

Hospitals for People

A look at some new buildings in England

published by King Edward's Hospital Fund for London



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King's Fund

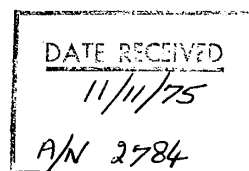


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Foreword by **Barbara Castle**
Secretary of State for Social Services

Compiled and edited by
James Calderhead,
Architects Division, DHSS

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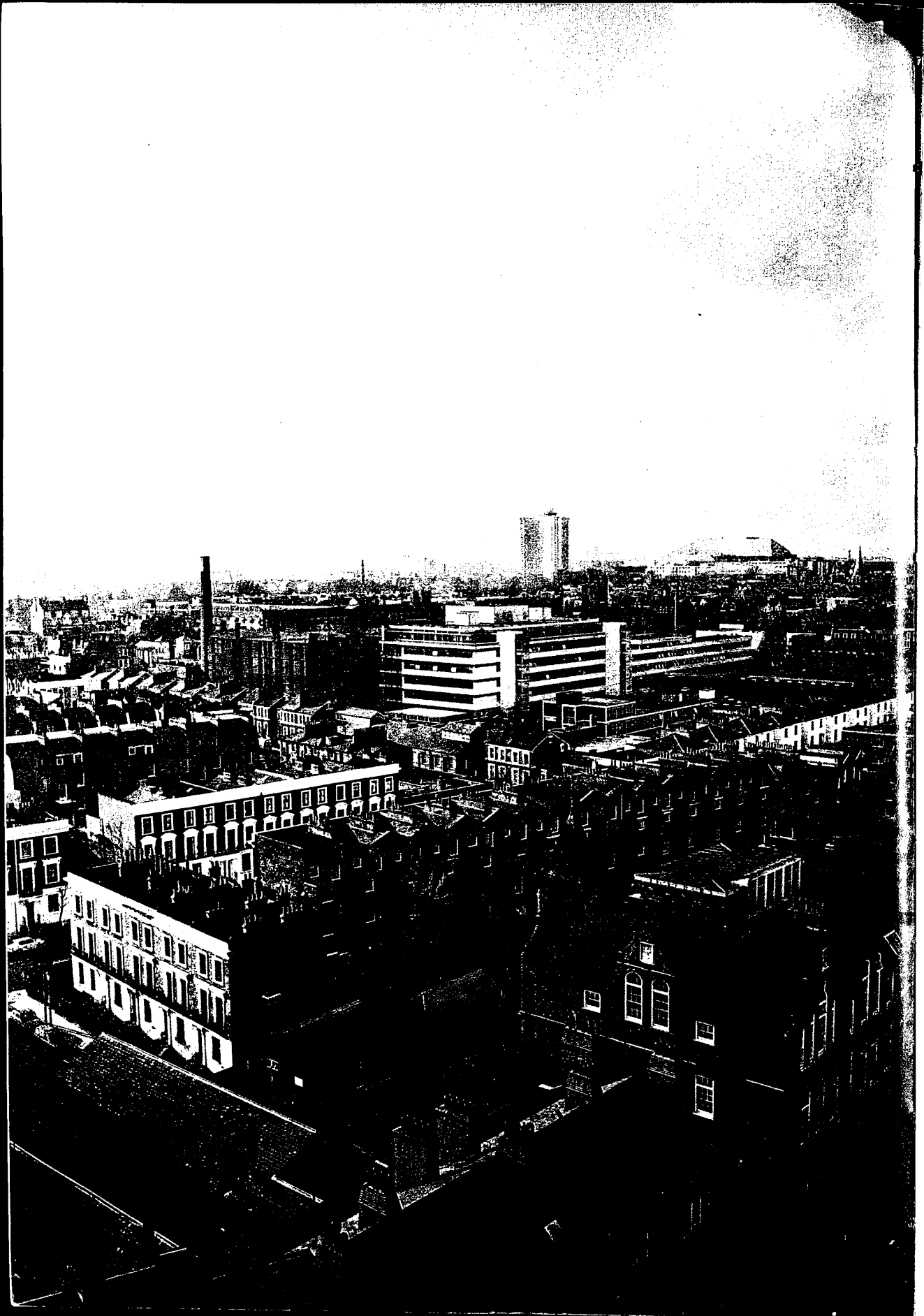
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Cover Tower crane's eye view of the new buildings at
St Thomas' Hospital, London

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1 A view of a new ward block at Epsom District Hospital
in Surrey





Foreword

Hospitals are for people. Their buildings are part of our environment, many of us work in them or have worked in them at some time, and sooner or later most of us have to go through their doors as patients, often at a time of stress and anxiety. Because they are hospitals, their buildings have to be large and they cannot be as homely as our own homes. But our architects and designers understand today that they must do their best to achieve buildings that fit into their surroundings without dominating them, are pleasant to work in and, in their appearance and internal design, are as comforting as hospitals can be to the anxious patient. And perhaps even more is possible, that these buildings by their careful design and sympathetic environment should make a positive contribution to the recovery or comfort of their patients.

This book, which King Edward's Hospital Fund for London has produced in collaboration with the Architects Division of my Department, illustrates from examples drawn from all over England ways in which different architects and designers have tried to meet these requirements. Tastes in design are, of course, very personal things, but what has been achieved stands high in any international comparison, and the progress made towards 'Hospitals for People' will, I am sure, continue and will have the active support of my Department.

Barbara Castle

Secretary of State for Social Services.



TAKE CARE

PLEASE ASK THE PERSON
ASSISTING YOU TO
KEEP THE WHEELCHAIR
CLEAR OF THE WALKWAY
AND NOT TO BLOCK
THE WAY TO OTHER
PASSENGERS.

Hospitals for People

Each year some 13,000,000 people come for treatment in our hospitals, and every day some 750,000 other people work in them, each one affected, consciously or not, by the environment. Obvious problems like noise, smells, poor meals, are easily recognised and practical steps can be taken to avoid them. But not so easily recognisable is the effect of the total environment on patients and staff. We know that people appreciate visual surroundings; they will travel great distances to historic towns and beautiful countryside just to be in surroundings which they consider attractive. And there is no reason why the surroundings in which patients and staff spend their day in hospital should not be viewed in the same light.

This book is not a treatise on hospital planning and design, nor is it possible in a book of this size and scope to show a comprehensive and comparative catalogue of health buildings. It is intended to encourage good design and a greater awareness among those who have some part in the design process of the effect of design on the environment and its influence on people and their behaviour. The illustrations are highly selective and are not intended to confer any particular approbation on a specific scheme, but rather to show achievements generally in the design of health buildings since the beginning of the National Health Service.

3 The escalator in the Greenwich District Hospital. This building was used by the Department of Health and Social Security as a 'laboratory' for testing new design ideas and constructional methods.

Most people in hospital are apprehensive for various reasons. The patient is concerned about his progress towards health; the visitor, not only worried about his sick relative or friend, has to contend with unfamiliar corridors and sign-posting; the staff is concerned for the welfare of both patient and visitor. Anything that can be done to reduce their stress must be a good thing. Accepting this, we can assume that the surroundings have a considerable bearing on the contentment and efficiency of the staff, the reassurance of the visitor and, perhaps, the recovery of the patient.

But there are problems. The concentration of diagnostic and therapeutic facilities and their related outpatient and inpatient services creates complex relationships and necessitates large, complex buildings, many parts of which have to become internal areas. This presents a difficulty of introducing some contact with the external environment – trees, landscaping, sunshine and air – a sense of contact and identification with what is happening in the world outside. Because the logistical and traffic requirements of a hospital are critical to its efficiency, it is difficult to avoid a network of long and potentially boring corridors.

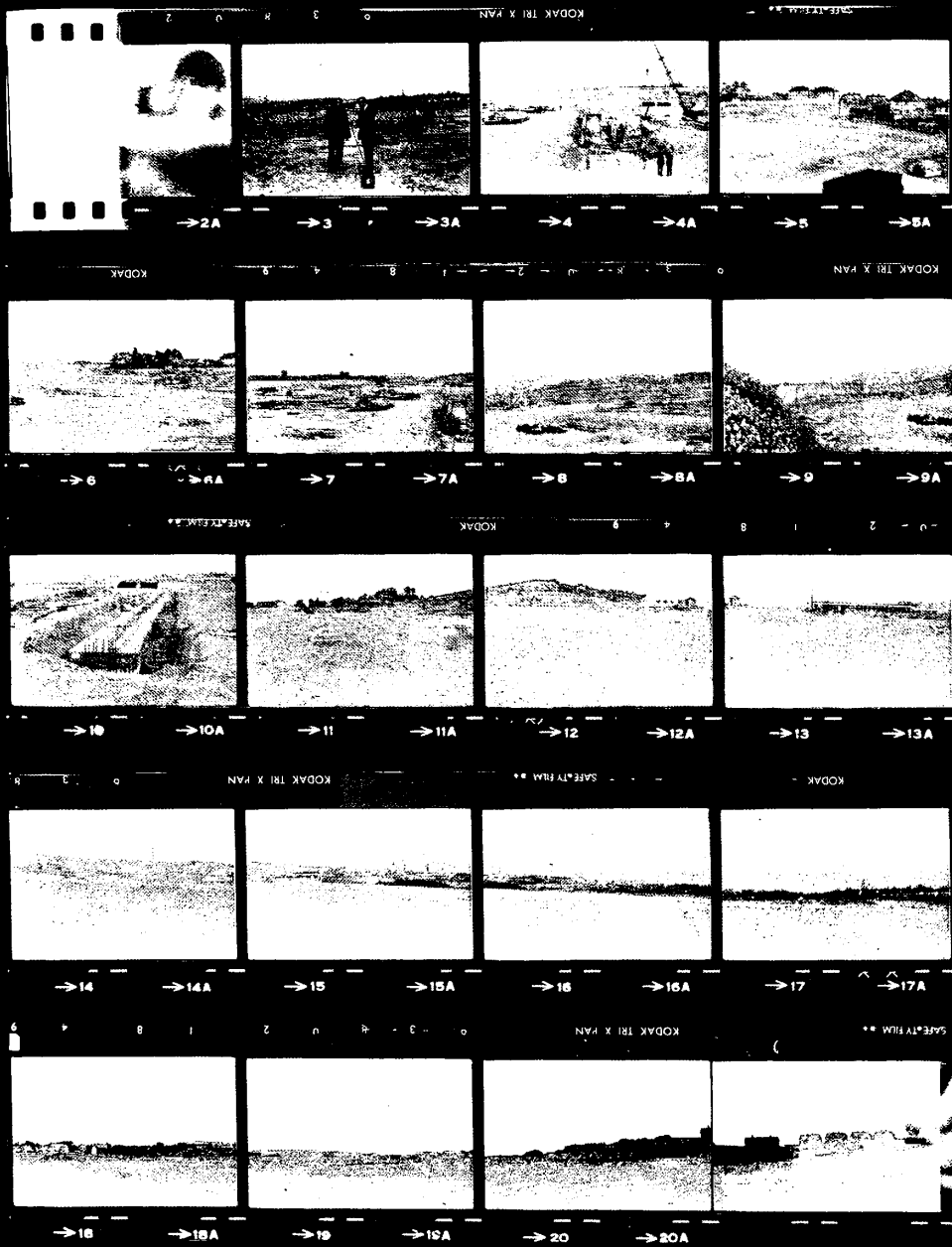
Good design, with sensitive use of materials, contrasts of solids and voids, colour and texture, can turn corridors and internal areas into pleasant, reassuring surroundings which can offset the patients' natural nervousness and loss of direction and the staff's feeling of claustrophobia. And these considerations need not incur extra cost. They can give visual identity and orientation to what otherwise could be a confusing collection of disjointed spaces. Too rarely are these spaces and their furnishings considered worthy of enough design attention – function and cheapness being the most important, very often the only, attributes of design.

Real functional efficiency takes into account the well being of patients and staff and this should be of equal concern to designers. Buildings should be not only used, but enjoyed.

4 New buildings in either urban or rural environments – as in this example, Princess Marina Hospital, Northampton – need not be in conflict with their surroundings.







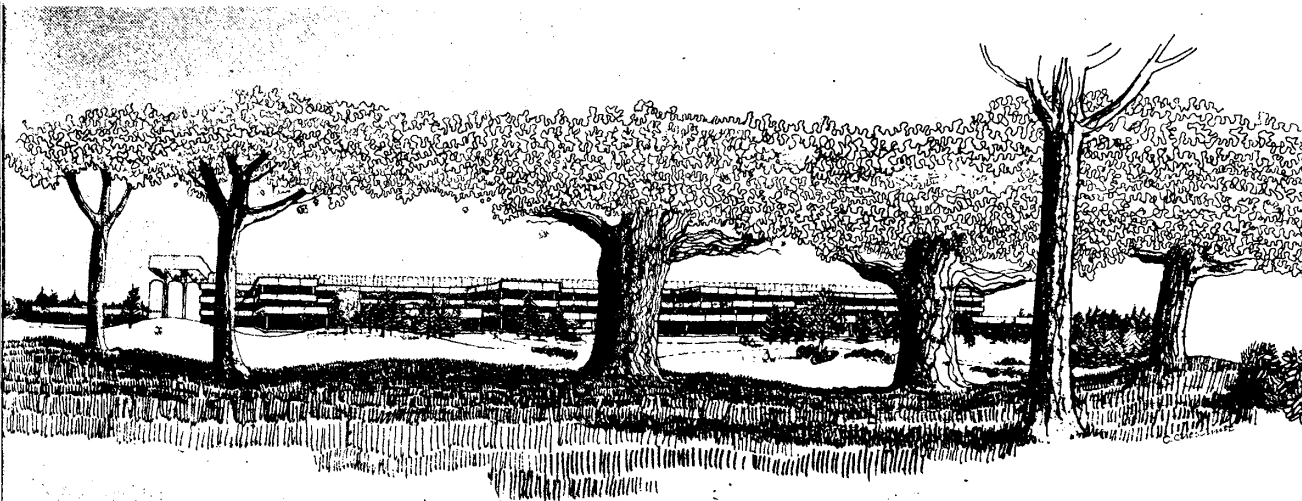
5 and 6 The 'contact prints' show the reality of a typical difficult site in the Midlands. The drawing on the right shows how the new building and its landscaping will in due course improve the surroundings. (See also pages 16 and 17)

The Site and its Environment

It is an axiom of design that a site governs the form of the building or building complex and that the form, in terms of massing, texture and colour, should be complementary, whether by contrast or by acquiescence, to the surroundings.

Where, as is unfortunately often the case, the locality is far from inspiring, the scale of a hospital complex can set a new and better visual and environmental standard, and can be a welcome addition to the community rather than an intrusion.

The examples here all contribute in their different ways to the landscape and as such could be said to be 'well-mannered' buildings.



