A hospital without beds?
A hospital shared with Local Authority Social Services?

The new Tenby Cottage Hospital opened its doors to patients in March 2006. Its arrival had been a long time coming and the gestation had at times been uncomfortable. Tenby’s solution is innovative and designed with service users at the centre.

❖ How did it come about?

Pembrokeshire and Derwen NHS Trust’s pristine new facility at Gas Lane inherits its name from the original cottage hospital which had been held on a 75 year lease from the local authority. The old hospital had been deemed unfit for purpose on several counts for over a decade and the time had come for a new facility to replace it.

❖ Finding a site

The first step was to identify a suitable site in Tenby which could conveniently serve the large population of visitors during the summer months as well as the indigenous community.
subject of a Tree Preservation Order, although some existing trees on the site and the embankment needed to be removed during the construction process. The mature chestnut tree in the south corner and another mature sycamore in the west corner were retained and help to anchor the new development.

A small café is situated adjacent to the north east boundary of the site and beyond this is a large public car park. To the south east runs Gas Lane and on the opposite side are a small number of domestic scale buildings including a new Pharmacy. Behind these buildings is a high embankment separating the site from the beach.

There is a relatively new Doctor's Surgery to the south west separated from the hospital site by the surgery car park. In the west corner of the site there is a gas governor enclosure which requires access through the hospital car park at all times.

❖ Getting the green light

Two main options emerged as front runners in the Outline Business Cases. One incorporated a ward for the inpatients. The second, and more unusual OBC, assumed no inpatient beds in the new hospital. These patients would be accommodated in a local private sector facility with special provision made to ensure their care would be monitored and maintained to regular NHS standards.

This second option presented a more viable revenue proposition and thus the hospital with no beds came to pass. Another significant unorthodoxy was that one of the largest departments in the new unit would be a Day Centre jointly used by the Trust and Pembrokeshire Social Services. Given that the old hospital had been in the ownership of the County, there was already a precedent and tradition in Tenby of collaboration between the NHS and local authority.

❖ The outcome: first impressions

The scale of the new hospital is in keeping with adjacent buildings and its impact is softened by its location at the rear of the site and the back drop of the wooded embankment along the north western boundary. The location of the building was constrained by a number of factors including: its shape, services easements along Gas Lane and south west boundaries and the topography.

Access to the hospital is via the entrance on to Gas Lane and the block paved car park accommodates 34 vehicles.

1. Achieving Excellence Design Evaluation Toolkit, the NHS toolkit used for evaluating the design of healthcare buildings.
Including 3 disabled bays. The site is mainly hard landscaped in order to provide the requisite parking bays. Tenby has a combined foul and surface water system. Whilst these elements are separated within the site, the block paving assists in providing a mode of sustainable surface water drainage.

Riven slab paving is provided for pedestrian routes around the building and soft landscape (other than retained trees) is confined to the boundary adjacent to the café in the day centre and the strip adjacent to the out patients waiting area.

Whilst the planted borders are modest in size they have been designed and executed with great care. Pea gravel, bark chippings and chunks of rock supplement the planting. With more time to mature they will enhance the architecture externally and the outward aspect for users of the hospital.

A large public car park is located immediately adjacent to the hospital site and pedestrian access can be gained from Gas Lane or from the public car park via a ramp suitable for wheelchair users.

The building from the outside

A mixture of traditional materials has been used on the building facades: brick and smooth ivory rendered blockwork, grey polyester powder coated aluminium doors, windows and rain water goods. Vertical untreated cedar boarding clads the high level panels between the glazed areas. Over time these will weather to a grey finish to tone with the other materials but presently the weathering is rather uneven according to the orientation and degree of exposure to the elements.

A metal standing seam roof allows the low roof pitches adopted throughout.
A galvanized finish to the tubular steel canopy stanchions completes a low key palette of materials. Natural colour and texture are provided by the timber and it is the subtle contrast of texture between the various elements and the lightness of the predominant ivory coloured render set against the backdrop of the wooded embankment which undoubtedly enhance an area of the town which can seem rather dark and downcast especially during the winter months.

