Eastwood Health and Care Centre
Reference Design Report

Gareth Hoskins Architects
March 2013

Contents

Introduction

The reference project was commissioned by Hubwest Scotalnd on behalf of NHS Greater Glasgow and Clyde and the Scottish Government Health Directorate via the Scottish Futures Trust. Gareth Hoskins Architects were one the of two practices selected to develop the reference design for a primary healthcare centre. The project has been managed by Hub West Scotland.

Design Team

Architect	Gareth Hoskins Architects
Quantity Surveyor	Davis Langdon Aecom
Building Services	Max Fordham Ltd
Civils and Structures	David Narro Associates

In recent years many primary care services previously provided in hospitals environments have been relocated close to the communities they serve, minimising the number of hospital trips. In conjunction with this there has been the opportunity to colocate a wider range of sevices run both by the NHS and local councils under one roof with the aim of providing a more integrated approach to patient care. With GP practices located alongside services such as older adult mental health, addictions and childrens & families, there is the opportunity for greater communication and co-ordination between practitioners. Additional facilities such as group and meeting rooms can be provided as they become economic when shared across the various services. Accommodation can be provided for self help support groups and community groups associated with health, giving patients a greater awareness and ease of access to these services. These 3rd sector services complement the more clinical facilities, helping to build a sense of community and supporting vulnerable groups. The health centres also provide an office base both for peripatetic practioners and full time administration staff, with the building design aiming to facilitate communication and sharing of knowledge.

The purpose of the reference design project is to take a fresh look at the design of these health centres and examine how best to deliver a high quality, cost effective building which facilitates the integrated care approach. The ambition for this reference design project is to provide a benchmark which will inform how the design of health centres might develop throughout Scotland.

The detailed aims of the reference project are set out as follows:

• to look at different and new ways of working in the primary care context and how this affects the building design

• to look at design solutions which provide flexibility in terms of spaces being used for a variety of activities

• to look at design solutions which allow for future change of use within the building footprint

• to look at ease of future expansion of the building

• to explore how the design concept could be adapted for different scales of primary healthcare facility

• to target a minimum EPC rating of B+ and a BREEAM (NHS 2011) rating of very good (aspiring for excellent) without the use of on site renewable energy elements.

• to meet a budget of £1400/m2 for the prime cost of the building element only

• to deliver a benchmark figure for lifecycle cost of £20/annum or better

Eastwood Health and Care Centre in East Renfrewshire was selected as the subject of the reference health study.

The brief for the building includes:
• 4 GP practices
• bookable clincal rooms to accommodate the following services:
    -physiotherapy
    -podiatry
    -childrens & familes
    -adult mental health
    -older adult mental health
    -addictions
• group & meeting rooms and community cafe
• office base and staff facilities

The design was developed through an intensive series of workshops both with key stakeholders from the different client bodies and with the service providers, staff and patient groups. These consultations led to a greater understanding of the particular needs of the different services and users who will work from and use the building and to explore how these might be brought together to best advantage for the Eastwood building.

The design proposals from the reference design process outlined in this report approximate to RIBA stage C level of detail.

M77

A727

GIFFNOCK
GP

MACLEAN GP

EASTWOOD SITE

A77

CLARKSTON
CLINIC

CLARKSTON
GP

1 MILE RADIUS

former playing fields

former Isobel Mair school

Drumby Cresent

Eastwoodmains Rd

2.1 Site location

The site for the reference project, selected from a number of options, is on the site of the former Isobel Mair School on land adjacent Williamwood station, Eastwood. The site is owned by East Renfrewshire Oouncil. GP practices were offered accommodation in the new facility depending on the need to upgrade their premises to today's standards. The Williamwood site is within a mile of the relocating GP practices.

The proposed site is central to the community it will serve, sits on a main road with a bus service and adjacent a railway station.

- the site has a relatively short street frontage on Eastwood Mains Road which is screened on approach from the west by the two railway bridges and steep banking

- on the west and south edges of the site there are semi mature trees on railway banking offering the potential for a green outlook

- the surrounding streets are primarily residential with a mix of detached and semi detached houses and bungalows and the new building should respect their scale and preserve privacy

station access

existing tree belt

rail lines

former Isobel Mair school

slope

existing trees

disused bridge

park & ride

existing access

brick railway bridges

recycling

signalised junction

Drumby Crescent

existing GP & pharmacy

Eastwoodmains Rd
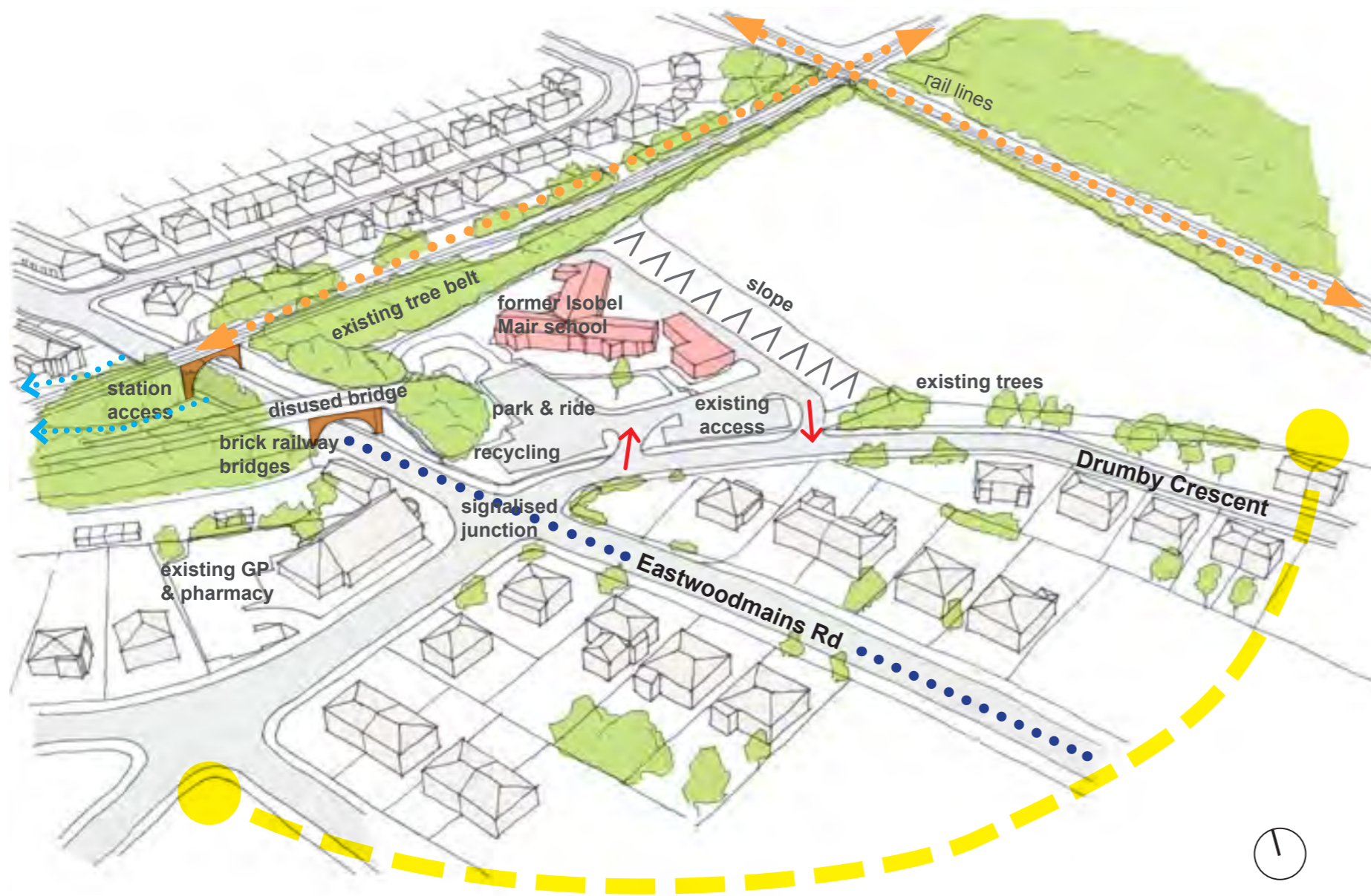
2.2 Site character, opportunities and constraints

- the park and ride and recycling located on the site are to be retained but relocated to a less prominent position

- there is the potential to improve the pedestrian connection with Williamwood station by making use of the disused railway bridge. The red brick railway bridges are the most distinctive built form visible from the site and should be considered in any strategy

- noise from both railways and the main road should be considered

- the health centre and associated parking will not take all of the available site (3.5Ha) and the remainder is designated for housing and green space in the local plan

- there is a steep bank running east / west across the site with a level difference of approxiamtely 4.5m

precedent images from the A&DS design statement

2.3 Brief and Consultation Process

Although a detailed brief and schedule of accommodation was tabled at the start of the reference project it was envisaged that this would be challenged and develop as a result of the consultation process.

Over a 6 week period 3 workshops were held with representatives from the following groups:
- GP practices
- NHS Greater Glasgow & Clyde
- East Renfrewshire CHCP
- East Renfrewshire Council
- Public Patient Forum
- Hub West
- Scottish Futures Trust
- Architecture and Design Scotland

The consultation process informed and guided the development of the outline design in the following ways:

- reviewing and developing the initial project brief with the stakeholders in order to explore the optimum efficiency in quantum, operation and flexibility of the facilities provided within the building.
- exploring different options with the stakeholders as to how the different spaces and facilities within the new building might be organised to provide the greatest clarity and ease of use for people coming to use the services within the Centre and staff working there.
- exploring different options as to how the design might support alternative working models both for service delivery and support functions.
- exploring different options as to how the new Centre might be positioned and organised within the site to take advantage of the site character and levels and address the different expectations of the stakeholders, Planning Authority and local residents.
- reviewing the options with stakeholders against the A+DS Design Statement to ensure that the qualitative design parameters set out within this document through the earlier consultation with users, staff and stakeholders, are achieved within the outline design.

The short, intense consultation period kept momentum and interest going and resulted in very lively debate. Bringing together the various groups in one room brought a greater shared understanding of the requirements of each service and helped to develop a "consenus " view, rather than individual groups simply stating their needs and preferences.

Workshop 1

The purpose of this workshop was twofold
- to gather information about the way in which people currently worked and to gain an insight into the needs and requirements of practitioners, patients, building mangers and admin staff
- to broaden horizons by looking at precedent examples from Scotland and elsewhere of health care buildings, but also relevant examples of offices where "agile working" and "hot desking" have been introduced

Workshop 2

Options were presented for discussion purposes
- options for the location of services - in particular which should be located on the ground floor
- options for the arrival sequence and journey through the building for both visitors and staff
- options for the layout of the various "departments" - in particular looking at the relationship of reception, waiting and consulting rooms from both the perspective of the patient and that of a practitioner
- options for the sharing of various rooms and facilities - in particular meeting & group rooms, and staff facilities
- options for the appropriate "feel" of various rooms - clinical/informal, open plan / private

Workshop 3

Presentation and review of the overall site strategy and 2 different options for the design of the building.

Final Presentation

Presentation of the stage C proposal for the preferred option

•

2.4 Key Findings from Workshop Discussions

The following are the key findings from the consultation process which have influenced the brief development for the reference design.

GP location - ground / first floor

The ground floor is generally thought to be the preferred location for all the public services, and in particular for the GP practices which tend to have the heaviest footfall. Many of the other clinics are used by elderly patients and again benefit from a ground floor location. This can result in a very large ground floor footprint with lengthy travel distances from the main entrance to consulting rooms. At Eastwood the GPs saw clear advantages in being located at first floor level - in particular the better acoustic and visual privacy to first floor windows. It was agreed that, if good public access by lift and stair were provided, the first floor location was preferrable for the 4 GP practices.