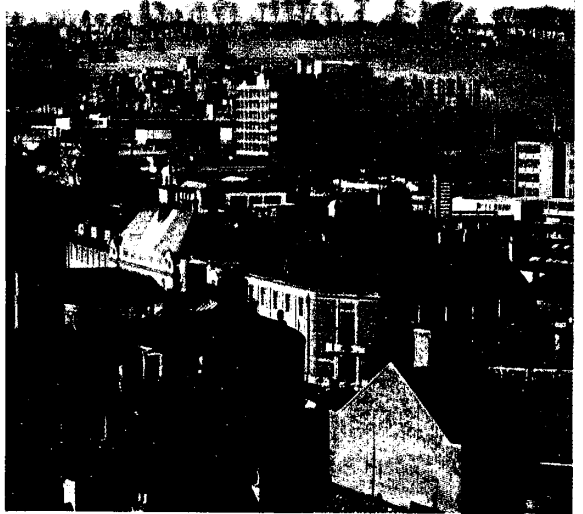


7 and 8 In Alnwick, Northumberland, and at St Stephen's, Chelsea, both clear-cut landscapes, the one rural and the other urban, the designers have successfully caught the scale and atmosphere of their surroundings without compromise in the use of materials or planning.





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Between the two clear-cut environments, rural and urban, there is the typical district general hospital site in or, more likely, on the verge of the smaller country town. Here the form and scale are of paramount importance.

At High Wycombe and Torquay, the problem of dominance has been successfully resolved.

At High Wycombe (top, **9** and **10**) the dominant ward block of Wycombe General Hospital rises naturally from the town and the lower diagnostic and residential accommodation reflects the general 'creep' up the valley of residential buildings. (Unfortunately previous residential development on the skyline has already broken the image.)

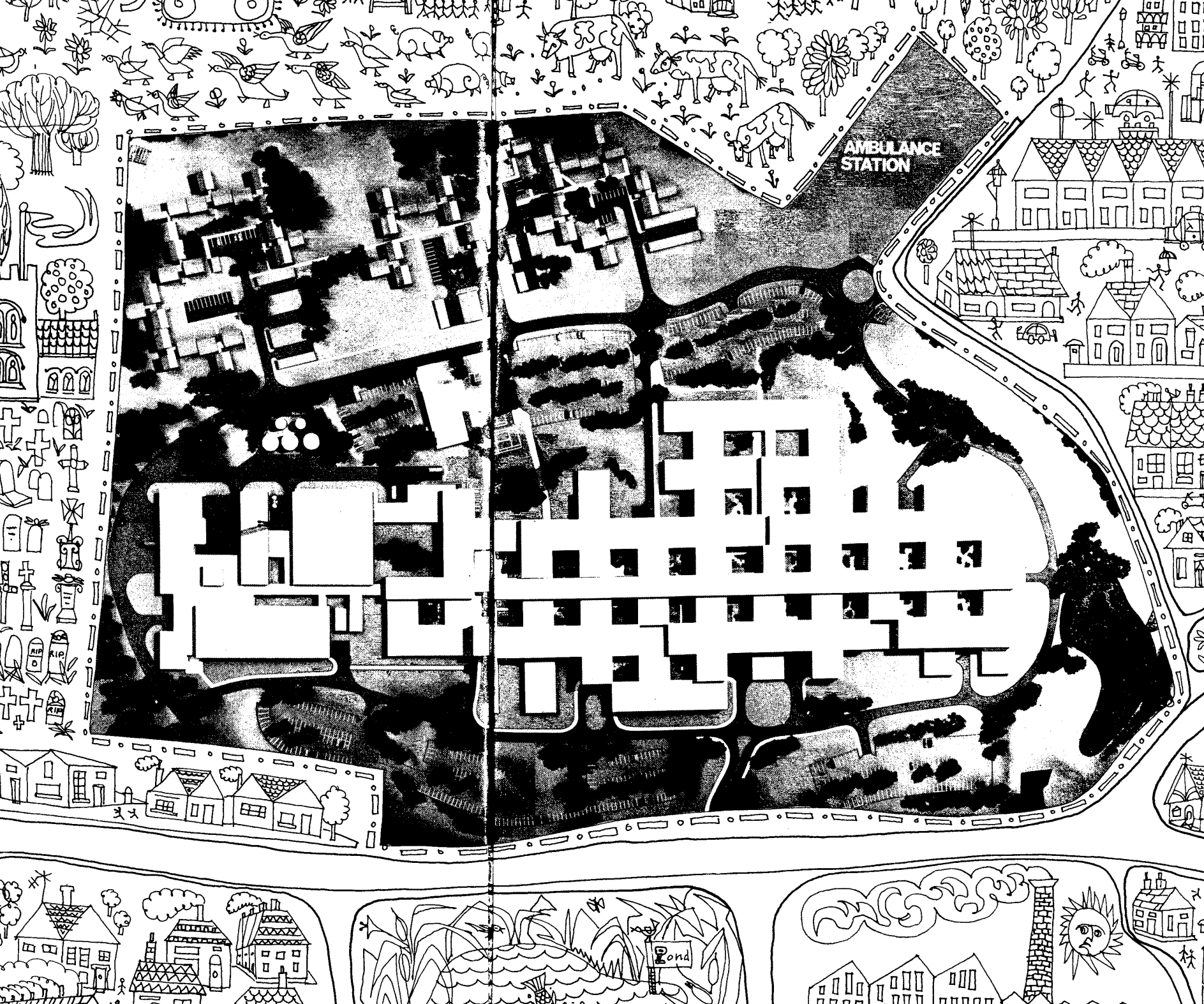
At Torbay Hospital, Torquay (above and right, **11**, **12** and **13**)

the dominant aspect has been accepted, with the softening effect of a curved block, the landscape allowed to flow right up to the buildings, reflecting the best aspects of English country park landscaping – it could be a large 17–18th century country house.



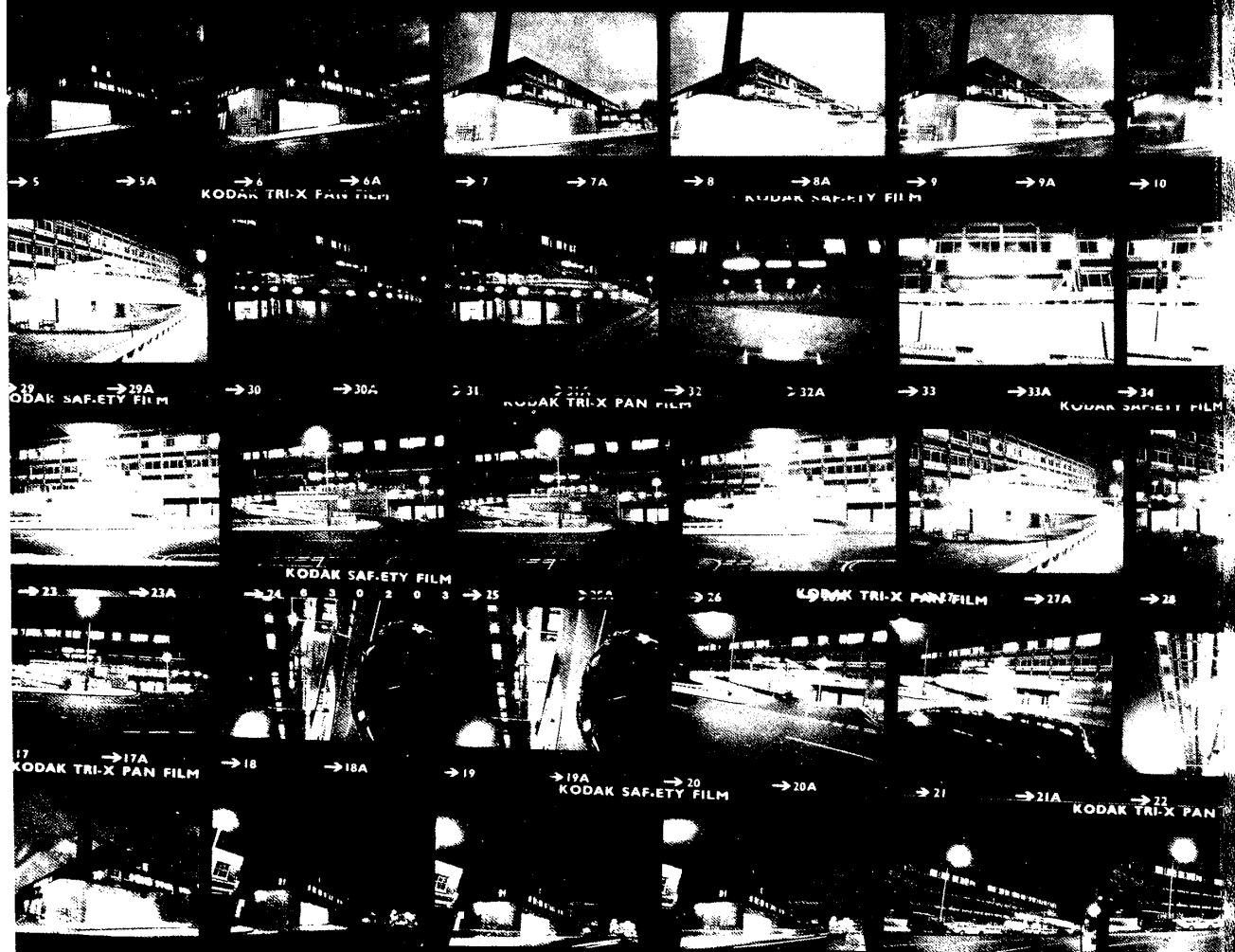
Widlands for a general hospital, with buildings ranging through detached housing, open spaces, industrial areas, rural church and farm, to a distant view of a clear day. Its recent history has been farming and mining on land on top of old mines.

Working in this setting will have to form a focal point to a disparate shape. Designers have realised that it is possible to disguise the scale of many hospital buildings, but by careful and creative landscaping the impact can be softened. The initial development plan can to a large extent set the pattern of an effective functional contribution to the environment.



Total integration of the buildings and their surroundings is particularly important in urban areas where land is expensive and space for pretty decorative gardens is, fortunately, not available.

15 Greenwich District Hospital at night reminds people that a large hospital, in use the whole 24 hours of the day, is as much a feature in the landscape at night as during the day – particularly in a city.





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16 St Stephen's, Chelsea, shows how the sensitive incorporation of familiar traffic signs, urban parking conventions and hard landscape can imperceptibly lead the patients into the hospital from their normal environment.

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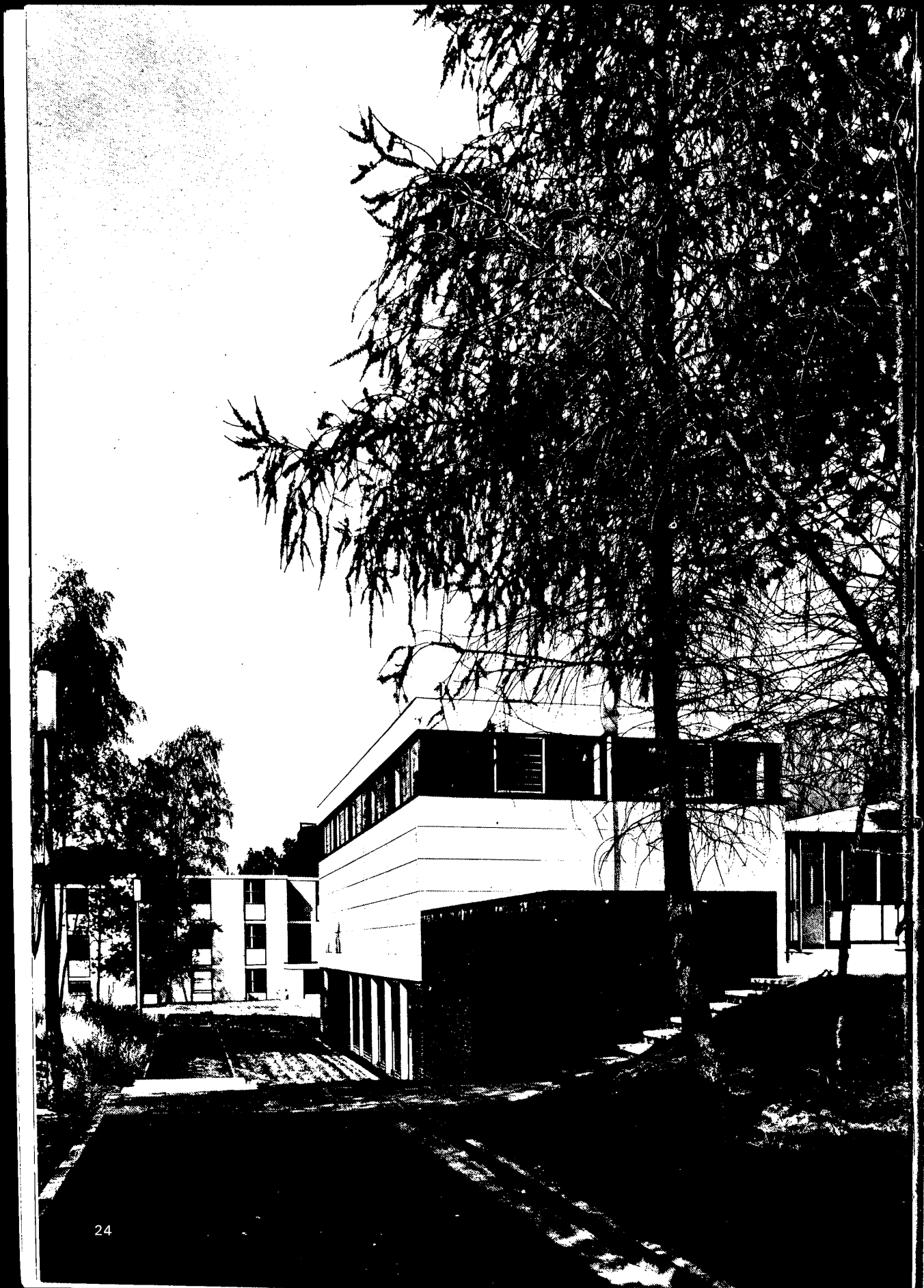
The corollary to the external view of the hospital in its environment is the view out for both patients and staff – the essential link with the community.

Designers are recognising – in line with the broad principles of medical thinking and guidance – that integration of hospital and community is therapeutic and helps long-stay patients overcome boredom.

At Greenwich District Hospital (above, **17**) patients see what is happening in the street. At Torbay (right, **18**) they can see the town and watch the changing rural scene.

20



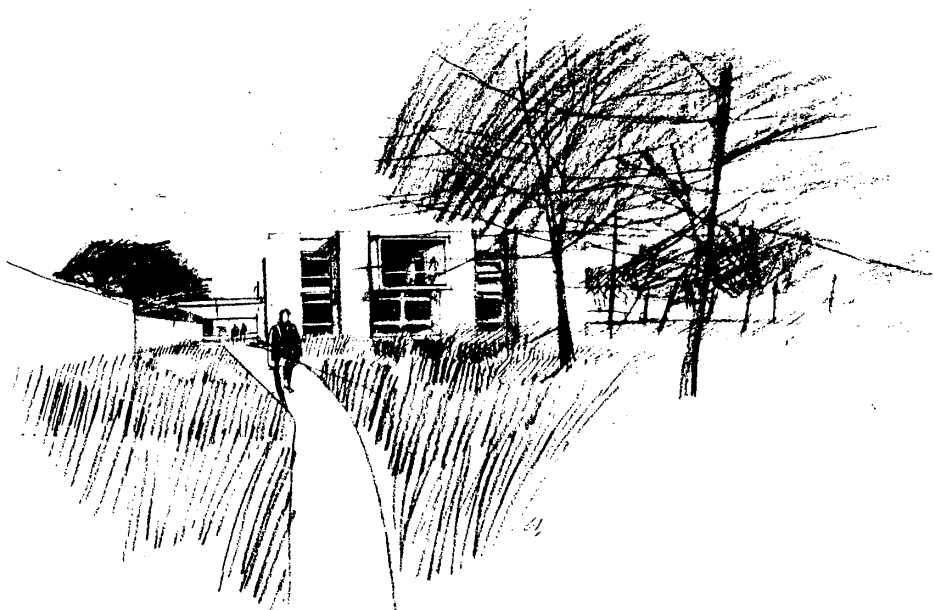


The Building and its Immediate Environment

The approach road, car park, main inpatient and outpatient entrances are the first contacts a patient or visitor has with the confusing world of a large hospital.

