

## Detailed planning brief

The new health centre at [ ] shall provide accommodation to support [ ].

- Opening hours of the practice will be [ ] Monday to Saturday and [ ] Sundays and Bank Holidays.
- The centre will accommodate a range of primary care services [ ]

The design should incorporate principles which are sympathetic to the environment and create a sense of peace which will make working in or visiting the building an uplifting experience.

### General

This document is intended as a guide to performance specification for the various elements of the proposed building relating to the site – actual method of construction relating to this is to contractor's discretion. The specification contained here within is intended as the minimum acceptable standard of specification & any deviation from these standards or requirements of any referenced material should be highlighted & agreed in writing by the client/project manager.

All materials and components must be suitable for their intended purpose and location and must be manufactured and installed in accordance with all relevant current British Standards, code of practice, manufacturers specifications and have regard to sustainable sourcing. Any reference made to an approved document in this specification relates to the relevant approved building regulation documents.

### Standards

All elements of the building, materials and workmanship shall be designed and constructed in accordance with all relevant standards current at the Date of Practical Completion, including:-

- a) IEE Wiring Regulations.
- b) Health & Safety at Work Act.
- c) Local Water Company Requirements.
- d) Water Supply (Water Fittings) Regulations 1999.
- e) The Clean Air Acts.
- f) Building Regulations.
- g) Specific requirements of local utility supply companies.
- h) Specific requirements of local Planning Authorities, Building Control, Fire Authorities and Acts.
- i) British Standards and Codes of Practice.
- j) CIBSE Guides.
- k) Local Authority Bye-Laws.
- l) The Electricity Supply Act
- m) Construction (Design and Management) Regulations 2007
- n) Disability Discrimination Act
- o) BS 8300:2009: Design of buildings and their approaches to meet the needs of disabled people

### NHS Requirements

In addition to the Building Regulations, European Standards, British Standards and Codes of Practice, guidance on the design and construction of primary care and general medical practice facilities is contained in a series of NHS publications comprising the following:

- a) Health Technical Memoranda (HTMs)
- b) Health Building Notes (HBNs)
- c) Health Guidance Notes (HGNs)
- d) Health Facilities Notes (HFNs)
- e) Design Guides
- f) ENCODE – making energy work in healthcare – HTM 07-02
- g) Fire Code and the relevant Regulatory Reform Orders (RRO) – Fire Risk Assessments – Healthcare Premises – 2006 – HM Government
- h) Model Engineering Specifications (MES)

### Design Life

The buildings should provide:

- a) A professional environment from which staff can deliver a wide range of high quality integrated services to patients
- b) An environment that will promote a sense of wellbeing for both staff and patients
- c) An improved image of the service and the organisation

The anticipated life expectancies for the following architectural and engineering systems included in the designs are as follows:

Element	Minimum Design Life to First Replacement
External Building Fabric	60 Years
Drainage	60 Years
Internal Walls	25 Years
Finishes	5-10 Years
M&E Plant	15 - 25 Years
M&E Systems	15-20 Years
Lifts	25 Years
Telephone & Data Systems	15 Years

### Siting of Building

The location and design of the building should consider the following:

- a) Client brief (incl. internal layout requirements)
- b) Overlooking of adjacent sites (in particular residential gardens) and separation distances to existing buildings and site boundary
- c) Privacy of the patients whilst in the treatment rooms
- d) Right of light
- e) Planning policy and Design Guidelines
- f) Existing Parking arrangements and allowance to separate between patient and staff parking.
- g) Allocation of disabled parking bays, drop off points and cycling provision.
- h) Pedestrian level access between parking and main entrance.
- i) Separate access points for patients and staff.
- j) Location of main entrance (to address eligibility, design aesthetics, way finding, practicality of access, visual links with the car park, passing surveillance etc)
- k) Most efficient use of the space on the site.
- l) Potential retention of the existing access into the site.

- m) Utilisation of existing boundary treatments.
- n) Building orientation and other aspects that may affect sustainability of the development.
- o) Refuse/Waste Strategy
- p) Existing trees, vegetation and ecology features.
- q) Construction Deliverability (eg. Contractors access, location of site compound, scaffolding, temporary works, H & S requirements, etc.)
- r) Local vernacular (eg. Continuation of existing street scenes, introduction of focal features that contribute/enhance the adjacent context, promotion of contemporary and innovative design)
- s) Existing building, services, easements, covenants, and any other restrictions that may affect development of the site.
- t) Prioritising pedestrian flows over vehicular movement.

