Thurgoland Medical Centre
Design and Access Statement

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1.0 Site Context

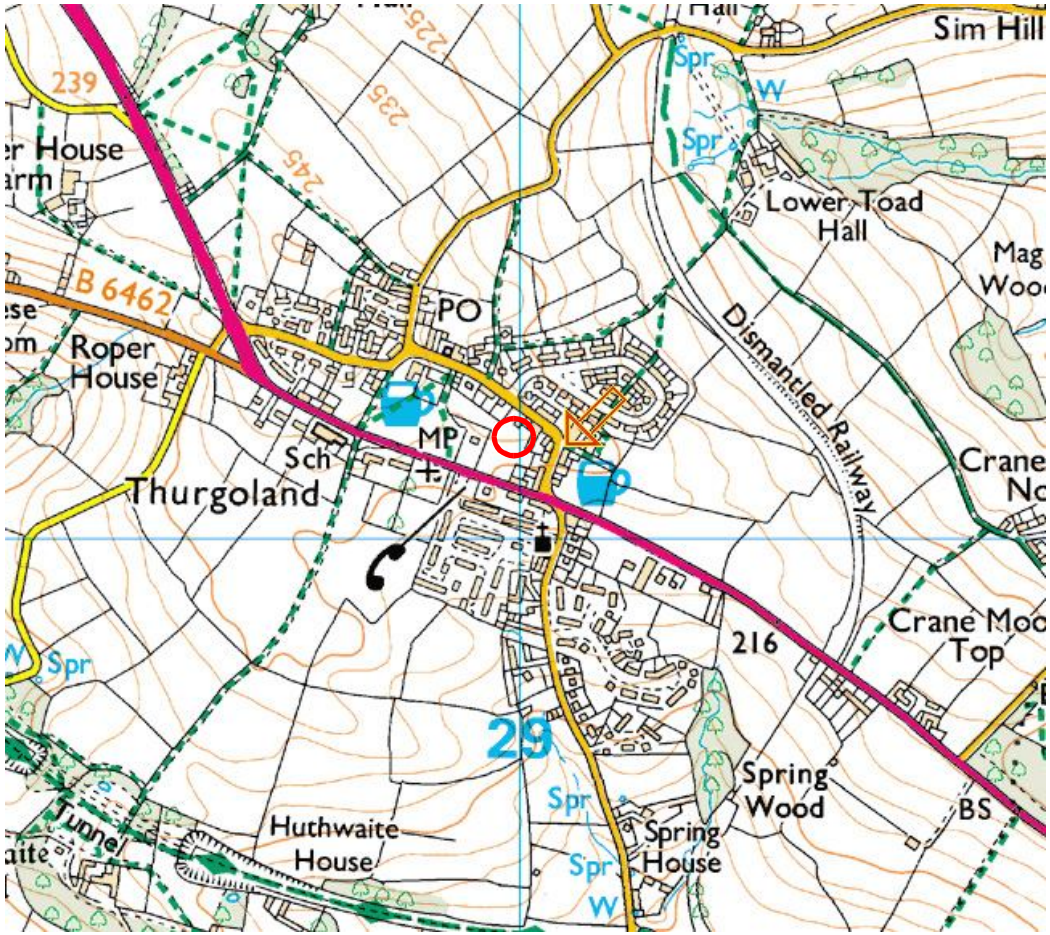
1.1 The site of the proposed new Surgery is on the site of the existing Surgery on Roper Lane, Thurgoland

1.2 The site is currently only partially filled by the Surgery with the rest of the site being overgrown “garden” It currently has very poor DDA access and has no “on-site” parking.

1.3 Although the site is generally flat it is on ground that is approximately 1 metre above the adjacent footpaths to the North and South.

1.4 The gardens of the adjacent houses to the East and West have a number of trees and bushes some of which overhang the boundary, but although some pruning will be required all can be retained. A full tree assessment of the site has been undertaken.