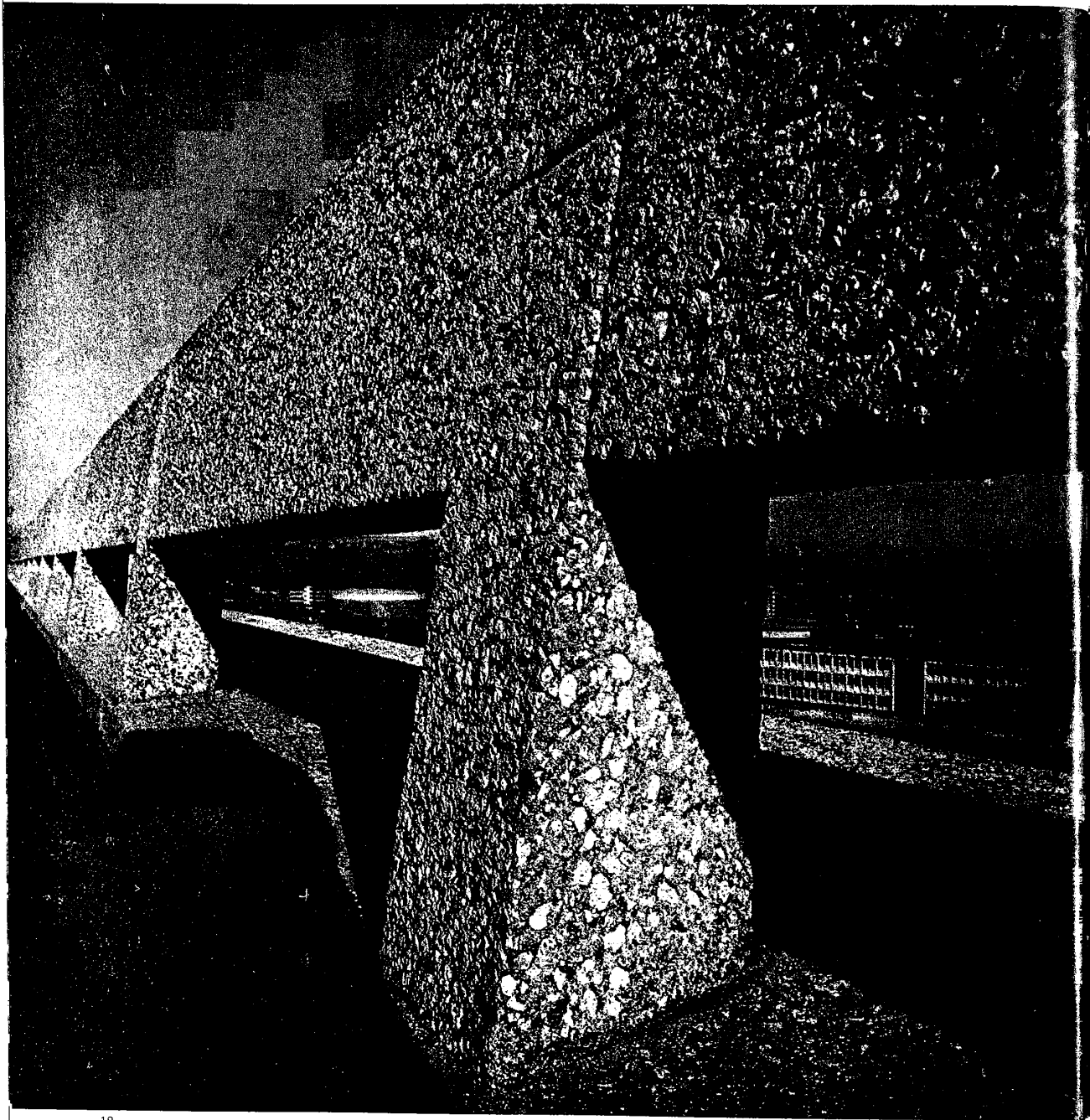
Easy and rapid access to entrances and convenient nearby ambulance and car parking are fundamental requirements which, at times, present almost insurmountable problems in planning to provide a relaxed and welcoming atmosphere. But, with imaginative landscaping, and with approach routes clearly defined by thorough signposting, people coming into the hospital grounds should be able to find their way without difficulty.

A building presents many faces to the world – it can be grim and forbidding or welcoming – and in its architectural detailing can present a foil to the environment, whether urban or rural, so complementing it.



21 left. The new general district hospital at Bury St Edmunds

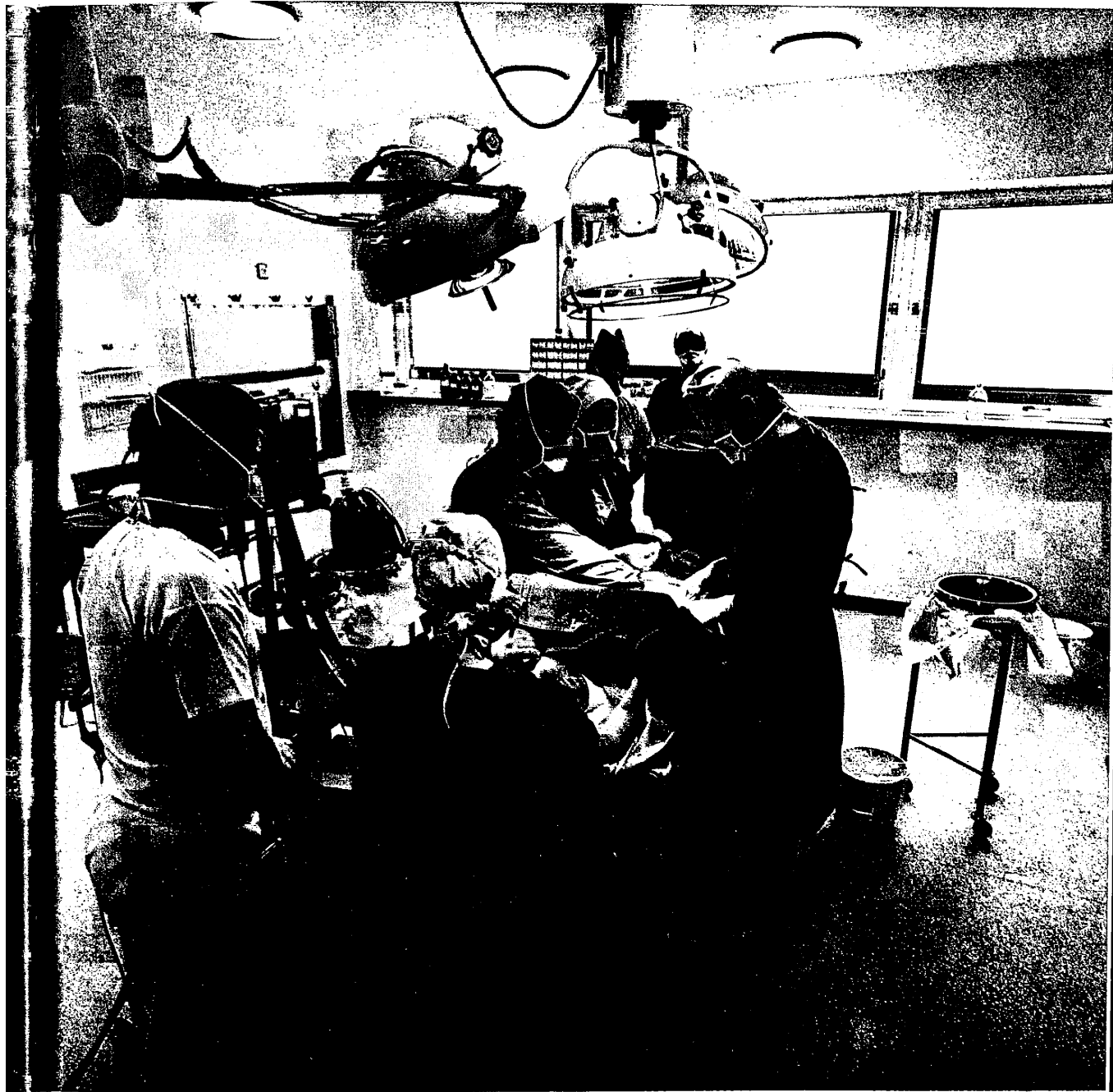
22 above. The approach to the Community Centre at the Princess Marina Hospital, Northampton



19

The essential link with the community and the chance to relax the tension of exacting work are equally appreciated by the staff at High Wycombe and Torbay. Wycombe: the view from the roof (above, 19)
Torbay: the view from the operating theatre (right, 20)

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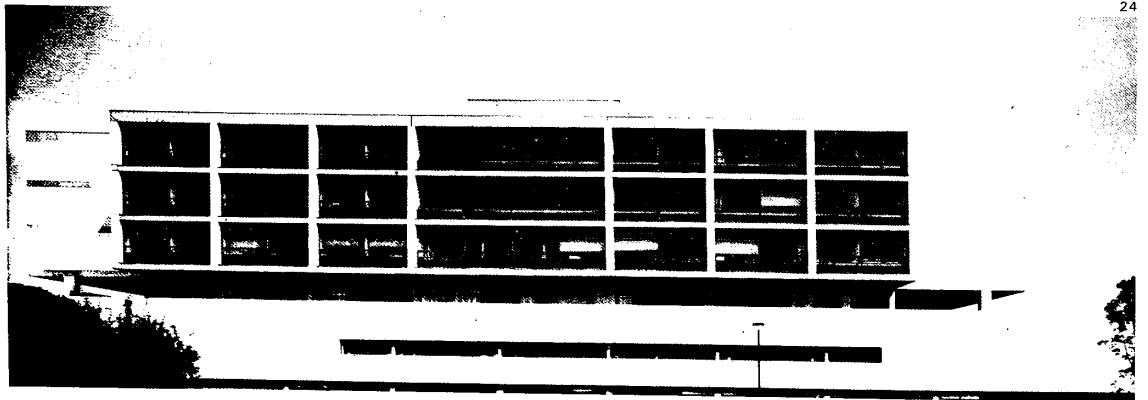
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Whether urban or rural, the setting of the hospital building complex, with its modern materials, colours and standardisation of form, can be either complementary in terms of contrast – a foil to the natural landscape – or sympathetic in terms of scale and materials.

The large scale sophisticated building which contrasts and sets off its environment, and the more modest and intimate character of the smaller building can both give the user the comforting feeling of clinical efficiency within its walls. Both approaches – dictated to the designer by the scale of service to be provided – are increasingly being recognised by the patients and staff as breaking down the old fear of the great 'institutional' hospital. The illustrations on these and on the next four pages show how the two approaches work out in practice.

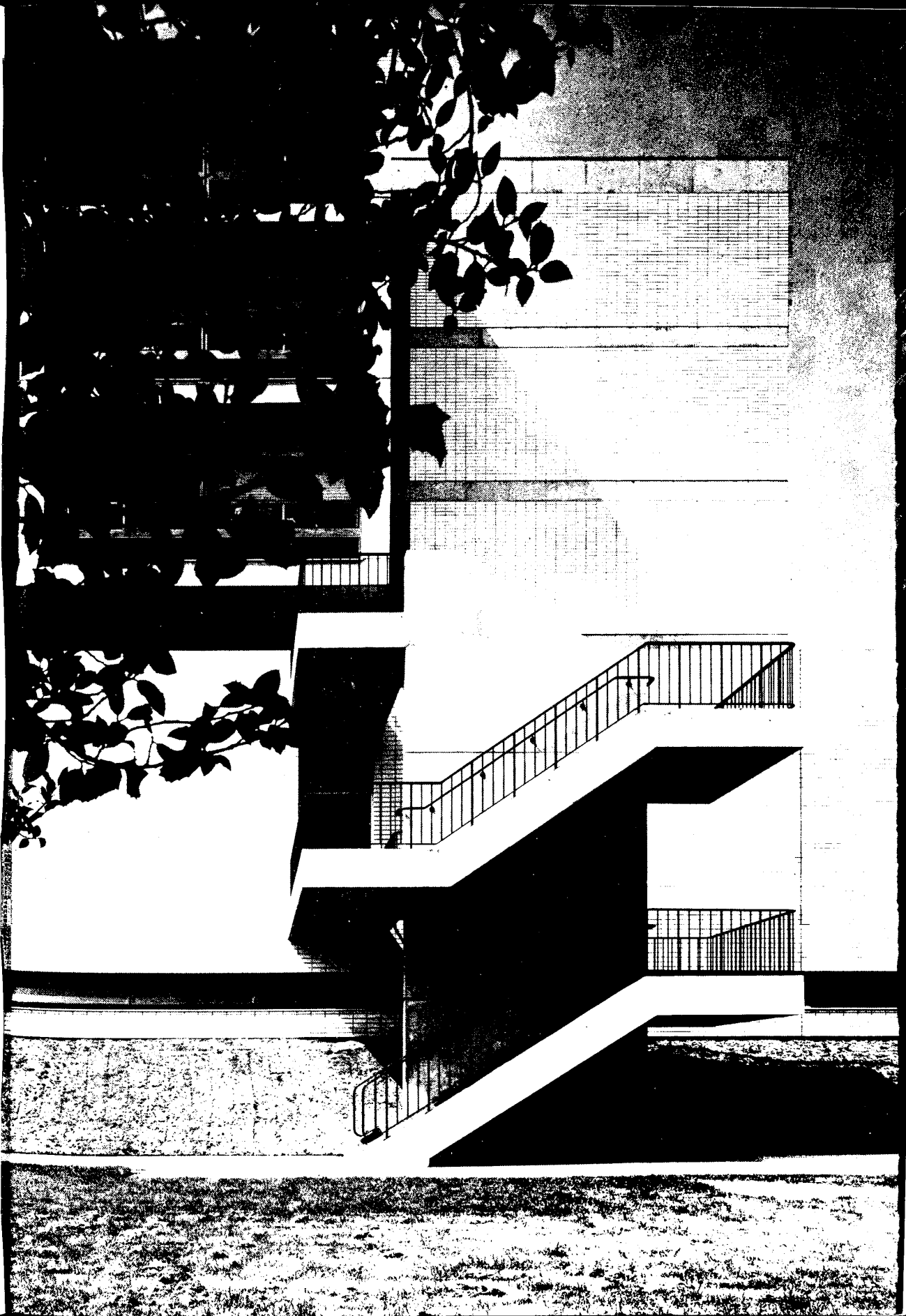
23 above. Trees and lawns coming right up to the entrance of a geriatric unit at Dilke Memorial Hospital, Cinderford

