

Withington Community Hospital: Community Diagnostics Centre

Design and Access Statement

June 2023

DAY

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DAY

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Foreword / 0.0

00 Foreword

Withington Community Hospital's overall footprint offers a fantastic opportunity for the Trust to expand and increase its capacity to deliver diagnostic services in the heart of the local community, providing more person-centred care, reducing health inequalities, and addressing unwarranted variation in care.

The Community Diagnostic Centre (CDC) Withington Hub consists of the delivery of a new two-storey building located alongside the existing Withington Community Hospital with the potential to link both buildings in the future. The new building - CDC Withington hub - will deliver two major services: Cardiorespiratory and Endoscopy. It will increase the volume of "out-of-hospital" care provided and dissolve the historic division between primary and secondary care health services.

The Trust's 2023 Clinical Strategy at Withington Community Hospital:

Defined by NHS England, the new Community Diagnostic Centre (CDC) service model provides a broad range of elective diagnostics (including checks, scans, and tests) away from acute facilities.

The Community Diagnostic Centre (CDC) service model achieves a number of key strategic objectives for NHS England and MFT including reducing pressure on acute hospitals, increasing the speed in which patients can access tests and receive results, reducing waiting times and improving the location of test sites and increasing the choice available to patients about where to receive treatment, including provision of care in the heart of their communities.

The Manchester & Trafford CDC Programme, hosted by MFT on behalf of the region, has a responsibility to ensure that it offers these much-needed diagnostic services equitably across the geography of Manchester and Trafford. The CDC Programme is therefore a hub and spoke model with the Large CDC Hub being located at Withington Community Hospital in the south of the region, and a further spoke location planned for North Manchester. The Hub location already offers Imaging services (MR, CT, X-Ray etc) and this development will increase its provision of endoscopy and cardiorespiratory services. The North hub will offer Imaging and Cardiorespiratory services also, reflecting the health needs in each area.

Locally we face a number of population health challenges. In Manchester and Trafford localities, a total population of ~ 800,000, 28% of greater Manchester total, the challenges are:

- More than 2/3 of neighbourhoods experience higher levels of deprivation than the average in England.

- Average life expectancy in England in 2017-19 (pre Covid-19 pandemic) was 79.8 years (male) and 83.4 years (female). In Manchester this was significantly worse at 76.4 years (male) and 80.3 years (female). This situation was further exacerbated during the pandemic with the covid-19 mortality rate in Greater Manchester being significantly higher than the England average (307.1 per 100k population in GM, compared to 233.1 per 100k population in England for males, and 195.2 per 100k population for females in GM compared to England average of 142 per 100k population).
- Mortality rates are significantly worse than the England average for cancer, circulatory diseases, coronary heart disease, and respiratory disease
- Barriers to accessing health and social care often result in patients presenting later, and failing to engage with health promotion and disease prevention
- ~80% of neighbourhoods have a higher % of Black, Asian and people identifying with other ethnicities than the England average; some groups are at a higher risk of certain conditions, are historically underserved by healthcare services and are under-represented in terms of confirmed diagnoses

Our Programme Principles follows five core principles:

- Designing services around the symptoms patients have rather than medical specialities
- Integration across primary, community and secondary care
- Pathway redesign and innovation, adopting a 'one-stop' approach wherever possible.
- Delivering services to people who need them the most.
- Making services accessible for those living more than a 30 mins public transport journey from the hub in areas of high deprivation

Withington Community Hospital is already recognised as an established community facility in the South of the City of Manchester which provides a range of non-acute outpatient and diagnostic services. From an access perspective, the site offers good public transport links through bus and tram services and has a large provision of car parking for staff and patients. The location allows access to areas of deprivation in Manchester and therefore can lead to an improvement in health outcomes.

The site is already fully integrated into the local health system with supporting digital infrastructure, which provides the support required for the delivery of the services. There is space within the overall footprint to create a new building to accommodate the delivery of the two major services to

00 Foreword

complement the existing Imaging service, reinforcing this site as the Community Diagnostic Centre Hub and as an 'anchor institution'.

Whilst the land of the proposed site belongs to Manchester City Council, MFT owns a license for the development, as well as the existing Withington Community Hospital site (long leasehold) and facilities. The appropriate planning permission will be required, and the necessary design work and associated processes would require to be completed.

The Community Diagnostic Centre (CDC) proposed for Withington is a new two-storey building that will be located alongside the existing Withington community hospital with the potential to link both buildings in the future. The new building - CDC Withington hub - will deliver two major services: Cardiorespiratory and Endoscopy. It will increase the volume of "out-of-hospital" care provided and dissolve the historic division between primary and secondary care health services.

One of the principle aims of the Community Diagnostic Centres programme is to increase diagnostic capacity which will:

1. Improve population health outcomes by reaching earlier, faster and more accurate diagnoses of health conditions.
2. Improve productivity and efficiency of diagnostic activity by streamlining the provision of acute and elective diagnostic services where it makes sense to do so; redesigning clinical pathways to reduce unnecessary steps, tests or duplication.
3. Contribute to reducing health inequalities driven by unwarranted variation in referral, access, uptake, experience and outcomes of diagnostic provision.
4. Deliver a better and more personalised diagnostic experience for patients by providing a single point of access to a range of safe, quality diagnostic services in the community.
5. Support integration of care across primary, community and secondary care and the wider diagnostics transformation programme.

As this is an established site, the feasibility of mobilising the programme quickly is a fantastic opportunity for the Trust.

Locating the Cardiorespiratory services at the Community Diagnostic Centre (CDC) Withington Hub will integrate and streamline diagnostic pathways which will enable patients to start receiving appropriate treatment more quickly with a positive impact on outcomes. As well as Cardiorespiratory, the Endoscopy service will offer the dual purposes of a hub for screening and surveillance endoscopy for Manchester and Trafford, building on

the unit's existing role as a leading provider for the National Bowel Cancer Screening Programme (BCSP), and providing a dedicated diagnostic endoscopy site for the South and Central Manchester populations. This model will protect the capacity for screening and surveillance of our highest-risk populations, deliver the highest quality diagnostic endoscopy close to people's homes, and release capacity at the specialised acute sites for complex and therapeutic procedures. This expansion will provide a Joint Advisory Group on Gastrointestinal Endoscopy (JAG) accredited endoscopy unit on the Withington site.



Executive Summary / 0.1

Introduction

On behalf of Manchester University NHS Foundation Trust (MFT), this document has been prepared by DAY Architectural in conjunction with Steve A. Hunt & Associates (MEP), CCS Consulting Ltd (Structures) and RLB (QS) as a Design and Access Statement to accompany the planning application for the proposed new endoscopy and cardiorespiratory facility, also referred to as the Community Diagnostics Centre (CDC), at Withington Community Hospital.

Overview

DAY Architectural has a detailed and deep understanding of the MFT Estate, and have worked with North Manchester General Hospital, Manchester Royal Infirmary, Wythenshawe Hospital, Trafford General Hospital and Withington Community Hospital on historic and ongoing projects. This appreciation of the wider state Masterplan means that our proposals for the Facility are both considered and creative and allow us to incorporate the standards and principles from similar departments across the MFT network.

DAY and its design partners were appointed by Manchester University NHS FT in Summer 2022 to commence an options appraisal to assess locations for the new CDC Facility. MFT like most NHS Trusts are experiencing pressure and a backlog of patients awaiting diagnostic procedures that this facility will aim to reduce.

Through initial briefing discussions, it became apparent that this location was perfect for the new facility and we have developed the proposals relevant stakeholders such as the Cardiology & Endoscopy Clinical Teams, Infection Prevention Control, Health & Safety, Estates and Capital teams.

The proposed new Community Diagnostic Facility will provide an Endoscopy Department at Ground Floor and a Cardiorespiratory Department at First floor and these two units have a combined aim to support the residents of South Manchester.

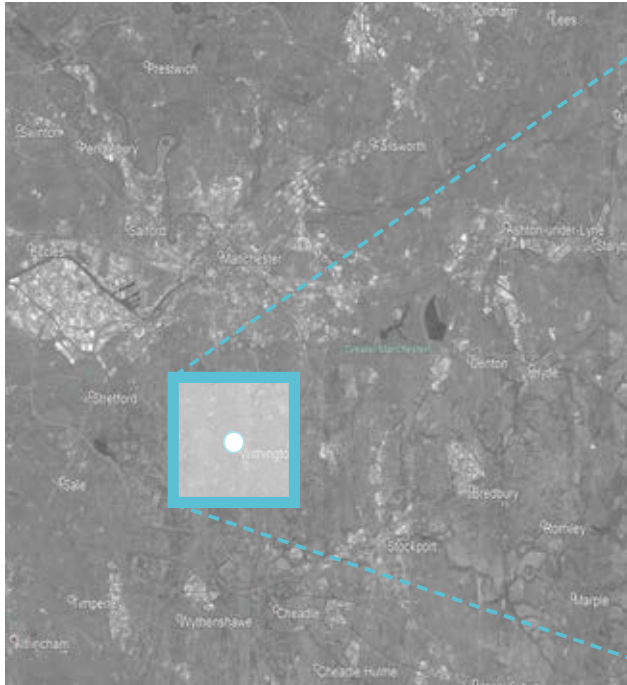
The new facility aims to open within the financial year 2024/2025.



Existing Site and Analysis / 1.0

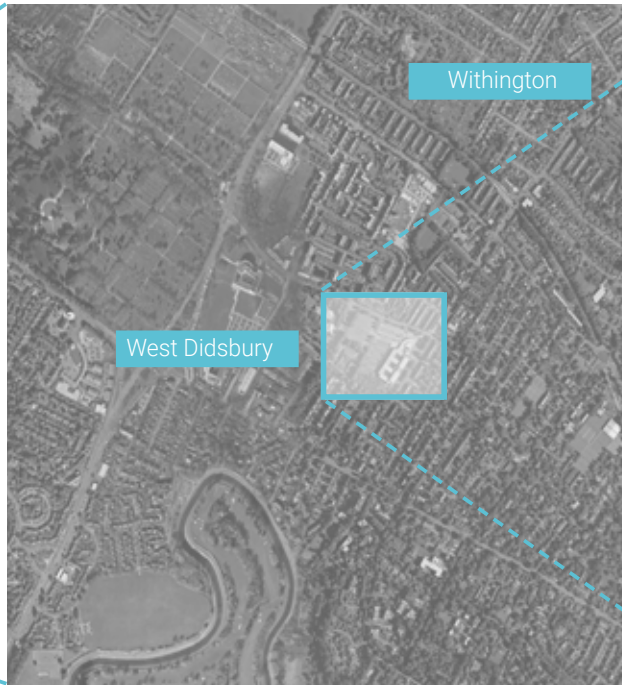
1.0 Existing Site and Analysis

Site Context & Analysis



Macro Context

Withington Hospital is a large primary care hospital providing specialist care to those who are awaiting diagnostic treatment and day surgery appointments. Built in 2007 to the South East of the original hospital site which unfortunately closed in 2002. The new hospital site is managed by MFT.



Meso Context

Withington is a suburb of Manchester, 4 miles South of the city centre with a population of just over 14,000 people. Withington was largely rural until the mid-19th century when it experienced rapid socioeconomic development and urbanisation due to Manchester's growing level of industrialisation.

Today, the residents of Withington comprise a mixture of families, university students and affluent "young professionals"— with strong education links due to the proximity to the University of Manchester and Manchester Metropolitan University. As a consequence, Withington is predominantly an area of mixed affluence. It is also a centre for clinical excellence with one of the largest cancer treatment centres in Europe; Christie Hospital.

