

Statws/Status:

Cyhoeddus / Public



Adroddiad Adolygu Dylunio: Design Review Report:	12 February 2007
Dyddiad Cyfarfod / Cyflwyno'r Deunydd: Meeting Date / Material Submitted:	31 January 2007
Lleoliad/Location:	Victoria Dock, Caernarfon
Disgrifiad o'r Cynllun Scheme Description:	Primary Care Centre
Cleient/Asiant: Client/Agent:	Gwynedd LHB [John Potts]
Developer/Datblygwr:	Watkin Jones [Jeff StPaul]
Awdurdod Cynllunio: Planning Authority:	Gwynedd CC
Statws Cynllunio: Planning Status:	Application for change of use granted August 2006
Y Panel Adolygu Dylunio/ Design Review Panel: Wendy Richards (cadeirydd/chair) Cindy Harris (swyddog/officer) Charlie Deng (swyddog/officer) Ed Colgan	Elfed Roberts Martin Knight Lyn Owen Roger Ayton
Lead Panellist:	Elfed Roberts
Sylwedyddion/Observers:	Carole-Anne Davies, DCFW Huw ap Rhys, DCFW

Cyflwyniad/Presentation

Work on the Victoria Dock development started on site in August 2006 and practical completion is due later this year. The chosen site for the new Primary Care Centre is the first floor of Block A in Victoria Dock. A site options appraisal carried out by third party consultants came out strongly in favour of Victoria Dock. The main alternative site was at the Eryri Hospital, which was not favoured due to its location. There was support for a town centre location but no suitable site was available. The Dock site has the advantage of providing sufficient floor space and maximum parking provision. The first floor location brings the advantage of built-in privacy. Ground floor units of Block A have been earmarked for retail use.

Two GP surgeries are accommodated, along with other primary care facilities including a pharmacy. This development is seen as a good opportunity to integrate health care provision, and includes a large Trust input. The design has been developed with the total involvement of the end users, and has been reviewed using the AEDT tool. All facilities are shared rather than duplicated. A dedicated entrance foyer and reception at ground floor level leads, via stairs or lift, to the main waiting and reception area at first floor level, along with the rest of the accommodation.

Staff parking [22 dedicated spaces] are provided within the scheme to the west of block C. There is a drop off point for patients and three disabled parking bays adjacent to block A, accessed via Balaclava Road, which serve the whole of the site. There are public transport links between the Dock and the town, and public car parking is available in front of the Galeri and in several 'pay and display' car parks in the vicinity of Victoria Dock..

Ymateb y Panel/Panel's Response

The Panel accepted the LHB's claim that the Victoria Dock site was suitable for the proposed use. However, we thought the first floor location was problematic in terms of accessibility and the lack of any civic presence. Furthermore the deep block plan, on the middle floor of a three storey block, had negative implications for the introduction of daylight and exploitation of views. The developer stated that very few other site options were available. Although the large surface car parks in the area had been considered, it was thought that the Local Authority would be unwilling to lose any parking provision.

The Panel noted that concerns over accessibility had been expressed by the local access group. These involved the difficulty some patients would have in using the lift and the spiral escape stairs. The three disabled parking spaces are not dedicated for patients visiting the centre, and we thought this provision was not adequate and might be challenged under the DDA Act. The Panel suggested that a Shopmobility scheme be explored. It was confirmed that cycle parking is provided throughout the development.

It was suggested that the position of the main entrance could be relocated and/or the entrance itself redesigned, with architectural input, to create a greater civic presence. We were told that a position on the north east corner had been considered but the current one was preferred by users. The developer agreed to look again at increasing

the dimensions and generosity of the entrance to emphasise its significance. The Panel was concerned about the security implications for staff working in the ground floor reception. The developer stated that they wished to avoid the use of screens and staff working on their own would be issued with attack alarms. It was agreed that a double height entrance space would help communication between ground and first floors.

The Panel discussed the lack of natural daylight into, and views out of, the main reception and waiting area. We recognised that consulting rooms were located on the perimeter and would benefit from daylight and views, but we remained concerned that the waiting area, where patients would probably spend the majority of their time in the building, would be artificially lit, enclosed and without any visual relief. We suggested that a light well could be installed although this would affect second floor accommodation. Alternatively, the accommodation could be regrouped to one end of the block but over two floors. The developer thought that the latter option might prejudice the sharing of facilities, or the safe transportation of contaminated equipment. The Panel noted that, while the treatment rooms have no external windows, the staff using them do have separate daylight offices.

The Panel thought that the internal layout and circulation appeared tortuous, with long narrow corridors, again unrelieved by any natural daylight. The arrangement of the angled patient entrance into the main waiting area, which faces a partition and away from the reception desk, should be revised. We emphasised the importance of a clear entrance together with a good internal layout and signage, to facilitate navigation. This could be done through a collaboration of architectural and interior design expertise, to improve both the ease of circulation and the amenity of the waiting area. It was suggested that artworks could be loaned by the Galeri.

The Panel wished to explore the possibility of a greater presence at street level and suggested that the pharmacy be located on the ground floor next to reception. We were informed that the Local Planning Authority wish to avoid general retail use in this location, to avoid competing with town centre retail outlets, and have specified a dispensing chemist only as part of this development. Indeed the developer stated that they would risk losing their funding from WAG if they were to introduce anything other than tourism related retail on the ground floor.

All the commercial blocks in this development will achieve a BREEAM Very Good and the Primary Care Centre will achieve a NEAT Excellent. The Panel was informed that the 20 year lease will cover internal repairs only and we emphasised the importance of achieving a high quality of maintenance throughout the term of the lease. With regard to servicing, we were informed that all goods in and out will be through the main entrance and lifts. Clinical waste will be transported in sealed containers at the end of the day straight into a collection vehicle. The Panel thought that such an arrangement, with patients sharing a single lift with the transport of goods and waste, was unacceptable. If that lift was not operating for any reason, such as maintenance or equipment failure, the health centre would not be accessible to users with pushchairs or wheelchairs.

Crynodeb/Summary

The Panel understood the difficulties with the lack of available sites in the area and the constraints of this particular site. Nevertheless, this proposal gives rise to major concerns which should be resolved with the input of a design professional before the scheme proceeds:

- The access arrangements and provision for disabled parking do not meet current standards of inclusive design. We agree that a Shopmobility scheme might partly compensate for the lack of parking provision
- The lack of any daylight and views for the main waiting area again falls short of current best practice and is likely to lead to a depressing space. We think that the internal layout should be revised to address this and help create a pleasant environment for staff and users alike.
- The internal circulation is tortuous and inefficient and needs rethinking through a collaboration of architectural and interior design expertise. Daylight should be introduced at the ends of corridors.
- The lack of any civic presence at street level is unacceptable for a major public building whose function is to deliver public health services. We would like to see a well designed, generous, double height entrance and revised elevations, and we would still like to see a ground floor pharmacy, even if it is accessed through the entrance foyer.
- We have serious concerns about the transport and disposal of clinical waste, and think there should be separate service access.

Diwedd/End

NB This report is being translated and a Welsh language version will be sent to you shortly.

