








EXAMPLE DESIGN STATEMENT

EXAMPLE FOR PRIMARY CARE FACILITY

Introduction: The facility will provide a platform for integrated service delivery between health, local authority and voluntary sector partners. It will support a partnership approach both between service delivery bodies and the community they serve.

THE NON-NEGOTIABLES FOR SERVICE USERS

The facility must encourage free and easy use by local people to promote anticipatory care, user focussed services and carer support. The success of the project is therefore predicated on the following:

Agreed Non-Negotiable Performance Criteria (Investment Objective / Customer Quality Expectation)	Benchmarks The standard to be met and /or some views of “what success might look like”			
<p>1.1 Site: the facility must be in north-west Cityburgh – within the community of Nethylaw . To encourage use it must be in a prominent position where local residents come across it as part of their normal journeys around the community.</p>		<p>The facility should be visible from, or ideally on, Nethylaw High Street. If this is not possible, it must be visible from, and within 200m of, another significant community amenity such as the community school or shopping centre.</p>		<p>What might success look like? Walk-in Centre, Luton; Partick Health Centre; Glasgow</p>
<p>1.2 Perception and approachability: The facility both in its external appearance and contribution to the public realm, and its general form and feel, must be welcoming and engaging.</p> <ul style="list-style-type: none"> It must embody and convey the ethos of a friendly, coordinated, competent and integrated resource - not an alienating or austere institution. It must be a positive addition to the neighbourhood –an affirmation of the value the commissioning public bodies place on the people of the area – and be designed to reflect both the service and the constituency it serves. 				<p>What might success look like? Pollok Civic Realm, Glasgow</p>
<p>1.3 The facility will - by incorporation or close proximity with other existing or planned facilities - realise the benefit of complimentary services to:</p> <ul style="list-style-type: none"> increase the number of people aware of or visiting the the facility beyond those currently accessing services, increase the perceived accessibility of the facility increase the amenity available for service users. 				<p>What might success look like? Grassroots Centre, West Ham, which has a nursery/ crèche and healthy eating centre run as a Community Enterprise</p>
<p>1.4 User access: Most service users will come from the local area (within a 1km radius). Many will be able to walk to the facility but others, due to either their condition or the nature of the treatment will require transport from home. Many will be accompanied either by carers and/or dependents.</p>	<p>Public transport: bus stop within ??m of the entrance. Disabled parking, drop-off and taxi rank facilities within ??m of the entrance Parking for patients and those accompanying patients must be within 2 minutes walk of the main entrance. The provision of such parking must not dominate the arrival experience for those coming by other means. Secure buggy parking will be needed.</p>			

1.5 Main entrance: the entrance must be clearly identifiable and designed to be welcoming and to lower stress.

If (due to site conditions or other factors) there requires to be more than one access point to the building all entrances should lead directly to a single entrance space.



What might success look like?
Heart of Houndslow; Pollok Civic Realm, Glasgow; Kaleidoscope Children's Centre, Lewisham

1.6 Wayfinding: the user journey within the building should be minimised with clear and legible wayfinding. Key considerations are:

- A welcoming and reassuring appearance
- Good use of daylight and links to nature
- There should be a single reception point visible from all public entrances, and any necessary sub-reception areas should be visible from the main reception point.
- Distinctive – the places and spaces on the route must have identity (through the form of the building, the links to outside views and the use of art) to aid orientation
- Inclusive Design – both from physical disability and dementia friendly perspectives



What might success look like?:
Carlisle Centre and Arches, Belfast; Barrhead Community Care Centre;

1.7 Users' human needs. Key considerations are:

- Reception areas should allow discussion whilst maintaining a level of privacy and dignity.
- Waiting areas must be pleasant, with access to daylight and views, and must provide for children's play.



What might success look like?:
Heart of Houndslow Kaleidoscope, Lewisham (where there's a secure garden to spill into)

2 THE NON-NEGOTIABLES FOR STAFF

The facility will be the venue for consultations and treatment, but also the base for peripatetic staff working in the community. The purpose of co-locating the different services and service providers in one facility is to provide seamless care by multi-disciplinary teams. Therefore the efficient running of the facility is predicated on the following:

Agreed Non-Negotiable Performance Criteria (Investment Objective / Customer Quality Expectation)	Benchmarks The standards to be met and / or some views of "what success might look like"
2.1 Accessibility: the facility must be accessible for staff. The transport strategy and provision must be built around need and to encourage the majority of staff who are on standardised hours to contribute to achievement of the green travel plan.	Two minutes max walking distance from staff entrance to bus stop with services at max 10 minute intervals during peak working hours. Essential users parking: 50m max to car park spaces from staff entrance. General staff parking: five minutes max walking distance from staff entrance, via well lit and observed route.