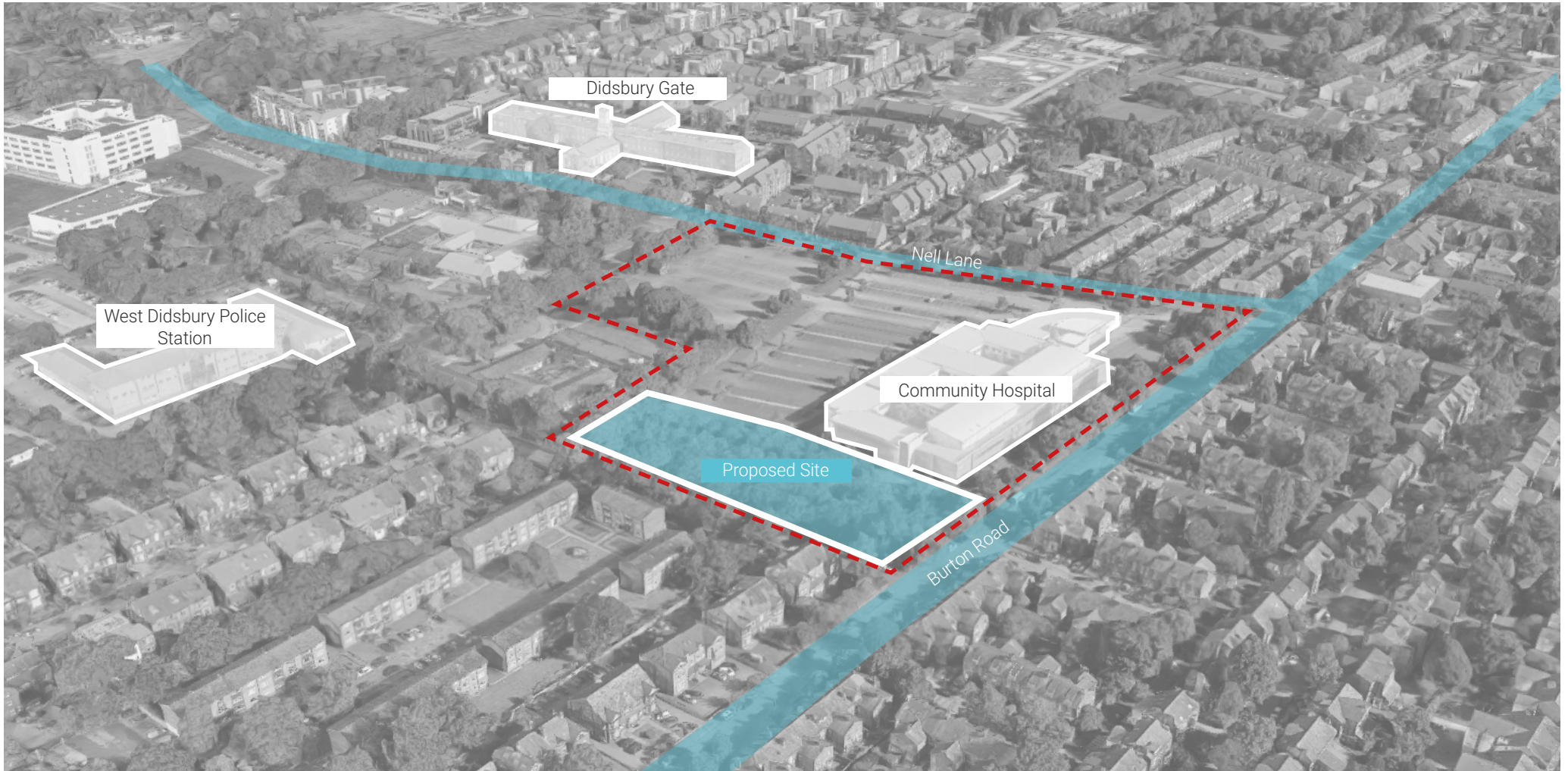


Micro Context

The 8 acre site comprises the main hospital building alongside large areas of parking shared between the hospital and the adjacent Nell Lane Hospital. The proposed development plot sits within a currently undeveloped area of land to the south of the existing building, shielded by mature trees from the adjacent residential areas beyond.

1.0 Existing Site and Analysis

Site Context & Analysis



Existing 3D Overview

1.0 Existing Site and Analysis

Site Considerations

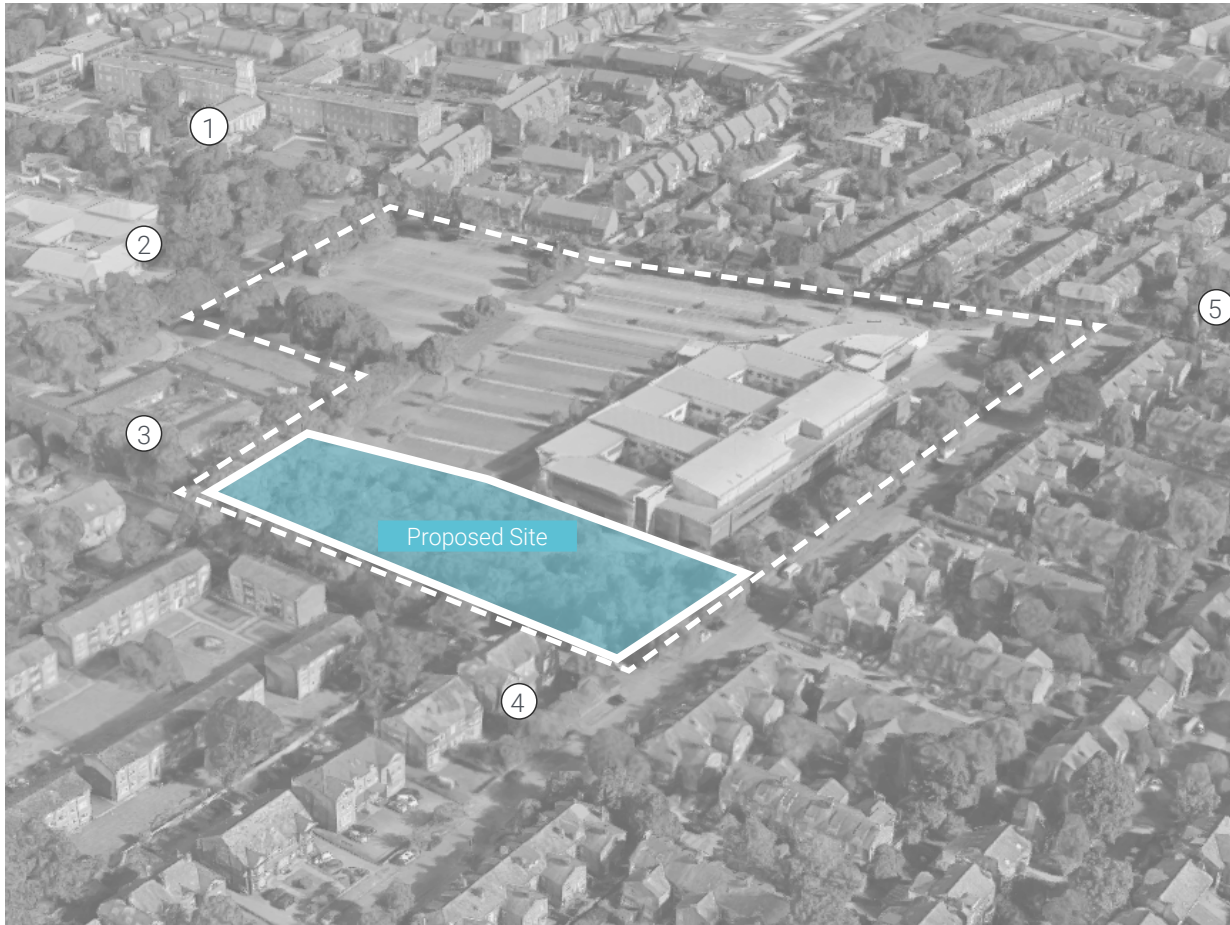


Site considerations shown on map of Withington Hospital

1.0

Existing Site and Analysis

Context and Materiality - Local Area



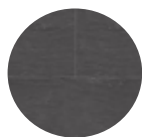
Victorian
Red Brick



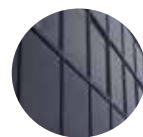
Mixed Brick



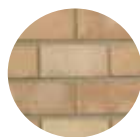
Sandstone



Slate tiles



Curtain Walling



Buff brick

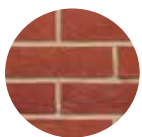
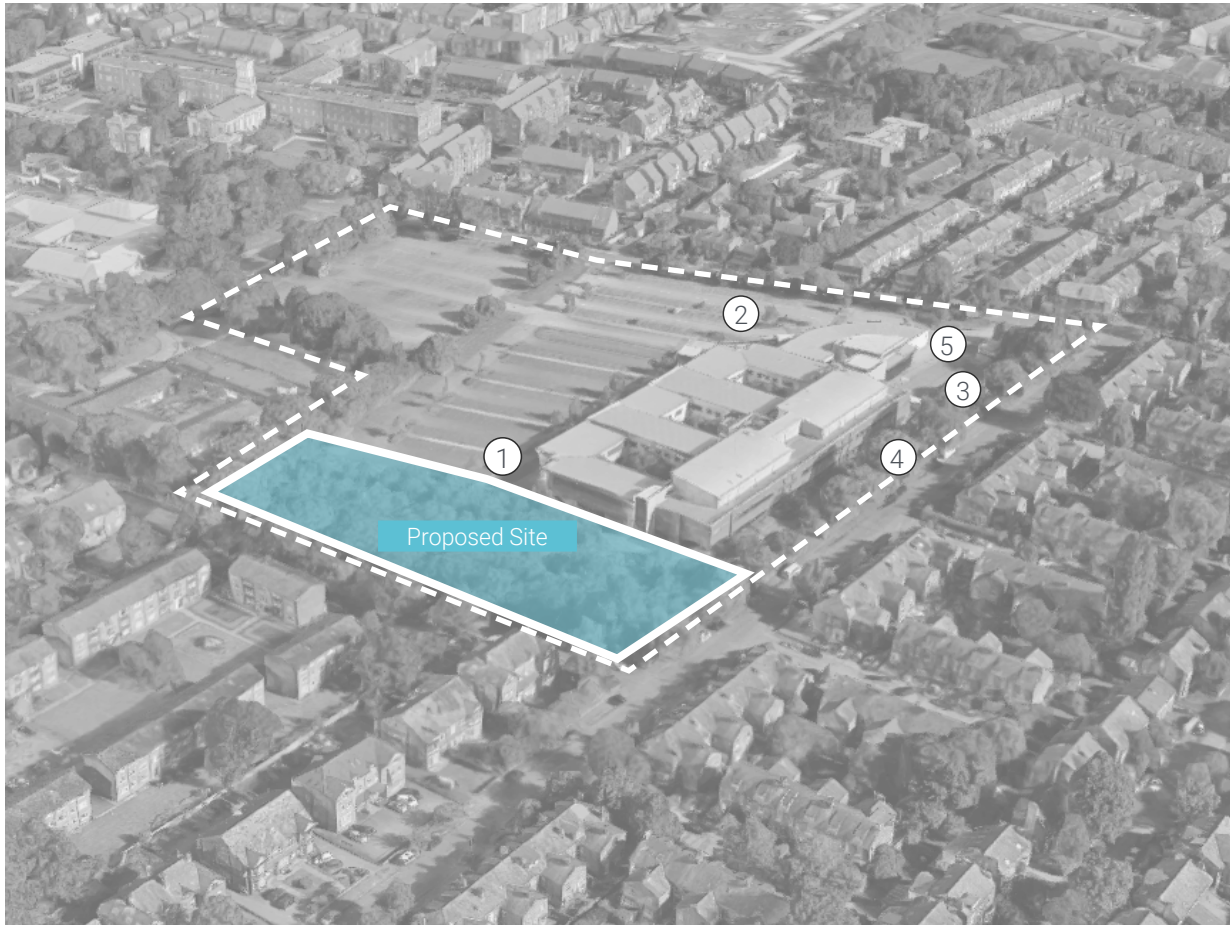
Existing material palette

DAY Architectural

1.0

Existing Site and Analysis

Context and Materiality - Existing Hospital Site



Red Brick



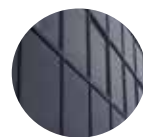
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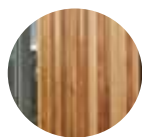
Louvred Panels



Reglit



Curtain Walling



Timber
Detailing

Existing material palette

DAY Architectural

1.0

Existing Site and Analysis

Context and Materiality - Existing Topography

The existing site can be found to the west of the existing hospital building, adjacent to Burton Road. The site was previously used as the construction compound during the construction of the original hospital building in 2007. Since then it has been left unmanaged.

