Scottish Health Planning Note 36 Part 1

NHS National Services Scotland

General Medical Practice Premises in Scotland

Health Facilities Scotland

Property and Capital Planning

Scottish Health Planning Note 36

Part 1: General Medical Practice Premises in Scotland

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Contents

Disclaimer

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1. Introduction

Scope and limitations

1.1 This Scottish Health Planning Note for General Medical Practice Premises in Scotland provides advice on the design and specification requirements for Primary Healthcare Premises in Scotland.

This document is the first in a series of three Planning Notes. The other two being 'Part 2: NHS Dental Premises in Scotland' and 'Part 3: Community Pharmacy Premises in Scotland'.

1.2 The document draws from, and replaces, the GP Premises Directions – Guidance Note 2 publication 'GP Practice Premises in Scotland – A commentary' dated 19 June 2002. The new document provides updated guidance, as the source for spatial organisation and dimensional standards, on the nature of premises in respect of which Health Boards may consider financial support to be appropriate.

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.

This document is primarily aimed at General Practitioners (GPs) considering a new build option for a small to medium sized General Medical Practice and it is intended to provide them with guidance in compiling their 'client requirement' documentation. The guidance also provides design teams with a set of minimum standards and can also be used by NHS Healthcare Bodies and Boards commissioning new premises, or groups of premises, for General Medical Practices. It will be up to Health Boards and the Practices concerned to agree on the nature and size of premises that are appropriate for the delivery of Primary Medical Services in light of local circumstances. Although aimed at new build premises, it will also provide helpful guidance for the refurbishment of existing buildings.

Further construction procurement and briefing guidance is contained within 'PROCODE' Construction Procurement Guidance for NHSScotland. Alternatively the Chartered Institute of Buildings 'Code of Practice for Project Management for Construction and Development' (ISBN 1405103094) is one of many guidance documents available on the subject of procurement options.

Methodology

1.4 It is assumed that those concerned with the design and construction of Primary Healthcare Premises (PHC) will have a working knowledge of the range of statutory requirements, Codes of Practice and other guidance relevant to the design and procurement of PHC Premises. The approach here is to deal with

only those aspects of PHC Premises which are considered additional to the many requirements specified elsewhere, in other words the items included here are those thought to distinguish PHC Premises from other types of building.

1.5 The aspects of the design chosen for consideration are listed under functional space headings and, where possible, objective criteria have been used for ease of verification. This, of course, is not possible in connection with space planning or with the qualitative aspects of the design which are thought to relate strongly to the success or otherwise of such buildings. Material and component specifications are given as exemplars of the type and quality of materials suitable for the given locations. It is expected that designers and developers would offer alternative design solutions, and material selections, which demonstrably meet the stated requirements.

Background

1.6 The opinions expressed by a number of organisations within NHSScotland and the GP Premises Network (West of Scotland), suggest that practitioners and NHSScotland Healthcare Bodies are not convinced that the various procurement methods used to date, which utilise private finance, have provided entirely appropriate solutions. Although this is a generalisation, it is derived from particular examples which relate mainly to finishes, the accessibility of services installations and to the quality of components. Whilst simply specifying a British Standard or Euro Code may satisfy a contractual condition, it does not necessarily meet all expectations.

1.7 Many examples of good practice for building specifications exist but few appear to cope well with a performance approach, particularly when applied to the smaller scale facilities that typify the Primary Healthcare sector.

Performance specifications

1.8 A performance specification is a statement of required results without specifically stating how that result is achieved or materials to be used.

1.9 The opposite of a performance specification is a prescriptive specification which gives design solutions, such as how a requirement is to be achieved or how an item is to be fabricated or constructed.

1.10 It is frequently argued that risk is reduced by using performance-based specifications and standards which make the contractor responsible for providing the item or services requested. The developer accepts the risk for meeting performance requirements and should seek innovative solutions to efficiently and effectively achieve performance objectives.

1.11 It is essential that the client and/or his designers/technical advisors have the experience and skills required to produce performance based specifications (client 'Construction Requirements') which will ensure that the quality and life expectancy of the building, its services, finishes and fitments all meet the client's expectations.

Specifications are composed of a set of requirement statements. Requirement statements contain the word 'should'.

Further guidance

1.12 Further guidance, including some planning and design guidance information can be found on NHSScotland website http://www.show.scot.nhs.uk/gpweb and NHS Estates website http://primarycare.nhsestates.gov.uk/ (which replaces HBN 36) and is titled 'Primary and social care premises'.

1.13 Care should be taken when referring to general NHSScotland and NHS Estates design guidance (e.g. SHPNS & HBNS) and technical guidance (e.g. SHTMS & HTMs) other than this SHPN 36 series, as generally these have been developed for use in the design of large healthcare buildings with inpatient facilities.

1.14 The technical guidance often requires special services provision, including stand-by and emergency facilities, which are aimed at maintaining life support to particular groups of inpatients. This is extremely unlikely to apply to small or medium sized General Medical Practice Premises; only with larger practices providing specialist services are these documents likely to provide any relevant guidance. The building user's advice should be sought prior to detailed design stage.

1.15 If designers are required to design to Scottish guidance ie SHPNs and SHTMs, the local Healthcare Body is required to provide copies to the design team as these documents are not available outwith NHSScotland. The Healthcare Body should also advise which English documents are approved for use in Scotland.

1.16 The Medical Architecture Research Unit (MARU) has produced some planning guidance; information on any appropriate guidance can be found on their website at http://www.lsbu.ac.uk/maru.

One particular document, entitled 'Designing Primary Care Premises: A Resource' is intended to provide GPs with advice on working with architects to ensure that facilities are appropriate. It is designed as a series of questions and issues to allow discussion on a range of important points which require to be resolved at the planning and design stages.

2. Design considerations

Design of Primary Healthcare Premises

2.1 GPs and their design teams should take note of the following considerations which provide the basis for the items which are the subject of the specification items in Section 3.

2.2 Primary Healthcare Premises differ from other types of buildings in a number of ways and this uniqueness is characterised by the following issues, the essence of which is that the needs of people must be of prime concern, in addition to the need to strive for design excellence within the cost limits.

Value for money

2.3 Value for money is the combination of economy, efficiency and effectiveness. When developing facilities for a General Medical Practice, designers should seek to minimise the cost of resources used while bearing in mind the quality. Designs should effectively link the actual results of the project to the intended results. The process of design and/or procurement should be undertaken efficiently to minimise the resources used to develop the facility.

Flexibility for future use

2.4 It is important to include for flexibility in use with all new buildings and to ensure that they have some ability to accommodate future advances in technology, new treatment regimes and techniques, and also demographic changes. When considering the suitability of existing or proposed sites, thought should be given to the probability of a future requirement to extend or adapt the building and/or car parking. Car parking can be problematic due to the increasing use of cars and restrictions to on-street parking.

Advice should be sought from the client and local Healthcare Body on the minimum space requirement for future expansion capability and associated extension to any car parking provision. Some Healthcare Bodies require a future minimum expansion capability for all new premises of 50% plus any associated extension to car parking provision.

Note: Services provided, and accommodation required, will vary from one GP Practice to the next. It is the responsibility of GPs and Health Boards' allied professionals to define their needs of accommodation at the briefing stage and to have a stated vision of the healthcare services they foresee being developed later. For both GPs and designers, it is vital to the procurement process that future flexibility and expansion of premises be taken into account from the outset. This is of prime importance where an existing building is part of a development. The design solution must recognise any future boundary limitations on expansion. Any proposals should be discussed with the local NHS Board to ensure that they do not conflict with the Service and Property Strategies for the area.

Client/Design professionals' rapport

2.5 Close collaboration between the design team and the healthcare team is essential. The healthcare team should include, but not be restricted to, building, architectural, engineering and infection control team representatives from inception through to completion. This will result in:

- better buildings incorporating more innovative solutions;
- successful practice image;
- harnessing of collective professional skills;
- buildings which reduce the risk of Healthcare Associated Infection (HAI);
- at some stage, all risk departments/advisors being consulted, including Health & Safety and manual handling. All team contacts should be named in the Client Requirement documents.

Attractive to patients

2.6 The benefits from a successful building would include:

- a relaxing and welcoming environment for patients, staff and the wider community;
- providing a focus for the wider community;
- improved staff morale and the potential for reduction in absenteeism and staff turnover.

Procuring the building

Best value

2.7 Primary considerations in the choice of a procurement strategy are the efficient achievement of the organisation's objectives for time, cost and quality.

The design

2.8 Achieving excellence in design is essential in order for a project to deliver best value. Design is both a creative and a technical process and should include the following components, each of which must be addressed appropriately:

- the functional design of the facility to meet the needs of its users. This should result from a detailed assessment of the needs of the users and functions and how they may change over time as well as how the facility would need to be altered to meet those changing needs;
- design of the complete facility to address the environment for those which use, enjoy, operate, maintain or are otherwise affected by the facility, including aspects that impact on infection control and 'health and safety'. The design should address the impact on the external global environment as well as the aesthetic, cultural and civic values of the facility;
- detailed design of each assembly and component whether manufactured on site or in a factory, and whether to use a product which is purpose-made, standard or adapted for the facility;
- design of the entire construction process, addressing how each component would be manufactured, transported and assembled to complete the facility;
- the maintenance of the facility, including details of how components can be replaced or repaired, should be addressed as well as their ultimate disposal;
- health and safety as well as environmental requirements are likely to become increasingly important with time and hence it would be prudent to try and envisage what changes might become necessary during the life of the facility;
- good design should also reduce the running and maintenance costs of new buildings.

Project Execution Plan (PEP)

2.9 A PEP of the overall procurement process from first inception to asset disposal should be undertaken by the organisation best placed to do so, at the earliest opportunity. A PEP should evolve as the project progresses.

The PEP should seek to achieve better value by:

- identifying elements of the process that add more or less value;
- improving the flow of the procurement process and removing potential delay e.g. by unnecessary bureaucracy or interventions;
- identifying opportunities for delivering the desired outcome by more effective means;
- improving forward planning and management.

Procurement and project management tools

2.10 The procurement process should be made explicit to, and be agreed by, all members of the project team. A consistent set of project management tools and procedures should ideally be made available and be adopted by all members of the team. This set of tools should be capable of being transferred and developed from one project to another in order that improvements can be made to the process, lessons learned and performances compared.

Note: Project management may be carried out by the Client or be transferred by the Client to a member of the design team. However, it is essential that the appointment is given to a person with the appropriate academic and professional qualifications and experience.

2.11 Mechanisms and procedures should be adopted to ensure the accurate, fast and up-to-date sharing of project information. Electronic means of storing project files are now available with appropriate levels of access and capacities to amend information. Such systems should be considered on larger and more complex projects and the need to establish compatibility of information systems is essential to allow smooth transfer of information.

Linking of design and construction services

2.12 A fully developed design can only be achieved by the collaborative working of a team of designers, manufacturers and builders bringing different skills and disciplines to the process. However, the contributions of individuals given the opportunity to develop new thinking and solutions must also be recognised and utilised.

It is essential that the process is given suitable and sufficient time and resources during the design and construction programmes to deliver the best results against the requirements of the output specification.

Time-Cost-Quality

2.13 Time, cost and quality of the works should be clearly defined in the brief as some of the required outcomes for the project. These three essential elements of any construction project are clearly inter-linked and will impact on each other. The requirements for these should be made explicit and outputs regularly checked to see whether they are being delivered as required. Post project evaluation is recommended as the final and continuing part of this checking and reporting procedure.

Clients may require or wish for certainty in some or all of these elements and this should be taken into account in selecting the most appropriate arrangements for determining where responsibility is to be placed for the design and construction of the project.

Whole life performance

2.14 Costing of projects should include full life-cycle costings of the facility as well as more immediate construction and project costs. The quality of both design and construction has the potential to greatly reduce whole life costs, including costs-in-use, maintenance, engineering plant replacement and the eventual disposal of the built facility.

Procurement routes

2.15 Although the construction industry has developed many different contractual arrangements and procurement routes for carrying out construction works, most are unlikely to be considered for one-off General Medical Practice Premises. The most likely routes are:

- single stage tender (the 'traditional' route);
- design and build;
- design, build and maintain/operate;
- design, build and leaseback without maintenance.

2.16 Each of these routes places the responsibilities for delivering the project with different parties or arrangements of parties and each have benefits accordingly. They also place emphasis on different aspects of the time-cost-quality relationship.

2.17 Advice should be sought as to the most appropriate route to suit the size and scope and, above all, to achieve the agreed outcomes of the project. The advantages of team working have already been stated, and for smaller and less complex projects, can be achieved under a range of contract agreements, including the traditional small and intermediate works forms, particularly if augmented by a suitable statement of project objectives.

2.18 If GPs are considering leasing the building from a landlord/developer then they must ensure that the building is fit for purpose for the length of the lease plus an appropriate margin. If the building ownership is to revert to the GPs or Healthcare Body at the end of the lease period they must not be faced with inappropriate dilapidation costs at the termination of the lease. The District Valuer (DV) should be contacted at an early stage, as he/she will be the person who will agree an appropriate rental figure. This will avoid future problems regarding GP lease agreement costs.

Contract agreements

2.19 A wide range of standard forms of contract for construction works, which have been designed to cover a variety of contractual arrangements, are available from recognised bodies. Standard forms of contracts are published covering the full range of project sizes and complexities, different variations of responsibilities for carrying out the works and formalising means of collaborative working.

2.20 Advice should be sought, if necessary, and a decision made at an early stage on both the procurement route and the form of contract agreement to be used for the project.

2.21 Projects may be considered individually, or alternatively be bundled into larger contract packages. Prior to deciding how to proceed, the Client should consider the following.

Individual project working

2.22 For procurement of projects on an individual basis, including fresh assembly of design teams, better value may result from the following:

- learning brought to each project from a wide range of previous types of projects;
- the use of appropriate procurement methods for each project;
- consideration of each project in its own right, including the context, local opinion and the requirements of the brief for that particular project;
- attention to detail by members of the construction team for whom the project may be a greatly valued part of their workload;
- the facility for the local Board team or other GP Practices to reward successful projects with commissions or contracts.