2.2 Integration: the opportunities and benefits of co-location in terms of:

- service delivery (the move to multi-disciplinary teams)
- professional development
- and the better joint use of valuable resources must be realised.

The layout of the facility will encourage and facilitate joint working and interaction between colleagues from different disciplines, with

- shared routes around the building increasing the opportunity for impromptu meetings and 'chance' social interaction
- shared support services including reception, records, FM, learning library, meeting rooms and staff rest facilities.

2.3 Flexibility in use: Space should be designed and arranged such that it can be viewed and used as a resource rather than a territory of any one discipline.

Consulting and examination rooms should be standardised as far as possible to allow flexible allocation to a wide range of disciplines, and arranged in such a manner that the number of consulting rooms serviced by any one sub-waiting area can be varied to allow clinic sizes to expand and contract.

Suitable place of work and functional compliance: the facility must be an attractive place to work, providing up to date facilities to attract and maintain the calibre of staff required. Key spaces are consulting and treatment rooms and staff touchdown and respite areas - these are described below and benchmarks for these are provided to give a view of the human 'qualities' to be considered in addition to HBN and HTMs for these areas

2.4 Consulting Room : Key considerations in the design of consulting and treatment rooms are:

- Welcoming and calming, with good use of daylight
- Inclusive Design – both from physical disability and dementia friendly perspectives
- Privacy and Dignity
- Staff safety

See also 2.3 above.



What might success look like? a sketch from 'ideas' website; Hammersmith Bridge Road surgery, London;

2.5 Dental Surgery: Key considerations are:

- Welcoming and calming, with good use of daylight
- Inclusive Design – both from physical disability and dementia friendly perspectives
- Efficient storage and access to materials (for left and right handed practitioners) and ease of cleaning.

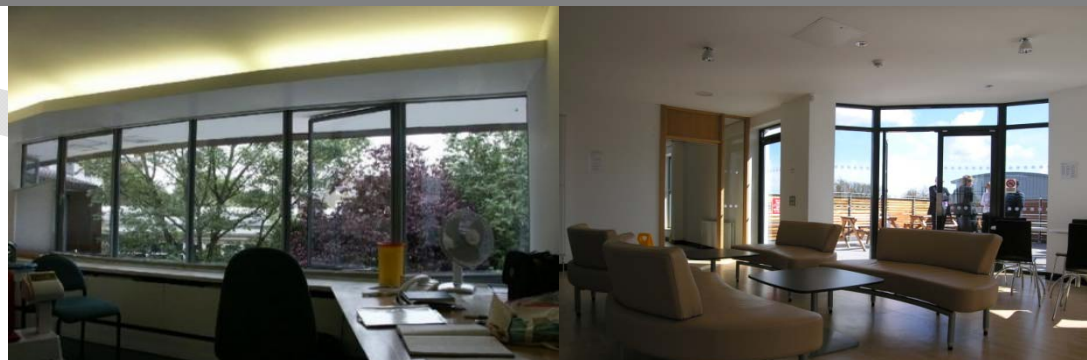


What might success look like? Dumfries Dental Centre

2.6 Staff Areas (touchdown bases and respite areas): Key considerations are:

- Access to daylight and views
- Affirmation of the value placed on staff
- A step away from public areas

See also 2.2 above.



What might success look like? Hammersmith Bridge Road surgery(for staff office accom); Carlisle Centre, Belfast (for staff touchdown and respite facilities);


2.7 HAI: the design must support staff in their working practices to address Healthcare Associated Infections.

Benchmark: HAI-Scribe assessment process.

2.8 Cleanliness: the building must be easy and cost effective to clean and maintain.

Benchmark: material durability, life cycle costs, frequency of cleaning; generally clinical surfaces should be light coloured so that they can be seen to be clean.

3 NON-NEGOTIABLES FOR VISITORS:

Agreed Non-Negotiable Performance Criteria (Investment Objective / Customer Quality Expectation)	Benchmarks The standard to be met and /or some views of “what success might look like”
<p>3.1 Human needs of those accompanying service users (i.e. carers and/or dependants): waiting areas should be comfortable, with access to facilities for children’s play, and access to an external garden space.</p>	 <p data-bbox="2362 348 2665 569">As section 1 above. Plus need for child play areas and accessible external space What might success look like? Kaleidoscope Centre, Lewisham.</p>

