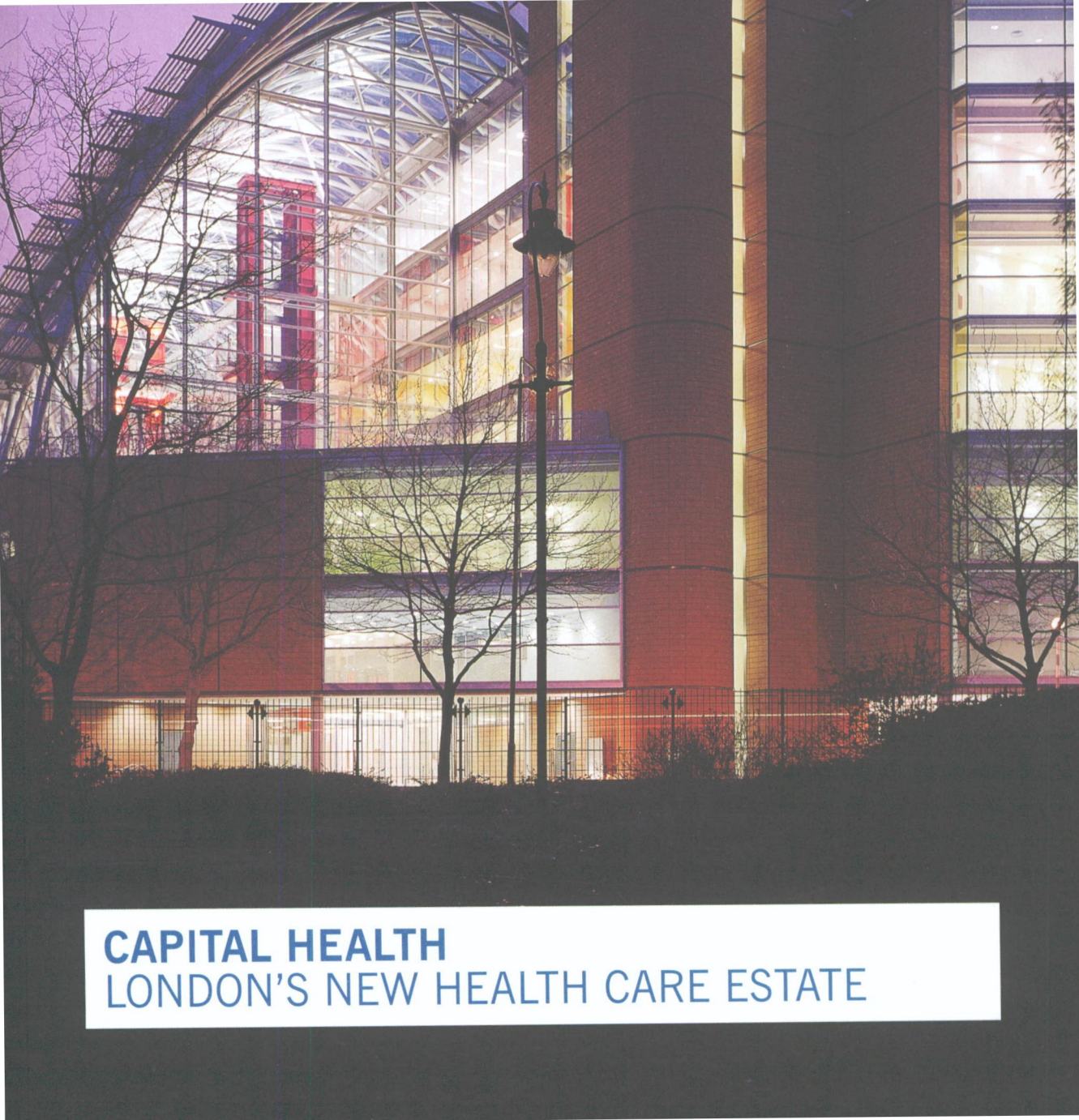

CAPITAL HEALTH
LONDON'S NEW HEALTH CARE ESTATE

CAPITAL HEALTH

LONDON'S NEW HEALTH CARE ESTATE

10 OCTOBER - 26 NOVEMBER 2005

NEW LONDON ARCHITECTURE
THE BUILDING CENTRE
26 STORE STREET
LONDON WC1E 7BT

EXHIBITION SUPPORTED BY

The Building Centre Trust
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NHS
Capital Investment Unit
for the London Strategic Health Authorities

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INTRODUCTION

Health care construction in London is happening at an unprecedented rate and scale. The need to modernise and replace obselete facilities is being matched by an inflow of public and private capital which is predicted to reach £7 billion over the next 10 years.

Greater London has a growing population with particular needs both in terms of health care requirements and out of date premises. Potential sites are scarce and therefore much of the development is taking place in constrained surroundings. Often there is a desire to conserve heritage and a sense of place. These are civic buildings which create a sense of shared experience while at the same time contributing to the public realm. Many new health care buildings are multi-functional and incorporate a diversity of related services.

Redevelopment is happening at a time when the provision of health care is rapidly changing. Whilst there is still a role for the general purpose hospital, many of the less acute services are being devolved back towards the local community and the home. To provide an improved patient-focused service, facilities which were previously separate are being merged in a single location. New clinical and day surgery methods are allowing procedures to be carried out without the need for an overnight stay.

Health care is also about people and the NHS is the largest employer in the city. Teaching and medical research create an additional community from around the country and worldwide. Health buildings are visited by more members of the public than any other building types. During planning user consultation from clinical carers and nursing staff through to patients and the local community is vital in the successful development of the service.

The total health care estate is huge and varied. At one end of the scale the large acute university hospital through to the general practice surgery at the other. Adding to the complexity there is also a growing complementary care and private sector. Mental health, once conveniently hidden within institutions on the boundaries of the city, has increasingly been brought closer to the community. There are also patients in a range of long term care facilities which have their particular needs.

Expectations to meet targets and sustainable design in all this development is vital to ensure an investment in buildings which have a long term future delivering the quality service required. The challenge is to rationalise the resources to reflect the changing health demands of the community and choices in the way health services are delivered; to have access to buildings which reflect the changing patterns of health care; to create environments which inherently make people feel better and to create pride in a health estate which is worthy of a capital city.

GLOSSARY

HEALTH CARE

Elective Care
Necessary but non-urgent procedure. In health care patients normally expect to wait for a period of time before gaining access to elective procedures. Common practice is to place those who need elective care and cannot be served immediately on a waiting list. Waiting lists are a feature of elective care ever since the NHS was founded. To improve access to care the government has recently introduced 18 week targets, which means Trusts generally have to improve the management of waiting lists for elective care better. This has led to focusing on the patient pathway (see below) and improved means of delivery such as Treatment and Diagnostic Centres (see below), Day Surgeries and Ambulatory Care (see below).

Patient Pathway
Route through the health service till completion of treatment. The formal definition the "patient pathway" is the route that a patient will take from their first contact with an NHS member of staff (usually their GP), through referral, to the completion of their treatment.

It also covers the period from entry into a hospital or a Treatment Centre, until the patient leaves. Events such as consultations, diagnosis, treatment, medication, diet, assessment, teaching and preparing for discharge from the hospital can all be mapped on this timeline. The pathway gives an outline of what is likely to happen on the patient's journey and can be used both for patient information and for planning services as a template pathway can be created for common services and operations.

Treatment Centres
Treatment Centres have been designed around patient pathways. Many designers use this as their starting point in the layout within the centre, minimising the disruption to the patient during their stay within the Treatment Centre, allowing the patient to move from one point in the process to the next with ease.

Day Surgery
Operation or treatment without an overnight stay. As surgical procedures and anaesthesia techniques become less disruptive, so patients are able to undergo operations without an overnight stay in hospital. With some hospitals achieving over 60%, day surgeries are key to reducing waiting times. Diagnostic and treatment centres such as ACAD (and mobile theatres) are planned to specialise solely in day surgery.

Ambulatory Care
Delivery of quick patient orientated service for specific treatments. Originating in the US system of private health care, ambulatory care was established to meet the market demands for a "wellness service" and speedy throughput. It is targeted at speciality areas of treatment and offers a dedicated service for elective care. A speedy consumer-driven pathway to meet the needs and convenience of the patient. In ambulatory care everything is immediate and patients are available to the clinicians as needed.

GLOSSARY (CONT)

HEALTH SERVICE MANAGEMENT

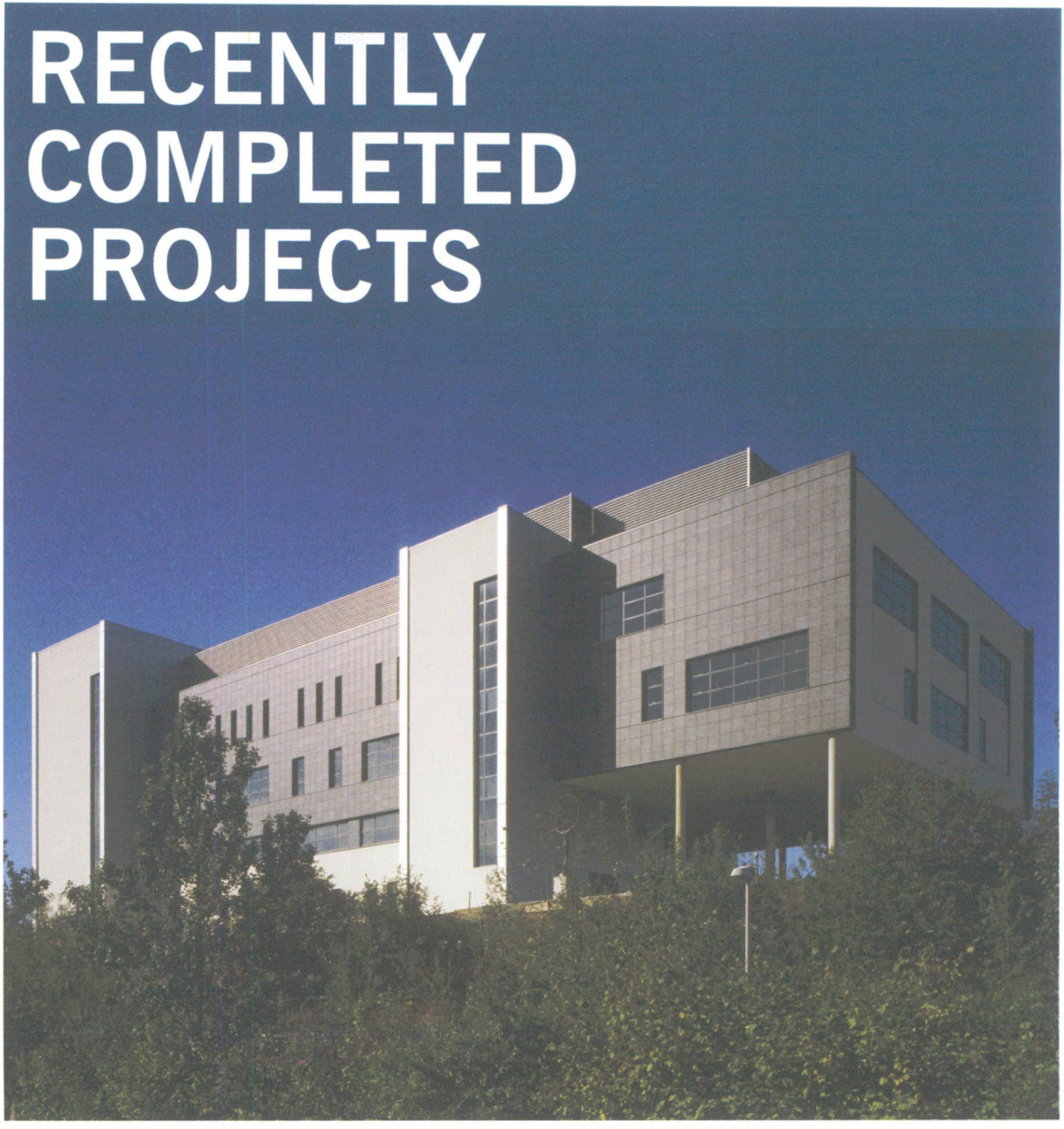
Primary Care Trusts (PCTs)
Since April 2002, PCTs have taken control of local health care while 28 new strategic Health Authorities monitor performance and standards. They receive budgets directly from the Department of Health. There are 31 PCTs and 5SHAs in London currently.

HOSPITAL PROCUREMENT

Private Finance Initiative (PFI)
The private finance initiative (PFI) provides a way of funding major capital investments, without immediate recourse to the public purse. Private consortia, usually involving large construction firms, are contracted to design, build, finance and manage non-clinical support services in new projects. Contracts typically last for 30 years, during which time the building is leased by the NHS Trust and returns to the NHS free of charge at the end of the contract period.