Procurement of projects on an individual basis may also result in the following;

- the need to build a new team afresh for each project and to implement new working processes;
- higher client management costs with each project requiring purpose developed briefs and direct client involvement, including the need to deal with a large number of suppliers and contracts;
- more one-off solutions and a tendency for the wheel to be re-invented for each project;
- slower implementation periods;
- uncertainties of workflow.

Partnership working

2.23 For partnership procurement, a single agreement with one or a limited number of teams or team members may be considered to offer better value as a result of:

- improvement of team performance from transferring learning from one similar project to another;
- potential reduction in confrontation and wasteful activity including re-bidding;
- repetition of design and construction elements;

- reduced design and construction periods;
- economies of scale and ordering;
- continuous workflow.

Partnership procurement may also result in the following:

- restriction in the number of team members and suppliers to a few larger companies, frequently not local to the project;
- reduction in the range of options available, with fewer new or innovative ideas emerging from fresh teams;
- less incentive to maintain high standards in all projects during a lengthy partnership agreement;
- repetitive buildings or structures being imposed on dissimilar environments or contexts;
- reduced opportunity for user/public involvement, consultation and brief development to suit particular needs and requirements.

Risk apportionment

2.24 There is always risk in any procurement process and steps should be taken to ensure this is minimised rather than just moved elsewhere. Apportionment of risk should be dealt with openly and reasonably to ensure that it is dealt with in the most appropriate fashion, and by those best equipped to do so.

Continuous improvement

2.25 During and following all projects, consideration should be given as to how the process of design and construction, and the interface between the two elements, may be improved and strengthened so that performance can be continually upgraded and better value delivered. Ideally, this information should be widely shared and disseminated throughout NHSScotland to improve performance across the whole sector.

Building (Scotland) Act 2003

2.26 On the 1st May 2005 a new building standards system came into operation in Scotland. All building warrant applications from that date will be processed under the Building (Scotland) Act 2003. Information on the new Technical Handbooks can be obtained from the Scottish Building Standards Agency (SBSA) website http://www.sbsa.gov.uk

Fire Regulations

2.27 The designers of the facility should ensure that the building provided at completion would, without the need for any physical change to the building, allow the building users to comply with the requirements of current legislation.

Where appropriate, the design team should assist the building owners in the preparation of any necessary risk assessments.

Needs of people with a disability or special need

Disability Discrimination Act (DDA) 1995

2.28 Introduced in December 1996, the Act required 3 phased stages of implementation and compliance by owners and managers of public buildings to make access provisions for people with a disability or special need. The third stage, "the need to comply", became fully effective from October 2004. Section 21.2 of the Act states that "*where a physical feature makes it impossible or unreasonably difficult for a disabled person to make use of a service or building it is the duty of the provider of that service to take such steps that are reasonable to remedy the situation*". General Medical Practices fall within the scope of this Act and have to comply with all requirements contained in the DDA. Guidance on implementing compliance measures for healthcare premises is contained within SHFN 20: 'Access audits of primary healthcare facilities' (September 2000) and the 'Access Audit Survey Toolkit' (October 2002), both produced by Health Facilities Scotland (formerly NHSScotland Property and Environment Forum).

All rooms and areas in new and refurbished buildings, which are accessible to staff, patients and visitors, are required to comply with this Act.

Fair for All (FFA) – Practical guidance

2.29 The Scottish Executive Health Department in partnership with Disability Rights Commission has produced guidance for NHSScotland under the FFA initiative. This guidance offers advice to both policy makers and practitioners on how to ensure that services are delivered fairly and equally for everyone including disabled people.

The guidance is available to view at http://www.drc-gb.org/scotland.

Guidance related to blind or visually impaired users

2.30 The Royal National Institute for the Blind (RNIB) has produced a book on the needs of visually impaired people in the built environment. The book is entitled 'Building Sight: A handbook of building and interior design solutions to include the needs of visually impaired people', and is published by RNIB.

2.31 Guide Dogs for the Blind Association (Guide Dogs) UK have produced national standards of best practice titled 'Enhancing Care Provision for blind and partially sighted people in GP surgeries'.

Construction (Design and Management) Regulations 1994

2.32 Design teams and facilities managers should already be conversant with these health and safety regulations. However, practitioners as Clients must become aware of their duties in undertaking a project. The regulations will be relevant to the project from inception stage, through the design and construction process to completion, handover and beyond. The aim is to identify potential hazards within design, construction, use and maintenance of the building which may compromise the health and safety of anyone affected by the processes. This may become particularly important when the project relates to an existing building which is to remain operational during construction. Clients, designers and contractors all have duties to identify hazards, perform risk assessments and act accordingly to eliminate or control significant risk. The Health and Safety Executive (HSE) produce a free leaflet titled 'Having Construction Work Done: Duties of Clients under CDM Regulations'. This can be obtained from one of four Scottish Offices in Glasgow, Edinburgh, Aberdeen and Inverness or from the HSE website http://hse.gov.uk.

Infection control

2.33 Cognisance must also be taken of SHFN 30: 'Infection control in the built environment' Version 2 and HAI Scribe (Healthcare Associated Infection System for Controlling Risk in the Built Environment). These documents provide guidance to those responsible for design, planning and maintenance on the prevention of cross-infection in healthcare facilities. These are not infection control manuals, nor are they intended as comprehensive guides to the principles underpinning the global issues surrounding infection control.

These documents aim to encourage early communication between professionals involved in the design, planning and maintenance of healthcare buildings where prevention of cross-infection and infection control issues impinge upon project management.

Designers should ensure that the design and specifications allow for all internal building elements, surfaces, worktops, fitments, finishes and materials in patient access areas to be easily cleaned and decontaminated to prevent Healthcare Acquired Infection (HAI). With this in mind, the local Healthcare Bodies infection control advisor, or team, should be involved from an early stage in the design process.

Car parking

2.34 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 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, visitors and finally disabled parking adjacent to the building's main entrance in accordance with NHS guidance HBN 40 'Common Activity Spaces'.

Section 2.4 of this document on 'Flexibility for future use' is also relevant to car parking.

Security

2.35 Security requirements again will vary with projects and their location. Some will have serious vandalism or forced entry problems while others will be virtually free from any such problems. To determine what security arrangements are necessary, proposals should be discussed with the local police security advisor and the local NHS security officer, if one exists.

Internal security should be discussed with the building users, particularly with respect to any out of normal hours use of the building. 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 GP Practices. Generally, buildings should have only one public entrance which may require to be controlled by buzzer and speaker entry. A separate staff entry may be a Client requirement and requires to be locked at all times with entry only possible with a key; this could be a fire escape door with an appropriate emergency opening facility on the inside.

The requirement for any locking internal doors should be clearly stated.

Secure storage including alarms for medicine and drugs requires to be agreed early in the design process, together with the requirements for lockable base or wall units within rooms.

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 only openable by members of staff, either with proximity devices, 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 will be required or whether each member of staff will have their own personal attack alarm.

NHSScotland 'Firecode'

2.36 This is a suite of documents which is primarily aimed at NHS Hospitals and larger healthcare buildings with 'inpatient' facilities. The Scottish Building Standards Agency (SBSA) Technical Handbooks deal with structural fire protection and fire escape requirements for all healthcare buildings. Some 'Firecode' documents may provide help when considering fire safety or wilful fire raising but some aspects may not apply to GP Medical Practice buildings. These are listed in References (General) at the back of this document. In addition, each NHS Board will have a Fire Safety Advisor who can provide appropriate advice.

External works

2.37 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 with adequate falls to ensure that no 'ponding' occurs. Good external lighting must be provided. Where possible, steps and ramps should be avoided and car parking for disabled persons should be provided close to the main entrance, all in accordance with HBN 40 'Common Activity Spaces' Volume 1 and HBN/SHPN 40 Volume 5. Consideration should also be given to the provision of staff parking 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 particularly upset patients out of the building without having to pass through public areas.

3. The Standards

Management of the project

Aim

3.1 To ensure that the project targets are met regarding time, cost and quality thresholds and to ensure overall value for money and resources during the whole life of the service/facility, where that value is to be judged against all the specified outcomes.

Requirements

3.2 ***Project Manager.*** It is highly recommended for Clients, and mandatory for NHS Boards, that a responsible person be appointed to manage the project in the manner set out in the NHS Estates publication 'A Guide to the Provision of Leasehold Premises for GP Occupation'. In addition, cognisance should also be taken of HDL(2001)47 Construction Procurement Policy issued by the Scottish Executive Health Department.

Planning Supervisor/Co-ordinator. The Client has an obligation under the Construction (Design and management) Regulations 1994 to appoint a Planning Supervisor/Co-ordinator at the outset of any project. Guidance on Client responsibilities is contained in the Heath & Safety Executive's (HSE) document titled 'Approved Code of Practice & Guidance: 2001 ISBN 0 7176 21391 1', which is available from the HSE or TSO bookshops. HSE will also provide free brochures 'CIS 39 – Construction (Design & Management) Regulations 1994: The role of the client: 2000 Revision' and 'CIS 40 – Construction (Design & Management) Regulations 1994: The role of the Planning Supervisor: 2000 Revision'.

Design considerations

Aim

3.3 To ensure excellence in design, which is essential in order that the project delivers best value, each of the following components must be addressed appropriately:

- the functional design of the facility should meet the needs of its users and its operations. This will result from a detailed assessment of the requirements of the users and operations and how they may change over time as well as how the facility will need to be altered to meet those changing needs;
- premises should be designed to take into account the training and teaching needs of the Practice. General guidance on what should be included

should be sought from local training partners including undergraduate and postgraduate Deans. Advice can also be obtained from NHS Education for Scotland (NES) website http://www.nes.scot.nhs.uk.

- the design of the complete facility should consider the internal environment for those which use, operate, maintain, or are otherwise affected by the facility, including aspects which impact on their health and safety. The external elevations and overall mass of the design should be carefully assessed with regard to the adjoining buildings and local area; they will also require to be discussed with, and approved by, the local authority planners. The results of this evaluation should be recorded in written form and should be retained with other project documents;
- while it is expected that most new facilities will be in single storey buildings, it is possible that with larger buildings, or on restricted sites, more than one floor may be required. Where upper floors are necessary, designers should try to avoid having patient access accommodation upstairs. This does not, however, mean that upper floors do not have to be provided with disabled access. Where upper floors are necessary, careful consideration will be required regarding fire escape provision, stair and lift provision and also floor sound insulation;
- although the building does not have inpatients, designers will still have to consider trolley access both to the building and any patient access rooms. This is to allow easy access by the ambulance service in the event of a patient collapsing and having to be removed to hospital. With regard to manual handling, consideration will also need to be given as to how obese patients will be lifted in the event of falls or collapse;
- the detailed design of each assembly or component should be assessed to ensure that it satisfies the relevant project requirements;
- the design of the entire construction process should be reviewed to assess how each component should be manufactured, transported and assembled to complete the facility;
- the Planning Supervisor/Co-ordinator should ensure that a 'Health and Safety File' is produced by the main contractor. This should include information from the design team members including 'as built' drawings and material specifications, information from the contractors including names of suppliers, operation and maintenance manuals, and other information on the facility giving details of how components and materials should be replaced or repaired and, in addition, the recommended means of ultimate disposal. The manual should be retained and updated when required by the building owners;
- the Local Disability Forum should be included during the design consultation process;
- in some areas, more emphasis will need to be given to building abuse. Internally, designers may have to consider 'movement sensors' to activate taps and provide 'key' operated toilets. Externally there should be no exposed pipework and all external features, such as seating, will require to be secured to the ground to prevent them being used to access the roof. It should be noted that roof tiles and slates can be stripped off and used as

missiles. The use of laminated outer panes to all windows should be considered;

- if the facility is to be used for training or teaching purposes then the Client should ensure that all the required accommodation is included within the brief. NHS Education for Scotland (NES) should be consulted to ensure that the facilities are adequate for the purpose.

3.4 Where possible, the likely impact of changes to 'health and safety' and 'environmental' requirements on the facility should be assessed for the design life of the facility.

Environment and design

3.5 Designers should create an environment in Primary Healthcare centres and local healthcare resource centres which will help patients feel at ease, be conducive to efficient working, and contribute to staff morale. Where possible, rooms should be provided with natural light and ventilation.

3.6 **Art in health buildings**: Works of art and craft can make a significant contribution towards the required standard 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 which lend special identity to a waiting area or recovery room, and which help give a sense of locality.

3.7 Advice should be sought from experts on:

- ***obtaining grants:*** In some cases, Regional Arts Boards or charitable trusts with a local interest may offer grants to be used within a capital scheme for art or craft works. The Royal Society of Arts offer bursaries for collaborations between architects and artists;
- ***obtaining sponsorship***: Local industries may see an advantage in supporting an arts project as a way of reaching a wide, or particular audience;
- ensuring quality in all art and craft works;
- appropriately locating art and craft works;
- selecting artists and craftspeople.

Flexibility/adaptability

Aim

3.8 To ensure that the site chosen will allow the facility to be designed and constructed to accommodate future change, including expansion, with minimal disruption.

3.9 The building and its services should be designed and co-ordinated such that the alteration of one or more aspects of the services, structure, finishes or fixtures should not cause unnecessary disruption, particularly in 'clinical' patient areas. This is likely to require the use of co-ordinated planning grids in the first instance.

3.10 The selection and use of materials and components which meet the minimum legal and technical requirements, but which do not allow for the flexibility demanded here, will not be acceptable.

Circulation spaces

Aim

3.11 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. Cognisance should be taken of Health Facilities Scotland (formerly NHSScotland Property and Environment Forum's) 'Wayfinding' document.

Requirements

Security

3.12 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, the provision of a closed circuit television (CCTV) system monitored from reception may be an acceptable alternative.

