

Statws/Status:
Cyfrinachol / Confidential



Adroddiad Adolygu Dylunio: 15 December 2006
Design Review Report:

Dyddiad Cyfarfod / Cyflwyno'r Deunydd: 6 December 2006
Meeting Date / Material Submitted:

Lleoliad/Location: Barry Waterfront

Disgrifiad o'r Cynllun Primary Care Centre
Scheme Description:

Cleient/Asiant: Vale of Glamorgan LHB
Client/Agent: [Jim Thompson]
VofG ProjectManagement Unit
[Mark White]

Developer/Datblygwr: Matrix [Alistair Blacklaws]

Pensaer/Architect: Bundred & Goode
[Philip Goode]

Ymgynghorwyr Cynllunio: Boyer Planning
Planning Consultants: [Robin Williams]

Cynllunio / Consultants: ESC [Chris Read]
DVS [Andy Eustace]

Awdurdod Cynllunio: Vale of Glamorgan Council
Planning Authority:

Statws Cynllunio: Pre-planning
Planning Status:

Y Panel Adolygu Dylunio/Design Review Panel:

Alan Francis [cadeirydd /chair]	Douglas Hogg
Cindy Harris [swyddog/officer]	Phil Roberts
Charlie Deng [design review assistant]	Martin Knight
Lyn Owen	Kieren Morgan

Lead Panellist: Kieren Morgan

Sylwedyddion/Observers:

Kathy MacEwen, CABE
Mallory Armstrong, Welsh Health Estates

Cyflwyniad/Presentation

This proposal for a new Primary Care Centre forms part of the Barry regeneration partnership. The existing surgery premises are inadequate for current needs, and patient numbers are rising rapidly. The plateau site is elevated 4.5m above Hood Road, with a heavily planted bank. It lies within the 'Innovation Quarter' at the west end of the waterfront, close to the Grade II listed Pumphouse, the Heritage Skills Training Centre and the Entrepreneurship Centre [reviewed by this Panel in March 2005]. An indicative masterplan for the area was produced by LDA in 2004, with clear design objectives, including active streets, links with the town, and a high quality public realm.

The building follows an L shaped plan with two main faces, one parallel to Hood Road, the other facing the vehicular approach into the site from the north. There is a central waiting and reception area and corridors lengths are kept to a maximum of 19m. A large space for future expansion is built in. Materials will be: natural slate; locally produced bricks specified to match the Pumphouse and Entrepreneurship Centre; and composite timber/aluminium windows.

Separate patient and staff parking areas sit to the east and south west of the building. They will be secured with 'spear and spike' fencing as required by the Local Authority. A landscape architect is yet to be appointed but the intention is to continue the heavy planting already established

A NEAT Excellent rating will be achieved and the building will be primarily naturally ventilated. Heating will be provided by a ground source heat pump, backed up by a gas boiler. Solar water heating and rainwater harvesting are still under consideration.

Ymateb y Panel/Panel's Response

The Panel regretted the lack of an overall landscape and public realm strategy. The problem of encouraging pedestrian links under the railway bridge needs to be addressed. We were informed that the LDA study included a movement strategy which has been followed through in the design, for example by providing connections to the cycle pathway and the possibility of a new footbridge over the railway line from the north. It was agreed that the landscape strategy needed further development, and that the public realm design guide for the waterfront should have a more obvious impact on the design. The Panel could find no evidence of the how this scheme contributes to the masterplan objectives of strong urban

frontages and active streets. We were told that the designers had to adopt a pragmatic response to the tension between urban design principles and the Highways requirements. The adopted road will end at the hammerhead turning space just beyond the site entrance.

The Panel considered that the area was not a 'quarter' but a series of plots, each with a building surrounded by car parking. There was no link with the historic character of the Pumphouse, and no evidence of the close grain which defines urban space. We thought there should be stronger links between and grouping of the disparate buildings and suggested that the PCC be located next to the Entrepreneurship Centre on the eastern boundary, with car parking to the west.

The Panel thought that the L shaped plan was functional but not inspiring. We welcomed the shorter corridor lengths but noted that they would still be dark institutional spaces, terminating in blank walls. The Panel regretted the lack of any double height space or top lighting. We noted that it was intended to introduce a rooflight over the pharmacy wing. We were told that this had been requested by the conservation architect acting as consultant to the LPA as a reference to the Pumphouse, but it seemed likely that it would be a false motif and would be too large anyway to light the top floor space without introducing heat gain problems. We also wondered how well the existing roof light would work if the space were to be cellularised, although we welcomed the plan for a cathedral roof.

The Panel understood that roof lights to the main wings had also been removed, again on advice from the conservation architect. Nevertheless we thought that the introduction of more daylight into the heart of the building was essential, for reasons of sustainability and patient morale, and suggested the additional use of light tubes, to maximise this. For similar reasons we would like to see some captured landscape introduced into the interior.

The Panel considered that the layout of the central waiting area was not satisfactory and the reception area, located at the rear of the waiting room, was not convenient or conducive to privacy. We did not think that the provision of a separate interview room was an adequate response to the need to respect patient dignity and confidentiality. The seating plan is shown facing away from the views and although we were told that the architect had no control over the seating arrangement, we thought that it was the responsibility of the designer to ensure that the design related to how the space would be used.

The Panel welcomed the commitment to a NEAT Excellent rating and the introduction of low carbon technologies. We regretted that a district heating system had not been installed at an earlier stage for the whole quarter, and that underfloor heating was discounted because of intermittent occupancy. We suggested that an external conservatory around the main entrance would enhance passive solar gains and provide a buffer zone against prevailing winds.

The Panel was informed that clinical waste would be stored internally, and that service access arrangements would be integrated into the landscape and external layout. Covered cycle storage space would be provided. Parking surfaces would be tarmac together with a more porous shale finish. We thought that a more innovative solution to security requirements should be found, other than spike and spear fencing. The windows will be protected with internal shutters.

The Panel considered that the position of the main entrance compromised its legibility and should be reconsidered. The corner 'tower' appeared aggressive and suggested an office

building rather than a community facility. We would prefer to see direct glazing introduced into the waiting and reception areas.

The location of the pharmacy, at the other end of the building from the main entrance and with no weather protection to the walkway in between, was not considered the best solution. While we recognised that it was independent from the surgery, we thought that a better organised site plan would locate it next to the reception area. The architect stated that the funders required the pharmacy to be highly visible from the site entrance.

Crynodeb/Summary

The Panel recognised the difficulties of developing the design with the attendant external constraints. However, we consider this proposal to be an unacceptable response to the site and the brief. In particular:

- We think that the site layout and the relationship with adjacent buildings needs rethinking
- We think this would help to resolve boundary issues and deliver an alternative to the security fence
- A revised site plan should also demonstrate an improved relationship between the surgery and the pharmacy
- We would like to see more daylighting to the interior and the introduction of a double height space in the waiting area
- The layout of the waiting and reception area needs to be reconsidered and the seating plan integrated with other design elements
- The position of the main entrance should be changed to enhance its legibility and create a better sense of arrival
- We applaud the commitment to NEAT Excellent and urge that other low carbon and resource efficient measures be introduced where possible.

Diwedd/End

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