

WHBN 36

Welsh Health Building Note

General medical practice premises in Wales

Revision 1, 2017



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Overview

This Welsh Health Building Note (WHBN) is a guide to the planning and design of general medical practice premises in Wales. It provides advice on the design and specification requirements for primary healthcare premises.

The document draws from, and replaces, previous guidance on the design of general medical practice premises.

Updates from 2015 guidelines

Minor additions to the room data sheet on page 33.
Addition of Appendix 5: consulting room calculation.
Addition of Appendix 6: exemplar room layouts

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Contents

Overview	3
Acknowledgements	4
Chapter 1 Policy and context	8
Introduction	
Guiding principles	
Methodology	
Background	
Further guidance	
Chapter 2 General design considerations	10
Design of general medical practitioner premises	
Value for money	
Flexibility for future use	
Fire regulations	
Equality Act 2010	
Car parking	
Security	
External works	
Environment and design	
AEDET	
BREEAM	
Wayfinding	
Signage	
Art in health buildings	
Sustainable development	
Chapter 3 The standards	14
The patient journey	
Public spaces	
Entrance lobby	
Reception point	
Reception counter/desk	
Interview room	
Waiting area	
Baby changing	
Baby feeding	
Public WCs	
Clinical spaces	
Consulting (GP/Nurse Practitioner)	
GP training rooms	
Registrar's room	
Treatment rooms	
Minor operations room (accredited GPs only)	
Bariatric provision and adult changing facilities	
Phlebotomy room	
Dispensing room	

- Support spaces
 - Dirty utility room
 - Specimen WC
 - Cleaner's store
 - Waste disposal holding room
 - Storage spaces
- Administration spaces
 - Practice manager's office
 - Medical records and archive space
 - Staff meeting room
 - Resource room
 - Staff common room
 - Staff WCs
 - Staff changing room
 - Circulation spaces
 - IT service/comms room/plantrooms

Chapter 4 Engineering, energy and environment

22

- Introduction
- Economy
- Engineering and energy
 - Heating and ventilation services
- Water services
 - Hot and cold water services
 - Internal drainage
 - Design considerations
- Electrical installation
 - Electrical interference
 - Lighting
 - Socket-outlets and power connections
- Controlled drugs cupboard
- Security systems
- Patient call system
- Telephone services
- Information management and technology (IM&T)
- Lightning protection
- Lifts
- Fire safety design
- Noise
- Privacy factor categories
- Space for plant and services
- Engineering commissioning
- Medical gases
- Environment
- Infection control and the built environment

Chapter 5 Cost information

30

- Introduction
- Alternative procurement
- DCAGs
- On-costs
- Additional costing requirements
- Location factors
- Space allowances
- Engineering services
- Equipment (Group 1)
- Out-turn cost

Appendix 1: Room data sheet – typical accommodation	33
Appendix 2: Room data sheet – engineering services	35
Appendix 3: Exemplar specifications	39
Appendix 4: List of items to be provided by developers in new general medical practice premises	57
Appendix 5: Consulting room calculation	61
Appendix 6: Exemplar room layouts	62
References	64

Chapter 1 Policy and context

Introduction

- 1.1 Welsh Health Building Note (WHBN) 36 *General medical practice premises* provides advice on the design and specification requirements for general medical practice premises in Wales.
- 1.2 The document has been prepared to provide a standard design specification for general medical practice premises, irrelevant of the model of procurement (capital or revenue). The purpose is to provide consistent guidance for health boards where they are considering financial support.
- 1.3 Detailed aspects of procurement and project costing have been specifically excluded from this guidance since these lie beyond the scope of the exercise and it is considered that these aspects have sufficient coverage elsewhere. Particular attention should be given to the *NHS Wales infrastructure investment guidance* published in March 2015, detailing the Welsh Government's requirements in terms of planning, delivery and management of infrastructure investment, which includes primary care.
- 1.4 This document is primarily aimed at health boards when considering a new build option for a general medical practice and it is intended to provide them with guidance in the compilation of 'client requirement' documentation. It is acknowledged that many buildings may provide accommodation for the wider primary and community care team. As such the standards set out in this document can equally apply to generic consulting, treatment and administration areas subject to health board agreement; however, specialist areas, such as podiatry and audiology rooms will need to refer to the appropriate WHBNs and WHTMs.
- 1.5 The guidance also provides design teams with a set of standards and can be used by NHS healthcare bodies and boards commissioning new premises, or groups of premises, for general medical services. This document will assist health boards and the practices concerned, in conjunction with

professional advice from the NWSSP-SES Primary Care Team, to agree on the nature and size of premises that are appropriate for the delivery of primary medical services in light of local circumstances and service needs. The importance of developing a fully justified accommodation schedule with room utilisation schedules cannot be over-emphasised. The health board will need to satisfy itself that the proposed accommodation is not oversized or this could lead to underutilised space. It is also essential that all occupiers fully understand their obligations in terms of running costs and service charges, such as maintenance, services and cleaning.

- 1.6 Although aimed at new build premises, this document will also provide helpful guidance for the refurbishment or extension of existing buildings.
- 1.7 The minimum standards are set out in Schedule 1 of the *National Health Service (Wales) Act 2006 National Health Service (general medical services – premises costs) (Wales) Directions 2015*. They outline the requirements for all general medical services (GMS) premises receiving reimbursement. The premises must be suitable for the delivery of services and sufficient to meet the reasonable needs of patients. Health boards and GP contractors seeking to develop or improve premises must have further regard to the requirements set out in this guidance.

Guiding principles

- 1.8 The Welsh Government *NHS Wales planning framework* describes three central organising principles that organisations should include in service planning, including infrastructure development and investment planning (as well as primary care).
- 1.9 The three guiding principles include Quality and Safety, Prudent Healthcare and Health Inequalities. LHBs and GP contractors are reminded of these principles when planning, developing and delivering new premises.

- 1.10 Quality and Safety – must be central to all services provided by the NHS (better patient experience, better outcomes and high value from services).
- 1.11 Prudent Healthcare – attaches value to patient outcomes, rather than purely focusing on the volume, activity and procedures delivered, and in doing so aims to rebalance the NHS and create a patient-centred system. Prudent healthcare is built around a set of principles, which state that any service or person providing care should:
- achieve health and well-being with the public, patients and professionals as equal partners through co-production;
 - care for those with the greatest health and need first, making the most effective use of all skills and resources;
 - do no harm, and do only what is needed, no more and no less; and
 - reduce inappropriate variation using evidence-based practice consistently and transparently.
- 1.12 Health Inequalities – health boards have responsibility for the health of their whole resident population. Organisations should place health inequalities (and seeking to reduce these) at the heart of their planning and delivery systems. Infrastructure development and investment plans should evidence how schemes will assist in delivering this objective.

Methodology

- 1.13 It is assumed that those concerned with the design and construction of general medical practice premises will have a working knowledge of the range of statutory requirements, codes of practice and other relevant guidance. The approach used here is to deal with those aspects of general medical practice premises which are considered additional to the many requirements specified elsewhere. Items included here are those thought to distinguish general medical practice premises from other types of building, such as offices.
- 1.14 The aspects of design chosen for consideration are listed under functional space headings. Material and component specifications are given as exemplars of the type and quality of materials suitable for the given locations. It is expected that where designers and developers offer alternative design solutions, and material selections, these should demonstrably meet the stated requirements.

Background

- 1.15 This WHBN replaces the existing guidance on schedules for GMS spaces in new build covered by WHC(2008)55, *Guidance on accommodation schedules for GMS space in new build facilities*. It also replaces any previous guidance previously produced by the district valuer.
- 1.16 This document also supersedes Ministerial Letters dated 11 September 2009 and 15 December 2009 dealing with car parking and BREEAM respectively.
- 1.17 The guidance incorporates the list of items to be provided by a developer in [Appendix 4](#), which replaces the district valuer's ABC list.

Further guidance

- 1.18 Further guidance, including some planning and design guidance information, can be found on the NWSSP-SES intranet at: <http://howis.wales.nhs.uk/whe>. Each health board should also be aware that the NHS Shared Services – SES Primary Care Team provide advice and guidance on the development of new or extended primary care premises.
- 1.19 Care should be taken when referring to general NHS Wales and NHS Estates design guidance (for example WHBNs and HBNS, WHTMs and HTMs etc) other than this WHBN 36 series, as generally these have been developed for use in the design of large healthcare buildings with inpatient facilities. Health board advice should be sought as to which guidelines are applicable prior to the commencement of design.

Chapter 2 General design considerations

Design of general medical practitioner premises

- 2.1 This document should be read together with HBN 00-01:2013 *General design principles*.
- 2.2 Health boards, GMS service providers and their design teams should take note of the following considerations, which provide the basis for work outlined in [Chapter 3](#).

Value for money

- 2.3 Value for money is the effective use of resources for optimum functional suitability and economy. The process of design and/or procurement should be undertaken efficiently to minimise resources used to develop the facility.

Flexibility for future use

- 2.4 It is important to consider flexibility of use with all new buildings and to ensure that they have some ability to accommodate future changes, such as advances in technology; new treatment regimes/ techniques; or demographic changes. When considering the suitability of existing or proposed sites, thought should be given to the likelihood of a future need to extend or adapt the building and/or car parking.
- 2.5 It is important to provide flexibility for the management of an ageing population. Primary care, as with all other services, is already managing an older demographic than ever before. It is important that all NHS buildings, existing or new build, make provision for an environment that is older-person-friendly and so future-proof the estate.
- 2.6 Advice and agreement must be sought from the health board on future-proofing the facility.

Fire regulations

- 2.7 The designers of the facility, with professional advice from NWSSP-SES, must ensure that at

completion the building will comply with the requirements of current legislation. The design team should assist the building owners in the preparation of any necessary risk assessments by ensuring that all necessary information is provided, as required by Regulation 38 of the Building Regulations.

Equality Act 2010

- 2.8 *The Equality Act 2010* legally protects people from discrimination in relation to access to goods and services in the workplace and in wider society.
- 2.9 It replaced previous anti-discrimination laws with a single Act, making the law easier to understand and strengthening protection in some situations. It sets out the different ways in which it is unlawful to treat someone. This includes direct and also 'indirect' discrimination, that is, where there has been a failure through omission to provide equitable access/service for a person from one of the protected groups.
- 2.10 Consideration must be given to the requirements of the *Equality Act* in terms of both design and future operation of the building. It should be noted, however, that whilst the Act gives legal protection to disabled people against discrimination, it does not make explicit what constitutes discrimination in terms of standards in the built environment. Current guidance documents, such as BS 8300:2009+A1:2010, should be consulted to ascertain what may be considered to be 'reasonable' provision. Bear in mind that management policies contribute to how accessible a service is and a building cannot be considered 'Equality Act compliant' in and of itself.
- 2.11 As part of the design evolution and development process, design teams and health boards should consult with their local disability forum or access groups.

- 2.12 Specific guidance is also available covering blind or visually impaired users, and those who are deaf or hard of hearing, etc.

Car parking

- 2.13 The car parking requirements will vary with each new project depending on its location – rural or city centre; the availability of adjacent car parking facilities; public transport; practice demographics, in particular, the number of young families and disabled and elderly people; and the local planning authority's requirement for off-street parking provision. When parking has to be provided, designers will have to consider the requirements for staff, patients and visitors. Disabled spaces should be situated adjacent to the building's main entrance.
- 2.14 In determining the appropriate level of parking, the health board should refer to the local planning guidelines and national standard set out in HTM 07-03. These detail the calculation of spaces required and are regarded as appropriate for rental reimbursement or NHS capital funding. Should the health board or developer agree to fund over and above the spaces calculated, this would be by agreement. The number of spaces may of course be limited by planning requirements.
- 2.15 For the avoidance of doubt, the 'space per practitioner' referenced in the above calculation means the number of whole-time equivalents.
- 2.16 Health boards need to be mindful that in order to achieve the Building Research Establishment Environmental Assessment Method (BREEAM) credit for car parking, the number of spaces may need to be smaller than the number identified by local planning guidelines (see [paragraph 2.35](#)).

Security

- 2.17 The Welsh Government is committed to creating a better society and one that is safe and free from crime for all its citizens. In order to achieve this aim the Welsh Government works very closely with a number of stakeholders, including the police.
- 2.18 In the context of healthcare, a number of initiatives – mostly focused through the Ministerial Taskforce on Violence and Aggression – have been directed at ensuring that the built environment is designed to support the above vision and that staff have the appropriate support mechanisms available to

combat difficult situations that may be encountered at the workplace.

- 2.19 *Secured by Design Hospitals* is one of a series of documents produced by the Association of Chief Police Officers (ACPO) aimed at encouraging those responsible for the built environment to adopt crime prevention measures during the design development stage of a project to reduce the opportunity for crime and the fear of crime.
- 2.20 Police Architectural Liaison Officers (ALO), or Designing Out Crime Officers (DOCO), covering each local authority area are responsible for the local implementation of Secured by Design.
- 2.21 NWSSP-SES has been working closely with ACPO to ensure a consistent approach to the implementation of Secured by Design.
- 2.22 Security requirements again will vary with projects and their location. Some will have serious vandalism or forced entry problems whilst others will be virtually free from any such problems. To determine what security arrangements are necessary, proposals should be discussed at an early stage with the local police ALO/DCO and the local NHS security officer, if one exists.
- 2.23 Internal security should be discussed with the building users, particularly with respect to any use of the building out of normal hours. Some buildings may allow the public areas to be used while the remaining treatment areas are 'locked off'. This is more likely to be an issue in buildings with multi-practice occupation where they may be open at different times, particularly if being shared with Community Services. Generally, buildings should have only one public entrance, which may need to be controlled by buzzer and speaker entry. A separate staff entry may be a client requirement, and must be locked at all times, with entry only possible with a key/electronic fob. This could be a fire escape door with an appropriate emergency opening facility on the inside.
- 2.24 The requirement for any locking internal doors or zoned private areas accessible by secure fob should be clearly stated.
- 2.25 Secure storage including alarms for medicine and drugs and any storage requirements for medical gases should be agreed early in the design process, together with the requirements for lockable base or wall units within rooms.

2.26 Staff security will be a major issue in some premises. The extent and type of staff security measures should be discussed and agreed at an early stage of the design process. This will have a bearing on the planning of the building to enable safe supervision from reception and the provision of security doors that may only be opened by members of staff, either with proximity devices, with key pads or remotely operated. Consideration may also be required in relation to the location and fixing of furniture and fittings; whether fixed staff alarm points, on walls or under desks, will be required; or whether each member of staff will have their own personal attack alarm.

External works

2.27 Careful consideration should be given to the external areas and approaches to the building, with particular attention to disabled, elderly and infirm patients and visitors. Parking and footpaths must be of good quality with smooth non-slip surfaces having adequate falls to ensure that no 'ponding' occurs. Good external lighting must be provided. Where possible, steps and ramps should be avoided, but a drop-off point and car parking for disabled persons should be provided close to the main entrance – ideally these should be situated so that it is not necessary to cross the path of moving vehicles to gain access to the building. Consideration should also be given to the provision of staff parking, provision of bicycle storage areas and the movement of refuse vehicles, delivery vehicles and emergency services. Some practices may require a separate staff entrance, which can also be used for escorting patients who are particularly upset out of the building without having to pass through public areas.

Environment and design

2.28 Designers should create an environment in general medical practice premises that will help patients feel reassured, be conducive to efficient working, and contribute to good staff morale. Wherever possible, rooms should be provided with natural light and ventilation.

