

Extension to
Moulton Medical Centre
Design and Access Statement
June 2023



Existing

Moulton Medical centre lies on the east side of High Street, south of the centre of Moulton.

The Medical centre which was built in 1978, is single storey which part shallow pitched and part flat roof.

The Medical centre is really struggling to accommodate the services and staff required by the growing population and desperately need more consulting and staff facilities.

The existing building is very dated and requires updating and maintenance, but the lack of space means rooms are never free to allow the work to be done.

The proposed extension will allow the Medical Centre to fully service the growing patient numbers with up to date and accessible facilities.



Existing



Need

1. The patient population which is around 5600 at any given time will increase in the coming months/ years due to the numerous housing developments taking place within MMC's catchment area (which is all the villages between Holbeach and Spalding - quite a wide area).
2. The demographics of the current patient population is elderly with 58% of them over 50, with 39% of these being 70 and over (with all the medical complications that occur with older age).
3. MMC want and need to develop their service provision to their patients further - who require *local* provision of service but have no space capacity to do so. Because they are unable to provide all of the required services in Practice, patients need to attend other locations e.g. Johnson hospital in Spalding for appointments for tests. Public transport is 'hit and miss' in the area and not everyone has access to a car (perhaps for medical reasons).
4. Our staff's emotional wellbeing is affected by our lack of space through frustration, some examples are listed below:

a) MMC have recently recruited a paramedic who works alongside our clinical team to support their patients which is positive. However, this now means that the Nurse Admin colleague doesn't not have a space to work in the Practice on a Monday and Tuesday which affects emotional wellbeing – not only in terms of not *feeling* part of the team, but is also frustrated due to technical challenges with system security .v working from home

b) The two GP Partners now have to take it in turns to work from home on a Monday and Tuesday (when they are not our duty dr) to enable admin colleagues to work within the practice. This is less than ideal as their roles really need them to be here, and again they have to contact the practice regularly during the day via phone or tasks to print out items as required.

c) MMC currently have no space in the Practice for a respiratory nurse who they have just recruited. The only way we can enable them to work in the Practice and see patients is for two of our nursing colleagues to work a slightly longer day 3 days a week each and take half a day off – which will enable them to have a respiratory nurse for 2 x 5hours over 2 days. 10 hours of respiratory is not enough and some of the respiratory reviews will therefore have to be carried out by our GP's which could be argued is not the most effective use of their time. The alternative is for her to liaise with patients over the phone which is fine for some but not all.

d) MMC would like to recruit a pharmacy technician to carry out prescribing audits and handle hospital discharges etc. but have no space in Practice for them.

e) MMC have no space in the Practice for their clinical pharmacist or our non-clinical colleagues – Specialist Neighbourhood Nurse (Care Co-ordinator), Social Prescriber and H&WB Coach which affects their ability to integrate into our Practice staff team. Additionally, they have no space for our PCN counsellor or MH practitioner which means they have to speak to patients over the telephone which is not the most effective way of operating in these circumstances.

f) MMC has 3 colleagues who work in our 2 small, win-

dowless offices which were stock rooms previously but which we have had to utilise as office space. This is not a conducive environment for long term effective working.

g) MMC currently offers their patients access to physio one day a week, if we they more space they could expand this service offering as there is currently a two week wait for an appointment.