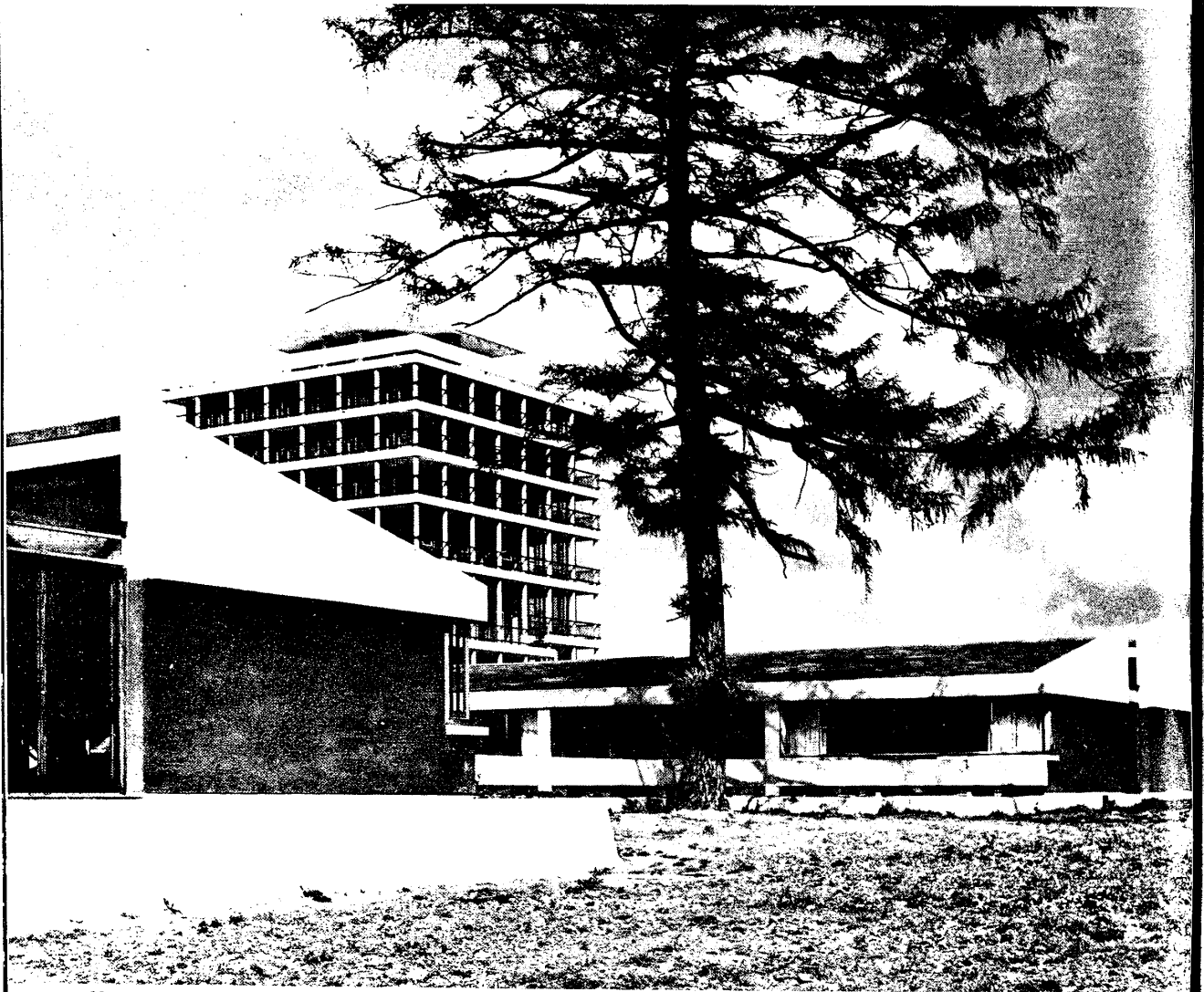
24 below and **25** right. Contrasts between foliage and buildings at Epsom District Hospital



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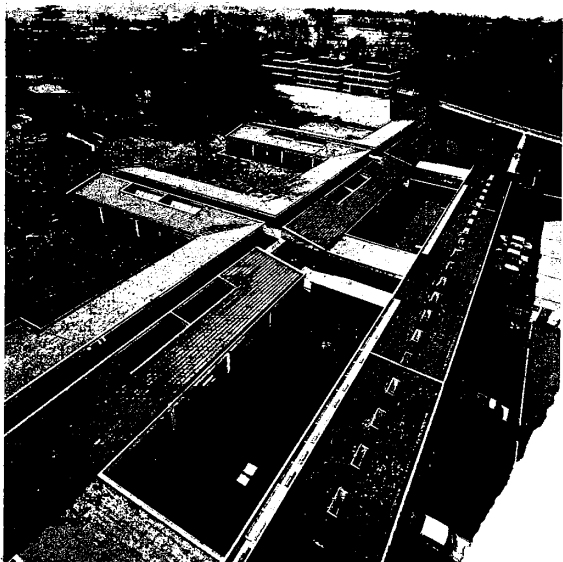




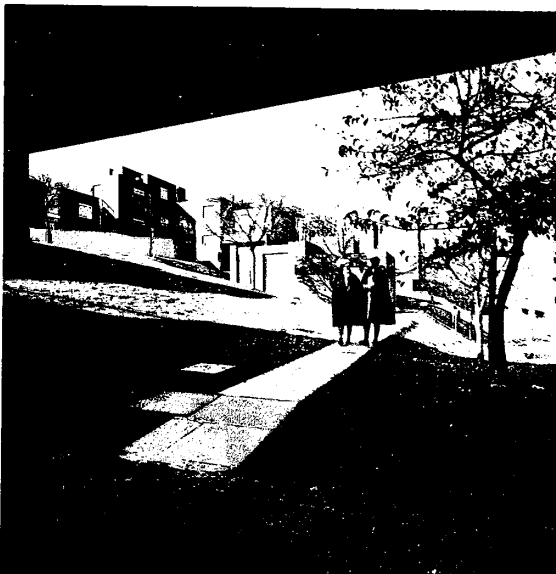
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26 above and **27** top right. Wexham Park Hospital,
Slough
28 top far right. Staff flats at High Wycombe
29 right. The nurses' training school at Glenside Hospital,
Bristol

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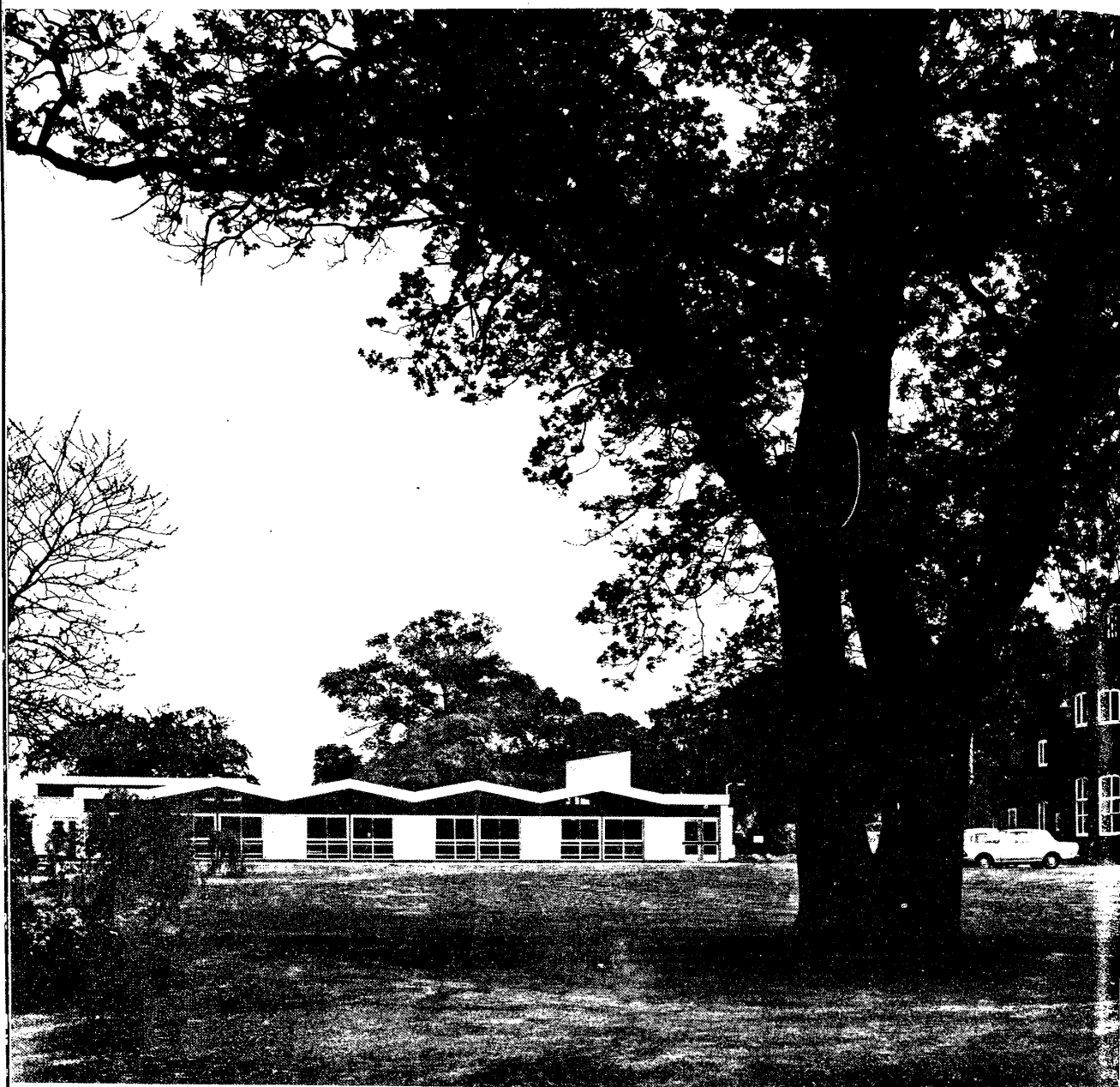
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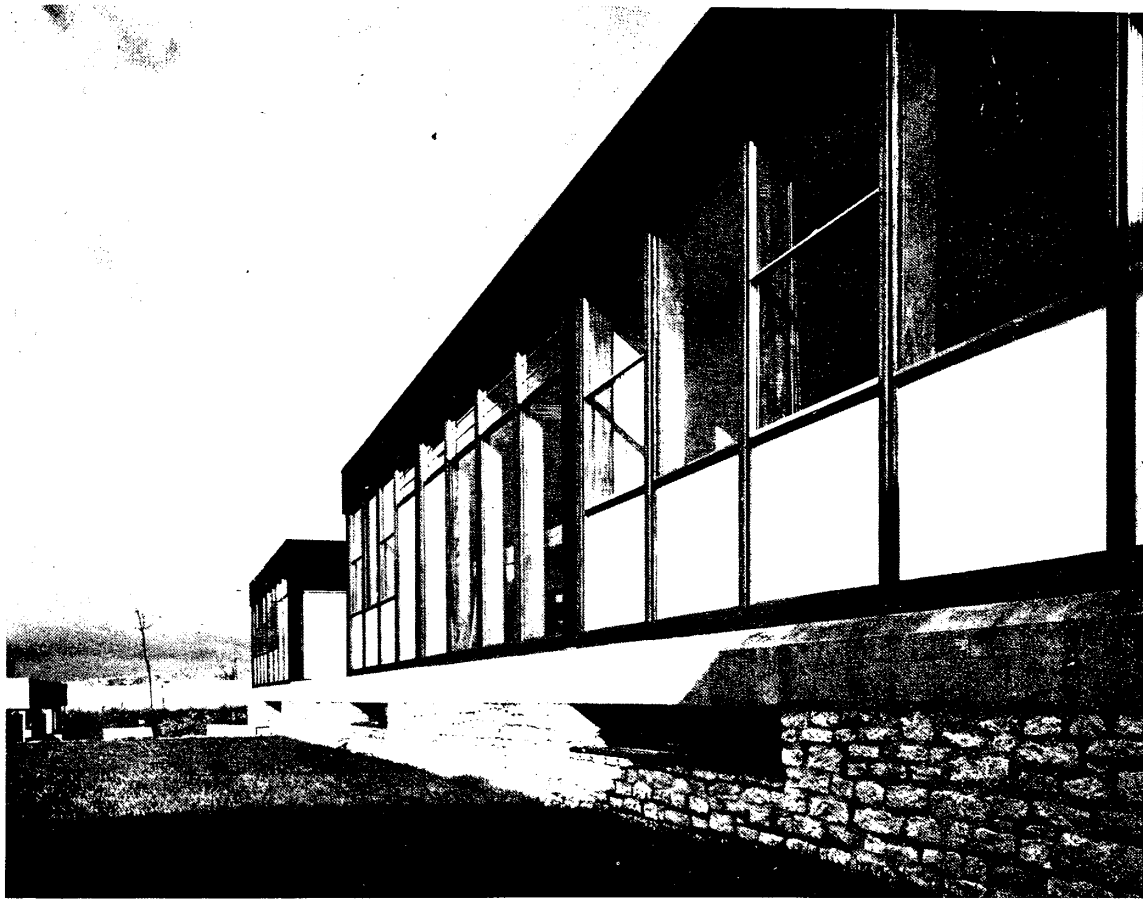
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30 above. A standard small occupational therapy unit well placed in the established grounds of Rawcliffe Hall Hospital, Yorkshire

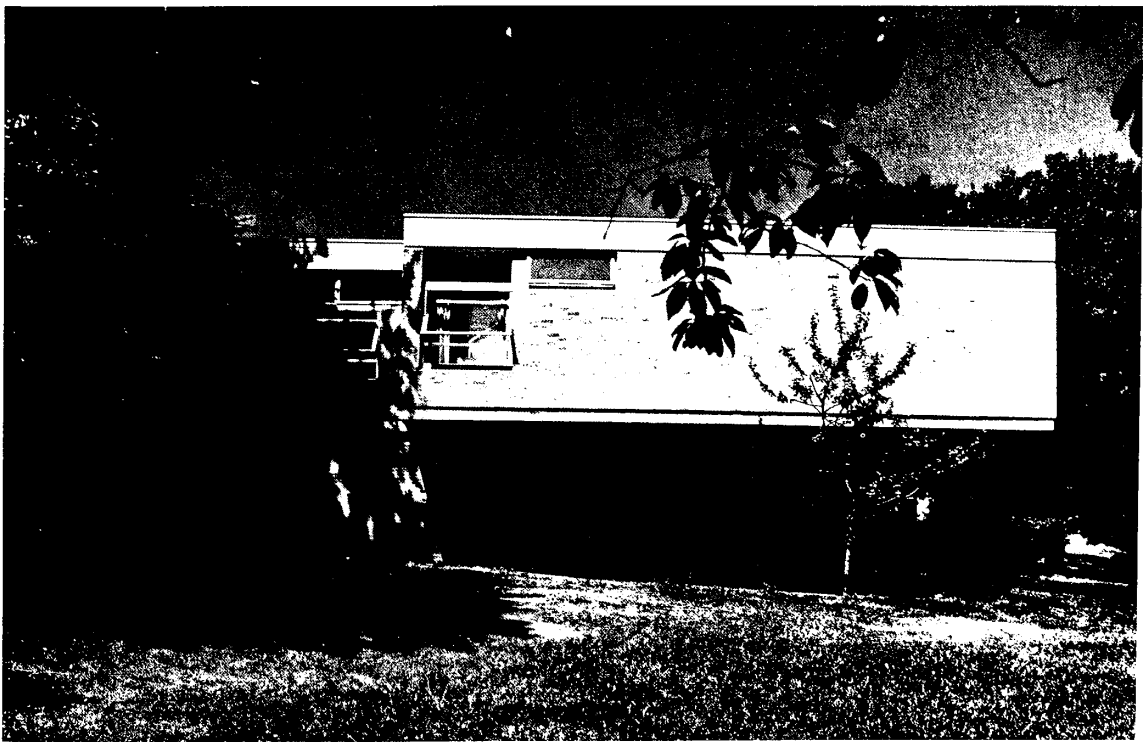
31 top right. A hospital in open country: Princess Margaret, Swindon

32 right. Another view of the geriatric unit at Dilke Memorial Hospital shown in illustration **23**. Here woodland predominates.