2.29 The building needs to be accessible to the general population, therefore it should be conveniently located. This will depend upon the catchment area together with the available road network. The building should be located to allow ease of access and wayfinding, especially for the first-time visitor,

whether arriving by car or by public transport. From the site entrance, car parking (including disabled/drop-off spaces), the main entrance, reception and building should be easily navigated with little or no reliance upon signage. The building needs to be intuitive in its layout.

2.30 It also needs to be functional, with departments and rooms located to ensure clinical staff spend as much time with the patient as possible and to limit the amount of time taken travelling from one place to another. Careful consideration should be given to the impact of clinical rooms located on the first floor. Appropriate lift access should be provided to any clinical rooms located at the first floor level.

AEDET

2.31 The *NHS Wales Infrastructure Investment Guidance*, WHC (2015)012, issued on 30 March 2015 confirms the mandatory requirement for all property-owning bodies to utilise the Achieving Excellence Design Evaluation Toolkit (AEDET) during the design of Welsh Government-funded building projects. The toolkit should be used as early as possible in the design process, from initial development of the brief through to the Post Project Evaluation (PPE).

2.32 A pre-AEDET workshop at an early stage in the design process is recommended with the design team and the NWSSP-SES facilitator. The timing and organisation of the main AEDET workshop is essential to ensure that the key users are involved and consulted. It is also useful to include patient representatives or members of the local equality forum. Following completion, a PPE AEDET should be carried out to establish whether the building is functioning as expected, whether the benefits are being delivered, and to provide lessons learned for future general medical practice premises. The PPE workshop should be carried out within the first year of occupation and include the same attendees as all previous AEDET workshops.

BREEAM

2.33 The Welsh Government has issued a statement to all departments that all new buildings promoted or supported by the Welsh Government will require an overall rating of 'Excellent' under the appropriate BREEAM family scheme. This is a change from the previous requirements for third-party revenue-funded projects. The requirement to achieve BREEAM 'Excellent' now applies to all

NHS projects irrespective of the procurement route.

- 2.34 Accordingly, all new-build NHS projects submitted for approval will be required to include a commitment to attain a BREEAM Healthcare 'Excellent' rating.
- 2.35 It should be noted that the Building Research Establishment (BRE) will determine upon registration of the project which BREEAM scheme is to be followed, although BREEAM 'Simple buildings' will apply to general medical practice premises in normal circumstances.

Wayfinding

- 2.36 The use of colour and art to identify particular routes and rooms can help to reduce the number of signs required. Certain doors, for example fire exit doors, will require conventional/statutory signage. Where signs are used they should not detract from the overall appearance, and should be simple yet sufficiently explicit to be understood without being confusing.
- 2.37 Routes to public WCs should be clearly indicated using the approved international sign of a tactile embossed pictogram incorporating colour/ tone contrast.
- 2.38 Reference should be made to *Wayfinding: Effective wayfinding and signing systems: Guidance for healthcare facilities* (2005).

Signage

- 2.39 All health boards and Trusts in Wales have Welsh language schemes that refer to signage and their bilingual requirements. These often come under the 'corporate identity' heading.
- 2.40 Signage in areas where the public has access needs to be bilingual, with the Welsh and English equal in terms of size, equality, legibility and prominence. Pictograms can be advantageous to people whose first language is neither, or who have dyslexia or learning difficulties. Any signage should comply with guidance set out in *Sign design guide: A guide to inclusive signage*.
- 2.41 The GMS provider will need to agree with the health board what arrangements are appropriate for

bilingual signage in accordance with health board policy.

Art in health buildings

- 2.42 Works of art and craft can make a significant contribution towards the aesthetic and acoustic quality of the interior of centres. This need not be limited to conventional hanging of pictures on a wall. Every opportunity should be taken to include works by artists and craftspeople in appropriate spaces in centres. These may include paintings, murals, prints, photographs, sculptures, decorative tiles, ceramics, textile hangings and furniture. Often it is works of art and craft that lend special identity to a waiting area or recovery room, and which help give a sense of locality.
- 2.43 Involvement with local schools, community groups or businesses can form a useful part of engagement, providing a sense of community ownership.
- 2.44 The early engagement of an arts co-ordinator is recognised by the Arts Commission for Wales and Welsh Government as an important step to ensuring that art is integrated into a building from the early conceptual stage.

Sustainable development

- 2.45 It is important that healthcare buildings and providers contribute to the development of 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. Premises design can contribute through:
- specification of sustainable and environmentally-friendly materials and energy systems;
 - provision of recycling systems;
 - provision of bicycle storage areas;
 - provision of showers and lockers for cyclists and other staff.
- 2.46 Consideration of these issues should form part of the discussions as part of design evolution and specification.

Chapter 3 The standards

- 3.1 The purpose of this chapter is to aid health boards and GPs/occupiers in terms of the accommodation and internal configuration for a range of generic rooms within premises. **Appendix 1: Room data sheet – typical accommodation** provides a range of standards within which designers should work. Occupiers should be mindful that whilst premises are designed to be energy-efficient, running costs need to be considered when developing accommodation schedules. The typical accommodation gives flexibility to develop within the range indicated.
- 3.2 **Appendix 2: Room data sheet – engineering services** provides engineering standards on a room-by-room basis. The engineering standards include room temperatures, types of ventilation, ventilation rate, room pressure, lighting levels, acoustic standards, safe hot water temperatures and surface temperatures, and telecommunications. These standards are the minimum that should be provided within each room.
- 3.3 **Appendix 3: Exemplar specifications** provides guidance on the materials that should be considered for walls, floors, ceilings, doors and ironmongery within individual rooms.
- 3.4 **Appendix 4:** provides guidance in terms of fit out, which details the list of items to be provided in new general medical practitioner premises. This sets out the requirements to be considered as part of any type of development. GP occupiers should be made aware of those items which will not be covered as part of a project cost so that they can factor expenditure into their financial planning as part of any move.
- 3.6 A building that is located centrally is likely to allow easier access to public transport and will encourage forms of transport alternative to the use of the private car. Additional street signs may be required to assist a patient's first visit.
- 3.7 On arrival at the premises it is important that the entrance is obvious and immediately visible regardless of mode of transport. The building entrance should be obvious from the site entrance and the car parking should be immediately visible, with a drop-off space (suitable for high top and large vehicles, with a tailgate lift) and disabled car parking within a maximum distance of 50 m from the building entrance. Surfaces should be level (max 1:60 fall) to allow accessibility for all, with sufficient contrast and tactile paving to allow the visually impaired to recognise the change from road to pavement.
- 3.8 The patient journey should allow straightforward wayfinding and accessibility from home through to the GP consulting room.

Public spaces

Entrance lobby

- 3.9 This should be a secure space giving access directly to the patient reception and waiting areas, and it should be designed to protect these spaces from the effects of weather. The entrance doors should be offset and not directly opposite each other. Consideration should be given to adjacent doors with access control to the internal set of doors to limit the amount of time that both sets of doors are open at the same time and, thus, the ingress of cold air. Automatic sliding doors should be used wherever possible, and the provision of a warm air curtain to prevent draughts in the waiting area should be considered. Very careful consideration must be given to the provision of access for disabled and infirm patients, visitors and staff, and also trolley access for the ambulance service in the event of a patient collapsing and having to be transferred to hospital. Safety issues relating to the young,

The patient journey

- 3.5 This section has been set out to emphasise the importance of the patient journey, which starts when the patient leaves home to travel by private car, taxi, public transport, bicycle or on foot. The location of the general medical practice premises in the community is very important and it should be as central as possible.

elderly and visually impaired must be addressed when specifying automatic doors, including guard rails where doors swing out across a circulation route.

- 3.10 The design should allow direct supervision by staff from the patient reception area.
- 3.11 The entrance lobby is a key space in terms of building operation. It is normally the location for the intruder alarm panel, fire alarm panel and fire communication point between lobby and fire refuge areas. Care should be taken when designing this area, as these elements are key to the operation of the building. However, the entrance lobby is the first impression of the building, therefore the walls should appear uncluttered while still providing access to very important engineering systems. A fire-proof post box and a door bell/intercom system should be considered for out-of-hours clinics and receptionists required to work alone.

Reception point

- 3.12 This acts as the first point of contact for patients, where staff will direct and control the movement of patients within the facility. The collection of prescriptions may also be dealt with at the reception. The design should prevent telephone conversations and conversations between patients and reception staff from being overheard by others, including those in the waiting area. Design of the elements and components will need to be tested for compliance by an acoustic consultant prior to construction and on completion of the project.
- 3.13 The reception counter should be opposite and adjacent to both the principal entrance and the exit from the waiting area to provide staff with the means to supervise/overlook access to the consulting rooms. A view of patients entering/exiting the WCs may be desirable if they are prone to abuse. Care must be taken with the selection of floor material considering that disabled, elderly and infirm people regularly use this facility. An appropriate risk assessment should be carried out prior to the specification of floor coverings, particularly in relation to slip resistance and infection control.

Reception counter/desk

- 3.14 This must be designed to accommodate IT equipment, which should include a provision for cable management. In addition, the design of the counter must comply with the *Equality Act*,

requiring that the height, width and counter details are designed for use by all disabled patients. Careful consideration will be required when induction loop systems are being used, in order to prevent private conversations being picked up by others. Use of a deep reception counter will help prevent abusive patients (or others) from assaulting staff, and the reception counter should be welcoming, with consideration given to the safety of staff. Techniques such as increased floor height behind the reception desk, wider than normal reception counter, and lower ceiling heights should be explored. However, should a glazed reception screen be required, consideration must be given to the design to ensure that patients and visitors are not alienated. Screen design should allow for adequate speech transference through the glass, and glare or reflections should not impede lip-reading. Task lighting must be provided to illuminate the receptionists' faces.

- 3.15 The design should provide staff with an easy escape, directly away from the risk of disorderly patients and to afford staff protection against physical assault. Provision of a panic alarm in this area is also an essential requirement.
- 3.16 Staff and patients must be protected from draughts and provided with sufficient ventilation. Consideration should also be given to solar shading using blinds, or similar, to protect staff from direct sunlight.

Interview room

- 3.17 Interview rooms should be used extensively by staff and are an important part of the working environment.
- 3.18 This space, immediately adjacent to the patient reception and waiting area(s), can be used for confidential discussions, form filling and by distressed patients. It should be visible to other staff members via a glazed screen. The interview room should be accessible from two doors, one from the patient area and one from the staff area.
- 3.19 Staff security will require a panic alarm and possibly emergency outward escape. As some patients may be upset, have mental health problems, be drug users, or be of a violent nature, this room will require a staff 'escape door' leading to a non-public part of the building. This door should be self locking to secure the staff area, and entrance, exit and security arrangements must be considered. If this room is to be used as a quiet

waiting area, internal viewing panels will be required to allow supervision from reception.

Waiting area

- 3.20 These spaces should provide visitors and patients with a calm, relaxed atmosphere where patients can obtain information relating to health from a variety of sources, including audiovisual sources. Direct observation of the waiting area from reception must be provided. A secondary waiting area may be considered and in some locations it may be considered necessary to provide a separate, or partitioned-off, area for patients who are particularly unwell or have behavioural problems. Alternatively the interview room, if provided, could be used for these patients.
- 3.21 An audiovisual system providing appointment information for patients should be considered. Such a system should cater for people with visual impairment and hearing aid users, and must comply with the *Equality Act 2010*.
- 3.22 The waiting area should be adjacent to the patient reception area. In larger premises and those on two or more storeys, secondary waiting areas must be provided to minimise the time for patients to reach consultation rooms.
- 3.23 In terms of design and selection of materials, consideration needs to be given to robust finishes for walls, floors and ceilings as this area will be exposed to a high volume of patient numbers. Some waiting areas may form part of an atrium, and in such cases account needs to be taken of the acoustic impact of larger spaces.

Baby changing

- 3.24 Facilities will be required for changing and cleaning babies, and disposing of soiled nappies. This area must be accessible to both men and women, and sufficient space should be provided to accommodate children and pushchairs, or parents/care-givers who are wheelchair users – although such facilities should not be located within a disabled accessible WC.
- 3.25 Access should be from the public part of the building adjacent to the main waiting area.
- 3.26 The room needs to provide a changing table with hand wash facility attached to a full-height concealed panel system that incorporates all necessary services, together with sufficient space for a disposal bin.

Baby feeding

- 3.27 Facilities will be required for breastfeeding in a separate room off the waiting space. Sufficient space should be allowed for comfortable seating and space for a pram/pushchair, or parents who are wheelchair users and accompanying children.
- 3.28 This facility should be adjacent to the main waiting area and be separate from the baby changing facility.

Public WCs

- 3.29 The provision of toilets is required for all visitors, including wheelchair users. Sufficient space should be provided to accommodate children in pushchairs, and others, to be assisted if necessary. The number of toilets must comply with Building Regulations and will depend on the size of the building being considered, but a WC suitable for independent and assisted use must be provided. The peninsular layout allows a user to transfer to the WC from either side, an important choice for some users, but at the cost of a larger cubicle. Alternatively, where there is more than one accessible WC, a mixture of both left- and right-handed layouts can be provided. Separate ‘ambulant’ toilets should be provided for men and women, and in some locations different ethnic groups may have to be considered.
- 3.30 Patient toilets should be located close to the waiting area and visible from the reception; the entrance must be screened to protect patients’ and visitors’ privacy and dignity.

Clinical spaces

Consulting (GP/Nurse Practitioner)

- 3.31 Consulting rooms enable practitioners to carry out patient interviews, examinations and administrative duties. The design of the room should ensure privacy, be welcoming to patients, be provided with a window, and the importance of acoustic privacy cannot be over-emphasised. A spatial allowance for wheelchairs to turn and manoeuvre must be provided. A light or sign indicating ‘In Use’ should be provided at the entrance, and the light should also be linked to the personal alarm system to facilitate early warning and identification in the event of an incident. The room should be identified by a projecting sign in the corridor indicating the room number, and should be easily identifiable from the furthest part of the corridor.

- 3.32 Consulting rooms must be clearly visible and easily accessible from patient waiting areas. They should be identifiable through appropriate signage and have enough space to accommodate the patient's companion or children, and an additional member of staff, either a GP or a nurse.
- 3.33 The internal arrangement of the room should ensure that visual intrusion from an adjacent corridor is avoided, and couches should ideally be located behind the door, provided that this does not interfere with wheelchair access. The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance that attains a minimum weighted sound reduction index (R_w), as stated in HTM 08-01:2011 *Acoustics*. Design of the elements and components will need to be tested for compliance by an acoustic consultant at design stage and on completion of the project.
- 3.34 On entering the room, the patient should be immediately visible to the practitioner. The furniture arrangement should allow GPs/nurses to carry out the consultation in a non-confrontational manner. Typical layouts are contained in WHBN 00-03:2013 *Clinical and clinical support spaces*.
- 3.35 A clinical wash-hand basin in accordance with WHBN 00-10 Part C:2014 *Sanitary assemblies* should be incorporated, with appropriate storage for sterile supplies for immediate use and systems for sharps storage. The room should have a curtained area around the couch and basin for privacy, together with a wall- or floor-mounted examination lamp. Consideration will need to be given to the reinforcement of partitioned walls for light fittings, shelves, cupboards etc. All wall storage cupboards should be full height from floor to ceiling. GP occupiers should also discuss their requirements in terms of the positioning of examination lamps and the possibility of providing flexibility through the installation of a rail. The clinical wash-hand basin should be located within the curtained examination area, attached to a full-height concealed panel system that incorporates all necessary services.