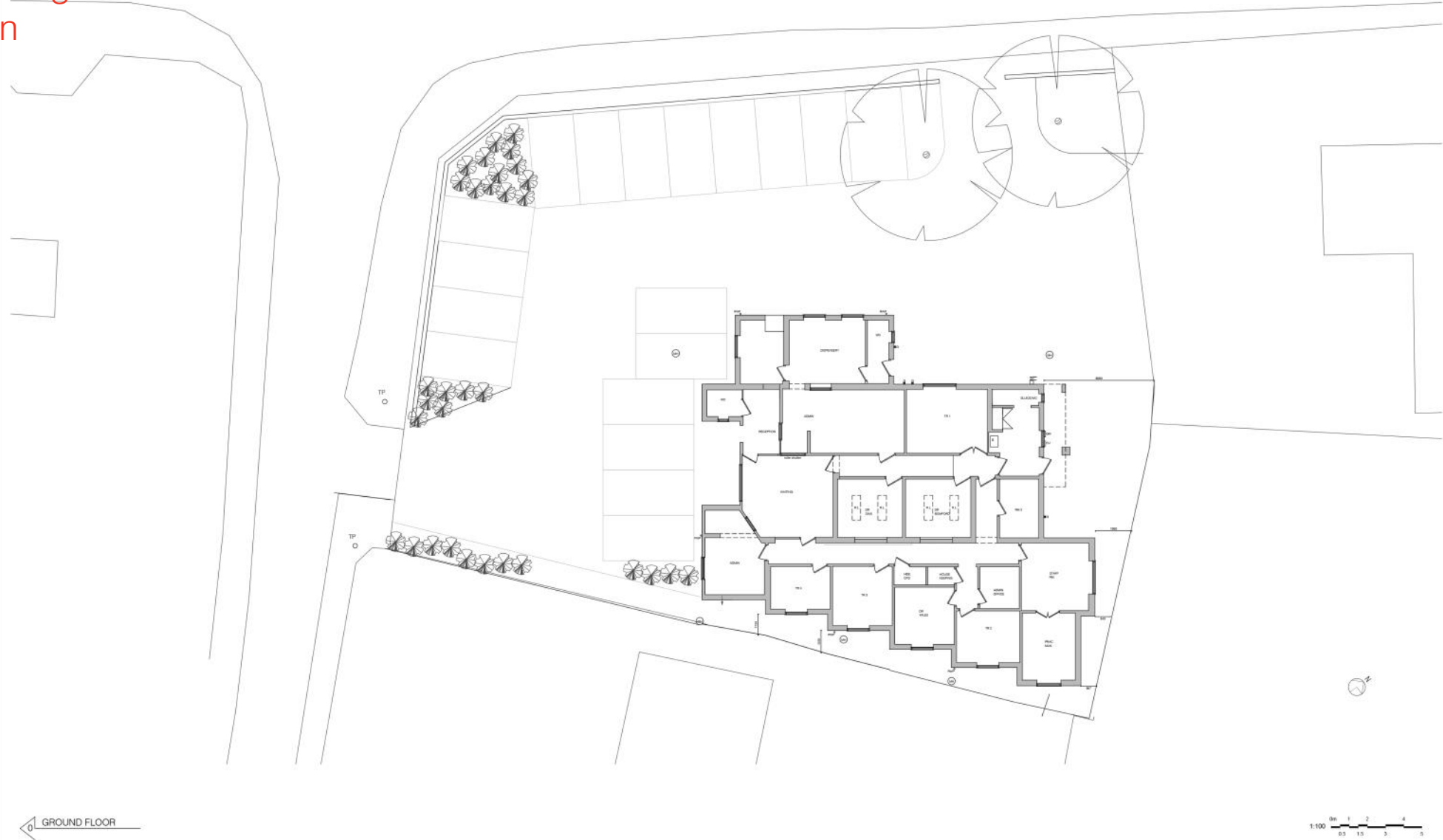
h) MMC currently offer their patients a limited 'minor surgery' clinic but this is governed by available space. Again, they could extend their service offering if we had more clinical space.

i) MMC have last year introduced a LARC (long acting reversible contraception) clinic and again appointments are governed by available space which only offers 3 appts per week - this service could extended if there were more clinical space.

j) MMC is currently unable to separate all visitors to the Practice who either have appointments or are collecting medication or have general enquiries as they do not have space to do so. The negative affect of this is people get 'tied up in the queue' so can appear 'late' for their appts, which then has a knock-on effect to others.

"Our dire lack of space within our Practice is seriously affecting our ability to develop both our existing services existing and introduce new services which will have a negative effect on our patients longer term as they will have to travel further to use f2f services or be willing to receive services via telephone consultations - which for our demographic is not always helpful or effective.."