Due to being left for a number of years the site has naturally populated with vegetation. The boundary onto Burton Road and Fielden Road consists of mature trees which offer natural screening between the hospital and the neighboring properties.

The location has been earmarked as a suitable location for the development due to its proximity to the existing hospital, good transport links including a large existing car park and the location within the community. In addition, this location ensures there is no loss of car parking on the site.



Existing Topographical Survey

Architecture / 2.0

Architecture
Design Approach / **2.1**

2.1

Design Approach

Concept and Arrangement

Overview

After establishing the key accommodation requirements for each of the Endoscopy and Cardiorespiratory Departments, DAY began exploring Architectural concepts for the internal layouts and external language of the proposed facility.

The Withington Community Hospital site offers an abundance of space in which to create this new facility whilst also provide the room to ensure we maintain a discrete boundary with the local residential neighbours. The proposed site location has been chosen because there is a clear link to the existing hospital, the existing building line has been retained and there is no loss of parking .

Our proposals for the new CDC facility deal with a number of sensitivities due to the nature of the clinical processes that will be offered.

Our concept for the CDC facility calls for an Architecture language that is appropriate for the processes within; this being private, focused and secure, responding sensitively and appropriately to its surrounding context; whilst internally providing a sense of lightness, calmness and comfort.



Layouts

Landscaping

External works to denote an access for service and fire vehicles and share the existing parking area and maintain a clear separation between pedestrian and vehicular access to produce efficient flows of movement around the site. Proposals allow additional accessible parking spaces alongside landscaped areas, a dedicated service area allowing any essential deliveries etc. Furthermore, where possible, there has been a retention of trees around the boundary of the site. The comprehensive landscape scheme is discussed further at section 2.2.

Ground Floor

The Ground Floor comprises Entrance / Main reception areas; The Endoscopy Department, Staff accommodation including offices; Utilities and a welcoming entrance into the building.

First Floor

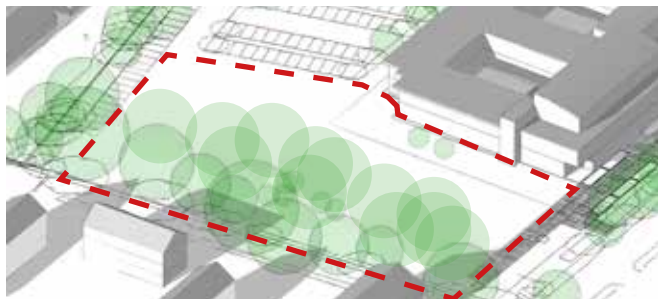
The First Floor includes the Cardiorespiratory department, some staff support accommodation and access to a large internal plant room to support the building. An additional link bridge into the existing hospital facility is also indicated.

Roof Level

Some small plant accommodation and access to PV Panels will be provided at Roof Level.

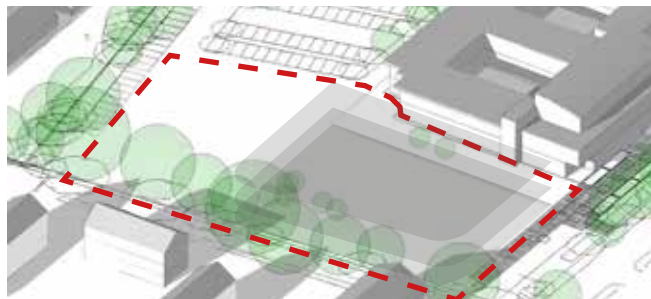
2.1 Design Approach

Application of Contextual Studies



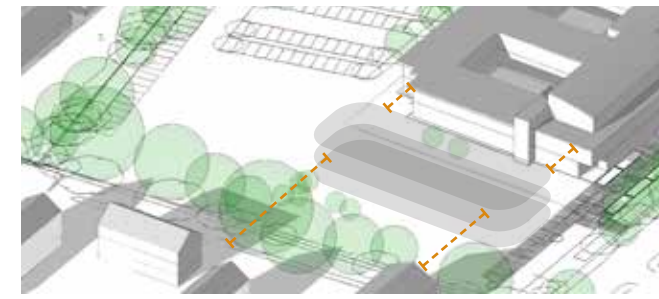
Site Identification

Large, currently overgrown area with good adjacencies to the existing hospital, and parking Areas.



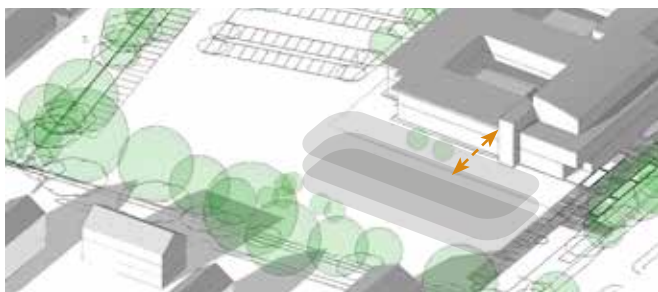
Defining the Plan

Area identified to tie into the existing rhythm and massing of the main hospital Building.



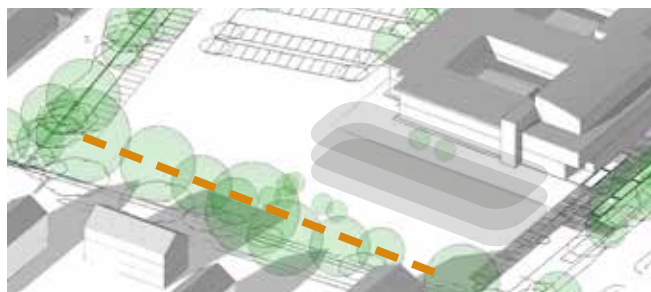
Separation

Ensuring appropriate separation from the adjacent housing and current hospital building.



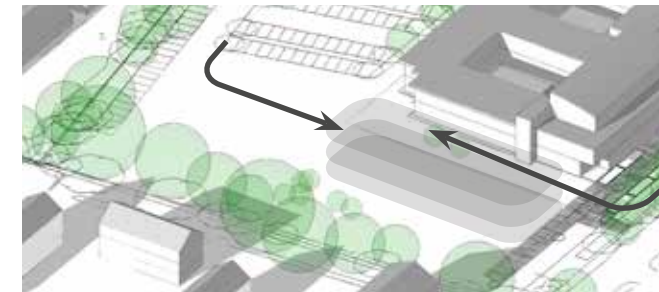
Connection to Existing

Logical connection to utilise existing access to hospital street.



Neighbouring Privacy

Retention of trees along the boundary create a natural screen to the facility from adjacent areas and vice versa.



Public Access

The location of the building allows for clear visual cues and access routes from Burton Road and the existing car park

2.1

Design Approach

External Precedents and Concept



External

- Strong brick forms, with areas of relief to tie into the existing materiality of the hospital but create a strong architectural language.
- Larger window reveals to create privacy due to the nature of the spaces within.
- Timber detailing to soften to key areas.

2.1

Design Approach

Internal Precedents and Concept



Internal

- Abundance of larger glazing to light wait areas to increase sense of lightness and relief following the strong exterior forms.
- Light materials to maximise a sense of health & wellbeing.



2.1

Design Approach

Precedents - Existing Victorian Design Principles

Old Withington Hospital, Nell Lane



- Lower Cornice Detail
- Cornice Detail
- Window Surround
- Piers
- Masonry
- Window Rhythm



Existing Victorian Design

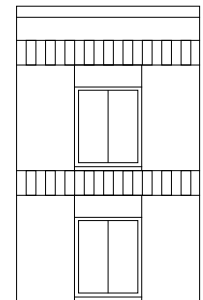
Didsbury's growth in the Victorian era is evident in much of its architecture. We wanted to draw reference from this but convey it in more of a contemporary and simplistic way.

We have drawn reference from such details as cornice expression with brickwork detailing, window proportions and rhythm (inc. larger expansive bay window representation to the waiting areas) and looked to incorporate a more modest wrap around porch style entrance that carves into the building providing a clear entrance.

① Modern cornice expression



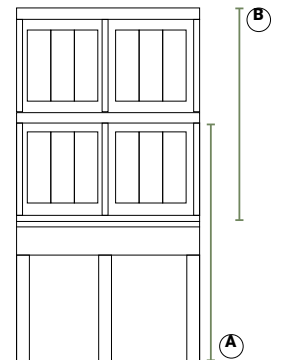
①



② Proportions and detail fenestration



②

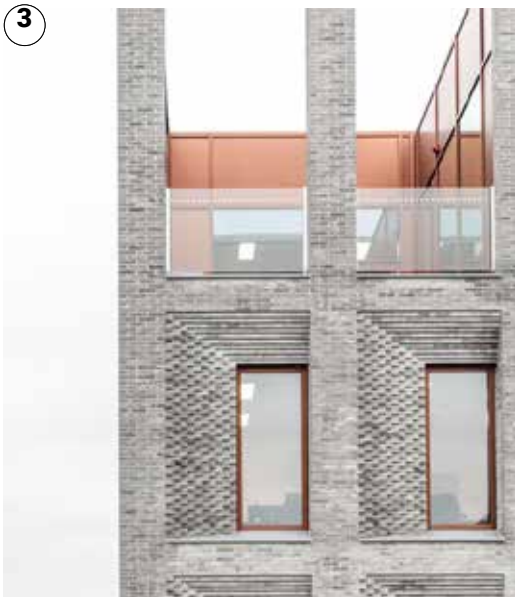
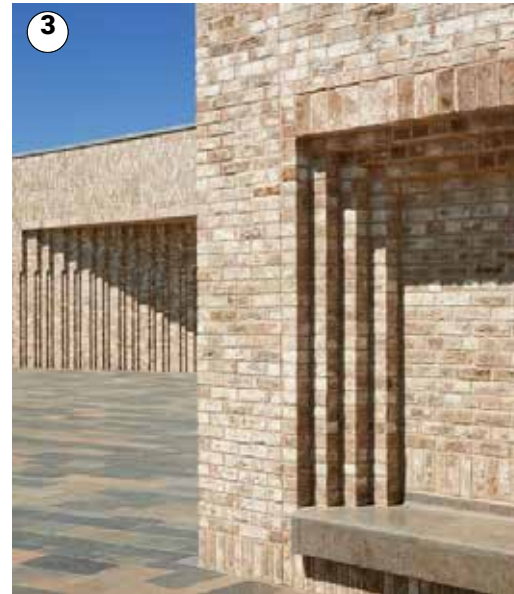


- Ⓐ Lower plinth and modular bays
- Ⓑ Modular bays sense of verticality and rhythm

2.1

Design Approach

Precedents - Material & Detail



- ① Inset splayed entrance to create more prominent frontage/ entrance that sits amongst the more consistent rhythm of
- ② Buff brick alongside bronze /copper effect detailing to bring warmth to the facade.
- ③ Brick corbel detail to create depth, relief and intrigue to the facade.
- ④ Brick detail accentuating sense of verticality within set window rhythm.
- ⑤ Subtle change in brick colour to reflect main entrance and existing hospital lighter facade palette and red brick to reflect existing residential housing materiality.

2.1

Design Approach

Existing Tone & Texture - Surrounding Context



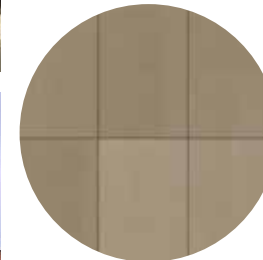
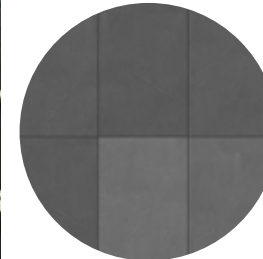
Materiality

Within the immediate surrounding context to the site, the prominent materiality of the residential housing is red brick with lighter often buff brick or stone detailing. Often accompanied by a slate roof.