The appointed contractor shall commission a detailed borehole/trial pit and soils investigation report from a specialist company experience in carrying out such surveys. The recommendations/results of the investigation shall be used in the subsequent substructure and foundation design.

### **Accessibility**

The availability of good level access both into and within the premises is critical.

- The centre will need to be accessible to a wide range of patients including frail elderly with carers and families with young children with buggies and double buggies, ideally at ground floor level or if at first floor with access to at least one elevator large enough to accommodate a wheelchair turning circle so as not having to reverse out. 2 elevators will be required where there is more than X consultation and treatment rooms within the premises.
- Provision of some clinical space will be required at ground floor level and should sit alongside the provision of commercial space for provision of a pharmacy (where appropriate for co-location).
- Access into the premises should be convenient and direct, avoiding the need for stairs and ramps wherever possible. All routes should be clearly illuminated and where practicable access from the car park route should link to the general footpath provided
- Where car parking is provided as undercroft or basement parking, the same lift shafts connecting floors within the practice should also connect to the car park.
- Escape routes from the building to the assembly point must be provided with adequate emergency lighting to illuminate a safe escape route from the building.
- Disabled and able-bodied users must share the same entrance.
- Materials selected for hard landscaping must not impede the passage of wheelchairs and pushchairs (i.e. no gravel or chippings.)
- Consideration must be given to the movement of service vehicles including refuse and delivery vehicles as well as emergency services. Delivery vehicles are generally box vans or smaller which will be required to reverse into or out of the site. A space for ambulance pickup should be made available at ground floor level for rapid onward transfer where required.
- Entry and exit positions must be well illuminated and should open onto public areas to maximise security. Where possible patients and staff and visitors should enter under supervision through the main entrance, however additional separate entrances or exit points may be required for medical emergencies, out of hours access, goods in and out, and to underpin the operational requirements of some services.
- Consideration will require to be given to the location of services in the building and the resultant impact upon the access and egress requirements for both patient and staff visitors as well as materials movement. Consideration should be given to locating the high volume services on the ground floor.

- Where services are located on upper floors then consideration should be given to the volumes of patients traffic requiring access the upper floors and the location and type of vertical circulation provided e.g. escalators, lifts and staircases.
- A separate staff entrance, which avoids the need to pass through public spaces, is required.
- All parts of the building should be able to be accessed by disabled persons including those that are confined to a wheelchair.

### **Functionality**

Clear way finding with signage and easy circulation for all patients shall be a critical part of the design.

- The disposition of departments and clinical adjacencies shall include consideration for patient flow, journey and travel distances.
- There shall be a strong connectivity and clarity of route between main entrance reception and circulation areas which patients are required to navigate by themselves (i.e. to sub ait areas or consultation rooms).
- Circulation areas should be interesting, imaginative and well-designed spaces in their own right to provide attractive routes to all public, semi-public and restricted areas.
- Natural and view out, or to destination points should be provided.
- Wherever possible, routes shall be reduced in length and shall provide good sight lines as well as stopping/resting points along length of travel.
- The design must also incorporate a sense of arrival in each area should have a sense of place. There is an opportunity to create individual identities to main department/facilities; this shall enable patients to orient themselves. Waiting areas and in particular any sub-wait areas shall be positioned and designed so that patients do not feel isolated.
- The design of the interior environment shall be welcoming, comfortable, and enjoyable for patients and staff. It should be appropriately designed to meet the needs and interest of all ages.
- The lay out shall present an equitable and barrier free environment, where security requirements allow, with easy access for all patients and visitors and staff. The design shall incorporate features to mitigate an institutional feel. A key factor shall be the promotion of art and design features that express the locality and diverse community that it serves.
- All consult/exam rooms, treatment rooms and counselling rooms shall be designed to offer a relaxing environment to the patient; this may be achieved by views out to external areas as well as the interior design and layout of the rooms.

### **Environment**

The health centre shall be designed to present a calm, welcoming and secure environment for patients, in order to facilitate patient recover and a positive patient experience.

- The use of natural light, sound, smell, touch, together with a careful choice of natural material shall be carefully considered to create bright, modern environments, which reflect current good practice health care facility design. Internal landscape design shall be incorporated into the public/common areas of the facility; there is evidence of clinical benefit from encountering landscape features as patients navigate the building.
- With respect to the internal environment, special considerations shall be given to the needs of specific patient groups such as children and adolescence, the elderly and patients with disabilities.