GP training rooms

- 3.36 The GP training room should comply with requirements of the consulting room and allow additional space for staff training. The health board must be satisfied that there is robust evidence that the practice is qualified, or is in the process of

qualifying, to be a training practice. A letter of support is required from the deanery that the practice is, or is in the process of being, accredited as a training practice.

Registrar's room

- 3.37 One registrar's room is allowed if a GP registrar is part of the practice. Additional rooms will be permitted if there is evidence of deanery support and the health board is prepared to support the additional space.

Treatment rooms

- 3.38 Such rooms enable clinical examinations, treatments, the testing of samples and associated administration.
- 3.39 The room should allow for a single couch, centrally located, within a screened area that should include space for dressing and patient examination. Fittings should include preparation surfaces, lockable storage cabinets, and a clinical wash-hand basin located within the curtained area, attached to a full-height concealed panel system that incorporates all necessary services. Worktops should be smooth, jointless, impervious, washable, have bull-nosed lip and have coved rear upstands. They should be suitable for regular cleaning or decontamination to avoid any cross-infections. All wall storage cupboards should be full height from floor to ceiling, and an access door directly into the dirty utility may aid infection control. If a greater area is required for treatment, the privacy curtain could extend around the door to the corridor rather than separating off the couch and basin area.
- 3.40 The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance that attains a minimum weighted sound reduction index (R_w), as stated in HTM 08-01:2011 *Acoustics*. Design of the elements and components will need to be tested for compliance by an acoustic consultant at design stage and on completion of the project.
- 3.41 Consideration must be given to the requirements for specific cabling, socket-outlets and power connections to future-proof the room with an electric couch and modular instrument wall set, if required.

Minor operations room (accredited GPs only)

- 3.42 GP practices must be directly commissioned in order to provide Directed Enhanced Service (DES) for minor surgery.
- 3.43 The minor operations room enables clinical examination and the execution of minor surgery on patients. It should be easily accessible from the main circulation corridors and should be part of a discrete treatment suite. Typically minor surgery will consist of the removal of warts, verrucas, moles and other skin lesions. Some practices may require a small recovery room to allow greater use of the minor surgery room; however, this will be in exceptional circumstances where the nature of procedures carried out requires it. Health board agreement must be sought for funding for this additional space.
- 3.44 The minor operations room must have a curtained couch area where patients can undress for examination. Preparation surfaces, a sink, a clinical wash-hand basin attached to a full-height concealed panel system that incorporates all necessary services and storage should be provided within the curtained examination area, together with space for mobile equipment. The layout and furnishing of the room should avoid isolation of staff from the door and should provide sufficient space for turning/manoeuvring of wheelchairs. Direct access to the dirty utility may be needed and in some situations, a separate scrub room as well.

Bariatric provision and adult changing facilities

- 3.45 GPs and health boards should consider provision for bariatric patients and adults with learning disabilities. This will depend upon local circumstances. These patients will require additional facilities over and above normal provision. The client should consider the use of one treatment room with specialist lifting equipment, either built into the building structure or provided as a mobile hoist, for these patient groups. The room should be flexible to allow for both groups of patients and for any specialist equipment. The treatment room should also include an en-suite toilet to allow for privacy and dignity.
- 3.46 The location of this facility should be carefully considered by the client, as accessibility will be an important factor for both patient and GP.

Phlebotomy room

- 3.47 A phlebotomy room may be required in some general medical practice premises. If so, it is essential that it is well designed in terms of location and room layout. The phlebotomy room should be located close to the waiting area to allow for large numbers of patients. Safety is also a key consideration in the design of this type of room, and design should aim to combine comfort with function. The design team will need to understand any specific requirements of the practice, such as a phlebotomy chair, to ensure correct room configuration.
- 3.48 The room design should allow for sufficient storage space and working area, together with a clinical hand-wash basin attached to a full-height concealed panel system that incorporates all necessary services, similar to a treatment area.

Dispensing room

- 3.49 Where the provision of pharmaceutical services is by a dispensing doctor, the health board and GP practice will need to consider the provision, location and design of the dispensing room.
- 3.50 The dispensing room within the building needs careful consideration, as privacy, accessibility and security are all issues that influence location, especially where controlled drugs are to be stored.
- 3.51 The dispensing room must be located to allow direct access for deliveries, whilst also being conveniently located for ease of access by patients. Ideally, it should be located immediately adjacent to the waiting room.
- 3.52 The room needs to be designed to allow for receipt, recording and storage of stock, patient counselling, selection and medicines assembly, receipt and dispensing of prescriptions. Depending on dispensing requirements, there may be a need for a separate store adjacent to the main dispensing area. The specific requirements here will need to be agreed with the local health board as part of the schedule of accommodation.

Support spaces

Dirty utility room

- 3.53 A dirty utility room must be located in immediate proximity to the treatment areas, ideally with direct access from treatment/minor operations room. Project teams may wish to consider the need for

direct access for staff from the preparation area. Specimens may be passed through a hatch from the adjacent WC. Facilities are required for testing specimens of urine and recording results, and for the disposal of liquid waste. Provision is needed for the cleaning of dressing trolleys and other items of equipment, and for the temporary holding of items requiring reprocessing or disposal. A combined disposal slop hopper and sink unit with separate worktop will be needed. Clinical hand-wash facilities attached to a full-height concealed panel system that incorporates all necessary services is required. Appropriate access arrangements with adjoining or adjacent treatment/clinical areas also needs to be considered.

Specimen WC

3.54 A WC should be provided with a hatch, for specimen collection in the dirty utility room. The WC should be designed for wheelchair access and patients requiring assistance. It should be easily accessible to the treatment suite.

Cleaner's store

3.55 These areas are under the direct control of the practice or building provider's staff and must be locked and not accessible from patient circulation areas.

3.56 The cleaner's store should have lockable metal cupboards for the storage of cleaning materials in accordance with COSHH regulations. Typically the room will have a low-level bucket or 'belfast' sink, a stainless steel sink unit and small wash-hand basin together with space for all cleaning equipment.

Waste disposal holding room

3.57 Clinical waste should be stored in special containers which should be held in an appropriate separate secure 'disposal hold store' together with dirty articles pending decontamination. Each storage container should be clearly labelled. The areas should be ventilated by mechanical extract or louvres in the case of externally accessed stores, and there should also be suitable means of safely transporting and handling the waste, such as wheeled bins.

3.58 General refuse awaiting collection should be held in a secure room with direct external access. A suitable means of transporting the refuse to a collection point must be provided.

Storage spaces

3.59 Careful consideration should be given to storage requirements, particularly for drugs or hazardous materials. Traditionally, these have been given little thought by clients at design stage, and this can lead to a serious lack of storage in the completed project.

3.60 Plant, meters and services equipment, including distribution boards particularly, must not be located within any of the practice storage areas. Separate storage is required for any mobile gas equipment and spare cylinders, which should be located on an external wall.

3.61 Storage areas are under the direct control of the practice or building provider staff, and must be locked and not accessible from patient circulation areas. Some stores may be directly accessed from working areas.

Administration spaces

3.62 These spaces should provide an attractive environment for clerical work associated with records, data, files, correspondence with patients, hospitals and healthcare bodies and internal administration.

3.63 There are high levels of staff interaction between secretarial, clerical and record storage areas. The practice manager in particular will require easy access to each of these areas, which may be sited adjacent to each other. To ensure privacy and confidentiality there must be no access by patients.

3.64 This area can be split, with some administrative space behind the reception area and the main space on upper floors, if appropriate. A room, separate from the reception desk, should be provided to allow staff to take confidential incoming calls.

3.65 A separate secure area is required for communication and particularly IT servers, patch panels etc.

Practice manager's office

3.66 This is an individual working space providing a comfortable working environment for the practice manager. It should provide privacy for confidential meetings with members of staff.

3.67 This space should be adjacent, or in close proximity, to the administration and data input areas, and it is also advantageous to be near the record storage area.

- 3.68 Other dedicated areas may be required for other managerial staff, such as the assistant practice manager; however, the health board must be satisfied that there is evidence of need.

Medical records and archive space

- 3.69 This should be a secure space for the storage and retrieval of individual patient records, together with an area for clerical staff. Patient records should be available upon request, and therefore there are strong links between the reception and records functions, and particularly between the records and secretarial/data input roles. The location of this room should be carefully considered. Increasing use of electronic storage might free some or all of this space for future expansion.
- 3.70 Patient records are highly confidential and should be part of a secured administration area with restricted access.
- 3.71 This information, in paper- or IT-based systems, needs to be available to practitioners for consultations and to other members of staff.
- 3.72 Space allocation should take account of the progress being made in electronic archiving and online record information.
- 3.73 Paper-based records may be stored using filing cabinets, tray/lateral filing or open shelves/vertical filing. The last is the most space-effective, but the detailed design should consider minimising high- or low-level shelving for the convenience and safety of staff. A single-person workstation will be required within the records room for clerical work.
- 3.74 As the type of record system can vary from practice to practice, early consultation with the design team is essential. The floor loading of some bespoke filing systems can impact on the position of the records room within the building and also layout and design. Consideration should also be given to lighting layout design and phasing to align with vertical filing systems and to cover work surfaces.
- 3.75 This must be a secure area and must be protected by solid core doors and have a controlled entry.

Staff meeting room

- 3.76 This is a space for small or large staff meetings/seminars/conferences and drugs presentations. It can also be used for group health promotion activities. Furniture and equipment storage facilities should be appropriate for its varied functions and it should be located for convenient access by all.

Resource room

- 3.77 A resource room should be provided to allow training and study to be carried out on the premises. The resource room may contain traditional reference books, relevant periodicals and an area for researching using the internet. This should include the provision of data points for computers and wireless internet access.
- 3.78 The resource room should be located away from the main entrance, waiting area, reception and the main treatment areas. An area in close proximity to other staff areas should be considered.

Staff common room

- 3.79 This should be an informal meeting space for staff members, with facilities for lunch and coffee breaks. In small practices this space may also be used for meetings and training.
- 3.80 Access should be isolated from the main patient circulation areas. It would be an advantage if staff members do not need to pass through the administration area to reach the common room areas.

Staff WCs

- 3.81 Dedicated staff WCs, including disabled accessible WCs, are required for clinical staff working in the building. Consideration should be given to the location of the staff changing and sanitary facilities when providing additional dedicated sanitary facilities. See 'WCs' in WHBN 00-10 Part C:2014 *Sanitary assemblies*.

Staff changing room

- 3.82 Facilities are required for staff changing, clothes storage, showers and sanitary facilities. Provision should take into account the numbers of full-time and part-time staff, including trainees and students. See 'Changing area: staff', 'Changing room: semi-ambulant', 'Shower room: ambulant' and 'Uniform exchange area' in WHBN 00-02:2013 *Sanitary spaces*.
- 3.83 Staff will require local lockers to hold small personal belongings whilst on duty. It may be convenient to locate lockers within, or adjacent to, the staff room/beverage bay where provided.

Circulation spaces

- 3.84 Circulation spaces should provide a convenient means for all building users to move between areas

without disturbance to occupants of adjacent spaces. If possible, the spatial organisation should be such that those unfamiliar with the building can navigate without the need for directional signage.

- 3.85 Circulation routes should be easily and safely supervised by staff. For upper floors and areas not visible from reception, where direct supervision is not reasonably achievable, such as stairs, refuge areas etc, the provision of a closed-circuit television (CCTV) system may be an acceptable alternative.
- 3.86 The internal arrangement of rooms should ensure that visual intrusion from an adjacent corridor is limited or excluded in the case of toilets (see WHBN 00-04:2014 *Circulation and communication spaces*). The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance attaining a minimum weighted sound, as specified in HTM 08-01:2011 *Acoustics*. Design of the elements and components will need

to be tested for compliance by an acoustic consultant at design stage and on completion of the project.

- 3.87 The design should avoid the need for GPs and nurses having to pass 'public' spaces when moving between administration/reception areas and consulting areas. The design should also provide a separate staff exit, which could be via a fire escape door, to allow GPs to enter and leave the building without being observed by waiting patients.

IT service/comms room/plantrooms

- 3.88 These should be suitably sized rooms appropriate for IT service/communications equipment required for the building, as well as other functions, such as plantrooms etc. Particular attention should be given to circulation and ventilation, especially in IT server/comms rooms, to prevent overheating of equipment.

Chapter 4 Engineering, energy and environment

Introduction

4.1 This section describes the engineering, energy and environment requirements for general medical practice premises in Wales. The guidance should acquaint the engineering members of the design team with the criteria needed to meet functional requirements. Environmental and engineering technical data and equipment details are described in the relevant Activity DataBase, available from Talon Solutions Ltd.

Economy

4.2 Engineering, energy and environment services are a significant proportion of the capital cost and remain a continuing charge on revenue budgets. The project design engineer should therefore ensure:

- economy in initial provision, consistent with meeting functional requirements and maintaining clinical standards;
- optimum benefit from the total financial resources these services are likely to absorb during their lifetime;
- that design and installation of engineering systems should enable the operation of these systems to meet best practice performance indicators for both energy and water.

4.3 The economic appraisal of alternative locations and design solutions should include building orientation, heat conversion and distribution losses. Reference should be made to HTM 07-02:2006 *EnCO₂de – making energy work in healthcare*. The aim of *EnCO₂de* is to ensure that everyone involved in managing, procuring and using buildings and equipment thinks about the implications of energy use today and in the future. *EnCO₂de* explains how cost savings, and environmental benefits, can be achieved.

4.4 In view of higher building specifications and the inevitable increasing cost of energy, together with

the need to monitor domestic hot and cold water systems (legionellae statutory requirements), the project team should, for larger multi-practice health buildings, include the provision of a Building Management System (BMS). Where there is a need for extensive mechanical ventilation, the economic viability of heat recovery systems should be assessed.

4.5 Designers should ensure that those services that use energy do so efficiently to meet the respective performance indicators.

4.6 Attention is drawn to the services provided by NWSSP-Procurement Services in the provision of the most economic tariff for energy supply. All NHS Wales premises should take advantage of these services.

Engineering and energy

Heating and ventilation services

4.7 General medical practice premises are traditionally very small simple buildings that should be suitable for natural ventilation and a very simple heating system. The rooms within these buildings should all have access to perimeter walls and therefore can accommodate windows providing natural ventilation and natural lighting. Health boards and designers will need to fully justify the use of mechanical ventilation other than in areas required to have it for infection control purposes, or by building regulations.

4.8 The acoustic environment should allow normal conversation without disturbance to others. Ventilation must be designed to minimise patient cross infection.

4.9 A plantroom, with external access for equipment and maintenance personnel, will be required to accommodate: boilers; hot water generation, where centralised plant is used; ventilation plant, where appropriate; and ancillaries. The plantroom size should be determined to ensure adequate space around the equipment for maintenance and plant

replacement. Room for possible expansion should be considered where possible, to allow for future use of more renewable technologies.