1.5 To the South of the site is a small development of new houses that have access off the main Halifax Road onto a cul-de-sac called Trinity Meadows. The houses are all detached and are constructed in artificial stone.



Site Location Plan

1.0 Site Context Continued:

1.5 The existing Surgery on the site will remain in use during the construction period so a temporary access onto the site from Roper lane will be needed for construction traffic.

1.6 A refuse collection area is to be provided with access directly off Roper Lane, avoiding the need for RCV's entering the site.

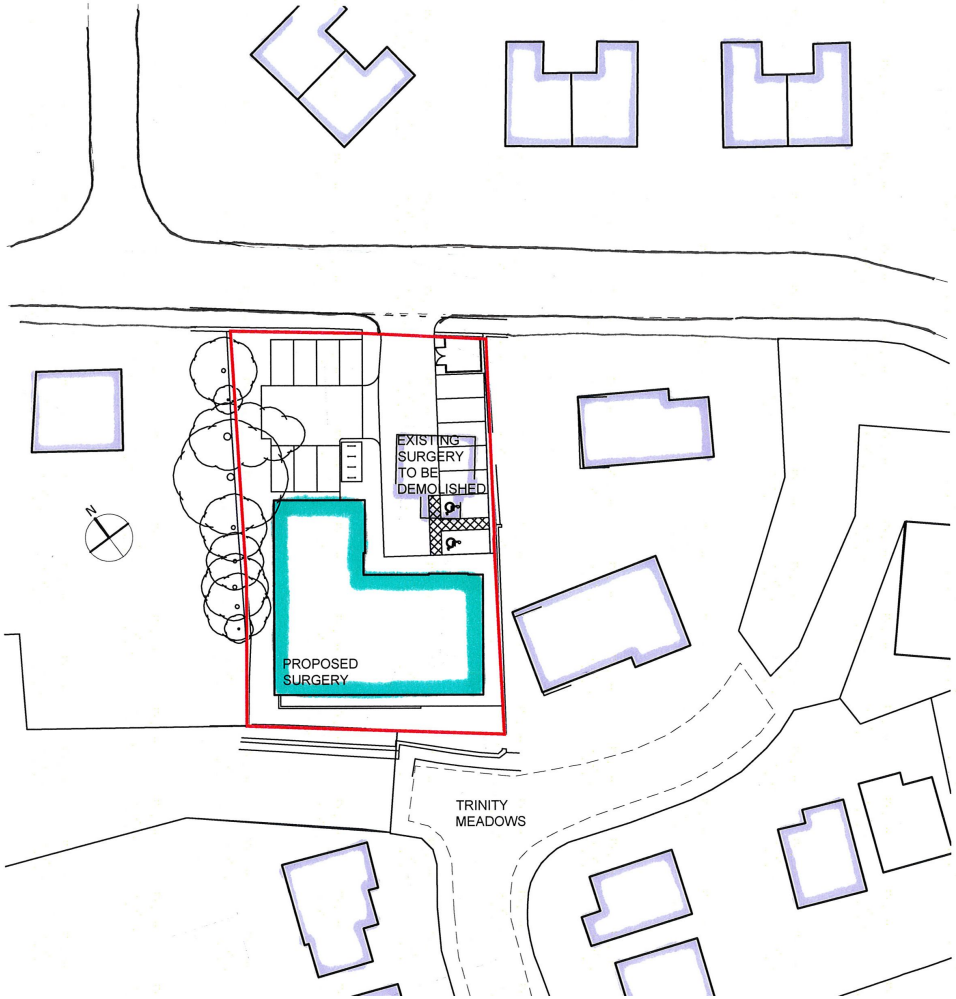
1.7 The main view of the building on the site will be from Roper Lane but has been set back from the road to ensure it does not have too much impact on the residential houses across the road.

1.8 The East elevation has been designed to not require any windows to ensure there is minimal impact on the adjacent property .