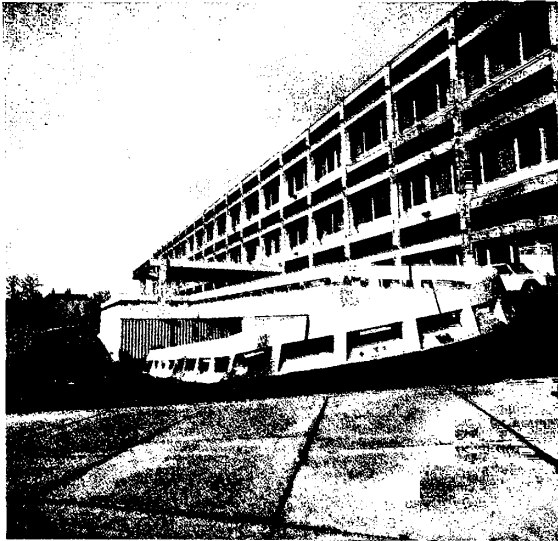
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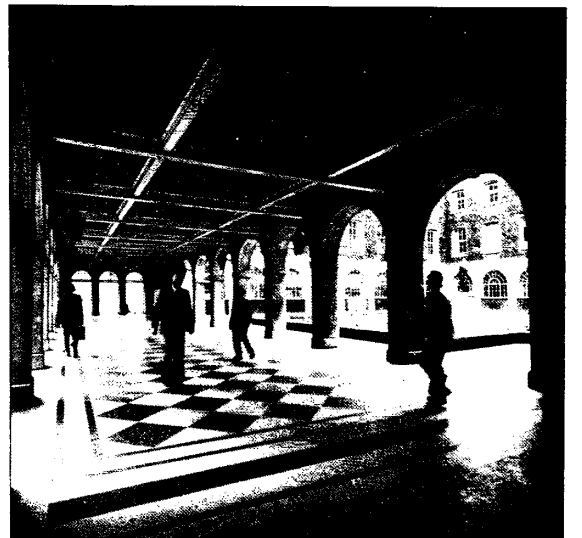
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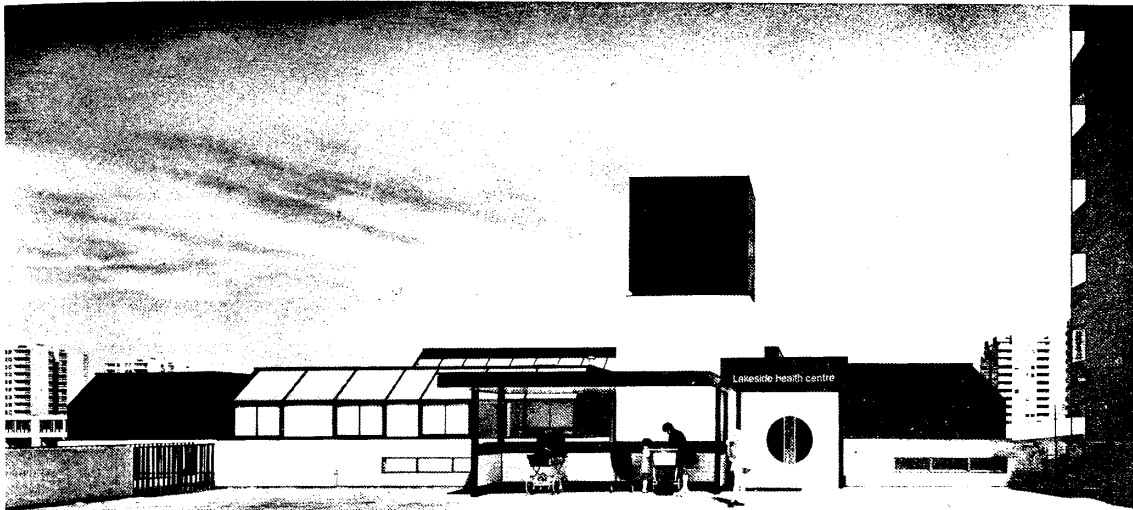
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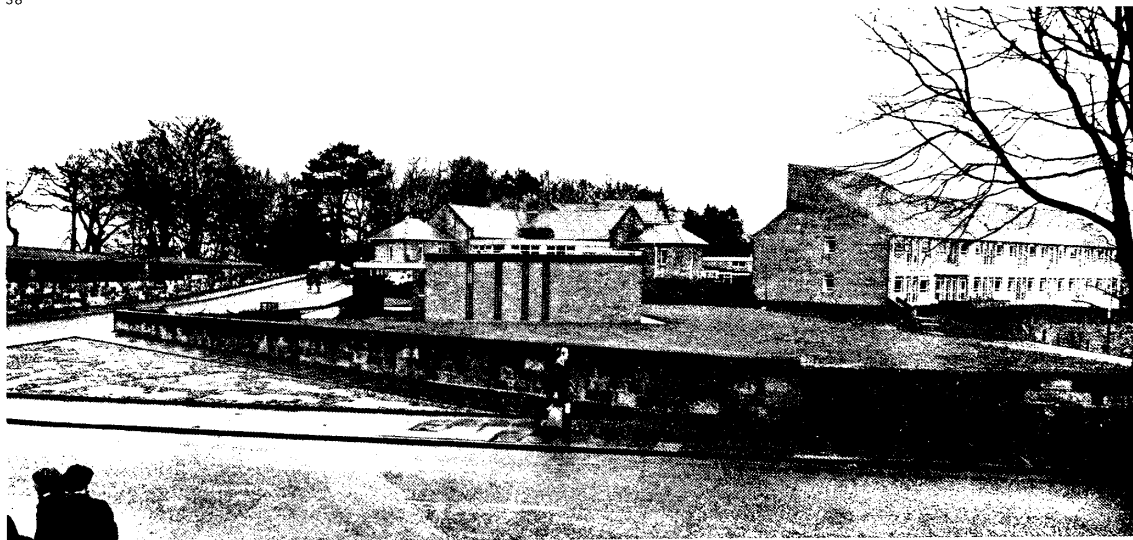
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Concourses and Entrances

The patients' first direct contact with the hospital is at the immediate approach or concourse leading to the doors of the main or subsidiary entrances.

This contact will, of course, depend very much on the scale and nature of the hospital and its environment.

Whether health centre or large teaching hospital – all buildings in their various ways can provide a welcoming atmosphere with a clear-cut directional emphasis.

Page 32

- 33** top left. Greenwich District Hospital
- 34** top right. St Stephen's Hospital, Chelsea
- 35** centre left. Harrogate District Hospital
- 36** centre right. Guy's Hospital, London
- 37** bottom. Chorley and District Hospital

Page 33

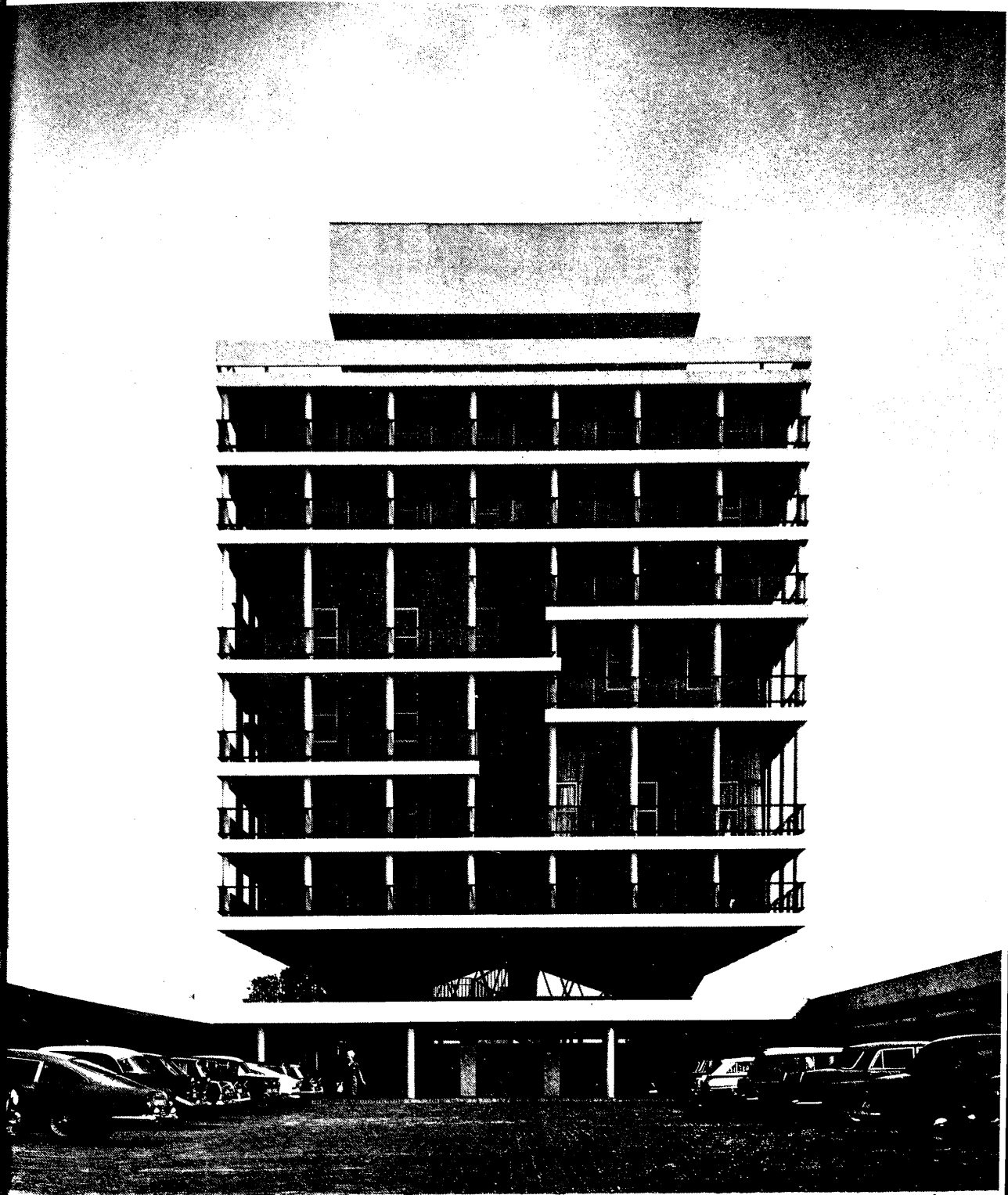
- 38** top. Lakeside Health Centre, Thamesmead
- 39** bottom. Alnwick Infirmary



