New Primary Care Premises

Design to support workplace health

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Health at Work in the NHS on 020 7413 1873

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Health at Work in Primary Care
Health Development Agency
Trevelyan House
30 Great Peter street
London SW1P 2HW
Website: www.hawnhs.hda-online.org.uk

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The vision

Adopting a workplace health philosophy

Most providers of primary care services would accept that their premises should be healthy workplaces for staff, as well as providing a quality environment for patients and visitors. Some advantages of creating healthy workplaces, cited in discussions with those who have moved into good new premises, are that they can:

- provide a professional environment from which staff can deliver quality services to patients
- promote a sense of well-being for both staff and visitors
- help to improve the image of a facility
- reduce staff absence.

In the first decade of the 21st century there will be unprecedented opportunities for primary care providers to make improvements to workplace environments for staff. In the year 2000, the government set aside a package worth £400 million under the NHS Plan to transform the role of the GP surgery alongside other vital community health services. The government also hopes to modernise or replace 3,000 GP premises under the NHS Local Improvement Finance Trust (NHS Lift) scheme, a public/private finance initiative, and to open 500 new one-stop primary care centres.

In addition to local, regional and national government strategies, many independent GPs will be seeking to upgrade and extend their premises in response to demands to modernise and expand primary care services, and improve access in compliance with the Disability Discrimination Act, 1995.

This expansive development programme will provide ideal opportunities to consider workplace environments alongside other improvements to primary care premises. However, service providers may not be sure how they could also achieve most benefits for the health of staff. This publication aims to highlight some basic principles and processes, and to provide signposts to show where further help and information are available.

This publication has been produced principally to support GPs and practice managers to ensure that workplace health considerations are deliberately incorporated into the design brief when new facilities are planned. However, much of the information and guidelines provided could be usefully applied to a range of primary care premises, by premises development officers in Primary Care Groups, Primary Care Trusts and Health Authorities.

This guide is needed because, although many design features supporting workplace health are embedded in existing design and technical guidance, none links these features into a coherent strategy. This can result in missed opportunities, with unnecessary negative consequences for staff health. This guide focuses on non-clinical areas in primary care facilities, and is intended to be used as a supplement to flag up the workplace health-related information in existing guidance – it is not intended to replace it. The latest design guidance documents issued by the Department of Health should always be consulted when preparing a brief. These include specific guidance for clinical areas, such as treatment rooms and minor injury units, which are not included in this document.

What is workplace health?

Components contributing to workplace health from an organisational perspective are:

- human resources and management
- occupational health and safety
- sustainable development
- supporting the personal health and well-being of individual staff.

Employers have a legal responsibility under the Health and Safety at Work Act, 1974, to ensure that staff health is not adversely affected by their working conditions. As all components of workplace health can be influenced by design, it makes sense to build in supporting features when new premises are planned.

Managing the process of new premises development

Many primary care premises development projects are now being initiated by Health Authority/Primary Care Group/Primary Care Trust teams, often in partnership with GPs, other primary care providers, and the private sector. These projects will reflect the service strategies of the health authority's Health Improvement Programme to address:

- local needs
- existing primary healthcare provision
- the condition and adequacy of existing premises
- identification of future primary healthcare needs.

When new primary care premises are proposed, local GP practices are often invited to occupy space as leaseholders. If a practice becomes involved early in the building process, staff may have an opportunity to influence the design to reflect their own preferences and patterns of working. An advantage of this arrangement for GPs and practice managers is that they are likely to avoid some of the complex stages of procurement, such as site identification and purchase, and the appointment of contractors, which they would have had to undertake if they had sought premises independently.

GPs initiating plans to build new premises, or to alter existing premises using public finance, will need the agreement of their health authority, primary care group (PCG) or primary care trust (PCT) that their plans fit with local strategic aims and will provide the public with value for money. These agencies will also need to be consulted at various stages of the development, and particularly if there are any changes to the plans. They are likely to be a useful source of information, advice and support, and to have the benefit of recent primary care building development experience to draw on.

GPs planning to move into new premises, refurbish premises, or make small-scale changes without reliance on public financial assistance have no restrictions on who should be appointed to carry out the planning design and construction process. But they will require health authority approval for rent and rates reimbursement under cost rent and notional rent assessments. They are therefore strongly advised to discuss their plans and contractual arrangements at the outset of the project.

Staff consultation

The scale and function of any proposed changes to premises will vary according to each facility, and should be determined by an assessment of need, balanced with the resources available. The key to developing a brief that will eventually lead to a successful building will greatly depend on appropriate communication and consultation with all members of staff, and other stakeholder groups likely to be affected by the changes.