The main entrance to the building is centrally located and signalled by a large canopy and accentuated by the two storey element of the central core set forward of the single storey wings. The entrance to the Minor Injuries Unit also has a large canopy and ambulance bay but has slightly less prominence due to its location.

The main elevation to Gas Lane is broken up by the variety of materials, the two storey central element, the canopied entrances and the splaying of the day care wing. The low rise of the roof pitch on the two wings of the building provide a comfortable human scale to the hospital.

❖ From the inside

The accommodation provided comprises a Minor Injuries Unit (MIU) and X-ray, Day Therapy and Care Facility and an Outpatients Facility.

The main reception is positioned at the centre of the building with the Outpatients and Day Therapy/Care to either side. The MIU is at the south western end of the building and has its own dedicated entrance.

Administrative offices are located at first floor level.

All patient accommodation is at ground floor level with a lift suitable for wheelchair users to gain access to the first floor administrative accommodation. Most people enter the building using the main entrance where they immediately encounter the curved main reception desk which is at the hub of the layout. Visitors are then directed to the clinic waiting area or day care centre. The reception desk can be seen clearly from both the Day Care corridor and the implied corridor through the Outpatients waiting area.

Patients visiting MIU use the dedicated entrance where they immediately encounter the MIU reception. After normal hours (9am – 5pm) the main entrance and doors to the clinic waiting area are locked to secure the remainder of the building whilst the MIU continues to provide a service (8am – 10pm). Emergency exit doors are provided at either end of the building.

The plan has been designed to minimise circulation spaces and maximise usable space within a building footprint across the rear of the site, the broadest area.

The design philosophy of the layout can be summarised as follows:

- Larger, open rooms to the front with views to the south east
- Corridor/circulation routes with a high level of natural daylighting
Smaller, private consulting and treatment rooms to the north west taking advantage of the natural security and privacy provided by the site topography

The general logic of moving from front to rear (public to private spaces)

Wayfinding is assisted by the fact the hospital is a small straightforward building with a relatively simple layout. The linear form allows visible and clear understanding of the building externally and internally. The clerestory windows formed by the dual pitch of the roof section flood daylight into the central spine of the interior and the internal environment is both light and airy. The large spaces to the front of the building have full height ceilings to the underside of the pitched roof.

The glazed areas to the south west facing waiting areas to the clinic and patient areas of the Day Care Unit coupled with the clerestory glazing to the main circulation areas provide natural light to the building interior and views out. Roof overhangs and vertical blinds are used to avoid solar glare, whilst the south eastern aspect promotes beneficial solar gain during winter mornings.

Internal finishes are simple and accentuate the lightness of volume created by the open structure and high raking ceilings. Walls are generally white painted plasterwork. Floors in the larger spaces and public areas are finished in sheet PVC. This material has been utilized to good effect in the Outpatients Department waiting area and day centre where a subtle 'tartan' pattern set at 45° has been introduced in tones of cream and beige. The tartan grid is scaled to complement the size of the spaces and works extremely well.

Flooring in the main entrance/reception area incorporates a border in cornflower blue which is the accent colour which predominates throughout the building; on the seating upholstery, vertical louvre blinds to the large windows and many of the doorsets.

The blue accent is also evident in the large circular motif set into the floor between the entrance doors and the reception desk. The design, which includes the title Tenby Cottage Hospital (in Welsh and English) around its border, was selected from competition entries received from local schools. The motif illustrates Tenby from an aerial perspective looking out over its rooftops to the sea with a gull in full wing above.

Civic pride also features prominently in a series of spotlit sepia prints displayed on the walls flanking the entrance. Taken from old photographs and postcards they illustrate Tenby by bygone days evoking local tradition and a link between the old cottage hospital and its replacement.

The League of Friends has made a substantial contribution to equipping the new hospital. The Siemens X-ray set (with remote imaging to Withybush Hospital) is one major donation. Another is the tracking hoist in the Physiotherapy area.