Privacy

3.13 The internal arrangement of rooms should ensure that visual intrusion from an adjacent corridor is limited, or excluded in the case of toilets (HBN 40 'Common Activity 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 which attains a minimum weighted sound to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

Staff and public circulation routes

3.14 The design should avoid the need for GPs and nurses having to pass the '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 leave the building without being observed by waiting patients. The circulation area will vary between projects, depending on the required accommodation, but typically an allowance of 33% should be added to the net area listed within the schedule of typical

accommodation. Generally corridor widths will be approximately 1500mm wide in patient areas and 1200mm in staff areas.

Entrance lobby

Aim

3.15 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. In addition, secure storage space for prams, pushchairs etc. should be provided off this area. Very careful consideration must be given to providing 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 young and elderly must be addressed when specifying automatic doors.

Requirements

Security

3.16 This design should allow supervision by staff from the patient reception area.

Layout

3.17 The arrangement should allow for secure pram storage without obstruction to the through circulation route. In some building locations, access to this space may require to be remotely controlled by reception staff for security reasons.

Finishes

3.18 Surface finishes must be selected to resist deterioration resulting from the extent of foot traffic and the effects of the weather. More specifically, the floor finish must prevent the migration of dirt and dampness into the patient reception and waiting areas. Consideration should be given to the use of wall protection to prevent unsightly damage. Great care must be taken with the selection of floor material due to the fact that disabled, elderly and infirm people regularly use this facility. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance.

Patient reception

Aim

3.19 This acts as the first point of contact for patients where staff will direct and control the movements of patients within the facility. The collection of prescriptions may also be dealt with at the reception.

Requirements

Privacy

3.20 The design should prevent telephone conversations and conversations between patients and reception staff from being overheard by others, including those in the waiting area. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

Spatial arrangement

3.21 The reception counter should be adjacent to both the principal entrance and the exit from the waiting area and provide staff with the means to supervise/overlook access to the consulting rooms. Great care must be taken with the selection of floor material due to the fact that disabled, elderly and infirm people regularly use this facility. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance. If an open counter is being considered then careful consideration of fire regulations will be required in relation to fire containment and protection of escape routes.

Reception counter

3.22 This must be designed to accommodate the installation of IT equipment which should include a provision for cable management. In addition, the design of the counter must consider the Disability Discrimination Act (DDA). This will require the height, width and counter details to be fully considered and designed to allow use by all disabled users, including for example wheelchair users and people with hearing and sight problems. 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 to prevent abusive patients (or others) from reaching over to assault staff.

Security

3.23 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 should be considered.

Environment

3.24 Staff and patients must be protected from draughts and provided with sufficient ventilation.

Area

3.25 Typically 4.5m^2 per receptionist would be required, while the patients' side will require 3 to 4.5m^2 recessed off the main circulation route.

Waiting areas

Aim

3.26 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 audio-visual. Consideration must be given to allowing viewing of the main waiting area from reception, either directly or by CCTV. 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.

Requirements

Play area

3.27 A children's play area should be provided which allows play to proceed with parental supervision but without causing disruption to other users. This area should allow staff supervision from the patient reception area and be remote from the main entrance. This area requires all materials, fitments toys etc. to be easily cleaned or decontaminated to prevent cross infection.

Patient call system

3.28 An audio-visual system providing appointment information for patients should be considered. Such a system should cater for people with visual impairment and hearing aid users and should take cognisance of the Disability Discrimination Act.

Other functions

3.29 The design should allow the space to be used by patient meeting groups, classes or other similar activities. Many of these could be outside normal opening times which will require the rest of the building to be 'locked-off' and secure. This space may also be used for health education purposes, promotions and seminars although in large Practices a separate room might be required if usage is high.

Spatial arrangement

3.30 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.

The waiting area should be capable of being separated from the main consulting and administration circulation routes to allow practitioner and staff movement without the need to pass through areas used by patients.

Furniture and fittings

3.31 The layout of these items should be arranged to provide the best use of space, with seats in non-linear layouts, however, this should avoid the creation of secluded spaces without supervision from the patient reception area. Space must be provided for wheelchairs users.

Sufficient provision should be made for the display of notices and leaflets together with writing surfaces for patient use. Careful thought should be given to the display system which should be fixed/permanent to avoid ad-hoc systems being used or notices/posters being stuck to wall finishes or doors.

Finishes

3.32 Durable surfaces should be provided which are easily cleaned but without compromising patient comfort or interest. The selection of finishes must deliver a comfortable acoustic environment.

Area

3.33 Waiting area sizes depend on the appointment system adopted, the number of floors and the size of the Practice. Where an appointment system is in operation, a minimum of five 1.5m^2 spaces are required for each consulting room. Where an appointment system is not used, the variation in consultation periods may be more significant and consequently more waiting space will be required. All waiting areas should include at least 3m^2 specifically for wheelchair users.

Interview room

Aim

3.34 This space, close to the patient reception or waiting area(s), should be used for confidential discussions between staff and patients. Staff security will require the need for a panic alarm and possibly emergency outwards escape. As some patients may be upset, have mental problems, be drug addicts or be of a violent nature, this room may require a staff 'escape door' leading to a non-public part of the building. If this room is to be used as a quiet waiting area then internal viewing panels will be required to allow supervision from reception.

Requirements

Furniture and fittings

3.35 Chairs and a writing surface should be provided in an area not less than 7.5m^2. Careful thought should be given to the choice and design of furniture and fittings in buildings where this room is used by disturbed or violent patients, to avoid them being used as weapons.

Privacy

3.36 The internal arrangement of rooms should ensure that visual intrusion from an adjacent corridor is limited. The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance which attains a minimum weighted sound reduction index (R´w), to that stated in SHTM 2045: 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

Components

3.37 Doors should be solid core doors, hardwood lipped on all four edges and should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities from both sides of the door. The room should be capable of being locked with a key when not in use.

Finishes

3.38 If this room is to be used by self-harm patients, either for interviews or waiting, then care should be taken with finishes and fittings.

Patient toilets

Aim

3.39 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 quantity of toilets will depend on the size of the Practice being considered, but a WC suitable for independent and assisted use should 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. Separate 'ambulant' toilets should be provided for men and women, and in some locations different ethnic groups may have to be considered.

Requirements

Related areas

3.40 Separate facilities for feeding and changing babies and toddlers may have to be considered, depending on the use and size of the building. If required, these should be provided separate from toilet areas and opening off a corridor rather than the main waiting space or other public areas.

Access

3.41 Toilet facilities should be adjacent to the main waiting area(s), see paragraph 3.13 and HBN 40 'Common Activity Spaces' regarding privacy requirements.

Finishes

3.42 All finishes must be easily cleaned and fungal resistant. Floor finishes should be jointless, with coved skirtings, and impermeable to water. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings, particularly in relation to slip resistance.

Wall finishes must be washable. Ease of access must be provided to all drainage and plumbing services for maintenance.

Baby changing

Aim

3.43 Facilities may 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.

Requirements

Furniture and fittings

3.44 This room should include a fixed cleanable shelf with a deeply lipped edge or a proprietary wall mounted baby changing unit, a washhand basin, robust wall hooks and a large sack holder. Consideration may be given to a nappy vending machine, depending on levels of activity.

Access

3.45 Access should be from a corridor in the public part of the building adjacent to the main waiting area.

Finishes

3.46 All finishes must be easily cleaned and fungal resistant. Floor finishes should be jointless, with coved skirtings, and impermeable to water. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings, particularly in relation to slip resistance.

Wall finishes must be washable. Ease of access must be provided to all drainage and plumbing services for maintenance.

Breastfeeding

Aim

3.47 Depending on the size of the Practice, local preferences and cultural considerations, some buildings will require breastfeeding facilities. This could be provided in a pleasant screened off part of the waiting room or in an interview room, provided an 'engaged' slider sign is provided. Sufficient space should be provided to accommodate children and pushchairs.

Requirements

Furniture and fittings

3.48 This area should be provided with an upholstered high backed armchair and a small coffee table.

Access

3.49 If a separate room is provided then access should be from a corridor in the public part of the building, adjacent to the main waiting area.

Finishes

3.50 Durable surfaces should be provided which are easily cleaned but without compromising patient comfort or interest. The selection of finishes must deliver a comfortable acoustic environment.

Consulting/examination rooms

Aim

3.51 The provision of a space suitable for practitioners to carry out patient interviews, examinations and administrative duties. The design of the room should ensure privacy and be welcoming to patients and be provided with a window. The importance of acoustic privacy cannot be over emphasised. A spatial allowance for wheelchairs to turn and manoeuvre must be provided. Provision of a light or sign indicating 'In Use' should be provided at the entrance.

Requirements

Access

3.52 Consulting/examination rooms must be easily accessible from patient waiting areas, and have enough space to accommodate an additional member of staff, either GP or nurse.

Privacy

3.53 The internal arrangement of the room should ensure that visual intrusion from an adjacent corridor is limited, ideally couches should be behind the door. The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance which attains a minimum weighted sound reduction index (R´w) to that stated in SHTM 2045 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

3.54 ***Components***

Doorsets should be 1000mm with solid core doors and should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities. Doors should be capable of being locked and should not have vision panels. Windows must be provided with curtains or blinds.

Internal arrangement

3.55 On entering the room, the patient should be clearly visible to the practitioner. The furniture arrangement should allow GP/nurses to carry out the consultation in a non-confrontational manner. Typical layouts are contained in HBN 40: 'Common Activity Spaces Volume 2: Treatment Areas'.

Furniture and fittings

3.56 Provision must be made for computer equipment, the patient call system, a panic alarm and any additional medical equipment. It is recommended that a standard built in desk/workstation with all the associated service outlets and cableways is provided. This will ensure a standard location for the panic alarm and general familiarity for staff using different rooms. A clinical washhand basin is required together with storage for sterile equipment and supplies, consideration should be given to the provision of 'hands free' taps. The room should allow for a single examination couch with a curtain/screen provided around the couch for patient privacy and dignity to dress/undress. The couch should be located to allow examination of the patient lying on their back, from both the right side and the foot of the couch. In addition, any worktops should be smooth, impervious, washable and have coved rear up-stands and post formed fronts. The client and designers must establish the type of examination lamp required early in the design process; either wall fixed, ceiling fixed or a mobile unit.

Finishes

3.57 Floor, wall and ceiling finishes in these areas should be smooth and easily cleanable. Floor finishes and coved skirting should be formed in sheet vinyl, with welded joints for ease of cleaning. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance. If carpeting is specified for the 'consulting area' it should be impervious backed.

Area

3.58 The minimum area should be 14m^2, although the room is generally 16.5m^2 to allow for additional medical staff, better wheelchair provision and more leeway with couch location. One room at least may require to be larger to cope with a wheelchair patient accompanied by one or two companions, the doctor and nurse, and space for using a patient hoist adjacent to the couch.

Consulting rooms

Aim

3.59 It is possible some Practices may require the provision of a space suitable for nurses, visiting professionals eg mental health, dieticians etc, to carry out patient interviews and consultations. The design of the room should ensure privacy and be welcoming to patients and be provided with a window. The importance of acoustic privacy cannot be over emphasised. A spatial allowance for wheelchairs to turn and manoeuvre must be provided. Provision of a light or sign indicating 'In Use' should be provided at the entrance.

Requirements

Access

3.60 Consulting rooms must be easily accessible from patient waiting areas.

Privacy

3.61 The internal arrangement of the room should ensure that visual intrusion from an adjacent corridor is limited. The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance which attains a minimum weighted sound reduction index (R´w) to that stated in SHTM 2045 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

3.62 ***Components***

Doorsets should be 1000mm with solid core doors and should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities. Doors should be capable of being locked and should not have vision panels. Windows must be provided with curtains or blinds.

Internal arrangement

3.63 On entering the room, the patient should be clearly visible to the practitioner or nurse. The furniture arrangement should allow staff to sit at their desk/workstation with the patient diagonally to one side or in line, depending on the preferred method of consultation. The workstation should allow for a VDU, printer, telephone, call system and medical equipment for simple procedures.

Furniture and fittings

3.64 Provision must be made for computer equipment, the patient call system and any additional medical equipment. It is recommended that a standard built in desk/workstation with all the associated service outlets and cableways is provided. This will ensure a standard location for the panic alarm and general familiarity for staff using different rooms. A clinical washhand basin is required, consideration should be given to the provision of 'hands free' taps. Storage will be required for sterile equipment and supplies.

Finishes

3.65 Floor, wall and ceiling finishes in these areas should be smooth and easily cleanable. Floor finishes and coved skirting should be formed in non-slip sheet vinyl, with welded joints for ease of cleaning. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance. If carpeting is specified it should be impervious backed.

Area

3.66 The minimum area should be 14m^2.

Examination room

Aim

3.67 Some Practices may require the provision of a space suitable for nurses or visiting professionals to carry out patient examinations. The design of the room should ensure privacy for patients. The importance of acoustic privacy cannot be over emphasised. A spatial allowance for wheelchairs to turn and manoeuvre must be provided. This accommodation may be shared with an adjacent consultation room. Provision of a light or sign indicating 'In Use' should be provided at the entrance. The type of examination lamp, either wall fixed or mobile, should be established early.

Requirements

Access

3.68 Patient access should be directly from the main circulation area within the consultation area to allow for use by more than one practitioner and to enable the patient to exit without having to pass through a consultation room.

Furniture and fittings

3.69 A clinical washhand basin is required; consideration should be given to the provision of 'hands free' taps. The room should allow for a single examination couch, a curtain/screen should be provided around the couch or door to provide for patient privacy and dignity to dress/undress. The couch should be located to allow examination of the patient, lying on their back, from both the right side and the foot of the couch. In addition, if any worktops are required they should be smooth, impervious, washable and have coved rear up-stands and post formed fronts. The type of examination lamp, either wall fixed or mobile, should be established early.

Finishes

3.70 Floor, wall and ceiling finishes in these areas should be smooth and easily cleanable. Floor finishes and coved skirting should be formed in non-slip sheet vinyl, with welded joints for ease of cleaning. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance.