Within more of the surrounding context of commercial and healthcare buildings, there is a nod to the existing architecture and proportions however often more use of the buff brick, expanse of glazing and a strong sense of verticality integrated into the facade; such examples as Christie proton beam therapy center and SPIRE hospital.

Within our proposal we have considered both of the above and have considered having a more prominent red brick facading fronting Burton Rd and Fielden Rd wrapping around to both of the stair cores. Then forming the main entrance and relating back to the more healthcare lighter palette throughout the existing hospital and surrounding context we felt defining this with a buff brick.

Both facades contain similar brick detailing for continuity and still aim to read as one consistent language to ensure a clear identity of the new building is conveyed.



2.1

Design Approach

Form & Massing



Existing Withington Hospital

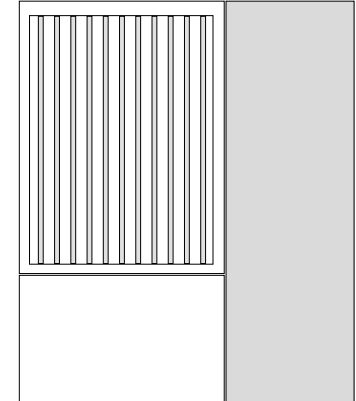


The Spire Hospital, Barlow Moor Rd, Withington

① Expression of verticality

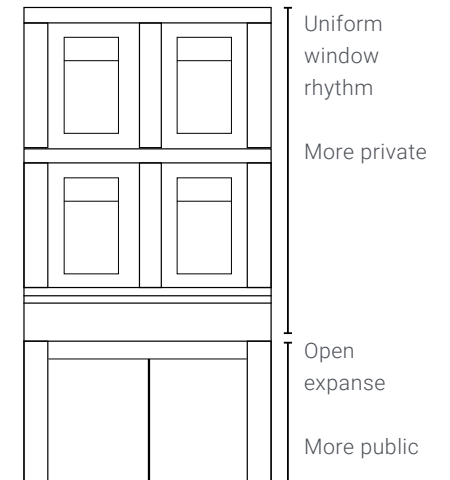


①



② Regular rhythm and form expressing internal function

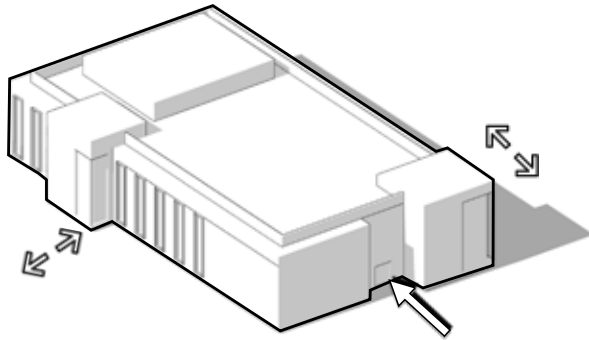
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2.1

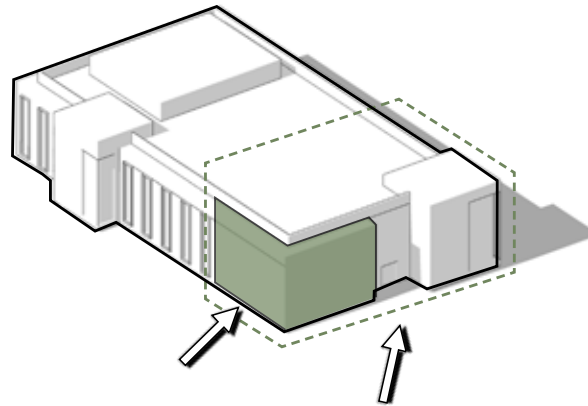
Design Approach Massing Development

Key Design Principles:



Mass:

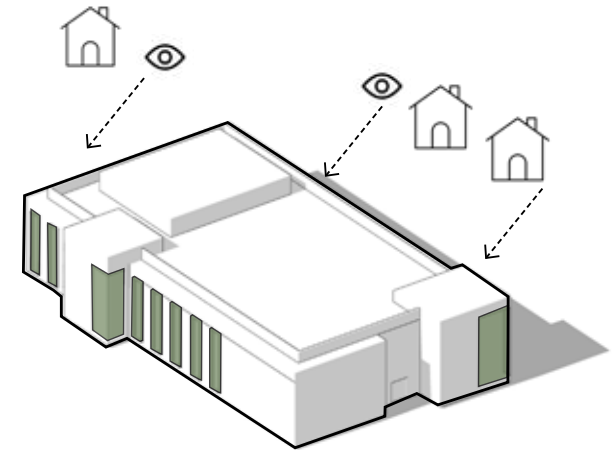
The mass of the building is a functional reflection of its interior. The recess / stepback signifies main entrance point and the projecting staircores with large 'bay window' helps signify circulation and movement in the building.



Frontage:

Main frontage approach, this zone is representative of waiting and entrance areas internally therefore is represented as the most permeable space with external views out onto new landscaped buffer zone.

This elevation is North West facing therefore requires an element of solar shading to ensure any solar glare/ gain is managed.



Facade Frontage:

The surrounding Victorian bay proportions influenced the projecting bays along the facade. This also works well with the repetitive internal function of the rooms so a sense of rhythm and consistency, a modern reflection of its surrounding context.

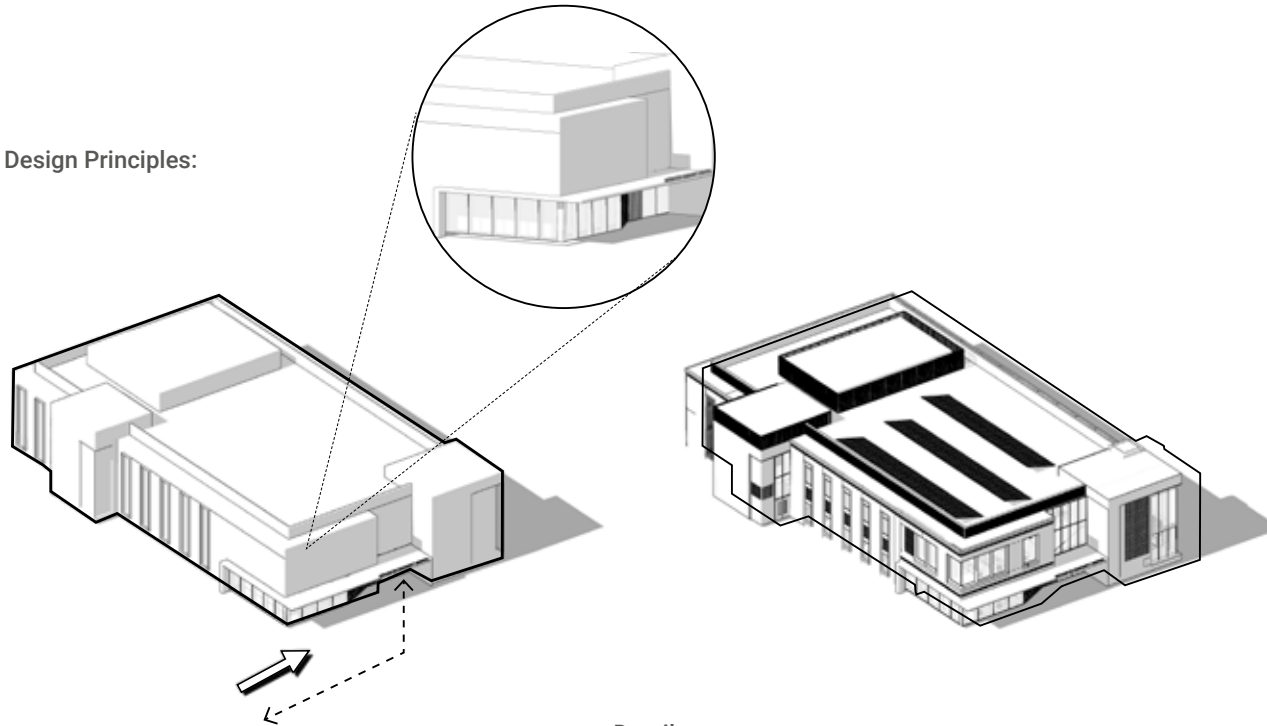
The carefully balanced composition of the elevations optimises the amount of glazing from an aesthetic point of view and from the practical aspects of overheating and daylighting. The location of the glazing articulates the internal room planning and is positioned to enhance future flexibility of internal layouts.

2.1

Design Approach

Massing Development

Key Design Principles:



Splay:

The design aims to create an active ground floor space with main entrance. The splay helps to lead people into the entrance from the main hospital approach. The projecting shroud helps to amplify this whilst also providing an element of solar shading for the building.

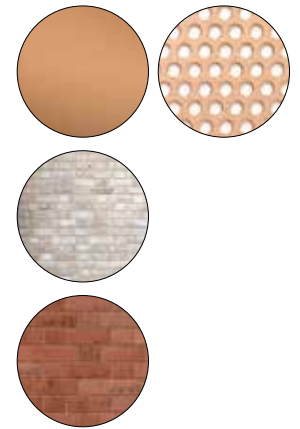
Detail:

The projecting shrouds and brick detailing are a constant feature throughout the facade to create a sense of unity and consistency. The projections and apertures towards the entrance are a larger expanse of glazing to help signify main approach and also the main patient facing areas, the more public spaces. The brick detailing mimics the more detailed Victorian housing brick details in a more distilled way and provides more relief and depth to the facade. The rear plant facade is also sensitive to the adjacent residential housing by continuing the projecting bay rhythm whilst encapsulating the required louvres.

Materiality:

The material palette draws emphasis from the local and historical context of Withington.

Red brick is very prominent within the immediate context and forms the prominent material within the palette.



2.1

Design Approach

Pre-Application Meeting



Feedback and Comments from Manchester City Council Planning Officers

- Confirmation of proposed materiality of brick and glazing being acceptable for the development tying into existing context.
- Favoured flat roof option and massing was deemed suitable and complementary to neighbouring properties.
- Importance of retention of existing mature trees was highlighted.
- Noted sufficient parking capacity in the existing provisions, allowing maximum retention of existing landscaping.
- Access from Burton Road was discussed and to be considered for favoured pedestrian routes.
- Noted that proposals should aim to achieve a net gain in biodiversity, wherever possible.

Architecture
Proposal / 2.2

Proposed Ground Floor General Arrangement Plan



Ground Floor Plan

The proposed Ground Floor will house the new Endoscopy Department serving South Manchester.

The new fully compliant JAG Accredited (JAG accreditation is awarded to high-quality gastrointestinal endoscopy services) facility will boast 2no. Treatment rooms, split sex First Stage Recovery, combined Second Stage Recovery and a host of pre-assessment facilities (split sex sub-waiting areas, bowel preparation rooms etc).

The Endoscopy Department, as per all JAG guidance will ensure that there is a clear and defined patient flow through the facility that keeps all patients split by gender at all times but ensures they continue moving forward through that facility at each stage of their procedure.

We have provided necessary staff supports facilities such as Utilities, Stores and Change / Rest facilities but also positioned Admin Offices and nurse bases carefully throughout the layout to ensure that patients receive good observation at all points and remain connected to the staff.

The unit will be isolated from other Endoscopy facilities within the trust and will require its own dedicated Decontamination Facility. A direct corridor has been provided to the rear of the proposed Treatment Rooms for the removal of used scope with direct access into a Dirty Decontamination room. This will ensure that all scopes that pass through the ED Flow machines are a prepared for re-use.