- 4.10 A life cycle cost analysis should be carried out to assess the most appropriate energy source, including renewable sources.
- 4.11 Space should be provided to accommodate meters where appropriate, or storage of fuels, and should be adequately sized to suit local fuel deliveries.
- 4.12 The distribution of pipework services to final points of use should, wherever possible, be concealed above ceilings or below floors. However, where pipework needs to be surface mounted, it should be insulated and boxed-in on the horizontal runs and risers. Where radiators are used in patient areas they should be low surface temperature type to fully comply with the *Equality Act 2010*. Further information is given in HGN 1998 '*Safe hot water and surface temperatures*.
- 4.13 Zoning of the space heating system should be provided to meet the *Heat Network (Metering and Billing) Regulations 2014*. Where zoning is used, it should be by building orientation, GP practice/ common functionality, hours of occupation and by floor levels, as appropriate.
- 4.14 Each heating element, for example radiator or heating circuit, should have its own tamper-proof thermostatic control to preset the maximum room temperature. These controls should be of robust construction, and selected to match the temperature and pressure characteristics of the heating system.
- 4.15 The flow temperature to space heating appliances should also be modulated in accordance with the external ambient temperature.
- 4.16 The BMS should control the heating throughout the unit with optimum ON/OFF control to suit heating zone occupancy. A manual override should be provided where appropriate to promptly restore all plant to full operational status. A suitable control panel should be provided and consideration should be given to combining it with the CCTV monitoring equipment.
- 4.17 Spaces should be naturally ventilated, but some areas will require mechanical extract for clinical and/or functional reasons (see Appendix 2). Air movement induced by mechanical ventilation should be from 'clean' to 'dirty' areas (where these can be defined). The design should allow for adequate flow of air by a suitable method into any space having mechanical extract ventilation. Such arrangements should not prejudice the requirements of fire safety or privacy.
- 4.18 Mechanical cooling may be required in areas such as IT server rooms. This could be achieved with individual ceiling-mounted cassette units operating with direct expansion refrigerant of the non-ozone depleting type. Each unit would incorporate pumped condensate draining and local programmable control.
- 4.19 Where mechanical ventilation is utilised, ensure negative or positive room pressures as required, taking due account of infiltration where appropriate. Diffusers and grilles should be located to achieve uniform air distribution within the space without causing discomfort.
- 4.20 An extract system will be required for 'dirty' areas such as utility rooms and should operate throughout the day.
- 4.21 Where toilets are ventilated by individual fans, these should be controlled via light switches or passive infra-red motion detectors.
- 4.22 Mechanical ventilation systems should be considered for larger multi-practice premises and controlled by a BMS.
- 4.23 External discharge arrangements for extract systems should be protected against back pressure from the effects of adverse wind velocity, and should be located to avoid the reintroduction of exhausted air into this or any adjacent building, through air intakes or windows.
- 4.24 Where larger multi-practice premises are deep-planned and rely on mechanical supply ventilation, refer to HTM 03-01 Parts A and B:2007 *Specialised ventilation for healthcare premises* and HTM 2005:1996 *Building management systems*.
- 4.25 Local exhaust ventilation is required where exposure by inhalation of substances hazardous to health cannot be controlled by other means. The Health and Safety Executive in the current EH40/2005 *Workplace exposure limits* sets limits that form part of the *Control of Substances Hazardous to Health Regulations 2002 (COSHH)*.

Water services

Hot and cold water services

- 4.26 When deciding on the most appropriate method of providing the hot water service, cognisance should be given to legionella precautions and energy efficiency. See HTM 04-01:2006 *The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems*.
- 4.27 Where domestic hot water supply is taken from a circulating main, a minimum supply temperature of 60°C to the main is required, and the return temperature to the generator must be not less than 55°C. Reference should be made to HTM 04-01:2006 *The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems* and HSE document L8 (4th ed) *Legionnaires' disease. The control of legionella bacteria in water systems*.
- 4.28 All hot water hand-washing outlets to which patients, visitors and staff have access should be fitted with a thermostatic valve limiting the outlet temperature to 41°C.
- 4.29 In all other areas, such as the cleaner's room, the hot water outlets should be clearly labelled 'VERY HOT WATER' with fixed notices.
- 4.30 Cold water storage will be determined by the size and use of the water services in the premises.
- 4.31 Storage tanks should have an appropriate internal surface, a sealed lid, and filtered vents in compliance with HTM 04-01:2006 *The control of Legionella, hygiene, 'safe' water, cold water and drinking water systems*. The materials used should be Water Research Council (WRC) approved so that they do not promote the growth of bacteria and are suitable for contact with drinking water.
- 4.32 All cold water pipework, valves and fittings should be insulated and vapour-sealed to protect against frost, surface condensation and heat gain. All hot water pipes, valves and fittings should also be insulated.
- 4.33 The requirements for the control of legionellae bacteria in hot and cold water systems are set out in HTM 04-01:2006 *The control of Legionella, hygiene, 'safe' hot water, cold water and drinking water systems* and HSE document L8 (4th ed) *Legionnaires' disease. The control of legionella bacteria in water systems*.
- 4.34 For the purposes of maintenance and increased safety, hot and cold water services in larger multi-

practice premises should be monitored via a BMS for cold water storage, hot water storage (where applicable), main hot flow and return, and sentinel points on main branch circuits where appropriate.

- 4.35 Alternatively, on smaller premises where the fitting of a BMS is inappropriate, temperature monitoring and recording may be achieved by means of a manual system or by using an electronic data recorder with appropriate temperature sensors.

Internal drainage

- 4.36 The primary objective of internal drainage is to provide a drainage system which:
- uses the minimum of pipework;
 - remains watertight and airtight at joints and connections;
 - is sufficiently ventilated to retain the integrity of water seals.
- To prevent back-siphonage, air breaks should be incorporated within all drainage from appliances.

Design considerations

- 4.37 The general design of the premises' drainage system should comply with the relevant British Standards and Codes of Practice, including BS EN 12056-2:2000 and the current Building Regulations.
- 4.38 The gradients of branch drains should be uniform and adequate to convey the maximum discharge to the stack without blockage. Practical considerations, such as available angles of bends, junctions and their assembly, as well as space considerations, usually limit the minimum gradient to about 1:50 (20 mm/m).
- 4.39 Provision for inspection, rodding and maintenance should ensure full bore access, and be located to minimise disruption or possible contamination. Manholes should not be located within the premises.

Electrical installation

- 4.40 The administration area will increasingly have a high level of computers and light fittings will be required to comply with the CIBSE Code for Lighting and SLL LG7 *Office lighting*.
- 4.41 The installation should comply in all respects with BS 7671:2008+A3:2015, *Requirements for electrical installations*, and for larger premises where applicable and reasonable HTM 06-01:2007

Electrical services supply and distribution and HTM 06-02:2006 *Electrical safety guidance for low voltage systems*. All designs must take full account of the current Building Regulations (Wales).

Electrical interference

- 4.42 Care should be taken to avoid mains-borne interference and electrical radio frequency interference affecting physiological monitoring equipment, computers and other electronic equipment used in the building or elsewhere on the site. Guidance on the avoidance and abatement of electrical interference is contained in HTM 06-01 Part A:2007 *Electrical services supply and distribution. Part A: Design considerations*.

Lighting

- 4.43 Maximum use should be made of daylight. If an entrance canopy is included, the lighting should draw attention to its location. Colour finishes and lighting throughout the centre should be coordinated to create a calm and welcoming atmosphere. Unnecessarily high levels of illumination and glare should be avoided. All lighting systems must also comply with the *Equality Act 2010*. Further guidance on these and other aspects of lighting is contained in the CIBSE Lighting Guide LG2, *Hospitals and Healthcare Buildings*. Where lighting levels within the Appendices of this document differ from the CIBSE Guide, the former should apply.
- 4.44 Lighting is required in accordance with CIBSE guides to align with circulation, particularly in paper based record systems using vertical filing and over work surfaces.
- 4.45 Communication/IT areas require heat gains to be off-set (usually by a ceiling mounted, non-ozone depleting refrigerant, air conditioning cassette), SLL LG7 *Office lighting* compliant lighting scheme and a cable containment system capable of recovery/upgrading as technology requirements develop further.
- 4.46 Architects and engineers should collaborate to ensure that the decorative finishes used are compatible with the colour-rendering properties of the lamp(s), and that the spectral distribution of the light source is not adversely affected. Luminaires should be manufactured and tested in accordance with the requirements specified in the relevant sections of BS EN 60598-1:2015
- Luminaires*. Their location should afford ready access for lamp changing and maintenance.
- 4.47 The number and location of luminaires connected to a circuit, and the number of switches and circuits provided, should allow flexibility in the general and local level of illumination, particularly in areas away from windows where daylight can vary significantly. Project teams should consider the provision of automatic/presence switching in areas of the premises which may be unoccupied for long periods. High-efficiency luminaires should be fitted and be appropriate to the space. Light tubes should be installed to provide natural light in internal spaces unless proven non-viable.
- 4.48 Consulting/Treatment/Minor Operations Room lighting should be supplemented by an adjustable ceiling- or wall-mounted luminaire to provide flexible coverage for examination purposes. Lighting in treatment or minor operations room should be sealed IP65 rated lighting for infection control reasons.
- 4.49 Where visual display terminals are to be used, the lighting should be designed to avoid any bright reflections on the screen, and should ensure compliance with the requirements of the *Health and Safety (Display Screen Equipment) Regulations*. Further guidance is contained in the CIBSE SLL LG7 *Office lighting*.
- 4.50 The lighting of corridors, stairways and other circulation areas, which are not generally covered by activity data sheets, should be designed in accordance with the guidance contained in WHBN 00-04:2014 *Circulation and communication spaces*. Emergency lighting will be required in some areas to enable essential activities to be carried out, such as the completion of minor surgery and to light primary escape routes, in accordance with BS5266-1:2011 *Emergency lighting*, CIBSE SLL LG12 *Emergency Lighting Design Guide* and HTM 06-01:2007 *Electrical services supply and distribution*. PIR override controls in office and conference rooms should be considered.

Socket-outlets and power connections

- 4.51 Sufficient twin 13-amp switched socket-outlets should be provided, located within wall mounted dado trunking, to supply all portable appliances which are likely to be used simultaneously.
- 4.52 Switched single socket-outlets should be strategically provided in corridors to enable

domestic cleaning appliances with flexible leads (nine metres long) to operate over the whole of the building. Where they are considered necessary in individual rooms, these should be located at low level below the room light switch at the doorway. A dedicated cleaner's socket should be provided, usually next to the door to each room, to prevent any key clinical or electronic equipment from being accidentally unplugged.

- 4.53 Adequate provision of socket-outlets must be made available for voice/data IT equipment, and a minimum of three twin 13A switched outlets should be provided per workstation to eliminate the use of trailing leads.
- 4.54 Consulting rooms should additionally have a suitable number of twin 13A switched socket-outlets, with at least one near the examination couch to serve the couch (if electric), a fridge, mobile phone charger and a socket for cleaning purposes. Where feasible, all socket-outlets should be connected in such a manner that a supply is available from two separate circuits of the same phase. Stand-by emergency generators would not normally be provided for GP premises; however, where emergency electrical supplies are available, socket-outlets should be connected to essential circuits in accordance with the guidance contained in HTM 06-01:2007 *Electrical services supply and distribution*. Socket-outlets should comply with the *Equality Act 2010* and be installed with coloured sockets to allow for contrast.

Controlled drugs cupboard

- 4.55 SI 1973/798 *Dangerous drugs. The misuse of drugs (Safe custody) Regulations* – Regulation 3(3) Schedule 2 gives specific guidance on structural requirements in relation to cabinets and rooms for storing drugs.
- 4.56 A red indicating lamp should be provided on the controlled drugs cupboard and, where appropriate, outside the doorway to the room in which the cupboard is located, and also at a separate, continuously staffed location. The lamps should be interlocked with the cupboard and alarm system to give visual and audible indication at the continuously staffed location of any unauthorised entry to the cupboard. An indicating lamp that signals that the circuit is energised should also be fitted to each cupboard. The supply circuits for the lamps and the alarm system should be derived from

essential circuits. The cupboards should comply with BS 2881:1989.

Security systems

- 4.57 The premises should be protected during 'out-of-use' hours by a monitored intruder alarm system that complies with BS 4737-4.3:1988, BS EN 50131-1:2006+A1:2009 as appropriate. The main entrance should be well lit and the provision of closed-circuit TV (CCTV) at the main entrance may be useful if sightlines are obscured. CCTV may also be required within the building to cover areas not visible from reception, including access to staff-only accommodation. Panic buttons, or other systems for summoning assistance, should be provided for emergency use. Further guidance on aspects of building and staff security is contained in the *Security Management Framework for NHS Trusts in Wales*, dated July 2005. A suitable control panel should be provided and consideration should be given to combining it with the BMS panel.

Patient call system

- 4.58 Patient-to-staff call points should be provided in all spaces where patients may be left alone temporarily, for example WCs for disabled persons. All patient WCs should have an emergency pull cord, not just wheelchair accessible or ambulant disabled WCs, as patients can all be liable to falls or becoming unwell, and therefore need assistance.
- 4.59 An audio-visual system providing appointment information for patients should be provided. Such a system should cater for people with visual impairment and hearing aid users and should take cognisance of the *Equality Act 2010*.

Telephone services

- 4.60 The telephone exchange hardware is an item that the practice or health board may choose to install themselves, whereas developers will install the voice and data cabling, and trunking infrastructure. CAT6 cabling should be used.

Information management and technology (IM&T)

- 4.61 TeleHealth or TeleMedicine is not simply about the digitisation of existing records and processes; it is about working much more efficiently. In today's world, where real estate is expensive, the continued use of such a resource is no longer efficient, there is

no more space for paperwork; effective healthcare delivery relies more and more on the ability to share information in a timely manner, in the right format, with many parties at the same time.

- 4.62 Each computer workstation should be served by a double RJ45 data outlet.
- 4.63 Consideration should be given to the use of wireless communications across the property; this would enable the use of tablets and other mobile technologies, and a more efficient and flexible deployment of IT resources than would the use of fixed wiring.
- 4.64 All computerised records should be stored on resilient servers with a local emergency Uninterruptable Power Supply (UPS) to cope with power cuts and to allow safe shutdown in the event of a prolonged outage. Stand-by emergency generators would not be expected. Space for the servers should be given consideration. CAT6 cabling should be used.

Lightning protection

- 4.65 Protection of the building against lightning should be provided in accordance with HTM 06-01:2007 *Electrical services supply and distribution* and BS EN 62305 (parts 1–4).

Lifts

- 4.66 Premises that provide patient accommodation at first-floor level should have a lift installed that complies with *Access to and use of buildings. Approved document M*. Where there is patient access to clinical rooms on upper floors, consideration should be given to stretcher lifts to allow for larger wheelchairs; easy transport of unwell patients via ambulance stretcher; or, if it is a firefighting lift, evacuation of sedated patients in case of emergency. Where lifts are required, guidance is given in HTM 08-02: 2010 *Lifts*.

Fire safety design

- 4.67 The fire safety provisions for buildings of this nature should be outlined in a fire safety design strategy document, which should follow the principles set out in PAS 911:2007 and be prepared by a fire safety professional, with advice from the NWSSP-SES Authorising Engineer (Fire).
- 4.68 In the primary care sector it will usually be appropriate to use either *Approved Document B* –

Fire Safety or BS 9999:2008 – *Code of practice for fire safety in the design, management, and use of buildings* as the standard for fire safety design.