GP waiting areas

At the Eastwood practices doctors came to the waiting area to collect their patients (ie they did not use a tannoy call system). It was therefore seen as important to keep travel distance from consulting room to waiting area to a minimum. GPs were prepared to share waiting areas with other practices as long as this did not result in increased travel distances. Large impersonnal "airport longe" waiting areas were also to be avoided.
The following were also seen as key considerations for waiting areas:
• good daylight and outdoor views
• views of busier circulation and foyer spaces
• a good connection with the reception desk

GP reception desks

It was important that each of the reception desks had equal visibility and ease of access. There was resistance to sharing reception desks as GPs valued the relationships built up between receptionists and patients. Adjacent locations of reception desks make long-term flexibility and sharing of resources viable.

GP shared facilities

The GPs were keen to share "additional" facilities including interview rooms, meeting rooms, staff showers/changing, library and staff room. They were keen to share the main staff room on the second floor and integrate with other building users.

GPs - flexibility of practice size

Consulting rooms to be arrnaged in such a way that would allow future flexibility if individual practices grow or shrink. It was seen as benficial for GP Treatment Room areas to be banked between practices to allow flexibility for temporary extended use for flu-clinics etc.

Records Storage

It was determined that it is cheaper too arrange for existing records to be backscanned (approximately £70K for 4 GP practices) than to provide the required built storage over 25 year period (approximately £325K).

Clinical Zone

The range of bookable rooms in this area need to cater for a wide range of different services, from the childrens & families rooms where child friendly and relaxed surroundings are appropriate to treatment rooms where infection control standards are required. The following were raised as key issues:
• waiting area should be overlooked by reception and have a degree of annonimity to avoid stigma of waiting for sensitive clinics (sexual health, mental health)
• sub-waiting should be provided for relatives whilst patient they are accompanying is in a consulting / interview room
• discreet /more intimate subwaiting for certain clinics (childrens and families, dementia) potentially also used as withdrawal areas, respecting dignity if a patient requires time before going back to the public foyer
• mix of consulting and interview rooms in each "wing"
• some clinics make use of group rooms (eg youth health) - so need to be close to consullting rooms
• layout needs to be suitable for after hours clinics

Physiotherapy and Podiatry
- physiotherapy and podiatry should not be seen as a separate department, and should be integrated within the general clinical zone
- consideration should be given to the physiotherapy treatment room (normally open plan with 4-5 couches) being replaced by individual consulting rooms which could be used for other clinics, thus reducing dedicated physiotherapy space
- physiotherapy gym should be close to main foyer / entrance for flexibility of use after hours
- consideration should be given to use of courtyard as an extension of treatment area.

Staff room
A centralised staff room was considered important as a place discrete from patient areas where members of staff could take breaks away from their work environment. A central location, adjacent the busiest circulation routes, was considered vital with the possibility of the space being open plan to circulation and overlooking an atrium or void connecting with other floors. Inclusion of "touch down" hot desks for informal working and a resource / library to be considered, and if possible there should be direct access to an outdoor space. Small tea prep areas should be included within departments.

Meeting Rooms
Bookable medium / large meeting rooms on the staff floor should be centrally located to avoid "belonging" to any department.

Agile Working
Many of the staff spend only a relatively small part of their working day at a desk in the building and by making use of new technology there is the opportunity to reduce the total number of workspaces required. Through discussion with users the following issues were seen as key to the success of agile working and "hot desking"
- only appropriate for staff who are "in and out" - staff working in the building all day would have a "fixed" desk
- "hot desk" tend to be noisier than "fixed desk" areas with staff catching up with colleagues at different times of the day, so advantageous to have some degree of separation

- personal storage adjacent working area
- "booth desks" and/or small meeting rooms available for private conversations
- if "bench type" desks each work place most be adequately sized
- consideration given to how teams work together and interact - reflected in desk arrangements and options
- important that there is adequate desk numbers for busiest time

Individual offices for management and senior staff
With a clearly identified need for privacy for one to one meetings and interviews there were varying opinions on the pros and cons of individual offices for senior staff. At Eastwood it was agreed to move forwards on the principle that no one should have an individual office, but a sufficient number of bookable interview rooms should be located close to the open plan desks areas.

Third Sector / Community Use of the Building
It is intended that the centre will be used by third sector groups both during normal working hours and evenings & weekends. The building design should allow these services to operate alongside the clinical uses, and should look to maximise public awareness of the services and support available. The third sector uses have been incorporated in the design of the building as follows:

1. Third Sector Cafe
It is envisaged that the cafe will be run as a social enterprise and provide training and employment for adults with learning difficulties. The cafe should be located in the main foyer and provide a space for both patients and staff to take a break away from the clinical and working areas, possibly connecting with outdoor space.

2. Third Sector - Info zone / touch down desks
To include an information area which would be manned at certain times by particular organisations - tying in with clinics being run at those times . For example by dementia peer support organisations or depression support groups.
A dedicated third sector room which would function as a staff base / admin area for these groups should be provided.

3. Third Sector - Courtyard Gardens
It was suggested third sector groups could play a role in the maintenance of courtyard gardens.
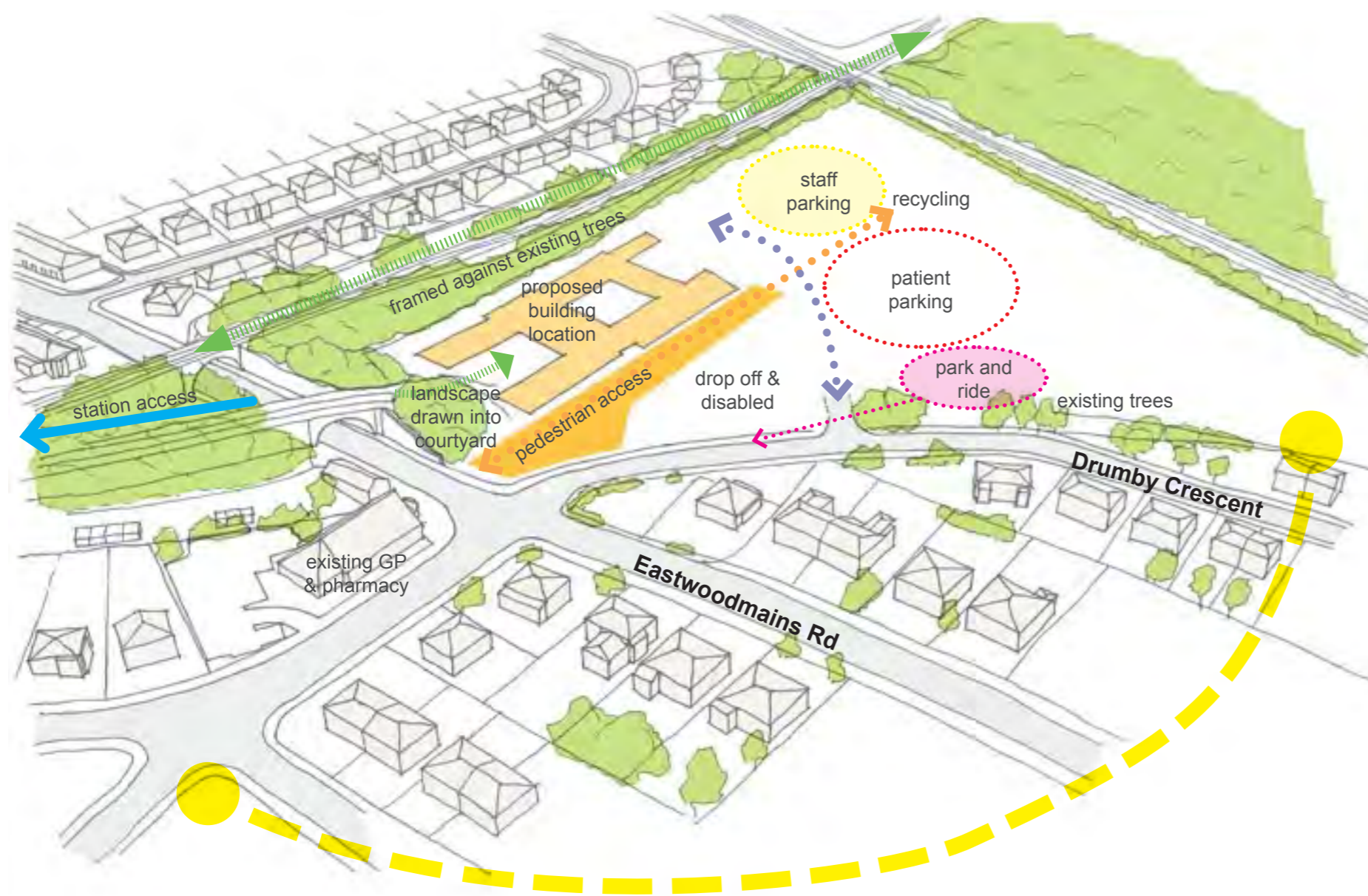
Group Rooms and Meeting Rooms
A variety of group and meeting rooms should be located on the ground floor directly accessed from the foyer to allow ease of use out of hours.

staff parking

recycling

patient parking

framed against existing trees

proposed building location

park and ride

existing trees

pedestrian access

drop off & disabled

station access

landscape drawn into courtyard

Drumby Crescent

existing GP & pharmacy

Eastwoodmains Rd

Site Strategy Diagram

3.1 Site organisation

The proposed building location is on the site of the former school at the south west corner of the site, adjacent to the railway bridge and Eastwood Mains Road. This location allows the new Centre to have a presence onto the main street allowing users to clearly see the building and main entrance whilst also being set back as far as possible from the adjacent residential properties to minimise issues of proximity or overlooking. A new public space is formed next to the road. This new space forms an arrival area for people coming by foot or public transport and again, helps highlight the presence of the Centre onto the main street. A clear paved route runs between this arrival space, the new Centre and the parking allowing easy access for all.