Local Improvement Finance Trust (LIFT)
NHS LIFT is a way of developing a new market for investment in primary care and community-based facilities and services. It involves the local health community in developing a strategic service development plan, incorporating its local primary care service needs and relationships with, for example, intermediate care, and local authority services. A private sector partner is identified through a competitive procurement, and a local joint venture formed - the local LIFT company - which will have a long term partnering agreement to deliver investment and services in local care facilities.

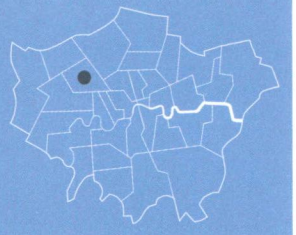
RECENTLY COMPLETED PROJECTS



ACAD

PIONEERING NEW METHODS OF HEALTH CARE

ACAD Ambulatory Care and Diagnostic Centre
Park Royal, Brent
Client North West London Hospitals NHS Trust
Architect Avanti Architects
Landscape Architects Elizabeth Banks Associates
Contractor John Laing Construction
Programme 2 years, completed in 1999
Cost £11.2m financed from the sale of land



ACAD is the first free-standing centre in the UK to provide a USA-pioneered walk-in care facility. The aim is to provide appointment-led non-emergency consultation, assessment and treatment delivered in a patient focused environment.

The facility sits within a traditional district general hospital site where there are a number of imaginative and pioneering health initiatives including BECaD and the Brent Birthing Centre. These have been generated by a Health Authority which has a reputation for radical approaches to health care and to develop a close relationship with the end-user and the design team.

Central Middlesex Hospital is exploring more effective means of clinical support aiming to improve delivery by integrating primary and secondary care in a more seamless service.

ACAD houses a combination of specialist clinics for consultation with imaging facilities capable of undertaking both diagnostic and therapeutic procedures.

With its four theatres and two minor surgery suites ACAD is capable of 17,500 'consultant episodes' per year. As most patients are attending day surgery there is only sufficient bed accommodation for 10 overnight stays.

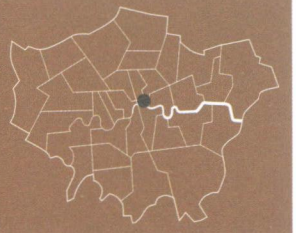
Due to a clear and rational organisation of key elements ACAD provides a level of visual cohesion and quality not usually associated with district general hospitals. Upon entering the visitor is greeted by an elegant curvaceous concourse leading to an open plan top lit communications spine off which the waiting areas offer unobstructed views through fully glazed walls onto the courtyard gardens.


Batamaha
قرارهای ملاقات
Appointments
حجز المواعيد

THE WEST WING

A SENSITIVE AND IMAGINATIVE APPROACH TO A LISTED BUILDING

The West Wing, St Bartholomew's Hospital
City of London
Client The Barts & the London NHS Trust
Architect Greenhill Jenner
Health care planners Rawlinson Kelly Whittlestone
Arts Programme Vital Arts
Programme Completed 2004
Cost Financed by means of a charitable appeal



The West Wing forms part of the Italianate piazza from 1758 by the architect James Gibbs, a historic architectural ensemble which gives the hospital its special identity. Bart's needed to find a use for its Grade 1 listed structures which must be retained but are no longer easily adaptable for modern ward use. By careful consideration of the brief and full consultation with the hospital community previously obsolescent accommodation has been transformed into a fully functional medical asset with a high level of staff satisfaction.

The West Wing is a new integrated multi-disciplinary Breast Care Centre developed in collaboration with the Trust's project team, clinicians, and The Breast Care patient support group actively involved in the consultative process. It contains the NE London area breast screening directorate and the symptomatic breast cancer diagnostic clinic. The separate outpatient services were brought together around a re-equipped diagnostic facility, sharing certain common facilities, staff and ethos.

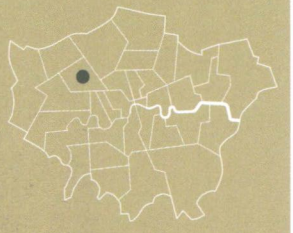
IT communications and the miniaturisation of archiving and ease of digital x-ray image transmission opened up possibilities for new and creative uses for old buildings previously deemed unsuitable for present day requirements.

This is a unique environment for patient care and treatment which combines the highest standards of clinical facility with an imaginative and beautiful healing environment. An adventurous arts programme has been introduced to help create a holistic environment in which the importance of the patient experience has been strongly affirmed.

BRENT BIRTH CENTRE

CHILD BIRTH IN A SAFE, HOMELY ENVIRONMENT

Brent Birth Centre
Park Royal, Brent
Client North West London Hospitals NHS Trust
Architect Barbara Weiss Architects
Structural Engineers Alan Conisbee and Associates
Landscape Architects Elizabeth Banks Associates
Contractor The Buxton Group
Programme Completed in 2004
Cost £3m



The Brent Birth Centre is a maternity unit for low risk deliveries. The client's brief emphasised the need for women to receive maximum support during and after birth with adequate space for their partners and family. The result is a relaxed homely environment for child birth which is popular with the midwives who run the unit.

The Centre has 6 birthing rooms and is expected to handle up to 800 births a year In the case of complications mothers will be transferred immediately to the nearby Northwick Park Hospital. First-time mothers and complicated procedures are automatically deferred elsewhere.

Fronting onto a new public space the diminutive antenatal and birthing unit wraps itself around a sheltered garden retreat. Antenatal facilities are housed in the front yellow clad section whilst the birthing rooms are located in the rear wing enclosing the garden. The entrance to the centre leads to a large top lit reception area. The warm cherry desk and bright terrazzo floor are reassuring and set the tone for a remarkably well furnished and naturally lit interior.

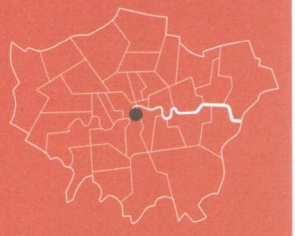
The size and furnishing of the delivery rooms reflect a unique "women centred" approach. The en-suite delivery rooms are characterised by a generous feeling of comfort and space with high ceilings and clerestories both sides. The generous double beds are provided for partners to be involved if they wish. All the clinical equipment is stored out of sight in easily accessible cupboards against the rear head board elevations.

Focusing on expectant mothers needs, there are attractive circulation routes both inside and outside allowing the mothers in labour to pace freely. The private garden is an important element offering distraction and sanctuary even before the completion of the water feature, nicknamed 'the birth canal'.

EVELINA CHILDREN'S HOSPITAL

A HOSPITAL THAT DOESN'T FEEL LIKE A HOSPITAL

Evelina Children's Hospital
St Thomas' Hospital, Lambeth Palace Road
Client Guy's and St Thomas' NHS Foundation Trust
Architect Hopkins Architects
Consultants Rawlinson Kelly Whittlestone
Sructural Engineers Buro Happold
M&E Engineers Hoare Lee
Contractor MJ Gleeson
Programme Open to patients in late Autumn 2005
Cost £41.8m Design and Build contract



The original hospital opened in Southwark in 1869, was founded by Baron Ferdinand de Rothschild in memory of his wife Evelina who died in labour. The new hospital has been made possible by £50m of funding from Guy's and St Thomas' Charity and £10m from the NHS. A further £10m is being raised by The Evelina Children's Hospital Appeal to ensure the hospital has the very latest equipment. The new Evelina Children's Hospital, located on the approach to St Thomas' Hospital, will be the first new children's hospital in London for over 100 years.

Seeking to establish new standards in paediatric care the Charity launched an RIBA competition for a multidisciplinary design team in 1999. Whilst ensuring the design meets functional needs the Charity wanted a fun and imaginative place, where children could play and families could relax and feel at home. A key aim was to avoid the institutional feel of a hospital and to create "a hospital that doesn't feel like a hospital".

The winning scheme with its dramatic four-storey high glazed conservatory floods the hospital with natural daylight and ventilation, as well as providing clear views up river and across the adjacent park - there is extensive evidence that this aids patient recovery times.

To achieve a sense of fun and overcome the need for a multilingual wayfinding system each floor is colour coded with floors representing the strata from the ocean (blue) through beach (yellow), forest (green) to sky (purple). The identification themes and the colours came from a series of artist-led children's workshops.

The facilities include 120 bed accommodation and a sophisticated 20 bed paediatric intensive care unit. Located to the north above the conservatory deck are three standard ward floors each with 42 beds. Parent foldout beds next to each child will provide necessary overnight comfort and reassurance. The use of natural materials and playful identity markers show consideration for the child's feelings and experiences. A special building with its full length cascade of glazing, it makes a very significant contribution to the proud history of Guy's and St Thomas'.

PHOTOGRAPH: PAUL TYAGI

GOLDEN JUBILEE WING

FUTURE-PROOFING THE CAPITAL INVESTMENT

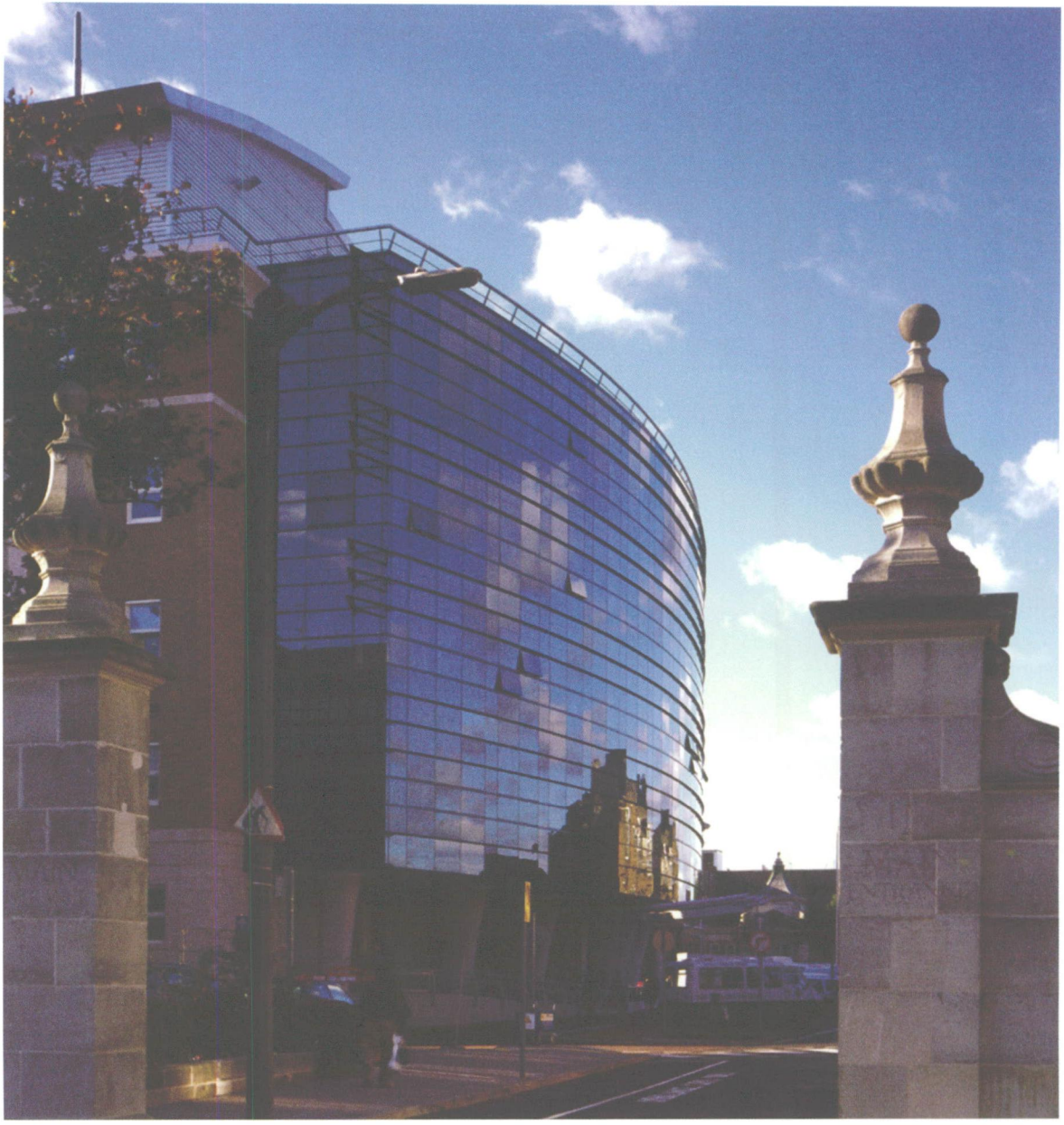
Golden Jubilee Wing
King's College Hospital, Denmark Hill
Client Kings College Hospital NHS Trust
Architect Nightingale Associates
Consortium Costain & Skanska Kings Healthcare NHS Trust
Programme Completed 2002
Cost £75M PFI development

The Golden Jubilee Wing is the most significant modernisation and construction at King's since the hospital first moved to south east London in 1915. The trust's design objectives were to centralise its acute services on its Denmark Hill site, with a development which eases patient access and delivers a calm attractive environment for health care. The brief demanded aesthetic appeal, a sustainable solution and future flexibility.

