

Statws/Status:
Cyfrinachol / Confidential



Adroddiad Adolygu Dylunio: 15 August 2006
Design Review Report:

Dyddiad Cyfarfod / Cyflwyno'r Deunydd: 2 August 2006
Meeting Date / Material Submitted:

Lleoliad/Location: Tonypandy

Disgrifiad o'r Cynllun Primary Care Centre
Scheme Description:

Cleient/Asiant: Rhondda Cynon Taff
Client/Agent: Local Health Board
[Steve Davies]
Welsh Health Estates
[Mallory Armstrong]

Developer/Datblygwr: GP Group [Tony Coke]

Pensaer/Architect: Willgig Lammie
[Martin Garner]

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

Awdurdod Cynllunio: Rhondda Cynon Taff CBC
Planning Authority:

Statws Cynllunio: Pre-planning
Planning Status:

Y Panel Adolygu Dylunio/Design Review Panel:
Alan Francis (cadeirydd/chair) Gerard Ryan
Cindy Harris (swyddog/officer) Wendy Richards
Ann-Marie Smale Lyn Owen
Mike Biddulph

Lead Panellist:

Gerard Ryan

Sylwedyddion/Observers:

Anna Lerman

Patrick Williams

DCFW PhD student

MSc student

Cyflwyniad/Presentation

Rhondda Cynon Taff has been chosen by Welsh Health Estates as a pilot area for new developments in primary care. The intention is to improve and expand health care provision, attract new and younger staff and procure buildings which demonstrate good design and value for money. The Local Health Board has identified the need for 20 new surgeries and this proposal is the second of the first four which have attracted funding. The project team has reacted positively to the Design Review process on the first of the RCT schemes [Gilfach Goch] and have submitted an application which, we were told, responds to DCFW's recommendations.

This proposal is for a building to accommodate two GP practices, clinical accommodation for the NHS trust and a dental facility. Non-clinical functions will be located on the first floor and the zoning of different spaces and functions, together with the relationship between them, have informed the layout. The reception area is seen as the central hub of the L shaped floor plan. The site is small for the accommodation required, necessitating a compact footprint. The main access routes are from the road to the west, with separate access for staff and public parking.

The two storey elevations show a series of low pitched, monopitch roofs finished with sedum and incorporating raised rooflights. Some recycled Pennant stone is used to clad the elevations, along with render and cedar boards. The east/west orientation of the building allows solar water heating panels on the roof to be inclined to face south, with north facing lights to the rear. Mechanical ventilation systems will include heat recovery. The design team is confident that they will achieve a NEAT Excellent rating.

Ymateb y Panel/Panel's Response

The Panel queried how well the design responded to the opportunities offered by the site, to capitalise on views across the valley and create a therapeutic environment. The applicant noted that currently the only view out is through a narrow gap to the north and that the waiting area was located to benefit from this. However, the Panel also noted that it was likely that patients would face the receptionist, and not the view. The design team stated that the view to the east was largely obscured by a heavily wooded bank, although even the potential for a close view of trees from consulting rooms was unlikely, owing to the privacy requirements of obscured glass or blinds. The blank rendered wall of the adjacent property to the south is not an appealing aspect and the blanking out of ground floor windows serves to cut the building off from its immediate context and decrease natural surveillance. The Panel was informed that CCTV would be installed and that a certain amount of surveillance would occur from first floor windows and from the busy area outside the main entrance.

This discussion raised the issue of the constraint placed on the design by the client's requirement to locate all clinical functions on the ground floor. The Panel thought that the benefits of allowing first floor clinical accommodation, both for patients and health workers, outweighed any disadvantages involved in ensuring full accessibility. Further benefits would result in having administrative functions at ground floor level with clear and openable windows, allowing passive surveillance of the car park.

The Panel was sceptical about how well the balcony would be used and the quality of this space so close to the underside of the roof. We thought that unless it was to be part of a thoroughfare or access route it should be abandoned. This would allow more fenestration for the blind, first floor administration room to the east, and more daylight into the reception area. The duplication of facilities for the two GP practices appeared to lead to some awkward spatial planning and unnecessarily long travel distances between functional areas. In addition, the provision of only one internal staircase would result in inefficient circulation. We were told that the staircase had been moved from a more central position to accommodate reception and we suggested that the fire exit stair could be upgraded to provide an extra stairway for staff use. The circulation as presented is not satisfactory.