1.9 The overall scale of the building has been improved significantly since the original designs were prepared as the initial brief requirements were for a much larger Surgery which would have taken up more of the site area and had less parking.

1.10 The building is contemporary in style and will use a mix of high quality artificial stone, glass and render.

1.11 The existing Surgery has no on-site parking so the provision of parking for patients, staff and the disabled will be of benefit to the nearby residents.



Site Plan

2.0 The need for a new Surgery

Penistone Group Practice

2.1 Penistone Group Practice is an 8 G.P. Partnership with an additional 5 salaried G.P.'s, 6 practice nurses and 2 Health Care Assistants. The main surgery in Penistone supports the majority of an expanding list size of 15,500 patients providing a comprehensive list of services. Approximately 5,000 patients are located in and around the Thurgoland area and the current surgery serves approximately 1,500 patients in the local community but is limited by space and service provision.

2.2) The Practice has earned an excellent reputation locally as a training practice together with pioneering the provision of World Class Primary Care and Practice Bases Commissioning. We provide a very high standard in all clinical areas but would like to improve on our facilities and access.

2.3) One major area that would help us would be the provision of a new building at Thurgoland. This would improve access for those within Thurgoland and the surrounding area.

2.4) **Thurgoland Surgery - Objectives**

- To provide a wide range of medical provision including surgeries, minor ops, specialist clinics and dispensary.
- To provide a much needed medical facility to meet the needs of the local people.
- To provide a quality service in a village with limited transport facilities to meet the needs of local people.
- To develop and encourage, sustainable, high quality medical care.
- Increase social cohesion within the community.
- To provide a training facility for G.P. Registrars and to further the development of World Class Primary Care.

2.0 The need for a new Surgery (continued)

2.5) It will also allow us the capacity to increase services, which current space prevents. The new build over 2 floors will provide 500 sq m of floor space including:-

- Nurses Consulting Room
- 4 GP consulting rooms
- Minor Operations suite
- Dispensary
- Meeting room
- Administration office
- Entrance hall and waiting area
- Interview room

The building will also have full disabled access to meet the Disability Discrimination Act 2005.

Project Benefits

2.6) The Thurgoland Surgery currently provides 9 sessions per week, and dispensary services. The Partnership has provided medical care in Thurgoland out of the current site for over 60 years. Unfortunately, this building is very small with limited disabled access and no scope for increasing services. There are also health and safety considerations and lack of car parking space.

2.7) The new surgery will create sustainable medical care, providing a range of medical services in line with World Class Primary Care for the benefit of local people.

2.0 The need for a new Surgery (continued)

2.8) The project will address the following issues:-

- Current new building projects within Thurgoland
- Increasing pressures on the Penistone site due to a lack of space.
- Extending our Practice boundary to incorporate the Dodworth area.
- Lack of rural transport facilities to access wider medical services.
- The surgery will be manned by dedicated staff rotating between the three sites (Thurgoland, Penistone and Silkstone).
- Additional medical services for Thurgoland and surrounding area.

2.9) The land on which the current surgery is situated is owned by the partnership and is in the heart of Thurgoland.

2.10) The new medical centre would greatly extend medical provision in the locality by offering up to 4 doctors' surgeries morning and afternoon plus nurse appointments, chronic disease clinics and the opportunity to extend many services such as family planning, substance misuse and drop-in clinics for workers. We also see a potential for increase community service usage; antenatal, substance misuse, consultant surgeries, physiotherapy and educational meetings. The Partnership is a GP training practice and we would like to continue to provide an excellent grounding for new doctors in all areas of general practice by utilising the additional facilities.

2.11) This building will provide increased social cohesion within the community and a long-term solution to medical needs in Thurgoland and the surrounding area.