40

40 above. The entrance to the new hospital buildings at Wythenshawe, Manchester

41 right. The entrance to Wexham Park Hospital, Slough

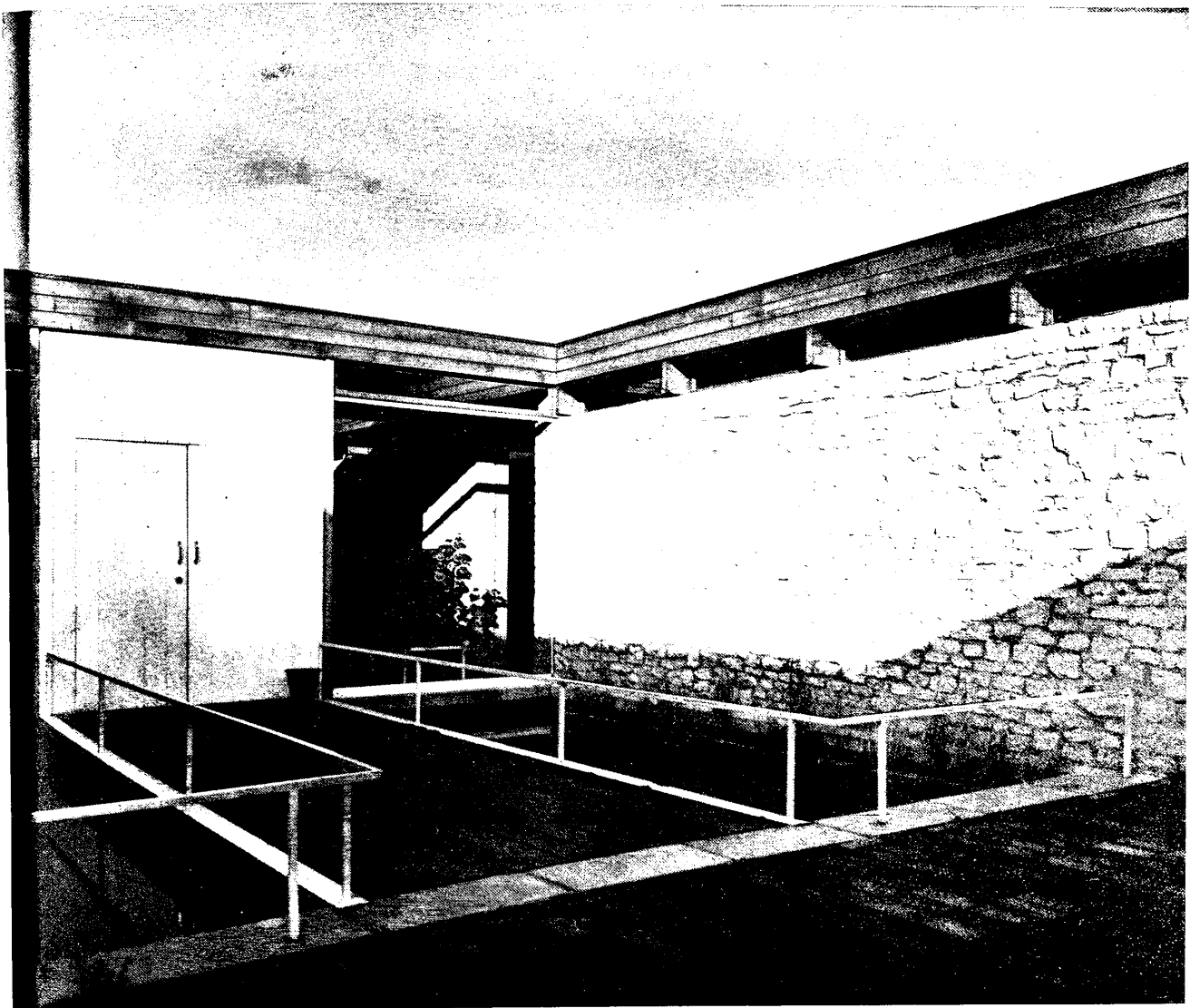




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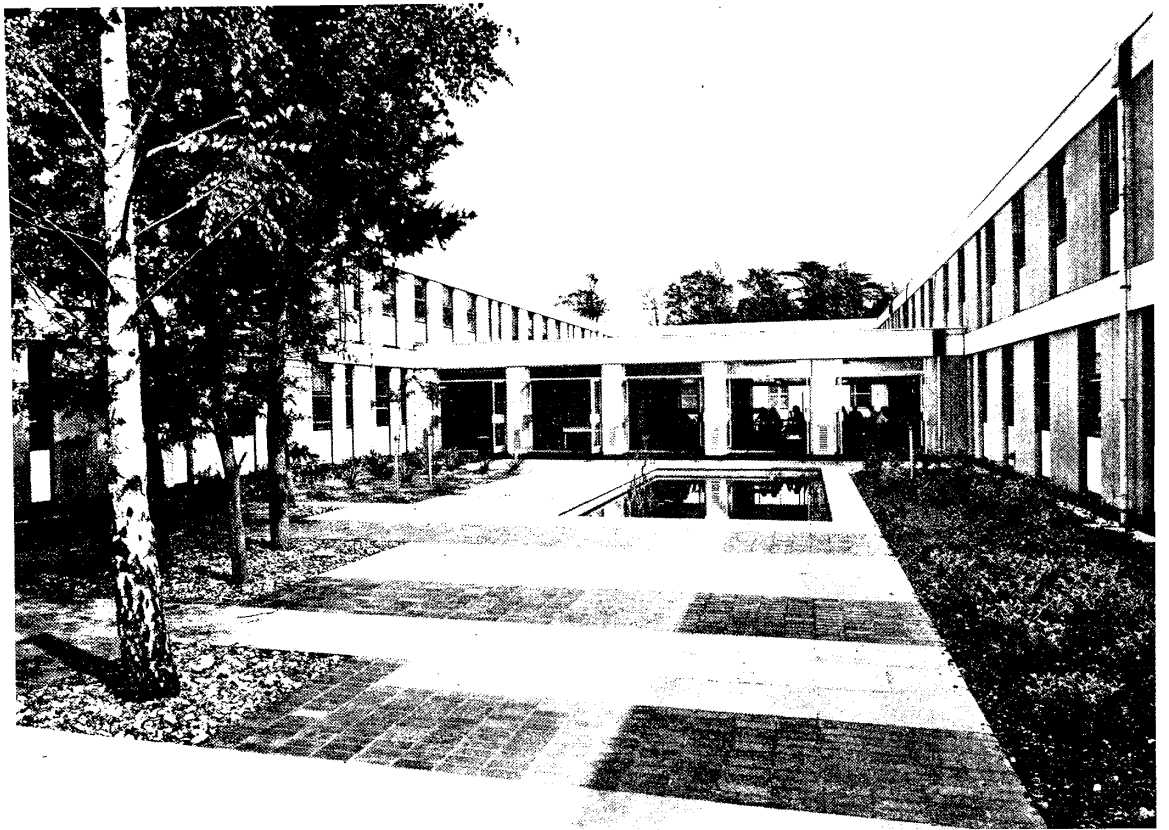


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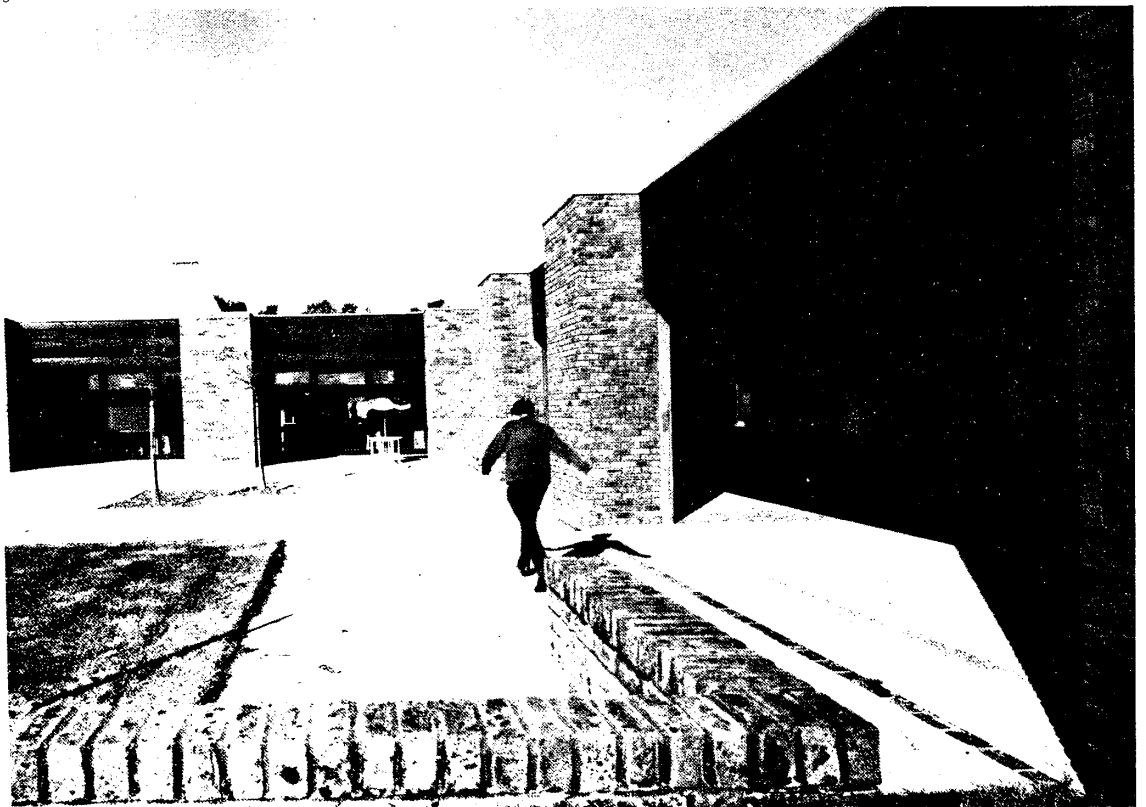
The same care and imagination can be exercised in designing the entrances and approaches to staff buildings, to the industrial zones, kitchens, stores and other departments.

42 and 43 left. Entrances to the new kitchen and staff dining room at Kingston Hospital, Surrey

44 above. Entrance to the nurse's training school, Princess Margaret Hospital, Swindon



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Courtyards and semi-enclosed areas present a challenge to designers. The complexity and scale of modern hospitals increasingly involves the use of courtyards as 'lungs' or the old-fashioned light well in the communications systems of buildings, particularly at ground floor level, and as a means on all floors of introducing natural light and ventilation to the dense building complex – an essential link with the outside for both patients and staff.

In these courtyard designs, planting of new trees, the retention of mature trees, the contrasting textures and colours in the floorscape and, in particular, the use of water, with its qualities of reflection and movement, have been used imaginatively. These areas, although often buried deep in the building, are visually attractive to the patient standing by the ward window looking down, or waiting at ground floor level.

Subject to the obvious restraints of visual and aural privacy of neighbouring areas, the design encourages people to use courtyards related to staff dining-rooms, rest rooms, children's playgrounds, and so on.

45 top left. A courtyard with trees and pond at West Suffolk Hospital, Bury St Edmunds

46 left. Princess Marina Hospital, Northampton

47 above. A courtyard at the Royal United Hospital, Combe Park, Bath

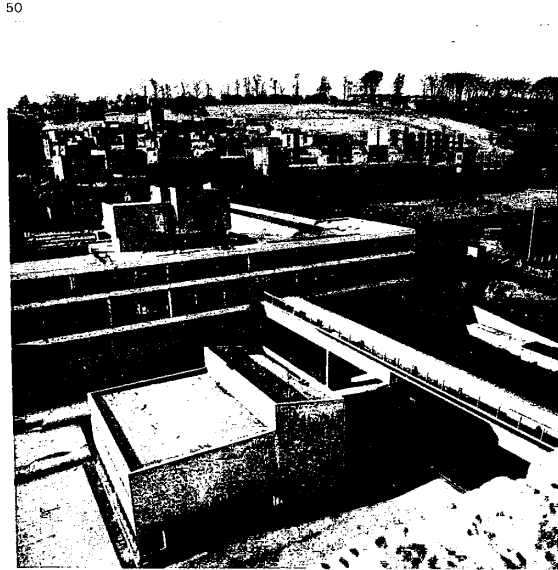
48 right. A view from the nurses' hostel, Princess Margaret Hospital, Swindon

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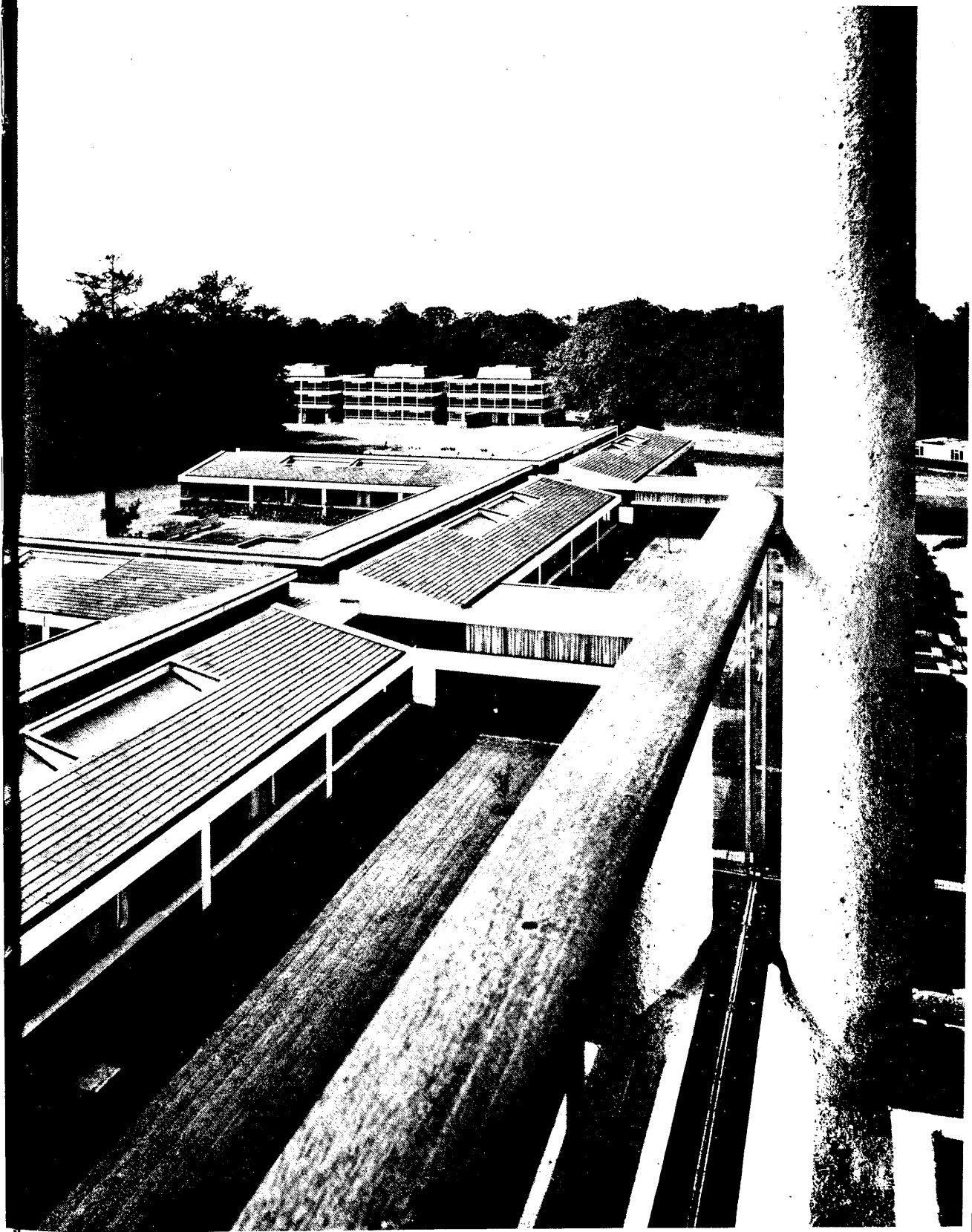
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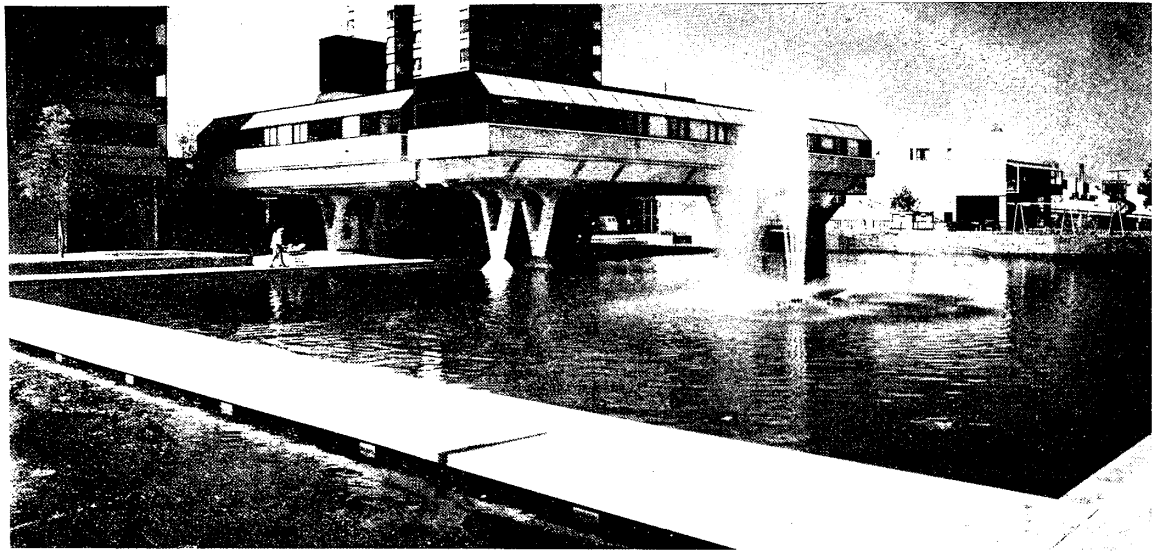


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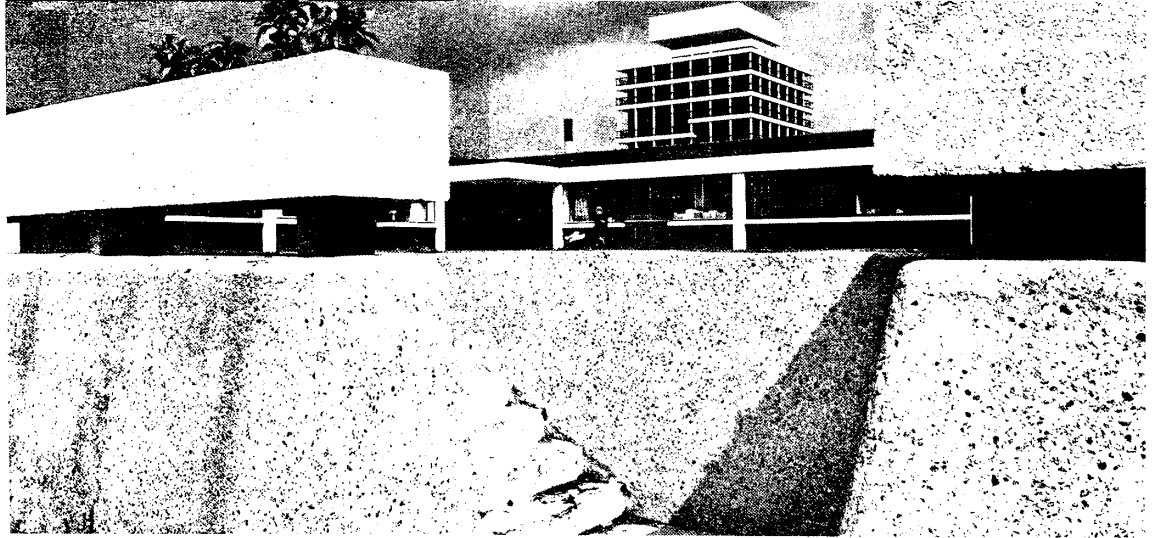
Most hospital complexes are a mixture of high and low rise development. The roofs, immediate landscape and courtyards become important elements in the view of people using the higher buildings. Too often in the past, seas of asphalt and gravel have dazzled the eye. The designers at Kingston (49 above), High Wycombe (50 left) and Slough (51 right) have utilised the form of the buildings, the contrasting texture and colour of differing materials to achieve stimulating views from above.