Privacy

3.71 The design of walls, floors and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance which attains a minimum weighted sound reduction index (R'w) to that stated in SHTM 2045: 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

Components

3.72 Doorsets should be 1000mm with solid core doors and should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities. Doors should be capable of being locked and should not have vision panels. Windows must be provided with curtains or blinds.

Area

3.73 The minimum area should be 7.5^2.

Nursing suite

Aim

3.74 Some Practices may be large enough to warrant the provision of a suite of spaces suitable for nurse/patient consultations together with treatment and interview rooms, utility and administrative functions. The design of the suite should ensure patient confidentiality and the atmosphere should be comforting to patients.

Practice nurse consulting room

Aim

3.75 The design of the 'practice nurse consulting room' will be the same as the 'consulting room', see paragraphs 3.59 to 3.66.

Nurse examination room

3.76 The design of the 'nurse examination room' will be the same as the 'examination room', see paragraphs 3.67 to 3.73.

Nurse interview room

Aim

3.77 The provision of interview rooms suitable for discussions with patients, including general medical advice and counselling, as well as dedicated clinical sessions. Additional uses may include child development, mother and baby clinics etc.

Requirements

Access

3.78 The nurse interview room forms part of the nursing suite with access directly from the main circulation areas or directly from patient waiting areas. The room may be also be used for child development, mother and baby clinics etc.

Privacy

3.79 The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance which attains a minimum weighted sound reduction index (R´w), to that stated in SHTM 2045: 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

Components

3.80 Doors should be solid core doors, hardwood lipped on all four edges and should have acoustic brush seals and closers. Door handles should be robust lever type with mortice lock capable of being locked from the inside with a knob, but capable of being overridden from the outside by staff with a key.

Furniture and fittings

3.81 Facilities should include smooth, impervious, washable work surfaces, lockable storage, information display boards and a clinical washhand basin. The layout and furnishing of the room should avoid isolation of staff from the door.

Finishes

3.82 Floor, wall and ceiling finishes in these areas should be smooth and easily cleanable. Floor finishes and coved skirtings should be formed in sheet vinyl, with welded joints for ease of cleaning. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance.

Area

3.83 The minimum area should be 12m^2.

Nurse treatment room

Aim

3.84 The provision of rooms suitable for clinical examinations, treatments, the testing of samples and associated administration.

Access

3.85 The treatment room should form part of the nursing suite with access directly from the main circulation areas. An additional door may be used to give direct access to the nurse support area.

Furniture and fittings

3.86 The room should allow for a single couch within a screened area which should include space for dressing and patient examination. Fittings should include preparation surfaces, lockable storage cabinets a sink and a clinical washhand basin. Worktops should be smooth, jointless, impervious, washable and have coved rear upstands and be suitable for regular cleaning or decontamination to avoid any cross infections.

Finishes

3.87 Floor, wall and ceiling finishes in these areas should be smooth and easily cleanable. Floor finishes and coved skirtings should be formed in sheet vinyl with welded joints for ease of cleaning and decontamination. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance.

Privacy

3.88 The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance which attains a minimum weighted sound reduction index (R´w), to that stated in SHTM 2045: 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

Components

3.89 Doors should be solid core doors, hardwood lipped on all four edges and should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities. Doors should be capable of being locked and should not have vision panels. Windows must be provided with curtains or blinds.

Area

3.90 The minimum area should be 14m^2.

Decontamination

The need to decontaminate

3.91 The term 'decontamination' encompasses cleaning, disinfection and sterilization. The need for decontamination relates to a number of issues, some of which are discussed below.

Healthcare Associated Infection (HAI)

3.92 Effective decontamination of reusable medical devices before their use on the next patient is an essential measure in the prevention of healthcare associated infection.

Patient safety

3.93 Decontamination is essential to ensure that medical devices are free from infective micro-organisms and bacterial endotoxins.

Staff safety

3.94 To make a medical device safe to handle during inspection, assembly and use, it must be cleaned and disinfected.

On-site versus off-site decontamination

3.95 In planning a new facility, the costs and benefits of on-site versus off-site decontamination should be taken into account. Off-site decontamination is likely to require increased stocks of instruments to cater for the turnaround time involved whilst on site decontamination on the other hand, introduces a need for specialised equipment, facilities and training. On-site decontamination should only be carried out when it is clear that the required standards can be economically achieved and maintained.

Decontamination standards

3.96 Where decontamination of instruments and other medical devices is to be carried out within the premises, the facilities provided for this must meet the standards laid down in the NHSScotland Sterile Services Provision Review Group 1st Report 'The Glennie Framework' (the Glennie Report) published by the Scottish Executive Health Department under HDL(2001)66 Healthcare Associated Infection: 'Review of Decontamination Services and Provision across NHSScotland'. These standards have been supported by a variety of guidance documents produced by the organisations below.

Local decontamination facilities are appropriate only for the reprocessing of instruments where the risk of transmission of Transmissible Spongiform Encephalopathies (TSEs) is low, as categorised in the Glennie Report mentioned above.

Sources of guidance

3.97 Work is ongoing and further advice will be available from Health Facilities Scotland (formerly the NHSScotland Property and Environment Forum) www.hfs.scot.nhs.uk, Health Protection Scotland (HPS) www.hps.scot.nhs.uk and the Scottish Executive Health Department (SEHD) www.show.scot.nhs.uk/sehd.

3.98 Such installations are highly specialised and should not be undertaken without appropriate specialist advice in relation to the decontamination processes to be carried out, the layout and construction of the facility and the equipment to be used. The interaction of these facets is key to achieving the standards required, and specialist testing, validation and commissioning are required for both the facility and equipment. The local decontamination of medical devices is an evolving field. The most up to date guidance available from the organisations listed above should be followed at the time of planning.

3.99 At the time of writing, guidance specific to the provision of local decontamination facilities is being prepared. When completed, this will be available through the

Health Facilities Scotland web site. In the interim, many of the principles are detailed in Scottish Health Technical Memoranda (SHTM) 2010: 'Sterilization', 2030 ' Washer-disinfectors' and Scottish Hospital Planning Note (SHPN)13 'Sterile Services Department'. These documents are written with central decontamination in mind and specialist interpretation for local decontamination will be required. Interim guidance on local decontamination facilities is also given in 'Local Decontamination Units: Guidance on the Requirements for Equipment, Facilities and Management', produced by HPS.

Nurse reporting/support room

Aim

3.100 The provision of areas suitable for administrative functions and storage of supplies. These areas may be dispersed within the nursing suite for a large practice.

Requirements

Access

3.101 Should be convenient for clinical team members, preferably directly from the main circulation areas and for those operating in the adjacent treatment rooms.

Furniture and fittings

3.102 The rooms should contain desking, together with file and storage cupboards. This room may also require provision for computer equipment.

Finishes

3.103 Floor, wall and ceiling finishes in these areas should be smooth and easily cleanable. Floor finishes can be impervious backed carpet.

Area

3.104 The minimum area should be 9m^2.

Treatment/minor surgery room

Aim

3.105 To provide a space for the clinical examination and minor surgery to patients. The treatment room should be accessible from the main circulation corridors. Access could be provided to the nurse support area with an appropriate acoustic door. Typically minor surgery will consist of removal of warts, verrucaes, moles and other skin lesions. Some Practices may require a small recovery room to allow greater use of the minor surgery room.

Requirements

Layout

3.106 The treatment room should have a curtained couch area where patients may undress for examination. Preparation surfaces, a sink, a clinical washhand basin and storage should be provided outside the curtained examination area together with space for mobile equipment trolleys. The layout and furnishing of the room should avoid isolation of staff from the door and provide sufficient space for turning/manoeuvring of wheelchairs.

Finishes

3.107 All surfaces should be capable of being easily cleaned. Walls should be smooth finished ready for two coats of anti-bacterial decoration. Colours should be selected and agreed with the client. Floor finish should be sheet material with welded joints and coved to form the skirting. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance. Floor, wall and ceiling finishes should be capable of being easily cleaned. Worktops should have coved rear upstands and be suitable for regular cleaning or decontamination to avoid any cross infections.

Privacy

3.108 The design of walls, floor and ceilings should provide a level of sound performance which attains a minimum weighted sound reduction index (R´w), to that stated in SHTM 2045: 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

Components

3.109 Doors should be solid core doors, hardwood lipped on all four edges and should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities. Doors should be capable of being locked and should not have vision panels. Windows must be provided with curtains or blinds.

Area

3.110 Typically 18-20m^2 for the first or main room and 13.5-15m^2 for any additional rooms.

Medical records room

Aim

3.111 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 there are therefore strong linkages 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, the increasing use of electronic storage might free some, or all of this space for future 'expansion'.

Requirements

Access

3.112 Patient records are highly confidential and should be part of a secured administration area with restricted access.

Record information in paper based and IT based systems needs to be available to the practitioners for consultations and to other members of staff.

Layouts should take account of the progress being made in scanning techniques and online record information

Layout

3.113 Paper based records could be stored using carousels, filing cabinets, tray/lateral filing or open shelves/vertical filing. The latter is the most space effective but the detailed design should consider minimising high or low-level shelving for the convenience and safety of staff. Assembly positions for records for issue at clinical sessions and for processing should be provided. Extensive surfaces/desks are required for clerical work.

In the short term, many Practices will utilise both paper based and IT systems. Designs should therefore allow for the conversion of space to facilitate the development of screen working and the associated requirements for a printer and scanner.

Security

3.114 This must be a secure area and must be protected by solid core doors and have a digital controlled entry locking device. If the medical records are to be stored in a staff reception/administration area, then open reception desks should be protected by steel roller shutters or fixed security glazed screens for security outwith hours. In the interest of staff safety, consideration may also have to be given to the installation of fixed security glazed screens and the provision of staff panic alarms. These will be more critical in some Practices, depending on their location, and also if the building is to be open outwith normal working hours.

Finishes

3.115 An attractive office-working environment should be provided, typically with painted walls and carpeted floors. Colours should be selected and agreed with the Client.

Components

3.116 Doors should be solid core doors, hardwood lipped on all four edges and should have acoustic brush seals and closers. The door should have a mortice lock capable of being locked from the inside with a turnbuckle, but capable of being overridden from the outside by staff with a key. The security locking system should be suitable for use by people with disabilities from both sides of the door.

Area

3.117 Typically 3.5m^2 per practitioner for records storage only. This area does not include secretarial and data input.

Administration and data areas

Aim

3.118 This is a space providing an attractive working environment for clerical work associated with records, data, files, correspondence with patients, hospitals and Healthcare Bodies and internal administration. There should be a secure area for communication and IT equipment.

Requirements

Access

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

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

Layout

3.120 Secretarial work surfaces or desks of appropriate depth for computers/VDUs are required with associated filing and storage cabinets.

Access to communication and IT equipment should be from within the administration area. A work surface would be required for smaller premises, whilst larger sites would require a desk as well as equipment area.

Finishes

3.121 An attractive office-working environment should be provided typically with painted walls and carpeted floors.

Components

3.122 Doors should be solid core doors, hardwood lipped on all four edges. They should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities. Doors should be capable of being locked and should not have vision panels. Windows must be provided with curtains or blinds.

Area

3.123 The area of this room will vary from practice to practice but typically it will include the following. An allowance of 3.5m^2 for each community staff member including visiting clinicians, district nurses, midwifes, health visitors care assistants etc. who are attached to the Practice.

An allowance of 5.5m^2 for each administrative member of staff, medical secretaries etc. Additional space will be required for a communication and IT area, any additional casual/part time users, storage, mail/photocopying space and future expansion.

Practice manager's office

Aim

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

Requirements

Access

3.125 This space should be adjacent, or in close proximity, to the administration and data input areas and it is also advantageous to be near records and reception.

Layout

3.126 An office space with appropriate filing storage/cabinets and desks is required.

Finishes

3.127 An attractive office-working environment should be provided typically with painted walls and carpeted floors.

Privacy

3.128 The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance which attains a minimum weighted sound reduction index (R´w), to that stated in SHTM 2045: 'Acoustics, Part 2, Design Considerations'. These elements and

components may require to be tested for compliance by an acoustic consultant on completion of the project.

Components

3.129 Doors should be solid core doors, hardwood lipped on all four edges and should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities. Doors should be capable of being locked and should not have vision panels. Windows must be provided with curtains or blinds.

Area

3.130 Typically 12m^2.

Staff lounge and kitchen

Aim

3.131 This should be an informal meeting space for staff members which has facilities for lunch and coffee breaks. In small Practices this space may also be used for meetings and training.

Requirements

Access

3.132 Access should be isolated from the main patient circulation areas. It would be an advantage if staff do not need to pass through the administration area to reach the common room areas.

Layout

3.133 Informally furnished area with kitchen facilities to include a stainless steel sink with draining board, a separate washhand basin, fridge, microwave, storage units, work surfaces etc and possibly a dishwasher. This area should also include wall-mounted notice boards.

Finishes

3.134 Easy clean work surfaces and a non-slip sheet material floor finish with coved skirting in the kitchen area with carpet and wall decoration in the common room. Colours should be selected and agreed with the client.

Components

3.135 Doors should be solid core doors, hardwood lipped on all four edges and should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities. Doors should be capable of being locked and should not have vision panels. If a security locking

system is used it should be suitable for use by people with disabilities from both sides of the door. Windows must be provided with curtains or blinds.

The type of locking device should be discussed with the client, a digital locking device may be required depending on the location of this room.

Area

3.136 Typically 12.25 m^2 for one practitioner unit through to 35m^2 for a 10 practitioner unit, but the use is significantly influenced by the additional provision of training rooms, libraries, studies etc. in larger surgeries.

Staff multi-purpose room (meeting, training, seminar and library)

Aim

3.137 This is a space for training and study and which also allows members of the Practice team an area for the display of central reference material. This is more likely to be provided in larger premises and possibly individual rooms might be required to allow for a number of activities to occur at any particular time without disturbance. In some cases, this space may be required for larger local staff meetings/conferences and drugs presentations. If a large room is included, consideration will need to be given to the provision of mechanical cooling to offset occupancy, lighting and equipment heat gains.