Assessment could begin with discussions about staff individual and group needs. User-group meetings are also a useful method of agreeing broad principles and discussing issues such as joint use of space. The process of staff team involvement in facilities design planning has proved productive in enabling staff to learn more about each other's ways of working, which has led to improved staff relationships, and made it possible to identify any conflicting needs early on.

Negotiating an extensive design and build primary care project can be a complicated and time-consuming process. Many GPs and practice managers will lack the particular expertise, confidence or resources to manage the project on their own, and so should seek professional assistance at the start of the project. For larger projects it is often useful to appoint a project manager with experience of the building process and consultation techniques. This could be an internal member of staff if they have the required knowledge and experience, or an external person could be appointed. Architects will often undertake this role, and there are also specialised project management consultants; but guidance should be sought from the health authority/PCT on these appointments to ensure that they have the relevant experience. The project manager will need to take charge of implementing changes, timetabling and coordinating activities, and

should be skilled in group facilitation and negotiation techniques. The project manager will need to take responsibility for helping staff appreciate that certain choices and compromises may need to be made due to financial, organisational or other constraints.

Design experts should be selected who can inform staff on options available to them, and who will be prepared to inform and consult all user groups at key stages throughout the development. The consultation process should start with the development of broad concepts and a statement of objectives for the building changes, which should include workplace health objectives. The process should then move into detailed consultations with users, leading to informed decision-making. These decisions can then be used to influence sketch design solutions, which should be worked up to a scale that includes sufficient detail for staff to be satisfied that their requirements are being considered.

Appointing an architect

Depending on the scale and nature of the project, different forms of assistance are available. For extensive or complex construction projects, the appointment of an architect can help take the stress out of the project management process. They can also add quality to workplace environments by finding extra light and space, or by suggesting materials that may not be familiar. An architect can also help to find the right builder at the right price and monitor their progress, and will usually make recommendations for any other construction consultants required.

An architect should also be able to provide guidance on the legal requirements of the project. Areas of criminal, civil and professional liability and responsibility that owners and managers of primary care facilities will need to comply with include:

- planning regulations
- building regulations
- access legislation
- health and safety legislation
- *Statement of Fees and Standards Allowances* (SFA or Red Book)

Some health authorities, PCGs/PCTs and community trusts have found it helpful to develop an approved list of architects with experience of developing health buildings. Although an approved list can be time-consuming to set up, it subsequently reduces the time spent tendering for individual projects, and increases building quality. GPs seeking architects should therefore inquire whether their health authority or PCG/PCT has a local approved list.

For smaller-scale projects, architects usually offer a range of services. These can include an initial design discussion, from an hour's general advice or a fixed-fee feasibility study, to guidance and supervision of the whole process. Architects can also be appointed to manage the process even if a design-and-build contractor is used. For larger projects, one way to select an architect is to use a competition method whereby a small number of architects (preferably no more than six) are short-listed.

Choosing an architect/developer/design contractor for a new building should be undertaken with care. It is important to find someone who can produce a style of building that you like, and who can demonstrate a clear awareness and application of supporting features for workplace health, such as ergonomically designed workstations. A possible starting point for those seeking new premises is to organise visits to similar, admired buildings, and to talk to staff working in that building to find out how satisfied they are with their everyday working environment. GPs should also try to choose an architect or contractor who is prepared to listen and respond to their staff's requirements and priorities.

The cost of an architect will depend on the nature of the scheme and the extent of the service required. A full service is likely to be between 8 and 15% of the total building cost. However, fees can be charged as a percentage of the total construction cost, at an hourly rate, or for a fixed rate. Cost budgets prepared by architects for premises development need to be considered against the cost rent schedule, to ensure they are affordable.

Further assistance

The clients advisory service of the Royal Institute of British Architects (RIBA) provides the following assistance to those planning new or refurbished premises.

- A plan of work to help select the precise services you require.

- A standard form of agreement entitled *Small Works* (SW99) for use on projects where the cost of the building work is not expected to exceed £100,000, and an accompanying booklet, *Architects' Services: Small Works*, which answers some of the questions first-time clients may ask with indicative fee scales (**obtainable from RIBA Publications**).

- An extensive computerised database on all RIBA registered practices. This database includes information about the practice and the range of services offered. Local and national practices with experience of primary care projects similar to the one envisaged can be selected.
  This is a free service:
  Tel: 020 7307 3700
  email: cas@int.riba.org

- Directory of Practices: **www.ribafind.org**

- Advice and assistance with organising a competitive process to select your architect or design team.
  Tel: 0113 234 1335; Fax: 0113 246 0744;
  email: RIBA.Competitions@mail.riba.org

- A Health Client Forum – which organises conferences, workshops and symposium on issues related to health buildings.
  Tel: 020 7307 3670
  Fax: 020 7436 9112
  email: client.forums@inst.riba.org

The design brief

GPs planning to move into new premises, or to undertake extensive refurbishment of existing premises, will need to prepare a brief which defines requirements, and forms the basis for cost estimates and the subsequent design and construction of the scheme. It is at this stage that the requirements for workplace health can begin to become formalized.