Car parking is accessed from Drumby Crescent with drop off and disabled parking areas immediately adjacent to the main entrance. It is proposed to level the site, pushing the steep slope back to the edge of the parking to allow all parking areas to be level with the building entrance. The main parking areas are on the right hand side of the access road and natural divide into a public zone close to the public entrance and a staff zone to the rear adjacent the staff entrance. This staff parking area allows staff to enter the Centre directly from the car park via a discrete controlled entrance, giving access to a staff arrival area and dedicated stair and lift. Service deliveries are also located at this north edge of the building, adjacent to the staff entry, away from the public drop off and entrance, linking directly into the service lift and building management and FM areas. These 2 arrival points, 1 for the public and 1 for staff, also allow emergency vehicles discrete access to the new Centre.
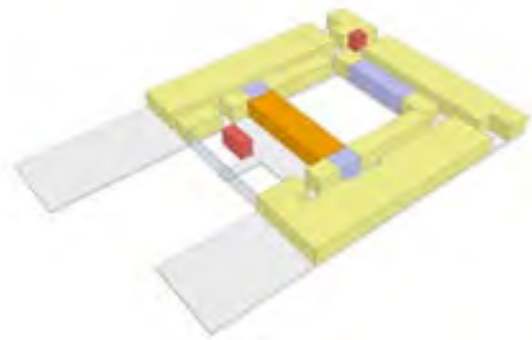
Option A

2nd floor

1st floor
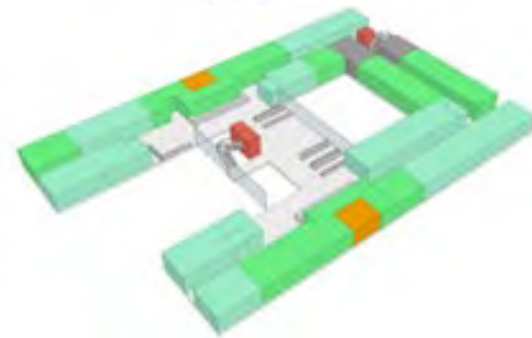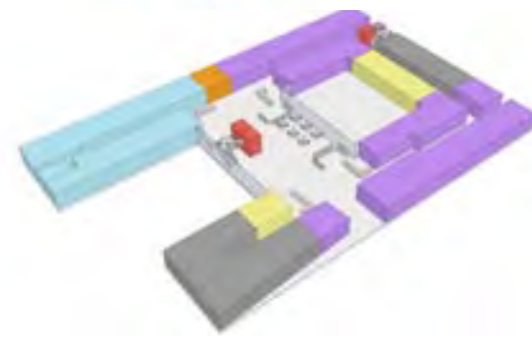
ground floor

Option B

2nd floor
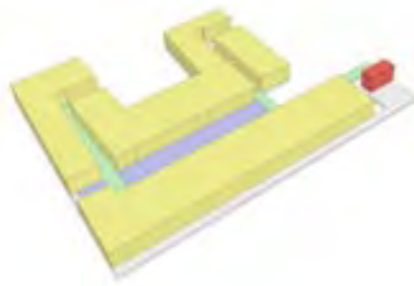
1st floor
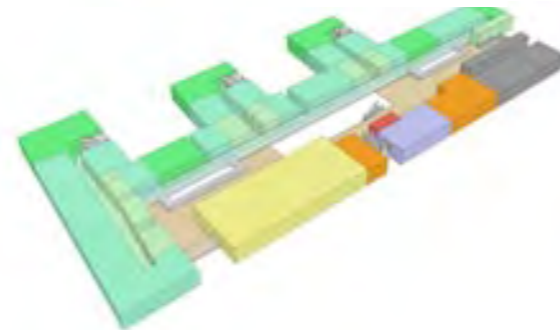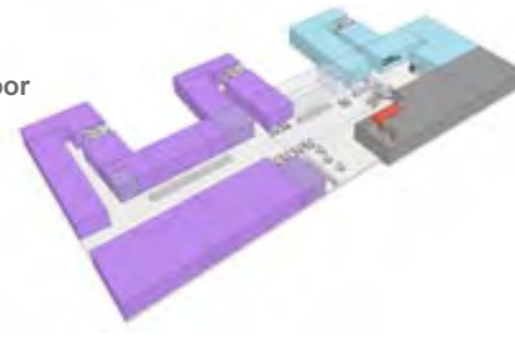
ground floor

3.2 Initial Options

Two initial layouts for the building were considered. Both options locate the clinical zone on the ground floor, GP practices on the first floor and the 0ffice base ansd staff facilities on the second floor.

Option A
The building is arranged around 2 external courtyards, one enclosed and one open to the south. The public stairs and lift are clearly visible in a triple height atrium space betwen the 2 courtyards. The courtyard arrangement allows all the cellular clinical rooms to be located on an external wall with natural ventilation and daylight.

Option B
The building is organised around a central linear street which gives access to "fingers" , each with a suite of clinical rooms. As with the courtyard option the fingers allow the clinical cellular rooms to be located on an external wall with natural ventilation and daylight.

The massing of each option results in a 2-3 storey building, with the public entrance fronting onto the new public space.

Option A was selected as the preferred option due to the greater clarity of the circulation and equality of the GP receptions on the first floor.

3.3 Site plan

Parking

park-and-ride: 30
public & staff: 250 (inc 40 disabled)
expansion: 110

expansion parking

+1.00

delivery entrance

staff & emergency entrance

staff parking

+2.50

+1.00

main entrance

disabled parking

public parking

+1.00

drop-off

+1.00

park-and-ride

+2.50

+0.00

potential new public route to railway station

3.4 Massing of the Preferred Option

The computer sketch shows the massing and site layout of the preferred option in more detail.

- On approach the building presents itself as a 2 -3 storey building with the main entrance clearly visible

- The building has a strong street presence allowing building users to clearly see the building and main entrance from Eastwood Mains Road

- A new public space forms an arrival area for people coming by foot or public transport

- The disabled parking and drop off zones are integrated with generous landscaped areas to avoid the approach being dominated by a sea of carparking. The bulk of the car parking is to the far side of the building

- There is the possibility of new steps to connect the new public space with Williamwood station - this is outside the scope of the current project, but could be implemented in the future

4.1 Building Organisation

The Centre is designed to provide clear orientation, wayfinding and ease of movement throughout for both members of the public and staff.

The building is organised over 3 floors arranged around 2 external courtyards, one enclosed on 4 sides and the other open towards the trees along the southern boundary of the Centre. These 2 courtyards allow a high level of natural daylight and ventilation through the entire building and create an efficient organisation and ratio of floor to wall area for a building of this type which, with its large number of small cellular service delivery rooms, requires a considerable number of windows and external wall.
The accommodation and services are clearly grouped across the building's 3 floors and accessed via a central public stair and lift that rise from the main arrival space through a 3 storey void allowing an ease of wayfinding and clear views between the different levels of the Centre. Public access and services are contained on the ground and first floors with separate staff accommodation located on the topmost floor.

The ground floor accommodates a series of bookable rooms providing a variety of clinical and support spaces of differing sizes to support services ranging from physiotherapy and podiatry through to mental health and children and families sessions. These clinics are organised around a central arrival space looking out onto both courtyards and allowing options as to the number and size of clinics that might be run at any one time. This central space also contains the main building reception, cafe, information and group areas supporting a range of third sector services and creating a controlled area and variety of facilities to encourage various out of hours community use. The building reception area backs directly onto a controlled staff and service area for building management and plant.

The first floor groups together the GP practices within the Centre together with a suite of shared, bookable consulting and meeting spaces. These are again organised around a central arrival space with views out to the 2 courtyards that allows patients to orientate themselves and clearly see the reception points for each of the GP practices. Discrete waiting areas are arranged adjacent to each of these receptions with further shared waiting for busy periods located in the central space. The shared, bookable consulting suite links directly to the staff circulation allowing easy back of house connections for staff.

The second floor accommodates the main staff workspaces and shared accommodation. This upper floor is accessed either via the (fob controlled) central stair and lift rising up from the main ground floor arrival space or via the dedicated staff entrance from the parking at the north end of the ground floor. The shared meeting, staff room and library spaces are located between both these points of arrival allowing ease of access by staff working on the other floors of the building as well as those working in the adjacent office areas. The office areas provide a combination of different types of workspace ranging from open plan groupings of desks to more informal counter style hot desk and group areas linked to tea points. These open plan areas are subdivided into groups by 'pods' providing either small contained office spaces or spaces for meetings or phonecalls requiring a greater level of privacy. These groupings of workspaces cater for both permanently based office staff and the agile working patterns of the peripatetic staff.
All spaces and rooms have outlooks either to the outside of the Centre or into one of the two external courtyards allowing good outlooks, natural daylight and ventilation throughout. The ground and first floors of the building are organised into banks of rooms of a repeating module arranged around a clear circulation route, giving flexibility in terms of the future organisation and scale of clinics and practices whilst the contained pods on the second floor can be repositioned to provide different configurations and scales of office space.

The patient journey
Central to the design of the new Centre is creating a clear and pleasant environment for people using the different services within the building – a place that is bright, welcoming and easy to find your way to and around.

Members of the public coming to the new Centre enter the building via a single public entrance fronting onto the new public space. Whether arriving by foot, public transport or car, this main entrance to the building is clearly visible, with the new public space forming a safe pedestrian approach from both Eastwood Mains Road or the public car park.

Just inside the main entrance to the new building is the Centre reception providing information and directions to the different services operating from the Centre. The reception opens onto a central arrival area around which all the ground floor clinics and facilities are grouped and from which the main public stair and lift leads up to the public floor above allowing members of the public to be clearly directed to the particular service they are attending.

The public stair and lift sits within a full height space allowing people to see between the different public levels and to see where they are going. The stair and lift arrive at another central orientation space on the first floor around which the different GP practices and shared spaces are grouped. Like the ground floor arrival space, this first floor space looks out onto both of the building's external courtyards allowing daylight to flood into these spaces and people to clearly orientate themselves no matter which floor they are on.

On both public floors, reception areas for each of the different clinics and practices face onto the central orientation space allowing people to clearly see where they are going and staff at these receptions to monitor members of the public. Waiting areas with good daylight and views to external spaces are situated adjacent to these receptions allowing people to wait close to the clinic they are attending. These areas are located to then give short journeys via daylit corridors on to the consulting or interview rooms. At busy periods further overspill waiting areas are provided within the central spaces whilst a cafe at ground floor provides refreshments and an alternative area for people accompanying patients or attending for longer sessions.

The courtyard spaces at ground floor present the opportunity both for external space for the public or for sessions and activities being delivered through the Centre. Both these, the central arrival space and cafe and the facilities grouped around these provide the opportunity for the Centre to support a range of community activities beyond core clinical or service hours.

The staff journey
Like the patient experience, it is important that the design provides a comfortable and inspiring place for staff to work in and that supports and works well in terms of the operation and functional needs of the different services they are providing.
The Centre will accommodate both staff working effectively full time from the building and other peripatetic staff who use the building as a base from which they provide home visit and outreach services. As such, some staff will be based in the Centre for the whole of their working day and others will come and go throughout the course of a day.
Whilst staff can use the main public entrance, there is also a dedicated staff entrance that links directly to the staff parking area. Arriving in the building via the staff entrance, staff can then circulate through the building from a dedicated lift and stair core. Proceeding to the first floor, staff can then utilise

the staff shower and changing areas immediately adjacent to the circulation core. Accommodation for all office based staff or peripatetic staff is located on this upper level together with shared meeting and staffroom and rest areas. This allows easy, direct access to the car park without having to travel through public areas for all staff which is extremely important for those staff coming and going on frequent external visits.

Within the public areas the Centre is organised in such a way that all receptions are easily visible for patients. The location of these receptions also allow staff to passively monitor the public and waiting areas and create a demarcation between these and the more private consultation or clinic areas. Both the ground floor clinic areas and the first floor GP areas are linked directly by 2 stairs and lifts to the private staff level on the second floor allowing easy access between these floors for staff, with one of these routes again connecting without passing through public areas.

This uppermost floor accommodates all the staff office area within the Centre, organised into a series of open plan groups that provide both dedicated workspaces for office based staff and hot desk spaces for peripatetic staff. Storage areas both for equipment and to support the agile working patterns of staff (ie mobile storage lockers for belongings and project work) are located throughout the building and in banks adjacent to the open work areas. These open plan areas are interspersed with smaller contained office and meeting areas to allow private meetings and phonecalls, together with tea and coffee areas with more informal seating and meeting spaces. Like the smaller dispersed tea points on the GP floor, these provide refreshment areas more local to staff work areas. In addition to these, a dedicated staffroom is provided on the upper level opening out onto a south facing roof terrace, providing a good quality environment for staff breaks and informal meetings with other members of staff. The staffroom is collocated with the larger shared, bookable meeting rooms allowing these to be used to support various staff events and training.

As with all areas within the building, there is a particular emphasis on the quality of the working environment, particularly in relation to the planning and quality of finishes and furniture and to good daylight and natural ventilation within these areas. Tall windows around the upper floor allow good daylight penetration into the open plan areas, whilst the courtyards allow natural through ventilation and good outlooks throughout.