GIFA - 1024m²

2.2

Architectural Proposals

Proposed Ground Floor Schedule of Accommodation

20 - Room Schedule - Endoscopy			
Number	Name	Area	ADB HBN Area
RM.00.001	Circulation - Entrance	20.5 m²	
RM.00.002	Switchroom	6.5 m²	
RM.00.003	Lift Lobby	22.5 m²	
RM.00.004	Store	4 m²	8 m²
RM.00.005	Staircore 1	27 m²	
RM.00.006	Circulation	33.5 m²	
RM.00.007	Waiting Area	31.5 m²	22.5 m²
RM.00.009	Reception	10.5 m²	11 m²
RM.00.011	Changing Places	12.5 m²	12 m²
RM.00.012	WC	4 m²	2.5 m²
RM.00.013	Reception Office	15 m²	12 m²
RM.00.014	Interview Room	13.5 m²	8 m²
RM.00.015	Circulation	51.5 m²	
RM.00.015.01	Store	1 m²	8 m²
RM.00.015.02	Store	1 m²	8 m²
RM.00.015.03	Store	1 m²	8 m²
RM.00.016	Prep Room 1	7 m²	16 m²
RM.00.017	Acc WC	3.5 m²	4.5 m²
RM.00.018	Prep Room 2	8.5 m²	16 m²

20 - Room Schedule - Endoscopy			
Number	Name	Area	ADB HBN Area
RM.00.019	Acc WC	4.5 m²	4.5 m²
RM.00.020	Prep Room 3	8.5 m²	16 m²
RM.00.021	Acc WC	4.5 m²	4.5 m²
RM.00.022	Consult/Exam Room - Male	16.5 m²	16 m²
RM.00.023	Consult/Exam Room - Female	15.5 m²	16 m²
RM.00.024	Sub-Wait Male	14.5 m²	9 m²
RM.00.025	Acc. Changing	4.5 m²	4.5 m²
RM.00.026	Acc. Changing	4.5 m²	4.5 m²
RM.00.027	Ensuite	4 m²	4.5 m²
RM.00.028	Prep Staff Base	7 m²	8 m²
RM.00.029	Lift Lobby	20.5 m²	
RM.00.030	Staircore 2	28.5 m²	
RM.00.031	Sub-Wait Female	14.5 m²	9 m²
RM.00.032	Ensuite	3.5 m²	4.5 m²
RM.00.033	Acc. Changing	4.5 m²	4.5 m²
RM.00.034	Acc. Changing	4.5 m²	4.5 m²
RM.00.035	Circulation	34 m²	
RM.00.036	Staff Pantry	15 m²	20.5 m²
RM.00.036.01	Changing Lobby	1.5 m²	
RM.00.037	Staff WC	2 m²	2 m²

20 - Room Schedule - Endoscopy			
Number	Name	Area	ADB HBN Area
RM.00.038	Staff Change - Female	10.5 m²	11 m²
RM.00.038.01	Changing Lobby	1.5 m²	
RM.00.039	Staff Change - Male	9 m²	11 m²
RM.00.040	Clean Utility	16 m²	16 m²
RM.00.041	Dirty Utility	9 m²	12 m²
RM.00.042	RO Plant	10.5 m²	0 m²
RM.00.043	Circulation	26 m²	
RM.00.044	Decon Clean	16.5 m²	12 m²
RM.00.045	Decon Dirty	21.5 m²	12 m²
RM.00.046	Shower	2.5 m²	2.5 m²
RM.00.047	COSHH Store	2.5 m²	8 m²
RM.00.048	Circulation	14.5 m²	
RM.00.049	Clean Consumables	7.5 m²	8 m²
RM.00.050	Procedure Room	22 m²	22 m²
RM.00.051	Cleaners	3.5 m²	8 m²
RM.00.052	Procedure Room	22 m²	22 m²
RM.00.053	Decontamination Office	8 m²	8 m²
RM.00.054	Circulation	27.5 m²	
RM.00.055	Medical Staff Office	8 m²	8 m²
RM.00.056	Bowel Cancer Screening	10.5 m²	12 m²

20 - Room Schedule - Endoscopy			
Number	Name	Area	ADB HBN Area
RM.00.057	Recovery - Female	56.5 m²	83 m²
RM.00.058	Acc WC	3.5 m²	4.5 m²
RM.00.059	WC	2.5 m²	2 m²
RM.00.060	Recovery Staff Base	7 m²	8 m²
RM.00.061	Recovery - Male	54 m²	83 m²
RM.00.062	Acc WC	3.5 m²	4.5 m²
RM.00.063	Beverage Bay	7.5 m²	11 m²
RM.00.064	Circulation	19.5 m²	
RM.00.069	Discharge Staff Base	11 m²	11 m²
RM.00.070	Nurse Managers Office	7 m²	8 m²
Net Internal Floor Area (inc. Circulation)		907.5 m²	

By Department Legend

- Circulation
- Clinical Rooms
- Entrance
- Plant
- Services
- Staff Accommodation

The floor plan shows the following rooms and areas:

- RM 01.001:** Staircase 2 (25.9 m²)
- RM 01.002:** Lift Lobby (20.8 m²)
- RM 01.003:** Plant - Services (5.6 m²)
- RM 01.004:** Plant - Server Room (9 m²)
- RM 01.005:** Reception (10.9 m²)
- RM 01.006:** Main Hall (21.9 m²)
- RM 01.007:** Reception Area (11 m²)
- RM 01.008:** WC (3.5 m²)
- RM 01.009:** App. WC (4 m²)
- RM 01.010:** WC (3.5 m²)
- RM 01.011:** Interview Room (10.5 m²)
- RM 01.012:** Circulation (18 m²)
- RM 01.013:** ECC Room (12 m²)
- RM 01.014:** ECC Room (19.5 m²)
- RM 01.015:** ECC Room (19.5 m²)
- RM 01.016:** ECC Room 2 (12.5 m²)
- RM 01.017:** Sub-Water (9 m²)
- RM 01.018:** Long-Function Room 2 (13 m²)
- RM 01.019:** Long-Function Room (13 m²)
- RM 01.020:** Long-Function Room (13 m²)
- RM 01.021:** Clean Utility (18 m²)
- RM 01.022:** Circulation - Hall (35.3 m²)
- RM 01.023:** Cleaners (6 m²)
- RM 01.024:** ECC Room (13.5 m²)
- RM 01.025:** Circulation (9 m²)
- RM 01.026:** Plant - Services (5.6 m²)
- RM 01.027:** Plant - Server Room (9 m²)
- RM 01.028:** Reception (10.9 m²)
- RM 01.029:** Main Hall (21.9 m²)
- RM 01.030:** WC (3.5 m²)
- RM 01.031:** App. WC (4 m²)
- RM 01.032:** WC (3.5 m²)
- RM 01.033:** Interview Room (10.5 m²)
- RM 01.034:** Circulation (18 m²)
- RM 01.035:** ECC Room (12 m²)
- RM 01.036:** ECC Room (19.5 m²)
- RM 01.037:** ECC Room (19.5 m²)
- RM 01.038:** ECC Room 2 (12.5 m²)
- RM 01.039:** Sub-Water (9 m²)
- RM 01.040:** Long-Function Room 2 (13 m²)
- RM 01.041:** Long-Function Room (13 m²)
- RM 01.042:** Long-Function Room (13 m²)
- RM 01.043:** Clean Utility (18 m²)
- RM 01.044:** Circulation - Hall (35.3 m²)
- RM 01.045:** Cleaners (6 m²)
- RM 01.046:** ECC Room (13.5 m²)
- RM 01.047:** Circulation (9 m²)
- RM 01.048:** Plant - Services (5.6 m²)
- RM 01.049:** Plant - Server Room (9 m²)
- RM 01.050:** Reception (10.9 m²)
- RM 01.051:** Main Hall (21.9 m²)
- RM 01.052:** WC (3.5 m²)
- RM 01.053:** App. WC (4 m²)
- RM 01.054:** WC (3.5 m²)
- RM 01.055:** Interview Room (10.5 m²)
- RM 01.056:** Circulation (18 m²)
- RM 01.057:** ECC Room (12 m²)
- RM 01.058:** ECC Room (19.5 m²)
- RM 01.059:** ECC Room (19.5 m²)
- RM 01.060:** ECC Room 2 (12.5 m²)
- RM 01.061:** Sub-Water (9 m²)
- RM 01.062:** Long-Function Room 2 (13 m²)
- RM 01.063:** Long-Function Room (13 m²)
- RM 01.064:** Long-Function Room (13 m²)
- RM 01.065:** Clean Utility (18 m²)
- RM 01.066:** Circulation - Hall (35.3 m²)
- RM 01.067:** Cleaners (6 m²)
- RM 01.068:** ECC Room (13.5 m²)
- RM 01.069:** Circulation (9 m²)
- RM 01.070:** Plant - Services (5.6 m²)
- RM 01.071:** Plant - Server Room (9 m²)
- RM 01.072:** Reception (10.9 m²)
- RM 01.073:** Main Hall (21.9 m²)
- RM 01.074:** WC (3.5 m²)
- RM 01.075:** App. WC (4 m²)
- RM 01.076:** WC (3.5 m²)
- RM 01.077:** Interview Room (10.5 m²)
- RM 01.078:** Circulation (18 m²)
- RM 01.079:** ECC Room (12 m²)
- RM 01.080:** ECC Room (19.5 m²)
- RM 01.081:** ECC Room (19.5 m²)
- RM 01.082:** ECC Room 2 (12.5 m²)
- RM 01.083:** Sub-Water (9 m²)
- RM 01.084:** Long-Function Room 2 (13 m²)
- RM 01.085:** Long-Function Room (13 m²)
- RM 01.086:** Long-Function Room (13 m²)
- RM 01.087:** Clean Utility (18 m²)
- RM 01.088:** Circulation - Hall (35.3 m²)
- RM 01.089:** Cleaners (6 m²)
- RM 01.090:** ECC Room (13.5 m²)
- RM 01.091:** Circulation (9 m²)
- RM 01.092:** Plant - Services (5.6 m²)
- RM 01.093:** Plant - Server Room (9 m²)
- RM 01.094:** Reception (10.9 m²)
- RM 01.095:** Main Hall (21.9 m²)
- RM 01.096:** WC (3.5 m²)
- RM 01.097:** App. WC (4 m²)
- RM 01.098:** WC (3.5 m²)
- RM 01.099:** Interview Room (10.5 m²)
- RM 01.100:** Circulation (18 m²)
- RM 01.101:** ECC Room (12 m²)
- RM 01.102:** ECC Room (19.5 m²)
- RM 01.103:** ECC Room (19.5 m²)
- RM 01.104:** ECC Room 2 (12.5 m²)
- RM 01.105:** Sub-Water (9 m²)
- RM 01.106:** Long-Function Room 2 (13 m²)
- RM 01.107:** Long-Function Room (13 m²)
- RM 01.108:** Long-Function Room (13 m²)
- RM 01.109:** Clean Utility (18 m²)
- RM 01.110:** Circulation - Hall (35.3 m²)
- RM 01.111:** Cleaners (6 m²)
- RM 01.112:** ECC Room (13.5 m²)
- RM 01.113:** Circulation (9 m²)
- RM 01.114:** Plant - Services (5.6 m²)
- RM 01.115:** Plant - Server Room (9 m²)
- RM 01.116:** Reception (10.9 m²)
- RM 01.117:** Main Hall (21.9 m²)
- RM 01.118:** WC (3.5 m²)
- RM 01.119:** App. WC (4 m²)
- RM 01.120:** WC (3.5 m²)
- RM 01.121:** Interview Room (10.5 m²)
- RM 01.122:** Circulation (18 m²)
- RM 01.123:** ECC Room (12 m²)
- RM 01.124:** ECC Room (19.5 m²)
- RM 01.125:** ECC Room (19.5 m²)
- RM 01.126:** ECC Room 2 (12.5 m²)
- RM 01.127:** Sub-Water (9 m²)
- RM 01.128:** Long-Function Room 2 (13 m²)
- RM 01.129:** Long-Function Room (13 m²)
- RM 01.130:** Long-Function Room (13 m²)
- RM 01.131:** Clean Utility (18 m²)
- RM 01.132:** Circulation - Hall (35.3 m²)
- RM 01.133:** Cleaners (6 m²)
- RM 01.134:** ECC Room (13.5 m²)
- RM 01.135:** Circulation (9 m²)
- RM 01.136:** Plant - Services (5.6 m²)
- RM 01.137:** Plant - Server Room (9 m²)
- RM 01.138:** Reception (10.9 m²)
- RM 01.139:** Main Hall (21.9 m²)
- RM 01.140:** WC (3.5 m²)
- RM 01.141:** App. WC (4 m²)
- RM 01.142:** WC (3.5 m²)
- RM 01.143:** Interview Room (10.5 m²)
- RM 01.144:** Circulation (18 m²)
- RM 01**

The proposed First Floor will house the new Cardiorespiratory Department.