A full explanation of the function and content of a brief is contained in *Health Building Note 2* (HBN 2): *Briefing and Operational Policies* (see Selected references). An architect develops a brief, and this should be done through a process of consultation with key members of staff and other stakeholders (see Staff consultation). NHS Estates briefing guidance suggests that this should include:

- service aims and objectives for the proposal

- the project's philosophy (to encompass ideas around promotion of health and sustainability)

- the functional content required for the proposed facility (what services and activities the facility is being designed to accommodate)

- a preliminary schedule of accommodation (listing all the separate spaces required, with reference, where possible, to area estimates)

- which activities need to be near or far from each other to facilitate communication or provide privacy and security

- specific site and planning requirements, including comments on access and facilities for disabled people

- preliminary performance requirements for building services and environmental issues

- consideration of operational policies.

Workplace health design features

The purpose of a staff consultation process, as discussed above, is to help determine the specific needs of each practice in order to guide design teams. As staff in each practice will operate differently, no rigid blueprint for workplace health can be given. However, health authorities are required to carry out value-for-money assessments on new or substantially refurbished premises to be occupied by general practitioners before actual rent, cost rent, notional rent reimbursements or improvement grants can be given.

The *Statement of Fees and Allowances* (SFA or Red Book) issued by the Department of Health outlines the criteria whereby GPs receive payments for premises reimbursements. SFA Paragraph 51.3 limits reimbursement for premises to the appropriate size and building cost maxima specified in paragraph 51/Schedule 1a and 1b. In addition, it specifies that health authorities should be satisfied that the standards of design and construction will result in value for money for the public. To support this, NHS Estates has produced a circular, *Commentary, A Guide to the Size, Design and Construction of GP Premises* (HSC 1999/071) to guide health authorities when making value-for-money judgements.

These standards will need to be incorporated into the design brief, because health authorities will comply with this guidance when considering the approval of premises for reimbursement. The Schedule and Commentary for the *Statement of Fees and Allowances* (SFA or Red Book) are in the process of being revised, and the latest version should be consulted (see Selected references).

To counter negative experiences in commissioning primary care buildings, some health authorities have produced additional guidance to that contained in the General Medical Practice commentary, specifying preferred suppliers and detailing products to promote building quality. GPs planning new premises should inquire about these.

The following information, collated mainly from the SFA Commentary and other official NHS guidance, circulars and publications, as well as discussions and interviews with key professionals, are intended to highlight design features that are most likely to affect general workplace health conditions for staff.

General principles

Siting

The location of premises can affect workplace health, particularly in relation to issues of personal safety, pollution, access to transport, healthy food outlets and other facilities, and this should be considered when options are discussed.

Seeking early health authority support for the location of a site is vital. Also, planning permission will be required for any new development and for most substantial modifications. Schemes will need to comply with local environmental health policies and, where necessary, listed building consent obtained. Local authority planners should be consulted early in the design process as mandatory planning requirements will influence access, retention of trees, street-lines and the massing of the building. Outline or full planning permission should be lodged as soon as practical in the design process, and applications will usually need to be accompanied by annotated maps and drawings. Evidence of health authority support when submitting the planning application is advisable. Copies of planning permission should be sent to the health authority when they are received.

Finding appropriate sites for primary care facilities can be difficult, particularly in inner-city areas where land prices are high and sites need to be easily accessible. Usually GPs are in a good position to identify an appropriate site, as they and their patients will have local knowledge. Other health agencies and local authorities may also be able to help identify a suitable site.

Premises can be procured by GPs either by borrowing capital to be an owner-occupier, or by having a partnership with a third-party developer who specialises in producing purpose-built premises to be leased by doctors. If the former, GPs should employ the services of a good

architect experienced in the design and construction of medical premises, and develop the brief (as outlined above) reflecting staff interests and best working practices.

Once health authority/PCT approval for the development has been received, GPs can exercise an option to purchase a site prior to obtaining planning permission. If the GP wishes to lease new premises from a third-party developer, guidance is contained in HSC 1999/071 on how best to go about this. An increasing number of premises are being built in this way, and there are a number of third-party developers who specialise in this field. As many GPs and health authorities/PCTs lack experience, it is best to advertise for expressions of interest from developers to deliver the project.