A large ambulatory care centre, it contains a new women's care centre with a special care baby unit and three medical wards. Altogether there are 157 beds of which 16 are delivery suites and 12 labour rooms. Each nursing unit occupies four L-shaped wards at each corner of the footprint. Five floors of almost identical floor areas are designed to provide a flexible framework and opportunity for future functional changes to the accommodation.

The six-storey wing Golden Jubilee Wing is shoehorned into a tight site with natural light only available from two full sides. The dominant feature is a convex fully glazed main façade installed above the buildings front entrance. It is a high density facility: all departments are arranged around the 27m high central atrium. Tying the scheme together the glazed bridge forms the main street creating a level circulation link to the surrounding buildings.

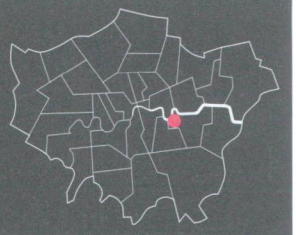
The main feature within the atrium is the ziggurat stairway, placed at an angle leading to the glazed bridge. Considerable attention went into the enquiry desk, a simple curving form of golden timber blue top and screens and white canopy.



GREENWICH MILLENNIUM HEALTH CENTRE

A SUSTAINABLE APPROACH TO COMMUNITY CARE

Greenwich Millennium Village Health Centre
Greenwich
Client Greenwich Teaching Primary Care Trust
Architect Edward Cullinan Architects
Health Consultant Ann Noble Associates
Contractor Wates Construction Ltd
Programme Commenced 1998, opened June 2001
Cost £2.75m



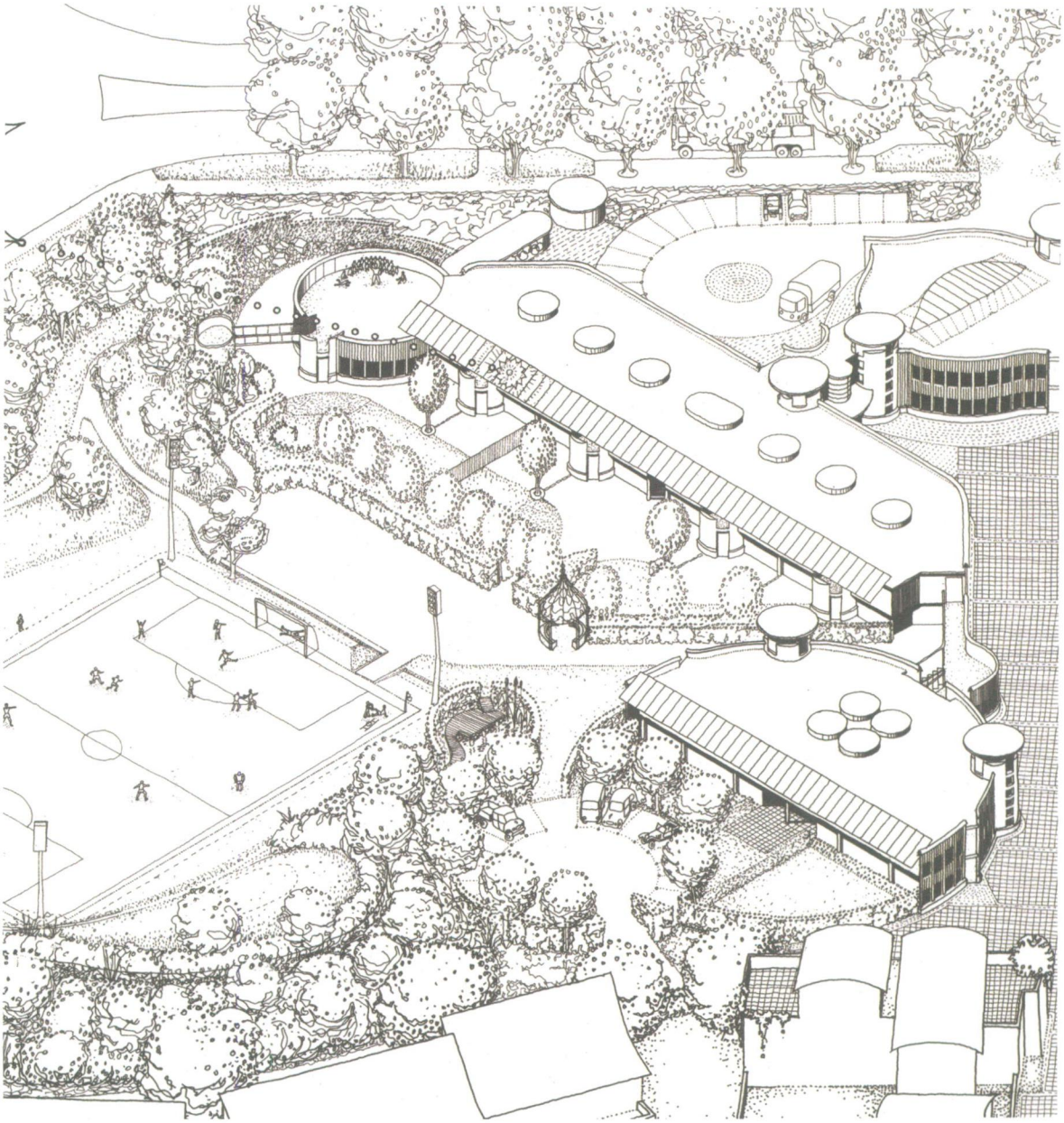
The Millennium Primary School, Hall and Health Centre, within the pioneering Greenwich Millennium Village, are a practical demonstration of the Government's vision of sustainable urban communities. In a new type of facility for this new community, education and healthcare are linked on one relatively small site and provide fully integrated services.

The three interconnected buildings reuse a brown-field site at the North-West entrance to the new village, beside the pedestrian route to the Dome. In the spirit of the Millennium Village the buildings are built right up to the pedestrian piazza, and all the entrances open directly off it; the space of the piazza is framed by rippling walls of English larch.

The health centre has been designed for primary care delivery as well as the promotion of healthy living and preventative approaches to medicine. The reception area includes a one-stop shop for information and advice. The centre provides specialist services to pupils, and use of the crèche and community spaces for meetings, exercise classes or courses. The garden is a therapeutic visual focus for the patients' waiting area.

The more private consulting rooms and treatment rooms face due south onto their own gardens and play areas. By facing all the main rooms due south and by the use of protective awnings, the buildings benefit from useful solar gain in winter, whilst cutting out the heat and ultra violet glare of the higher summer sun.

The sustainable aspects include passive solar design, very high levels of natural day-lighting and insulation and low rates of air infiltration. They also use sustainable materials and energy efficient plant. The use of the centre as a community facility with links between the school and health centre discourages car use in favour of public transport walking and cycling.



NEWHAM TREATMENT CENTRE

ONE OF THE FIRST NEW WAVE TREATMENT CENTRES PLANNED BY THE GOVERNMENT

Newham Treatment Centre
Glen Road, Plaistow, London E13
Client Newham Healthcare NHS Trust
Architect Anshen Dyer
Services Engineer Hoare Lea
Consulting Cost Advisor Giffords
Landscape Architects John McAslan & Partners
Contractor Laing O'Rourke
Programme Due for completion in 2005
Cost £10.50m

The Newham treatment centre will be among the first in a series of new state-of-the-art facilities developed to efficiently provide care in appropriate environments. On the site for Newham General Hospital, it will enable the Trust to separate its acute and elective surgical activities and provide a much improved, fully scheduled service for its patient population.

As a pioneering model, it is important that the design of the NTC portray an image of strength, permanence and purpose in order to ensure the success of both the new and future developments. Due to its prominent location the NTC will become a local landmark, and the aim has been to create a civic and public presence within the community.

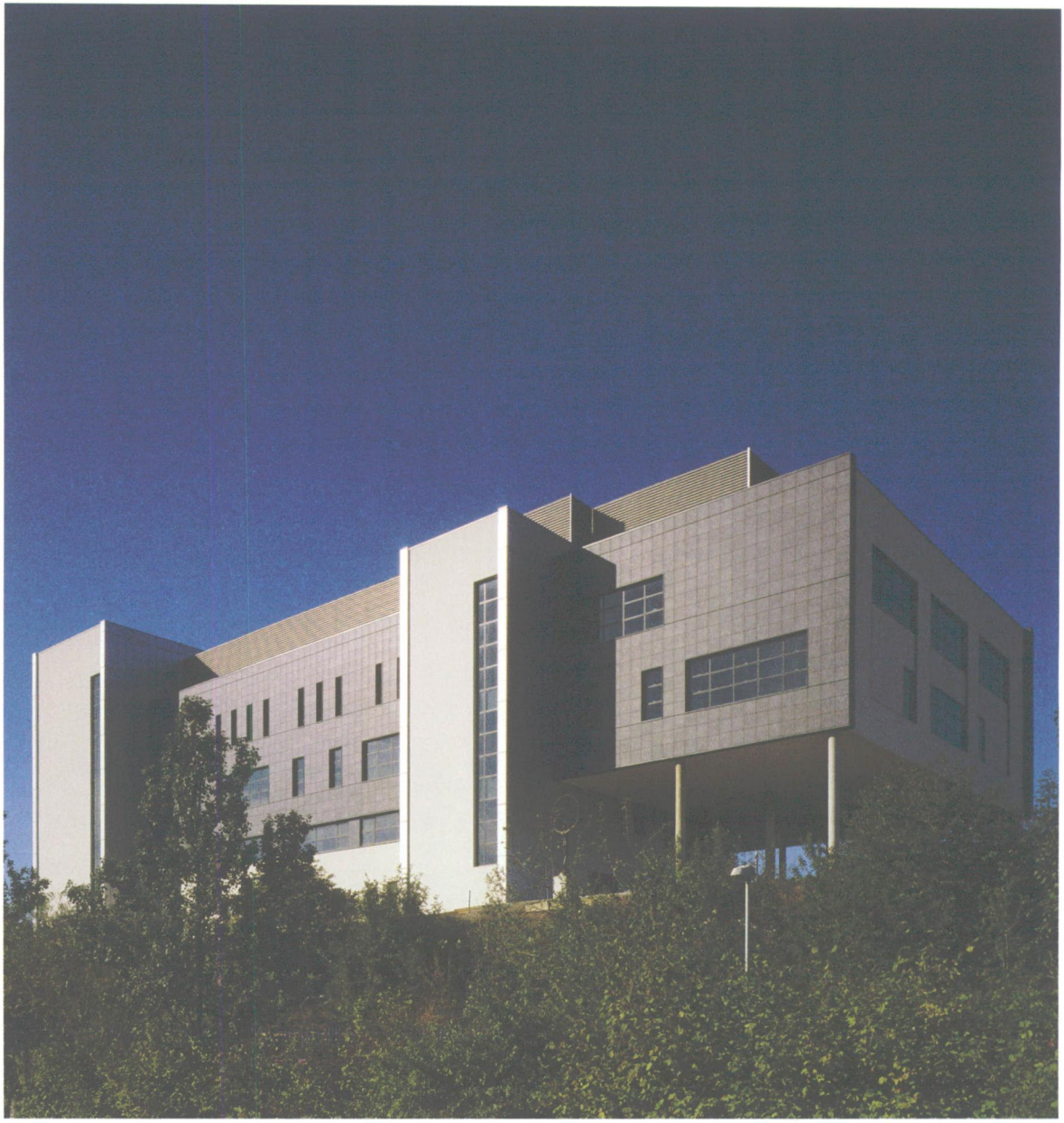
Newham General Hospital was completed in 1985. It was designed on the nucleus principle of template planning. The low rise nature of the existing hospital has filled the site and has left little land for further development. The hospital campus is essentially a long thing rectangular backlands site sandwiched between housing and a school. Entry is from one end only and the only location for the NTC is at the far end.

The new centre has been designed as a compact four-storey building to minimise landtake and to take full advantage of it position and the views. The architectural diagram for the building is two bars that slide past each other.

The lower bar - ground and first floors - contains outpatient activity on the entrance level with inpatient accommodation above. The upper bar - second and third floors - provides another floor of inpatient accommodation with the theatre suites and the day-case unit on the topmost floor.

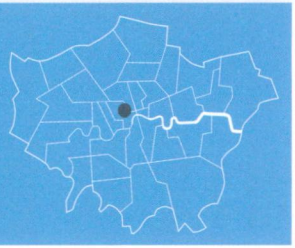
The shift between the two bars creates a significant overhang which forms a covered external space that becomes an entrance courtyard and focal space.

The project is an unusual and successful example of a fast-track healthcare project, taking two years from appointment to completion.