Requirements

Access

3.138 Access should be from a corridor, although in smaller premises it might be provided in, or adjacent to, the common room. However, cognisance should be taken of the required sound reduction between the rooms.

Privacy

3.139 The design of walls, floor and ceilings, including doors or other components forming part of the walls, should provide a level of sound performance which attains a minimum weighted sound reduction index (R´w), to that stated in SHTM 2045: 'Acoustics, Part 2, Design Considerations'. These elements and components may require to be tested for compliance by an acoustic consultant on completion of the project.

Components

3.140 Doors should be solid core doors, hardwood lipped on all four edges and should have acoustic brush seals and closers. Door handles should be robust lever type and should be suitable for use by people with disabilities. Doors should be capable of being locked and should not have vision panels. Windows must be provided with curtains or blinds. If a security locking system is used it should be

suitable for use by people with disabilities from both sides of the door. This room will require a washhand basin if it is being used for any practical demonstration.

Area

3.141 Typically 12m^2 for the training room, 12m^2 for the library and 7m^2 for the study room, giving a total of 31m^2. In smaller Practices this may be as small as 12m^2.

Staff toilets

Aim

3.142 The provision of toilets for staff which should be suitable for semi-ambulant and independent wheelchair users. The minimum number of toilets required will be determined by the SBSA Technical Handbooks and will depend on the number of staff using the building. Additional toilets may be required depending on the building layout regarding distances from other staff areas. Cloakroom facilities should also be provided; this could be in the form of secure staff lockers located in the staff rest room. Consideration should be given to providing a staff shower, particularly for use after accidents with/by patients.

Requirements

Access

3.143 Toilet facilities for both male and female, including locker space, should be provided adjacent to the main common area.

Adequate facilities will be required in accordance with current standards and should include the provision of male and female special needs toilet cubicle for wheelchair access complying fully with British Standard 8300:2001 'Design of buildings and their approaches to meet the needs of disabled people – Code of practice'. Staff with disabilities should not be required to use patient toilet facilities as separate provision should be provided.

Finishes

3.144 All finishes must be easily cleaned and fungal resistant. Floor finishes should be jointless, non-slip, with coved skirtings, and impermeable to water. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance. Wall finishes (including skirtings) must be washable. Ease of access must be provided to all services.

Cleaner, plant and refuse areas

Aim

3.145 To provide areas for heating, plant, electrical equipment and the supply, storage and disposal of materials. The areas should be individual rooms and not shared or multi-use areas. Plant, services equipment and distribution boards, in particular, must not be located within any of the Practice storage areas. IT server rooms will almost certainly require mechanical cooling.

Requirements

Access

3.146 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. Preferably plant areas should be located on external walls for ventilation purposes and possible external service access.

Layout

3.147 The cleaner's area 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, stainless steel sink unit and small washhand basin together with space for all cleaning equipment.

Clinical waste should be stored within special containers which should be held in an appropriate separate secure 'Disposal Hold Store' together with dirty articles pending decontamination. Each storage area should be clearly labelled. The areas should be ventilated by extract mechanical means. There should also be suitable means of safely transporting and handling the waste i.e. wheeled bins.

General refuse awaiting collection should be held in a secure enclosure close to the building and the pavement where staff will require to leave wheeled bins for collection by refuse vehicles.

Finishes

3.148 All finishes must be easily cleaned and fungus resistant. Floor finish in the cleaner store should be non-slip, jointless with coved skirtings and impermeable to water. A suitable and sufficient risk assessment should be carried out prior to the specification of floor coverings particularly in relation to slip resistance. Wall finishes (including skirtings) must be easily washable.

Sealed, dust free finishes are required in the plant room and refuse areas. These floors should be sealed and painted.

Floor finishes in spaces housing data/communications equipment should be assessed for any requirement for static dissipative properties.

Components

3.149 Doors should be solid core doors, hardwood lipped on all four edges and should have acoustic brush seals and closers. Door handles should be robust lever type with mortice lock capable of being locked from the inside with a turnbuckle, but capable of being overridden from the outside by staff with a key.

Storage

Aim

3.150 Careful consideration should be given by the Practice Manager and GPs to their total storage requirements, particularly regarding any drugs or hazardous materials. These are areas traditionally given little thought by Clients at design stage and can lead to serious lack of storage on completion of the project. Plant, meters and services equipment, including distribution boards particularly, must not be located within any of the Practice storage areas. Separate storage will be required for any mobile gas equipment and spare cylinders, this should be located on an external wall.

Requirements

Access

3.151 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 off working areas.

Finishes

3.152 All finishes must be easily cleaned and fungal resistant. Floor finish in any bottled gas store must at least be sealed and painted to provide a tough dust free finish.

Components

3.153 Doors should be solid core doors with suitable veneer or laminate facings and hardwood uppers on all four edges. Door handles should be robust lever type with mortice lock capable of being locked from the outside with a key but overridden from the inside by a turnbuckle.

Additional rooms

3.154 Some Practices may require additional/separate rooms for special uses, for example podiatry or physiotherapy. These rooms will require to be fitted out and finished to a similar level as treatment rooms and typically would be a minimum of 12m^2. A minimum of 15m^2 will be required for podiatry. Some of

these rooms will have special requirements for fitments and services, particularly ventilation and low-level extraction. Also some rooms, including podiatry, may require the provision of cooling.

Where decontamination of surgical instruments and other medical devices is carried out on site, the guidelines contained in specialist guidance produced under the auspices of the Sterile Services Provision Review (Glennie) Group should be followed. The principal sources of guidance are the websites of Health Facilities Scotland (formerly NHSScotland Property and Environment Forum) www.hfs.scot.nhs.uk and Health Protection Scotland www.hps.scot.nhs.uk.

Checklist of typical accommodation

3.155 Table 1, Appendix 1: Room Data sheet: 'Typical accommodation', represents a collation of the room and space functions within areas shown as minimum, optimum or by ratio.

4. Engineering, energy and environment

Introduction

4.1 This Section describes the engineering, energy and environment requirements for General Medical Practice Premises in Scotland. The guidance should acquaint the engineering members of the design team with the criteria needed to meet the functional requirements. Environmental and engineering technical data and equipment details are described in the relevant Activity Database, available from Specialist Publications, Central Office of Information as a subscription service. Reference should also be made to NHSScotland guidance Scottish Health Planning Note 03: 'General design guidance'.

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 (PIs) 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 SHTM 07-02: 'EnCO_2de – making energy work in healthcare'. The aim of Encode 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. Encode 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 Centres, 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.

Designers should ensure that those services, which use energy, do so efficiently to meet the respective PIs.

4.5 Attention is drawn to the services provided by Scottish Healthcare Supplies in the provision of the most economic tariff for energy supply. All NHSScotland premises should take advantage of these services.

Engineering and energy

Heating and ventilation services

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

4.7 A plant-room, 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 plant-room size should be determined to ensure adequate space around the equipment for maintenance and plant replacement.

4.8 A life cycle cost analysis should be carried out to assess the most appropriate energy source, including renewables.

4.9 Space should be provided to accommodate meters, where appropriate, or storage of fuels adequately sized to suit local fuel deliveries.

4.10 Where spaces are heated by low-pressure hot water systems, radiators, underfloor heating coils or radiant panels can be used. The use of underfloor heating coils or ceiling mounted radiant panels will assist the provision of room layout flexibility, to suit future requirements, as they do not take up any wall space. 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, to fully comply with DDA legislation, they should be low surface temperature type throughout. Further information is given in Scottish Health Guidance Note: ‘‘Safe’ hot water and surface temperatures’.

4.11 Zoning of the space heating system should be considered. Where zoning is used, it should be by building orientation, GP Practice/common functionality, hours of occupation and by floor levels, as appropriate.

4.12 Where radiators are used, there should be adequate space underneath to allow floor cleaning equipment to be used.

4.13 Each heating element, e.g. radiator or underfloor 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.

4.14 The flow temperature to space heating appliances should also be modulated in accordance with the external ambient temperature.

4.15 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.

4.16 Wherever possible, 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.

Mechanical cooling may be required in areas such as surgeries, sterilizing rooms, rooms with computers/IT equipment and 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.

4.17 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.

4.18 An extract system will be required for 'dirty' areas such as utility rooms and should operate continuously throughout the day.

Where toilets are ventilated by individual fans, these should be controlled via light switches or passive infra-red detectors. A dual motor fan unit with an automatic changeover facility should be provided.

4.19 Mechanical ventilation systems should be considered for larger multi-practice premises and controlled by a BMS.

4.20 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.

4.21 Where larger multi-practice premises are deep-planned and rely on mechanical supply ventilation, refer to SHTM 2025: 'Ventilation in healthcare premises' and SHTM 2005: 'Building management systems'.

4.22 In large multi-practice premises, heat recovery systems should be used in ventilation systems unless proven not viable.

4.23 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 its current EH40, 'Occupational Exposure Limits', sets limits which form part of the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

Water services

Hot and cold water services

4.24 There are a variety of means of generating domestic hot water, including stand-alone hot water generators or point-of-use heaters. When deciding on the most appropriate method of providing the hot water service, cognisance should be given to legionella precautions and energy efficiency. See Section 6 of SHTM 2040: 'The control of legionellae in healthcare premises - a code of practice'.

4.25 Where domestic hot water supply is taken from a circulating main, a minimum supply temperature of 60^0C to the main is required, and the return temperature to the generator must be not less than 50^0C. Reference should be made to SHTM 2040: 'The control of legionellae in healthcare premises – a code of practice' and HSE document L8 'Legionnaires disease – The control of legionella bacteria in water systems'.

4.26 All hot water hand-washing outlets to which patients, visitors and staff have access should be fitted with a thermostatic valve complying with Model Engineering Specification D08 limiting the outlet temperature to 41^0C.

In all other areas such as pantries and cleaner's room, the hot water outlets should be clearly labelled "VERY HOT WATER" with fixed notices.

4.27 Cold water storage will be determined by the size and use of the water services in the premises.

Storage tanks should have an appropriate internal surface; a sealed lid, filtered vents in compliance with SHTM 2027: 'Hot and cold water supply, storage and maintenance'. 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.

All cold water pipe-work, 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.

4.28 The requirements for the control of legionellae bacteria in hot and cold water systems are set out in SHTM 2040: 'The control of legionellae in healthcare premises – a code of practice' and the current HSE document, L8, 'Legionnaires' Disease – The control of legionellae bacteria in water systems'. Further guidance on the design and installation of hot and cold water supply and distribution systems is contained in SHTM 2027: 'Hot and cold water supply, storage and mains services' and SHTN 2: 'Domestic hot and cold water systems for Scottish Healthcare Premises'. Compliance with SHTN 2 should be where applicable and reasonable. It would not be expected, however, that on-site dedicated filtration plant would be provided.

4.29 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.

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

4.30 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

4.31 The general design of the premises drainage system should comply with the relevant British Standards and Codes of Practice, including BS 5572 and the current Building Regulations. Recommendations for spatial and access requirements for health engineering services are contained in SHTM 2023: 'Access and accommodation for engineering services'.

4.32 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 (20mm/m).

4.33 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

4.34 The administration area will increasingly have a high level of computers and light fittings would be required to comply with the CIBSE Lighting Guide 3: 'The visual environment for display screen use.'

4.35 The installation should comply in all respects with BS7671, 'Requirements for Electrical Installations', and for larger premises where applicable and reasonable SHTM 2007: 'Electrical services: supply and distribution' and SHTM 2020: 'Electrical safety code for low voltage systems'. All designs must take full account of the current Building Regulations (Scotland) Act.

Electrical interference

4.36 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 SHTM 2014: 'Abatement of electrical interference'.

Lighting

4.37 Maximum use should be made of daylight.

4.38 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 Disability Discrimination Act. 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.

4.39 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.

For some Practices, consideration should be given to the inclusion of 'blue' lighting with the facility to switch to 'white' for domestic service purposes. Experience has shown that 'blue' lighting reduces the misuse of IV drugs within public toilet areas.

4.40 Communication/IT areas require heat gains to be off-set (usually by a ceiling mounted, non-ozone depleting refrigerant, air conditioning cassette), category 2 lighting and a cable containment system capable of recovery/upgrading as technology requirements develop further.

4.41 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 BS4533: Luminaires. Their location should afford ready access for lamp changing and maintenance.

4.42 The number and location of luminaries 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. Generally, high efficiency luminaries 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.

4.43 Examination room lighting should be supplemented by an adjustable ceiling or wall mounted luminaire to provide flexible coverage for examination purposes.

4.44 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 Lighting Guide LG3: 'The visual environment for display screen use'.

4.45 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 SHPN 40: 'Common activity spaces Volume 5, Scottish appendix'. Standby lighting will be required in some areas to enable essential activities to be carried out such as the completion of minor surgery, together with primary escape routes in accordance with BS5266 'Code of practice for emergency lighting' and SHTM 2011: 'Emergency electrical services'.

Socket-outlets and power connections

4.46 Sufficient twin 13-amp switched socket-outlets should be provided to supply all portable appliances which are likely to be used simultaneously.

To enable domestic cleaning appliances with flexible leads (nine metres long) to operate over the whole of the building, switched single socket-outlets should be strategically provided in corridors. Where considered necessary in individual rooms, these should be located at low level below the room light switch at the doorway.

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.

Consulting rooms should additionally have two twin 13A switched socket-outlets near the examination couch and another elsewhere to serve a fridge and mobile phone charger.

4.47 Where feasible, all socket outlets in examination/treatment areas should be connected in such a manner that a supply is available from two separate circuits of the same phase. Socket-outlets should be connected to essential circuits in accordance with the guidance contained in SHTM 2011: 'Emergency electrical services' where emergency electrical supplies are available.