Additional support staff accommodation has been provided at first floor level such as large Staff Rest areas, Storage and a seminar facility.

There is a large internal plant room that will house all associated Mechanical and Electrical equipment to support both the Endoscopy and Cardiorespiratory units. Louvre elevations will be required on the facade to encourage airflow and ventilation.

GIFA 1025m²

2.2

Architectural Proposals

Proposed First Floor Schedule of Accommodation

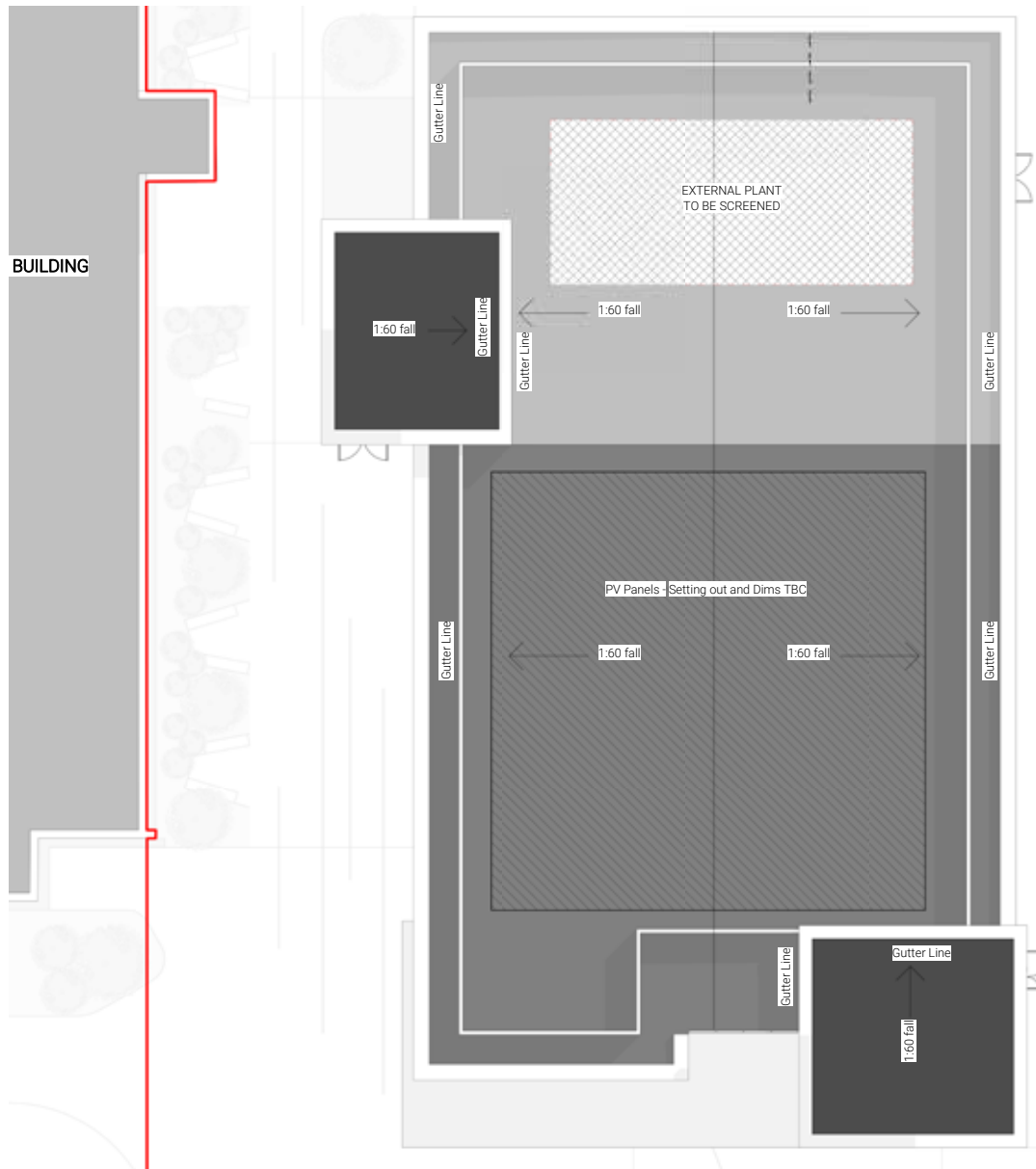
20 - Room Schedule - Cardiorespiratory			
Number	Name	Area	ADB HBN Area
RM.01.001	Staircore 1	28.5 m ²	
RM.01.002	Lift Lobby	20.5 m ²	
RM.01.003	Circulation	18.5 m ²	
RM.01.004	Circulation	28 m ²	
RM.01.005	Reception	10.5 m ²	11 m ²
RM.01.006	Main Wait	23.5 m ²	22.5 m ²
RM.01.007	Reception Admin	11 m ²	12 m ²
RM.01.008	WC	3.5 m ²	2.5 m ²
RM.01.009	Acc. WC	4 m ²	4.5 m ²
RM.01.011	Interview Room	10.5 m ²	11 m ²
RM.01.012	Circulation	59 m ²	
RM.01.013	Lung Function Room	13 m ²	16 m ²
RM.01.014	ECO Room	19.5 m ²	20 m ²
RM.01.015	Lung Function Room 2	13 m ²	16 m ²

20 - Room Schedule - Cardiorespiratory			
Number	Name	Area	ADB HBN Area
RM.01.016	ECO Room 2	19.5 m ²	20 m ²
RM.01.017	Sub Wait	9 m ²	9 m ²
RM.01.018	Consultation Room	12.5 m ²	12 m ²
RM.01.019	Consultation Room 2	12 m ²	12 m ²
RM.01.020	Lift Lobby	20.5 m ²	
RM.01.021	Staircore 2	28.5 m ²	
RM.01.022	Plant	338 m ²	
RM.01.023	ECG Room	10 m ²	12 m ²
RM.01.024	ECG Room	13.5 m ²	12 m ²
RM.01.025	Circulation	9.5 m ²	
RM.01.026	Reporting Room	21.5 m ²	24 m ²
RM.01.027	Circulation - Staff	38.5 m ²	
RM.01.030	Cleaners	6 m ²	8 m ²
RM.01.031	Clean Utility	16 m ²	16 m ²

20 - Room Schedule - Cardiorespiratory			
Number	Name	Area	ADB HBN Area
RM.01.032	Open Plan Office	22 m ²	24 m ²
RM.01.033	Staff WC	2.5 m ²	2 m ²
RM.01.034	Staff Room inc. Bev Bay	22.5 m ²	45.5 m ²
RM.01.035	Acc. WC	3 m ²	4.5 m ²
RM.01.036	Lockers	21.5 m ²	12 m ²
RM.01.037	Accessible Change	4 m ²	4.5 m ²
RM.01.038	Accessible Shower	4 m ²	6.5 m ²
RM.01.039	Store	6 m ²	8 m ²
RM.01.048	Discharge Lounge	24.5 m ²	20 m ²
RM.01.049	Quiet Room	7 m ²	10 m ²
RM.01.050	Quiet Room	7 m ²	10 m ²
RM.01.052	Meeting / Seminar Room	30.5 m ²	19.5 m ²
RM.01.053	General Store	17 m ²	16 m ²
RM.01.054	Acc WC	3.5 m ²	4.5 m ²
RM.01.062	Plant - Batteries	9.5 m ²	
RM.01.063	Plant - Server Room	9 m ²	
Net Internal Floor Area (inc. Circulation)		1011 m ²	

2.2 Architectural Proposals

Proposed Roof Plan



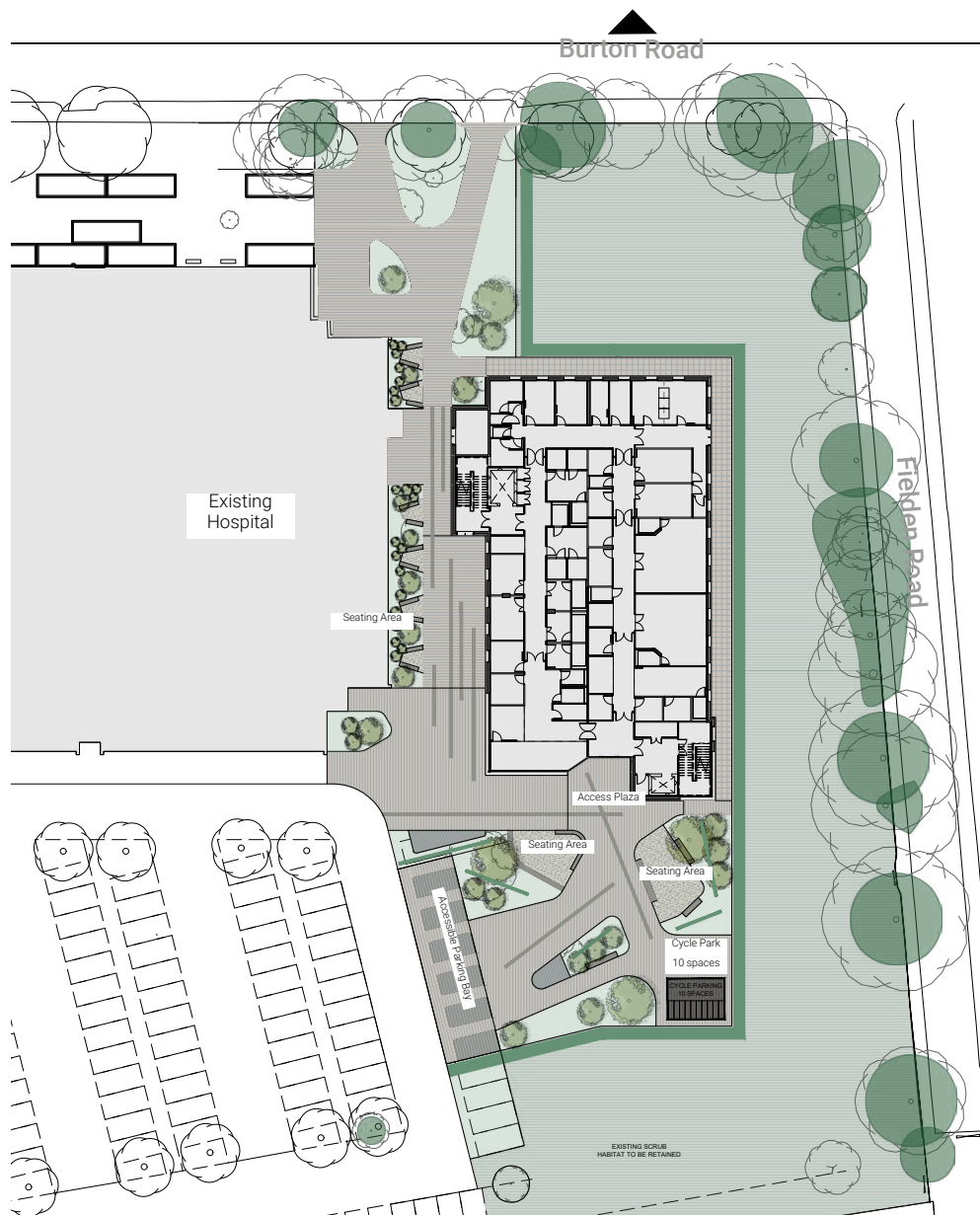
Roof Plan

The proposed roof plan will be flat to allow for additional plant to be placed. The plant will include some equipment which has to be situated outside such as chillers and air source heat pumps. This area will be screened off with additional screens to ensure they cannot be seen from the neighbouring properties and will also help provide additional acoustic cover.

More than half of the roof will be covered with PV solar panels which will help the building towards a Net Zero Carbon approach.

2.2 Architectural Proposals

Proposed Site Plan



Proposed Site Plan

Proposed Site Plan

The proposed new building will be situated on a patch of unused land adjacent to the existing Withington Community Hospital which was previously used as the construction compound during construction of the hospital building in 2007. The new facility will be accessed via the end of the main car park to the rear of the hospital and there is a dedicated service area that is close to building that allows ambulance drop off and any essential deliveries etc. When the main hospital is out of hours the segregated entrance to the facility allows access.