THE ORANGERY
A NEW GEM FOR GREAT ORMOND STREET

The Orangery
Great Ormond Street, Bloomsbury
Client Great Ormond Street Hospital
Architect SpacelabUK
Programme Completed 2004
Cost £390K, funded by the Friends of Great Ormond Street charity



Great Ormond Street is often publicised for high profile international cases but mainly it serves as a specialist hospital for children in London and the Thames Region.

Several times it has considered options for moving from Bloomsbury, but despite the attendant problems of a constrained site, out of date buildings and transport problems it has decided to remain.

The current masterplan involves an incremental redevelopment of different areas of the site. The budget is £300 million of development and the Trust intends to raise most of the funds itself without the need for Private Finance. The Orangery is a pilot project to demonstrate the hospital is able to deliver bold contemporary design.

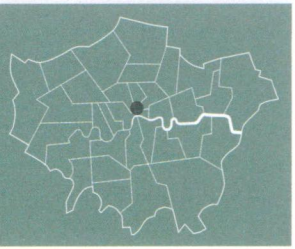
The sculptural timber and glass Orangery provides a new dining hall for staff and patients at the hospital and can also be used for displays and events. The Orangery has transformed an ugly and unused boiler house roof, surrounded on four sides by the hospital, into a pleasant mix of indoor and outdoor spaces for those drinking and eating.

PHOTOGRAPH: JEFFERSON SMITH

UNIVERSITY COLLEGE LONDON HOSPITAL

RATIONALISATION OF A DISPERSED ESTATE ONTO ONE SITE

University College London Hospital
Euston Road, Camden
Client University College London Hospitals Trust
Architect Llewelyn Davies Yeang
Consortium BCJV - Amec, Balfour Beatty, Haden Young
Programme Phase 1 completed 2005, phase 2 commenced 2005
Cost £422M



UCLH is a teaching hospital at the centre of the largest academic health campus in Europe and a global centre of excellence in many clinical specialities. It has a valued heritage and reputation in medical science, research and is a powerful magnet for health care professionals worldwide.

The new University College Hospital is the largest new hospital project in the history of the NHS. It incorporates local services previous located at the Middlesex Hospital and the Elizabeth Garret Anderson Hospital for Women. The Trust treated over 67 000 inpatients and 400 000 outpatients in 2004.

The choice of site was largely dictated by the bidding process which involved siting as well as development proposals by the consortia. The limited site led to a compact 80 metre tower and podium urban configuration which is positioned according to the planning restriction of one of Westminster's 'viewing corridors'. There are 17 stories above ground and two diagnostic areas below.

Containing 600 beds all the inpatient accommodation for Phase 1 is in the tower including a critical care unit of 35 beds, the biggest in the UK. There is a large amount of repetition in the planning: two nurse bases serving 60 beds are located around a racetrack corridor at the tower perimeter. On each floor there are nine single rooms and the remainder are 3, 4 and 5 bed bays according to the contours of the curved façade. The wards are designed to be easy to clean and each bay has at least two sinks. Each bed has a multimedia unit equipped for TV, telephone and internet.

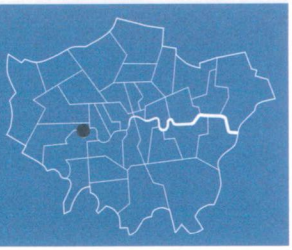
The main entrance and core circulation is wedged into link space between the tower accommodation and the lower western flank containing the outpatients departments and operating theatres. The functional hospital architecture is softened by the inclusion of a number of large scale artworks and colourful components developed in association with the Slade School of Art.

After 30 years of waiting the new Foundation Trust has been handed the first phase of a sparkling new hospital.

WEST MIDDLESEX UNIVERSITY HOSPITAL

RATIONALISING CRITICAL CARE

West Middlesex University Hospital
Hounslow
Client West Middlesex University NHS Trust
Architect Nightingale Associates
Consortium Bouygues UK
Programme Constructed in 21 months. Completed: 2003
Cost £53M PFI project



For decades the West Middlesex hospital estate was forbidding and widely dispersed. Based on the refinement of the clinical process, the programme for modernisation resulted in a more compact acute facility that is considerably different to its pavilion-based predecessor.

The brief was to combine a new treatment and diagnostic centre with improved critical care and wards. The objectives were to reduce the site area and construct a core facility for trauma, intensive care, diagnostic imaging and intervention. The scheme connects to two retained buildings to provide inpatient accommodation.

The new treatment centre is designed to deal with 145,000 episodes and A&E with 85,000 attendances per year. There are five acute operating theatres and day surgery suites arranged around a strong public space providing a legible pattern of circulation. The two storey diagnostic and treatment block was placed on the northern side of the mall forming a sweeping curved face to the building. The elevations present a rich palette of materials - red brick, several shades of colour render, timber boarding and glazed curtain walling.

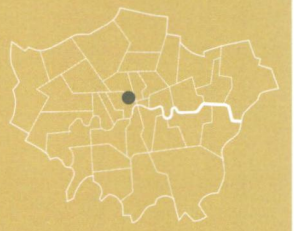
The central congregation space is an impressive public mall 110m long rising to 10m high. The patient zone, a taller inpatient and outpatient building is located to the south taking advantage of the more private aspect. The south side mall looks onto two landscaped courtyards formed by the routes to the patient's zone.

Due to clinical rationalisation the accommodation is reduced to 180 acute beds with 36 critical care and assessment beds. The three floors of inpatient accommodation are arranged in T-shaped plans: each ward unit contains 30 beds, comprising 8 single rooms, opposite a pair of five and six bed bays. The multi-bed bays are open without screens allowing clearer external views.

WESTON HOUSE

A NEW MODEL OF SUPPORTIVE HOME-FROM-HOME CARE

Great Ormond Street Hospital - Weston House
Great Ormond Street, Bloomsbury
Client Great Ormond Street Hospital NHS Trust
Architect Anshen Dyer
Services Engineer Ove Arup
Structural Engineer Symonds
Q.S. Gardiner & Theobald
Project Manager GTMS
Contractor Norwest Holst
Programme Completed in 2004
Cost £9m



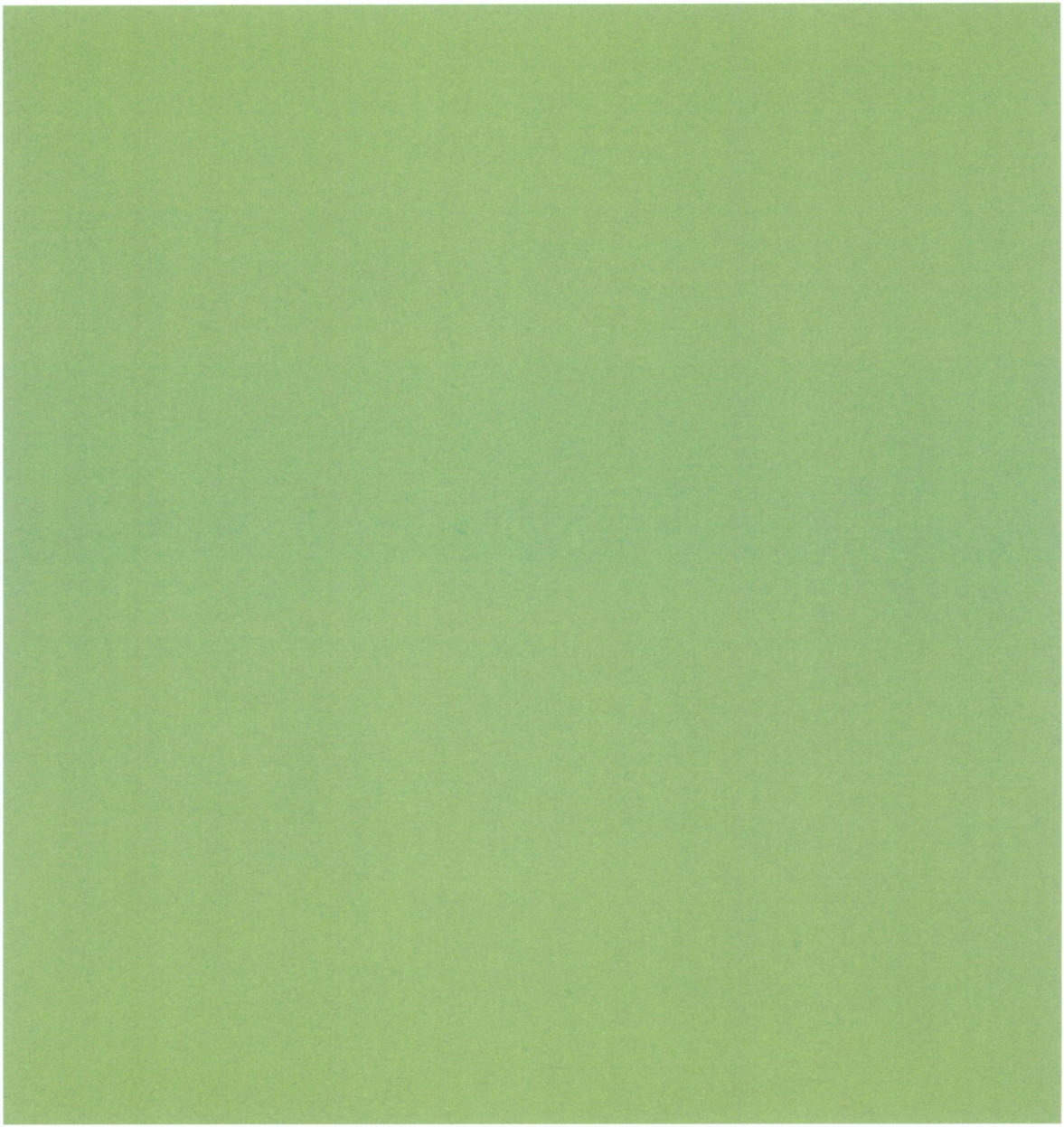
Weston House is a new building type designed to reduce the stress of hospitalisation for those patients who do not require full inpatient care, but who are not yet ready to return home.

It comprises thirty hotel-like rooms and eight transitional care suites arranged over five floors - each with a common area where families can cook, play, relax and share experiences. Its location provides proximity to clinical services of the hospital and the social amenities of the neighbourhood. In providing overnight accommodation and transitional care, it also frees essential space within the main hospital. In the short term, transfer of these patients will facilitate the subsequent phase of hospital development.

Weston House is a redevelopment of a former nurses residence and an adjacent WW II bombsite, within the Bloomsbury Conservation area. New-build structures have been added to the front and rear of the refurbished building - all seamlessly joined inside. The front-facing structure presents a modern and welcoming image. In consideration of neighbouring structures, care has been taken with the alignment of cornices and with the provision of scale-giving elements and materials. Inside, the use of timber and other domestic materials and details ensure a familiar yet hardwearing environment.

In speaking of their aim to provide facilities commensurate with world class clinical services, Roger Horn, former Chairman of the Hospital Trust and Design Champion for this project said: "We know that design has a crucial role to play in creating healing environments. For Weston House we achieved a building that meets the needs of young people of varied ages, their parents and staff - one that supports the provision of advanced healthcare in non-threatening surroundings - a model for the future".

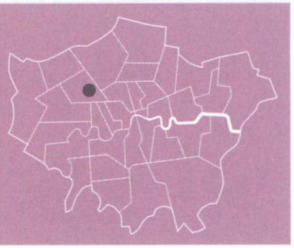
Weston House won the 2005 Quality Award from the Borough of Camden and with the Octav Botnar Wing, marks the completion of Phase 1 of the long-term plan for the redevelopment of Great Ormond Street Hospital.



PROJECTS IN DEVELOPMENT

BECaD
BREAKING DOWN THE SPECIALIST UNITS

BECaD Brent Emergency Care and Diagnostic Centre
Park Royal, Brent
Client North West London Hospitals NHS Trust
Architect HLM Architects with Avanti Architects
Consortium Bouygues UK
Programme Due for completion in 2006
Cost Estimated £56M procured by PFI



Bucking the trend towards increasing clinical specialisation, BECaD is an experiment in rationalising medical expertise on a single site to meet local community demands. The key objective behind the clinical redesign was to streamline the patient pathway and reorganise the medical teams around the new workflows. Staff are rearranged into "superteams" that merge hospital services and care in the community. The hospital has graded services not according to medical specialists but according to severity.

For this industrial area of NW London the Park Royal Partnership have produced a masterplan with the redeveloped Central Middlesex Hospital as a catalyst for urban regeneration. The form of the building is influenced by the characteristics of the grounds, its access to ACAD and the civic presence of the building. Meeting the brief was not simply about functional and clinical adjacency but the desire to create a pleasing patient and work environment. The combination of the medical throughput and civic role is the product of an extended period of concept development and consultation.

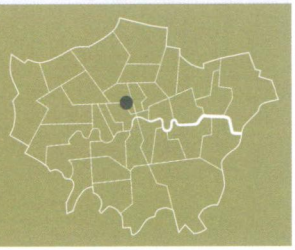
The project commenced with a six month simulation exercise in clinical redesign testing out ideas with up to 30 doctors and nurses playing out redefined roles.