Office / admin

GP practices
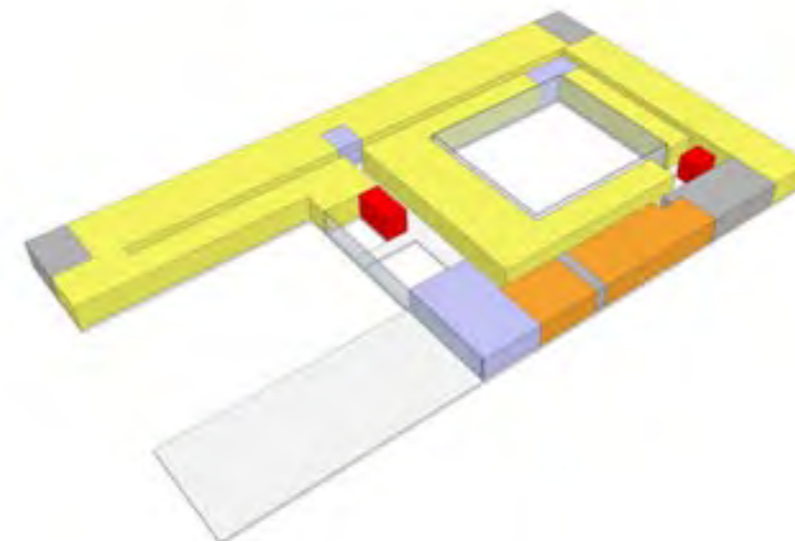
Staff & delivery entrances
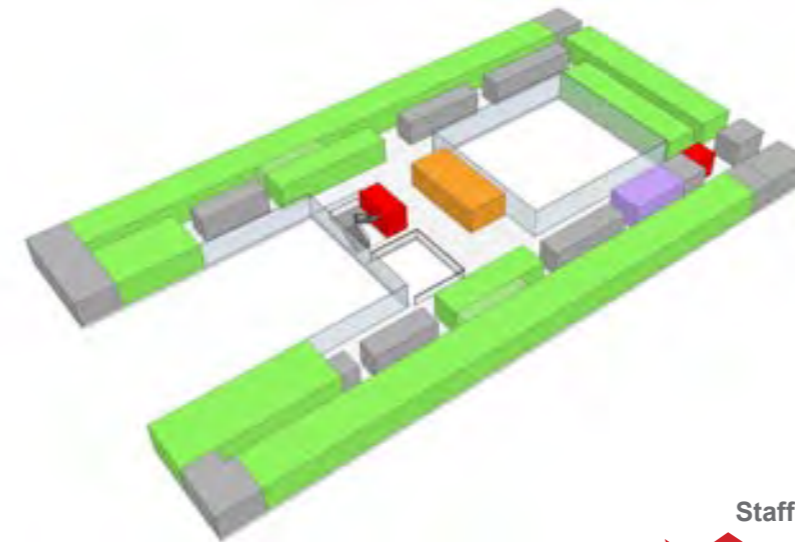
**Clinical zone
Podiatry & Physio**
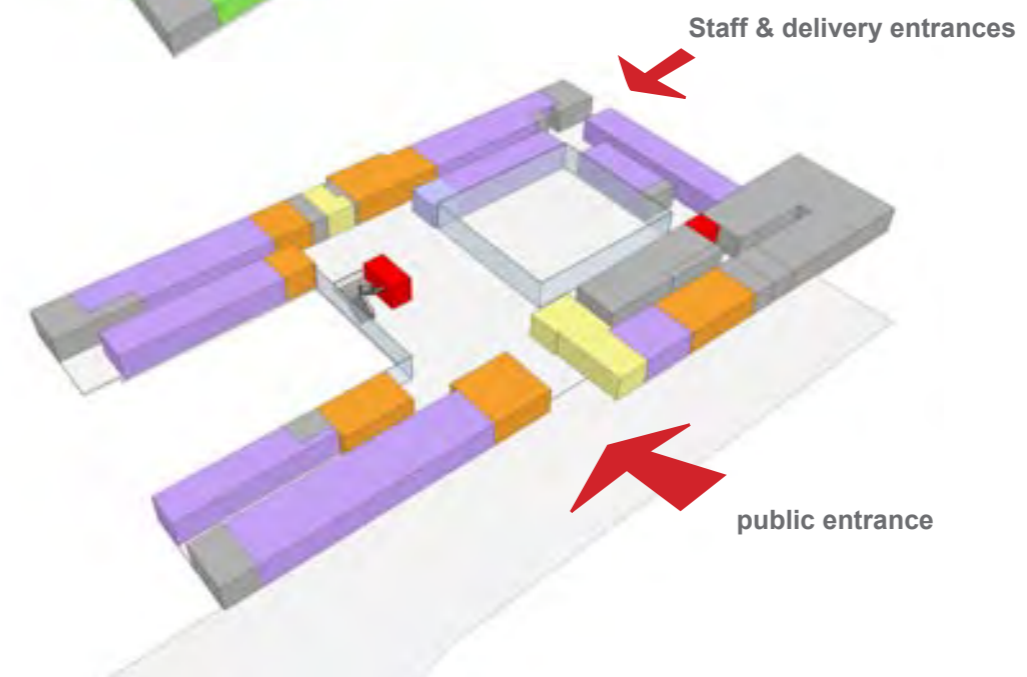
public entrance

Staff Entrance and Deliveries

delivery entrance

staff entrance

3rd sector zone

2.

group 3.

kitchen

4.

cafe

courtyard garden

cafe

info / internet

courtyard garden

1.

4.2 Ground Floor Plan

Main foyer and circulation
- entrance immediately adjacent drop off and disabled parking
- single public entrance with main reception immediately on arrival
- ease of orientation and way finding with public stairs, lifts and sub receptions clearly visible on arrival
- central cafe in main foyer with possibility of opening up to both courtyards
- 2 large group rooms and physio gym located adjacent entrance/ main foyer for ease of after hours use
- flexible 3rd sector accommodation comprising cafe, back of house kitchen, info zone, group rooms and variety of smaller meeting and interview rooms

Clinical and bookable rooms
- clinical zone controlled by central reception and comprising a variety of consulting, treatment, interview, meeting and group rooms offering a range of room sizes and character
- sub-waiting areas within the clinical zone offer informal interview rooms, waiting for relatives or a quiet space away from the busy main foyer
- childrens contact rooms in a discreet, more contained area with the possibility of using outdoor space either in the courtyard or the garden to the north

Podiatry and Physiotherapy
- Gym located to provide flexibility of use by community after hours
- Physiotherapy gym and treatment rooms open out onto courtyard garden with possibility of utilising outdoor space

Staff / Back of house Zone
- 2 duty rooms and a number of other bookable rooms in a discreet/secure location behind reception
- external / vehicular access to plant room
- back of house rooms and stores adjacent staff/service lift and stair
- discrete staff and delivery entrance to north elevation

View point for image opposite & grouping of rooms for after hours clinic

4.3 Foyer, cafe, community and out of hours use

On arrival at the main reception there are view out to both courtyards and the route to upper floors is clearly visible and welcoming

Cafe / foyer space
- centrally located and opens out to both courtyard gardens
- provides a sunny, daylit space where members of the public can linger after an appointment or wait for relatives without feeling they are interfering with services
- provides an information / internet zone for use both by the public and staff

Community / out of hours use
- Group rooms, meeting rooms, physio gym and public toilets accessed directly off the main foyer area to allow flexibility of use by the community out of hours
- Layout of clinical zone also allows groups of bookable rooms to be used out of hours whilst other areas are closed off

Out of hours / community use

3rd sector zone and viewpoint of image opposite

4.4 Third sector zone, & use of courtyard gardens

The third sector zone includes a variety of spaces - the cafe and its back of house kitchen, the info / internet zone and a variety of sizes of meeting, group and interview rooms, all accessed from the main foyer space. The size and character of the rooms and spaces would be developed in more detail at later stages.

The landscaping of the courtyard gardens will also be developed in more detailed with consultation with user groups. Possible use by physiotherapy and childrens departments would be explored, as well as outdoor space for the cafe.

Maintenance of the gardens by a 3rd sector group would be considered.

Examples of different courtyard characters

Consulting and Treatment Rooms

4.5 Flexibility and variety of character in clinical zone / bookable rooms

Within the clinical zone rooms vary in size, finishes, equipment and furnishing to suit each the of the services to be provided:

- clinical treatment rooms with finishes and furniture to satisfy infection control standards
- small, more intimate interview rooms
- larger group and meeting rooms
- treatment room and gym for physiotherapy
- rooms suitable for mental health clinics (vistamatic panels and outward opening doors)
- informal contact rooms for childrens and families (with observation room & 1-way mirror) - with possible access to outdoor play

Consulting Rooms & Treatment Rooms

Locations of Sub-waiting areas within clinical zone

At key points in the clinical zone there is the opportunity to provide sub-waiting areas with views of the courtyard gardens which can also function as informal group or interview areas. They also offer quieter withdrawal area, respecting the dignity of patients or relatives who need some time before going back to the main public foyer.

The childrens and families area forms a defined set of rooms, with its own more private subwaiting as an additional breakout space opening onto the enclosed courtyard.

These sub waiting areas would only be accessed by the public after being met and accompanied by a member of staff.

Informal sub-waiting areas

Bookable consulting, meeting and interview rooms

Labels on plan: bookable consulting rooms 1-7, recept 4, int 1, meet 2, meet 3

Orientation, wayfinding and organisation
- on arrival on the first floor the 4 receptions are clearly visible and of equal distance from the arrival point

Waiting area and receptions
- receptions paired to allow future flexibility
- daylit waiting areas have views across courtyards and also views of activity in the main circulation and foyer areas
- waiting areas are close to GP consulting rooms, minimising travel time for practitioners coming to collect patients
- waiting areas are visible form receptions, with overspill/shared waiting available in the central circulation area

Consulting rooms, staff circulation and flexibility
- Size and shape of consulting and treatment rooms are based on design developed in recent Lanarkshire study to allow maximum flexibility
- Standard module of consulting room continues behind reception and through admin areas to allow future conversion should practice size or requirements change
- Staff can access admin and back of house areas without going through public area
- Corridors broken by view out towards courtyards (views at ends possible either through stair or by reconfiguring stair)