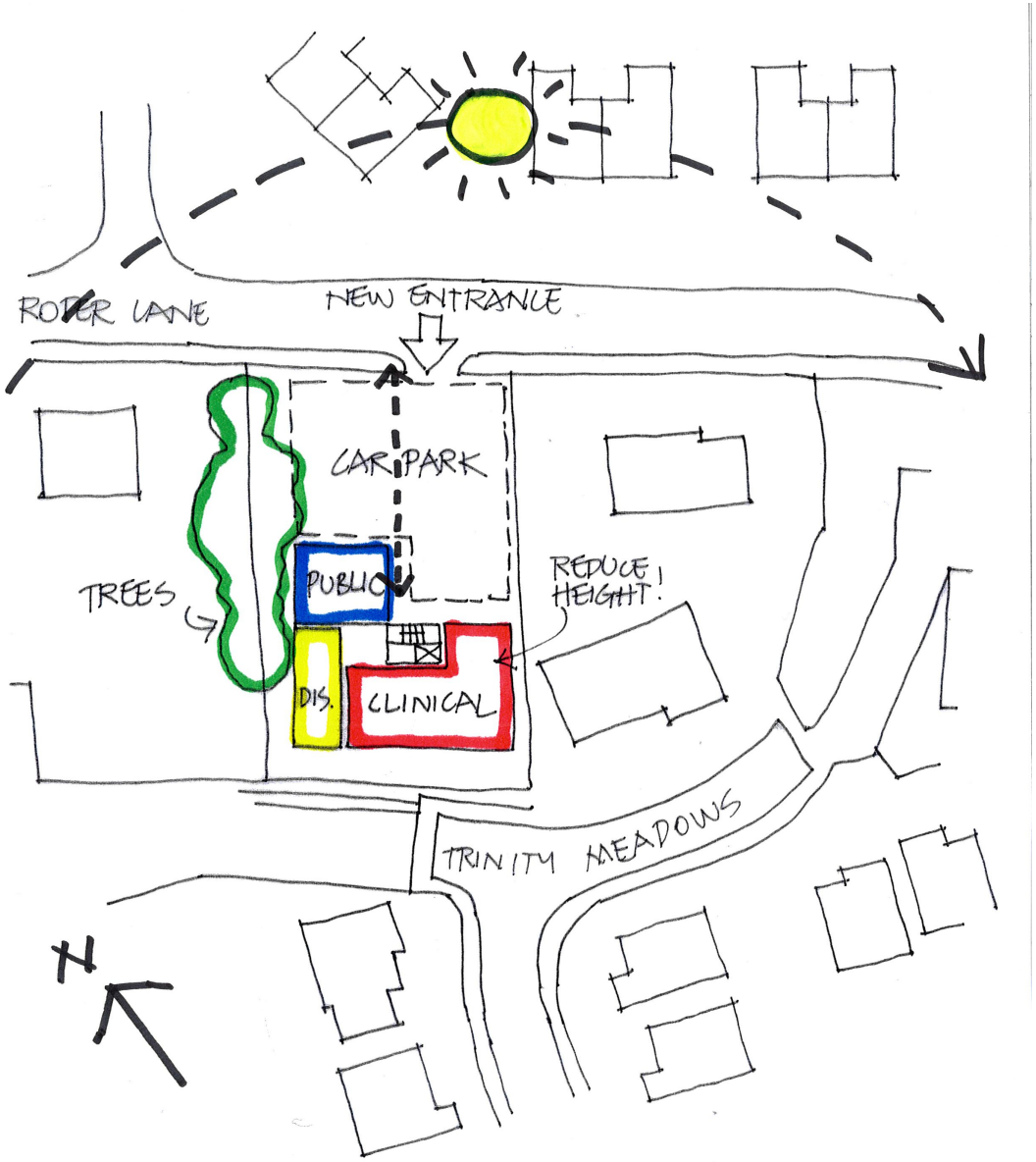
3.0) Design Brief

3.1 Design Objectives

The design of new Primary Care facilities is always site specific but there are a number of key design criteria that need to be achieved wherever possible, some of which are highlighted by CABE whilst others have been developed by James Totty Partnership over many years and over 450 Healthcare projects