If a site has not already been identified, developers are usually skilled in doing so, and in drawing up a design brief following discussions with GPs. However, doctors are advised to consider employing an independent professional who can advise on what is proposed and ensure that what is agreed in the design brief is reflected in the finished building.

Detailed site survey work will need to be undertaken by specialist surveyors before the project can proceed further. The health authority will also require the District Valuer to assess the value of a new site for cost rent calculations.

Before construction begins, the architect will have to make an application for consent under the Building Regulations. These lay down standards for items such as structural stability, resistance to fire, means of escape and insulation. There is a fee for the application, which is on a sliding scale according to the value of the work, but it is considered a legitimate expense under the Cost Rent or Improvement Grant schemes.

Where GPs are acting as the client commissioning construction work, they will have some duties under the Construction (Design and Management) Regulations, 1994.

In particular clients have to:

- appoint a planning supervisor (either an individual or a company, e.g. a design team) – the appointment should be made in sufficient time to allow the planning supervisor to develop a suitable pre-tender health and safety plan before arrangements are made for construction work

- ensure that the planning supervisor is provided with health and safety information about the premises or site where construction work is to be carried out

- appoint a principal contractor – the appointment should be made in sufficient time to allow the principal contractor to develop a suitable construction-phase health and safety plan before construction begins

- be reasonably satisfied that all those appointed are competent and adequately resourced to carry out their health and safety responsibilities

- ensure, as far as reasonably practicable, that a suitable construction-phase health and safety plan has been prepared by the principal contractor before construction begins

- take reasonable steps to ensure that the health and safety file they will be given at the end of the project is kept available for inspection by those considering future construction work.

Further advice is contained in a free HSE leaflet (MISC193): *Having construction work done?: duties of clients under the Construction (Design and Management) Regulations 1994.*

When choosing a site, the public transport needs of staff and visitors should be taken into account. Staff should be encouraged to use public transport, but facilities for bicycle storage and parking spaces for outreach workers, emergency and community vehicles, mobile units, and disabled staff and public will be required. Site planning should also consider staff safety in the location of entrances and exits, especially back exits to car parks when sole staff members may be leaving late at night.

Size

An overall principle that needs to guide design proposals is that primary care is changing rapidly. Therefore capacity and flexibility to allow future change and expansion should be a key element of any new building.

Adequate space for activities is a key element in providing a healthy workplace environment, but space is likely to be

restricted by a number of factors. The schedule of overall areas and costs in the *Statement of Fees and Allowances* Appendix A provides maximum sizes against which to judge proposed areas for general medical services (GMS) accommodation. These sizes are established in accordance with the number of GPs expected to practise from the proposed premises.

Activities that often seem to be allocated insufficient space in primary care facilities are reception and administration. Space provided for baby clinics, training and full staff meetings is also frequently cited as inadequate. Restraints on space are likely to come from site restrictions, or the structure of existing buildings. Accommodation for non-GMS services is not reimbursable under the SFA.

Layout and design

Primary care premises are functional buildings, and control of patient flow and confidentiality are prime considerations. But it is staff who will be in the building longest, and the building must also function as an appropriate working environment. Care should be taken to plan space so that staff are not isolated, and allocation of space facilitates working relationships between staff groups where appropriate. Distances between services and activities that are linked should be minimised for the convenience of both staff and patients.

Access throughout the building is an important consideration for primary care service providers. From 2004, under the Disability Discrimination Act, 1995 primary care buildings will be required to take steps to remove, alter or provide reasonable means of access, and to avoid physical features that make it impossible or unreasonably difficult for disabled people to use the service. Any physical barriers that prevent the access of disabled people will have to be removed, or the service disbanded. Access considerations should include appropriate signposting of the facility for people with visual impairments and induction loops for meetings.

