

# Participant's Requirements

Wilson Hospital Site Development

23 February 2018

Final Draft



right care  
right place  
right time  
right outcome

# Document Control

## Version Control

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# Contents

<b>1 Introduction and Background</b> .....	<b>4</b>
1.1 Introduction .....	4
1.2 Background .....	4
1.3 Strategic Context .....	5
<b>2 The Site</b> .....	<b>6</b>
2.2 The Lodge .....	6
2.3 Residential Development .....	8
<b>3 Service Provision</b> .....	<b>8</b>
3.2 Community Resource Hub / Wellbeing services .....	9
3.3 Primary Care Hub .....	9
3.4 Multi-disciplinary Team Specialist Outpatient Consultation .....	10
3.5 Diagnostic Services .....	10
3.6 Adult Mental Health Services .....	11
3.7 Children's Development Centre .....	11
3.8 Adult Community Services .....	12
3.9 Community Pharmacy .....	12
3.10 Bookable Space .....	13
3.11 Clinical Support Accommodation .....	13
<b>4 Operational Parameters and Activity</b> .....	<b>14</b>
<b>5 Outline Brief</b> .....	<b>18</b>

# Appendices

- A LBM Local (non statutory) list of buildings of historical or architectural interest

# Figures

Figure 1. Wilson Hospital Site .....	7
Figure 2. Service Provision .....	8
Figure 3. Clinical support accommodation .....	13
Figure 4. Operational Parameters.....	14
Figure 5. Activity Schedule.....	14

# 1 Introduction and Background

## 1.1 Introduction

- 1.1.1 This document sets out the high level requirements of the sponsoring organisation, NHS Merton Clinical Commissioning Group (MCCG), for the redevelopment of the Wilson Hospital site. It documents the project objectives, the current service strategy and the high level functional content requirements. These Participant's Requirements represent the minimum requirements of MCCG in terms of the premises and other facilities to be provided on the Site.
- 1.1.2 The purpose of this document is to provide sufficient information to the development partner to enable an initial study to be undertaken to assess affordability. The Tenant's Requirements, a more comprehensive suite of documents, will be developed prior to the design development stage setting out in detail the technical requirements for the building.

## 1.2 Background

- 1.2.1 Following the approval of the Strategic Outline Case for the development of a new healthcare facility in Mitcham an options appraisal was undertaken to identify a preferred option for the development. The outcome of this appraisal was that the Wilson Hospital site was the most economically advantageous option, accommodating all the required services on one site and offering up surplus NHS owned land for alternative use. MCCG Governing Body approved this "Economic Case" in January 2015.
- 1.2.2 At this stage all information was provided to the two DH property companies in order that a funding appraisal could be carried out. Following a review of the documentation both parties agreed that the most likely scenario would be for NHS Local Improvement Finance Trust (LIFT) to be the preferred option and therefore mutually agreed that the cost of running the funding appraisal would not represent value for money. A letter documenting this was provided to the CCG signed by both property companies.
- 1.2.3 Since then, at the instigation of the Health and Well Being Board, further detailed work has been undertaken to develop a joint vision for a new sustainable model of community health and well being in East Merton. The ambition is for the Wilson site to be designed on a campus model providing a location for an integrated health and well being hub in Mitcham, co-designed and co-managed by the community and local clinicians.
- 1.2.4 At the request of NHS England (NHSE) an updated Project Initiation Document was presented to the London Capital Pipeline Group and was approved on 1 December 2017. The approval waived the need to carry out another full economic appraisal or funding appraisal and gave permission to proceed to initiating a New Project.
- 1.2.5 Services in East Merton are currently provided from 9 GP practices and three other NHS owned sites from which community, mental health and a limited number of community-based outpatients services are delivered. The majority of diagnostic

services are still provided on the main acute sites with the exception of those now provided in the west of the borough at the Nelson Health Centre.

- 1.2.6 The current NHS estate in Mitcham comprises two sites, neither of which has been adequately maintained in the recent past due to uncertainty surrounding their future.
- 1.2.7 The case for change for the investment in new facilities for East Merton is multifaceted. The high level objectives specific to this investment decision are to:
- Improve the range, integration and quality of health and wellbeing services accessible locally and by doing so improve health and social outcomes for residents;
  - Develop modern, fit for purpose facilities that will facilitate the delivery of more services locally and promote service integration across sectors and organisations;
  - Deliver new facilities in the East Merton locality thus avoiding safety and financial risks due to the deteriorating condition of the existing buildings; and
  - Provide an opportunity to rationalise the estate and dispose of land and properties surplus to requirements.