- A building of architectural quality.
- A welcoming and non-institutional feel to the building.
- Natural light and ventilation to all principal rooms.
- A feeling of space to the main public areas
- Doctor and staff private access to the clinical suite.
- Reception with clear observation of the entrance(s), and waiting room(s)
- Access to clinical suite controlled by reception.
- Disabled access throughout.
- Doctors access to reception/records without going through the waiting area.
- Interview/counselling room linked to waiting room for patient privacy.
- Ambulance bay for collecting patients from a rear exit door
- Secured by design approach for staff safety

3.2 Design Development Sketches



4.0) Design Constraints

There are numerous design constraints on the building and these need to be considered along with the design objectives in any Primary Care building.

4.1) NHS Design guidance - there are a large number of design guides available on the NHS web site or in HTM and HBN publications that the building must comply with to establish the size, shape, and functional content of the rooms.

4.2) Value for money - The Primary Care Trust will require the submission of a business case and sometimes engage a specialist advisor (normally the District Valuer) to report on the design and overall financial appraisal for the project. The report takes into account land cost, construction cost and efficiency of design layout and the development is expected to be “signed off” as value for money to the Public. It does not mean that the building should be built for as low a cost as possible but balance quality and finance.

5.0) Design Approach

5.1) The design development sketches included within this design and access statement are a good indication of the design approach to achieve a high quality building in Thurgoland.

5.2) The design has been largely dictated by the functional content and clinical needs of the Surgery and the schedule of accommodation It was apparent that all the accommodation could not be provided on one level and therefore the Staff Room, Administration and Training Rooms are at first floor.

6.0) Sustainability

6.1) The building has taken account of sustainability in the overall design development and a key aspect is the provision of natural light and ventilation to almost all areas. The PCT have stated that the building will be need to be assessed for BREEAM so the energy consumption within the new building will be low and an improvement on current u-values in the Building Regulations (Part L) will be achieved. Consideration is currently being given to various renewable energy sources and wherever financially possible these will be incorporated into the design. The selection of all materials will be used in conjunction with the “Green guide to specification” by Anderson, Shiers and Sinclair as an accepted design tool.

7.0) Car Parking, Access Issues and Public Transport

7.1) The provision of parking to the Medical Centre and Pharmacy is limited to 48 spaces but the good public transport has been taken into account.

7.2) The dedicated Surgery car park has a number of designated disabled persons spaces separate from the main public parking and staff parking spaces will be separately identified.

7.3) An ambulance collection point at the side of the building will allow a patient to be taken out of the building by the door on the West elevation without going through the main waiting area. This door is also to be used as a staff/doctor entrance and exit.

7.4) An application will be made for Building Regulations approval to Building Control or an approved agent as specified in accordance with the 2004 edition of Approved Document M. The main approach for disabled people will be from the car park side of the building. However for those arriving by foot or public transport provision will be made for the footpath to the entrance doors. Tactile surfaces will be provided at pavement edges, ramps will be wherever possible less than 1:20 gradient and where this cannot be achieved will be designed to Part M.

7.5) A disabled refuge is provided on all upper levels the staircase. As part of the management plan any disabled occupants will be escorted by a member of staff either directly to open-air or to a staircase. Disabled staff will be allocated a colleague to ensure their safe evacuation.

7.6) The new reception counter will be provided with a lower section for disabled use and will have a hearing aid loop. Disabled wc's and will be provided in accordance with Part M throughout the building. For the partially sited there will be contrasting colours for doors/lining/walls; walls/floors; door furniture; light switches and sockets/walls; and edges of doors on hold open devices.

7.7) Electrical sockets to be at heights indicated in Part M (lower limit 400mm, upper limit 1200mm). Doors generally to be 800mm clear (926 doors) with a 300mm leading edge. Doors not meeting this criteria are limited to stores, cleaners rooms and doors not for disabled use (wc's) where space is restricted.