4 ALIGNMENT OF INVESTMENT WITH POLICY

Agreed Non-Negotiable Criteria (Investment Objective / Customer Quality Expectation)	Benchmarks The standard to be met and /or some views of “what success might look like”
<p>4.1 Local Need</p> <p>The provision of the facility in Nethylaw represents a significant public investment in an area of multiple deprivation and must therefore contribute to the achievement of the 5 strategic outcomes in relation to the population of the area. Specifically the development must contribute to the delivery of commitments given in the Single Outcome Agreement and contribute to the realisation of improvements to the special and physical nature as of the area as described in the Local Development Plan:</p> <ul style="list-style-type: none"> List applicable aims 	<p>client group to insert criteria given in the SOA and the LDP that are to be realised though the investment – likely to cover the following areas</p> <ul style="list-style-type: none"> physical regeneration – perhaps increasing skills and employment opportunities public realm improvements – perhaps including increased personal safety and reduction in crime local HIA – through both availability of services supporting patients and carers but also as part of biodiversity/green travel/access to green spaces...
<p>4.2 Future Flexibility and Expansion.</p> <p>To allow for new and altered facilities that cannot be developed within the existing envelop, the building should be capable of expansion without compromising the above non negotiables – that means it should not occupy the whole if its site at the outset.</p>	<p>??% expansion space to be allowed adjacent to ??? areas</p> <p>include ??% expansion capacity in M&E</p>
<p>4.3 Sustainability</p>	<p>The building will achieve BREEAM Health excellent</p> <p>The design and construction of the facility will contribute to NHS???'s commitments in terms of – Good Corporate Citizen Assessment Model.</p>

The above were agreed by the involvement of the following stakeholder groups:

?? from the SOA team, ?? from CHP, ?? from the access group, ?? from the community representation group, ?? from the carers association, ?? from strategic health planning, ?? from the GP’s practice, ?? from the dental practice, ?? from the service change team, ?? from estates, ?? from health promotion team, etc.....

5 SAMPLE SELF ASSESSMENT PROCESS – V1 at Initial Agreement Stage

Decision Point	Authority of decision	Additional skills or other perspectives	How the above criteria will be considered at this stage and/or valued in the decision	Information needed to allow evaluation
Site selection	Decision by Senior Management Team with advice from Project Board	Comment to be sought from NDAP to inform Senior Management Team's consideration	Risk/benefit analysis considering the capacity of the sites to deliver a development that meets the criteria above.	Site feasibility studies (including sketch design to RIBA stage B) for alternate sites or completed masterplan (for site with the potential for multiple projects). Cost estimates (both construction and running costs) based on feasibility.
Completion of brief to go to market.	Decision by Project Board with advice from the Project Manager	Peer review by colleague with no previous connection to the project.	Is the above design statement included in the brief? Can the developed brief be fulfilled without fulfilling the above requirements?	Public sector comparator design (to published guidance) will be prepared to test the brief if the project is likely to be delivered through an NPD model.
Selection of Delivery/Design team	Decision by Project Board with advice from the Project Manager	Design advisor external to the project team	Quality cost ratio to be at upper level of guidance for complex projects contained in Annex A, para A.3.5 of Scottish Construction Procurement Manual CEL(2009)50 – the selection ratio and criteria to be published at the point of going to market to assist in attracting appropriate skills. Within the 'quality' section, the potential to deliver 'quality' of the end product in terms of the above criteria shall be greater than the aspects of 'quality of service' in terms of delivery. Compliance with service standards (such as PII levels etc) shall be criteria for a compliant bid and not part of the quality assessment.	Sketch 'design approach' submitted with bid (the stage and detail of these to be appropriate to procurement route chosen). The client team will visit 2 completed buildings by Architects in shortlisted team, to view facility and talk to the clients At interview, a section of presentation and questioning to be on design approach and potential of the team to deliver on above criteria.
Selection of early design concept from options developed	Decision by Project Board with advice from the Project Manager	Comment to be sought from NDAP	Assessment of options, using AEDET or other methodology, to evaluate the likelihood of the options delivering a development that meets the criteria above.	Sketch proposals developed to RIBA stage C, coloured to distinguish between main use types (bedrooms, dayspace, circulation, treatment, staff facilities, usable external space). Rough model.
Approval of design proposals to be submitted to planning authority	Decision by Senior Management Team with advice from Project Board		Assessment of options, using AEDET or other methodology, to evaluate the likelihood of the options delivering a development that meets the criteria above.	
Approval of detailed design proposals to allow construction	Decision by Project Board with advice from the Project Manager		Assessment of options, using AEDET or other methodology, to evaluate the likelihood of the options delivering a development that meets the criteria above.	
Post occupancy evaluations	Consideration by Health Board - lessons fed to SGHD	Design and healthcare advisors external to the project team?	Assessment of completed development by representatives of the stakeholder groups involved in establishing the above against the goals they set. Potential assessment using the tool established for reviewing LIFT developments – see http://www.cabe.org.uk/publications/assessing-design-quality-in-lift	