### 1.3 Strategic Context

- 1.3.1 The proposals for a new healthcare facility within East Merton are based on the outcomes of a Health Needs Assessment (HNA) conducted in January 2014.
- 1.3.2 The HNA indicated that, in comparison to the western half of the Borough, East Merton has:
- A younger, more ethnically diverse population;
  - In general, the most deprived areas in Merton; and
  - The areas with shorter life expectancy. Most of the excess deaths are attributable to cardiovascular disease and cancer. Diabetes is also more prevalent in East Merton and respiratory disease is common.
- 1.3.3 The picture for child health also indicates a significant variation to West Merton with:
- Childhood immunisation coverage lower than the World Health Organisation target;
  - Emergency attendance for children under 4 higher than England levels;
  - An increase in childhood obesity; and
  - Hospital admissions for alcohol specific conditions in children and young people amongst the highest in London.
- 1.3.4 There are also four times as many children living in poverty in the east of the Borough in comparison to the west.
- 1.3.5 Using the proposed new development as an opportunity for change Merton CCG, in partnership with London Borough of Merton (LBM) public health team have reviewed

how health and wellbeing services are delivered and in conversation with the local community concluded that the establishment of a health and wellbeing campus on the site would deliver significant benefits and improve health outcomes for the local population.

- 1.3.6 The Wilson Health and Wellbeing Campus is an opportunity to introduce a new model of health and wellbeing designed to tackle health inequalities prevalent between the east and west of the London Borough of Merton. The aim of the campus is to help people live healthier lives and to bring the local community closer together. To enable this change there needs to be significant investment in the community estate and the technology that will underpin the delivery of this new model.
- 1.3.7 The development on the Wilson site is a key component in delivering this joint vision for the future health and wellbeing of the population served. The proposed development will provide a purpose designed, flexible facility that will improve local access and provide the opportunity for the integration of health, social and voluntary services on one site.

## 2 The Site

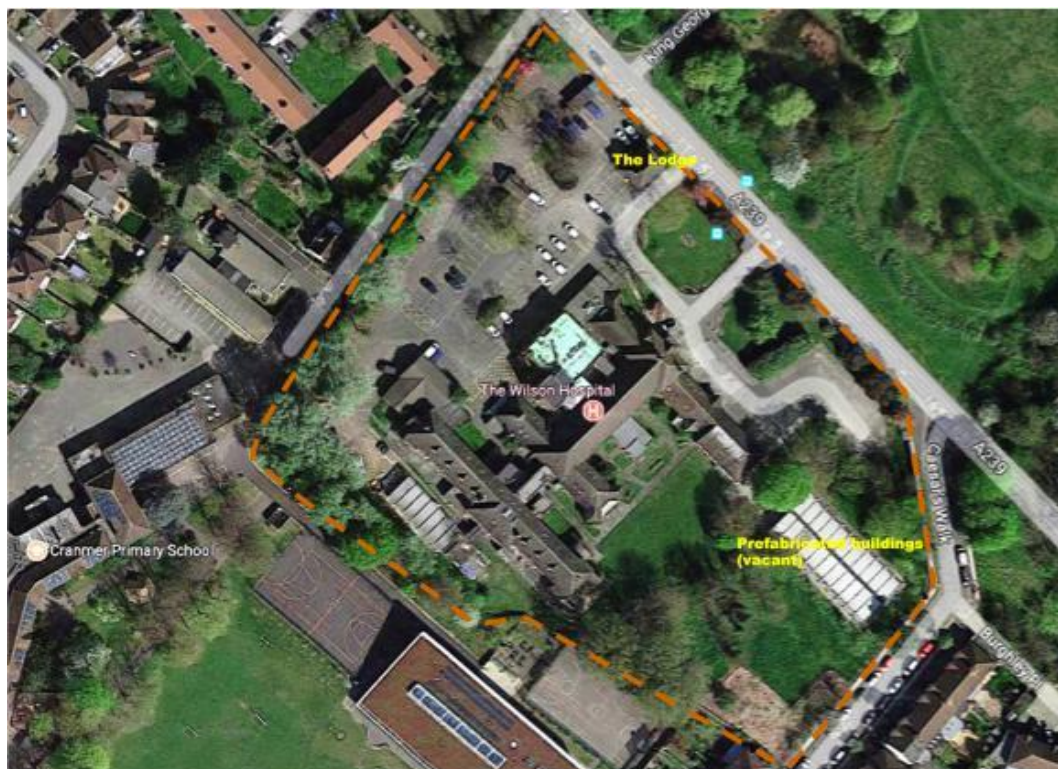
- 2.1.1 The Wilson Hospital site is located on Cranmer Road, Mitcham and amounts to some 1.8 hectares (c. 4.5 acres). The site is owned by NHS Property Services. The original hospital was opened in 1928, having been endowed by Isaac Wilson and is now a locally listed building. The site currently comprises the Wilson Hospital, the Lodge building, a sub-station, a single storey pre-fabricated building, car parking and open parkland, interspersed with deciduous trees.
- 2.1.2 The site is opposite Cranmer Green and is in a local conservation area. As such the use of the site needs to be considered in the light of maintaining elements of the current site and the retention of views across the site and of the key main frontage building from the green opposite will be critical in the assessment of the suitability of proposals for the redevelopment of the site.
- 2.1.3 The most important architectural elements of the existing Wilson Hospital are the central two storey entrance building and its two side wings. It should also be noted that, with a local listing, there is a presumption that the main features of the listed building should be retained including any important internal features such as principal rooms, staircases, important fireplaces etc., however, none of these internal features have been listed as of particular interest within the LBM *Local (non statutory) list of buildings of historical or architectural interest – Descriptions and Criteria Assessment* document, the excerpt pertinent to the Wilson is attached at Appendix A.

