpel Vasectomy from a purpose built environment

4. Contribution to the local economy by employing local people

5. Improvement of patient experience by employing staff who speak their native language

6. Providing a landmark building which improves the outlook of the environment without endangering the foliage
7. This proposed clinic will not threaten the neighbouring NHS GP surgeries, as it will be a private clinic looking after only fee paying patients. It will seek to be complementary to the neighbouring services where possible, as Greater Manchester Commissioning Group is moving against provision of non NHS services from their estate.

Disadvantage of not building the Clinic

1. Continued proliferation of illegal circumcision practice

2. Loss of opportunity for increase choice to the population of minor surgery services and vasectomy services.

3. Loss of opportunity to improve local landmark

4. Loss of opportunity to contribute to the diversity of workforce in South Manchester.

Dr Ugo Umeadi MBBS, FRCSEd, FRCS(A&E)Ed, DRCOG, DFFP, MRCGP, PGDip (Sport inj Sheffied)

Appendix B – Comments from Greater Manchester Police – Design for Security

Thank you for the opportunity to comment on this proposal, having looked over the documentation provided, we would have the following recommendations to make:

Doors

- All external doors should be compliant with and certified to BS PAS 24, STS 202 or LPS 1175 SR2. It is crucial that the door ironmongery to any external escape-only doors is permitted under the security certification of the product. Any escape-only doors should be alarmed (audible upon opening) and designed without visible external ironmongery.
- Consultation/treatment rooms should be fitted with a courtesy lock for patient privacy, with external override in case of emergency. It should not be possible for patients to lock/barricade themselves inside any rooms within the building. Any drug stores or other vulnerable areas (such as record rooms, staff changing rooms/lockers etc.) should be fitted with security-certified doorsets (see above) and auditable access controls. Staff should only be allowed access to areas required for their work. Keys/passes should only be carried if required for duties and should be accounted for at all times.
- All other internal doors/frames to offices, stores, utility/plant areas should be solid core (minimum 44mm thick) with 3 hinges and a 5 lever mortice deadlock or similar, so that they can be secured when unoccupied.

Windows

- All windows, where possible, should be certificated to BS PAS 24. All other window designs/dimensions should take account of the requirements of the above standards, as certified products can carry dimensional restrictions.
- Any curtain walling panels should include laminated glazing and should be securely fixed directly to the floor slabs where possible, rather than to perimeter columns.
- Ground floor and easily accessible opening lights e.g. above single storey elements (escape requirements permitting) should be key-lockable, and have fixed/lockable opening restrictors (not releasable from the outside) limited to 100mm.

Glazing & Building Fabric

- All ground and first floor glazing (or if otherwise accessible) must incorporate at least one pane of glass with a 0.8mm PVB interlayer (e.g. 6.8mm laminated glass), or a glass rated as P2A under EN 356. The remaining pane in a double glazed unit may be toughened glass.
- There should be a block work wall (or material of similar strength e.g. welded-steel mesh) behind any cladding to the building, to a minimum height of 2000mm from external ground level, to ensure that the building fabric itself is not vulnerable to attack.
- There should be no other features of the building (such as louvered features that could be used as a ladder, exposed rainwater down pipes etc.) or nearby hard/soft landscaping features (such as nearby boundaries, trees, lighting columns, handrails etc.) that may provide climbing aids onto the roof.

Access Controls

- Access control systems should be operable by swipe card or proximity reader/fob, and not numeric key pads. The following doors should operate on access control:
  - The single-leaf main entrance to the building – capable of being controlled remotely by security/FM staff if/when required (e.g. at night).

- Any drug stores or other vulnerable areas (e.g. record rooms).
- The doors leading to any staff only areas/facilities.
- Any service entrances/gates.

Boundaries

1.1.1 The proposed boundary treatment is acceptable - 2000mm weld mesh fence with matching vehicular swing gates. The access route gate on Withington Road should be of robust construction and only for staff use.