- 4.69 This is based on the understanding that patient care does not extend to the treatment of patients who may become dependent on staff to evacuate them in an emergency due to the nature of the treatment being undertaken. Where this is the case, the building should be designed to the Firecode suite of documents (the HTM 05 series).
- 4.70 Where there are any deviations or variations from any of the codes of practice or British Standards mentioned above, these should be fully explained within the fire strategy document.
- 4.71 The fire strategy document should provide information on the following subject areas:
- Means of escape
 - Fire alarm and detection
 - Internal fire spread – linings
 - Internal fire spread – structure
 - External fire spread
 - Access and facilities for the fire and rescue service
 - Emergency escape lighting
 - Emergency voice communications for disabled refuge areas.
 - Hand-held fire-fighting equipment
 - Management arrangements
 - Fire safety information to satisfy Regulation 38 of the Building Regulations.
- 4.72 The installation of a sprinkler system is recommended in all NHS buildings. An option appraisal and cost benefit analysis should be undertaken to consider the benefits of installing a sprinkler system in the building. Further information can be found in WHEN 09/04:2009. Electronic copies of the report in pdf format can be accessed from the *Publications* page of the website at: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=254&pid=39106> for those within NHS Wales, or via <http://www.wales.nhs.uk/sites3/page.cfm?orgid=254&pid=6142> for those external to NHS Wales.
- 4.73 It is recommended that the design team employ a recognised fire engineering consultant to provide advice on the above requirements, together

with advice from the NWSSP-SES Authorising Engineer (Fire). The developer is to ensure that the tenants are aware of their responsibilities in the management of the completed building as detailed within the fire strategy document.

- 4.74 The scheme details, including the fire strategy and drawings, should be submitted to the NWSSP-SES Fire Safety Section for prior evaluation and comment.

Noise

- 4.75 Excessive noise and vibration from engineering services and process plant – whether generated internally, or externally and transmitted to individual areas – can adversely affect the operational efficiency of general medical practice premises and cause discomfort to patients and staff. Noise from other sources, for example speech transmitted via the ventilation system, also needs to be considered. The limits and means of control advocated in HTM 08-01:2011 *Acoustics* should provide an acceptable acoustic environment.

Privacy factor categories

Privacy factor	Resulting privacy, assuming normal speech
<70	Clearly audible and intelligible
70 –75	Audible but not intrusive (public areas)
75 – 80	Audible but not intelligible (general offices)
>80	Inaudible (consultation rooms)

Space for plant and services

- 4.76 Space for plant and services should provide:
- an easy and safe means of access, protected from unauthorised entry;
 - easy access for frequent inspection and maintenance;
 - sufficient access panels for inspection and maintenance;
 - adequate means for eventual removal and replacement of plant.
- 4.77 Recommended spatial requirements for mechanical, electrical and public health engineering services is available from other documents. The information in this WHBN is specifically intended for use during the initial planning stages when precise dimensional details of plant may not be available.

- 4.78 The distribution of electrical services to final points of use should, wherever possible, be concealed in walls and above ceilings. However, in consulting, examination and treatment rooms, electrical services should be concealed on walls within vertical and horizontal dado trunking to allow easy access for future adaptations.

- 4.79 Access to control and isolation devices for the control and safe isolation of engineering services should be:
- located in circulation areas rather than in working areas;
 - protected against unauthorised access;
 - clearly visible and accessible, where intended for operation by the general medical practice staff.

Engineering commissioning

- 4.80 The engineering services should be commissioned in accordance with the validation and verification methods identified in the latest editions of the relevant Health Technical Memoranda (HTMs). Flow measurement and proportional balancing of air and water systems require adequate test facilities to be incorporated at the design stage. Guidance is also available from a series of commissioning codes published by the Chartered Institution of Building Services Engineers (CIBSE) and in the Guidance to Engineering Commissioning issued by the Institute of Healthcare Engineering and Estate Management (IHEEM). The commissioning period identified at the planning stage should not be compromised due to time constraints to avoid lifetime effectiveness and efficiency problems.

Medical gases

- 4.81 It is unlikely that any piped medical gas system will be necessary as any gases required will generally be from cylinders transported on dedicated trolleys. Cylinders must be stored in external secure storage areas away from the main building.
- 4.82 Guidance on the transport and storage of medical gas and compressed air cylinders, where required, is contained in HTM 02-01:2006 *Medical gas pipeline systems* and the appropriate supplements.

Environment

- 4.83 All relevant health and safety regulations and HSE guidance will apply to the properties.

Infection control and the built environment

4.84 The built environment should meet the requirements of *Infection control in the built environment: design and planning*, 2nd ed (formerly HFN 30).

4.85 Consultation with the infection control team must be undertaken as early as possible in the design process as this affects not only detailed specification, but the fundamental layout of the building – including operational adjacencies and routes that clinical waste takes to exit the building.

Chapter 5 Cost information

Introduction

5.1 For all types of health building, it is important that building costs and revenue expenditure are best value and consistent with acceptable standards. In applying this guidance, the need for economy should always be of prime concern. Where appropriate, space should be shared between similar activities taking place at different times, although this solution should not be detrimental to the proper functioning of the spaces involved, nor to the needs of users.

Alternative procurement

5.2 General medical practice premises may be procured through a number of different routes including: third party developer, health board discretionary capital, or Welsh Government capital. The following guidance sets out the costing methodology when Welsh Government capital is being used.

DCAGs

5.3 The costing methodology for the Strategic Outline Case and Outline Business Case stages in Wales remains based upon Departmental Cost Allowance Guides (DCAGs), updated by Welsh Health Estates Notification (WHEN) 10/14 *Measures to Update 2002/2003 DCAGs for Changes in Specification (ie changes not covered by MIPS), to 8th July 2010*. Updating of DCAGs for inflation is carried out using the PUBSEC *Tender Price Index of Public Sector Building, Non-Housing*. The BCIS PUBSEC indices (previously BIS PUBSEC) are produced by, and available from, the BCIS (there is a subscription charge for this service). Advice on the indices, reporting level and location factor are updated quarterly by NHS Wales Shared Services Partnership – Specialist Estate Services (NWSSP-SES), and relayed to NHS Wales Trusts and health boards and their framework cost advisors. This quarterly advice is based upon the quarterly *NHS Capital Planning Newsletter* issued by the RICS to

user group members (Health Service Index Focus Group).

5.4 The DCAGs for this WHBN are referenced 11.01.01 to 11.01.22 and are based upon the superseded HBN 36. The cost/m² rates, however, remain applicable to this current WHBN 36. **The costs/m² (when adjusted for Location Factor and BIS PUBSEC indices) reflect the total building, engineering and accommodation requirements for general medical practice premises in Wales.** Costs are based on a typical two-storey new-build unit on a greenfield site with no financially onerous planning constraints.

5.5 DCAGs are exclusive of VAT, building and planning fees and all local authority charges, and are based on a location factor of 1.00.

On-costs

5.6 An allowance for on-costs (such as external works, external engineering services and abnormals) should be added to the DCAGs.

5.7 Project teams should assess all likely on-cost implications of individual sites and schemes at the earliest opportunity and prepare best possible estimates to represent these costs. Note that the percentage on-costs used on larger healthcare facilities are not applicable to primary care buildings.

Additional costing requirements

5.8 Costing by DCAG and on-costs may not be appropriate for works of alteration or refurbishment (or to works which are not adequately covered by WHBNs). The best process for costing should then be discussed with NWSSP-SES. Provided that sufficient information is available to the cost advisors, it is recommended that costs produced using DCAGs and on-costs are supported with separate elemental estimates, and an analysis should be made of any cost difference prior to submission of costs for funding approval.

Location factors

5.9 Location Factor (LF) adjustments should be applied to works cost (to DCAGs and to on-costs, which should also be firstly priced at an LF of 1.00). It should be noted that the LF to be used in Wales may vary from the BCIS LF for Wales. If so, the rationale will be explained in the monthly advice from NWSSP-SES to health boards, Trusts and framework cost advisors. Cost advisors not provided with this information should request it from the health boards/Trusts or seek direct advice from NWSSP-SES.

Space allowances

5.10 Guidance regarding the net floor area of individual rooms and spaces is given within this WHBN and at [Appendix 1](#). Once an accommodation schedule has been drawn up giving a total net floor area of functional rooms and spaces, allowances should then be added for planning provision, engineering zones and circulation space. First, 5% should be added to the functional space as a 'planning provision'. A percentage of 25% for circulation space (which includes space occupied by internal partitions) and 3% for 'engineering zone' (this excludes specific plant spaces, such as boiler rooms and switch-cupboards) should be added to the new sub-total to give a gross internal floor area to which the appropriate DCAG rate should be applied.

5.11 Planning teams should have data available at the earliest stages of a project to enable the approximate assessment of spaces involved. Room utilisation assessments should be prepared to maximise the use of individual rooms and to reduce the overall number of rooms where possible. The space should be shared between similar activities taking place at different times.

5.12 The space planning of a building may require a variation to the optimum spaces recommended, for example in the refurbishment/conversion of older property where room size and circulation space is dictated by the layout of the existing property.

Engineering services

5.13 The following engineering services are included in the DCAGs.

Mechanical services:

- heating – low-pressure hot water system;

- ventilation – mechanical supply to, and extraction from, clinical areas, and other areas requiring mechanical ventilation such as WCs and showers (excludes ventilation plant, such as air handling units or extract fans);
- cold water – central supply to service points including drinking water (excluding storage tanks);
- hot water – supply from a central system (excluding storage and generation);

Electrical services:

- distribution boards;
- general lighting, as required by task;
- examination lighting (examination lamps);
- disabled toilet help call system;
- emergency luminaires, as appropriate;
- socket-outlets and other power outlets for fixed and portable equipment;
- equipotential earth bonding;
- uninterruptible power supply (UPS) and equipment;
- fire, security, and controlled drug cupboard alarm systems;
- telephone internal cabling distribution and outlets (excluding handsets);
- data wireways;
- building management system.

Equipment (Group 1)

5.14 The following Group 1 equipment is included in the DCAGs:

- controlled drugs cupboards;
- dishwasher;
- impulse clocks.

Out-turn cost

5.15 DCAGs and On-costs will represent the 'Works Cost', or the cost normally included within the construction contract. Other costs associated with a scheme should be included under the other headings on the cost forms, that is, 'fees', 'non-works' and equipment.

- 5.16 'Fees' should include all professional fees with the exception of legal fees and planning and building regulation fees or local authority charges, all of which are included under 'non-works'.
- 5.17 'Non-works' should include land and building purchase and associated fees, planning and building regulation fees and local authority charges, together with survey costs and any other direct client costs outside of the building contract, not covered under the other cost headings.
- 5.18 'Equipment': to include supply of Group 2 equipment and supply and fix of Group 3 equipment, loose furniture and fittings.
- 5.19 'VAT': an assessment of VAT for each cost heading must be provided on the Cost Forms with an assessment for VAT recovery.

Appendix 1: Room data sheet – typical accommodation

The areas listed below are the minimum net areas from internal wall surfaces. They exclude all ‘service’ zones required for radiators, all pipe ducts and all narrow ‘passage’ entry zones

between the main corridor and the ‘clinical’ or working area of the room and all space required for all internal partitions.

Checklist of Typical Accommodation				
	minimum	maximum	by ratio	notes
Public Spaces				
Entrance Lobby				Consider wheelchair, mobility scooter and pram movements
Patients’ Reception			12.0 m ²	For 2 staff plus an allowance for admin support. Ensure wheelchair turning circle (1500 mm diameter)
Waiting Area			3 × BR ×1.5 m ²	3 seats per bookable Clinical Room × 1.5 m ²
Interview Rooms(s)	7.0 m ²	10 m ²		1 × 10.0 m ² to allow for wheelchair use
Patient’s Toilet – disabled with assistance	4.5 m ²	5.5 m ²		Consider peninsular layout – 5.5 m ²
Patients’ Toilet (ambulant)	2.5 m ²	4.5 m ²		Adjacent to waiting area. 4.5 m ² for specimens
Baby Changing	4.5 m ²	5.0 m ²		Room accessible to men, women and wheelchair users, and not within disabled toilet
Breastfeeding	4.5 m ²	5.0 m ²		Space relates to separate room
Administrative/Clerical/Staff				
Administration Office(s)		5.5 m ² per 0.7 WTE		As required by practice, see notes in Section 3
Practice Manager’s Office	9.0 m ²	12.0 m ²		
Medical Records Room			3.0 m ² × 1000	3.0 m ² × 1000 patients
Resource/Multi-use Room	13.5 m ²	15.0 m ²		Consideration to be given to flexible use and located accordingly
Staff Meeting Room	12.0 m ²	30.0 m ²		Dependent on total staff numbers
Staff Facilities				
Staff Cloakroom(s)/Locker(s)				As required by practice
Staff Changing Room				
Staff Shower		3.3 m ²		Assumes wash-hand basin within compartment
Staff Lounge/Kitchen (common room)	10.0 m ²	20.0 m ²		Based on a realistic assessment of maximum staff usage
Staff Toilet (disabled)	4.5 m ²	5.0 m ²		
Staff Toilet (ambulant)	2.25 m ²	4.0 m ²		Assumes wash-hand basin in cubicle, min 1 male & 1 female

Checklist of Typical Accommodation				
	minimum	maximum	by ratio	notes
GP Patient Services				
Consulting Room/ Examination Rooms	13.5 m ²	15.0 m ²		
GP/Nurse Consulting/ Examination Room(s)	13.5 m ²	15.0 m ²		
GP (Training) Consulting Room	15.0 m ²	15.0 m ²		As required by practice
Registrar's Room	13.5 m ²	15.0 m ²		
Treatment Room/Minor Surgery Room(s)	18.0 m ²	20.0 m ²		
Recovery Room	8.0 m ²	10.0 m ²		
Phlebotomy Room	10.0 m ²	12.0 m ²		
Dispensing Room	15.0 m ²	20.0 m ²		Subject to approval of dispensing licence
Bariatric and Adult Changing Facilities				
Treatment Room	18.0 m ²	20.0 m ²		
Disabled WC	4.5 m ²	5.0 m ²		
Support Services				
Dirty Utility	7.0 m ²	10.0 m ²		
Specimen WC	4.5 m ²	5.0 m ²		
Cleaner's Room(s)	4.5 m ²	10.0 m ²		
Storage Spaces	4.5 m ²	10.0 m ²		
Disposal Storage (for clinical and general waste)	4.5 m ²	10.0 m ²		
Ceiling Heights	2.4 m	2.7 m		
Plant/Services/IT				
Mechanical Services Plant				As determined by engineer
Electrical Switchroom				As determined by engineer
Node Cabinet/Telephone Switch Room				As determined by engineer. Generally 6 – 10 m ²
IT Service/ Communications Room /Plantrooms				As determined by engineer
Circulation	In small premises it might be possible to achieve 28% but generally 33% will be required excluding any space required for lifts and stairs.			
Corridors	25%	28%		1.5 m minimum width. Determined by layout and applicable regulations
Stairs				Determined by layout and applicable regulations
Lifts				Determined by layout and applicable regulations
Note 1 <i>Infection control in the built environment: design and planning</i> , 2nd ed, may raise a requirement for provision of a separate controlled room in addition to the above accommodation, for sterilization of equipment.				
Note 2 It is essential that GPs take responsibility for defining the services and accommodation requirements necessary within their development at the briefing stage to enable the design team to work effectively. This checklist should serve as a broad briefing tool at the outset.				

Appendix 2: Room data sheet – engineering services

See [Appendix 2 Table 2](#) for general notes relating to engineering services tables.

