

## 11: The social relevance of designing for health

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This paper is intended to share some insights about the NHS, and to show the role that design and designers can play in bringing about very important social policy in healthcare.

In my various professional roles, I have worked as a designer, builder, academic and policy advisor. For over 20 years I have specialised in healthcare design. In 2001, I joined a client organisation and became the only architect to work at the NHS Confederation. The Confed is a membership body for healthcare organisations. Over 90 per cent of NHS trusts are part of the Confed and it provides a collective voice for NHS leaders on the ground. Future Healthcare Network (FHN) was set up as part of the Confed to support a membership network of trusts with major capital programmes.

The FHN was concerned with health policy and its impact on the government's major capital programme for healthcare buildings. It focused on bringing together and disseminating key issues around health care planning, design, technological developments and workforce transformation. My role was design lead and my programme considered the impact of these issues on the design of health buildings.

I am now a special advisor on health at CABE, working among designers and planners, and the need to translate across the divide between clients and designers remains.

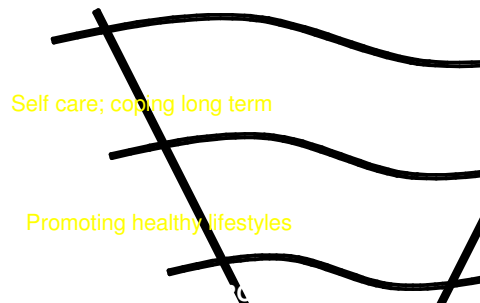
Considerable research evidence shows that the design of the environment has an impact on patient health outcomes. Some years ago, the research question was whether or not environment contributes to health and healing, but it has now moved on to 'exactly how does it do this?' There are several hundred validated studies that demonstrate what constitutes a therapeutic environment; now we are concerned with understanding and explaining what is meant by design quality. Many of these issues will not be new to mainstream design practice, for example, being productive, sustainable and future-proofing buildings, but they may be a revelation to some clients in the NHS. My role is to challenge and support them.



*Illustration 1: contemporary hospital environment*

healthcare development for the future. With a shift in policy bringing care closer to where people live and work, and even in their homes, an idea emerged that the hospital would become the last resort, a very specialised place for people with complex care needs requiring sophisticated diagnostics and treatments.

The study took this idea and looked at what it meant in terms of design. It considered four main settings for healthcare delivery: home, primary, community and hospital. There was a call for more adaptability in the home: as more and more people live longer and aspire to more independent lives, so more care will take place in home settings (illustration 2). Some acute care and much chronic care can take place at home. Specific services, such as maternity care and care at the end of life, will consider home care. This will make it possible for the rituals associated with significant, life-changing moments – birth, death, whatever – to be located in the home.



*Illustration 2: the various levels of healthcare*

It is well known that primary care needs significant investment in organisational development and physical infrastructure, especially in inner city locations. The lone GP practice, often working fragmented hours from a lockup shop, will be swept aside by a new policy to bring in polyclinics, typically with 25 GPs and a raft of other services. The idea is that these GP practices will become more empowered as the gatekeepers to the system, to help ensure that patients only go to acute hospitals if absolutely necessary, and to allow them to be looked after in their own neighbourhoods. These local buildings will accommodate not only healthcare services but also social care and housing advice provided by local authorities. Many of those now being developed or recently opened include a sports gym, a library and other facilities.



*Illustration 3: contemporary  
hospital environment*

To give an indication of the size of the investment programme, over £20 billion has been invested in NHS buildings over the last 10 years. Since the government announced the NHS Plan in 2000, nearly 100 new hospitals, over 200 LIFT primary care centres, and over 150 small hospital schemes have been completed.

The Department of Health (DH) has introduced a design review process for major investment projects. Although there are some similarities with CABE's design review service, the two programmes differ significantly: the NHS design review panel actually visits the site as part of the review, so that questions of the site-specific nature of the design are well considered. The NHS review takes place typically at three stages in design development, with the same panel reconvening each time.

The NHS includes many relatively unskilled and inexperienced clients, at least in terms of design. It is crucial that any major building developments accommodate new directions in healthcare policy, from the earliest strategic planning onwards. Design review provides an opportunity to review a proposed design scheme and question whether or not it is moving in the right direction.

What does design review offer the NHS? It has been my role to explain to trusts why they should get involved and how they will benefit. The process offers good governance from a critical friend. In design review, panel members are not afraid to say what they think. We are, however, committed to being constructively critical in our response to the designs and to take the opportunity to make sure that we leave both the client and the designers with a clear idea of where they might go next to improve the design.