### 2.2 The Lodge

- 2.2.1 The Lodge is a building to the front of the site, which formed part of the original estate. The size and location of the building is not conducive to modern healthcare use and the decision has been made to provide this as a location for the delivery of some of the wellbeing services. A small footprint of land in the region of 300m<sup>2</sup> may be allocated for expansion of the existing building. For the purpose of this study please assume that

this will be the level of land take. The redevelopment of the Lodge is excluded from the LIFT development.

*Figure 1. Wilson Hospital Site*



- 2.2.2 Of archaeological significance is the existence of the foundations of a medieval manor house under the existing car park immediately adjacent to the existing building.
- 2.2.3 To the east of the site is a green corridor which mainly consists of mature trees all of which are subject to preservation orders given the conservation area status of the site.
- 2.2.4 The buildings were mainly used for office accommodation up until 2013 when some of the clinical services from the Nelson Hospital were relocated to the Wilson Hospital during the redevelopment of the Nelson Hospital site. These services have since relocated to the new Nelson Health Centre leaving a range of community mental health services and office accommodation for mental health teams.
- 2.2.5 Prior to development the current hospital building will be subject to appropriate demolition. A full survey will be required to ascertain the presence of any asbestos prior to demolition.
- 2.2.6 A key issue to be addressed is to **improve transport links** to the site. In the past, consideration has been given to the possibility of a footpath, which links the site to the Mitcham Junction train and tram station. The current route is more circuitous than necessary and involves travel through shaded areas, which compromise safety. The possibility of re-routing at least one of the bus services that currently run down London Road to call additionally at the site should also be considered.

## 2.3 Residential Development

2.3.1 The Wilson Hospital site is a large site and consideration must be given to the location of the health centre in relation to the residential development on the surplus land, which will act as an enabling scheme for the new health and well being development.

## 3 Service Provision

3.1.1 The CCG aims to commission a comprehensive range of primary and community physical and mental health services, delivered on an ambulatory care basis. There will also be a range of services commissioned by LBM Public Health, some within the healthcare building with the majority being accommodated either in the remodeled Lodge or within an alternative building pending the outcome of an options appraisal and business case.

3.1.2 There will be no inpatient services provided on site.

3.1.3 Figure 2 summarises the services to be provided and is followed by a brief narrative on each service. Full Service Briefing Sheets will be provided as part of the more comprehensive Tenant's Construction Requirements.