To reflect the changing patient pathway with increasing provision at primary and intermediate care levels the hospital is to reduce the need for non-acute accommodation. Without an outpatients department BECaD is a fresh conceptual type containing an Expert Consulting Centre and an Acute and Critical Care Centre. The conceptual design includes a major public zone at the heart of the building which brings light and a sense of the weather and seasons into the core of the complex.

KENTISH TOWN HEALTH CENTRE

LIFT INTEGRATED CARE CENTRE

Kentish Town Health Centre
Bartholomew Road, Camden
Client Camden Primary Care Trust
Architect Allford Hall Monaghan Morris LLP
Main Contractor Bluestone Plc
Programme Commences Spring 2006
Cost £3M



The new integrated care centre is a redevelopment of an existing health centre in the Bartholomew Estate near the centre of Kentish Town. It provides a general practice and other services such as dentistry, podiatry and youth contraception to the local community which participated in selecting the competition-winning design.

Focused around the internal street and the administrative hub the centre is conceptually arranged with the aid of sliding blocks inspired by the game of Jenga. The aim is to present an approachable face to the surrounding community who are encouraged to enter and interact along a lively streetscape which runs throughout the length of the centre.

Reflected in the changes in size and shape it is a dynamic public space channeling users to the central enquiries and administration hub. As the roof rises and falls to accommodate the circulation bridges the public areas are animated by natural daylight.

Behind the scenes professional interfaces are possible with the introduction of sliding volumes. The design strategy creates a series of diverse spaces that respond to the combined functions arranged coherently around the central core. The result is an unexpected interaction between functional spaces and forms which support the quality of care.

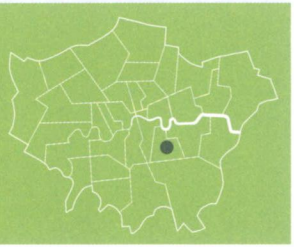
Calm and private rooms for consulting are located behind the reception where there is access to private external gardens. The volumes create external terraces as extensions to open plan offices. Rest rooms for staff breaks are linked to concealed private gardens.


KENTISH TOWN INTERGRATED HEALTH CENTRE

LEWISHAM CHILDREN'S CENTRE

INTEGRATED HEALTH SERVICES FOR YOUNG PEOPLE

Lewisham Children and Young People's Centre
Rushey Green, Catford, Lewisham
Client Lewisham PCT
Architect van Heyningen and Haward
Programme Completion due April 2006
Cost (funded by sale of other sites and procured traditionally)

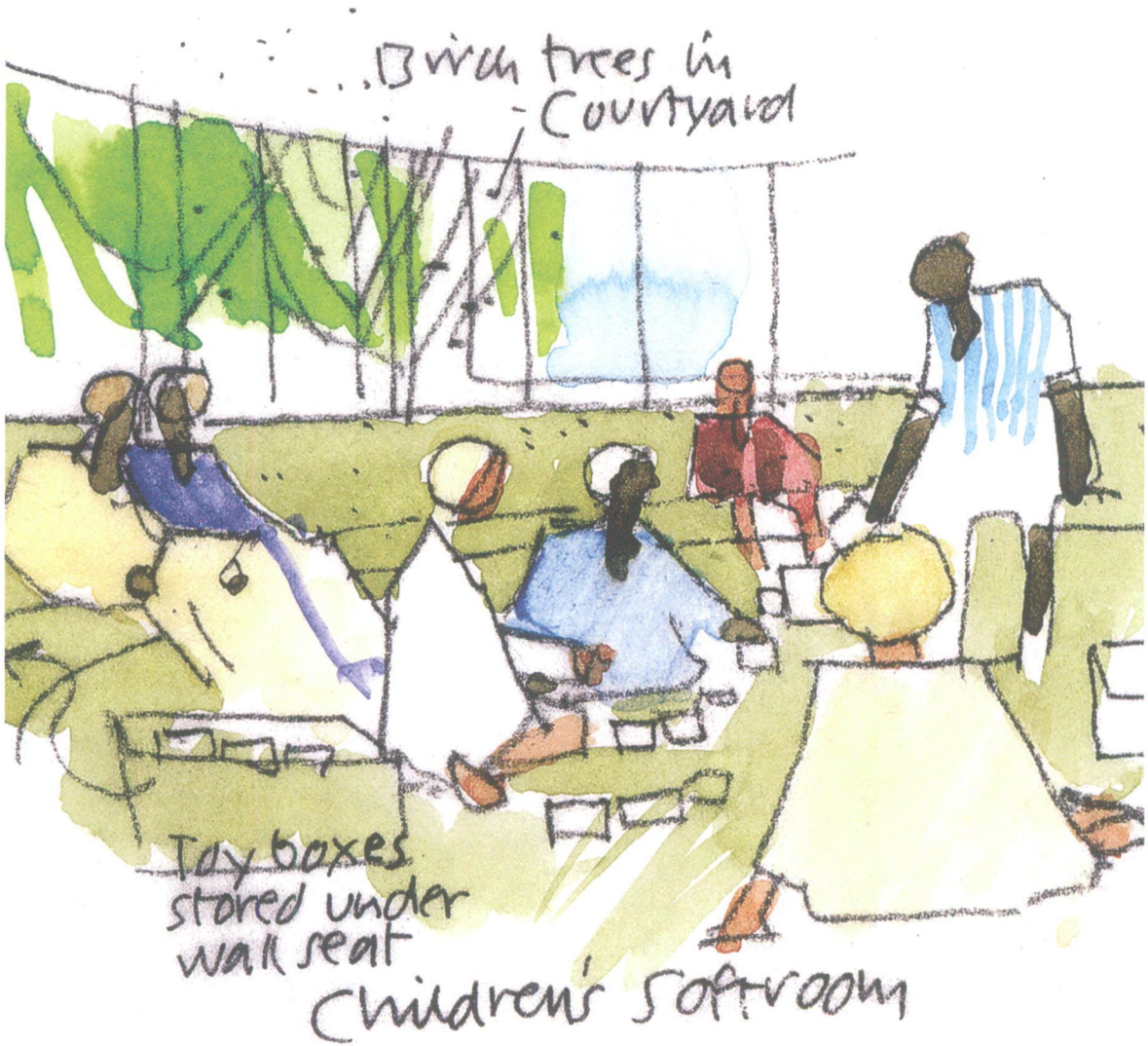


The new Children and Young People's Centre in Lewisham has been designed to accommodate a variety of health and social services for young people, ranging from babies to adolescents, and their parents. This is a new departure for the healthcare service which recognises that users will benefit when the when the various providers are working more closely together. Indeed it is a first for the healthcare sector, being a unique combination health, education, mental health and outreach services.

In April 2003 van Heyningen and Haward won the CABE competition to design the new Centre. Their proposal provides an inspiring landmark building for the neighbourhood at an approachable human scale. The building is C-shaped in plan enabling the building to be naturally lit and ventilated. The glazed courtyard with its 'green' roof looks out onto gardens which serve as a threshold space orientating visitors through the primary circulation.

The building aims to be child centred, welcoming, legible, and calm - both visually and acoustically. A place where staff will enjoy working because of a clarity of organisation that encourages communication and shared resources between the various care groups.

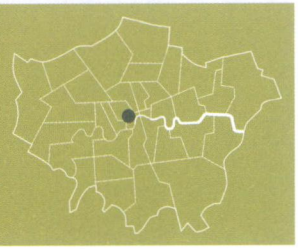
The ground floor contains the main waiting spaces, with a soft-room for children and an audio visual room for youngsters. Waiting lobbies for consulting rooms in the circulation spaces break up the corridor feel. There are consultation rooms on the ground and first floors, administration and outreach workers on the floors above. Other facilities include a gymnasium, occupational therapy and physiotherapy.


...Birch trees in Courtyard
Toy boxes stored under wall seat
Children's softroom

THE LONDON CLINIC

PRIVATE CARE FACILITIES WITHIN THE FABRIC OF THE CITY

Consulting and Diagnostic House, The London Clinic
Devonshire Place, Westminster
Client The London Clinic
Architect Terry Farrell and Partners
Programme Design phase commenced 2001



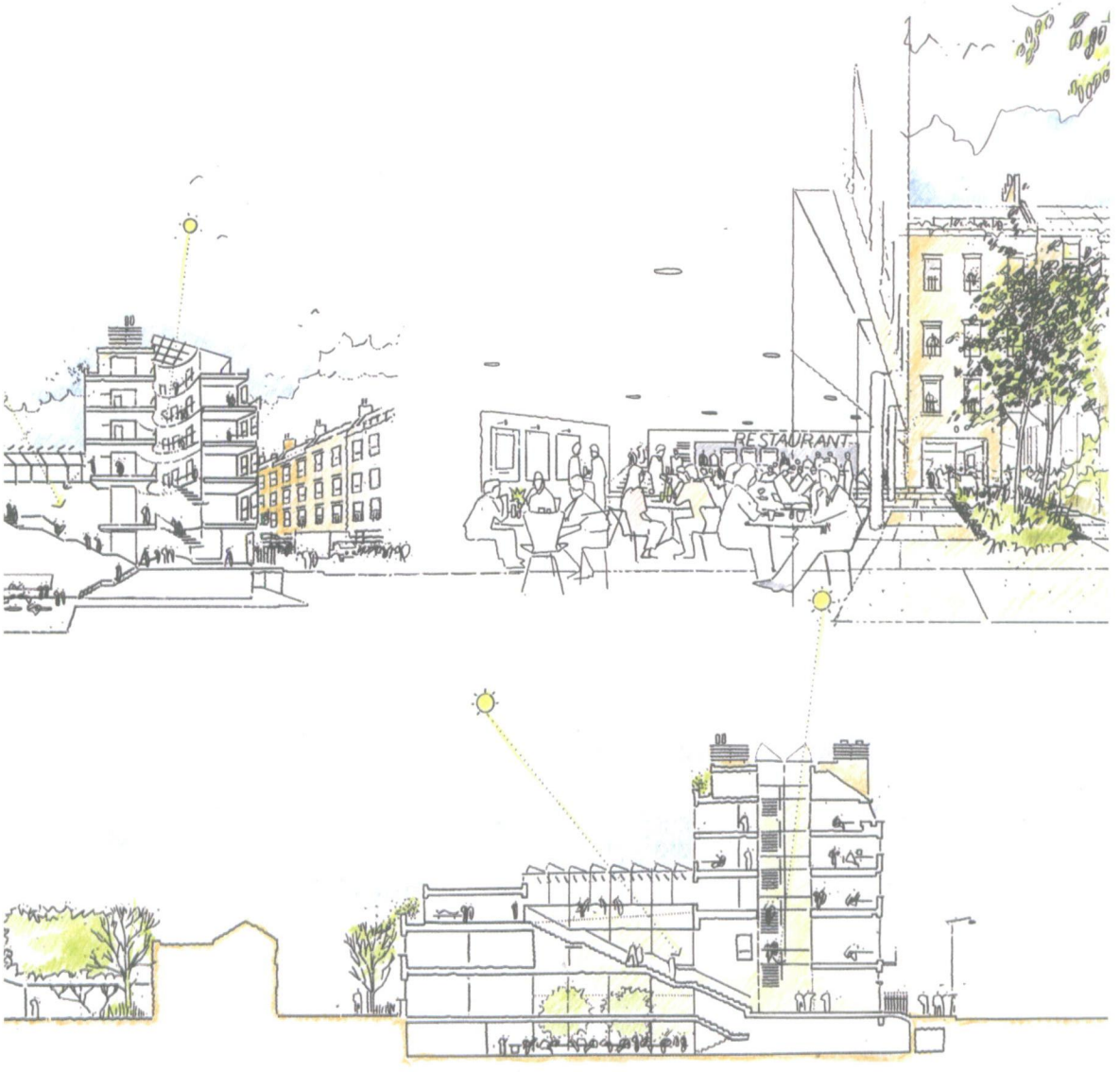
The London Clinic is the largest independent hospital in the UK. They have commissioned a masterplan for new buildings and refurbishment of the estate which will enable an economic restructuring and expansion of the existing facilities whilst remaining operational. The conservation area and residential properties that adjoin the sites are sensitive issues.

The first phase of the refurbishment will be a new Consulting and Diagnostic House and the creation of a new Oncology Centre. Extensive consultation with the hospital's clinical staff emphasised the delivery of patient-focused care facilities.

The quality and ambience of the existing London Clinic Consulting House have been combined with the latest technology to create a classic interior with reference to clearly modern design.

It will consist of 26 medical chambers for groups of doctors with complementary areas of expertise within the same clinical speciality. These will include gynaecology, urology, orthopaedic, cardiology and plastic surgery. To provide a diagnostic service there will also be x-ray, ultrasound and pathology departments. A broad range of outpatient facilities will provide patients with a seamless one-stop service.