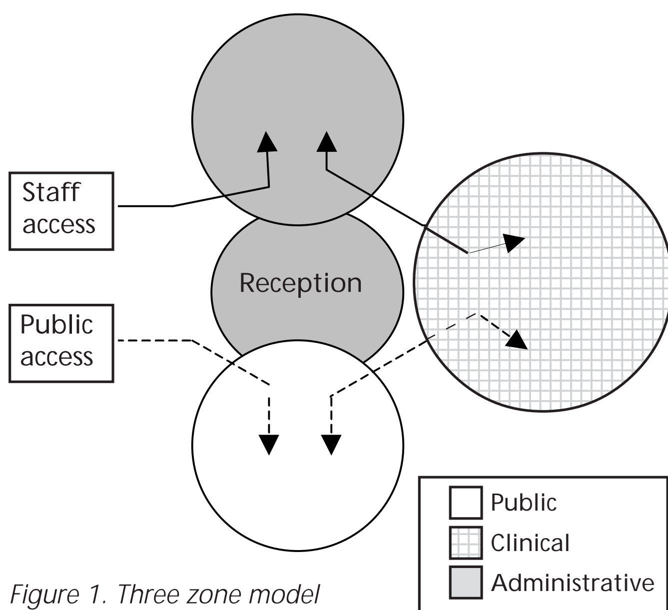

Figure 1. Three zone model

Source: MAAP (1993) *Primary Care, Focus 2 Newsletter.*

The requirements of the Disability Discrimination Act, 1995 have prompted a review of GPs' premises in most health authorities, and the establishment of a programme of replacement or refurbishment to bring all premises up to the required standard. Interim priorities adopted by some health authorities have been to establish: (i) ground-floor wheelchair access; (ii) wheelchair-accessible toilets; (iii) facilities for people with hearing impairments; (iv) facilities for people with visual impairments; and (v) lift access to upper floors. Any new build or refurbishment projects must ensure that proposals comply with access guidelines, not only for visitors but also to ensure that disabled employees are not discriminated against.

Under common law, employers have an obligation to provide a safe means of entry and exit, and during building works primary care employers should ensure that staff and patient access and fire evacuation are safe.

A summary of design principles for non-clinical areas can be grouped under workplace health headings, as follows.

Human resources and management

Human resources and management strategies aim to develop a healthy organisation that supports and cares for its staff and provides a work environment conducive to health and well-being. In developing a design brief, this aim can be supported by inclusion of the following:

- staff and architects should develop a space plan that configures practice activities into clinical, staff administrative and public zones. This can help to ensure that there are safe, private and relaxing spaces for staff (Figure 1)
- communication between staff groups can be facilitated by proximity, and this should be considered at the spatial planning stages
- space should be provided for staff development training

- acoustic insulation should be maximised to ensure staff confidentiality and privacy

- attention should be paid to providing an uplifting atmosphere for staff and visitors through the use of natural light, quality materials, colour, art, plants and other features that are visually stimulating or relaxing

- space for staff comfort and relaxation should be provided

- provision should be made for clean drinking water, storage and preparation space for healthy refreshments

- convenient, private, lockable storage space for personal items should be provided.

Occupational health and safety

Good occupational health and safety is regarded by the NHS as an essential part of the effective management of the health of people at work. It can reduce work-related ill-health and accidents, and should help to improve morale and performance.

From 1 April 2001, as part of the NHS Plan, the government has extended occupational health and safety services to GPs and their staff, so increasing attention is likely to be paid to the impact of working environments on staff health. Design briefs for premises should anticipate increased attention to risk reduction, the application of ergonomic principles, and provision for personal safety. Advice on risk management and risk assessment will be available from those providing occupational health and safety services to primary care.

Already, under the Health and Safety at Work Act 1974, GPs running their own practices have a legal responsibility as employers to ensure the safety at work of their employees, as far as reasonably practicable. This duty covers lapses of security leading to incidents that arise as a result of the employer failing to provide a safe system of work. The duty includes the requirement for a written policy pointing out areas of risk, and safe procedures for dealing with them.

New premises should incorporate health and safety standards from the outset, and free guidance on a range of issues such as fire, electrical safety, workstations and waste disposal are available from the Health and Safety Executive (see Selected references). An employer is required to consult with employees about health and safety arrangements and their implementation.

The Occupiers Liability Act, 1984 imposes a duty of care upon the occupier of premises to ensure that visitors and property are reasonably safe. The concept that governs the duty is foreseeability. For example, as violence and crime are foreseeable occurrences, all healthcare bodies must employ reasonable security measures to reduce the risk. Primary care employers should set out strategies for security and, as far as possible, should aim to eliminate dangers and risk zones.

Liaison with local police architectural and crime prevention officers is recommended at the briefing and detailed design stages, but security measures should be balanced with the principle of creating warm and welcoming atmosphere, and should be as unobtrusive as possible:

- adequate light should be provided for clinical and administrative activities

- clean air should be provided, with natural ventilation wherever possible

- internal temperatures should be capable of being maintained at a minimum of 21°C throughout, to avoid cold draughts

- in patient areas, hot water and radiators should be thermostatically controlled to no higher than 43°C

- workstations should be ergonomically designed and sited to avoid glare

- IT equipment and workstations should comply with the latest VDU regulations

- personal safety and security systems should be provided

- adequate, appropriate storage space should be designated for all requirements

- storage should not be permitted on floors or in corridors where it can cause a hazard or restrict access

- high or low storage should be avoided to reduce the risk of manual handling injuries and accidents

- cabinets should be fixed so they cannot topple
- secure storage and disposal systems should be provided for needles and syringes
- clinical waste should be stored separately and securely
- adequate space and access for maintenance to building and services should be provided
- floor finishes should be carefully chosen to reduce accidents from slipping or tripping
- easy-clean, quality surfaces should be provided on walls and floors (where carpet is specified, hospital standard will be required in public areas)
- attention should be paid to the safety of electrical wiring and equipment throughout the building
- all internal glass should be made of safety glass.