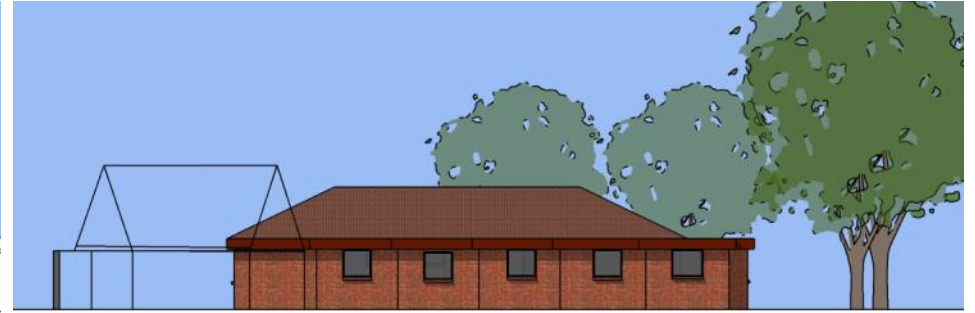
Existing -
plan



Existing - elevations



North elevation



East elevation



South elevation



West elevation

Proposed
plans -



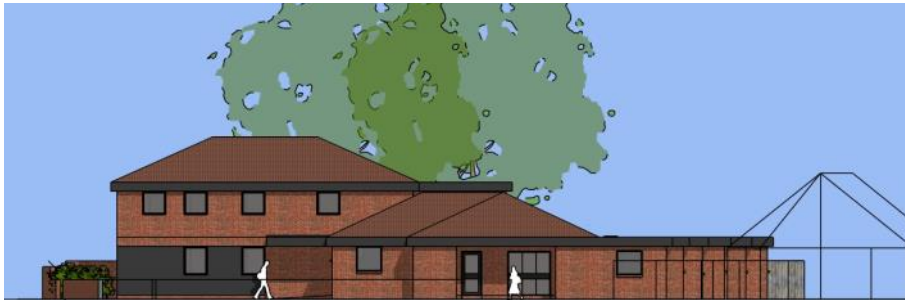
Proposed - elevations



North elevation



East elevation



South elevation



West elevation

Proposed —
views



Rear view



Aerial view

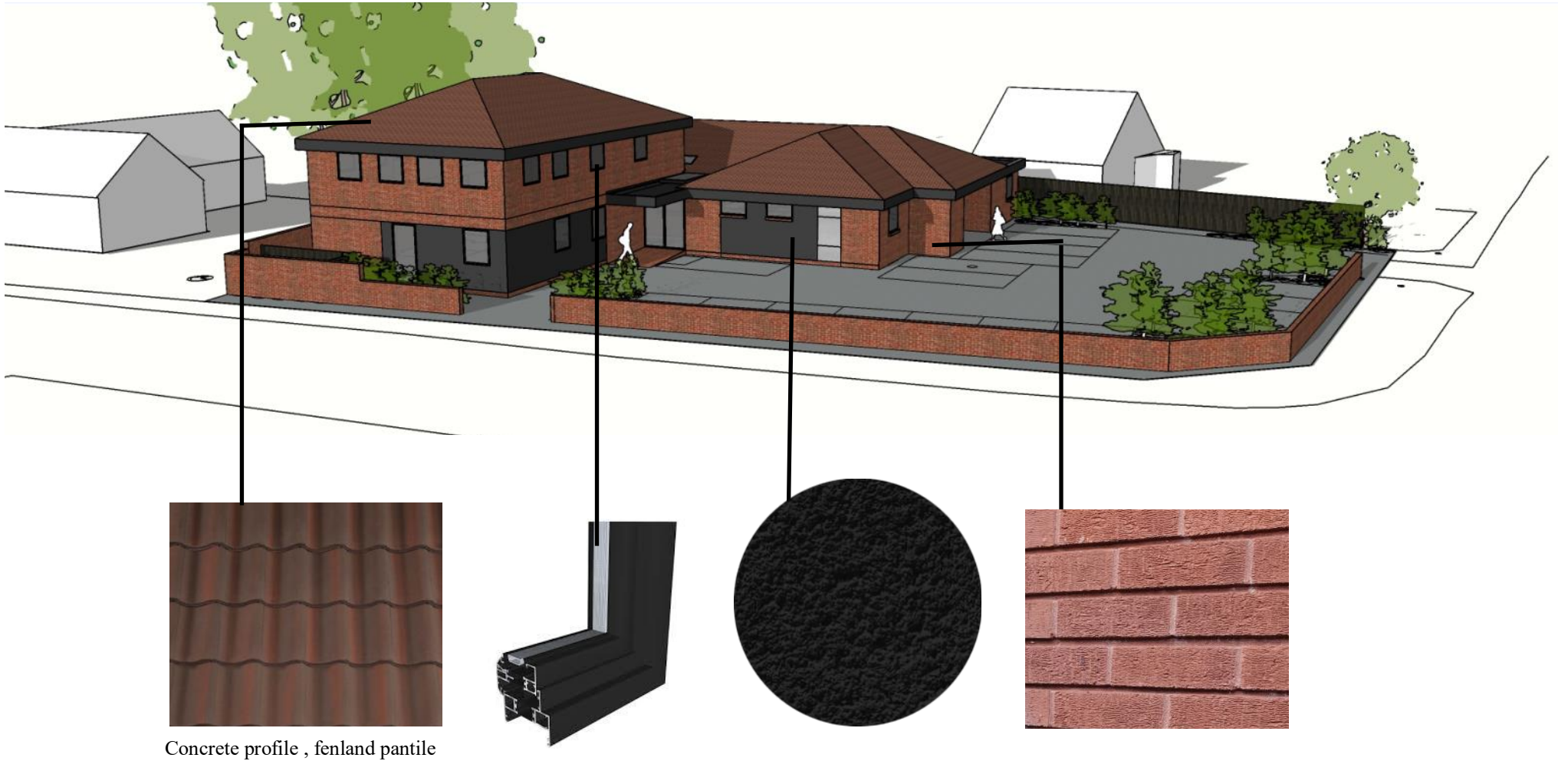
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Proposed —
views



Front View

Materials



Use

The building is currently use class E (formerly D1) medical centre. The proposed use is an extension of the facility, retained in Class E.

Scale

The existing building has GIA o 281m² on a single level. It provides 3 consulting rooms, 5 treatment rooms and 3 admin spaces.

The proposed extension adds a much needed further 7 consulting rooms, 3 additional one to one rooms and a large office and meeting room and staff room on the first floor.

The extension adds 166m² on the ground floor and 138m² on the first floor.

The plot area is 1215m². the total proposed footprint is 487m²—meaning the building will only occupy 40% of the plot area.

Th existing has 20 parking spaces, and two site entrances.

The proposal removed two trees from the site and the secondary vehicle access to enable a loss of only 2 parking spaces overall.

Access

The existing building does not have level access at either entrance to the building. Since the COVID pandemic the building has been entered on the south elevation and exited on the north, but the rear doors have a 120mm level difference.

The new extension will provide a ramped access to the main doors and fire escapes exits, allowing for all levels of mobility.

Inside, doors and circulation spaces will be more accommodating of disabilities.

The extensions also allows a better provision of accessible toilets.