Controlled drugs cupboard

4.48 SI 1973 No 798 'Dangerous drugs and the misuse of drugs (Safe custody) Regulations – Regulation 3(3) Schedule 2', gives specific guidance on the structural requirements in relation to cabinets and rooms for storing drugs.

4.49 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 location which is continuously staffed. 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, denoting 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 BS2881.

Security systems

4.50 The premises should be protected during 'out-of-use' hours by a monitored intruder alarm system which complies with BS4737, BS7042 or BS5979 as appropriate. The main entrance should be well lit. In addition, 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 NHS Security Manual – NAHAT, 1992.

Patient call system

4.51 Patient-to-staff call points should be provided in all spaces where patients may be left alone temporarily, for example disabled persons WCs. Further guidance is contained in SHTM 2015: 'Bedhead services'.

4.52 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 Disability Discrimination Act (DDA).

Telephone services

4.53 The telephone exchange hardware is an item which the Practice may choose and install themselves, while developers will install the voice and data cabling and trunking infra-structure.

Information Management and Technology (IM&T)

4.54 Health Guidance Note 2 (HGN) 'Telemedicine', acts as an introduction to telemedicine i.e. medicine practised at a distance. It discusses the evolution, benefits and expected impact of telemedicine. Reference should also be made to Scottish Health Guidance Note (SHGN): 'Structured cabling for IT systems'.

Each computer workstation should be served by a triple RJ45 outlet.

All computerised records should have a local emergency battery back-up (UPS) to cope with power cuts, but no stand-by emergency generators would be expected.

Clocks, music, radio and television

4.55 Any clocks which are sited in clinical areas should have a sweep second-hand. Connections for television/video and background music/radio system outlets should be provided in the main waiting areas where considered necessary. Client/users should note that a licence will be required for the use of TVs and also that they will need to register with the Performance Arts Society if music is played.

Lightning protection

4.56 Protection of the building against lightning should be provided in accordance with SHTM 2007: 'Electrical services: supply and distribution' and BS6651 (1992).

Lifts

4.57 Premises should ideally be single storey as lifts are expensive to install and maintain. However, in the situations where lifts are a necessity, guidance is given in SHTM 2024: 'Lifts'.

Fire safety

4.58 The need for structural fire precautions and means of escape from the whole accommodation must be taken into account at the earliest possible planning stage.

Means of escape guidance is now incorporated within the SBSA Technical Handbooks (see paragraph 2.26) for all healthcare buildings. Additional guidance is provided by BS5588: 'Part 8, Code of Practice' for means of escape for people with disabilities.

If any fire hazard rooms are located internally and require mechanical ventilation, NHSScotland 'Firecode' will apply. These rooms will require fire/smoke dampers or fire rated ductwork in accordance with the guidance.

4.59 It is important to establish during the design stage those aspects of fire safety strategy which affect the design, configuration and structure of a project. At appropriate stages of the design process, the architect and engineer should discuss and verify their proposals with the local fire authority, and ensure that the project team and all other planning staff are fully acquainted with the fire safety strategy for the design in terms of operation (staff responsibilities, etc), equipment provision, and building and engineering layouts. HTM 57: 'Internal

Glazing' to HTM 60: 'Ceilings' give detailed information for the selection of fire-resistant building components.

Noise

4.60 Excessive noise and vibration from engineering services and process plant, whether generated internally or externally and transmitted to individual areas, or noise from other sources, for example speech which can be transmitted by the ventilation system, can adversely affect the operational efficiency of the General Medical Practice Premises and cause discomfort to patients and staff. The limits and means of control advocated in SHTM 2045: 'Acoustics' should provide an acceptable acoustic environment.

Privacy factor categories

4.61

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

4.62 Space for plant and services should provide:

- easy and safe means of access, protected from unauthorised entry;
- for frequent inspection and maintenance;
- sufficient access panels for inspection and maintenance;
- adequate means for eventual removal and replacement of plant.

4.63 Recommended spatial requirements for mechanical, electrical and public health engineering services are contained in SHTM 2023: 'Access and accommodation for engineering services'. The information in this SHTM is specifically intended for use during the initial planning stages when precise dimensional details of plant may not be available.

4.64 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.

4.65 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

4.66 The engineering services should be commissioned in accordance with the validation and verification methods identified in the latest editions of the relevant Scottish Health Technical Memoranda (SHTMs). Flow measurement and proportional balancing of air and water systems require adequate test facilities to be incorporated at the design stage. Guidance is also contained in 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

4.67 It is not envisaged that any piped medical gas system will be necessary, and that any gases required will be from cylinders transported on dedicated trolleys.

Guidance on the transport and storage of medical gas and compressed air cylinders, where required, is contained in SHTM 2022: 'Medical gas pipeline systems' and the appropriate supplements.

Environment

4.68 All relevant Health and Safety regulations and HSE guidance will apply to the properties.

Infection control and the built environment

4.69 The built environment should meet the requirements of Scottish Health Facilities Note 30: 'Infection control in the built environment – design and planning'. Further information is available from Health Facilities Scotland (formerly NHSScotland Property and Environment Forum). Reference should also be made to Health Facilities Scotland (formerly NHSScotland Property and Environment Forum) decontamination guidance available at www.hfs.scot.nhs.uk and Health Protection Scotland www.hps.scot.nhs.uk.

References (Specific)

Estatecode

This is a two-volume document which gives guidance on procurement, property management and disposal/acquisition. Whilst it is advisable that appropriate professional advice is sought on these matters, the reference to these volumes may provide further insight into any difficulties being experienced.

- **Volume 1**: provides guidance for property appraisal and a basis for integration of the estate into corporate business planning. The Stationery Office, 1993, ISBN 0-11321-637-8.
- **Volume 2**: Property Transactions provides advice and guidance on land and property transactions including acquiring, managing and selling land and property. The Stationery Office, 1994, ISBN 0-11321-759-5.

Environments for Quality Care; 'Health Buildings in the Community'

A series of exemplars, this guide shows how good design can make local health buildings, ranging in size from GP surgeries to community hospitals, attractive to patients and pleasant for staff to work in. The Stationery Office, 1994, ISBN 0-11321-764-1.

'Historic Buildings in the Health Service'

This provides advice and guidance on issues concerning listed buildings and conservation matters. The Stationery Office, 1995, ISBN 0-11322-205-X.

- Part 1 of the document covers the reconciliation of healthcare operational needs with the historic character of the buildings;
- Part 2 deals with surplus historic buildings which need to be adapted to new use, either for healthcare activities or alternative uses under new ownership.

Scottish Health Planning Notes (SHPNs) and Scottish Health Facilities Notes (SHFNs)

These are produced by Health Facilities Scotland (formerly NHSScotland Property and Environment Forum) and replace some NHS Estates technical guidance (HBNS and HFNS).

SHFN 14: 'Disability Access: Considers the introduction of the Disability Discrimination Act (1995) and provides guidance and assistance on

implementing the requirements for healthcare premises. This should be read in conjunction with HBN 36.

SHFN 20: 'Access Audits of Primary Healthcare Facilities: Enables GPs, Practice managers and other healthcare providers to carry out access audits of their practice premises. The aim being to identify those aspects of the building which would need to be improved or modified to enable the premises to perform within the spirit of the Disability Discrimination Act (1995). This audit could then be used in any discussions with the Healthcare Body about reasons for improvements.

SHFN 30: 'Infection Control in the Built Environment' 2002: Provides guidance for 'designed-in' infection control to enable designers, architects, engineers, facilities managers and planners to work in collaborative partnership with infection control teams. The aim is to deliver facilities in which infection control needs have been planned for, anticipated and met.

Access Audit Survey Toolkit: 'Access for disabled people in healthcare premises: Aims to help all healthcare providers survey the accessibility of their existing properties to assess whether they meet the requirements of Section 21 of the Disability Discrimination Act 1995 and to establish what improvements need to be made to ensure there is no discrimination against disabled people in the provision of equal access to the services offered in any property.

Scottish Health Technical Memorandum (SHTM)

SHTM 07- 02: EnCO2de – making energy work in healthcare.

Encode is the primary source of guidance on managing energy use and carbon emissions in the healthcare sector; it is not prescriptive. It draws together best practice guidance so that healthcare organisations can determine a way forward that best suits their situation.

The aim of Encode 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.

The most important step on the way to achieving energy and carbon savings is strong leadership. Strong leadership and commitment from the Chief Executive will enable staff, patients, suppliers and visitors to take the necessary actions to gain control of energy use, keep that control, and make the right choices for the future. Encode explains how cost savings, and environmental benefits can be achieved.

Encode provides sufficient information for any healthcare organisation to manage its daily energy-saving activities, and to plan effectively to make the most of the opportunities that lie ahead.

Health Building Notes (HBNs) and Health Facilities Notes (HFNs)

Produced by NHS Estates, the HBN and HFN series provides technical guidance on buildings and facilities management in the context of clinical practice for most healthcare premises and hospital departments.

Primary and social care premises: This is a web-based site which replaces HBN 36: 'Local Healthcare Facilities'. The website can be found at http://primarycare.nhsestates.gov.uk.

HBN 40: 'Common Activity Spaces', 1995: A series of four volumes which provide guidance on activity spaces frequently occurring in health buildings; each volume provides detailed ergonomic data on general public areas:

If the intended primary care premises are of a size that requires lifts, stairs, corridors, lobby and sign posting, HBN 40 Volume 4. Reference should be made to Volume 2 details consulting/examination rooms.

Volume 1, The Stationery Office, 1995, ISBN 0-11 3221 843

Volume 2, The Stationery Office, 1995, ISBN 0-11322-185-1

Volume 3, The Stationery Office, 1995, ISBN 0-11322-186-X

Volume 4, The Stationery Office, 1995, ISBN 0-11322-187-8

SHPN 40:'Common Activity Spaces, Volume 5, Scottish Appendix',1996: This Note is aimed at designers of health buildings in Scotland. It provides amendments to all four volumes of HBN 40 which, when applied, will ensure that the documents conform to current Scottish medical and nursing practices, Scottish Statutory Standards, references etc.

Miscellaneous

'Better Buildings for Better Services: A review of innovative developments in primary care' (1997): A research project conducted by the National Primary Care Research and Development centre based on 10 case studies of innovative primary care developments, the services they provide, procurement routes used and lessons learned.

Publisher: Radcliffe Medical Press, 1997, ISBN 1-85775-287-2

'Designing Primary Healthcare Premises: A Resource' 1996: Prepared for the North West Regional Office, NHS Executive by MARU Health Buildings Research and Policy Centre, South Bank University, London. This resource book is intended to be a tool to support those involved in developing primary care premises.

'Fair For All' 2005: Prepared by the Scottish Executive Health Department (SEHD) in partnership with the Disability Rights Commission. Available to view at www.drc-gb.org/scotland.

'Building Sight': 1995. Published by Royal National Institute for the Blind, also available from HMSO (ISBN 1 85878 074 8-paperback).

'Enhancing Care Provision for Blind and Partially Sighted People in GP Surgeries': Published by Guide Dogs for the Blind Association (Guide Dogs) UK.

British Standards Institution

British Standard 6465-1:1994 Sanitary appliances: Code of practice for scale of provision, selection and installation of sanitary appliances.

British Standard 6465-2:1996 Sanitary appliances: Code of practice for space requirements for sanitary appliances.

British Standard 8300:2001 Design of buildings and their approaches to meet the needs of disabled people: Code of practice.

References (General)

NOTE: *Where there is a requirement to address a listed reference, care should be taken to ensure that all amendments following the date of issue are included.*

Publication ID	Title	Publisher	Date	Notes
	Health and Safety at Work etc Act	HMSO	1974	
	The Water (Scotland) Act	HMSO	1980	
	Electricity Act	HMSO	1989	
	Clean Air Act	HMSO	1993	
	Registered Establishments (Scotland) Act	HMSO	1998	
	The Building (Scotland) Act (2003)	TSO	2003	
	Building (Scotland) Regulations 2004	TSO	2004	
	Scottish Agency – Technical Handbooks (www.sbsa.gov.uk)	SBSA website	2005	
SI 917	Health & Safety (First Aid) Regulations	HMSO	1981	
SI 2115	Control of Asbestos at Work Regulations (as amended)	HMSO	1987	
SI 1057	Electricity Supply Regulations (as amended)	HMSO	1988 (1998)	
SI 635	Electricity at Work Regulations	HMSO	1989	
SI 1790	Noise at Work Regulations	HMSO	1989	
SI 682	Health and Safety (Information for Employees) Regulations	HMSO	1989	
SI 1380	Health and Safety (Training for Employment) Regulations	HMSO	1990	
SI 2372	Electromagnetic Compatibility Regulations (as amended)	HMSO	1992	
SI 2792	Health and Safety (Display Screen Equipment) Regulations	HMSO	1992	
SI 2793	Manual Handling Operations Regulations	HMSO	1992	
SI 2966	Personal Protective Equipment at Work (PPE) Regulations	HMSO	1992	
SI 3004	Workplace (Health, Safety and Welfare) Regulations	HMSO	1992	
SI 3139	Personal Protective Equipment (EC Directive) Regulations (as amended)	HMSO	1992	
SI 3140	Construction (Design and Management) Regulations	HMSO	1994	