*Figure 2. Service Provision*

Service	Elements
Community Resource Hub	A range of healthy lifestyle and preventative services delivered to individuals and groups.
Community cafe	A venue for people to meet. To provide visitors, staff and patients with light refreshments. A focal point for signposting.
Primary Care Hub	Offering bookable same day appointments from 8:00 to 20:00, seven days per week. The Social Prescribing service will support the primary care hub integrating with the services available in the Community Resource Hub.
MDT and specialist consultation	A multi-disciplinary team to include primary, community and acute care clinicians. Mainly concentrating on the management and treatment of patients with long-term conditions e.g. diabetes and respiratory disease.
Diagnostics	Plain x-ray, Ultrasound, Echocardiogram, ECG, Phlebotomy, Diabetic Eye Screening Programme. Hard standing with power to be provided for mobile services.
Community Therapies	Musculo-skeletal Service, Outpatient physiotherapy, Podiatry



Service	Elements
Adult mental health services	A range of services delivered as booked and drop-in. Involves 1:1 counselling and group sessions.
Children's Development Centre	Bringing together an integrated offering of physical and mental health services to support children, adolescents and their families.
Holistic Assessment and Rapid Investigation	A service aimed at maintaining peoples independence by providing rapid assessment and a tailored treatment plan. The service provides consultations, physiotherapy and occupational therapy. Sessions may be on a 1:1 or group basis.
Rehabilitation Services	Cardiac and respiratory rehabilitation
Community Pharmacy	To be confirmed.

## 3.2 Community Resource Hub / Wellbeing services

- 3.2.1 The intention is that the Wilson site will be viewed as a community resource encouraging people to access, and also to set up, services for local people. This includes services to be provided within the building but also using the green space on site for therapeutic purposes.
- 3.2.2 The community café will be at the centre of these resources using more informal, social activities to encourage active participation in preventing ill health and living well. It is likely that the café will also play a significant role in the management of patients with mental health issues.
- 3.2.3 There are currently a range of lifestyle services provided across the borough including Stop smoking, National Diabetes Prevention Programme and Expert Patient Programmes, these services will also operate from the Wilson site on a sessional basis.
- 3.2.4 There are also plans to provide a kitchen on site that has multifunctional operating use which will support the café, have the potential use as a training kitchen and support rehabilitation services provided on site.
- 3.2.5 Access to green space to develop a community garden and quiet seating areas are also seen as an essential component of the community and wellbeing model.

## 3.3 Primary Care Hub

- 3.3.1 The Wilson site will house the Primary Care Hub for East Merton. At this stage there are no plans for a GP practice with a registered list on the site

- 3.3.2 The Primary Care Hub will offer booked same day appointments from 08:00 to 20:00 seven days per week. The patients attending the service will be registered with a Merton GP. There will be no walk-in service.
- 3.3.3 The enhanced service will also offer nurse appointments for wound care so the provision of a treatment room will be required.
- 3.3.4 The social prescribing service will be available to support patients attending the hub and for patients referred by their GP or other health and care professional. The aim of the service is to provide a more holistic approach seeking to assist patients with personal and social issues that may be having a negative impact on their health and wellbeing.
- 3.3.5 Patients will attend for 1:1 assessment sessions and potentially receive onward referral to local non-clinical services, some of which may be provided on the Wilson site.
- 3.3.6 To accommodate these services the design will need to be flexible to take into account the requirement for access outside of core hours e.g. zoning of the building, the security of staff and access by users out of hours.

### **3.4 Multi-disciplinary Team Specialist Outpatient Consultation**

- 3.4.1 The model for outpatient services at the Wilson moves away from the traditional consultant led service and adopts a multi-disciplinary team approach that allows for a more complete assessment of the patient resulting in a tailored treatment plan designed around the patients needs.
- 3.4.2 The service will be delivered by primary, secondary and community care clinicians, supported by social prescribing and by a range of wellbeing services provided within the locality or indeed on site.
- 3.4.3 The main driver for the choice of specialties to be provided is the better diagnosis, treatment and management of long-term conditions. In addition consideration has been given to other specialties and services that support patients with long-term condition e.g. diabetes and ophthalmology or support other client groups visiting the centre.
- 3.4.4 The list of specialties is subject to review, however, the quantum of activity is likely to remain within the levels indicated in Figure 5 (page 15).
- 3.4.5 Patients attending the MDT clinic are likely to have complex conditions and will be seen by more than one clinician during their visit.
- 3.4.6 We also envisage that there will be opportunities for interdisciplinary learning and training within this service model and this will need to be accommodated on site.

### **3.5 Diagnostic Services**

- 3.5.1 Simple diagnostic tests for local patients will be undertaken at the Wilson Health Centre (X-ray, ultrasound, blood-testing and cardiac monitoring). These modalities will provide

support to the clinics provided within the centre and direct access services for local GPs.