Bookable consulting rooms
- Bookable consulting, meeting and interview rooms controlled by a fourth reception desk and adjacent staff arrival and circulation
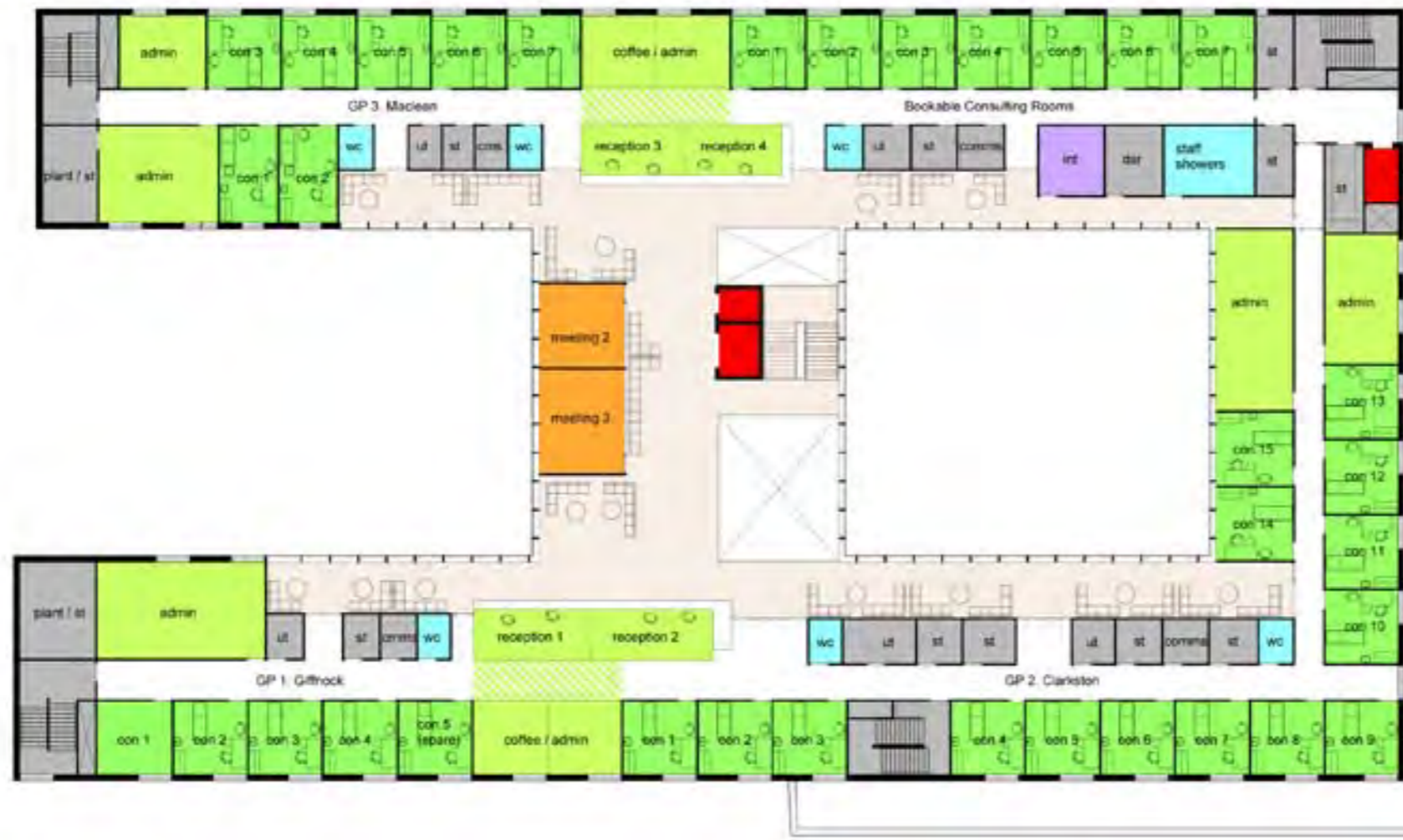
Standpoint for view opposite

4.7 Quality of Waiting Areas

Receptions are open with no need for glazed screens, and staff can withdraw to staff only zones to the rear of reception if threatened.

Waiting areas have good natural day light and although the waiting for each practice is in a clearly defined area there are views to activity in the main circulation and foyer cafe on the ground floor. There is additional shared waiting in the central area also serving the meeting rooms.

It is envisaged the meeting rooms on this floor will be used by GPs for staff meeting but are also bookable by other services.

GPs can also make use of the meeting rooms, library and staff rooms on the 2nd floor.

4.8 Second Floor Plan

Arrival and circulation
- 2 main points of arrival - either stair/lift from the public foyer or by staff stair/lift in north east corner
- options for control of access to be developed -
  - stopping main stair at first floor with only lift continuing up
  - fob controlled door at top of stair
- 3no. "staff only" stairs give teams direct access to clinical zone and back of house areas without going through public areas

Meeting and Staff rooms
- located at arrival point by central lift and stairs
- staff room and library / resource room located adjacent busiest circulation route and overlooking void with view down to main foyer
- staff room opens out to south facing roof terrace

Office layout
- open plan office broken up using small meeting rooms/ booth type desks
- working areas clearly defined and screened from circulation routes by storage walls
- typical desk layout shows with mix of "hotdesks ", "fixed desks", small meeting / interview rooms, informal working and breakout / tea prep area
- all hotdesk areas are adjacent private meeting rooms / booth desks
- all hotdesks are adjacent trolley storage walls
- senior staff located adjacent small meeting rooms with approx 3/4 ratio - to be developed at next stage

4.9 Mix of open plan and enclosed spaces

Hotdesk / agile working areas need careful consideration to function well:

- tend to be noisier than "fixed desk" areas with staff catching up with colleagues at different times of the day, so advantageous to have some degree of separation
- personal storage adjacent working area
- "booth desks" and/or small meeting rooms available for private conversations
- if "bench type" desks each work place most be adequately sized
- consideration given to how teams work together and interact - reflected in desk arrangements and options
- important that there is adequate desk numbers for busiest times
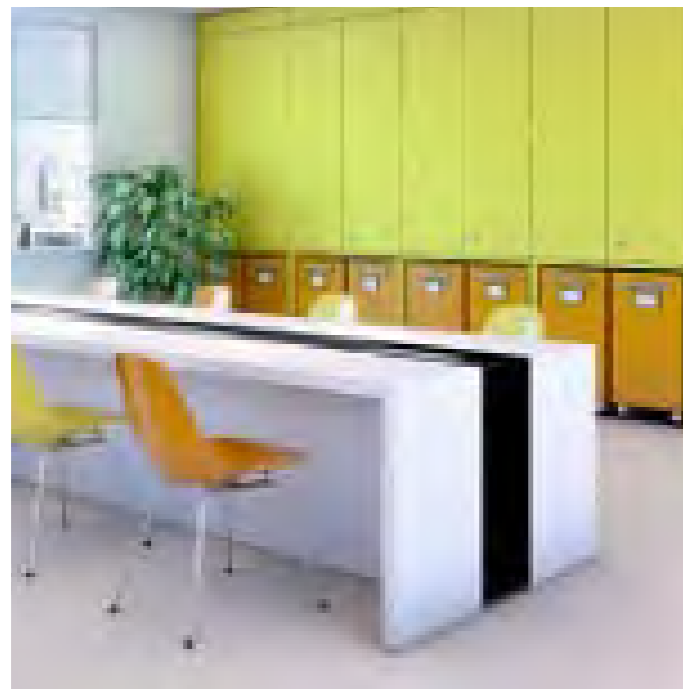
4.10 Breakout spaces and informal working

Small tea prep areas at key points within the office floor can provide convenient breakout spaces, allowing short breaks and interaction between colleagues.

Adjacent the breakout spaces there is the opportunity for informal working and meeting areas. Sliding doors / partitions could allow meeting rooms to open up as informal seating area when not in use.
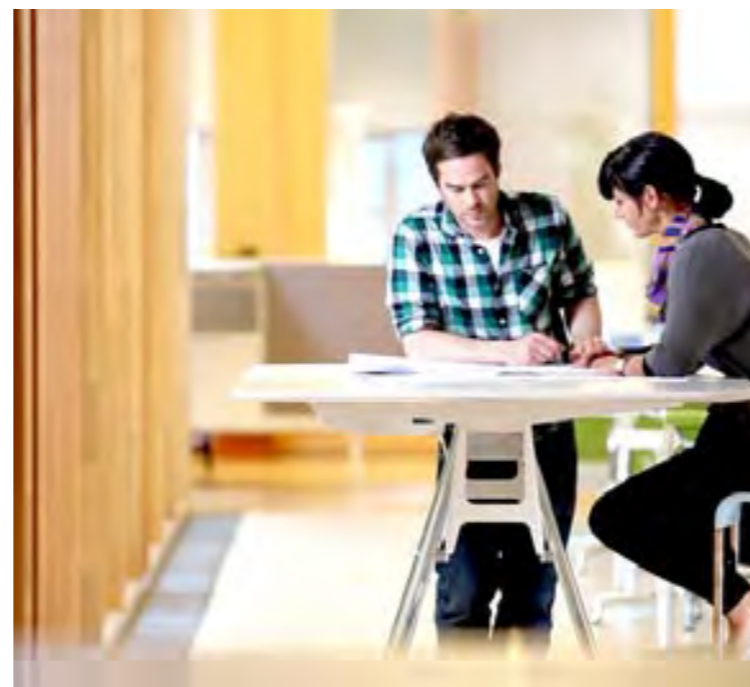
4.11 Meeting and training rooms

Meeting rooms are located adjacent the central vertical circulation on each of the 3 floors.
- ground floor meeting room allows public / 3rd sector use
- 2 meeting rooms + interview room on 1st floor convenient for GPs and again allows public use
- 3 larger meeting rooms on 2nd floor
- training room can be used as meeting room through use of adaptable desks
- sliding partition allows two linked rooms to be used as one extra large meeting space

Meeting flexibility - curtain to provide privacy when required

Meeting / training room flexibility

4.12 Staff room and library

In addition to tea prep areas within the departments, a central staff room is located adjacent the vertical circulation on the 2nd floor.

- a library / resource room is located adjacent the staff room
- the staff room provides a good quality environment for staff breaks and informal meetings and opens out onto a south facing roof terrace
- the staff room is collocated with the larger bookable meeting rooms allowing these to be used to support various staff events and training.

Outdoor staff terrace

Library / resource room

Shared staff room

+7.50

+7.50

+0.00

+0.00

+1.00

4.14 Material and Specification

External materials

Red brick has been proposed to tie in with the adjacent Victorian railway bridges and station. This will age well and give the building a robustness and sense of civic permanence. Panels of untreated timber cladding add relief to the brick facades and are generally located as part of window openings, in sheltered locations protected by soffits or as panels within the curtain walling system. The timber would be detailed to weather naturally without ongoing maintenance or treatment..

Cellular rooms would have high spec timber windows (Nordan or similar) and public areas curtain walling with structural timber back boxes. Opening timber side panels would provide natural ventilation.

Landscaping

The arrival area leading form the main road would be paved as a public plaza, with shared surface paving continuing over the drop off zone and disabled parking zone signally pedestrians priority over vehicles.

Elsewhere paving would clearly delineate between vehicle and pedestrian areas. The garden courtyards would be landscaped to offer an attractive green outlook - the detailed design depending on the agreed maintenance policy.

Internal finishes

Public areas would have robust finishes appropriate to levels of traffic, with natural materials such as timber and natural linoleum contributing to a healthy environment. Ease of cleaning, infection control and maintenance are key considerations, particularly in clinical rooms. Consideration would be given to items such as wall protection and additional barrier matting to save on lifecycle costs.