Publication ID	Title	Publisher	Date	Notes
Acts and Regulations (continued)				
SI 3163	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (RIDDOR)	HMSO	1995	
SI 341	Health and Safety (Safety Signs and Signals) Regulations	HMSO	1996	
SI 1460	Chemicals (Hazard Information and Packaging for Supply) Regulations (CHIP2)	HMSO	1997	
SI 1713	Confined Space Regulations	HMSO	1997	
SI 2451	Gas Safety (Installation and Use) Regulations	HMSO	1998	
SI 2306	Provision and Use of Work Equipment Regulations (PUWER)	HMSO	1998	
SI 2307	Lifting Operations and Lifting Equipment Regulations (LOLER)	HMSO	1998	
SI 437	Control of Substances Hazardous to Health Regulations (COSHH)	HMSO	1999	
SI 3242	Management of Health and Safety at Work Regulations	HMSO	1999	
British Standards				
BS 349	Specification for identification of the contents of industrial gas containers (AMD 6132, 5189)	BSI Standards	1973	
BS 1319	Specification for medical gas cylinders, valves and yoke connections (AMD 3029, 6179, 4603, 6184)	BSI Standards	1976	
BS 5378	Safety signs and colours	BSI Standards		
BS 5499	Fire safety signs and graphic symbols	BSI Standards		
BS 5266	Code of practice for emergency lightning	BSI Standards	1988	
BS 6465-1	Sanitary appliances. Code of practice for scale of provision, selection and installation of sanitary appliances.	BSI Standards	1994	
BS 6465-2	Sanitary appliances. Code of practice for space requirements for sanitary appliances.	BSI Standards	1996	
BS 8313	Code of practice for accommodations of building services in ducts.	BSI Standards	1997	
BS 8300	Design of buildings and their approaches to meet the needs of disabled people – Code of practice.	BSI Standards	2001	

Publication ID	Title	Publisher	Date	Notes
Scottish Health Technical Guidance				
SHTM 2005	Building management systems	PEF	2001	CD-ROM
SHTM 2007	Electrical services supply and distribution	PEF	2001	CD-ROM
SHTM 2011	Emergency electrical services	PEF	2001	CD-ROM
SHTM 2014	Abatement of electrical interference	PEF	2001	CD-ROM
SHTM 2015	Bedhead services	PEF	2001	CD-ROM
SHTM 2020	Electrical safety code for low voltage systems (Escode – LV)	PEF	2001	CD-ROM
SHTM 2021	Electrical safety code for high voltage systems (Escode – HV)	PEF	2001	CD-ROM
SHTM 2022	Medical gas pipeline systems	PEF	2001	CD-ROM
SHTM 2023	Access and accommodation for engineering services	PEF	2001	CD-ROM
SHTM 2024	Lifts	PEF	2001	CD-ROM
SHTM 2025	Ventilation in healthcare premises	PEF	2001	CD-ROM
SHTM 2027	Hot and cold water supply, storage and mains services	PEF	2001	CD-ROM
SHTM 2040	The control of legionellae in healthcare premises – a code of practice	PEF	2001	CD-ROM
SHTM 2045	Acoustics	PEF	2001	CD-ROM
SHPN 3	General design guidance	PEF	2002	
SHTN 1	Post commissioning documentation for health buildings in Scotland	HMSO	1993	
SHTN 2	Domestic Hot and Cold Water Systems for Scottish Health Care Premises	PEF	2001	CD-ROM
SHTN 3	Management and Disposal of Clinical Waste	PEF	2002	
SHTN 4	General Purposes Estates and Functions Model Safety Permit-to-Work Systems	PEF	2001	CD-ROM
SHTN 5	The Operation and Management of Emergency Electrical Generators in Scottish Healthcare Premises	PEF	2001	CD-ROM
SHTN 6	The Safe Operation and Maintenance of Thermostatic Mixing Valves	PEF	2001	CD-ROM
SHGN	'Safe' hot water and surface temperatures	PEF	2001	CD-ROM
	NHSScotland – Procode	PEF	2002	CD-ROM

Publication ID	Title	Publisher	Date	Notes
SHTM 82	Alarm and detection systems	PEF	1999	CD-ROM
SHTM 83	Fire safety in healthcare premises: general fire precautions, Version 2	PEF	1999	CD-ROM
SHTM 87	Textiles and furniture	PEF	1999	CD-ROM
SFPN 6	Arson prevention and control in NHS healthcare premises, Version 2	PEF	1999	CD-ROM
HBN 40	Common Activity Spaces	HMSO	1995	
MES	Model Engineering Specifications	NHS Estates	1997	As required
Approved code of practice	The Control of Asbestos at Work Regulations	HMSO	1987	
Approved code of practice	Work with Asbestos Insulation, Asbestos Coating and Asbestos Insulating Board	HMSO	1988	
CS 4	Keeping of LPG in cylinders and similar containers	HMSO	1986	
CS 5	Part 1: Entry into confined spaces Part 2: Cleaning and gas freeing of tanks containing flammable residues	HMSO	1977	
EH 40	HSE Occupational Exposure limits	HSE	Annual	
HSG 224	Managing health & safety in construction: Construction (Design & Management) regulations 1994: Approved Code of Practice & Guidance – ISBN 0 7176 21391 1	HSE, HMSO	2001	
CIS 39	Construction (Design & Management) regulations 1994: The role of the client	HSE	2000	
CIS 40	Construction (Design & Management) regulations 1994:The role of the planning supervisor	HSE	2000	
CS 4	Keeping of LPG in cylinders and similar containers	HMSO	1986	
EH 40	HSE Occupational Exposure limits	HSE	Annual	
Miscellaneous References				
RIBA	A Guide to the Provision of Leasehold Premises for GP Occupation, NHS Estates, Symposium for Primary Health Care.	RIBA	1996	

Publication ID	Title	Publisher	Date	Notes
Miscellaneous References (continued)				
CIBSE	Lighting Guide LG2 Hospitals and Health Care Buildings	CIBSE	1989	As amended
CIBSE	Lighting Guide LG3 The visual environment for display screen use	CIBSE	1996	
	The safe storage of gaseous hydrogen in seamless cylinders and similar containers (CP 8)	British Compressed Gases Association	1986	
	Historic Buildings in the Health Service':	HMSO	1995	
	Environments for Quality Care; 'Health Buildings in the Community'	HMSO	1994	
	Property Transactions	HMSO	1994	
	Better Buildings for Better Services: A review of innovative developments in primary care	Radcliffe Medical Press	1997	
	Designing Primary Healthcare Premises: A Resource	North West Regional Office, NHS Executive	1996	

Publisher Key:

Her Majesty's Stationery Office	HMSO
The Stationery Office	TSO
Scottish Building Standards Agency	SBSA
British Standards Institution	BSI
NHSScotland Property and Environment Forum	PEF
Health & Safety Executive	HSE
Royal Institute of British Architects	RIBA
Chartered Institution of Building Services Engineers	CIBSE

Appendices

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				
	optimum	***Minimum***	***by ratio***	***notes***
Patient Interface				
Entrance Lobby				Consider wheelchair and pram movements.
Waiting area	7.5m^2	6.0 m^2	See notes	Areas per consulting room- add 3m^2 wheelchair waiting space.
Childrens Play	20m^2	9m^2		Planned within waiting area space will vary with practice size.
Patients' Reception	7.5m^2	6.0m^2		Add for Practice size – ensure wheelchair turning circle.
Pram Parking				A secure area with supervision from reception.
Patients' Toilet –disabled with assistance	5.5m^2	4.5m^2		Consider peninsular layout per SHFN 20 – 5.5m^2.
Patients Toilet (ambulant)	4.5m^2(see 'notes' column)	2.5m^2		Within consulting suite: 4.5m^2 for specimens.
Baby Changing	5m^2	4.5m^2		Room accessible to men and women and not within disabled toilet.
Breast feeding	5m^2	4.5m^2		Space relates to separate room.
Administrative/Clerical/Staff				
Staff Reception			4.5m^2	Per staff position.
Administration Office(s)				As required by Practice – see notes in Section 3.
Practice Manager's Office		12.0m^2		
Medical Records Room	7.5m^2	3.5m^2	See notes	Areas per GP (but determined by Practice needs).
Mail/Photocopying Room				As required by Practice or add to Administration Office area.
Practice Library		12.0m^2		Add 7m^2 if study facility required.
Staff Multi-Purpose Room (meeting, training and library)				As may be specified by Practice min 12m^2.
Staff Facilities				
Staff Cloakroom(s)/Lockers(s)				As required by Practice.
Staff Shower		3.3m^2		Assumes washhand basin within compartment.

Checklist of Typical Accommodation (continued)				
	optimum	***minimum***	***by ratio***	***notes***
Staff Lounge/Kitchen		12.5m^2		For 1 GP through to 35m^2 for 10 GPs.
Staff Toilet (disabled)		4.0m^2		
Staff Toilet (ambulant)		2.25m^2		Assumes washhand basin within compartment – min 1 male and 1 female.
GP Patient Services				
Interview Room(s)	9.0m^2	8.0m^2		1 @ 9.0m^2 should be provided for wheelchair use.
Consulting Room(s)	16.5m^2	14.0m^2		Separate consulting and examination rooms are generally now not recommended
Examination Room(s)	9.0m^2	7.5m^2		Consider wheelchair movements.
GP/Nurse Consulting/Examination Room(s)	16.5m^2	14m^2		
GP (Training) Consulting Room		17.0m^2		As required by Practice.
Nurse Treatment Room		14m^2		
Nurse Interview Room(s)		12.0m^2		Can combine as clinic session rooms.
Nurse Reporting/Support Room/office		9.0m^2		Administrative use – as required by Practice.
Treatment Room/ Minor Surgery Room(s)	20m^2	18m^2		If more than one treatment room is included then the second one can be smaller 13.5-15m^2.
Recovery Room		8.0m^2		
Therapy Room	15m^2	13.5m^2		Size generally similar to consulting/examination room.
Storage and Ancillary Support				
Cleaner's Room(s)	10.0m^2	7.0m^2		Per floor level.
Treatment Room Store(s)				As required by Practice.
Equipment Storage				As required by Practice.
Stationery and Leaflets				As required by Practice.
General/Multi Purpose Store(s)				As required by Practice.
Disposal Storage (clinical, sharps etc)		3.0m^2		Determined by Practice size and collection frequency.
General Refuse (Local Authority)				Generally wheelie bins located externally in screened area.
Nitrogen Cylinder Store				Small cupboard on external wall.
Ceiling Heights	2.7m	2.4m		Larger rooms/spaces will require a minimum of 2.7m.

Checklist of Typical Accommodation (continued)				
	optimum	***minimum***	***by ratio***	***notes***
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 6-10m^2.
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	33%	28%		Determined by layout and applicable regulations.
Stairs				Determined by layout and applicable regulations.
Lifts				Determined by layout and applicable regulations.

Note 1 SHFN 30: 'Infection control in the built environment' may raise a requirement for a separate controlled room to be provided, in addition to the above accommodation, for sterilization of equipment outwith clinical rooms. Reference should be made to guidance current at the briefing stage.

Note 2 At the briefing stage it is essential to the design team that GPs take responsibility for defining the services and accommodation requirements necessary within their development. The checklist should serve as a broad briefing tool at the outset.

Appendix 2: Room data sheet: Engineering services

See page 69 for general notes relating to Engineering services tables.

ROOM TYPE	SHTM 2025 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/Children's Play Area	21	Natural/Supply	5 ac/hr	0 / + ve
General Store	16	None		
Interview Room	21	Natural		
Mail and Photocopier Room	20	Extract	To suit equipment	- ve
Staff Shower	21	Extract	10 ac/hr	- ve
Medical Records Room	16	None		
Treatment/Minor Surgery Room	22	Supply/Extract	10 ac/hr	0
Multi-Purpose Room (Meetings, Training and Library)	21	Natural/Supply	5 ac/hr	0/+ve
Multi-Purpose Room Store	16	None		
Node Cabinet Telephone Switch Room	18	Extract	To suit equipment	- ve
Office (2 person)	20	Natural		
Plant Room	Frost Protection	Natural		
Practice Manager's Office	20	Natural		
Practice Nurse Consulting Room	21	Natural		
Pram Parking	16	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
Treatment Room Store	16	None		

Appendix 2: Room data sheet - Engineering services (continued)

ROOM TYPE	CIBSE Lighting Guide L2				SHTM 2045 Acoustics	
	Service Lighting Level – Lux	*Service Lighting Position of Measurement*	*Emergency Lighting Standby Grade*	*Colour Rendering Required*	*Privacy Factor*	*CCTV*
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/Children's Play Area	200	Floor	B	-	70	X
General Store	100	Floor	-	-	70	-
Interview Room	300	Desk	B	X	80	-
Mail and Photocopier Room	300	Desk	B	-	75	-
Staff Shower	150	Floor	-	-	70	-
Medical Records Room	150	Floor	-	-	70	-
Treatment/Minor Surgery Room	300/1000	WP/Couch	A/B	X	80	-
Multi-Purpose Room	300	Desk	B	X	75	-
Multi-Purpose Room Store	300	Desk	-	-	80	-
Node Cabinet/Telephone Switch Room	150	Floor	A	-	70	-
Office (2 person)	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	-
Pram Parking	200	Floor	-	-	70	-
Reception	300/500	Floor/Desk	B	-	75	X
Staff Disabled Toilet	150	Floor	-	-	70	-
Staff Lounge/Kitchen	300	WP	-	-	75	-
Toilets	150	Floor	-	-	70	-
Treatment Room Store	150	WP	-	-	75	-

Appendix 2: Room data sheet - Engineering services (continued)

ROOM TYPE	SHGN Safe Hot Water & Surface Temps		SHPN 48 Telecoms SHGN Structured Cabling for IT Systems		SHTM 2015 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 SHTN 3
Consulting Room/Examination Room	X	X	Double	Double	X	X	-	See SHTN 6
Disabled Toilet Baby Change	X	X	-	-	-	-	X	See SHTN 6
Cleaner's Room	X	X	-	-	-	-	-	
Electrical Switchroom	-	-	X	-	-	-	-	
Staff Cloakroom	X	X	-	-	-	-	-	See SHTN 6
General Waiting/Children's Play Area	X	-	X	-	-	X	-	
General Store	X	-	-	-	X	-	-	
Interview Room	X	X	X	X	X	X	-	TMV if WHB installed
Mail and Photocopier Room	X	-	X	X	X	-	-	
Staff Shower	X	X	-	-	-	-	-	See SHTN 6
Medical Records Room	X	-	-	-	X	-	-	
Treatment Minor Surgery Room	X	X	X	-	-	X	-	See SHTN 6
Multi-Purpose Room	X	X	X	X	-	X	-	See SHTN 6
Multi-Purpose Room Store	X	-	-	-	X	-	-	
Node Cabinet Telephone Switch Room	-	-	X	X	X	-	-	
Office (2 person)	X	-	X	X	X	-	-	

ROOM TYPE	SHGN Safe Hot Water & Surface Temps		SHPN 48 Telecoms SHGN Structured Cabling for IT Systems		SHTM 2015 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	
Practice Manager's Office	X	-	X	X	X	X	-	
Practice Nurse Consulting Room	X	X	Double	Double	X	X	-	See SHTN 6
Pram Parking	-	-	-	-	-	-	-	
Reception	X	-	X	X	X	X	-	
Staff Disabled Toilet	X	X	-	-	-	-	X	See SHTN 6
Staff Lounge / Kitchen	X	X	-	-	-	-	-	
Toilets	X	X	-	-	-	-	X	See SHTN 6
Treatment Room Store	X	-	-	-	X	-	-	

Note 1 If LST Radiators rather than underfloor heating coils or overhead radiant panels are to be utilised, then these should be used throughout the premises.