There appeared to be a confusing relationship between window types and the function of the space behind. The fully glazed parts of the east and west elevations read as a stairway, but actually contain a variety of functions. Fenestration patterns seemed random and in some cases dysfunctional, for example the high level windows in the south facing wall of the library. We were told that some functions, particularly the RCT accommodation, were yet to be determined and we urged that these be clarified as soon as possible.

The Panel considered it unfortunate that the design had been driven by the necessity to squeeze an inappropriate amount of accommodation on to the site, leading to long, dark internal corridors. One solution that was proposed by the applicant was to pull out some of the rooms by 1 metre to allow daylight penetration, or sunpipes. However, we thought that ideally the building should have a bigger footprint and a different configuration. For example, the provision of a protected amenity/courtyard area would facilitate views through transparent glass and aid patients' sense of orientation. The Panel was informed of the possibility of the Trust acquiring a 21 metre deep plot of land immediately to the south, which would offer more options in terms of design, landscape and parking. [The parking provision of 35 visitor spaces is lower than the standing committee recommendation of 90 spaces.] If extra land were to be brought into the equation, the Panel urged the team to explore solutions which would improve the design and layout, and not simply move the proposed building further south and increase car parking. Future flexibility and the provision of an extra staircase would also be helped by a larger site.

The Panel applauded the team's commitment to a NEAT Excellent rating. We were told that rainwater harvesting was not compatible with a green roof but that permeable paving would be used to ensure sustainable drainage. Biomass fuel for the centralised heating system was not considered appropriate because of management issues and the lack of space for storage. The design team is exploring the possibility of using a laminated timber frame, if it can be made to work acoustically. The Panel suggested the use of locally sourced oak or other suitable timber in place of cedar boarding.

The Panel emphasised the importance of an appropriately designed and planted external area of public space and weather protection around the main entrance. A private outdoor

space to the rear would enhance staff amenity and could provide a buffer with the southern boundary. The relationship of the new building with houses on Richards Terrace, as well as future development on the site to the south, should be addressed by a landscape architect. The Panel thought that the planting on the steep bank to the east could be judiciously thinned and managed to allow more visual permeability and attractive views could be opened up. We noted that the trees on the bank were not particularly mature, and dated from the 1970's when the site was used as a playing field.

We were informed that the boundary treatment would involve fencing to the east and possibly to the south, but the front parking and access areas would remain open. We suggested that the fencing could be returned to the building at the north east and south west corners. Security should be thought of as an integral part of the design, and not as an 'add on'. The security arrangements for the staff parking area will depend on what happens with the site to the south. We were told that there is no requirement for ambulance or minibus access.

Crynodeb/Summary

The Panel recognised that this was a demanding brief and a tight site with a number of constraints. We noted that the site analysis was constraint-based, at the expense of looking at the opportunities the site presents. Within these constraints, however, we consider the proposal to be an acceptable response but with a number of major revisions necessary. In particular:

- Ideally, the site should be enlarged and the building reconfigured. This would result in a number of design options which would allow improvements to the current proposal.
- A more thorough site analysis might have drawn attention to the spectacular views from the site, which might in turn have informed the design.
- The requirement of the brief to locate all clinical functions on the ground floor should be re-examined in the light of the benefits of reversing this layout.
- The north facing orientation of the building is not optimal. Any sense of arrival is compromised by the lack of an external waiting area and the physical proximity of parked cars to the building.
- The lack of any public open space or staff amenity space is problematic.
- The roof form is overly complicated and may result in maintenance problems.
- The fenestration pattern appears confusing and random.
- The internal layout and circulation is awkward and inefficient. The reception area is located too far away from the main entrance.
- The balcony should be integrated into an access route or abandoned.
- Daylight levels in internal corridors should be improved. Opportunities should be taken to introduce light at the end of the corridors
- A landscape architect should be engaged to address the relationship of the building to the site and context, and exploit the wooded bank to the east.
- Parking standards should be re-examined in the light of local demand.
- We applaud the commitment to sustainability and a NEAT Excellent rating and urge that the timber frame option be explored and the timber cladding be sourced locally.

Diwedd/End

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