8.0) Landscaping and Ecology

8.1 A tree assessment report and Ecology report is included with the application.

Appendix A
Site Photographs

View from Trinity Meadows

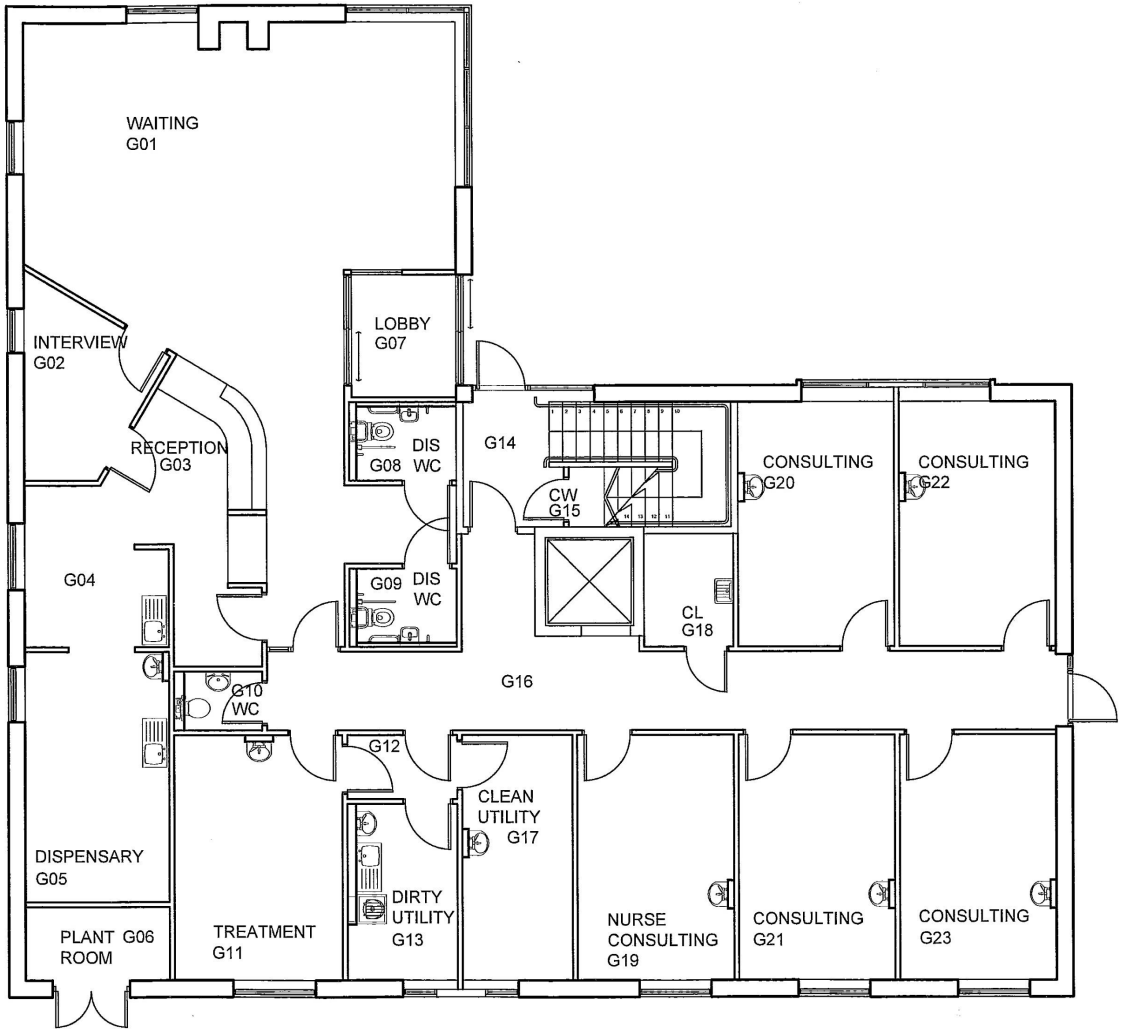
Existing Surgery Roper Lane

Existing wall to the South of the site

Site boundary to the West

Appendix B

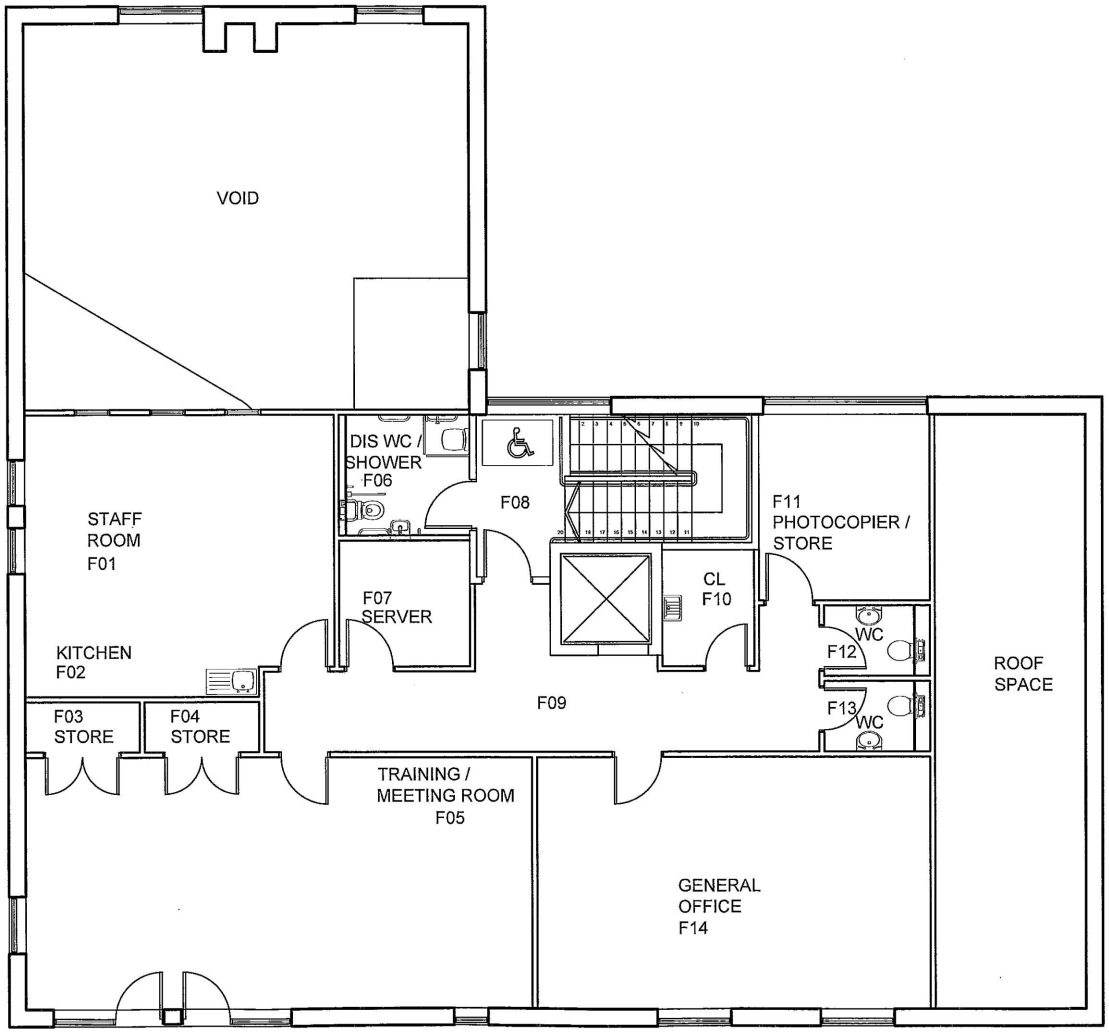