Service	Title	Description	WTE Staff	Number of	Area	Total	Comment/Assumptions	Impact Factor	Revised Total	GHA area	diff	comment
District Nurse	Office	Outreach Staff DNs & ANPs	28	6		168.00	Agile Working 50%	50%	84			
District Nurse	Admin support	Admin	0	0	0	0.00			0.00			
District Nurse	Storage	Storage		0	36	36.00			36.00			
District Nurse	Students			4	6	24.00			12.00			
District Nurse Total						228.0			**132.00**	**132.00**	**0.00**	
Health Visitor/SN	Office	HV Outreach Staff	?	9	6	54.00	Agile Working 50%	50%	27			
Health Visitor/SN		SN Outreach staff	?	4	6	24.00	Agile Working 50%	50%	12			
Health Visitor/SN	School Nursing	School Nurses	?	3	6	18.00	Agile Working 50%	50%	9			
Health Visitor/SN	Admin support	School Nurse Records	1	2	6	12.00			12.00			
Health Visitor/SN	Storage	HV Storage			9	9.00			9.00			
Health Visitor/SN	Storage	SN Records			15	15.00			15.00			
Health Visitor/SN Total						132.0			**84.00**	**84.00**	**0.00**	
Physio and Pod	Podiatry Treatment Room 1		5	1	16	16.00				15	-1	
Physio and Pod	Podiatry Treatment Room 2			1	16	16.00				15	-1	
Physio and Pod	Podiatry Treatment Room 3			1	16	16.00				15	-1	
Physio and Pod	Podiatry Treatment Room 4			1	16	16.00				15	-1	
Physio and Pod	Podiatry Treatment Room 5			1	16	16.00				15	-1	
Physio and Pod	Workroom				17.5	17.50				15	-2.5	same module as consulting
Physio and Pod	Utility / large store /plant				0	0.00				11	11	additional room
Physio and Pod	Physio treatment area and Office		2	8	6	48.00				32	-16	office and separate trmt not included
Physio and Pod	Physio Gym				30	30.00				30	0	
Physio and Pod	Physio Gym Store				0	0.00				4	4	additional room
Physio and Pod	Computer area				0	0.00				19	19	adjacent treatmt - partly circulation
Physio and Pod	Triage Office				6	6.00				9	3	shared with podiatry
Physio and Pod	Stores				0	0.00				5	5	cruthches / etc / records
Physio and Pod	Records				3.5	3.50				0	-3.5	included in reception/store
Physio and Pod	Reception and records		1.5	2	9	18.00				14	-4	
Physio and Pod	Waiting Area				15	15.00				20	5	
Physio and Pod	Disabled Toilet				5	5.00				4	-1	
Physio and Pod Total						223.00			**223.00**	**238.00**	**15.00**	
Clinical Zone	Consulting room 1				15	15.00				15	0	
Clinical Zone	Consulting room 2				15	15.00				15	0	
Clinical Zone	Consulting room 3				15	15.00				15	0	
Clinical Zone	Consulting room 4				15	15.00				15	0	
Clinical Zone	Consulting room 5				15	15.00				15	0	
Clinical Zone	Consulting room 6				15	15.00				15	0	
Clinical Zone	Consulting room 7				15	15.00				15	0	
Clinical Zone	Consulting room 8				15	15.00				15	0	
Clinical Zone	Clinical Procedures Room 1				18	18.00				17	-1	
Clinical Zone	Clinical Procedures Room 2				18	18.00				17	-1	
Clinical Zone Total						156.00			**156.00**	**154.00**	**-2.00**	
Public spaces	Interview Rooms (NHS 30% split)			5	10	50.00				60.00	10.00	5 interview @ 12m2
Public Spaces Total						50.00			**50.0**	**60.0**	**10.0**	
Diabetes Care	DSN	NHS	1	1	6	6.00	Agile Working 50%	50%				
Diabetes Care Total	Records Storage (Not separate)	NHS ***REMOVED***			4	0.00						
Diabetes Care Total						6.00			**6.0**	**6.0**	**0.0**	
Pharmacy Support	Prescribing Support Notional Area	Manager & PSPs		5	30	30						
Pharmacy Support						30	Agile Working 50%	50%	**15.0**	**15.0**	**0.0**	
OAMHT	Consultant Psychiatrist	Office	?	2	8	16.00						
OAMHT	Office	Admin	?	4	6	24.00						
OAMHT	Records store/drugs store	Records	?	7	5	5.00						
OAMHT	Office	Junior med, CPN and	?	7	6	42.00						
OAMHT	Office	Outreach (inc assertiv	?	5	6	30.00						
OAMHT Total						117.00			**117.0**	**117.0**	**0.0**	
PCMHT	Office	Outreach		8	6	48.00	Agile Working 50%	50%	24		0	
PCMHT	Office Admin (not separate)	Outreach		1	6	6.00			6.00		0.00	
PCMHT Total						54.00			**30.0**	**30.0**	**0.0**	
NHS Admin	Notional Area			9	6	54.00				54	0	
NHS Admin	NHS Store 1				20	20.00				0	-20	included in storage elsewhere
NHS Admin	NHS Store 2				15	15.00				0	-10	included in storage elsewhere
NHS Admin Total						89.00			**89.0**	**54.0**	**-30.00**	
NHS Directly Managed Services TOTAL						1085.00			**902.0**	**890.0**		
ERC Managed Services												
RES Cluster (+ homecare)	Notional area	not including DNs & A	?	41	6	246.00	Agile Working 50%	50%	123	123	0	
RES Service	Managers			2	6	12.00			12.00	12.00	0.00	
RES Cluster 1						258.00			**135.0**	**135.0**	**0.0**	
RES Cluster (+homecare)	Notional Area	not including DNs & ANPS	41	6		246.00	Agile Working 50%	50%	123		0	
Enablement Service	Managers			2	6	12.00			12.00		0.00	
RES Cluster 2						258.00			**135.0**	**135.0**	**0.0**	
Learning & Development	Communal Area			8	6	48.00	Agile Working 50%	50%	24	24	0	
		Area Reduced to 40m²		10	4	40.00			40.00	40.00	0.00	2nd floor doubles as meeting room
Learning & Development Total						88.00			**64**	**64**	**0**	
Childrens Services	Communal Area			26	6	156.00	Agile Working 30%	70%	109.2	109	0	
Childrens Services	Managers			4	6	24			24	24	0	
Contact Room	Therapy Room (One Way Mirror to Obs	Child Friendly			15	15.00			15.00	15.00	0.00	
Observation Room					12	12.00			12.00	12.00	0.00	
Contact Room	Therapy Room (One Way Mirror to Obs	Child Friendly			15	15.00			15.00	15.00	0.00	
Children's Services Total						222.00			**175.2**	**175.0**	**0.0**	
Business Support	Notional Area			25	6	150						
Business Support						150	Fixed		**150**	**150**	**0**	split between ground and 2nd floors
Community Zone	Third Sector/Customer First/ Comm Caf	***Area Reduced to allow***			210	210.00			210.00	213.00	3.00	cafe, servery,seating info, kitchen, meeting rooms
Community Zone	Group Room	*** Additional Room***			40	40.00			40.00	40.00	0.00	ground floor
Interview	Interview Rooms (ERC 70% Split)			12	10	120.00			120.00	155.00	35.00	12 rooms on ground variety sizes12-15m2
Intervention 1	Service Delivery room				15	15.00			15.00	15.00	0.00	
Intervention 2	Service Delivery room				15	15.00			15.00	15.00	0.00	
Intervention 3	Service Delivery room				15	15.00			15.00	15.00	0.00	
Intervention 4	Service Delivery room				15	15.00			15.00	15.00	0.00	
Intervention 5	Service Delivery room	*** Additional Room***			15	15.00			15.00	15.00	0.00	
Intervention 6	Service Delivery room	*** Additional Room***			15	15.00			15.00	15.00	0.00	
Intervention 7	Service Delivery room	*** Additional Room***			15	15.00			15.00	12.00	-3.00	
Intervention 8	Service Delivery room	*** Additional Room***			15	15.00			15.00	12.00	-3.00	
Community & Intervention						490.00			**490.00**	**522.00**	**32.00**	
ERC Managed Space TOTAL						1466.00			**1149.2**	**1181.0**		
CHCP Senior Management and Supporting Management												
SMT	Director	Office		1	11	11						
SMT	Heads of Service	Office		3	6	18.00						
SMT	Managers	Notional Area		8	6	48.00						
SMT Total						77			**77.0**	**77.0**	**0.0**	
Finance	Office Admin	Admin & Finance Notional		10	6	60.00						
Finance Total						60.00			**60.0**	**60.0**	**0.0**	
Planning & Commissioning	including Health Improvement											
	Teams	Notional Area		26	6	156.00	Agile Working 50%	50%	78.0			
Planning & Commission total						156.00			**78.0**	**78.0**	**0.0**	
CHCP Senior Management and Supporting Management TOTAL						293.00			**215.0**	**215.0**	0.00	
Shared Space for All Services			Need to clarify percentage apportioned to each service are GPs included… is it purely NHS/ERC?									
Public spaces	Main Foyer/Café				360	360.00				257	-103	cafe included in 3rd sector
Public spaces	Front reception				18	18.00				17	-1	
Public spaces	Breast feeding room				15.5	15.50				15	0	
Public spaces	Patient Change/Toilet				10	10.00				10	0	
Public spaces	Parent and Child changing				10	10.00				10	0	
Public spaces	Toilets				48	48.00				28	-20	more WCs on 1st and 2nd
Public spaces	Changing Places Public Toilet				12	12.00				11	-1	
Public spaces	Spiritual Care Room				15	15.00				13	-3	
Staff spaces	Hot Desk Zone ** REMOVED **	Included within Café Area			0	0.00				0		
Clinical Zone	Reception	duced from 20m² to 14m²			14	14.00				17	3	