Note 2 The requirements for Disposal Hold (Clinical Waste Stores) are given in SHTN 3.

Note 3 If an air supply can be provided by natural ventilation, then this is the preferred option but the guidance in SHTM 2025 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 SHTM 2045 Part 2 Section 3.

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 SHTN 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 cause alternative specifications to become 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 where suspended ceilings may be considered acceptable. In single storey buildings, pitched roofs would provide a suitable void/loft space for services and access to them, which would avoid the need for any access through the ceilings. Only with buildings of more than one floor will the problem of access to services arise.

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

Door ironmongery should be chosen from a range approved as being suitable for use by people with disabilities and 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 NHSScotland's 'Wayfinding' 2001 document with respect to people with sight impairments. The Client should approve all colour schemes.

NHS Estates has produced a suite of 'Building component'. HTMs 54 to 71 give guidance on a variety of building components including internal doorsets, ironmongery, ceilings, windows etc. It should also be noted that these documents are currently being updated so some may not provide up-to-date guidance. Generally these documents 'may be used with caution' in Scotland as they do still provide a lot of current best practice advice; NHSScotland Clients and Health Facilities Scotland (formerly Property and Environment Forum) can advise.

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 or changes to the room use or layout. The best option between timber or metal studs should therefore be considered and 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 require to be constructed with blockwork.

Entrance Lobby (paragraphs 3.15 – 3.18)		
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 which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 finish.	Apply a minimum of two coats to all wall surfaces.
Doors	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 DDA regulations.	Doors may require to be fire resistant to FD30. The complete fire door assembly, including frame, intumescent seals, hinges, glazing and ironmongery must perform to the British Standard for Fire Doors.
Ironmongery	Push plates, pull handle, door closer.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 HTM 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w) 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 ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it will have a factory finish.
Floor finish	Entrance flooring system.	The Contractor should liaise with the Client to decide which product is most appropriate. Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006 this applies to all references to flooring document..
Pram parking	Non-slip PVC sheet material with welded joints and cove skirting.	

Patient Reception (paragraphs 3.19 – 3.25)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob but capable of being over-ridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes should be finished with an emulsion paint finish.	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 lino 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 Health Technical Memorandum 61: 'Flooring' 2006.
Floor finish on the Staff side of reception.	Textile floor covering.	Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006.

Waiting Areas (paragraphs 3.26 – 3.33)		
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 sour performance which attains a minimum weighted sound reduction index (R´w), to t detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', when tested on completion by an acoustic consultant. Independent sound tests undertaken by an acoustics consultant may be required to pr 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.
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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it will have a factory finish.
Floor finish	Textile floor covering should be barrier carpet.	The Contractor should liaise with the client to decide which product is most appropriate. Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006.

Interview Room (paragraphs 3.34 – 3.38)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, but capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it will have a factory finish.
Floor finish	Textile floor covering. If the room is to be used for examinations then non-slip PVC sheet with welded joints and coved skirting should be used.	Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006.

Patient Toilets (paragraphs 3.39 – 3.42)		
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 will be lined with gypsum plasterboard and finished with a board finish plaster. For large or multi-practice facilities toilets may be of a size that allows the use of cubicle partitions for WCs.	The partition system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 Health Technical Memorandum 56: Partitions 2005.
Wall finishes	Wall surfaces within the room should be finished with an emulsion paint finish. Ceramic wall tile splash backs.	Apply a minimum of two coats to all wall surfaces.
Doors	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.	Some advice may be obtained from Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Push plates, pull handle, door closer, toilet locks and grabrails. In an emergency doors must be able to be opened by staff from outside.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes should be finished with an emulsion paint finish.	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 cove skirting.	Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006.

Consulting/Examination Room (paragraphs 3.51 – 3.58)		
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 will 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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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.	Apply two coats to all wall surfaces.
Doors	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.	Doors may require to be fire resistant to FD30. 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: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock only capable of being locked with a knob, but capable of being overridden with a key from the outside by staff.	Some advice may be obtained from HTM 59: 'Ironmongery' 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 HTM 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes should be finished with a special surface coating as walls above.	Apply two coats to ceiling surface. If a suspended ceiling system is selected it will require 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 HTM 61: 'Flooring' 2006.

Consulting Room (paragraphs 3.59 – 3.66)		
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 which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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.	Apply two coats to all wall surfaces.
Doors	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock only capable of being locked with a knob, but capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes 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 Health Technical Memorandum 61: 'Flooring' 2006.

Examination Room (paragraphs 3.67 – 3.73)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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.	Apply two coats to all wall surfaces.
Doors	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, but capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 cove skirting.	Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006.

Nurse Interview Room (paragraphs 3.77 – 3.83)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 finish.	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 cove skirting.	Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006.

Nurse Treatment Room (paragraphs 3.84 – 3.90)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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.	Apply two coats to all wall surfaces.
Doors	Laminate faced plywood solid core flush door hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key form the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes 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 Health Technical Memorandum 61: 'Flooring' 2006.

Nurse Reporting/Support Areas (paragraphs 3.100 – 3.104)		
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 Health Technical Memorandum 56: Partitions 2005.
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	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005.
Ceiling finish	Plastered ceilings should be finished with an emulsion paint finish.	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 Health Technical Memorandum 61: 'Flooring' 2006.

Treatment/Minor Surgery Room (paragraphs 3.105 – 3.110)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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.	Apply two coats to all wall surfaces.
Doors	Laminate faced plywood solid core flush door hardwood lipped on all four edges. Doors to be fitted with acoustic brushes.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes 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 Health Technical Memorandum 61: 'Flooring' 2006.

Medical Records Room (paragraphs 3.111– 3.117)		
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 Health Technical Memorandum 56: Partitions 2005.
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	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 2005.
Security Roller Grille	The curtain should be 12mm diameter extruded aluminium tube with nylon links spaced to form a brickbond pattern.	High visibility security roller grille.
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 Health Technical Memorandum 60: 'Ceilings' 2005.
Ceiling finish	Plastered ceiling finishes should be finished with an emulsion paint finish.	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 Health Technical Memorandum 61: 'Flooring' 2006.

Administration and Data Areas (paragraphs 3.118 – 3.123)		
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 Health Technical Memorandum 56: Partitions 2005.
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	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.	Doors may require to be fire resistant FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob. Push button mechanical lock on the outside.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 2005.
Security Roller Grille	The curtain should be 12mm diameter extruded aluminium tube with nylon links spaced to form a brickbond pattern.	High visibility security roller grille.
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 Health Technical Memorandum 60: 'Ceilings' 2005.
Ceiling finish	Plastered ceiling finishes should be finished with an emulsion paint finish.	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 Health Technical Memorandum 61: 'Flooring' 2006.

Practice Manager's Office (paragraphs 3.124 – 3.130)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes should be finished with an emulsion paint finish.	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 Health Technical Memorandum 61: 'Flooring' 2006.

Staff lounge and kitchen (paragraphs 3.131 – 3.136)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 Health Technical Memorandum 56: 'Partitions' 2005.
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. Colours to be approved by the client.
Doors	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005. The ceiling system should provide a sound performance which attains a minimum weighted sound reduction index (R´w), to that detailed in SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 ceiling finishes should be finished with an emulsion paint finish.	Apply two coats to ceiling surface. If the suspended ceiling system is selected, it has a factory finished anti-bacterial coating.
Floor finish	Textile floor covering in the common room and non-slip PVC sheet material with welded joints and cove skirting the in kitchen area.	Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006.

Staff Multi-purpose Room (meeting, training, seminar and library) (paragraphs 3.137 – 3.141)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 Health Technical Memorandum 56: 'Partitions' 2005.
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	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.	Doors may require to be fire resistant to FD30. 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 Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005.
Ceiling finish	Plastered ceiling finishes should be finished with an emulsion paint finish.	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 Health Technical Memorandum 61: 'Flooring' 2006.

Staff Toilets (paragraphs 3.142 – 3.144)		
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 SHTM 2045: 'Acoustics, Part 2, Design Considerations', 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 Health Technical Memorandum 56: 'Partitions' 2005.
Wall finishes	Wall surfaces within the room should be finished with an emulsion paint finish. Ceramic wall tile splash backs.	Apply a minimum of two coats to all wall surfaces.
Doors	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.	Some advice may be obtained from Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Push plates, pull handle, door closer, toilet locks and grabrails. In an emergency, doors must be able to be opened by staff from outside.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005.
Ceiling finish	Plastered ceiling finishes should be finished with an emulsion paint finish.	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 cove skirting.	Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006.

Cleaner, Plant and Refuse Areas (paragraphs 3.145 – 3.149)		
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 emulsion paint finish.	Apply a minimum of two coats to all wall surfaces.
Doors	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.	Some advice may be obtained from Health Technical Memorandum 58: 'Internal Doorsets' 2005.
Ironmongery	Lever handles and mortice lock capable of being locked inside with a knob, capable of being overridden with a key from the outside by staff.	Some advice may be obtained from Health Technical Memorandum 59: 'Ironmongery' 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 Health Technical Memorandum 60: 'Ceilings' 2005.
Ceiling finish	Plastered ceiling finishes should be finished with an emulsion paint finish.	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 cove skirting in cleaner. No floor finish in Plant Rooms and refuse hold enclosure.	Some advice may be obtained from Health Technical Memorandum 61: 'Flooring' 2006. 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 British Standard 6465-1:1994 '*Sanitary appliances. Code of practice for scale of provision, selection and installation of sanitary appliances'.*

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

Design for disabled people should comply with current Building Standards (Scotland) Regulations and British Standard 8300:2001 '*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 which can withstand regular cleaning and/or decontamination. All washhand 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 washhand basins can be found in HTM 64: 'Sanitary assemblies. The arrangement is the accepted standard even though this document has not been approved for use in Scotland. Consideration should be given to the use of movement sensor 'hands free' taps for all clinical washhand basins and possibly public washhand basins.

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

Room	Description of Requirements	Notes
Patient Toilets	Vitreous china washhand basins with single level basin mixer tap, standard trap, no overflow, no waste plug and flush grated waste. Close coupled washdown WC units 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 8300:2001. 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.	Refer to paragraph 4.26 for note on thermostatic valves requirements for all hand washing facilities. Disabled toilets require, as a minimum, all grab rails and fittings as detailed in manufacturers 'Doc M standard packs'. Layouts as NHS Estates HBN 40 guidance.
Consulting/ Examination Room	One vitreous china clinical washhand 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 washhand basin with single lever mixer tap, standard trap, no overflow, no waste plug, flush grated waste and no tap holes.	
GP/Nurse Examination Room	One vitreous china clinical washhand 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**
Nurse Interview Room	One vitreous china clinical washhand basin with single lever mixer tap, standard trap, no overflow, no waste plug, flush grated waste and no tap holes.	
Nurse Treatment Room	One vitreous china washhand 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 stainless steel sit-on sink top with drainer, dual flow swivel action mixer tap.	
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 washhand 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 WHB.
Multi purpose room	One vitreous china clinical washhand 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. Vitreous china washhand basins with single lever basin mixer tap, standard trap, no overflow, no waste plug, and flush grated waste.	
Staff Toilets	Vitreous china washhand 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 8300:2001. 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	Vitreous china washhand basins with single lever basin mixer tap, standard trap, no overflow, no waste plug and flush grated waste. 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		
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 which produce a range specifically designed for healthcare buildings. Advice should also be sought from the local healthcare bodies infection control team regarding the design of fitments and worktops. Generally only one storage unit in each room will require to be lockable with one key to pass all locks, requirements to be confirmed with the client/users.		
Room	**Description of Requirements**	**Notes**
Consulting/ examination Room	Built in desk/workstation. Small clinical workstation consisting of small wall cupboard and base cupboard/drawer unit. Smooth, impervious, jointless and washable worktop with bullnosed leading edge and coved rear upstand.	Client to confirm the storage requirements for sterile equipment and supplies, trolley might be all that is required. Ceiling fixed cubicle curtains and wall mounted sharps box required.
Treatment and Minor Surgery Rooms	Double door sink base cupboard unit. Double door base cupboard unit. Multi drawer base unit. Under worktop space for drugs refrigerator together with service connections. 2 double door lockable wall cupboard units. Co-coordinated space in wall unit range for wall hung drugs cupboard to be located. Smooth, impervious, jointless and washable worktop with bullnosed leading edge and coved rear upstand. 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.	A range of units typically 2500mm in length. Drugs storage requirements to be confirmed by briefing discussions. For Infection control purposes, Treatment and Minor Surgery Rooms will require a clinical washhand basin mounted on an IPS panel/unit, together with all the associated wall mounted dispensers.
Cleaner's Room	3 tier adjustable shelving. Double door sink base cupboard unit. Double door wall cupboard unit. Inset sink top with integral drainer. Jointless worktop with bullnosed leading edge. Suitable splashback required between worktop and wall units, and full length of worktop.	Consideration to be given to the secure storage required in relation to COSHH materials.
Storage Room	5 tier adjustable shelving to be provided on at least one wall.	Heavy items may require metal floor mounted storage shelving system.