The proposals will provide new patient and delivery drop off bays and associated Accessible parking co-located to the new building entrance. Existing car park facilities assessed to contain adequate capacity for the new development to not require any additional parking.

There are some mature trees to the site boundary with Burton Road and Fielden Road. Due to the residential nature of the surrounding area, we will need to ensure that the design for the new facility retain and embrace this natural boundary between the hospital site and the adjacent properties.



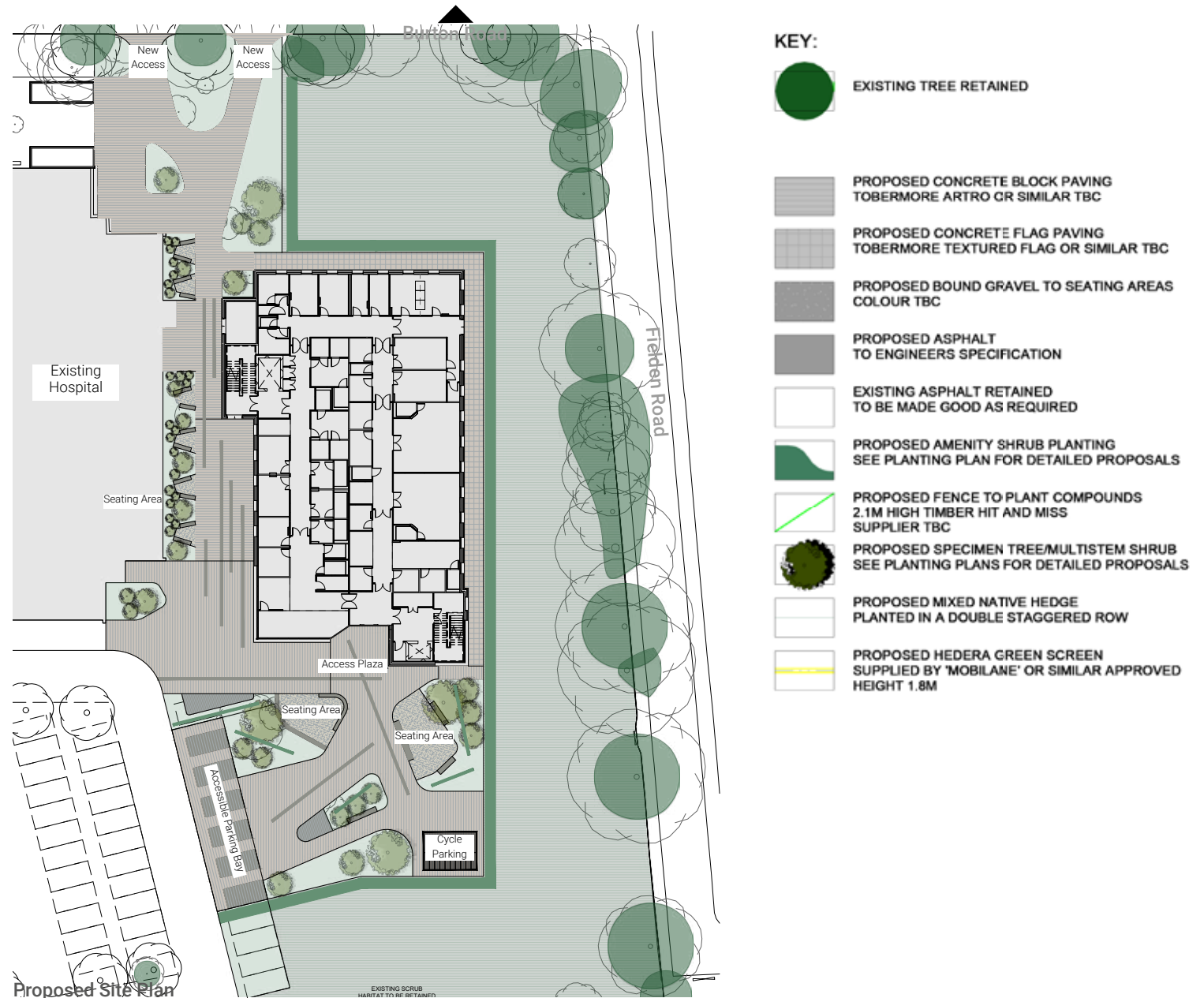
Overall Hospital Site Plan

2.2 Architectural Proposals

Proposed Landscaping Plan

A comprehensive landscape scheme has been prepared which seeks to include and develop desired access points from Burton Road and the existing car park. Hard landscaping has been designed with the desired routes through the site as well as outdoor seating for staff and patient to encourage use.

Existing shrubbery and planting is to be retained as far as possible and enhanced through the works to encourage biodiversity of the site.



2.2 Architectural Proposals

Ground Floor Typical Patient Flow

Level 0 - Endoscopy

- ① Visitor/patient, if here for endoscopy services, enters building and turns left towards the reception, they will then be directed to wait in the waiting room
- ② They will then be called for a consultation or examination.
- ③ Preparation will take place in the prep rooms
- ④ Post preparation or consultation (depending on gender) the patient will be directed to wait in the sub-wait room
- ⑤ Once ready, patient will be taken to the procedure room
- ⑥ When the procedure is complete the patient is taken into the recovery room where they can be observed by nurses before being discharged to second phase recovery
- ⑦ Before patients are discharged they wait in the discharge lounge

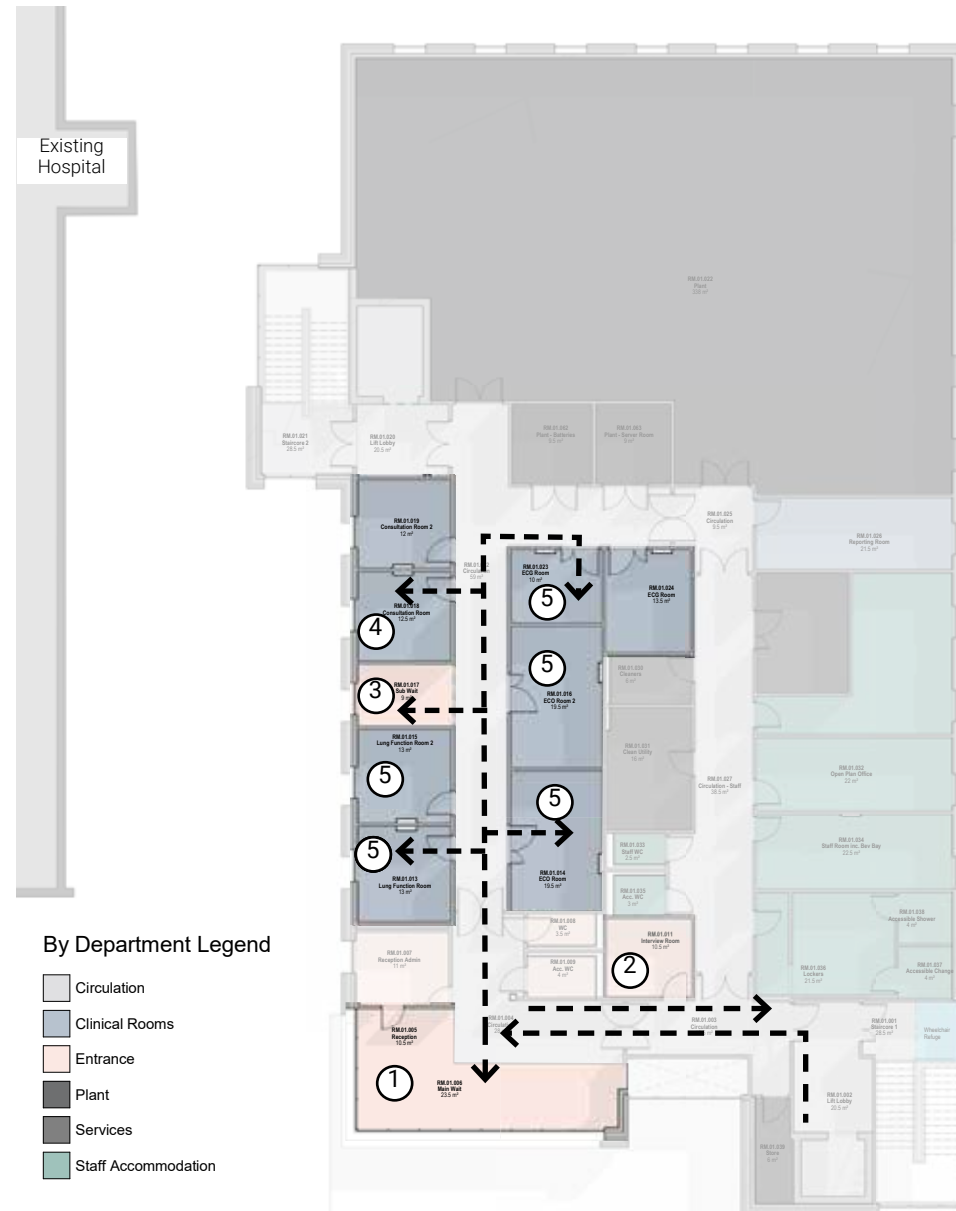
NOTE: The circular route is required for JAG accreditation, ensuring patients never cross at different stages or have to go backwards in their 'journey' with the facility.



First Floor Typical Patient Flow

Level 1 - Cardio Respiratory

- 1 Visitor/patient, if here for cardiorespiratory services, enters building and turns right and travels up to the 1st floor. They then turn left towards the reception, once checked in they will be directed to wait in the waiting room
- 2 The patient may be called into the interview room
- 3 The patient will be directed to the sub-wait before their consultation and before the specialised tests.
- 4 Consultation/Examination visits may occur before the specialised tests
- 5 One or more of the test will then be taken, either in the Lung Function Room, ECO or ECG Room. Patients would then be discharged via the main reception.



2.2 Architectural Proposals

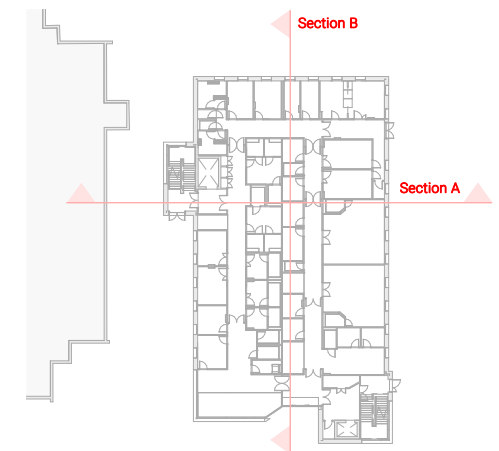
Proposed Section



Section A

By Department Legend

- Circulation
- Patient Pre-discharge Area
- Patient Prep Area
- Plant
- Staff Accommodation



Section Key Plan

2.2 Architectural Proposals

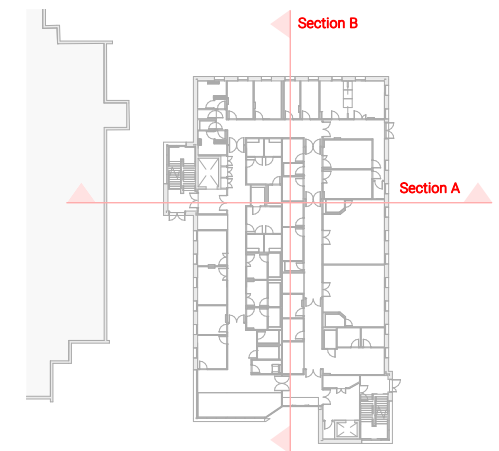
Proposed Section



Section B

By Department Legend

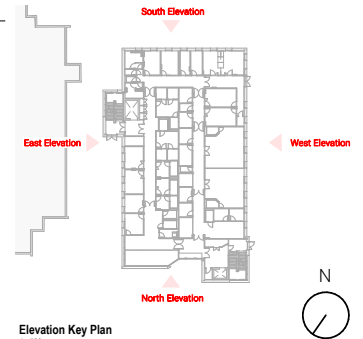
- Circulation
- Clinical Rooms
- Entrance
- Patient Pre-discharge Area
- Plant
- Services
- Staff Accommodation
- Support Spaces