Sustainable development

It is important that primary healthcare providers lead the way in developing policies and practices that contribute to local, national and global strategies to conserve energy and reduce waste and pollution, contributing to the health of the population. Primary care premises design can contribute through:

- specification of sustainable and environmentally friendly materials and energy systems
- provision for recycling systems
- provision of bicycle storage areas
- provision of showers and lockers for cyclists and other staff.

Design of non-clinical work spaces

Reception areas

Reception areas are extremely important in GP premises design, both in terms of the interface with the public and as a working area for staff. Design mistakes can cause long-term discomfort and frustration, and can be costly to put right. It is therefore vital to ensure that reception staff are consulted over any new design, and that their activities are carefully observed by professionals to ensure that a functional and secure and welcoming environment is created.

Points to consider include:

- the design of the reception desk is vitally important, and discreet security measures such as high or wide desks, or hidden emergency shutters can avoid the need for permanent screening which sets up barriers to communication; a lower section of desk should be provided to allow easy communication by wheelchair users, but this should be designed in a way that does not breach the security principle
- the design of the reception desk and seating for reception staff needs to be ergonomically correct
- clear visibility of the entrance door and, if possible, the approach to the entrance can help staff to activate door opening/locking mechanisms as required
- reception areas are usually also workstation areas, and should include surfaces for IT systems, message collection, etc.; task lighting should be provided where required
- adequate space needs to be provided for the number of staff likely to be working at peak times, typically four square metres per receptionist is required
- a line of retreat into the administrative area should be provided for personal safety that does not involve crossing public areas
- as the reception area is usually near the main entrance, care needs to be taken to ensure that there is good heating; good ventilation is also needed to minimise the risk of cross-infection
- waiting areas should be designed to be comfortable, soothing environments with provision for information, reading material and toy areas to help avoid the build-up of frustration and anger of patients
- it should be ensured that no furniture or equipment close to the reception desk could be used as a weapon, such as counter bells or fire extinguishers.

Records and clerical areas

Important points include:

- records may be stored using carousels, filing cabinets, tray/lateral filing or open shelves/vertical filing; the latter is the most space-effective, but low- or high-level shelving should be minimized in order to protect staff from manual handling injuries and back pain (storage in inappropriate locations is recognised as a major cause of accidents and injury to staff)

- the requirement for change to electronic records needs to be anticipated and accommodated

- records areas vary in relation to the forms of integration with secretarial/data operations and with the type of filing system, but typical floor allowances for record storage and retrieval would be 10 to 12 square metres for each GP, assuming an average list size

- assembly positions for records for issue at clinical sessions and for processing should be provided; scanning systems are in operation at some surgeries, and workstations and space will need to be provided for this;

- extensive work surfaces and/or desks are required for clerical work

- good lighting should be provided to align with vertical record filing systems, and over work surfaces. Category 2 low-glare lighting is required in areas using IT monitors.

Managerial, administrative and secretarial areas

As primary care becomes a more complex service, the need to increase the space allocated for administrative and secretarial activities has become a major reason for new building development. There are high levels of interaction between secretarial, data input and record storage areas, and this should be planned for. Larger practices may be able to separate some administrative and secretarial activities into rooms on different floors, but care should be taken not to isolate staff. Outreach and community staff will also need an office base. Practices are likely to become increasingly reliant on computers, and room for IT expansion should be provided.

Key points include:

- the practice manager will require access to secretarial and data-input areas, although proximity to records and reception is advantageous

- if keyboard and screen use is a significant part of a person's daily work, there is a legal a requirement to assess the workstation and ensure that it meets the defined standards (see HSE in Selected references)

- appropriate levels of lighting should be provided at desk level (400/500 lux); windows should be provided to give daylight and a long view for eye rest

- although the practice manager may have to be accommodated within the main administration area, an individual office is preferable to enable confidential meetings with individual staff members.