- 3.5.2 All other complex diagnostic tests will continue to be provided in an acute setting, for example, computerised tomography (CT) scanning and magnetic resonance imaging (MRI). However, in order to future proof the diagnostic capabilities at the facility, hard standing and power should be provided to house mobile services such as MRI.

### **3.6 Adult Mental Health Services**

- 3.6.1 A range of mental health outpatient services will be provided on the Wilson site. The precise nature of these services and the associated activity is to be confirmed, however, the assumption is that the current volume of clinical and clinical support accommodation will be required in the new facility.

- 3.6.2 The services currently provided on site are:

- Recovery and Support Teams (Wimbledon, Mitcham and Morden)
- Assessment Team
- Merton Early Intervention Service
- Substance Misuse Service
- Attention Deficit Hyperactivity Disorder/Autism Spectrum Disorder Services
- Complex Depression and Anxiety Service (CDAS)
- MH and Learning Disability Service
- Improving Access to Psychological Therapies (IAPT)
- Complex Needs Service
- Service User Network (SUN Project)
- Placement Review
- Employment Support Service (Aim4work)

### **3.7 Children's Development Centre**

- 3.7.1 The children's services in East Merton are currently provided from numerous locations across the borough. The inclusion of a Children's Development Centre in the Wilson development aims to bring together some of these services (where it makes sense) to provide an integrated services which meets both physical and mental health needs.

- 3.7.2 Bringing these services together in one place provides the critical mass to invest in the development of a child friendly environment providing both the clinical and social space required to deliver a holistic service.

- 3.7.3 Whilst work is still on-going to establish how the new integrated model will work the services to be included have been agreed and are listed below:

- Physiotherapy
- Occupational Therapy

- Speech and Language Therapy
- Audiology
- Dietician
- Child and Adolescent Mental Health Services (CAMHS)
- Sexual Health
- Community Paediatrics
- Health Visiting clinics
- Family Nurse Partnership sessions
- School Nursing sessions
- Looked after Children (LAC)

### 3.8 Adult Community Services

3.8.1 The adult community services delivered on site will consist of; community therapy services, a range of clinic based services and HARI, the Holistic Assessment and Rapid Investigation Service. These are established services that are already located elsewhere in the borough. It is hoped that by bringing them onto one site that the opportunities for integration will be realised.

3.8.2 The planned service provision includes:

- MSK and outpatient physiotherapy
- Neuro-physiotherapy
- Podiatry
- HARI
- Sexual Health
- DESMOND and DAFNE (diabetic training programmes)
- Speech and Language Therapy
- Dietetics
- IBS Groups

### 3.9 Community Pharmacy

3.9.1 As yet there is no defined requirement for a pharmacy within the facility. However the draft Pharmacy Needs Assessment (PNA) has identified that improvements could be made to access to community pharmacy in the east Locality on a Sunday afternoon. The draft PNA is currently out to consultation until 20th February 2018 and so may change before the PNA is formally adopted by the Health and Wellbeing Board towards the end of March 2018.

3.9.2 It should be noted that if a community pharmacy relocates to the site, then this may produce a gap elsewhere in the borough. At this stage it would be prudent to include a

space allowance for the inclusion of a pharmacy pending a final decision and the outcome of the PNA.

### 3.10 Bookable Space

3.10.1 Some of the services to be provided at the Wilson Health Centre are not delivered on a regular basis and as such it is not possible for the provider to enter into a lease agreement for an identified demise. We are therefore proposing to have a small amount of space that can be booked on a sessional basis as and when required.

3.10.2 This space has two elements the non-clinical space, used for interview and counseling and the clinical space consisting mainly of Consult/Exam rooms.

3.10.3 The non-clinical space will be made available to the wellbeing services and as additional capacity for the mental health services. Ideally it will be located in the vicinity of the café to allow it to be used as breakout space for clients needing more privacy following group sessions in more public space.

3.10.4 The bookable clinic rooms will be utilised as “swing” rooms between the Primary Care Hub and the MDT Specialist Consultation to deal with variations in demand. They will also be available to services only requiring accommodation on a limited sessional basis e.g. sexual health.

### 3.11 Clinical Support Accommodation

3.11.1 Staff accommodation should adopt collaborative and flexible working methods, incorporating quiet zones, secure zones and team zones.