Section Key Plan

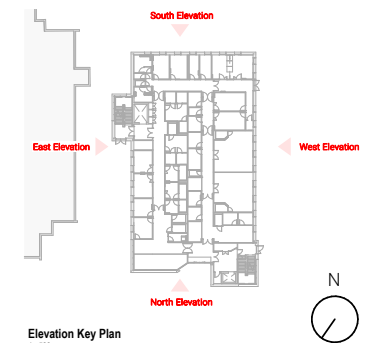
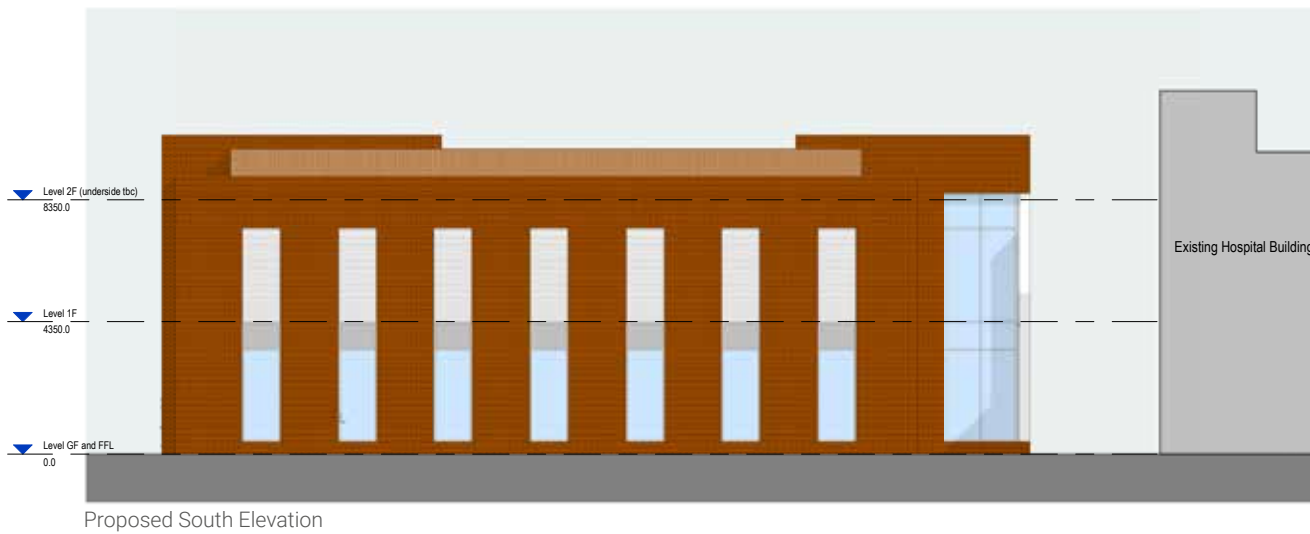
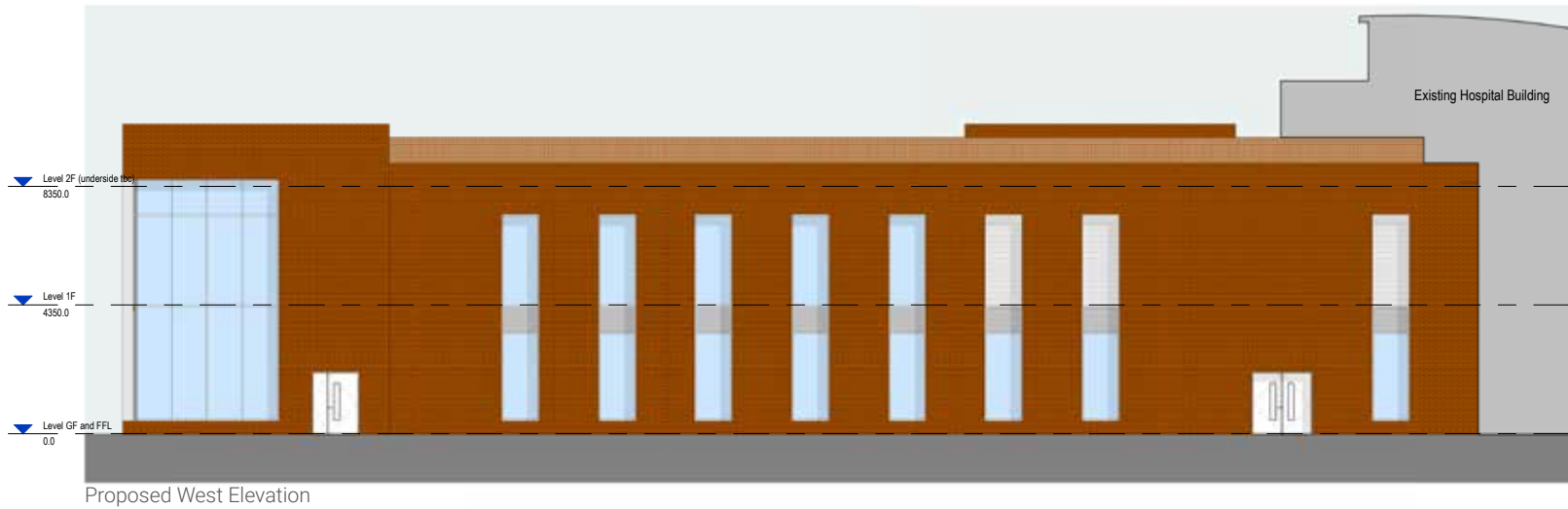
2.2 Architectural Proposals

Proposed Elevations



2.2 Architectural Proposals

Proposed Elevations

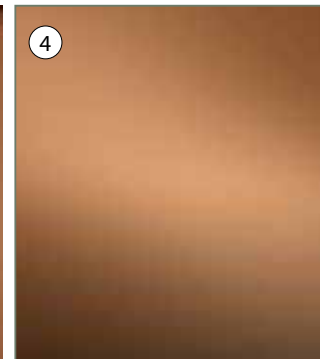
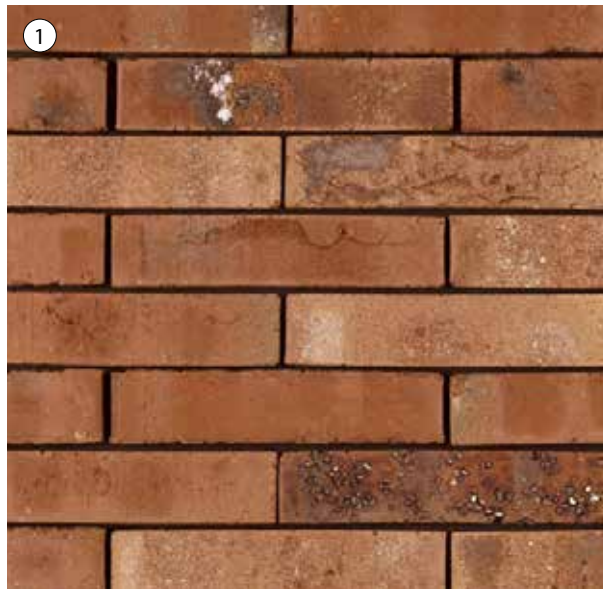


Architecture
Elevation Design

/ 2.3

2.3 Elevation Design

Materiality Study



① Brick Red:

Wienerberger Agita Red Multi blend brick multi in both stretcher and stack bond (allowance for brick projection in key areas – further development required).

② Brick Buff :

Wienerberger Buff Multi blend brick multi in both stretcher and stack bond (allowance for brick projection in key areas – further development required).

③ Cladding/ Shroud:

Alucobond anodised aluminium cladding, matt finish, ALUCOBOND® PLUS anodized look C34. Extruded linear effect – TBC

/ TATA Steel Trisobuild® wall systems - steel insulated panels, colourcoat prisma colour range, TBC

④ Louvres:

ALUCOBOND® PLUS anodized look C34.

⑤ Curtain Walling System:

Kawneer, AA@110 65mm Curtain Wall System.

⑥ Windows:

AA@720 Casement Window with 25mm thick and 75mm depth projecting window frames. RAL TBC.

⑦ Paving:

As per landscape architect intent

2.3 Elevation Design

Introduction

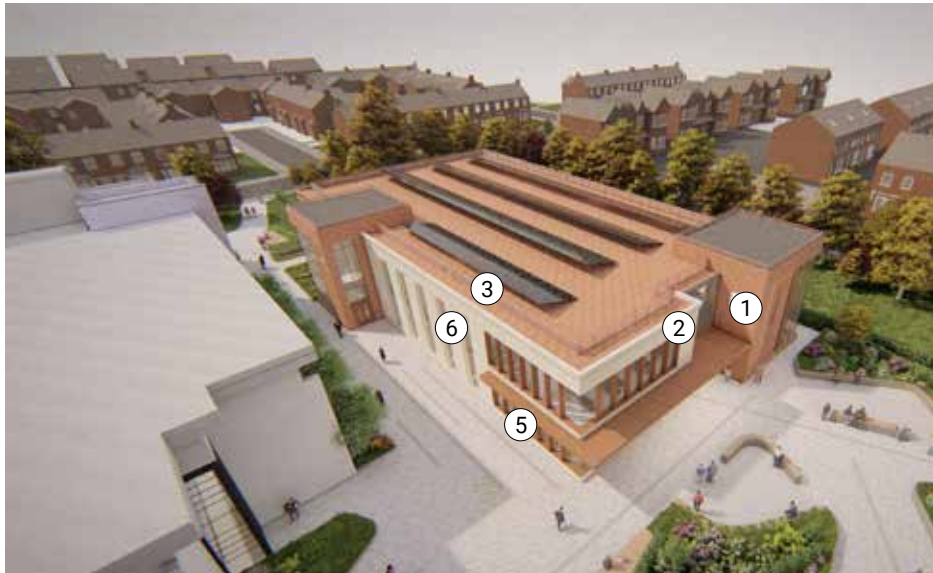
Overview

The final elevation proposals and proportions of the elevation seek inspiration from the immediate surrounding to tie the building well into its context. This approach has lead us to explore a red brick finish to the proposed building that ties in with the existing hospital context as well as the Victorian nature of some of the neighbouring properties. The flat roof element enables the Design Team to locate additional plant equipment at roof level but also host a large number of photovoltaic (PV) panels that align with the desire to work towards a BREEAM Excellent accreditation for the building.



2.3 Elevation Design

Concept Visuals and Materiality



① Brick Red:

Wienerberger Agita Red Multi blend brick multi in both stretcher and stack bond.

② Brick Buff :

Wienerberger Buff Multi blend brick multi in both stretcher and stack bond (allowance for brick projection in key areas – further development required).

③ Cladding/ Shroud:

Alucobond anodised aluminium cladding, matt finish, ALUCOBOND® PLUS anodized look C34. Extruded linear effect – TBC

/ TATA Steel Trisobuild® wall systems - steel insulated panels, colourcoat prisma colour range, TBC

④ Louvres:

ALUCOBOND® PLUS anodized look C34.

⑤ Curtain Walling System:

Kawneer, AA@110 65mm Curtain Wall System.

⑥ Windows:

AA@720 Casement Window with 25mm thick and 75mm depth projecting window frames. RAL TBC.

⑦ Paving:

As per landscape architect intent - To Be Confirmed



2.3

Elevation Design

Concept Visuals and Materiality



Visual of the main entrance of CDC from the existing car park

2.3

Elevation Design

Concept Visuals and Materiality



Main entrance pedestrian approach

2.3

Elevation Design

Concept Visuals and materiality



View of the elevation facing Fielden Road within the hospital site

2.3

Elevation Design

Concept Visuals and Materiality



Visual of pedestrian approach from Burton Road site entrance

2.3

Elevation Design

Concept Visuals and materiality



View of the proposed building from Burton Road

2.3

Elevation Design

Concept Visuals and materiality



Visual representation of view of the proposed building from Burton Road during summer months



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