### **Sustainability**

The designs should, where practical, reflect sustainability issues in ensuring that the facilities provide for the needs of the present generation without compromising the ability of future generations to provide for their needs.

- Designs should promote sustainable development by demonstrating an integrated approach to the social, environmental and economic well-being of the area reserved, both now and for future generations.
- Assessments on the proposed design and project specific sustainability proposals will require to be undertaken in accordance with the latest Building Research Establishments Environmental Assessment Methodology (BREEAM) which came into effect in June 2008. Buildings may need to achieve a certain BREEAM level, which is to be confirmed by the Local Authority.
- Contractors design to make allowance for adjustment of thermal requirements for various building elements to meet SBEM requirements.

### **Security and Safety**

Designs should aim to assure the security and safety of patients, staff and visitors and their property within the building and its immediate vicinity. Designs must also safeguard the security of equipment, patients' records, drugs, etc.

- The design and specification of new facilities should be carried out in consultation with the local Police Architectural Liaison Officer/Crime Prevention Officer and the stakeholders' safety representatives.
- Where possible the proposals should promote passive surveillance and design-out any potential crime risk elements.
- The designs should provide for general security measures including suitable locks (proximity operated) on doors to contain patient access within the building.
- A zoned security alarm system should be fitted for the protection of premises and personnel.

The design should consider or implement where possible, the requirements of "The Secured by Design Award Scheme" and "The Secured Car Park Award Scheme".

### **Privacy & dignity**

The privacy and dignity of patients shall be considered throughout the design, particularly in respect of patient flow.

- Due care and attention shall be paid to patient and professional confidentiality, in the layout of spaces and in the sound separation performance of partitions and screens.

### **Staff wellbeing and staff operations**

The design shall be such as to present a positive, inspiring and healthy environment for the staff, both in the public areas and in the non-public areas, i.e. office spaces, where current good practice guidance for office layout shall apply.

- Opportunities for social interaction of staff should be provided throughout the health centre.
- The layout shall demonstrate a clear understanding of the clinical and non-clinical operations to enable staff to carry out operational activity smoothly effectively and efficiently this shall include:

Interdepartmental movement between each area for staff and good and waste, both clinical and general.

Careful planning of room and departmental relationships to maximise daily and weekly availability throughout the working week.

Attention to the disposition of shared use spaces by co-located facilities

A design which permits clinical rooms to be well supported by non-clinical facilities.

### **Flexibility, adaptability and future-proofing**

Healthcare is continuously in a state of development and change. It is therefore essential that the new health centre should be as adaptable and flexible in design as possible to accommodate medium and long term future change and diversification in treatments, technologies and management practices.

- Rooms shall be standardised wherever possible; in particular, all consulting rooms should be designed to the same layout. The general practice and community health consulting facilities should be located such that space can be flexed between the two organisations.
- The site layout, drainage design and structural form of new facilities should allow for extension and internal alteration without unreasonable cost or disruption to the existing fabric and with minimum disruption to ongoing use of the rest of the premises.

If possible the design and positioning of the building on site should be capable of demonstrating the potential for further increasing space in the future and that possible expansion within the site will sit well within the whole site context.

### **Infection control**

The design shall incorporate current good practice with regard to control of infection such as automatic taps, disposable screen and curtains and bio resistant services to door pulls and finger plates are to be used.

- Materials used within the building shall support the prevention of infection through all the design and operational aspects.

### **General arrangement**

As far as possible, public space shall be located on the ground floor. Where public spaces are located above ground they shall be designed with consideration to clear and intuitive way-finding and direct, short routes.

- The overall building height and massing should allow for minimum ceiling heights of 2.5m, except for the reception area which should provide a minimum height of 2.7-2.8m high.
- Building footprint can be split over two storeys, however certain impacts must be considered (efficiency and viability of the accommodation, massing/visual relationship with adjacent sites, separation of patients and staff flows/facilities, provision of (vertical circulation eg. Lift)

### **Main entrance arrival zone**

The arrival zone shall be a vibrant public area and shall present an environment that is uplifting and inspiring. The zone areas provide a focal point for all patients and visitors attending the new health centre. The entrance can also be used by staff, although they shall also have a designated staff entrance.

- It is anticipated that some areas of the health centre will be open out of hours in the future. The arrival zone includes the following;

Entrance Hall

Reception desk

Main waiting area, including child waiting

Interview room

Patient WC and nappy change room

## Baby feeding room

### Lighting

Daylight is generally considered to provide the best colour rendering and the design of the building should maximise the benefits of natural light.

