

**Statws/Status:**

**Cyhoeddus / Public**



**Adroddiad Adolygu Dylunio; Design Review Report:** 13 December 2007

**Dyddiad Cyfarfod/Meeting Date:** 28 November 2007

**Lleoliad/Location:** Ruabon

**Disgrifiad o'r Cynllun Scheme Description:** Primary Care Development

**Cleient/Asiant: Client/Agent:** Wrexham LHB [Gaynor Edwards]  
Ruabon GP Practice [Phil Davies, Rosemary Bartley]

**Developer/Datblygwr:** Oakapple Group [Darren Oxley]

**Pensaer/Architect:** Halliday Clark Architects  
[Mark Pettit]

**Awdurdod Cynllunio: Planning Authority:** Wrexham CBC

**Statws Cynllunio: Planning Status:** Application granted 20/06/2005

**Y Panel Adolygu Dylunio/ Design Review Panel:**

Wendy Richards (cadeirydd/chair)	Phil Roberts
Cindy Harris (swyddog/officer)	Jonathan Hines
Charlie Deng (swyddog/officer)	Jonathan Adams
Carole-Anne Davies [CEO]	Ed Colgan

**Lead Panellist:** Jonathan Hines

**Sylwedyddion/Observers:** Mallory Armstrong [WHE]

## **Cyflwyniad/Presentation**

The architect acknowledged that the Panel had not previously been given a full picture of the development of this project. He stated that his practice has experience of working on many similar schemes in the public sector and prides itself on listening and responding to the clients' wishes and concerns.

In this case, the client's brief required a domestic-scale building, which would not intimidate or alienate patients and users. The architect presented site analysis drawings which had been done prior to the planning submission, showing aspects from neighbouring properties; pedestrian flows and desire lines; enclosure; public/private space; and solar orientation, all without the existing building. These had led to the design decision to develop an L-shaped, courtyard form for the new building. The internal layout has been the subject of intensive consultation and negotiation. Monodraught roof vents have been included to allow the loft to be used for storage.

The developer stated that the Design & Build procurement route would be modified by a robust set of contract documents which would protect design quality and limit the contractor's ability to modify design details. He confirmed that they are still working to the original cost plan, which had been agreed with the District Valuer in 2005, but they are satisfied that, apart from inflation, it is still reasonably accurate.

## **Ymateb y Panel/Panel's Response**

The Panel welcomed the clear and useful explanation of the history of the project development. We accepted that the brief had been for a domestic type building and we supported the simple effective floor plan. However, given the simplicity of the overall design, the Panel emphasised the importance of high quality materials and detailing, to achieve a successful resolution. The material we were presented with in itself does not demonstrate conclusively that this quality will be achieved, and success will depend on the care and commitment of all parties – the client, designer, developer and contractor.

Notwithstanding the above, we thought that there were elements of the design that were inappropriately domestic for a public building, for example, the floor-to-ceiling height of 2.4 metres. The designer stated that they have used this height elsewhere in similar schemes and they thought it was appropriate for small consulting rooms. The Panel remained convinced that it would feel oppressive, especially in the waiting and reception area, and that even an additional 100mm on the height would be beneficial.

In terms of the front elevation, we thought that the 'flipped up' canopy over the main entrance was weak and that the entrance should be strengthened and made legible by the use of materials and detailing.

We thought that the space allowed for the entrance lobby, including a pram park, was too tight and should be made more generous. With two entrances leading off it, we doubted that it would comply with Building Regulations, as currently shown. We were informed that the pharmacy use – one of the two doors leading off the lobby – has not been confirmed. However, we established that, whatever the decision about the pharmacy, the block will still be built and used as expansion space if necessary. We would not want to see a truncated wing resulting from any change of use.

The relationship between the main, two storey block and the lower blocks should be revisited. Currently they appear as three disjointed elements. The architect stated that it was a concern of the Local Planning Authority that the height be reduced to respect residential properties to the north east. We pointed out that if the roofline of the pharmacy block was to be run through, as suggested in our report of July 2007, then that would reduce the height of the austere, blank gable wall as currently shown.

The Panel appreciated the thorough report on sustainability items, but we regretted that no commitment was being made to include any of the measures described. We were informed that they will be tested against commercial viability. The Panel stated the importance of the sustainability strategy being integrated with the design from the beginning, rather than 'bolted on' at a later stage. We would like to see all internal corridors having the benefit of daylighting, either from end windows or sunpipes, and all south facing glazed spaces protected from solar overheating. Any potential conflict between ventilation and patient privacy should be resolved in the design development. Similarly the plan depth of the single aspect rooms should be checked to ensure effective ventilation and nighttime cooling.

The Panel noted the material treatment of natural slate and red brick as described previously. We suggested that grasscrete or locally sourced pavements be used for external areas as part of a sustainable drainage strategy. We welcomed the provision of a marked pedestrian route following our comments of April 2007.

In terms of the difficulties involved in maintaining the use of the present surgery while construction is underway, we advised that a timber frame construction method, manufactured offsite, would give a quicker build time and less site disruption, as well as the environmental benefits of a timber frame building and the greater flexibility it would bring for future adaptation.

Given the team's awareness of the disadvantages of D&B procurement, we wondered why a partnering form of procurement had not been adopted. The developer was aware of the advantages of partnering but cited the difficulty

of finding a suitable local contractor. The present arrangement includes some of the advantages of partnering. We suggested that a two stage tender procedure be used.

### **Crynodeb/Summary**

The Panel welcomed the re-presentation of this scheme together with a more complete account of the project development and justification of the design strategy. We would make the following recommendations:

- It is crucial that the desired quality of materials and detailing is protected throughout the design and construction process.
- This should be facilitated through the procurement process by providing as detailed drawings as possible at an early stage.
- We would like to see a more spacious entrance lobby and a greater floor-to-ceiling height internally
- The main entrance should be made strong and legible without using a 'quirky' roof form
- The roofline of the smaller blocks and their relationship with the main block, should be reviewed.
- We would like to see a greater commitment to adopting appropriate sustainability measures. These should be integrated into the design as soon as possible. Further attention should be given to internal daylighting, ventilation and solar shading.
- The environmental and practical benefits of off-site timber frame manufacture should be exploited, particularly given the continuing public use of the site throughout the construction period.

### **Diwedd/End**

**NB A Welsh language copy of this report is available upon request.**