Design review is also a quality check for those commissioning buildings in the NHS, at regional level as well as project level. They need to be assured that the project is going to help deliver the policy issues with which they are concerned.

Both panel members and clients enjoy the reviews early in the development process which are organised as workshop discussions. These provide an opportunity for a more informal exchange of ideas about the design proposals. Perhaps those who least enjoy this process are the architects who are advising the trust: for them it is peer review conducted in front of their client .

The reviews that take place later in the process are often regarded by the trusts as part of a technical evaluation of the competing schemes. In the big PFI projects, for example, there will typically be two bidders who, with the recent introduction of competitive dialogue, will be putting forward schemes at a relatively detailed stage. The most useful comments from the panel at this stage focus not only on helping the client to identify design aspects that could be improved but, even more importantly, on ensuring that good design features are not lost in the process of negotiating financial close.

In the PFI process in health at the moment, the weighting given to design is about 50 per cent – a great improvement over the years – and for one of the projects that is just

coming on stream, the weighting for design is 65 per cent. If nothing else, therefore, design review, together with other initiatives, has helped to push design a little further up the agenda. As smaller scale projects come on board, design review will be adapted to look at them in addition to the major hospital schemes.

The criteria for NHS design reviews are made explicit: the AEDET – Achieving Excellence Design Evaluation Toolkit – defines what is meant by design quality for healthcare buildings. Similar in headings and format to the DQIs (Design Quality Indicators), a generic tool for assessing many building types, AEDET is specific to the NHS. The toolkit and design review process were evaluated in 2004 by Sheffield University, and key themes from the many reviews and reports were identified. A selection of the recurring themes became the focus of attention in the next stage of this process.

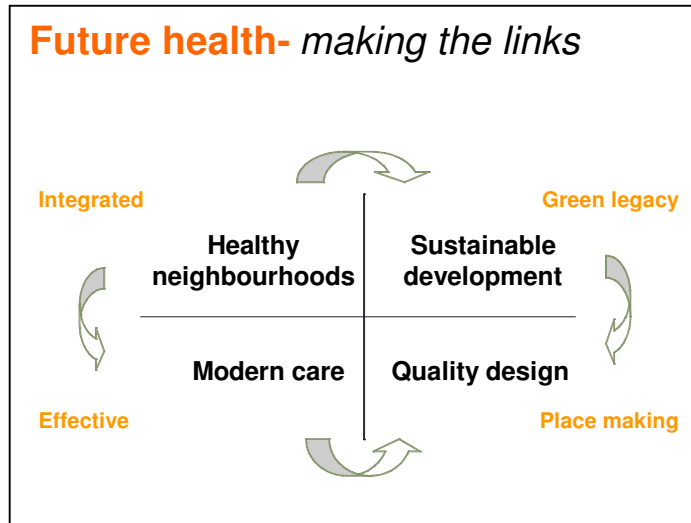
In 2006/07, the process was again refreshed. The DH ran workshops, gathered feedback from trusts and reconsidered the engagement with the approval processes. In order to strengthen the outcome of the reviews in the approval process, we sought to include representatives of both the regional organisations who make the decisions and the capital leads from the DH who approve the business cases. Our criteria are now expressed as three key themes: masterplanning, sustainability and quality of place. We have decided not to have different agendas for each size of building; they will all be treated equally against these criteria.

Architects and design professionals are probably very familiar with these terms, but they are not necessarily familiar to clients. In the next few months CABE, with support from the DH, will be organising some 'learning labs' for clients with major projects in this design review programme so that they can develop their understanding of these terms and how to achieve them in their new proposals.

In essence, we have arrived at a series of interventions that help and support the communication of ideas to people who least understand design but who most need to do so.

What next? Future Health, a project devised by CABE and supported by the DH, brings together four key themes relevant to the design of health buildings: quality design; modern care; healthy neighbourhoods; and sustainable development. The project will explore these four themes, highlighting leading thinking in each and bringing this understanding together in a way that is relevant for clients putting together briefs for buildings for the future.

The future is uncertain: predictions about how health will be delivered can be made for about five years ahead, yet buildings are expected to last far longer. This study will help to translate healthcare trends to designers, so that they can come back to the health service with some imaginative ideas of how to best design for change. The study will also, correspondingly, give clients some understanding of what they can ask for to help ensure a better designed product.



*Illustration 4:  
making the links in  
future health*