- Wherever possible, rooms and corridors should receive natural light and the provision of deep plan areas avoided.
- Of necessity however, a significant proportion of practice work is carried out under artificial light due to both the design of rooms and the availability of daylight. Artificial lighting must therefore ensure good colour rendering by using, for example, intermediate or warm fluorescent lights.

### Ventilation

Natural ventilation should preferably be used for all spaces with windows.

- Some clinical or sanitary facilities may require mechanical ventilation to comply with HTM/HBN standards or building regulations; however, natural ventilation should still be encouraged to compliment these spaces.

### Drainage

The building should be provided with separate foul and surface water systems connected to the adopted sewers or soakaways if feasible.

- The layout and design should allow for possible future extension of the buildings without the need for major redesign but allowing for potential relocation of pipes constructed within the footprint of the potential extension at the time of construction of the extension. Consideration should be given to the retention of surface water on site if feasible to avoid increasing the pressure on existing sewers.
- All drainage must be designed to provide adequate discharge from the property and have rodding access for cleaning and maintenance. Rodding points should be located to avoid backflow in the event of blockages. Internal manholes should be avoided.

### Landscaping and External Works

The design of the external hard and soft landscaping should be carefully considered to provide a successful and aesthetically pleasing scheme. Any issues contained in Planning Consent conditions should be fully addressed in the landscape design. Full details should be submitted to the Local Authority Planning Department in advance of the commencement of construction.

- Site boundaries should be marked by a perimeter fence to the rear and sides and be edged by defensive planting. The boundary to the front should remain open. Grounds should be landscaped to provide a simple but pleasing effect, maintaining existing trees wherever practicable.
- A careful review of the location, boundary conditions and natural circulation routes should be undertaken prior to detailed design.
- Maintenance of soft landscaping should be kept to a minimum by the use of robust shrub planting and hard wearing grassed areas.
- Paved areas should be provided with safe, durable and level paving with adequate falls to avoid ponding. Steps should be avoided. Ramps should have appropriate gradients, handrails and balustrades. Tactile paving should be provided at highway/footpath junctions and at all changes in direction or gradient.
- The Secured Car Park Award Scheme design requirements should be complied with.

All works carried out beyond the site boundary should be to adoptable standards and to the approval of the Highways Department.

#### **Cleaners' rooms**

The design shall incorporate a strategy for how the FM shall be integrated in the facility in terms of maintenance and cleaning. Space provision for suitably sized and located cleaning cupboards etc. should be incorporated in the design. Each cleaning cupboard shall have a utility sink.

#### **Computer Facilities/Server room**

The design shall incorporate a strategy for IT. A server room shall be provided in a suitable location within the building.

#### **Medical records facilities**

It is anticipated that Patient Records shall be held electronically. However there is a requirement for paper records and provision shall be made for a medical records archive room. This room may be located remote from the rest of the Health Centre accommodation, but there should be a direct access from the staff areas.

#### **Receipt and Delivery area**

An area shall be provided for receipt and distribution (R&D) of goods and materials to all departments. This shall be located near to the staff entrance door and within reasonable proximity to the external vehicular delivery bay. The R&D point shall have suitable shelving for bulk items and smaller packages delivered to the Health Centre.

#### **Disposal Hold/Waste Store**

A disposal hold and waste store shall be provided. This room must have distinct and separate sections for holding of clinical and general waste. Ideally it shall be near to the department GP treatment suite so that dirty bins are not taken through clinical areas; separate routes should be demonstrated. The disposal hold shall be located with consideration to the vehicular refuse collection strategy. The areas should be easily accessible from the public highway/service areas

#### **Cycle storage**

Secure, well lit, covered cycle parking should be provided which benefits from good natural surveillance and CCTV coverage. This should be provided near to the main entrance; some may be provided near to the staff entrance.

#### **Car Parking**

Car park provision should clearly identify disabled person's spaces close to the main entrance with reserved parking for doctors and key staff near to the staff entrance or main entrance.

#### **Accessible drop-off bay**

It is expected that many patients and visitors shall arrive to the Health Centre by foot or public transport. One or two dedicated on-street accessible drop-off parking bays shall be provided, located within reasonable proximity to the main entrance. This shall be suitable for cars and ambulances.

#### **Delivery bay**

One dedicated delivery bay shall be provided for shared use by the Health Centre, within reasonable proximity to the staff entrance.

#### **Maintenance**

The size and shape of the building should allow access for maintenance and repair which may involve the need to employ contractors, scaffold or special equipment. The ability to replace materials in areas of high use will require careful consideration.