

**Statws/Status:**  
  
**Cyfrinachol / Confidential**



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

**Dyddiad Cyfarfod / Cyflwyno'r  
Deunydd:** **28 November 2007**  
**Meeting Date / Material  
Submitted:**

**Lleoliad/Location:** **Amlwch**

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

**Cleient/Asiant:  
Client/Agent:** **Anglesey LHB  
[Alyson Constantine]  
Glanyrafon GP Practice  
[Harri Pritchard]**

**Developer/Datblygwr:** **GPI Group [Mike Moran,  
Andrew Caldwell]**

**Pensaer/Architect:** **Bournville Architects  
[Christine Foster]**

**Ymgynghorwyr Cynllunio:  
Planning Consultants:** **Asbri Planning [Robin Williams]**

**Awdurdod Cynllunio:  
Planning Authority:** **Anglesey CC**

**Statws Cynllunio:  
Planning Status:** **Pre-application**

**Y Panel Adolygu Dylunio/**

**Design Review Panel:**

**Wendy Richards (cadeirydd/chair)**  
**Cindy Harris (swyddog/officer)**  
**Charlie Deng (swyddog/officer)**  
**Carole-Anne Davies (CEO)**

**Phil Roberts**  
**Jonathan Hines**  
**Jonathan Adams**  
**Ed Colgan**

**Lead Panellist:**

**Phil Roberts**

**Sylwedyddion/Observers:**

**Mallory Armstrong**

**Cyflwyniad/Presentation**

This project has evolved over the last 18 months. We were informed that it has the full support of the Local Authority. M&E and landscape consultants are an integral part of the team and an ecological assessment has been carried out on the site. The proposal has been well received at public consultation. Comments were mostly very supportive, but concerns were raised about the number of disabled parking spaces and the traffic flow through the drop-off area.

Five sites in the area were considered but most were discounted because of flood risk. The proposed greenfield site is adjacent to the town centre, between Amlwch primary school and the town, in a sustainable location close to all services. The intention is to re-route the local bus service so that it stops outside the new surgery.

The new building will house a GP practice with 8 consulting rooms and a Local Authority social worker's office. The local NHS Trust will also have space to provide chiropody and midwifery services. However, it will be an integrated facility, with a common reception and services. The pharmacy will have independent access and will be subject to a third party fit out. The main vehicular access is through the council owned car park to the south.

A fundamental design objective was to achieve a clear separation between staff and patient facilities. This is reflected in the design which shows a two sided building – a public, clinical block facing the town and a more private, domestic style rear block with 'natural' materials. The building has been sheared in plan to reflect these two functions, to break up the footprint and to admit natural daylight into the interior. The design conveys a civic presence and a modern interpretation of Welsh vernacular. An outdoor landscaped area complements the design and views out are maximised. A green roof on the rear wing protects existing wildlife.

The intention is to achieve a 15% reduction on carbon emissions compared to the 2006 Building Regulations, and to provide 10% of the predicted energy

use from onsite renewable generation. Solar water heating and a ground source heat pump are included, along with a maximum use of recycled materials and low-use water appliances. Passive design principles will be employed to provide natural daylight with protection against overheating. These proposals can be accommodated within the budget, which is £1500-1600/m<sup>2</sup>.

It is intended to submit a planning application in the near future.

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

The Panel welcomed the choice of site, given its proximity to the town centre and to other public buildings such as the school and the library. However, we thought that a valuable opportunity had been missed to bring the building forward to the front of the site, to enhance its civic presence and add to the streetscape of the town. This would also make the approach to the surgery more attractive, instead of being dominated by car parking as proposed. We appreciated that the council wished to retain their ownership of the car park, but we suggested that an equivalent number of public car parking spaces could be provided to the rear of the building. The design team stated that this was not a viable solution because of level differences impacting on access from the rear of the site, and because of other site ownership issues.

The Panel noted the two very different architectural styles, to articulate the different functions, but was not convinced that this approach had delivered a satisfactory solution. We pointed out that it would involve difficult and complicated detailing and junctions and that the costs involved might be better spent on other design elements.

The Panel thought that the relationship between the internal plan and the built form was unresolved – for example the areas of external glazing did not always relate to internal areas which would benefit from daylighting. Although we were informed that 'look-alike' panels would be used for plant rooms, this would only reinforce the lack of relationship between internal function and external form. Large areas of expensive planar glazing were shown, which then required solar shading; we thought that the amount and arrangement of glazing should reflect the predicted heating/cooling demand shown by thermal modelling and the need to avoid artificial cooling, as well as defining the main entrance and providing views out.

In general, we found the massing and elevational treatment was over-complicated. The single storey element at the front – designed to provide a human scale to the approach and enclose the patient garden – only served to further confuse the massing. We thought that a sense of welcome and human scale should be achieved within the essential design rather than additional elements.

The Panel commended the team's sustainability aspirations and was reassured that the measures proposed to meet them were affordable within the budget. We noted that the current south westerly orientation of the solar thermal panels was not optimal. We suggested that the green roof could be extended over both main pitches and planted with wildflowers, to maximise environmental benefits and make the long sloping roof which was highly visible on the approach, more attractive. The Panel emphasised the importance of introducing daylight into the deep plan and suggested integrated rooflights be used to light the ground floor corridor to the north. This solution would be preferable to sunpipes. We were informed that recycled materials would include slate, hardcore and the green roof system.

The Panel supported the internal planning but thought that there should be more privacy around the toilet entrances and they should not open directly into the waiting/reception area

The Panel wished to see a clear, safe and attractive pedestrian route provided from the town centre, which would have to cross the public car park [assuming the building remained in its current position]. We noted that the surgery car park might need to be controlled in some way so that it was not used by members of the public to avoid paying in the public car park. We were informed that a barrier would control access to the staff car park. It was agreed that traffic flow would be eased by reversing the direction of traffic around the drop-off loop and the one-way system within the car park.

The Panel commended the public open space outside the entrance and in particular the patient garden. We noted that the design achieved privacy for ground floor consulting rooms without compromising ventilation. The team assured the Panel that, although details of the public art procurement were not yet fully resolved, they would use local artists and professional consultants, and would involve the whole community.

The Panel asked the presenting team at what stage of their project planning they were advised to consult DCFW. We were informed that it was at a relatively early stage, in March 2007, and that delays had been caused by land acquisition issues, causing them to decline an earlier appointment. We commented that the benefit of our advice would have been greater if we had seen the scheme earlier.

### **Crynodeb/Summary**

The Panel supported the choice of a central site and appreciated other positive aspects of the proposal, including the sustainability targets and the provision of external landscaped areas. However, we consider that major issues remain to be resolved. In particular:

- We think this project should be used to enhance the town centre and to reinforce the streetscape and we would urge the Local Authority to take a lead in relocating the car park, to enable this civic building to have a strong street presence.
- We think the massing and elevational treatment are unnecessarily complex and expensive and we think that they could be simplified and rationalised and in the process made more cost effective.
- We applaud the sustainability targets and urge the team to commit to, protect and deliver them. Measures to avoid overheating and artificial cooling should be integrated into the design.
- Rooflighting should be used to introduce daylight into all corridors
- We commend the landscape strategy and provision of a patient garden.
- We would encourage the team to engage a professional public arts consultant to work with the community and ensure that the aspiration of art does not get lost within any value engineering of the scheme.

**Diwedd/End**

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