40

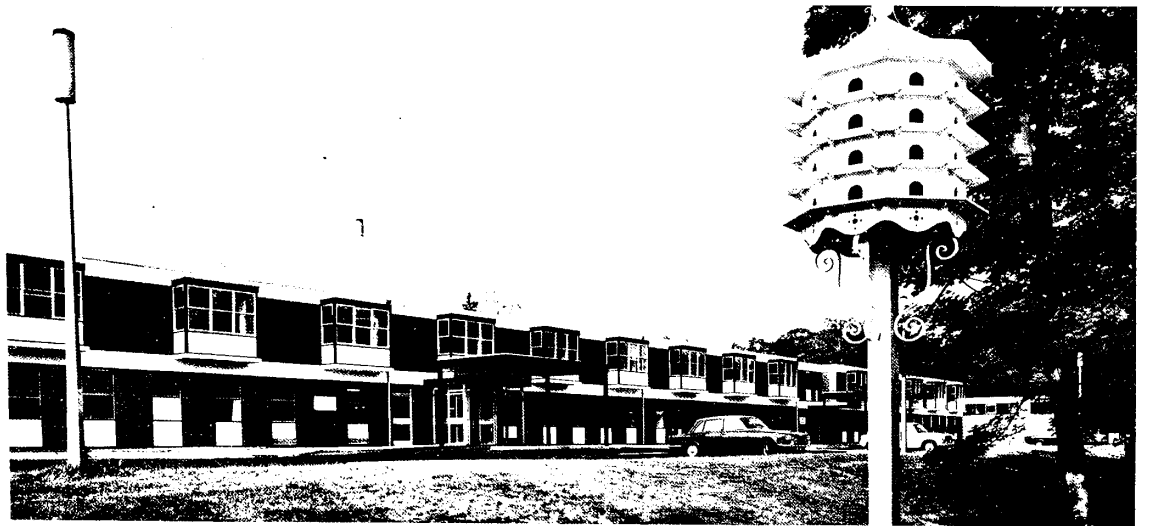




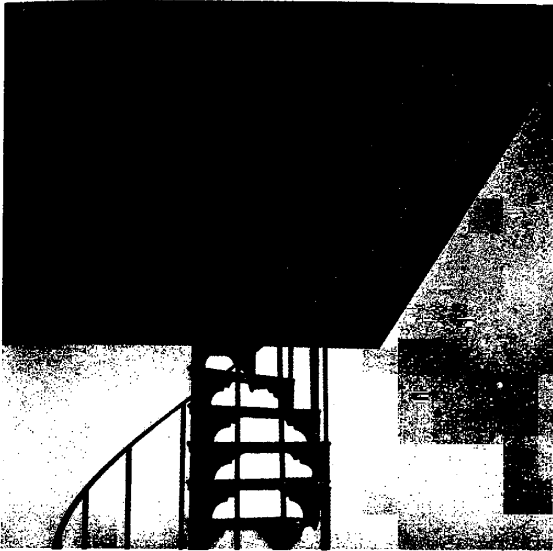
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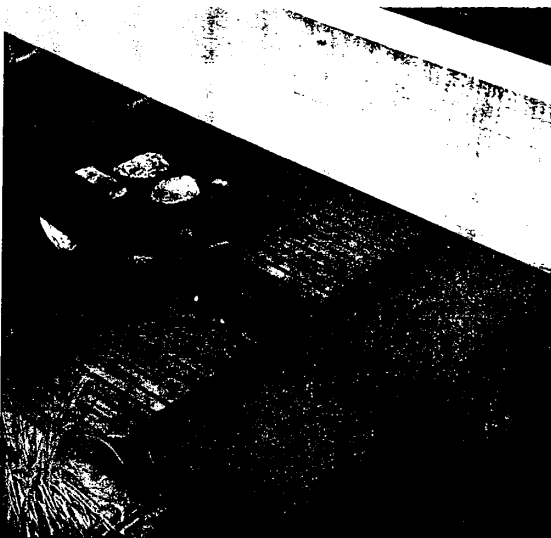
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Detailed elements of design – retaining wall and steps, flower boxes or artefacts – add interest to the environment and provide visual stimuli. The observer gets the sense that the designer cared about the people using the buildings. Hospitals are not just boxes devoted to the practical task of diagnosis and therapy.

Page 42

52 top. Lakeside Health Centre, Thamesmead

53 centre. Wexham Park Hospital, Slough

54 bottom. West Suffolk Hospital, Bury St Edmunds

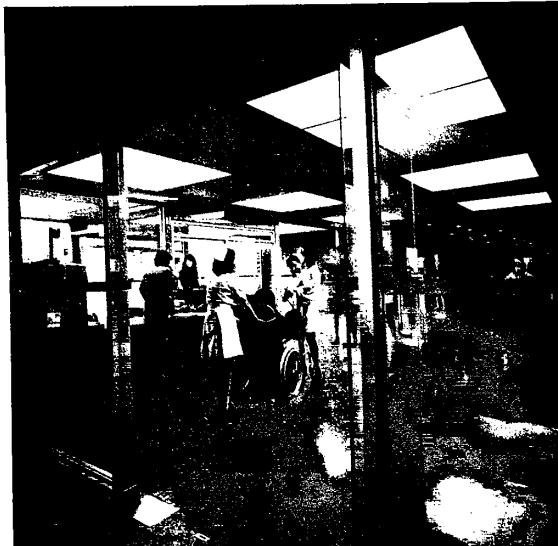
Page 43

55 top left. Wexham Park Hospital, Slough

56 top right. Princess Marina Hospital, Northampton

57 bottom left. Wythenshawe Hospital, Manchester

58 bottom right. Wythenshawe Hospital.

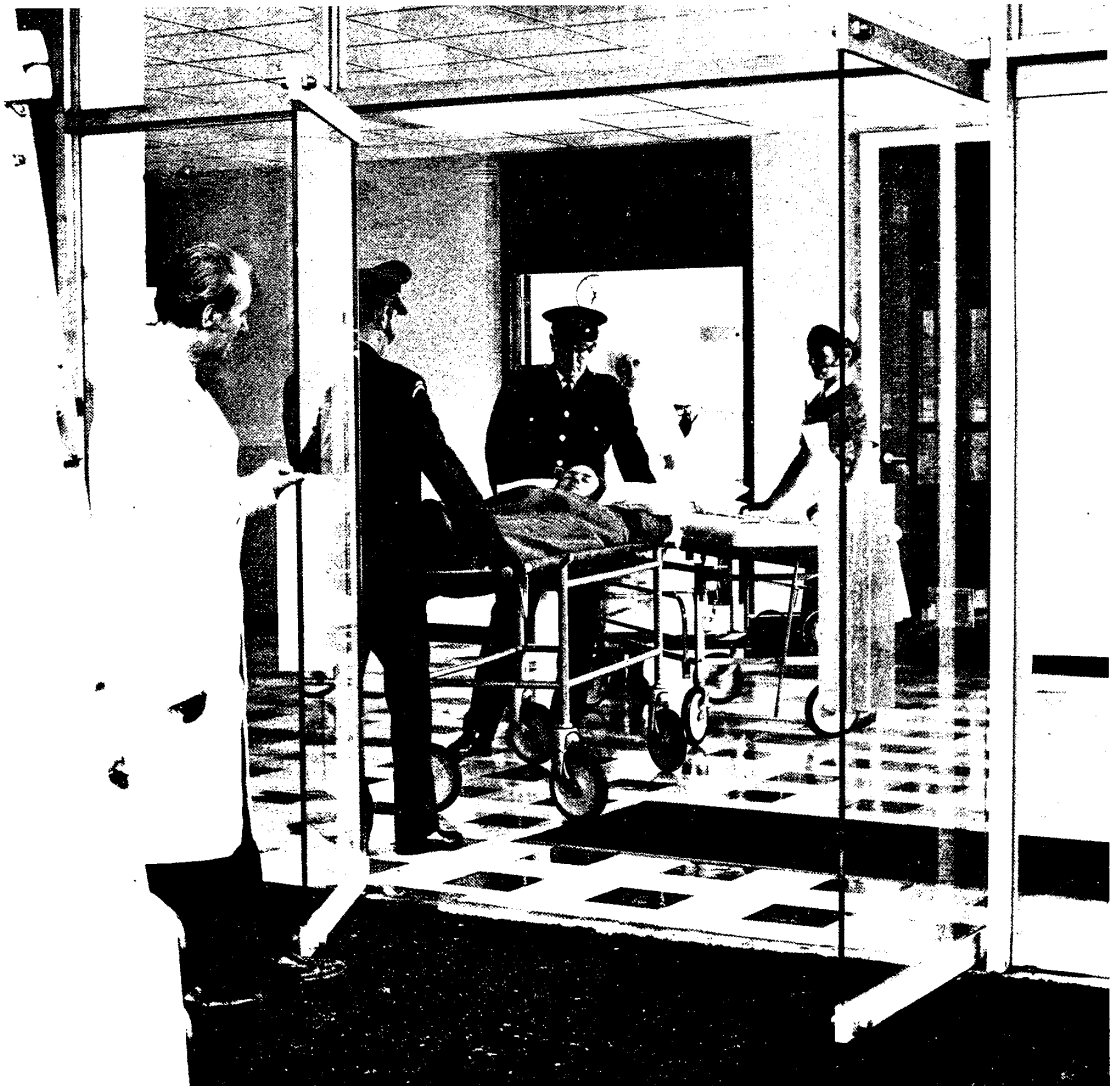


The entrance to the hospital: a natural point of change in this narrative moving from the external to internal environment of the hospital.

59 left. St Stephen's Hospital, Chelsea
60 below. Whipps Cross Hospital, Leytonstone
61 below right. The design for the reception area at the Dudley District General Hospital.

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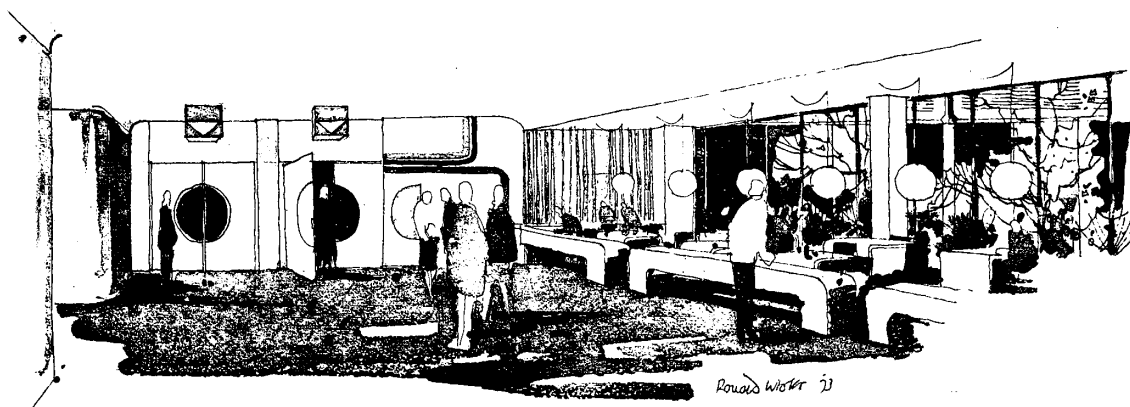