3.11.2 There will be some limited office accommodation provided within the departments required for day to day running of the service. There are also more significant space requirements for some support accommodation and these are presented in the figure below. It is assumed that most of these requirements will be met on an open plan basis and not require individual offices. Where privacy is required breakout rooms have been identified.

*Figure 3. Clinical support accommodation*

Service	m <sup>2</sup> per space (exclusive of circulation)	Workstation	Rooms
Children’s Community Staff	4	40	
Adult Mental Health	4	67	
CAMHS	4	18	
Primary Care Hub admin and call centre	4	6	
Admin for MDT Specialist Consultation	4	6	
Meeting/training (with partition)	50		1
Meeting / breakout	8		3

## 4 Operational Parameters and Activity

- 4.1.1 The following table sets out the key operational parameters for the Wilson Health Centre taking into account the move towards extending opening hours to improve access.
- 4.1.2 The design of the building should ensure that areas can remain operational whilst the remainder of the building is secure. This extends to the ability to zone the building with regard to lighting and heating thus reducing running costs outside of core hours.

**Figure 4. Operational Parameters**

Operational Parameters	
Operational days per week	7 days
Operational weeks per year	52 weeks
Core operational hours (including staff set-up and clear)	07:30 – 20:30
Primary Care operational hours (including staff set-up and clear)	07:30 to 24.00
Target room utilisation	85%

The following table sets out the proposed activity to be undertaken in the new Health Centre. Where current activity data is unavailable or unreliable the CCG has worked with the provider to establish the accommodation requirements and this is indicated in the comments section of the table.

**Figure 5. Activity Schedule**

Service	Average appt. duration. (mins)	Annual Attendances	Comments
Primary Care Hub	15	127,400	Variable due to demand influenced by time of year etc. To utilise bookable space, as required, to meet peaks in demand.
Out of Hours Service	15	4800	Will utilise same space as primary care hub.

Multi-Disciplinary Team (MDT) Specialist Consultation			
Cardiology	30	2767	The appointments times are blended for new and follow up appointments. An additional 50% premium has been added to those specialties that are dealing with complex conditions, as they are more likely to be seen by more than one clinician during their allocated appointment time.
Dermatology	15	2436	
Diabetic Medicine	30	2438	
ENT	15	2184	
Ophthalmology (retinal and glaucoma)	30	4630	
Respiratory Medicine	30	2243	
Rheumatology	30	1772	
<b>Total</b>		<b>18470</b>	
Nurse Treatment			Two treatment rooms
Minor procedures		800	Minor procedure room
MDT room / Group Room			Large group room for MDT meetings and tele-conferencing. May be used for patient education groups.
Diagnostics			
General X-ray			One room
Ultrasound			One room
Echocardiography and ECG			One room
Phlebotomy			3 chairs
Diabetic Eye Screening Programme			Two rooms
Community Therapies			
MSK and physio	30		3 treatment rooms (1 bariatric) Gym space for exercise and group sessions
Neuro-physio 1:1	30	2000	X2 Bobarth plinths within gym space.
Neuro-physio groups	60 - 90	390	Access to gym space
Podiatry	30	5000	
Community Services Clinics			
Specialist Diabetes	30	3000	4 rooms twice/week
DESMOND (diabetes education group Type 2 diabetes)		400	2 group rooms/week including weekend access. 1:1 space to be available for private assessment.
DAFNE - Type 1 diabetes		400	1 large group room once per month. 1:1

education programme. (week long programme)			space to be available for private assessment. Available Monday – Saturday.
Dietetics and nutrition		700	3 clinic rooms/week
Speech and Language		700	3 clinic rooms/week
Irritable Bowel Syndrome Groups		180	1 large group room once per month. 1:1 space to be available for private assessment.
Sexual Health		3000	3 clinic rooms and one lab room, 3 times/week
Cardiac rehab		390	Group room with adjacent space for private assessment. 1 room/fortnight
Pulmonary rehab		390	Group room with adjacent space for private assessment. 1 room/fortnight
<b>Holistic Assessment and Rapid Investigation (HARI)</b>			
Consultation/interview/treatment			Three exam consult rooms (2 nurse, 1 consultant) one treatment room
Exercise			One gym
Occupational Therapy (OT) and activity			One OT room, one activity/group room
Activities of daily living assessment			One ADL bathroom (not DDA compliant), one ADL kitchen
<b>Adult Mental Health Services</b>			
As per services listed in 3.6 above.			Ten consult/interview rooms
			Four large consult/interview rooms (10 people)
			Two group rooms
			1 treatment room
			Access to bookable rooms and café
<b>Children's Development Centre</b>			
Speech and Language (S&LT)		2500	Two clinic rooms 5 days/week, and two clinic rooms 2 days/week
S&LT Group work		2000	Large group room with 2 way mirror
Various client training		3200	Large group room 3 days/week. To be available evenings and weekends.
Dietetics		600	Clinic room with wheelchair accessible scales 2 days/week