Consulting rooms

Points to consider include:

- the design of consulting rooms for both doctors and nurses should aim to reduce the risk of violence to staff through the considered positioning of desks and doors, and siting of panic buttons; the practitioner should be able to sit at a desk with the patient diagonally to one side or in line, depending on the preferred method of investigation

- space needs to be provided for at least two visitor chairs and for the doctor to be able to comfortably move around the patient for examinations and injections: typical size is 14 square metres

- if the GP is involved in training, an additional three square metres is recommended to give extra seating and improved circulation space, and space for video monitoring

- a single entrance/exit should be provided to minimise unauthorised access

- sink and washing facilities should be incorporated, together with appropriate storage for sterile supplies for immediate use, and systems for sharps storage and disposal

- finishes should aim to provide a comforting but hygienic environment for both patients and staff – easy-clean wall and floor finishes should be provided in examination areas

- good ventilation should be provided, but draughts avoided

- good sound insulation is required to ensure confidentiality

- a high level of illumination should be provided, supplemented by special lamps if necessary in examination areas, to 1000 lux at couch level.

Interview rooms

Interview rooms can be used extensively by staff and are an important part of the working environment:

- an interview room for confidential discussions, form-filling, and use by distressed patients, which is visible from reception, has proved to be a popular, safe and convenient provision

- chairs and a table should be provided, and toys and books for accompanying children appropriate for a range of ages

- decorations should be relaxing, restful and comforting.

Staff facilities

To enable staff to rest and re-energise, space should be provided to allow them to relax, store and prepare refreshments, or hold meetings and conversations away from public areas:

- recommended space for staff rooms and kitchens ranges from 12.25 square metres for one GP and associated staff, to 35 square metres for 10 GPs, but as practices and staff numbers expand and diversify this allocation may have to be calculated differently to accommodate the numbers of full- and part-time staff

- a private outside area, such as a terrace or courtyard, is much appreciated by primary care staff who have access to such a facility

- a sink and safety-tested kettle, fridge, toaster, microwave, table and chairs, along with comfortable chairs, should be provided

- designated beverage points should be provided in all major work areas, as this will discourage inappropriate use of clinical/wash facilities

- central reference material and an information/bulletin board should be available to practitioners and staff

- cupboards separate from those used for clinical purposes should be provided

- staff facilities should include secure lockable storage for personal property

- staff toilets should be located in close proximity to work areas

- ideally a separate and properly equipped staff training and meeting room should be provided: a staff common room can sometimes be used for training and meeting facilities, but care should be taken when timetabling training sessions not to inconvenience staff through the space being regularly inaccessible for general use

- access should be isolated from main public circulation areas.

Cleaning and maintenance spaces

Poor housekeeping can cause staff injuries and contribute to low standards of health. Cleaning and maintenance staff should be consulted about their needs and appropriate provision allocated:

- cleaners' cupboards should provide for the storage of materials and equipment and a sink – these facilities should be secure and not accessible to the public

- if appropriate, a separate storage area should be provided for basic building and grounds maintenance that is inaccessible to the public

- plant (boilers, controls, etc.) will usually require separate space within the staff or administrative zone; adequate space for servicing, good ventilation and fire protection are required

- secure external storage space for clinical waste should be provided where possible.

Selected references

Department of Health Publications

Publications available from the NHS Responseline: 0541 555455

Statement of Fees and Allowances (SFA or 'Red Book')
HSC 1999/071

General Medical Practice Premises – A Commentary (1999)
A Guide to the Size, Design and Construction of GP Premises

A Guide to the Provision of Leasehold Premises for GP Occupation (1999)

The Provision of Occupational Health and Safety Services for General Medical Practitioners and their Staff (2001)
www.doh.gov.uk/publications/coin

NHS Zero Tolerance Resource Pack (2000)
www.nhs.uk/zerotolerance

NHS Estates publications

For publications and price list email: nhs.estates@doh.gov.uk; www.nhsestates.gov.uk

Health Building Notes (HBN) and *Health Facilities Notes* (HFN)
Health Building Notes are a series giving advice to project teams designing and planning new buildings and adapting or extending existing buildings. The HBN series is now demised and is being replaced by new guidance for procuring premises. NHS Estates should be consulted for the latest guidance. Health Facilities Notes debate current and topical issues of concern across all areas of healthcare provision

HBN 36: *Local Healthcare Facilities*
London: The Stationery Office, 1995
Provides guidance on healthcare centres ranging from a three-GP centre to a large primary care resource centre. Vol 1: guidance for the planning and design of: (i) primary healthcare centres with accommodation for GPs and community health staff; (ii) local health resource centres with accommodation for a range of community health services. ISBN 0-11322-190-8

Vol 2: examines and evaluates current models of provision through a series of case studies. ISBN 0-11322-048-0

