

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



<b>Adroddiad Adolygu Dylunio: Design Review Report:</b>	<b>21 June 2007</b>
<b>Dyddiad Cyfarfod / Meeting Date:</b>	<b>13 June 2007</b>
<b>Lleoliad/Location:</b>	<b>Penglais Hill, Aberystwyth</b>
<b>Disgrifiad o'r Cynllun Scheme Description:</b>	<b>Primary Care Development</b>
<b>Cleient/Asiant: Client/Agent:</b>	<b>Padarn Surgery [Dr Mark Stieler]</b>
<b>Developer/Datblygwr:</b>	<b>Gaufron Healthcare Ltd [Matthew Hall]</b>
<b>Pensaer/Architect:</b>	<b>James Jenkins Thomas [Iwan Thomas]</b>
<b>Awdurdod Cynllunio: Planning Authority:</b>	<b>Ceredigion CC</b>
<b>Statws Cynllunio: Planning Status:</b>	<b>Outline permission granted Reserved matters application pending</b>
<b>Y Panel Adolygu Dylunio/ Design Review Panel: Wendy Richards (cadeirydd/chair) Cindy Harris (swyddog/officer) Charlie Deng (swyddog/officer) Roger Ayton</b>	<b>Ewan Jones Gerard Ryan Mike Biddulph Martin Knight</b>
<b>Lead Panellist:</b>	<b>Gerard Ryan</b>
<b>Sylwedyddion/Observers:</b>	<b>Mallory Armstrong, WHE</b>

## **Cyflwyniad/Presentation**

The proposal includes, as well as GP surgery accommodation, a pharmacy, dental surgery, student health centre and university creche. The end user client has aspirations for a sustainable, high quality building.

Outline planning permission has been received for this site, which conditions the retention of most of the mature trees on the site. These provide a strong green edge to the site and mitigate some of the impacts from the adjacent road. The site, which is owned by the university, slopes steeply at about 1:8 from east to west. The project has developed over a number of years and the selection of this site has been a crucial factor, in the absence of other suitable ones. Access into the site has been fixed in conjunction with Highways officers and is restricted to this position because of the proximity of other road junctions and a bus stop. The main car park is located opposite the main surgery entrance on the other side of the access road, with a 2 metre level difference to negotiate for patients arriving by car. Further parking is provided lower down the site to the west, to serve the creche, dentist and student health centre. It is intended to provide extra pedestrian access from the main road, at points along the southern boundary.

The main entrance is legible and well sheltered. The internal plan comprises four blocks located round around a central hub and waiting area, which is double height and well daylight. Corridors receive daylight via sunpipes. Consulting rooms are located around the edge of the building with good views out, and secondary spaces, such as WCs and storage rooms, shield consulting rooms from the central area, providing privacy for patients. The first floor accommodates staff space, Trust areas and expansion space. Areas at the lower level, formed by the slope of the site, have direct access allowing for out of hours use. Material treatment of the external facade shows fully glazed stairwells, an aluminium roof, composite aluminium/timber windows, 'Trespa' panel cladding, blue facing bricks and stone gabion retaining walls.

The Local Authority were unable to attend but we understood that they were satisfied with the overall siting, massing and external appearance, although they suggested incorporating more glazed areas on the facade and making the main entrance more prominent. It was confirmed that the proposal to extend the main parking area to the east would entail a new or revised planning application. The team hope to start on site towards the end of this year or the beginning of 2008.

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

The Panel noted the lack of a contextual and site analysis which would illustrate the design philosophy and development. The design team acknowledged receipt of DCFW's '10 Point Design Guidance for PCCs' and

we thought that if the design approach outlined therein had been followed more closely, major problems would have been avoided. In particular, the front elevation as shown takes no account of level differences across its length, and we think that pedestrian / disabled access from the main car park is not adequately demonstrated.

Our main concern is that the design is not safe, or indeed buildable, and has been developed too far without proper consideration of site constraints, tree protection zones and level differences. There should be much clearer evidence that the design approach has been informed by the site topography first and foremost. On the contrary, the building appears to have been designed from the inside out and for a flat site. We are concerned that not enough allowance has been made for the site engineering involved in such a steeply sloping site. We advised that 3D modelling was needed, starting with a basic physical model, and that a landscape architect should be involved as soon as possible. For example, tree protection zones need to be defined in order to establish how much land remains for building, and the gabions solution for retaining walls is typically land hungry and may therefore be unsuitable.