Aspects of the mechanical and electrical engineering design merit particular mention. Given the history of the site, gas fired heating was an obvious choice. In order to minimize the number of wall mounted radiators, especially in patient areas, radiant ceiling panels have been used extensively in the larger areas with high ceilings. Although these detract somewhat from the pristine finish of the ceilings, they are reasonably discreet. Moreover the ambient air quality and temperature felt very comfortable. Low energy light fittings have been specified throughout and these range from suspended lamps in the open ceiling

Interior clerestory detail

The X-ray room

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areas, wall mounted bulk head units below the clerestorey windows and recessed downlighters in the formed ceiling over the reception area. Fittings have been set in well ordered configurations and the overall lighting scheme is unified because all fitting types share the characteristic of being circular.

❖ The accommodation

The Minor Injuries suite, which functions as a self contained unit on a longer daily timescale than the rest of the hospital, comprises a reception area, three treatment rooms, plaster room, WC and X-ray room.

The Outpatients Department has three consulting rooms and provides clinics with visiting consultants in a number of specialities: orthopaedic, enuresis, ophthalmology, gynaecology, diabetic retinopathy, paediatric, pain, continence, general medicine, general surgery, dietetics (child and adult), podiatry and special needs physiotherapy. Dedicated rooms for dental and podiatry treatment flank the central reception area.

One corner of the large open waiting area is designated for children with a play area behind low screens incorporating a Nintendo ‘Starlight’ games cube and other play equipment. This area presented an opportunity for a bolder more imaginative treatment.
The Day Centre (Day Care and Therapy) accommodation comprises a large living and dining area which can be separated by folding screens. A serving counter from a compact cook/chill regeneration kitchen opens onto the dining area. A physiotherapy room, activity (aids to daily living) room, assisted bathroom and small treatment room with associated ancillary spaces are located adjacent to the main living area. The centre aims to serve as a one stop shop to its clients in meeting their clinical as well as their social needs.

The first floor is exclusively used by staff and accommodates a suite of 5 offices, seminar room, rest room and changing room with shower. The rest room is top lit and staff would have preferred a ‘room with a view’. As well as offices for resident senior staff, Social Services, District Nursing and Macmillan Nursing all have a community base here.

❖ Summary

So it really is a hospital without beds?

Absolutely. Five NHS patients are presently being nursed in a local independent care home, where, at the time of writing a purpose designed extension is under construction to take a further five such patients. There has been detailed discussion and rigour in making arrangements to ensure that care standards and NHS liaison are properly maintained. These are still early days but all signs so far are positive.

So, Local Authority and NHS Departments can work together under one roof?

Emphatically yes. The Social Services Day Centre staff have excellent working relationships with their NHS colleagues (confirmed by both sides). Moreover the Social Services customer seamlessly becomes an NHS patient when a health intervention, such as physiotherapy or podiatry, is required.

The overriding characteristic of any ‘community hospital’ facility is that it is tailored to local needs and services. Therefore every example in Wales is unique. Tenby illustrates this point in unexpected ways. It has been warmly embraced by the people it serves and signals a new diversity in local models of care.

Project Details

- Start on site: February 2005
- Contract completion: February 2006
- Opened to patients: March 2006
- Floor area: 1083 m²
- Works cost: Approximately £2.2m
- Client: Pembrokeshire and Derwen NHS Trust
- Main Contractor: Cowlin Construction Ltd
- Project Manager: Track Consulting Ltd
- Architect: EPT Partnership
- Quantity Surveyor: Franklin & Andrews
- Structural Engineer: Clarke Bond
- M&E Engineer: McCann & Partners
- Planning Supervisor: Track Consulting Ltd
- Landscape Architect: Lorraine Corscadden

The Building Review was carried out by Phil Withecombe on behalf of Welsh Health Estates. Phil is an Architect with many years’ experience in the health design sector. Welsh Health Estates is grateful for the assistance provided by Pembrokeshire and Derwen NHS Trust and EPT Architects.

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