Table 1

ROOM TYPE	HTM 03-01 Part A Ventilation & ADB Room Data			
	Ambient Room Temperature °C	Type of Ventilation	Ventilation Rate	Nominal room pressure with respect to surroundings
Administration Area	20	Natural		
Disposal Hold (Clinical Waste Store)	Unheated	Extract	10 ac/hr	-ve
Consulting/Examination Room	21	Natural		
Disabled Toilet	20	Extract	10 ac/hr	-ve
Cleaner's Room	16	Extract	10 ac/hr	-ve
Electrical Switchroom	Unheated	None		
Baby Changing	20	Extract	10 ac/hr	-ve
Staff Cloakroom	21	Extract	10 ac/hr	-ve
General Waiting	21	Natural/Supply	5 ac/hr	0/+ve
General Store	16	None		
Interview Room	21	Natural		
Staff Shower	21	Extract	10 ac/hr	-ve
Medical Records Room	16	None		
Treatment/Minor Surgery Room	22	Supply/Extract	15 ac/hr	0
Meeting Room	21	Natural/Supply	5 ac/hr	0/+ve
Office	20	Natural		
Plant Room	Frost Protection	Natural		
Practice Manager's Office	20	Natural		
Practice Nurse Consulting Room	21	Natural		
Reception	21	Natural/Supply	5 ac/hr	0/+ve
Staff Disabled Toilet	20	Extract	10 ac/hr	-ve
Staff Lounge/Kitchen	19	Extract	6 ac/hr	-ve
Toilets	20	Natural/Extract	10 ac/hr	-ve

Table 2

ROOM TYPE	CIBSE <i>Lighting Guide L2</i> (SLL LG2)			Colour Rendering Required	HTM 08-01	CCTV
	Service Lighting Level – Lux	Service Lighting Position of Measurement	Emergency Lighting Standby Grade		<i>Acoustics</i> Privacy Factor	
Administration Area	300	Desk	B	–	80	–
Disposal Hold (Clinical Waste Store)	100	Floor	–	–	70	–
Consulting/Examination Room	300/1000	WP/Couch	B	X	80	–
Disabled Toilet	150	Floor	–	–	70	–
Cleaner’s Room	100	Floor	–	–	70	–
Baby Change	150	Floor	–	–	70	–
Electrical Switchroom	150	Equip	A	–	70	–
Staff Cloakroom	200	WP	–	–	70	–
General Waiting	200	Floor	B	–	70	X
General Store	100	Floor	–	–	70	–
Interview Room	300	Desk	B	X	80	–
Staff Shower	150	Floor	–	–	70	–
Medical Records Room	150	Floor	–	–	70	–
Treatment/Minor Surgery Room	300/1000	WP/Couch	A/B	X	80	–
Meeting Room	300	Desk	B	X	75	–
Office	300	Desk	B	–	75	–
Mechanical Services Plant	150	Equip	A	–	70	–
Practice Manager’s Office	300	Desk	B	–	80	–
Practice Nurse Consulting Room	300/1000	WP/Couch	B	X	80	–
Reception	300/500	Floor/Desk	B	–	75	X
Staff Disabled Toilet	150	Floor	–	–	70	–
Staff Lounge/Kitchen	300	WP	–	–	75	–
Toilets	150	Floor	–	–	70	–

Table 3

ROOM TYPE	HGN 1998 'Safe' hot water and surface temperatures			HBN 48 Telephone services (Archived)		HTM 08-03 Bedhead services			Comments
	Low Level Heating Surfaces <43°C	TMV Requirement <41°C	Telephone/Communication Provision	Data Communication Provision	Intruder Alarm	Attack Alarm	Patient-Staff Call System		
Administration Area	X	-	X	X	X	-	-	-	
Disposal Hold (Clinical Waste Store)	-	-	-	-	-	-	-	-	See HTN 3
Consulting Room	X	X	Double	Double	X	X	-	-	See HTN 6
Disabled Toilet Baby Change	X	X	-	-	-	-	X	-	See HTN 6
Cleaner's Room	X	X	-	-	-	-	-	-	
Electrical Switchroom	-	-	X	-	-	-	-	-	
Staff Cloakroom	X	X	-	-	-	-	-	-	See HTN 6
General Waiting Area	X	-	X	-	-	X	-	-	
General Store	X	-	-	-	X	-	-	-	
Interview Room	X	X	X	X	X	X	-	-	TMV if WHB installed
Staff Shower	X	X	-	-	-	-	-	-	See HTN 6
Medical Records Room	X	-	-	-	X	-	-	-	
Treatment Minor Surgery Room	X	X	X	-	-	X	-	-	See HTN 6
Meeting Room	X	X	X	X	-	X	-	-	See HTN 6
Office	X	-	X	X	X	-	-	-	
Practice Manager's Office	X	-	X	X	X	X	-	-	
Practice Nurse Consulting Room	X	X	Double	Double	X	X	-	-	See HTN 6
Reception	X	-	X	X	X	X	-	-	
Staff Disabled Toilet	X	X	-	-	-	-	X	-	See HTN 6
Staff Lounge / Kitchen	X	X	-	-	-	-	-	-	
Toilets	X	X	-	-	-	-	X	-	See HTN 6

Notes for Table 3

- Note 1 LST Radiators should be the default solution.
- Note 2 The requirements for disposal hold (Clinical Waste Stores) are given in HTN 3.
- Note 3 If an air supply can be provided by natural ventilation, then this is the preferred option but the guidance in HTM 03-01 Part A shall apply to all treatment and clinical areas.
- Note 4 'X' indicates that provision of this service is required in the room.
- Note 5 'A' or 'B' refers to the Emergency lighting grade as defined in LG2 (see Section 4.46 for definitions).
- Note 6 Privacy factors are defined in HTM 08-01.
- Note 7 Where there are two lighting levels quoted, the first figure is the general 'space' lighting level and the second figure is the level to be achieved by use of an examination lamp.
- Note 8** HTN 6 advises that where TMVs are not fitted, a warning notice saying 'Very Hot Water' is required.

Appendix 3: Exemplar specifications

The following examples are relevant at the date of publication. In time, changes in materials, regulations and practice may mean that alternative specifications will be more appropriate.

The following exemplar specifications give alternative ceiling constructions. While smooth finished plasterboard is generally considered more aesthetically acceptable for smaller rooms, careful thought must be given to the maintenance or replacement access required to any concealed services. Where possible, concealed services routes should be placed above 'public areas', stores and other non-patient accessed rooms within suspended ceilings where these are considered acceptable. In single-storey buildings, pitched roofs would provide a suitable void/loft space for services and access to them and this would avoid the need for any access through the ceilings. Only in buildings of more than one floor will the problem of access to services arise. However, treatment rooms and minor operation rooms must have solid plasterboard ceilings in order to achieve the necessary ventilation levels.

Note

The ceiling construction should normally provide a sound performance that attains a minimum weighted sound reduction index (R'_w), as detailed in HTM 08-01:2011 *Acoustics*. Where solid plasterboard ceilings are used, it may not be possible to achieve this, so alternative methods should be investigated at an early stage with advice from infection control. This may be of particular concern in consulting rooms, where increased reverberation may affect speech intelligibility for hearing-impaired or learning disabled individuals.

All finishes and fittings should be chosen for ease of cleaning, and decontamination should be kept in mind. They must be agreed with the client and their infection control advisor and must be able to withstand harsh treatment. This is particularly applicable to patient access areas.

Door ironmongery should be chosen from a range that has been approved as suitable for use by disabled people and should also allow infirm/elderly users to easily open doors. Automatic closing mechanisms must be safe for use with children and infirm building users.

Colour schemes should follow the guidance in WHEL (99)24 *Wayfinding* document with respect to people with sight impairments, ensuring that adequate visual contrast (in LRV) is achieved between the key internal elements, for example wall and floor, wall and door, etc. The client should approve all colour schemes and finishes.

Consideration should be given to the specification of internal partitions, apart from compliance with fire provision requirements. The designer should consider the possibility of future requirements for wall-mounted fittings and fitments and how the partitions will cope with these, as well as changes to the room use or layout. The best option between timber or metal studs should therefore be considered as well as the possible use of a layer of plywood behind plasterboard.

Brick and blockwork are unlikely materials for internal partitions due to their lack of flexibility with possible future changes to internal layouts, although plantrooms, stair enclosures and loadbearing walls may need to be constructed with blockwork.

Entrance Lobby		
Element	Construction	Comments
Partition walls	Partitions may be constructed from brick/blockwork, but will more generally be constructed from either timber or metal stud systems, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion of the work. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Wall finishes	Wall surfaces within the room should be finished with an emulsion paint.	Apply a minimum of two coats to all wall surfaces.
Doors/Windows	Main entrance doors can be made of a variety of materials: timber, aluminium, upvc, etc. If timber, they should be solid, or solid core construction with a suitable facing and hardwood lipped on all four edges. Doors may be automatic, fully glazed or fitted with viewing panels complying with current regulations and disabled access standards regulations.	Inner doors may need to be fire resistant to FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to the British Standard for fire doors. Lobby doors are not generally fire doors as they are the last point of escape.
Ironmongery	Push plates, pull handle door closer.	Some advice may be obtained from HTM 59:2005.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system, including acoustic plasterboard on an MF system.	Some advice may be obtained from WHBN 00-10 Part B:2014. The ceiling system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Ceiling finish	Plastered ceilings should be finished with an emulsion paint.	Apply two coats to ceiling surface; follow manufacturer's instructions if acoustic plasterboard, so as not to block perforations. If a suspended ceiling system is selected, it will have a factory finish.
Floor finish	Entrance flooring system. Include some foot-wiping carpet/barrier to remove rainwater from footwear.	The contractor should liaise with the client to decide which product is most appropriate. Some advice may be obtained from WHBN 00-10 Part A:2004, which applies to all references to flooring document. Barrier matting to be provided.

Patient Reception		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Wall finishes	Wall surfaces within the room should be finished with emulsion paint.	Apply a minimum of two coats to all wall surfaces.
Doors/Windows	Any doors within this area should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes. Anti-ligature blinds to be fitted to windows.	Doors may need to be fire resistant to FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from HTM 58:2005.
Ironmongery	Lever handles and mortise lock capable of being locked inside with an easy operation thumb turn but capable of being over-ridden with a key from the outside by staff.	Some advice may be obtained from HTM 59:2005.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014. The ceiling system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Ceiling finish	Plastered ceilings should be finished with emulsion paint.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it will have a factory finish.
Floor finish on the Public side of reception	Textile floor covering should be barrier carpet. If hard covering like vinyl or PVC sheet is considered, extreme care must be taken to ensure the material is non-slip.	The contractor should liaise with the client to decide which product is most appropriate. Some advice may be obtained from WHBN 00-10 Part A: 2004.
Floor finish on the Staff side of reception	Textile floor covering.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Waiting Areas		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Wall finishes	Wall surfaces within the room should be finished with emulsion paint.	Apply a minimum of two coats to all wall surfaces.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system, including acoustic plasterboard on an MF system.	Some advice may be obtained from WHBN 00-10 Part B:2014. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Ceiling finish	Plastered ceilings should be finished with emulsion paint.	Apply two coats to ceiling surface. Follow manufacturer's instructions if acoustic plasterboard, so as not to block perforations. If the suspended ceiling system is selected, it will have a factory finish.
Floor finish	Vinyl floor covering is the preferred option.	The contractor should liaise with the client to decide which product is most appropriate. Some advice may be obtained from WHBN 00-10 Part A:2004.

Interview Room		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Wall finishes	Wall surfaces within the room should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
Doors/Windows	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes. Anti-ligature blinds to be fitted to windows.	Doors may need to be fire resistant to FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from HTM 58:2005.
Ironmongery	Lever handles and mortise lock capable of being locked inside with an easy operation lever thumb turn, but capable of being overridden with a key from the outside by staff.	Some advice may be obtained from HTM 59: 2005.
Ceiling	Ceiling may be constructed from either: plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014. The ceiling system should provide a sound performance which that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Ceiling finish	Plastered ceilings should be finished with emulsion paint.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it will have a factory finish.
Floor finish	Non-slip PVC sheet with welded joints and coved skirting should be used.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Patient Toilets and Baby Facilities		
Element	Construction	Comments
Partition walls	<p>Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They will be lined with gypsum plasterboard and finished with a board finish plaster.</p> <p>For large or multi-practice facilities, toilets may be of a size that allows the use of cubicle partitions for WCs. If multiple WCs are used then solid laminate should be used to form cubicle partitions, suitable to accept grabrails, in ambulant disabled cubicles.</p>	<p>The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i>, when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.</p> <p>Some advice may be obtained from WHBN 00-10 Part B:2014.</p>
Wall finishes	<p>Wall surfaces within the room should be finished with a hard-wearing egg-shell paint finish. Use hygienic seamless PVC sheet splash backs, instead of ceramic tiles, to aid infection control.</p>	<p>Apply a minimum of two coats to all wall surfaces.</p>
Doors/Windows	<p>Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic brushes. Anti-ligature blinds to be fitted to windows.</p>	<p>Some advice may be obtained from HTM 58:2005.</p>
Ironmongery	<p>Push plates, pull handle, door closer, easy-operation lever type toilet locks and grab rails. In an emergency, doors must be able to be opened by staff from outside.</p>	<p>Some advice may be obtained from HTM 59:2005.</p>
Ceiling	<p>Ceiling may be constructed from either plasterboard finished with a board finish plaster OR a proprietary suspended ceiling system.</p>	<p>Some advice may be obtained from WHBN 00-10 Part B:2014.</p> <p>The ceiling system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i>, when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.</p>
Ceiling finish	<p>Plastered ceilings should be finished with emulsion paint.</p>	<p>Apply two coats to ceiling surface.</p> <p>If the suspended ceiling system is selected, it will have a factory finish.</p>
Floor finish	<p>Non-slip PVC sheet material with welded joints and coved skirting.</p>	<p>Some advice may be obtained from WHBN 00-10 Part A:2004.</p>