The Panel considered that the building footprint was simply too large for the site, possibly as a result of the brief having grown over time. We thought that the layout should be rationalised, and the amount of expansion space should be revised, to achieve a smaller overall footprint. The lower dental/student health block, which currently appears as a vague appendage, should be detailed and integrated into the design at an early stage, and perhaps amalgamated into a single more compact building. The Panel noted that the exact function of the student health centre was not yet specified but would cover non-GMS services only eg counselling.

The Panel welcomed the simple and logical internal layout which we thought worked well. We urged the team to guard against any further complications in the layout and to work on further simplifying the arrangement and ensuring good visibility of all areas from the reception desk. Although the central hub is enclosed, we would like to see a better relationship developed between internal and external spaces, for example through the use of courtyards and small scale landscapes. The opportunity for opening up views was not specified and we feared that views to the west might be compromised by the lower student health/dentist block, although the team argued that this would not be the case due to differences in levels. We thought that one lift would not be sufficient given the degree of vertical circulation necessary, and the desirability of separating people from clinical waste.

The Panel appreciated the strong simplicity and legibility of the main entrance and we thought the proposed addition detracted from this and was unnecessary. We were told that the planners' request for more glazed areas would be difficult to achieve due to the modular nature of the internal planning and we agreed with this assessment. Rather than increasing the quantity of glazing, we thought that the plane of the glazing which sits between the four

blocks could be changed, to provide clearer definition between them and more modelling of the form.

The Panel considered that the location of the access road was not ideal and the separation of the parking from the main building was unfortunate. We advised the team to re-negotiate this with a view to placing the access along the eastern boundary of the site, which would allow the parking to be closer to the main entrance with less of a level difference. The Panel was informed that the vehicular access had been sized to allow for future access by the university to their site to the east. However, we thought that the width of the site entrance, which includes a central island, was not pedestrian friendly and was disproportionate when compared for example with the entrance to the National Library of Wales nearby. We would hope that the university would engage constructively with the developer to help resolve some of the current site constraints, and integrate this scheme with possible future uses. We suggested that a flexible approach to parking provision should be explored, based on different uses at different times of the day.

The Panel supported the provision of good levels of natural daylight and ventilation in this deep plan building, as well as the proposed construction method of a timber frame 'breathing' wall. However, we would like to see a more developed sustainability strategy to include some renewable energy generation, a single heating system for the site, and consideration of 'green' roofs. We were told that the district valuer would not support a ground source heat pump, which had been discounted anyway. The Panel was disappointed to learn that a Carbon Trust report for this scheme recommended the use of mains gas on the grounds that biomass would cost 30% more in running costs, even though the net carbon emissions would be 90% less, and that solar water heating was considered uneconomic.

The Panel was informed that the developer would use their own construction company, and that although they have built previous surgeries in a traditional style they are confident with a new approach. We advised that attention to quality of detailing was critical and that Trespa panels would need secret fixing. We would like to see the architect novated to at least RIBA stage E.

### **Crynodeb/Summary**

The Panel welcomed the opportunity to review this proposal. We think that it has the potential for a good quality scheme, based on a strong and simple internal layout and elevational treatment. However, the relationship of the building with the site is deeply problematic and unresolved, and this renders the proposal as a whole unacceptable. In particular:

- The design should be re-assessed beginning with the site features and constraints, and with the full involvement of a landscape consultant and engineers
- The Panel recognised the great advantages of the site in terms of views and landscape and urged the design team to exploit these fully

to create a healing environment and a better relationship between internal and external spaces.

- The position and proportions of the vehicular entrance should be renegotiated with the Highways department and the landowners. The access road should run to the east of the main car park and surgery entrance.
- Greater consideration should be given to providing clear and accessible pedestrian routes
- We do not support the addition to the main entrance, which we think is perfectly legible and needs to retain a strong simplicity
- A detailed and well justified sustainability strategy should be developed, to include a single heating system and renewable generation where possible. Green roofs should be considered particularly for the lower block.

DCFW will require a further full Design Review of this proposal to address the recommendations contained in this report.

**Diwedd/End**

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