Dietetics		1500	One room 5 days/week. Option for weekend use.
Community paediatrics and therapists			One groups room 2 days/week.
Occupational Therapy		750	Sensory/clinical room 5 days/week. Note will require ceiling tracking for vestibulator.
Occupational Therapy		750	One clinical room 5 days /week
Occupational Therapy		2000	Gym space shared with physiotherapy
Physiotherapy		2000	Gym space shared with OT
Physiotherapy		1300	One clinical room 5 days/week and one clinical room 3 days/week
Health visiting		6000	One clinical room 2 days/week and one large clinical room 2 days/week (well baby clinics)
School Nursing		1700	One clinical room 2 days/week
Looked After Children		100	One clinical room ½ day/week and social space for ad hoc drop in.
Community Paediatrics			Two consulting rooms
Child & Adolescent Mental Health Services			Six interview rooms and two large interview rooms for family groups.
Audiology			One booth – to be confirmed
<b>Bookable Space</b>			
Clinical			Five Consult/Exam rooms, two interview rooms and one large dividable group room
Non-clinical			Two interview rooms, two large interview rooms (family group) and one large group room

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## 5 Outline Brief

- 5.1.1 The building and use of the site should support the CCG's aims to improve the health and well being of the population. As part of this broadening of the health agenda the development should be viewed as a general community facility and as such access to the building and site should be given due consideration in achieving this aim.
- 5.1.2 Whilst it is acknowledged that there may be separate developments on the site the CCG are keen that the design of the buildings and the wider site is cohesive and needs to project "community" rather than just a clinical building.
- 5.1.3 It is essential that the building be, both externally and internally, designed to provide a positive experience that promotes the wellbeing of all building users. This involves consideration of the physical, psychological, emotional and therapeutic effects of the built environment.
- 5.1.4 Activity and meeting space will be made available to local community groups and the main public spaces should have the potential to be used for health promotion and other activities.
- 5.1.5 **User engagement** - key to the success of the planning and development of this scheme is user involvement and ownership within the local community. The CCG already has a good relationship with the community and further design development will involve community and user representatives. Patient and Public Involvement (PPI) events have already taken place and will need to continue to be held throughout the process.
- 5.1.6 A detailed comms strategy is in place and a schedule of clearly themed events with the public will be promoted and advertised that support the different elements of the work where the public can have a direct influence.
- 5.1.7 **Patient-centred Design** - the variety of patient pathways that flow through the building, and the proposed service integration, should be considered when developing the design. This will inform appropriate adjacencies and promote the delivery of healthcare services that are focused around the individual. Simple and intuitive routes should be planned that aid orientation and wayfinding.
- 5.1.8 The building should fully reflect the specific needs of different client groups in terms of environment, scale, comfort, privacy, reassurance, style and security and provide an appropriate balance between clinical, non-clinical and public areas.
- 5.1.9 Specifically there will be a significant volume of children's services provided within the facility and thought should be given to consolidating these services into a child friendly environment. Due care should be given to child friendly access, security and safeguarding for those attending with both physical and mental disability.
- 5.1.10 **Flexibility and Adaptability** - Whilst the tenant's will agree the clinical functionality to be provided in the facility, it is expected that the design shall provide a high level of flexibility.
- 5.1.11 Flexibility and ease of adaptation and alteration add to the lifespan of the building and make it more sustainable. The need for an adaptable and flexible building must be

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carefully considered during the design development of the scheme. The aim is to provide a design solution that will be sustainable over the lifetime of the building by enabling short, medium and long-term change.

5.1.12 Short term flexibility provides the ability to manage processes across the daily / weekly / monthly timetable, with minimal disruption and inconvenience. This may be achieved through the use of standardised, multi-functional spaces that can be used by different clinical specialties and service users on a daily basis.