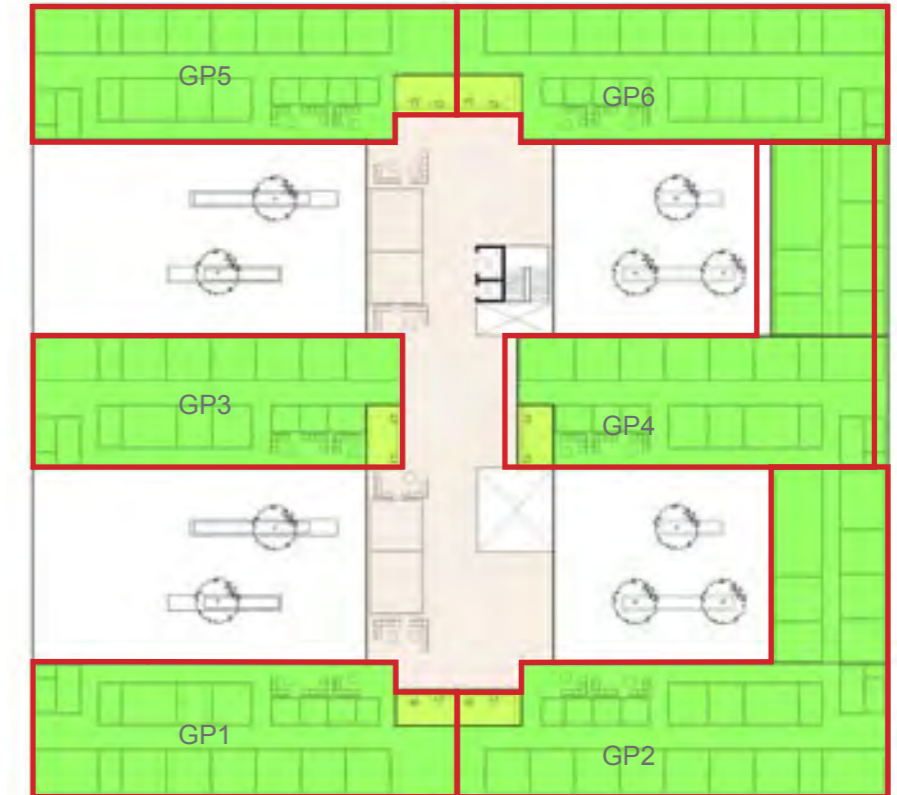| Service	Title	Description	WTE Staff	Number of	Area	Total	Comment/ Assumptions	Impact Factor	Revised Total	GHA area	diff	comment
Clinical Zone	Store to reception									3	3	could be increased and receptio decreased
Clinical Zone	Waiting Area				30	30.00				0	-30	included in main foyer
	Disabled WCs				0	0.00				12	12	3No WCs - one ineach "wing" adjacent trmt and kids
Clinical Zone	Subwait within clinical				0	0.00				20	20	additional room (relatives waiting / pateint quiet area etc)
Clinical Zone	Subwait adjacent childrens				0	0.00				11	11	breakout/dignity space
Clinical Zone	Store etc				0	0.00				10	10	store within clinical zone
Clinical Zone	Store etc				0	0.00				15	15	store within clinical zone
Clinical Zone	Small store				0	0.00				3	3	3No stores within clinical zone
Staff spaces	Staff room				80	80.00				47	-33	
Staff spaces	tea prep/breakout				0	0.00				32	32	2No breakou/tea prep within admin
Staff spaces	library				0	0.00				22	22	shared with GPS
Staff spaces	Shower room				6	6.00				13	7	Shared with GPs
Staff spaces	Group room	Health Education Room			40	40.00				42	2	
Staff spaces	Group room store				0	0.00				5	5	
Staff spaces	Meeting Room 1				40	40.00				36	-4	second floor - can be combined
Staff spaces	Meeting Room 2				30	30.00				30	0	second floor - can be combined
Staff spaces	Meeting Room 3				30	30.00				25	-5	first floor
Staff spaces	Meeting Room 4				20	20.00				23	3	ground floor
Staff spaces	Meeting Room 5				20	20				20	0	first floor
Staff spaces	Meeting Room stores				0	0				7	7	first floor
Facilities	DSR Room x 4	1 per floor			44	44.00				44	0	2No grmd floor. 1No 1st, 1No 2nd
Facilities	Mail Room	*** Additional Room**			8	8.00				20	12	Mail + Extr storgae
Facilities	Workroom				12	12.00				15	3	
Facilities	Communications room				20	20.00				12	-8	
Facilities	Disaster Recovery/SafetyNet				10	10.00				13	3	
Facilities	Clincial waste				0	0.00				8	8	store adjacent delivery entrance
Facilities	Delivery stores				0	0.00				20	20	stores adjacent delivery entrance
Facilities	Plant				0	0.00				150	150	main plant room
Shared Space TOTAL						**892.50**			**892.5**	**1036.0**		
GPs												
			16									
Clarkston Medical Centre x 2 practices sharing												
	Consulting Rooms x 9	GP 15m² p/room		9	15	135.00			135.00		0.00	square module based on Lanark research
	Consulting Rooms x 4	Practice Nurse 15m² p/room	4	15	60.00			60.00		0.00	square module based on Lanark research
	Consulting Room	Treatment Room	1	15	15.00			15.00		0.00	square module based on Lanark research
	Consulting Room	Audit Nurse/Phlebotomist	1	15	15.00			15.00		0.00	square module based on Lanark research
	Office	Practice Manager	1	15	15.00			0.00		-15.00	included in office/admin
	Office	Admin	5	6	30.00			64.00		34.00	may be divided to provide mangers office
	Reception Area		10	6	60.00			46.00		-14.00	incl possible tea prep in shared accomm
	Records Area **REMOVED**	Patients Records			0.00			0.00		0.00	
	Waiting Area	Patients		36	36.00			58.00		22.00	could partly considered circulation
	Meeting Room	Shared with other practices	7.5	7.50			0.00		-7.50	included in shared accommodation
	Locker/Shower Room/Toilets	Shared with other practices	20	20.00			0.00		-20.00	included in shared accommodation
	Copier and Comms Room			8	8.00			8.00		0.00	
	Public Toilets x 2	Male & Female @ 4m²	2	4	8.00			8.00		0.00	
	Store	Small		2.5	2.50			5.50		3.00	
	Store	Small		2.5	2.50			5.50		3.00	
	Store	Large		10	10.00			10.00		0.00	
	Store	Large		10	10.00			10.00		0.00	
	Stff room and library			20	20.00			0.00		-20.00	included in shared accommodation
	Interview Room			10	10.00			0.00		-10.00	included in shared accommodation
Clarkston Medical Centre x 2 practices sharing						**464.50**			**464.5**	**440.00**	**-24.50**	
Maclean Practice Branch												
	Consulting Rooms x 6	GP 15m² p/room	6	15	90.00			90		0	square module based on Lanark research
	Consulting Rooms x 1	Practice Nurse 15m² p/room	1	15	15.00			15		0	square module based on Lanark research
	Office **REMOVED ***	Practice Manager	1	15	0.00			0		0	
	Comms and Copier			8	8.00			8		0	
	Office	Senior Receptionist		9	9.00			0		-9	included in office/admin
	Office	Admin (4 Staff)	4	6	24.00			44		20	
	Storage			15	15.00			15		0	
	Storage	Practice Nurse		10	10.00			10		0	
	Meeting Room	Shared with other practices	7.5	7.50			0		-7.5	included in shared accommodation
	Reception Area		4	6	24.00			39		15	incl possible tea prep in shared accomm
	Waiting Area	Patients		26	26.00			31		5	
	Records Area **REMOVED**	Patients Records			0.00			0		0	
	Public Toilets x 2	Male & Female @ 4m²	2	4	8.00			8		0	
	Staff Room/Library			20	20.00			0		-20	included in shared accommodation
	Locker/Shower Room/Toilets	Shared with other practices	20	20.00			0		-20	included in shared accommodation
	Interview Room			10	10.00			0		-10	
Maclean Practice Branch						**286.50**			**286.50**	**260.00**	**-26.50**	
Sheddens												
	Consulting Rooms x 2	GP 15m² p/room	2	15	30.00			30		0	
	Consulting Rooms x 1	Practice Nurse 15m² p/room	1	15	15.00			15		0	
	Bookable Consulting Room 1	*** Additional Room***	1	15	15.00			15		0	
	Bookable Consulting Room 2	*** Additional Room***	1	15	15.00			15		0	
	Bookable Consulting Room 3	*** Additional Room***	1	15	15.00			15		0	
	Bookable Consulting Room 4	*** Additional Room***	1	15	15.00			15		0	
	Interview room				0.00			12		12	additional room
	Consulting Rooms x 1 **REMOVED**	Treatment Room	1	15	0.00			0		0	
	Office	Practice Manager	1	15	15.00			0		-15	included in office/admin
	Office **REMOVED**	Typist & Reception Staff	3	6	0.00			0		0	
	Reception Area		3	6	18.00			39		21	incl possible tea prep in shared accomm
	Records Storage **REMOVED**	Patient Records		20	0.00			0		0	
	Waiting Area	Patients		20	20.00			46		26	includes overflow GP waiting and waiting for meeting rooms
	Staff Room			20	20.00			0		-20	included in shared accommodation
	Meeting Room	Shared with other practices	5.3	5.30			0		-5	included in shared accommodation
	Locker/Shower Room/Toilets			13	13.00			0		-13	included in shared accommodation
	Public Toilets x 2	Male & Female @ 4m²	2	4	8.00			4		-4	
	Store	Medical		8	8.00			7		-1	
	Store	Stationary etc		10	10.00			9		-1	
Sheddens						**222.30**			**222.30**	**222.00**	**0.00**	
Giffnock												
	Consulting Rooms x 3	GP 15m² p/room	3	15	45.00			45.0		0.0	
	Consulting Rooms x 1	Practice Nurse 15m² p/room	1	15	15.00			15.0		0.0	
	Office	Practice Manager	1	15	15.00			15.0		0.0	
	Comms & Copier			8	8.00			9.0		1.0	
	Office **REMOVED**	Senior Receptionist	1	9	0.00			0.0		0.0	
	Office	Admin x 5	5	6	30.00			20.0		-10.0	
	Storage			15	15.00			15.0		0.0	
	Storage	Practice Nurse		10	10.00			10.0		0.0	
	Meeting Room	Shared with other Practices	7.5	7.50			0.0		-7.5	included in shared accommodation
	Reception Area		2	6	12.00			40.0		28.0	incl possible tea prep in shared accomm
	Waiting Area	Patients		22	22.00			21.0		-1.0	
	Records Area **REMOVED**	Patients Records		22	0.00			0.0		0.0	
	Public Toilets x 2	Male & Female @ 4m²	2	4	8.00			8.0		0.0	
	Staff Room / Library			20	20.00			0.0		-20.0	
	Locker/Shower Room/Toilets	Shared with other Practices	20	20.00			0.0		-20.0	
	Interview Room			10	10.00			0.0		-10.0	
Giffnock						**237.50**			**237.5**	**198.00**	**-39.50**	
							1210.80					
GP Total Space									**1210.8**	**1120.0**		
Circulation etc												
General circulation									1212.0			
Service risers / lifts etc									306.0			including internal walls
									1518.0			
									1518.0			
NHS									902.0	890.0		
ERC									1149.2	1181.0		
CHCP									215.0	215.0		
SHARED									892.5	1036.0		
GP									1210.8	1120.0		
Total									**4369.5**	**5960.0**		

- 4 GP Practice Layout.

- 3 GP Practice Layout.

- 2 Large GP Practice Layout.

- 2 GP Practice Layout: Single Public Floor.

- 6 GP Practice Layout.

4.16 Adaptability & Scalability of Reference Design

Serving as a reference model for future Community Health & Care Centres, the organisational layout allows for several variations to the overall building footprint. These variations allow the design to be constructed in a configuration which accommodates a range of requirements in terms of both number of practices and the size of these practices.

A centrally organised public circulation 'core' allows the length of each wing of accommodation to be varied to suit the briefing needs of a specific project. The two courtyards provide generous natural light and controlled views to a landscaped exterior throughout the footprint. In addition the courtyards provide the opportunity to extend between the wings, enclosing the external courtyard spaces.

Further adjustments to the Reference Design include reducing the public floors to a single ground floor level, accommodating 2 GP surgeries in addition to treatment rooms and clinics.

Extending the layout allows the proposed design to accommodate a total of 6 GP surgeries organised around 4 external courtyard spaces and a single central core.

- 4 Small GP Practice Layout.

- 3 GP Practice Layout.

- 4 Medium GP Practice Layout.

- 4 Large GP Practice Layout.

Overview: integrated design approach

An integrated approach to services design: primary tasks for the Design Team are to satisfy the briefing objectives, minimise use of energy, and meet the operational challenges of a busy health centre. This can be achieved through integrated architectural, structural and services design.

Passive Design and energy efficiency

The brief from Hub West highlights the intention to achieve BREEAM rating of Very Good or Excellent and a minimum EPC rating of B+. Passive design elements will be incorporated into the architecture and structure, and supported with highly efficient but cost effective building services systems to achieve the specified targets. Key features of our Stage C proposal are defined below.

Thermal performance and airtightness

- High standards of insulation to improve thermal performance for walls and roof and floors. Similarly high standard to be applied to the glazing systems.
- Building to be constructed and tested to a high standard of airtightness - to keep unwanted heat loss to a minimum.
- Use of exposed thermal mass (e.g. concrete soffit) throughout the 2nd floor office areas, for passive cooling.
- Natural ventilation, daylight and solar shading
- Manually controlled opening windows to the majority of clinical rooms and ancillary spaces, plus non-glazed ventilation openings where appropriate) Option for use of Teleflex winders or motorised actuators for high level openings (could be automated or manual). High and low level natural ventilation openings for the main Atrium space, to maximise Stack Ventilation on windless days.
- Wind-driven roof vents to be considered for natural ventilation of the 2nd floor corridor and atrium spaces. Would require roof access for maintenance.
- Good use of natural daylight throughout the scheme; majority of spaces have excellent access to natural daylight – see GHA building layouts.

Internal blinds throughout to allow local control of glare.
- Solar shading to be considered in Stage D to protect larger areas of east/west/south-facing glazing against unwanted solar gain.
- BREEAM Approach
- The project will require early input from the BREEAM assessor to identify targets and available credits, to achieve the specified target of Very Good or Excellent
- Good passive design measures will help to gain Energy credits through reduction in carbon footprint
- The brief indicates that renewable energy generation systems will not be added to the project
- Opportunity for significant score from credits in Health and Wellbeing, Transport (e.g. excellent access to public transport), Materials, Waste and Pollution sections.

Servicing strategy

Building services systems throughout the Health Centre will be unobtrusive, robust and reliable.
The heating system, mechanical ventilation systems and water services systems will be designed to meet estimated loads while achieving very high energy efficiency targets. All mechanical, electrical and plumbing systems are to be easy to service and have simple, effective, intuitive control systems. Energy monitoring and fault monitoring systems will be implemented to suit the specific requirements of the client and appointed FM contractor.
High level distribution routes will extend from the main plantroom and electrical room (south east portion of ground floor plan). External access to the main plant spaces will facilitate maintenance without interfering with the daily operations of the centre.