The refined detailing of the interiors compliments the Georgian style façade. To respond to patients' well-being and to create a calm, familiar and reassuring atmosphere, colours, finishes and artwork have been carefully chosen throughout the building. New glazed roofs bring natural daylight to the heart of the building and existing external lightwells have been transformed into landscaped gardens.


RESTAURANT

MAGGIE'S LONDON
PATIENT FOCUSED CANCER CARE CENTRE

Maggie's Centre, Charing Cross Hospital
Fulham Palace Road, Hammersmith
Client Maggie Keswick Jencks Cancer Caring Trust
Architect Richard Rogers Partnership
Programme Planning Permission granted 2005
Cost £3.5m

Maggie's Centres are intended to create inspiring environments for people affected by cancer where they can meet, gather information and seek support. The centres are designed and programmed to respect and comfort people affected by cancer, offering emotional and psychological support to run alongside conventional medical treatment. The centres also represent a benchmark as a future educational route for complementary care in the community.

Twelve such centres are planned for the UK and the design by the Richard Rogers Partnership will be the first in London. The design ethos is informed by Maggie Keswick Jencks' blueprint "A View from the Frontline". Her husband and Maggie's co-founder Charles Jencks has challenged many of the world's most innovative architects to create buildings that are distinctive and yet on a human scale that is sympathetic to patients affected by cancer.

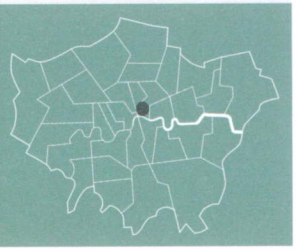
Architecture and art play a vital role in Maggie's Centres. At Maggie's London the architects hope to create something that is more than a support centre, more homely, more welcoming, more comfortable, more thought provoking and uplifting.

The building is made up of four components: a wall that wraps around four sides; the kitchen - a double-height central space which will be the main focus of the building; annexes off the main space, conceived as meeting, sitting and consulting rooms; and a 'floating roof' that oversails the outer wall and acts as the enclosure to the heart of the building. Small courtyards are formed between the building and the walls. Surrounding trees will filter the noise and pollution from Fulham Palace Road whilst providing a leafy backdrop.

According to Charles Jencks "The role of art, architecture and gardens in Maggie Centres is essential and pervasive. The ambience of a place establishes a mood and frame of mind, it lifts the spirit or depresses, but you cannot avoid its importance. In our case we believe the arts are fundamental for inspiring both cancer patients and staff to deal positively with the trials of this disease, to transform the question "will I live" into "the will to live", to the change the outlook from confusion and despair to hope."

INTERNATIONAL CHILDREN'S EYE CENTRE
MOORFIELDS EYE HOSPTITAL

International Children's Eye Centre
Peerless Street, Islington
Client Moorfields Eye Hospital NHS Foundation Trust
Architect Penoyre & Prasad LLP
Consortium Balfour Beatty Procure21 Ltd
Programme Completion due in September 2006
Cost Contract Value £12.5m



The new International Children's Eye Centre will combine the outstanding clinical expertise of Moorfields Eye Hospital with the research prowess of the adjacent Institute of Ophthalmology to provide a world class centre for treating children's eye conditions. The centre includes outpatient clinics, a day surgery unit, research facilities and a short stay patient/parent hostel.

The conditions of the site, the internal layout of clinics and the necessary connections to the existing first floor operating theatres, all contribute to a vertical arrangement of spaces within an eight-storey building. Externally the mass of the building is lifted clear above a largely glazed entrance platform containing a café and shops. Bridges cross a space running up the building acting as a pause prior to entering the clinical areas.

The south facade, facing across Peerless Street, is protected from solar gain through an arrangement of aluminium louvers suspended in front of glass curtain walling. A projecting bay breaks through the facade signalling the most populated part of the building.

The main outpatient waiting area is located on the third floor and deeper into the building, the arrival and pre-op areas for the surgical patients and their guardians. Waiting areas have play pods, one of which bursts through the ceiling making a table in the floor above.

NEW ROMFORD HOSPITAL

NEW URBAN HOSPITAL

Romford Hospital
Oldchurch Park, Romford
Client Barking Havering and Redbridge Hospitals NHS Trust
Architect Jonathan Bailey Associates with BDP
Consortium Catalyst Healthcare
Programme Began in July 2003, topped out in March 2005, operational in Jan 2007
Cost £200 million procured under PFI

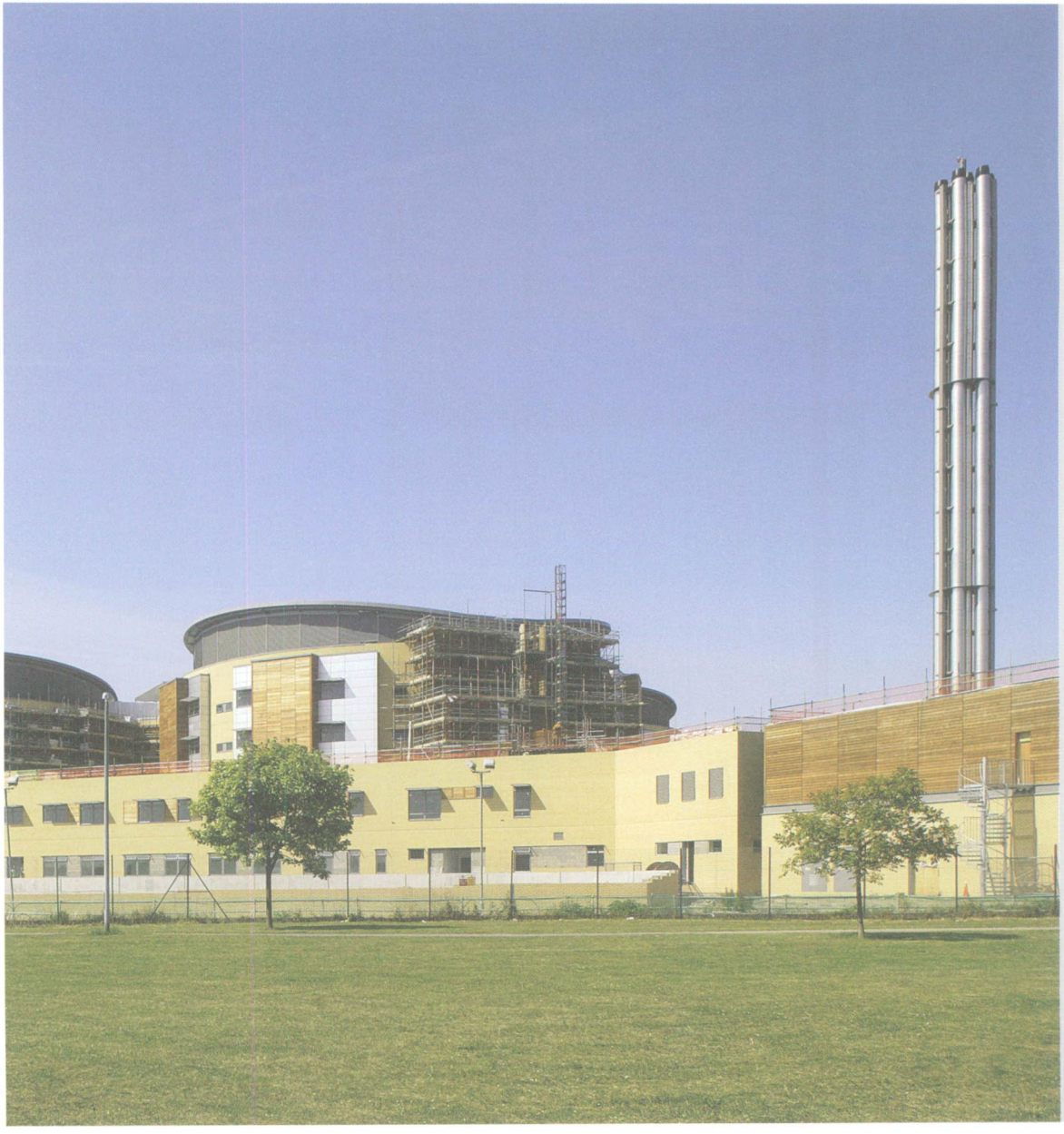
The construction of this new 930 bed acute hospital will bring together on a single site the services currently provided at Harold Wood and Oldchurch Hospitals.

Occupying 8.5 hectares (12 football pitches) the new hospital will give the local community state-of-the-art facilities providing the highest standards of patient care including an 18 place renal dialysis unit.

The Catalyst team will provide a full range of non clinical services and a management equipment service under a 36 year concession agreement. The design team worked with the Hospital Trust in the development of a unique podium organisation of diagnostic and treatment facilities for optimum functional adjacency.

The hospital contains 4800 rooms. Patient accommodation is mainly four-bed single sex rooms with 20% provision in single rooms. For access there 1350 parking spaces and a large number of cycle racks and dedicated cycle paths.

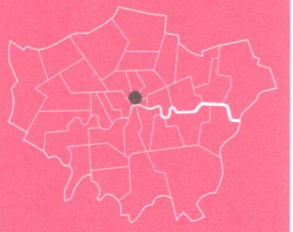
Enhancing the effectiveness of the hospital over its lifetime the architects have introduced a flexible structural solution. For future change in layout and equipment the slab floor allows large holes to be cut between levels as required.



OCTAV BOTNAR WING

NEW CHILD-CENTRED FACILITY SETS THE STANDARD FOR CAMPUS REDEVELOPMENT

Great Ormond Street Hospital - Octav Botnar Wing
Great Ormond Street, Bloomsbury
Client Great Ormond Street Hospital NHS Trust
Architect Anshen Dyer
Services Engineer Ove Arup
Structural Engineer Symonds
Q.S. Gardiner & Theobald
Project Manager GTMS
Contractor HBG
Programme Due for completion 2005
Cost £34m

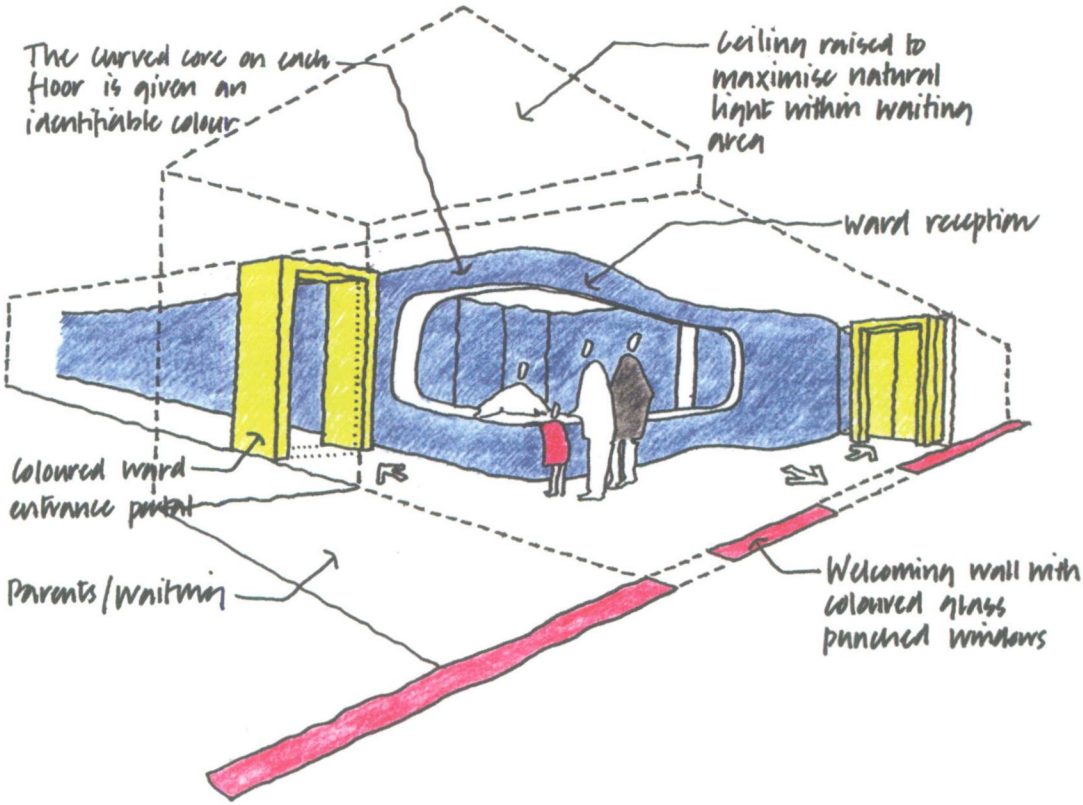


The completion of the Octav Botnar Wing scheduled for later this year, will provide much needed facilities for both NHS and International patients - and will enable further phases of campus redevelopment.