5.1.13 Medium term flexibility, allows easy change on a 3 to 5 year cycle. This can be achieved by:

- Sensitive internal design that allows internal modification with the minimum of cost or disruption to the existing fabric, e.g. through the use of a sensible regular structural grid and minimal use of load-bearing elements that may constrain the reconfiguration of space
- Having the ability to re-designate rooms from one function to another.
- Allowing for easy installation of additional mechanical and electrical items, such as water services, power and specialist IT, to cope with increased future demand
- Consideration of construction methods.

5.1.14 Long Term Flexibility is enabled by the expansion of the facility. Logical external expansion areas should be identified as part of the design development process.

5.1.15 **Accessibility for Patients** - the building must be designed to be fully accessible to all. To that end, the design must consider the needs of wheelchair users, but also those of children and their parents, those with poor mobility, particularly the elderly and those who have sensory and learning impairment.

5.1.16 Clarity of way-finding is critical to reducing the anxiety of patients and visitors. The building layout should respond to this need by providing a design that enhances intuitive way-finding and shortens travel distances within the building. This should be supported by high quality interior design that incorporates the use of colour, symbols and artwork as a means of guiding people through the building, as well as consistent and appropriate signage.

5.1.17 **Privacy and Dignity** - The building layout must be designed to respect the dignity, comfort and privacy of all users. Issues regarding visual and auditory privacy should inform the location and design of changing areas, toilets, showers, reception desks and clinical rooms.

5.1.18 **Landscaping** – the inclusion of green / outside space is seen as a key component of the overall vision for the site. It should be designed to create a welcoming entrance to the site as well as having practical uses for the therapeutic benefits it can bring both physical and mental health.

5.1.19 **Parking** – the Wilson site is not particularly well served by public transport and, as such, historically many patients have accessed the site by car. Whilst the CCG are fully supportive of reducing the use of private cars and encouraging more sustainable

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forms of transport many of the patients attending the site will have long term conditions which reduce their ability to use public transport.

- 5.1.20 A full assessment will need to be commissioned as part of the planning process but for this stage it would be prudent to plan for approximately 100 car parking spaces. The ultimate level of car parking will be agreed through the planning application process.
- 5.1.21 The London Boroughs are committed to developing “green travel” plans wherever possible. Cycling is to be promoted and encouraged by the provision of secure and vandal-resistant bicycle racks adjacent to the building. The total number of racks and specification is to be provided in accordance with BREEAM requirements.
- 5.1.22 **Sustainability and energy efficiency** – the NHS is committed to “development that meets the needs of the present without compromising the ability of future generations to meet their own needs”.
- 5.1.23 This scheme offers a unique opportunity to adopt the sustainability agenda allowing all three aspects to be taken into account, social, economic and environmental.
- 5.1.24 All energy saving opportunities should be explored and implemented where practicable to reduce energy use and minimize the use of fossil fuels.
- 5.1.25 The facility will achieve a BREEAM rating of excellent.
- 5.1.26 **Efficiency and utilisation** – of key importance to the CCG is that the building is efficient in its design and that utilisation of the available space is maximised. To this end we would wish to see:
- A target of room utilisation of 85% for all clinical space; and
  - GIA (Gross Internal Area) to NIA (Net Internal Area) at greater than 90%
  - GIA to ILA (Internal Lettable Area) at greater than 80%

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## Appendix A

Extract from London Borough of Merton:

*LOCAL (NON STATUTORY) LIST OF BUILDINGS OF HISTORICAL OR ARCHITECTURAL INTEREST*  
*DESCRIPTIONS AND CRITERIA ASSESSMENT*

WILSON HOSPITAL, CRANMER RD, MITCHAM. (MCG)

### NOTES

This is a part two and part single storey building, which dates from 1928, and which was designed by the architects Chart Son and Reading. It was endowed by the local benefactor, Isaac Wilson. The design of the building is classically inspired with a steeply pitched roof, twelve panel timber sash windows, and a stone central portico supported on pillars and pilasters. Stone quoins define the corners of the central two storey section of the building, and the eaves display strong modillion detailing. Above the portico is a palladian window, with a modillioned pediment feature above that, and a centrally placed copper cupola on the roof. The wings to each side are of lesser interest. No alterations are evident on the central two storey section of the building.

### CRITERIA ASSESSMENT

Architectural style: good

Age/history: fair

Detailing: good

Group Value: none

Building Materials: quite good

Subsequent Changes: none