HBN 40: *Common Activity Spaces*
London: The Stationery Office, 1995
A series of four volumes providing guidance on activity spaces frequently occurring in health buildings. Each volume provides detailed ergonomic data on general public areas:
Vol 1: public spaces. ISBN 0-113221 843
Vol 2: treatment areas. ISBN 0-11322-185-1
Vol 3: staff areas. ISBN 0-11322-186-X
Vol 4: circulation areas. ISBN 0-11322-187-8

HFN14: *Disability Access*
London: The Stationery Office, 1997
Considers the introduction of the Disability Discrimination Act, 1995 and provides guidance and assistance on implementing the requirements for healthcare premises. This should be read in conjunction with HBN 36. ISBN 0-11322-243-2

HFN 20: *Access Audits of Primary Healthcare Facilities*
London: The Stationery Office, 1997
Enables GPs, practice managers and other healthcare providers to carry out access audits of their practice premises. The aim is to identify those aspects of the building that would need to be improved or modified to enable the premises to perform within the spirit of the Disability Discrimination Act, 1995. This audit could then be used in any discussions with the health authority about reasons for improvements. ISBN 0-11322-056-1

Environments for Quality Care
London: The Stationery Office, 1994
ISBN 0-11-3214 14-6

Firecode (1996–99)
For policy, technical guidance and specialist aspects of fire precautions
Health Technical Memorandum (HTM) Firecode 81-88

Health and Safety Executive publications

Health and Safety Executive publications information can be downloaded from www.hse.gov.uk/pubns/introhs.htm

Violence and Aggression to Staff in Health Services (1997)
ISBN 0-7176-1466-2

Health and Safety Display Screen Equipment Regulations (1992)

Work Place (Health, Safety and Welfare) Regulations (1992)

Health Development Agency publications

Framework for Action in Primary Care (to be published June 2001)
Gives advice on developing a strategic approach to workplace health in primary care environments.

Health and Safety in General Practice (2000)
A guide to risk assessment for GPs and practice managers.
ISBN 1-84279-013-7

Violence and Aggression in General Practice (2001)
Guidance on assessment and management for GPs and practice managers.
ISBN 1-84279-017-X

Further reading

Building Sight. Royal National Institute for the Blind, 1995

Better Public Buildings: a proud legacy for the future
Department of Culture, Media and Sport, 2000

Free copies available from:
Public Enquiry Service, 2–4 Cockspur Street, London SW1Y 5DH.
Tel: 020 7211 6200; Fax: 020 7211 6032

Better Buildings for Better Services: A review of innovative developments in primary care
A research project conducted by the National Primary Care Research and Development centre, based on 10 case studies of innovative primary care developments. Radcliffe Medical Press, 1997. ISBN 1-85775-287-2

Building Regulations 1991: Approved Document M
Access and facilities for disabled people
London: Department of Environment, The Stationery Office.

Combating Violence in General Practice: A guidance note
London: GMSC, British Medical Association, 1994

Designing Primary Healthcare Premises: A Resource
North West Regional Office, 1996
Prepared for the North West Regional Office, NHS Executive by MARU Health Buildings Research and Policy Centre, South Bank University, London. ISBN 1-90081-600-8

Environments for Quality Care: Health Buildings in the Community
London: The Stationery Office, 1994
ISBN 0-11321-764-1

Historic Buildings in the Health Service
London: The Stationery Office, 1995
Provides advice and guidance on issues concerning listed buildings and conservation matters. ISBN 0-11322-205-X

Kehoe, S., ed. *Primary Care Premises – An Expert Guide.*
Radcliffe Press, 1999
Contains viewpoints and advice from health authorities, designers, legal and financial specialists on primary care premises development. ISBN 1-85775-122-1

Safe Disposal of Clinical Waste
Health Services Advisory Committee. ISBN 0-7176-2492-7

Violence against NHS Staff: An AMSPAR Guideline
AMSPAR, 1999

Limited free copies on receipt of a second class stamp available from:
AMSPAR, Tavistock Square, London WC1H 9HN

Advisory organisations

Health at Work in Primary Care
Health Development Agency
Trevelyan House
30 Great Peter Street
London SW1P 2HW
Tel: 020 7413 1873
Fax: 020 7413 8921

Health and Safety Executive
Information Centre
Broad Lane
Sheffield S3 7HQ
Tel: 0541 545500

NHS Estates
Information Centre
1 Trevelyan Square
Boar Lane
Leeds LS1 6AE
Tel: 0113 254 7070

MARU Health Buildings Research and Policy Centre
Faculty of the Built Environment
South Bank University
Wandsworth Road
London SW8 2JZ
Tel: 020 7815 8395

Royal Institute of British Architects (RIBA)
Client's Advisory Service
66 Portland Place
London W1N 4AD
Tel: 020 7307 3700