State of the art surgical theatres are provided on Level 1 (lower ground); entrance, reception and outpatient facilities are on Level 2 (ground), with day case and short-stay directly above. The top three floors are for inpatients in wards with 80% single rooms.

At each level, patient areas are located at the periphery to maximise daylight and views. Internal cores provide for support areas. In certain places these cores take on wave forms that contribute to a child-friendly environment. Other environment - enhancing measures include the placement of family areas and play areas adjacent to light-filled atria, the extensive use of internal glazing, the provision of art to be created by patients and professionals - and the thoughtful use of materials, colour and details that connote the high level of clinical care on offer.

The need to maximise site utilization, coupled with the desire to enable daylight to penetrate the building, informed its massing, which consists of an "E" shaped plan that creates two atrium spaces, and a stepped-back top that creates useful terraces at upper levels. A materials palette of glass, stone, metal and brick give the building a modern contextual quality that conveys its nature as a state of the art medical facility within a sensitive urban environment.


The curved core on each floor is given an identifiable colour
Ceiling raised to maximise natural light within waiting area
Ward reception
Coloured ward entrance portal
Parents / waiting
Welcoming wall with coloured glass punched windows

SPRINGFIELD VILLAGE

INTEGRATING MENTAL HEALTH CARE INTO THE URBAN PLAN

Springfield Village
Tooting, Wandsworth
Client SW London & St George's Mental Health NHS Trust
Masterplanners Urban Strategies Inc.
Architect Maap
Development Consultants Native Land
Programme Vision and masterplan Commenced 2005

Springfield University Hospital is one of the largest and few remaining 19th century mental health institutes still in use. It was originally sited well away from urban development but over the years has found itself enveloped by London development. The 30 or so buildings are no longer fit for delivering mental health care services so the Trust commissioned a strategic masterplan which will make best use of its land assets. This is the first step in complex process to realise the vision of mental health care and community regeneration in South West London.

A three-month visioning process involving the Trust, the community and local authorities produced the vision for Springfield Village, which sets out the guiding principles for the site's regeneration. Of the 10 principles identified, perhaps the most important was to decrease the sense of stigma and isolation on the site and integrate a mix of new uses that bring people and vitality to the site. These include new healthcare facilities, a variety of housing options, community services, offices, restaurants and shops as well a variety of public spaces.

The Springfield Village Masterplan has three key design principles:

1) To preserve and enhance the character of place such as the heritage buildings, trees and the views offered by the site.

2) To establish a logical framework of streets and blocks.

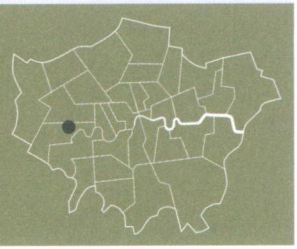
3) To enhance the open space network.

The healthcare facilities will be concentrated into smaller clusters of dedicated units which function as an integral part of the village environment. The plan also provides a guide for building design which includes dealing with the existing heritage buildings, new health care facilities and guidance on the type and height of buildings.

The proposed street network builds on the existing character of the site and suggests improvements for access, cycling and pedestrian movement.

THELMA GOLDING HEALTH CENTRE
LIFT INTEGRATED CARE CENTRE

Thelma Golding Health Centre
Hounslow
Client Ealing, Hammersmith & Fulham and Hounslow NHS LIFT
Architect Penoyre & Prasad LLP
Consortium Building Better Health
Programme Completion 2007
Cost £15m



LIFT offers an opportunity to join up dispersed services into a one stop programme. An opportunity for creativity and rethinking core values in urban design regeneration and sustainable communities. This will be one of the largest Primary Care Centres in UK, replacing cramped and sub-standard provision in the existing centre and gathering dispersed neighbouring facilities into one site.

As well as four GP surgeries, the new centre also hosts a range community care services including, improved outpatient facilities, social care outreach, services for children and people with learning disabilities. For advice there is a health information centre and new therapy gym to aid rehabilitation.

Externally the centre is clad in grey terracotta cladding and coloured aluminium panels; brilliantly coloured glass in the atrium glazing will fill the central space with light and colour. The design brings together all the services around the central atrium and circulation space incorporating the main reception, a cafe, and a health information forum.

The experience of visiting a health practitioner, whether as a client or companion, is enhanced by the use of colour and light, to aid orientation in the building. Children and adolescents services on the ground floor have access to enclosed gardens and on the top floor there is a 'Staff Club' with cafe and panoramic views.

WALDRON HEALTH CENTRE
AN UPLIFTING APPROACH TO LOCAL CARE

Waldron Health Centre
New Cross, Lewisham
Client Lewisham Primary Care Trust
Architect Buschow Henley
Consortium Building Better Health
Programme Due for completion in 2006
Cost £12.5m

The new breed of one-stop health centres demonstrate a shift in thinking about how to deliver patient-focused facilities to the community they serve. The Waldron Centre with its broad range of services represents a move towards the joined up delivery of primary health care.

It accommodates four GP surgeries with local outpatient provision and a range of outreach therapy services. The Centre embraces its role as a civic building in New Cross by transforming its context to become a focus for both health care and community involvement.

The Waldron Centre has been conceived using a storyboard of patient moments, from arrival, through the public spaces, to individual attention in the clinical rooms.

The design aims to balance large scale with intimacy and to avoid a façade full of private rooms. Therefore the formal elevations facing the new entrance square are arranged with assembly spaces or main circulation

Organised around a series of carefully considered thresholds, the building's internal arrangement offers space, light & material clarity. The visitor enters a foyer in the heart of the building, passing through cloisters to reception and waiting overlooking the courtyards. The central foyer has a surprising grandeur, the plaster and timber surfaces stretch to a north light five stories above the ground level.

Organised in clinical clusters the group practice surgeries occupy first floor with more specialised services above. Naturally-lit and easily navigated common areas reach out to the clinical suites and administration areas.

Circulation routes and waiting spaces are arranged around an enclosed planted courtyard. Views out are designed to maximise daylight and lift the spirits of public and staff as they move through the Centre.

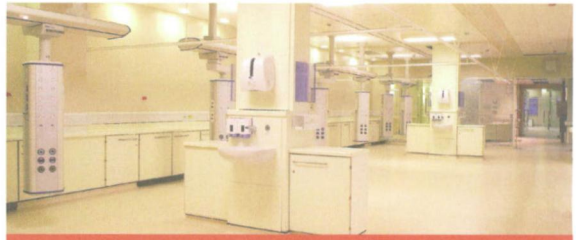

WALDRON HEALTH CENTRE

OTHER NOTEWORTHY PROJECTS

THE NEW GREEN WRYTHE LANE CLINIC

Redevelopment to create a new purpose-built centre, with expanded therapy services and GP practice. The resulting building will improve both the experience of the patients and the working lives of staff. The environment will be positive and therapeutic, one that promotes well-being and has strong links with the community it serves.

South West London NHS Local Improvement Finance Trust
Architect: Penoyre & Prasad



HAMMERSMITH HOSPITAL RENAL UNIT

Centralises West London Renal Services in a new modern centre at Hammersmith Hospital and also re-houses the Trust ITU and three general medical wards. The building benefits from a number of features funded by the Charitable Trustees including areas of stained glass to the facade; enhanced internal finishes and landscaping.

Hammersmith Hospitals NHS Trust
Architect: Ansell & Bailey

HORNSEY CENTRAL

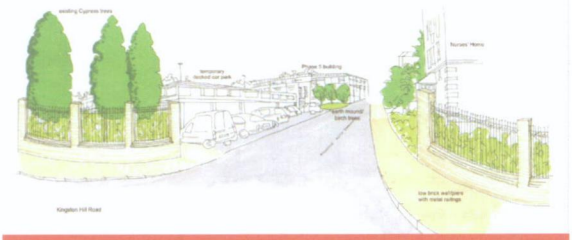
An established setting for community-based health care for more than 50 years. A new building at Hornsey Central will meet new space standards and the environmental aspirations that the NHS has for all of its buildings. It will also facilitate a modernised pattern of health service delivery for people who live locally.

Haringey Teaching PCT
Architect: Murphy Philipps

KING'S COLLEGE DAY SURGERY EXTENSION

Kings College Hospital has exceeded the national target for day surgery and, with seven operating theatres' is the largest day surgery unit in the UK. This was achieved through a phased programme for the extensive refurbishment and extension of the existing facility. The extension was pre-engineered off-site in Cambridge and delivered over two weekends.

King's College Hospital NHS Trust
Architect: Sheppard Robson



KINGSTON HOSPITAL

A £33m PFI development at Kingston Hospital to be completed in 2006, it comprises new surgical and gynaecology wards to replace the existing beds in the Trust's Roehampton Wing. A new Pre-Operative Assessment area and an Emergency Gynaecology Assessment Unit are provided adjacent to the gynaecology ward and surgical wards, respectively.

Kingston Hospital NHS Trust
Architect: Nightingale Associates

JUBILEE WING PROJECT AT MAYDAY HOSPITAL

The £21M Jubilee Wing opened to the first in-patients in December 2004. The scheme, the first major new building at Mayday for 20 years, comprises eleven wards and a Day Surgery Unit. A total of 306 in patient beds are housed on four floors.

Mayday Healthcare NHS Trust
Architect: Devereux Architects

LORDSHIP LANE

Located on a backlands site in Tottenham, Lordship Lane Primary Care Resource Centre consolidates a 7 doctor GP practice with Primary Care services including Physiotherapy, Podiatry, Orthotics, Speech and Language Therapy, Phlebotomy, Dietetics, a Dental Practice and a Baby Clinic. The philosophy of the design is to integrate the healthcare services effectively, to bring natural light into the building and to use natural materials.

Barnet Enfield and Haringey LIFT
Architect: Sonnemann Toon

THE PRINCESS ROYAL UNIVERSITY HOSPITAL

The 1st April 2003 marked a new era for Bromley Hospitals NHS Trust. By that date all the services previously provided at Bromley and Farnborough hospitals and the majority of those at Orpington hospitals moved into the brand new state of the art Princess Royal University Hospital. The £155m scheme is one of the largest hospital schemes in England and Wales to be signed under the Private Finance Initiative.

Bromley Hospitals NHS Trust
Architect: CODA Architects

QUEEN MARY'S HOSPITAL, ROEHAMPTON

A £55 million redevelopment under the Private Finance Initiative (PFI) scheme, it provides a 139-bed community hospital in South West London for Wandsworth teaching Primary Care Trust due for completion in 2006. The four storey building is being built on the northern perimeter of the current Queen Mary's site. Its compact design means the existing hospital can remain open throughout construction with all patient services running as usual.

Wandsworth Teaching Primary Care Trust
Architect: Devereux Architects

THE NEW ST JOHN'S THERAPY CENTRE

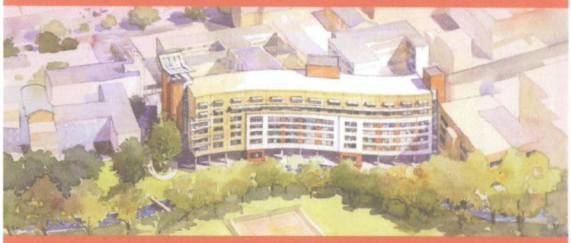
A £7 million South West London NHS Local Improvement Finance Trust scheme for redevelopment of the St John's Therapy Centre, Battersea to create a new purpose-built centre, with expanded therapy services and two GP practices.

Wandsworth Primary Care Trust
Architect: Buschow Henley Architects

SPA CENTRAL

Part of the Bermondsey Spa Regeneration initiative, it combines neighbourhood resources with a sustainable living environment. The ground floor is dedicated to community uses; a health centre includes a dentist, pharmacy and nursery. Space above provides mixed-tenure accommodation; affordable, key-worker and private homes for sale.

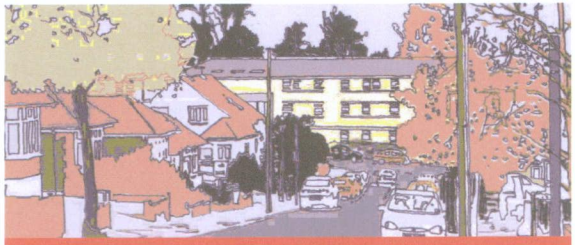
Rooff Residential, PTE Property and Hyde Housing Association
Architect: Pollard Thomas Edwards Architects with Dransfield Owens de Silva



UNIVERSITY HOSPITAL, LEWISHAM

Due for completion in 2006 the £69m seven-storey scheme will provide 419 in-patient beds in an environment suitable for the 21st century. The building follows the line of the river that runs at the back of the hospital site and is an "S" shape. It has been designed to ensure that as many patients as possible have a view over the Ravensbourne River into the Ladywell Fields, a large green open space in the middle of Lewisham.