Above Ground Drainage

- HDPE acoustic waste water system used for all above ground drainage (robust, resistant, avoids use of PVC to gain BREEAM credits)
- Stacked drainage routes with SVPs through roof (avoid use of AAVs wherever possible to reduce maintenance)
- Rainwater drainage runs internal to the curtain wall, fully insulated

(alternative option is to have recessed downpipes).

Heating System

- High efficiency gas condensing boilers as primary heat source – with an option for Ground Source Heat Pumps to be appraised during Stage D
- Zoned temperature control of each space – robust effective control system , correctly commissioned for maximum energy efficiency
- Low Surface Temperature Radiators in the majority of consulting rooms and ancillary spaces
- Under-floor heating in open areas e.g. main foyer/atrium, reception areas and waiting room areas.
- Low Temperature Hot Water distribution system with steel pipework and zoned variable flow control (2-port control valves) designed to minimise return temperatures, and to achieve maximum boiler efficiency.
- New incoming gas service to be fitted with a utility meter with a digital output, connected to the BMS for energy monitoring.

Hot and Cold Water

- Compact cold water storage tank and booster set, copper pipework to all outlets
- Twin hot water storage cylinders, fed via heat exchangers from the boilers
- Hot water return loop to minimise dead-legs and control legionella
- Hot water cylinders sized to meet 67% of load each, to allow for cleaning and servicing.
- Alternative option of a direct plate heat exchanger for hot water generation will be investigated in Stage D.
- Water efficiency achieved through use of low flow outlets and PIR taps; TMV3 thermostatic valves at all hot water outlets.
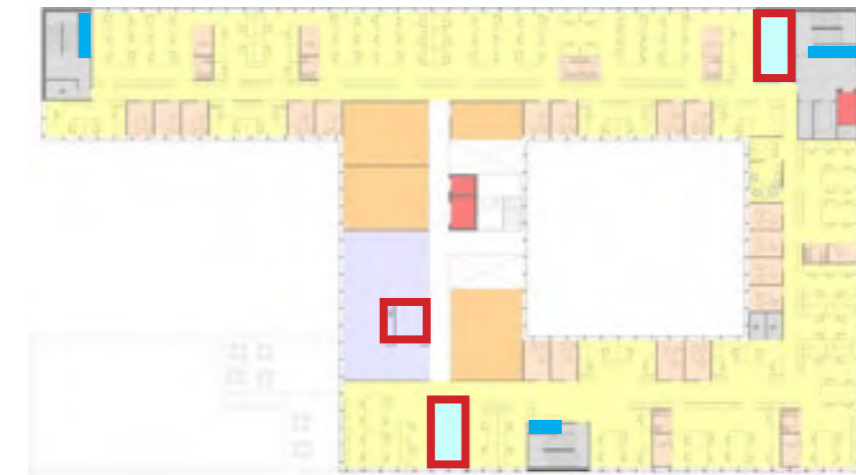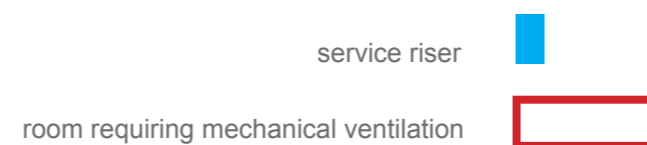
Mechanical Ventilation Strategy

- Majority of spaces to be naturally ventilated via opening windows (see section on Natural Vent above)
- WC extracts to be twin-fan type, duty and standby, exhausted through the roof.

- Café on ground floor to have a stand-alone supply system and kitchen extract system, routed to the roof to prevent catering smells dissipating through the building
- Internal spaces with no access to façade will be ventilated using reliable cost-effective supply and extract systems with cross-flow heat exchanger technology; this strategy also applied to podiatry rooms.
- High occupancy areas such as meeting rooms on 2nd floor to be assessed for risk of overheating (e.g. due to combined occupancy loads and solar gain) and mechanical cooling (DX) systems deployed sparingly to meet cooling loads.

Electrical Distribution and Services

- New incoming electrical supply, estimated at 200A to 400A range
- MCCB panel board for cost-effective main switch panel
- Electronic adjustable MCCBs, serving armoured sub-main cables to local Distribution Boards (DBs)
- Split power and lighting DBs with digital sub-metering
- Proprietary energy monitoring system to suit client requirements; monitors all data from MODBUS enabled electricity sub-meters plus gas and water meters.
- All WCs to be fitted with alarm systems
- Security, Access Control and CCTV system requirements to be developed in Stage D through detailed briefing meetings with the Client.

Max Fordham January 2013

service riser

room requiring mechanical ventilation

Building Form:

The layout and form of the building offers an opportunity to explore differing structural framing options, with only cellular masonry construction precluded due to the disproportionate collapse risk grouping making it difficult to tie together.

A steel frame with composite concrete floor slabs would be a conventional solution and probably provides a good base-line cost for comparison of other materials. A concrete frame would work as well with some structural steel framing required at the atrium space. A lightweight steel frame would be used for a clear-span top floor. Concrete walls would surround the plant room to create a retaining structure built in to the slope.

The modular room layout with central corridor suggests there will be an opportunity to explore larger solid panel timber products to create either full-room stacked modules or off-site production of panels. Timber systems that could be explored include Cross-Laminated-Timber products or pre-finished wall panels. Finishes would have to be applied to the timber modules to create a hygienic environment, which would be explored as part of a Stage D design study. Some steel framing would be required around the atrium space and on the top floor but this would not be difficult to incorporate. A design study would be a useful method of encouraging contractors to investigate and cost other options in comparison to the base-line solution.

Ground Conditions:

An initial desktop study suggests that the ground throughout the site is made ground, potentially from demolition arising from the removal of the railway embankment. Fill material would need to be investigated to find out the depth (for foundation design) and any residual contamination issues that would need to be remediated prior to constructing the new building.

Some borehole records exist for the site but they are currently confidential. We have asked for these to be made available.

Past mine workings could be a potential issue with this site, and robust site investigation should be carried out to determine the level of risk involved in mining or contamination, along with the suitability of existing ground for bearing foundations and roads.

External Works:

The site is generous in size and should be able to accommodate the required SUDs drainage elements to help treat surface runoff on site. Fill material will need to be investigated for suitability for road construction purposes, but due to the fact there is existing car parking on the lower site it is not envisaged that this will be of concern, and that the external works will be reasonably straightforward to construct.

David Narro Associates
January 2013

7.1 Approach to Life Cycle Costs

Whole Life Cycle Costing has become increasingly important in the long-term management of new and refurbished assets. This has resulted in the development of formal guidance by the British Standards Institute and their European counterparts. However, Davis Langdon (DL) recognise that this guidance at times is complicated and conflicting and the DL approach seeks to introduce clarity and simplicity in the analysis and planning of the component parts, which make up a successful whole life cycle cost analysis.

Whole life cycle costing is the systematic consideration of all relevant costs and revenues associated with the development and operation of the facility to produce a whole life cycle cost plan for the building. As a methodology, this would enable optimised investment decisions to be made based on the whole cost of ownership over the business plan lifecycle; for example, investing more capital cost in the fabric of the building to reduce long-term energy costs or installing security cameras at strategic positions to minimise the requirement for security staff. Formal life cycle costing follows a series of key stages, which we implement in parallel with the capital cost planning processes.
Money spent on a good design can be saved many times over in the construction and maintenance costs. An integrated approach to design, construction, operation and maintenance with input from constructors and their suppliers can improve health and safety, sustainability, design quality, increase buildability, drive out waste, reduce maintenance requirements and subsequently reduce whole-life costs.

It has been proven that the utilisation of higher quality products, which may have a higher capital cost, during the initial construction phase leads to longer life expectancy of the built asset, and in some circumstances reduced maintenance costs which can ultimately lead to a more cost effective solution over the building life. It is essential to consider long-term maintenance at the earliest opportunity in the design process, as most of the requirements and ultimately the cost of running, maintaining and repairing a facility are fixed through design decisions made during the early part of the design process. Another key part of any whole-life cost assessment must be to address the sustainability aspects of the facility. In some area, there are clear links between whole—life costs and sustainability, such as the direct costs of energy usage
In summary time and effort spent on the design stage to optimise the whole life costs will present significant opportunities to minimise operational expenditure downstream.

Benefits of an integrated approach to Whole life costing

Within the design team we have a common mindset of minimising the Whole Life Cost (WLC). This allows an integrated approach to be taken to product and design evaluation to ensure the WLC are optimised. Designs are being evaluated not only on technical specifications, but also in financial ways. To support design decisions we're using advanced models to give insight in the WLC. i.e. Construction costs, maintenance costs, expected renovation costs, interest, sustainability considerations etc. are all considered comparing the WLC of the different design options.

A collaborative approach is key throughout the whole project and especially at the inception and design stage, where dialogue between the different design professionals - architects, engineers, sustainability advisors, whole life cost consultants and others - working together from the outset is essential.
All parties in the design process, including where applicable material and component suppliers and special suppliers, need to have reliable data on the operational costs of their products, including running and maintenance costs. The key objectives of this integrated approach can be summarised as follows:

• Involving the integrated project team early on so that they can advise how the design will affect cost, health and safety during construction and in use, speed of construction and the operational efficiency of the completed facility.
• Taking early account of the needs of the key stakeholders and expected users of the facility in order to avoid costly design changes at a later stage
• Making sustainability of the completed facility a priority, taking full account of its whole-life costs
• A regime where continuous improvement can be demonstrated.
• Ensuring the project team is responsible for proving the accuracy of their cost predication of running costs.

Defining what demonstrates value for money to the client

Demonstrating an optimised whole life cost solution is usually considered in relation to quality in meeting the business need, in order to determine value for money. Different solutions to meeting the business needs could result in significantly different cost profiles and contract duration; appraisal of options needs to be flexible enough to compare different approaches, including financial and non financial requirements.

Identifying operational requirements and costs
The operational cost model shall consider a quantified estimate of running, maintenance and other support costs of operating the proposed building, including the costs of disposal. To enable a like for like comparison, the costs will be demonstrated on a net present value basis in line with the HM Treasury's Green Book guidance.
Once the operational costs have been developed they will be benchmarked against comparable projects, which typically utilises a standard industry comparator of pounds per meter squared per annum (£/m2/pa). Where costs are outside of the expected benchmark range, either lower or higher

then further evaluation is required to determine whether any project specific parameters are driving these variations and whether these parameters are demonstrating value for money.

Developing a whole life cost model

The whole-life cost model for a specific project will be developed and subsequently updated by different parties according to the project stage reached and the form of procurement adopted. Integrated project team members work together on updating the model. At project inception, the model might be developed in-house or by an independent client advisor, whereas in later stages the bidder may be required to develop their own whole-life cost models with the project team or their advisors evaluating the models.

The aim is that the whole-life cost model should include every cost likely to be incurred in respect of the facility from inception to disposal.This will include construction costs, operations, cleaning, maintenance, alterations, disposal and risk analysis

Presentation of Whole Lifecycle Costs

Davis Langdon recognise that the process for the development of whole lifecycle costs can be complicated but that the output from these analysis must be clear and concise to all interested stakeholders to understand the key messages from the analysis. Davis Langdon have developed a suite of Whole Life costing tools, which enable the information to be presented in a clear and concise manner, which demonstrates the cost information in simple tabular format, or in easily interpreted graphics. We have detailed a few of these formats below, but would look to agree the relevant style of our output based on the project specific requirements.

gareth**hoskins**architects