Alarm

- A monitored alarm system should be installed to cover the entire building, linked to contacts on all external doors and PIR detectors covering all ground floor areas with windows, with a signal terminating at a recognized Alarm Receiving Centre (ARC) or security control room.

Lighting

- External lighting must be provided to all vehicular/pedestrian routes within the site, in accordance with BS 5489.
- Dusk 'til dawn lights, operated by photoelectric cell/daylight sensor, should be installed to all external doors.
- Fittings should produce 'white' light, as opposed to yellow/orange light. Metal halide (or bulbs with a comparable output) should be used, as these offer superior colour rendition over alternatives such as high and low pressure sodium bulbs.
- Lighting fixtures must not be positioned to provide climbing aids over boundary treatments. Electrical and architectural layouts should be developed together to avoid this.

CCTV

Any CCTV system that may be used within this proposal will require certain specifications and intelligent placement of cameras to compliment the design of the development. Designers should consider the following points when planning a CCTV strategy:

- CCTV systems (and lighting that support them) require regular cleaning and maintenance to remain effective.
- Where necessary cameras that are vulnerable to damage should be protected from attack either by relocation to a higher level and using a bigger lens to achieve the view required or through the fitting of a vandal resistant housing.
- With regards to the retention of footage, the police prefer quality over quantity. The overall retention period should be dictated by the system is designed to achieve, though it would be better to have good quality images over a 14-day period than poor ones over a 30-day period.
- Procedures for recovery of recordings are recommended to be established (e.g. trained staff / the CCTV system instruction manual to be readily available). This is to ensure that the images produced will be of an acceptable standard that will allow for identification of an individual which will stand up to scrutiny in court.

Acceptable Standard - this generally requires a resolution of 720x576 pixels at a real time frame rate of 25 frames per second. (N.B. Both the camera and DVR must be capable of this – if the camera will only send low resolution images then it does not matter how high the resolution of the recording unit is).

Identification – One of three levels of field of view. To identify an individual, the image must capture no less than 120% of the field of view (at least from the top of the individuals head to their knees). The remaining two levels of field of view are 'Overview' and 'Recognition', which whilst effective for observational purposes, are less likely to result in the identification of a person/offender.

- The intelligent placement of cameras helps to provide clear facial identification of individuals. Suitable locations would be: all vehicular and pedestrian access/egress points, the main entrance lobby, all reception/waiting areas and external/internal circulation areas and car parking area.

Landscaping

Any landscape features (hard or soft) to the area should not impede natural surveillance of/from the building or reduce the effectiveness of lighting or any CCTV systems. The robust management of such spaces is essential to encourage active use and enjoyment, whilst making abuse less likely to occur. Poor management and maintenance can lead to a downward spiral of neglect and loss of environmental quality, encouraging nuisance, vandalism and other anti-social or criminal behaviours.

- In vulnerable locations (such as around entrances, parking areas and footpaths), low planting should not exceed 1000mm in height and tree canopies should fall no lower than 2000mm from the ground. This is in order to allow people to see their surroundings better and eliminate hiding places. A maintenance agreement should stipulate that these planting dimensions would be adhered to.
- Loose surface materials in the publicly accessible areas of the scheme should be avoided. Small fragments of ground covering can be used as missiles against people, premises and parked vehicles (both to gain entry and to commit criminal damage).
- Planting must be avoided that will aid climbing over boundary treatments. The security of fences can be compromised if trees or street furniture are placed close by.
- There should be no hard landscaping that could inadvertently create seating or loitering spots (except within secure designated or otherwise-controlled areas). These features can encourage anti-social behaviour and raise the fear of crime.

Management & Maintenance

1.1.2 The upkeep of a development over its lifetime can be crucial to the level of security and safety within. Aspects of a development, which are left to deteriorate, have the potential to attract further crime – a process known as 'the broken window theory'. A maintenance plan should be drawn up to address issues such as:

Litter removal

Repair to communal areas (lighting, signage, access controls)

- Trimming and pruning to shrubs and trees

I hope this is helpful and if I can be of further assistance in relation to this matter, please do not hesitate to contact me.

Kind Regards

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