Lewisham Hospital NHS Trust
Architect: Mowlem Construction with RTKL



VALE DRIVE

An important part of a new service delivery model proposed by Barnet Primary Care Trust (PCT), to facilitate the provision of a comprehensive range of primary care services across the region, from a network of new purpose built premises. The new Centre at Vale Drive, will continue to provide the existing services, but in support of the PCTs vision of core and extended primary care for the local population, will also provide a new GP practice.

Barnet Primary Care Trust
Architect: Murphy Philipps

CHASE FARM HOSPITAL, THE OAKS WARD

The new £4,02M single storey building provides living quarters for 25 Alzheimers patients with 23 single bedrooms and one twin bedroom all with en-suite shower, toilet and wash hand basin. Activity day areas within the new build include OT rooms, a large dining room and a day room that can be opened up into external paved seating areas.

Barnet, Enfield and Haringey Mental Health NHS Trust
Architect: Devereux Architects

MOUNT VERNON HOSPITAL TREATMENT CENTRE

The Treatment Centre at Mount Vernon Hospital is part of a wholesale redesign and redevelopment programme for Hillingdon Hospital NHS Trust. Primarily a centre for the provision of elective and ambulatory care services, the proposed redevelopment plans increase in elective and elderly care services at Mount Vernon Hospital which will have a significant and necessary impact on the way services are delivered. The LIFT project will cost an estimated £12.7m

Hillingdon Hospital NHS Trust
Architect: Day and England Stevensen Marsh

GARLAND ROAD HEALTH CLINIC

Garland Road Health Centre provides an opportunity to unite the existing facilities and several of those at the Market Street Clinic within one Primary Healthcare Clinic. For the local community it will become a focal point of health and well being presenting a statement to the community that extended Primary Care has arrived.

Greenwich Teaching Primary Care Trust
Architect: KSS Design Group with Sonneman Toon

A BRIEF AND SELECTIVE HISTORY OF HOSPITALS IN LONDON

1101

Queen Matilda, wife of Henry I, founded a **leper hospital** at St Giles-in-the-Fields, one of a number of such colonies to have existed outside the city walls during the medieval period.

1123

Founding of **St Bartholomews** priory and hospital for the sick poor at Smithfield in London. In the early medieval period the sick were cared for by the brethren and sisters of the Priory, but gradually the Hospital became independent. The only medieval building now remaining at St Bartholomew's is the tower of the Church of St Bartholomew the Less. All the medieval hospital buildings were demolished during the eighteenth century rebuilding programme, carried out to the designs of architect James Gibbs. The North Wing, which contains the Great Hall, along with the East and West Wings are original Gibbs buildings and Grade I listed.

C1140

Founding of **St Thomas' Hospital**.

1247

The **priory of St Mary of Bethlem** was founded in in Bishopsgate Street, for the order of St. Mary of Bethlehem. It was confiscated by King Edward 3rd and used for lunatics from 1377. Popularly known as **'Bedlam'**, Bethlem is the world's oldest institution caring for people with mental disorders. After the Great Fire, Robert Hooke, the newly appointed city surveyor, designed the new Bethlem (Bethlehem Hospital) in Moorfields which opened in 1676. During the 20th Century, Bethlem was re-located twice. After the last move, parts of the old building were destroyed before it became home to the Imperial War Museum.

1348 - 1350

Black death - Generally assumed to have killed around 40% of the population of London.

1518

King Henry 8th founded the **Royal College of Physicians** (London) to control who practised as a physician in London and so protect the public from quacks.

1658

Samuel Pepys undergoes an operation to remove a bladder stone. It is conducted at his home with no anaesthetic.

1665

The Great Plague - The first case of what was to become the Great Plague of London was discovered in April 1665, in St Giles-in-the-Fields.

1682

Chelsea Seaman's hospital and **Greenwich Seaman's Hospital** (1694) founded. "Two of the finest secular buildings in London".

1720 - 1745

Five new general hospitals were founded by private citizens: **Guy's**, **Westminster**, **St George's**, **The London** and **The Middlesex**. All were general hospitals set up to serve local residents, and all had a policy of providing free treatment for those who could not afford to pay. All were the products of the voluntary hospital movement, charity hospitals supported by the voluntary contributions of the public.

1753 - 1761

The **Smallpox Hospital** at Cold Bath Fields, Clerkenwell, opened. Now demolished.

1796

Sea Bathing Infirmary Margate - Led by the medical profession's belief in the therapeutic properties of saltwater against tuberculosis it offered secluded conditions and a moderate climate, as well as being within easy distance by boat from London.

1802

The **London Fever Hospital** was founded in 1802 in Islington under the full title of "The Institution for the Cure and Prevention of Contagious Fevers".

1805

Moorfields Hospital founded (initially as the London Dispensary for curing diseases of the Eye and Ear') The impetus seems to have been an epidemic of trachoma, a form of potentially blinding tropical conjunctivitis brought back to England by British troops. It moved to its present main site on City Road in 1899. In 1944 Moorfields received a direct hit from a 'doodlebug' and suffered serious damage; this was so extensive that the Hospital was nearly pulled down and rebuilt on a green field location. However the site was rebuilt in 1946.

1828

The **Royal Free Hospital** was founded to provide free hospital care to those who could not afford treatment. The title 'Royal' was granted by Queen Victoria in 1837 in recognition of the hospital's work with cholera victims. The Royal Free moved to its present site in the mid 1970s, bringing together the old Royal Free Hospital in Gray's Inn Road with the Lawn Road, New End and Hampstead General hospitals.

1832 - 1866

Four separate epidemics of **Cholera** kill thousands of Londoners.

1841

Surrey County Asylum (later Springfield Hospital) opens. During the late 19th Century, there was a significant growth in asylums situated on the outskirts of London, notably Colney Hatch, Barnet (1851) reputed to have the longest corridor in the world and the Claybury Hospital, Woodford, London Borough of Redbridge (1887-88) an echelon plan complex for over 2000 patients.

1841

The **Brompton Hospital** founded specifically for the treatment of tuberculosis. Followed quickly by others such as The London Chest Hospistal (1848) for the people of the City and East London. Tuberculosis, also known as Consumption or Phthisis, was the major endemic killing disease at that time, accounting for 20% of all deaths, double that of any other disorder.

1842

Dr Protheroe Smith founded the **Soho hospital** for 'treating patients labouring under the diseases peculiar to females'. The first general hospital for women, it moved to Soho Square in 1852. In 1920, the hospital was practically rebuilt and re-opened with 70 beds. It joined Middlesex Hospital group in 1948.

1848 - 1849

London Fever Hospital, Islington designed by Charles Fowler.

1852

Dr Charles West founds **Great Ormond Street Hospital** in a converted 17th Century townhouse on the corner of Powis Place. In 1872 moves into a new 120-bed hospital to designs to E M Barry. The principal elevation combined elements of Italianate and Northern Renaissance architecture and featured balconies to the wards on the first and second floors. In 1893, the

hospital was extended by the addition of a new Jubilee Wing, designed by Charles Barry.

1868

Work begins on he New **St Thomas' Hospital** opposite the Houses of Parliament. Along with the Herbert Hospital (1861) in Woolwich this is the first major use of pavilion plan wards advocated by Florence Nightingale. Precursors of the Nightingale wards which became the mainstay of hospital accommodation for over 100 years, they were specifically designed to admit light and fresh air and improve sanitation.

1875

Work is complete on the **sewer network** that served North London, three and a half miles of large sewer pipes running beneath the Victoria and Chelsea Embankments.

1892

UCL Hospital Gower Street Euston - Alfred Waterhouse

1899 - 1926

Belgrave Hospital for Children to designs by Henry Percy Adams & Charles Holden. The building closed in the 1980s and has recently been restored.

1907

Royal National Orthopaedic Hospital, designed by Rowland Plumbe.

1928

Royal Ear Hospital designed by Wimperis, Simpson & Guthrie, subsequently became part of University College Hospital.

St Mary's Hospital, Paddington. Alexander Fleming while working on influenza virus discovered an active mold substance he named penicillin.

1931

Royal Masonic Hospital, Ravenscourt Park by Sir John Burnett, Tait and Lorne.

1935

The Peckham Health Experiment - Pioneer Health Centre opens - important architecturally as an early indication of how the new construction techniques pioneered by the architects of the Modern Movement could serve an ambitious social purpose.

1938

Construction begins on the **Finsbury Health Centre**. "Nothing Is Too Good For The Ordinary People of Finsbury".

1948

The **NHS** is founded.

1952

The **Great London Smog** lasted for five days and led to four thousand deaths. Clean Air Act passed in 1956.

1950's - 1960's

The High Rise Tower. The classic form of hospitals from the 1950's until mid-1960's was adopted for a number of prominent London Hospitals including the London Royal Free, Guy's and Charing Cross. The approach was to stack the wards in a tower rising from a podium containing all other accommodation. Shaped by new lift technology and a desire for short walking distances, it was nicknamed "matchbox on a muffin".

1960

Drug resistant bacteria discovered. **MRSA** first appears.

1962

Enoch Powell launches the **Hospital Plan**, a massive hospital building programme for 99 new and 134 upgrade hospitals at a cost of £500M over the decade. Based on a 600-800 bed District General Hospital costs were underestimated and in 1966 the plan was drastically cut back.

1966

Wexham Park - The first modern hospital to explore horizontal planning was the Wexham Park Hospital in Slough by architects Powell & Moya. It accommodated 300 beds along a central spine with single storey wards and gardens serviced from it. The idea of a circulation spine which could be lengthened and fresh pavilions introduced was basis for the Northwick Park Hospital 1970 in Harrow designed by Llewelyn-Davies Weeks. Described by as "indeterminate architecture" by the architect John Weeks the concept was for the hospital to be planned along a street like a village around which buildings of any shape were added.

1969

Greenwich District Hospital - The DHSS prototype Greenwich Hospital designed by the Ministry of Health Architects was the first low rise hospital to be introduced into a built up area. A rectangular block with central courtyards and a band of wards around the perimeter, it offered internal flexibility known as "universal space". With its standardised departments the 800 bed Greenwich (Research Design & Guidance into Traffic Flows) provided guidance to subsequent DHSS developments known as Best Buy and Harness.

1975-1990

Nucleus Hospitals - A highly prescribed planning and commissioning regime Nucleus would dominate hospital design for 15 years until the decentralising NHS Reforms of the early nineties. Uniquely for a hospital programme the Nucleus package offered the Client a route to assured functional performance at a predictable cost. Due to their rigid conditions Nucleus achieved many competent designs as at Newham (1983)but few like the Maidstone District General hospital by Powell & Moya were inspirational.

1983

Mental Health Act. - The most dramatic changes in services during the history of the NHS came with the closure of the Mental Hospital in favour of Community care. Of 130 hospitals in 1960, 38 had closed by 1993 with a further 21 due for closure. In the remaining hospitals, beds have fallen to an average of 223 per hospital, a fraction of their former size. In 1995 The Mental Health Patients in the Community Act established concept of supervised treatment in the community and gave the supervisor authority to take and convey patients to hospital if it seemed desirable.

1981

First Reported case of **Aids**.

1985

Opening of the **Lambeth Community Care Centre**.

1990

NHS and Community Care Act established hospitals as independent business. Acute hospitals status changes to self governing NHS Trusts. Family doctors to become Fund Holding GPs.

1992

Tomlinson Report - An inquiry into London's health service the report emphasised the need to improve primary and community care in London. Recommended merger of UCLH with The Middlesex, Barts with the London Hospital, Guys and St Thomas'.

1993

Chelsea & Westminster Hospital opened. Deep Atrium introduced to UK.

1996

Planetree concept for Patient-Centred Care introduced to the new Maternity Wing at Kingston Hospital.

2002

Primary Care Trusts (PCTs) introduced to hold a significant majority of the entire NHS budget. They become the main purchasers of health care provision from the Hospital Trusts.

2002

First phase of **PFIs** complete including Dartford and Gravesend, Greenwich, and facilities at Barnet & Chase Farm.

2001

Local Improvement Finance Trusts (LIFT) launched.

2003

Second Phase of completed **PFIs** including the Golden Jubilee Wing Kings College, West Middlesex University Hospital, Bromley Hospital, Atkinson Morley Wing St Georges.

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- G. Rivett, The Development of the London Hospital System, 1823-1982, 1986. (out of print)

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Exhibition curated by The Building Centre Trust with Graham Cooper
Exhibition graphics by Malcolm Frost and Igma Imaging
Publication designed by Manha

WE WOULD LIKE TO THANK THE FOLLOWING FOR THEIR INVALUABLE TIME AND ADVICE:

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Claudia Bloom - Avanti Architects
John Cooper - Anshen Dyer
Stephen Cox - Great Ormond Street Children's Hospital
Hilary Dalke - Design Plus
Sue Francis - Future Healthcare Network
Nigel Greenhill - Greenhill Jenner
Theodore Hildebrand - Maggie Keswick Jencks Cancer Caring Trust
Paul Hyett - Ryder HKS
Charles Jencks
John Jenner - Greenhill Jenner
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