Consulting Room/GP Training Room/Registrar's Room		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud partition system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Wall finishes	Wall surfaces within the room should be finished with a special surface coating for hygiene control, offering long-term protection against the growth of mould, bacteria and other organisms. Hygienic, seamless pvc sheet wall cladding to be used as splash back to WHBs, unless on self-finished proprietary IPS system.	Apply two coats to all wall surfaces.
Doors/Windows	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Doors to be fitted with acoustic seals and retractable threshold strip, rather than brushes, which increase force needed to open doors. No door closers to be used, for ease of opening, as doors normally kept shut. Anti-ligature blinds to be fitted to windows.	Doors may need to be fire resistant to FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from HTM 58:2005.
Ironmongery	Lever handles and mortise lock only capable of being locked with an easy operation thumb turn, but capable of being overridden with a key from the outside by staff.	Some advice may be obtained from HTM 59:2005.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014. The ceiling system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Ceiling finish	Plastered ceilings should be finished with a special surface coating as walls above.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finished anti-bacterial coating.
Floor finish	Non-slip PVC sheet material with welded joints and coved to form skirting.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Treatment/Minor Operations Room		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Wall finishes	Wall surfaces within the room should be painted and finished with a special surface coating for hygiene control, offering long-term protection against the growth of mould, bacteria and other organisms. Hygienic seamless pvc sheet wall cladding to be used as splash back to WHBs, unless hung on self-finished proprietary IPS panels.	Apply two coats to all wall surfaces.
Doors/Windows	Laminate faced plywood solid core flush door hardwood lipped on all four edges. Doors to be fitted with acoustic seals and retractable threshold strip, rather than brushes, which increase force needed to open doors. No door closers to be used, for ease of opening, as doors normally kept shut. Anti-ligature blinds to be fitted to windows.	Doors may need to be fire resistant to FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from HTM 58:2005.
Ironmongery	Lever handles and mortise lock capable of being locked inside with an easy-operation thumb turn, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from HTM 59:a2005.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014. The ceiling system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. However, mandatory use of plasterboard may necessitate alternative acoustic absorption. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Ceiling finish	Plastered ceilings should be finished with a special surface coating as walls above.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finished anti-bacterial coating.
Floor finish	Non-slip PVC sheet material with welded joints and cove skirting.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Medical Records Room		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	Partitions should comply with WHBN 00-10 Part B:2014.
Wall finishes	Wall surfaces within the room should be finished with an emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
Doors/Windows	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Anti-ligature blinds to be fitted to windows.	Doors may need to be fire resistant to FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from HTM 58:2005.
Ironmongery	Lever handles and mortise lock capable of being locked inside with an easy operation thumb turn, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from HTM 59:2005.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014.
Ceiling finish	Plastered ceilings should be finished with emulsion paint.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
Floor finish	Textile floor covering.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Administration Areas		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	Partitions should comply with WHBN 00-10 Part B:2014. The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant.
Wall finishes	Wall surfaces within the room should be finished with emulsion paint.	Apply a minimum of two coats to all wall surfaces.
Doors/Windows	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges.	Doors may need to be fire resistant FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from HTM 58:2005.
Ironmongery	Lever handles and mortise lock capable of being locked inside with an easy operation thumb turn. Proximity swipe card electronic lock preferred. Push button mechanical lock on the outside.	Some advice may be obtained from HTM 59:2005.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014.
Ceiling finish	Plastered ceilings should be finished with emulsion paint.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
Floor finish	Textile floor covering.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Practice Manager's Office		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Wall finishes	Wall surfaces within the room should be finished with emulsion paint.	Apply a minimum of two coats to all wall surfaces.
Doors/Windows	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges.	Doors may need to be fire resistant to FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from HTM 58:2005.
Ironmongery	Lever handles and mortise lock capable of being locked inside with an easy operation thumb turn, capable of being overridden with a key with a key from the outside by staff.	Some advice may be obtained from HTM 59:2005. Due to usage a push button security lock may be preferred for the door.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance.
Ceiling finish	Plastered ceilings should be finished with emulsion paint.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
Floor finish	Textile floor covering.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Staff Common Room		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant will be required to prove compliance. Some advice may be obtained from WHBN 00-10 Part A:2004.
Wall finishes	Wall surfaces within the room should be finished with emulsion paint.	Apply a minimum of two coats to all wall surfaces. Colours to be approved by the client.
Doors/Windows	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Anti-ligature blinds to be fitted to windows.	Doors may need to be fire resistant to FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from HTM 58:2005.
Ironmongery	Lever handles and mortise lock capable of being locked inside with an easy operation thumb turn, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from HTM 59:2005. The number of staff using this door may mean a push button security lock is preferred.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014. The ceiling system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant will be required to prove compliance.
Ceiling finish	Plastered ceilings should be finished with emulsion paint.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finished anti- bacterial coating.
Floor finish	Non-slip PVC sheet material with welded joints and coved skirting.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Staff Meeting Room		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance. Some advice may be obtained from WHBN 00-10 Part A:2004.
Wall finishes	Wall surfaces within the room should be finished with emulsion paint.	Apply a minimum of two coats to all wall surfaces.
Doors/Windows	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges. Anti-ligature blinds to be fitted to windows. Black-out blinds to windows and door vision panels if projector use anticipated.	Doors may need to be fire resistant to FD30S. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to British Standard for Fire Doors. Some advice may be obtained from HTM 58:2005.
Ironmongery	Lever handles and mortise lock capable of being locked inside with an easy operation thumb turn, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from HTM 59:2005.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014.
Ceiling finish	Plastered ceilings should be finished with emulsion paint.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
Floor finish	Textile floor covering, unless also used for patient groups, in which case requires non-slip PVC/vinyl sheet.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Staff Toilets/Staff Locker Room/Staff Changing		
Element	Construction	Comments
Partition walls	Partitions will generally be constructed from either timber or metal stud system, reinforced as necessary to provide fixings for wall mounted fittings and fixtures. They should be lined with gypsum plasterboard and finished with a board finish plaster.	The partition system should provide a sound performance that attains a minimum weighted sound reduction index (R'_w), to that detailed in HTM 08-01 <i>Acoustics</i> , when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to prove compliance. Some advice may be obtained from WHBN 00-10 Part A:2004.
Wall finishes	Wall surfaces within the room should be finished with egg-shell paint finish. Hygienic seamless pvc sheet wall cladding as splash back to WHBs and shower room.	Apply a minimum of two coats to all wall surfaces.
Doors/Windows	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges.	Some advice may be obtained from HTM 58:2005.
Ironmongery	Push plates, pull handle, door closer, lever style toilet locks and grab rails. In an emergency, doors must be able to be opened by staff from outside.	Some advice may be obtained from HTM 59:2005.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014.
Ceiling finish	Plastered ceilings should be finished with emulsion paint.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it will have a factory finish.
Floor finish	Non-slip PVC sheet material with welded joints and coved skirting.	Some advice may be obtained from WHBN 00-10 Part A:2004.

Cleaner, Plant and Refuse Areas		
Element	Construction	Comments
Partition walls	Partitions should be constructed from either brick/block with mortar joints and in some areas finished in two-coat lightweight gypsum plaster OR timber/ metal stud partition system lined with gypsum plasterboard and finished with a board finish plaster.	Apply a minimum of two coats to all wall surfaces. Colours to be approved by the client.
Wall finishes	Wall surfaces within the room should be finished with an egg-shell paint finish.	Apply a minimum of two coats to all wall surfaces.
Doors/Windows	Doors should be solid core, flush finished with a suitable facing and hardwood lipped on all four edges.	Some advice may be obtained from HTM 58:2005. Some rooms may only have external access via louvred aluminium doors.
Ironmongery	Lever handles and mortise lock capable of being locked inside with an easy operation thumb turn, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from HTM 59:2005.
Ceiling	Ceiling may be constructed from either plasterboard finished with a board finish plaster OR proprietary suspended ceiling system.	Some advice may be obtained from WHBN 00-10 Part B:2014.
Ceiling finish	Plastered ceilings should be finished with emulsion paint. Some plant areas may have no suspended ceiling.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finish.
Floor finish	Non-slip PVC sheet material with welded joints and coved skirting in cleaner. No floor finish in plantrooms and refuse hold enclosure.	Some advice may be obtained from WHBN 00-10 Part A:2004. Concrete sealer to be applied to exposed concrete to reduce dust levels.

Schedule of Sanitaryware and related requirements

The following schedule provides a description of sanitaryware required in each room.

The number of appliances required in toilets should comply with BS 6465-1:2006 + A1:2009 *Sanitary installations. Code of practice for the design of sanitary facilities and scales of provision of sanitary and associated appliances.*

The layout of appliances should comply with BS 6465-2:1996 *Sanitary appliances. Code of practice for space requirements for sanitary appliances.*

Design for disabled people should comply with current Building Standards Regulations and BS 8300:2009+A1:2010 *Design of buildings and their approaches to meet the needs of disabled people – Code of practice.*

For infection control purposes, cleaning and access to service/pipework; sanitaryware should be mounted on an integrated panel system (IPS) finished with a surface material that can withstand regular cleaning and/or decontamination. All wash-hand basins and sinks will require wall-mounted dispensers for typical soap, paper towels, antiseptic skin cleaning detergent. Some may also require glove and nail brush dispenser services.

The specification for clinical wash-hand basins can be found in WHBN 00-10 Part C:2014 *Sanitary assemblies.*

All sanitaryware, fixtures and fittings must be securely fixed to withstand misuse and vandalism. Wash-hand basins require particular attention and should always be supported on legs or secure brackets.

Room	Description of Requirements	Notes
Patient Toilets	<p>Vitreous china wash-hand basins with single-lever basin mixer tap, standard trap, no overflow, no waste plug and flush grated waste.</p> <p>Close coupled washdown WC units in vitreous china with 7.5 litre capacity cisterns with seats and covers.</p> <p>One wheelchair WC compartment complying fully with current building regulations and BS 8300:2009+A1:2010.</p> <p>A WC for independent and assisted wheelchair use should be provided. The peninsular layout allows a user to transfer to the WC from either side, or install a mixture of left- and right-handed transfer.</p>	<p>Refer to note on thermostatic valves requirements for all hand washing facilities.</p> <p>Disabled toilets require, as a minimum, all grab rails and fittings as detailed in manufacturers' instructions and to building regulations <i>Document M</i> and WHBN 00-02:2013 <i>Sanitary spaces.</i></p>
Consulting Room	One vitreous china clinical wash-hand basin with single-lever mixer tap, standard trap, no overflow, no waste plug, flush grated waste and no tap holes.	
GP/Nurse Consulting Room	One vitreous china clinical wash-hand basin with single-lever mixer tap, standard trap, no overflow, no waste plug, flush grated waste and no tap holes.	

Schedule of Sanitaryware and related requirements		
Room	Description of Requirements	Notes
Treatment Room	One vitreous china wash-hand basin with single-lever mixer tap, standard trap, on overflow, no waste plug, flush grated waste and no tap holes.	
Baby Changing/Feeding Room	One vitreous china wash-hand basin with single lever mixer tap, standard trap, no overflow, no waste plug, flush grated waste and no tap holes.	
Treatment/Minor Surgery Room	One double bowl stainless steel deep sink with dual flow, lever operated swivel nozzle pillar tap, standard trap, overflow, waste plug. One vitreous china clinical wash-hand basin with wall mounted lever mixer tap, standard trap, no overflow, no waste plug, flush grated waste and no tap holes.	Sensor operated taps to be considered for the clinical wash-hand basin.
Meeting room	One vitreous china clinical wash-hand basin with wall mounted lever mixer tap, standard trap, no overflow, no waste plug, flush grated waste and no tap holes.	This will be required if the room is to be used for any practical demonstrations.
Staff lounge/Kitchen	One stainless steel inset sink and drainer with standard trap. Overflow, waste plug, dual flow swivel nozzle mixer trap.	
Staff Toilets	Vitreous china wash-hand basins with single-lever basin mixer tap, standard trap, no overflow, no waste plug and flush grated waste. Close coupled washdown WC unit in vitreous china with 7.5 litre capacity cisterns with seats and covers. One wheelchair WC compartment complying fully with current building regulations and BS 8300:2009+A1:2010. A WC for independent assisted use should be provided. The peninsular layout allows a user to transfer to the WC from either side.	
Cleaner, plant and refuse area	One low-level vitreous china bucket sink with wall mounted hot and cold taps. Stainless steel single drainer sit-on sink top.	

Schedule of Fitments and related requirements		
<p>Care should be taken with the choice of fitments. They should be of a suitable quality to stand up to the treatment they will be subjected to in a busy healthcare building. Fitments should be selected from manufacturers that produce a range specifically designed for healthcare buildings. Advice should also be sought from the local healthcare body's infection control team regarding the design of fitments and worktops.</p> <p>Generally only one storage unit in each room will need to be lockable with one key to pass all locks; requirements to be confirmed with the client/users.</p>		
Room	Description of Requirements	Notes
Consulting Room	<p>Built-in desk/workstation.</p> <p>Small clinical workstation consisting of small wall cupboard and base cupboard/drawer unit.</p> <p>Smooth, impervious, jointless and washable worktop with bullnosed leading edge and coved rear upstand.</p>	<p>Client to confirm the storage requirements for sterile equipment and supplies, trolley might be all that is required.</p> <p>Ceiling fixed cubicle curtains and wall mounted sharps box required.</p>
Treatment and Minor Surgery Rooms	<p>Double door sink base cupboard unit.</p> <p>Double door base cupboard unit.</p> <p>Multi drawer base unit.</p> <p>Under worktop space for drugs refrigerator together with service connections.</p> <p>2 double door lockable wall cupboard units.</p> <p>Co-coordinated space in wall unit range for wall hung drugs cupboard to be located.</p> <p>Smooth, impervious, jointless and washable worktop with bullnosed leading edge and coved rear upstand.</p> <p>A suitable splashback which is acceptable to the Infection Control Advisor should be considered for between worktop rear upstand and wall units, and full length of worktop.</p>	<p>A range of units typically 2500 mm in length.</p> <p>Drugs storage requirements to be confirmed by briefing discussions.</p> <p>For Infection control purposes, treatment and minor surgery rooms will require a clinical wash-hand basin mounted on an IPS panel/unit, together with all the associated wall mounted dispensers.</p>
Cleaner's Room	<p>3 tier adjustable shelving.</p> <p>Double door sink base cupboard unit.</p> <p>Double door, wall cupboard unit.</p> <p>Inset sink top with integral drainer.</p> <p>Jointless worktop with bullnosed leading edge.</p> <p>Suitable splashback required between worktop and wall units, and full length of worktop.</p> <p>Janitor's sink: bucket sink and a small ss hand-rinse basin.</p>	<p>Consideration to be given to the secure storage required in relation to COSHH materials.</p>
Storage Room	<p>5 tier adjustable shelving to be provided on at least one wall.</p>	<p>Heavy items may require metal floor mounted storage shelving system.</p>

Appendix 4: List of items to be provided by developers in new general medical practice premises

No.	Item	Provided by Developer	Comments
Services			
1	Telephone system/console	No	
2	Telephone/data cabling within the building. Category 6 including termination racks for cabling	Yes	
3	Telephone/data/BT connection and cable into the building	Yes	
4	All necessary statutory authority costs ie gas, electricity, water, BT etc	Yes	
5	Comfort cooling/air conditioning	No	Air con/comfort cooling to provided by 3PDs to comms room only. Cooling of others rooms to be funded by occupiers
6	Essential supply & extract system to internal rooms	Yes	Provided by 3PD in accordance with Building Regulations. Mechanical ventilation and extraction to be kept to a minimum
7	Electric independent water heater/lphw system to consulting rooms	Yes	Provided by 3PD, only if not plumbed hot water
8	Fire alarm system	Yes	
9	Measures within mechanical installation to protect against Legionella	Yes	
Security			
10	Security fencing if essential	Yes	Site specific
11	Security shutters to ground floor if essential	Yes	Site specific
12	External security lighting	Yes	
13	Intruder alarm system with zoning capabilities	Yes	
14	Redcare connections for fire, security and CCTV	Yes	3PD to provide Redcare connections to the building, if required
15	Redcare service contract	No	GPs pay annual contract
16	Separate independent panic button system	Yes	
17	Security locks to external doors	Yes	
18	Restriction stays to windows to comply with HTM 55:1998	Yes	
19	Lockable windows	Yes	
20	Reception counter to meet security and accessibility requirements	Yes	
21	Panic button to disabled WC	Yes	
22	Grilles to first floor windows	Yes	Only if essential. Site specific