Floor Plans



Ground Floor Plan

Appendix B

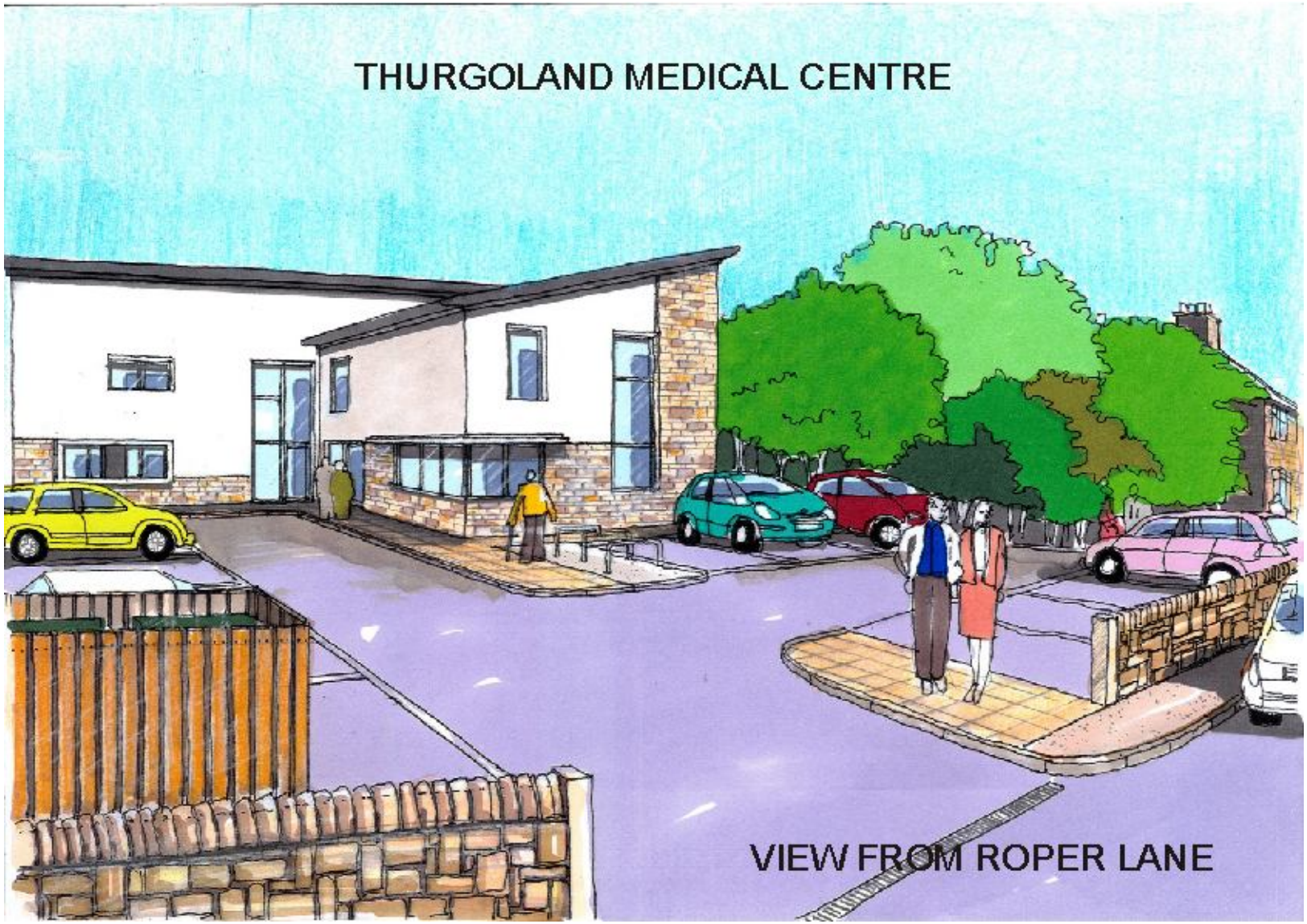
Floor Plans



First Floor Plan

Appendix C

Perspectives

Appendix C

Perspectives