Welsh Health Building Note 36: General medical practice premises in Wales

No.	Item	Provided by Developer	Comments
23	Security gate/barrier to car park	Yes	May include padlock and lockable posts – site specific
24	Security glazing windows (ie laminate where essential)	Yes	
25	Security provisions to rainwater downpipes	Yes	Site specific
26	Lockable drugs cupboard	Yes	Where required
27	Lockable bin containment	Yes	
28	Internal <i>Equality Act 2010</i> compliant digital or card proximity reader/swipe security door locks	Yes	
Fittings			
29	Window blinds	Yes	Please ensure that opening devices comply with the most recent safety action bulletin
30	Fixed examination lamps in consulting/examination rooms	Yes	Specification to be agreed with GPs/local health board
31	Wiring to examination lamps	Yes	
32	Notice boards/pinboards	Yes	Reasonable number
33	Curtain tracks around all couches	Yes	
34	Curtains around all couches	No	
35	Records storage	No	
36	Couches in consulting/treatment rooms	No	
37	Shelving in consulting rooms	Yes	Reasonable number, such as 2 shelves per desk
38	Low surface temperature radiators in all public areas	Yes	
39	Baby changing low level units	Yes	
40	General shelving in admin offices and stores	Yes	
41	Shower	Yes	
42	Toilet roll holders	Yes	3PD to fix to appropriate locations. Occupiers to provide paper rolls
43	Baggage storage shelf in each WC cubicle and hand wash area	Yes	
44	Paper towel holders, soap and other non-electrical wall mounted dispensers	Yes	
45	Cabling/wiring and fixing to electric hand dryers in WCs, where required	Yes	3PD to fix to appropriate locations. Occupiers to purchase hand dryers and arrange and fund service contracts
46	Fitted furniture to consulting rooms including locks to cupboards	Yes	3PD will provide some fitted furniture for consulting rooms, including one lockable cupboard per consulting room
47	Ceiling or wall fixed examination lamp to treatment/minor operations rooms	Yes	Specification to be agreed with GPs/local health board
48	Computer installation/networking	No	
49	Unfixed furniture generally – ie filing cabinets, desks and tables	No	
50	Clinical hand wash basins in line with HTM 64 including in the following rooms – consulting, treatment, minor ops, clean and dirty utility rooms	Yes	

No.	Item	Provided by Developer	Comments
51	Elbow lever taps to clinical hand-wash basins in line with WHBN 00-10 Part C:2014	Yes	
52	Mirrors to WCs	Yes	
53	Towel rails to consulting rooms	No	Not required
54	Appropriate floor finishes with coved skirtings where applicable	Yes	
55	Water standby holding tanks	Yes	Provided by 3PD if required by LHB
56	Blackout blinds	No	
57	Medical equipment, ie defibrillators etc	No	
58	White goods ie microwaves, fridges, cookers etc	No	
59	All wiring including fused spurs/isolation switches for white goods	Yes	
60	Pigeon holes for post	Yes	
61	Staff lockers	No	
62	Office equipment	No	
Signage			
63	All signage including: menu sign board signs, door signs, door numbers, internal and external directional signs, general notice signs, statutory signage, main external surgery sign at car park entrance/ on building.	Yes	Requires patient/GP/local health board consultation To include bilingual signage where appropriate
64	Illuminated sign fixed to building	No	Not required
Reception/Waiting room			
65	Main entrances to front and rear. Automatic/powered double glazed sliding doors	Yes	
66	Reception desk ensuring compliance with the <i>Equality Act 2010</i>	Yes	
67	Patient call system, visual & audible: wiring and connections	Yes	
68	Patient call system, visual & audible: boards and operating system	No	GPs to fund
69	Roller shutter between reception and records	No	Not usually required
70	Roller shutter or other door between pharmacy and health centre	Yes	Provided by 3PD, if required
71	Waiting room seating	Yes	
72	Fire proof letter box(es)	Yes	Provided by 3PD if required by tenants
73	Work surfaces within reception area as required by reception staff	Yes	Integral and/or matching worktop for workstations at reception
74	Cabling/wiring to an agreed point for public telephone	Yes	
75	Public telephone in surgery	No	Occupier to provide public telephone

Welsh Health Building Note 36: General medical practice premises in Wales

No.	Item	Provided by Developer	Comments
76	Cabling/wiring to agreed point for TV/video	Yes	
77	TV/video in reception area	No	Occupier to provide TV/video(s)
78	Child's play area equipment	No	Not to be provided due to cross-infection
79	Close circuit television/wiring (external and internal)	Yes	If essential
80	Induction loop for the hard of hearing	Yes	
81	Switch to operate front electric doors from reception	Yes	
82	Intercom system connected to the front door and reception	Yes	
83	Front door bell	Yes	
Fire safety			
84	Fire fighting equipment to meet fire officers' requirements	No	
85	Emergency voice communication, compliant with BS5839-9:2011, to be provided at each refuge point. It must consist of Type B outstations which communicate with a master station located adjacent to the fire alarm panel	Yes	
External			
86	Soft landscaping	Yes	
87	External lighting to car park	Yes	
88	Car park marking as required to differentiate between patient and staff parking plus <i>Equality Act 2010</i> compliant spaces, ambulance drop-off etc	Yes	
89	Bicycle locking facility	Yes	
90	External shed/tool store within the rear secure area	No	Not usually required
91	External tap for watering landscaping	Yes	
92	Lightning protection	Yes	
Miscellaneous			
93	Relocation costs	No	
94	Doctors' professional fees	No	
95	Work in connection with section 106 agreement	No	Section 106 agreement costs should be reflected in the land value

Version 1 October 2011

Appendix 5: Consulting room calculation

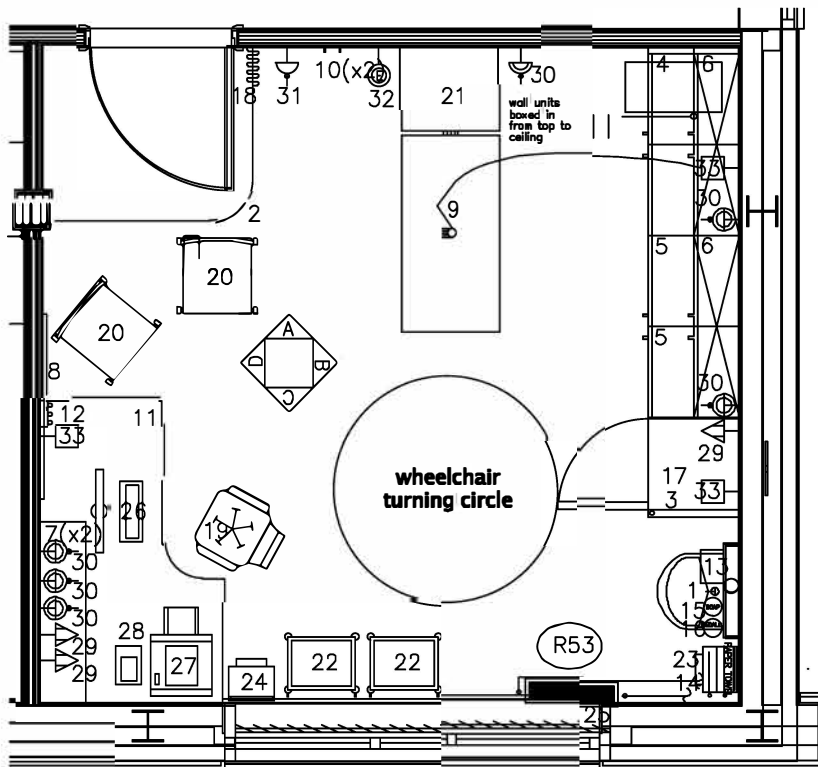
Calculating number of consulting/examination rooms required for general medical services	
Catchment population	10,000
Access rate	5260 per 1000 population
Anticipated annual contacts	$10 \times 5260 = 52,600$
Assume 100% patients use C/E room: Patients accessing a C/E room:	52,600
Assume open 50 weeks a year: Patients per week:	$52,600/50 = 1052$
Appointment duration	15 minutes
Patient appointment time per week:	$1052 \times 15/60 = 263$ hours per week
Assume building operational	60 hours per week
Assumes room utilisation	60%
Rooms available	36 hours per week
Number of C/E rooms required	$263/36 = 7.3$

Calculating number of treatment rooms required for general medical services	
Catchment population	10,000
Access rate	5260 per 1000 population
Anticipated annual contacts	$10 \times 5260 = 52,600$
Assume 20% patients use a treatment room: Patients accessing a treatment room:	$52,600 \times 0.2 = 10,520$
Assume open 50 weeks a year: Patients per week:	$10,520/50 = 210$
Assume appointment duration	20 minutes
Patient appointment time per week:	$210 \times 20/60 = 70$ hours per week
Assume building operational	60 hours per week
Assumes room utilisation	60%
Rooms available	36 hours per week
Number of treatment rooms required	$70/36 = 1.9$

Appendix 6: Exemplar room layouts

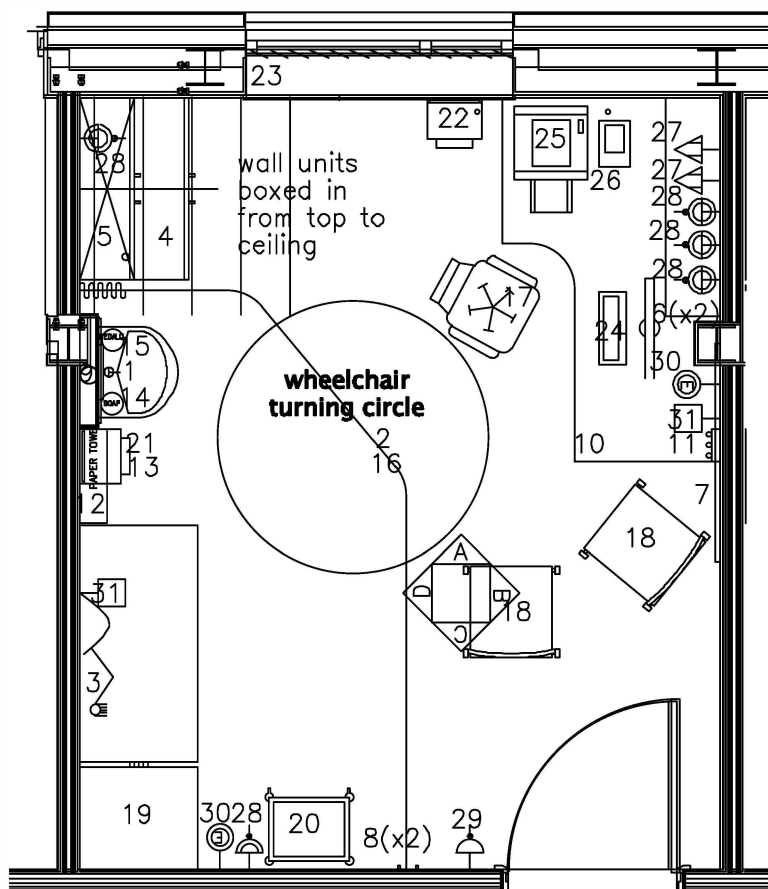
Treatment/minor operations room

- | | | |
|---|--|--|
| <ul style="list-style-type: none"> 1 CLINICAL HANDWASH BASIN
with elbow lever tap, mounted on IPS 2 CURTAIN TRACK
to entrance door 3 FITTED WORKTOP
3100mm length with support leg 4 FITTED BASE UNIT
clinical, lockable, 1200mm width 5 FITTED BASE UNIT
clinical, lockable, 1200mm width 6 FITTED WALL UNIT
clinical, lockable, 1200mm width 7 SHELVING
1200x300mm, on spurs 8 WHITEBOARD
1200x900mm 9 EXAMINATION LIGHT
Ceiling mounted over couch 10 HAT & COAT HOOK
wall/door mounted 11 FITTED WORK STATION
L-shaped, 2000L x 1200W x 800D | <ul style="list-style-type: none"> 12 MODULAR INSTRUMENT WALL SET
wall mounted, (optional) 13 SHARPS BOX
wall mounted 14 PAPER TOWEL DISPENSER
wall mounted 15 SOAP DISPENSER
wall mounted 16 HAND CREAM/ALCOHOL GEL DISPENSER
wall mounted 17 VACCINE FRIDGE
undercounter, 600mm wide 18 CURTAINS
to track around consulting couch 19 OFFICE CHAIR
for clinician 20 CHAIR
for patient/companion 21 EXAMINATION COUCH
three-sided access 22 TROLLEY
equipment/dressings | <ul style="list-style-type: none"> 23 BINSACK HOLDER
clinical waste 24 BINSACK HOLDER
paper/general waste 25 WINDOW BLINDS
vertical, clinical standard 26 COMPUTER
CPU, monitor, keyboard & mouse 27 PRINTER
computer, A4 28 PRINTER
computer, label 29 DATA SOCKET
twin 30 POWER SOCKET
double 31 POWER SOCKET
single 32 EMERGENCY CALL POINT
staff use, with indicator lamp & reset 33 SPUR POWER SOCKET
switched |
|---|--|--|



Nurse/GP consulting room

- | | | |
|--|---|---|
| <ul style="list-style-type: none"> 1 CLINICAL HANDWASH BASIN
with elbow lever tap, mounted on IPS 2 CURTAIN TRACK
for consulting couch 3 EXAMINATION LIGHT
wall mounted over couch 4 FITTED BASE UNIT & WORKTOP
clinical, lockable, 1000mm width 5 FITTED WALL UNIT
clinical, lockable, 1000mm width 6 SHELVING
1200 x 300mm, on spurs 7 NOTICEBOARD
1200 x 900mm 8 HAT & COAT HOOK
wall/door mounted 9 MIRROR
300 x 600mm, IPS mounted over sink 10 FITTED WORKSTATION/DESK
L-shape, 2000L x 1200W x 800D | <ul style="list-style-type: none"> 11 MODULAR INSTRUMENT WALL SET
wall mounted (optional) 12 SHARPS BOX
wall mounted 13 PAPER TOWEL DISPENSER
wall mounted 14 SOAP DISPENSER
wall mounted 15 HANDCREAM/ALCAHOL GEL DISPENSER
wall mounted 16 CURTAINS
to track around consulting couch 17 OFFICE CHAIR
for clinician 18 CHAIR
for patient/companion 19 EXAMINATION COUCH
two-sided access 20 TROLLEY
equipment/dressings 21 BIN/SACK HOLDER
clinical waste | <ul style="list-style-type: none"> 22 BIN/SACK HOLDER
paper/general waste 23 WINDOW BLINDS
vertical, clinical standard 24 COMPUTER
CPU, monitor, keyboard & mouse 25 PRINTER
computer, A4 26 PRINTER
computer, label 27 DATA SOCKET
twin 28 POWER SOCKET
double 29 POWER SOCKET
single 30 EMERGENCY CALL POINT
staff use, with indicator lamp & reset 31 SPUR POWER SOCKET
switched |
|--|---|---|



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The latest version of any standard should be used, provided that it continues to address the relevant requirements of these recommendations

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NHS Wales Shared Services Partnership – Specialist Estates Services

Health Technical Memoranda (HTMs) and Health Building Notes (HBNs) issued by the Department of Health in England are being superseded by specific Welsh editions which will be titled Welsh Health Technical Memoranda (WHTMs) and Welsh Health Building Notes (WHBNs) and which will use the same numerical coding. The guidelines referenced below were the most recent at time of publication; however, **the latest version should always be used, provided that it continues to address the relevant requirements of these recommendations.** All are available from the NHS Wales Shared Services Partnership – Specialist Estates Services websites:

Intranet: <http://howis.wales.nhs.uk/sites3/page.cfm?orgid=254&pid=39106>

Internet: <http://www.wales.nhs.uk/sites3/page.cfm?orgid=254&pid=6142>

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HTM 07-02:2006 *EnCO₂de – Making energy work in healthcare* (Please note: at the time of press, a new WHTM is in production)

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