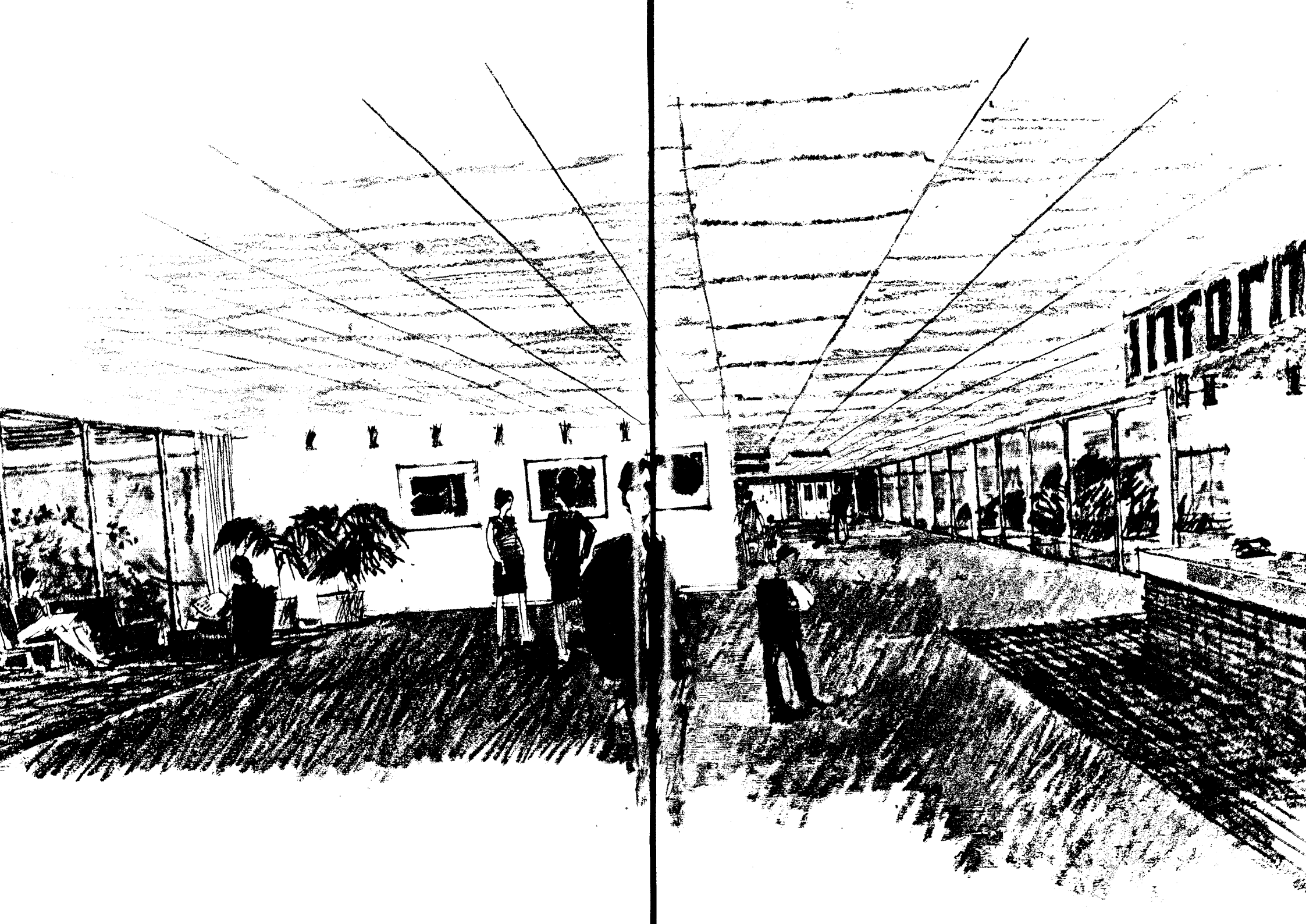
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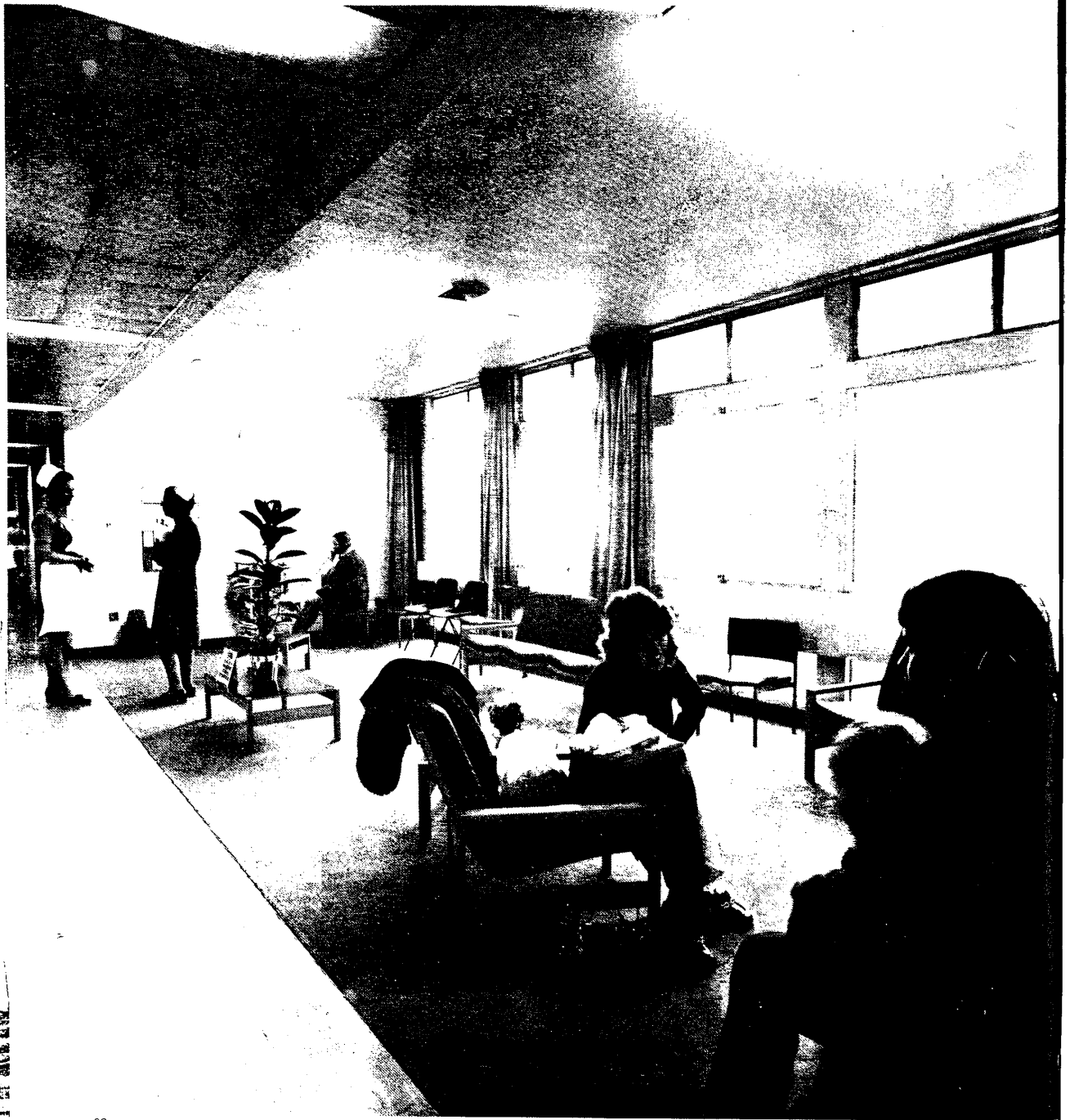
Internal Environment

In most large hospitals, people spend much time and energy moving from one part to another. The journey from the ward to x-ray or occupational therapy or, for the visitor, from the main entrance to the bedside, often involves long walks through corridors and public spaces; distances comparable, in fact, with the roads and footpaths through a village or small town.

The task of the architect, interior designer and landscaper, is to give a sense of order and visual interest to these areas, to relieve the possible monotony of the accumulative miles of routine journeys made by the staff every day of the year and, with the use of landscaping in courtyards, to provide not only natural daylight and ventilation, but also orientation and an awareness of being in touch with, and having access to, the natural elements outside.







63

The essentials of the entrance hall, the corridors that radiate from it and the subsidiary departmental waiting or reception areas, are clear signposting and informality. They can still act as a site for modest health advertising or propaganda.

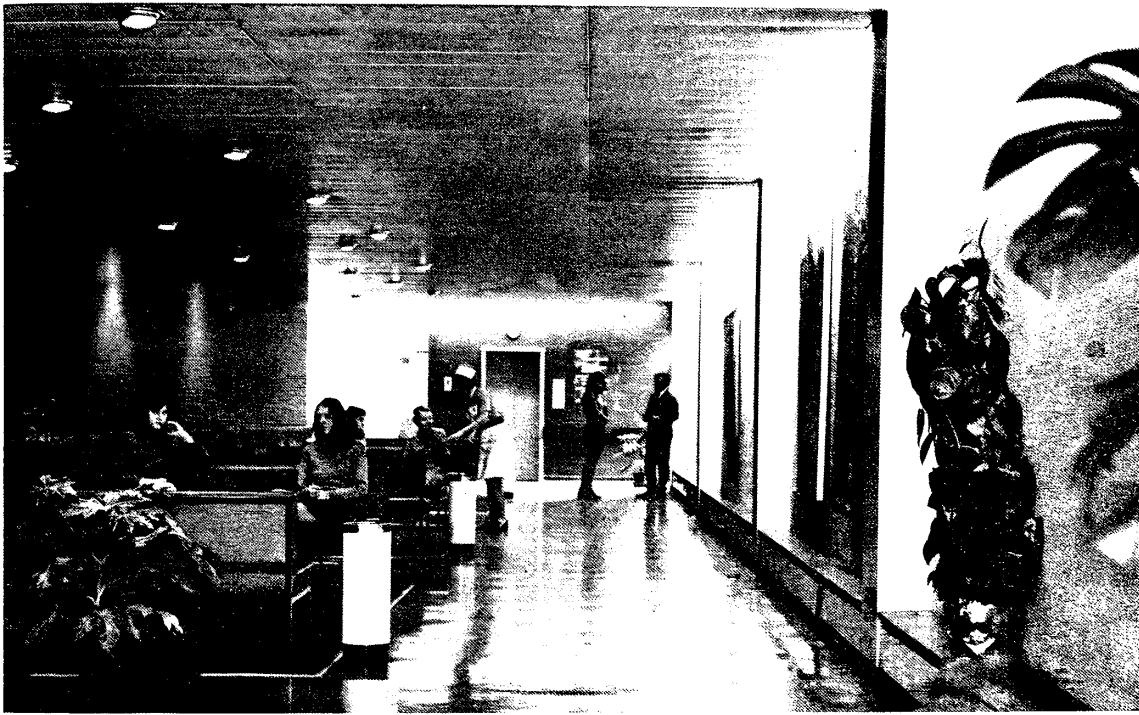
Furnishings of higher standard – carpets, seating and decoration – are now being designed and used.

Whenever possible, natural lighting and views to courtyards or external views are provided.

63 above. Ward waiting area in the maternity unit at St Peter's Hospital, Chertsey

64 top right. St Stephen's Hospital, Chelsea

65 bottom right. Lakeside Health Centre, Thamesmead



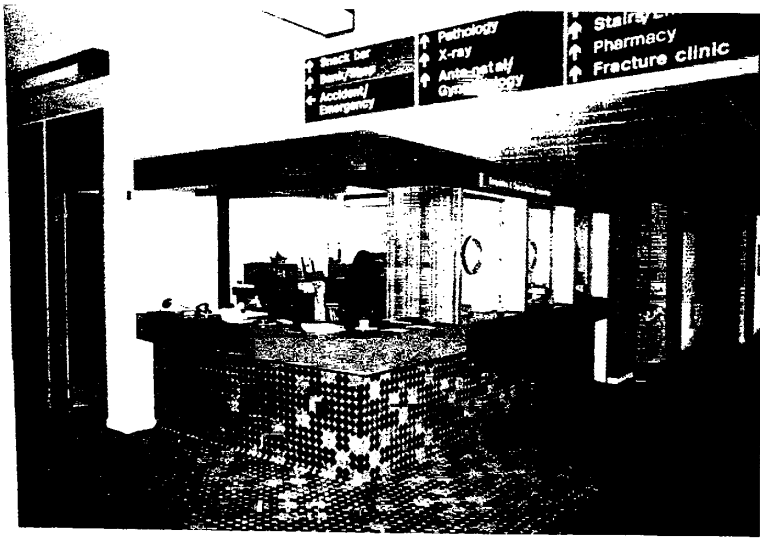
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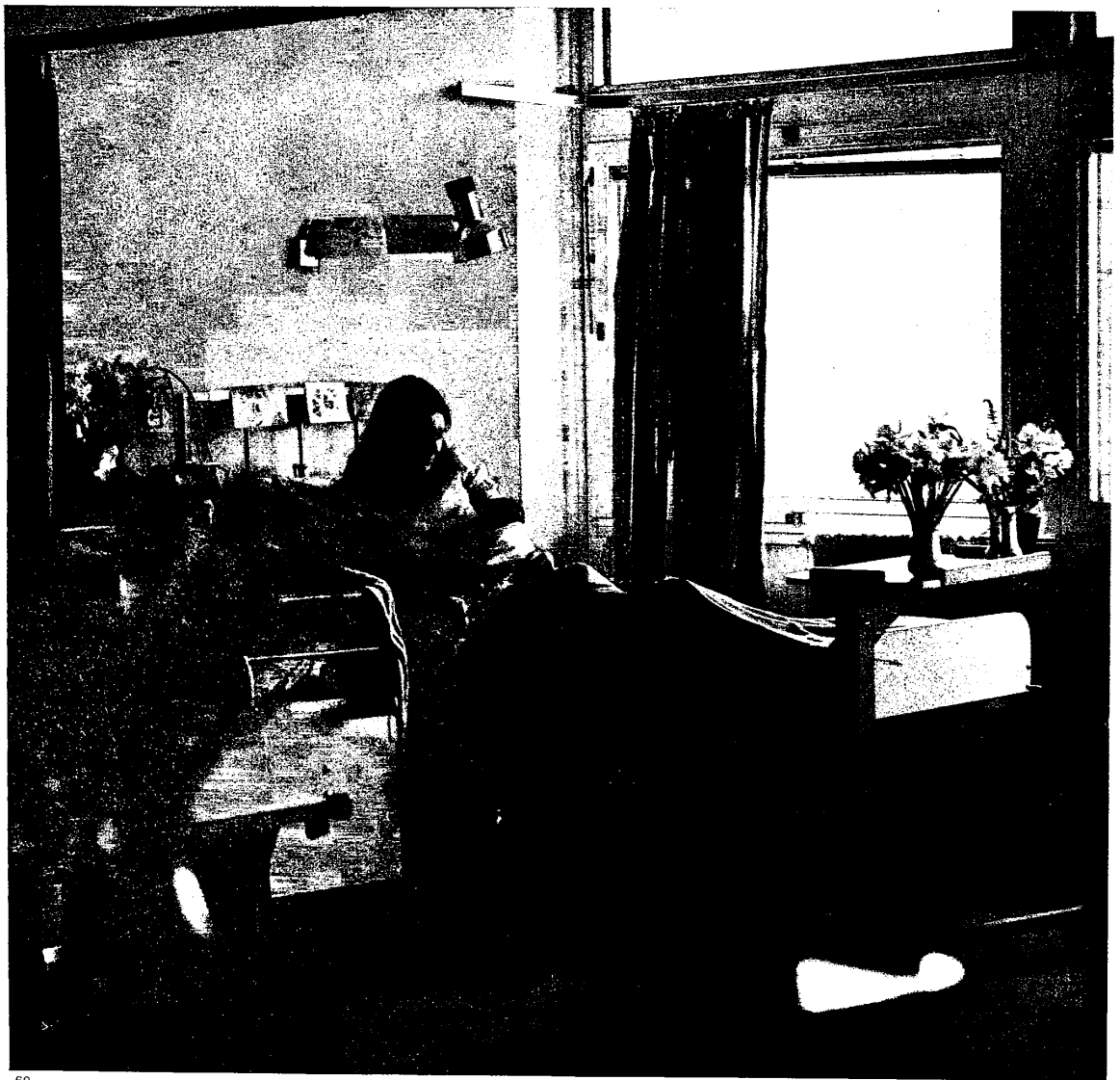
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66 top left. The reception area at Manor House Hospital, Aylesbury
67 bottom left. Signposting and reception desk at West Suffolk Hospital, Bury St Edmunds
68 above. A corridor in the Torbay Hospital, Torquay



69

The interior design of wards and other hospital areas can contribute to the well-being of patients and staff.

69 above. Maternity unit at St Peter's Hospital, Chertsey

Page 53

70 top left. Another view of the maternity unit at St Peter's Hospital

71 top right. Dormitory in Manor House Hospital for handicapped children

72 bottom left. Children's ward at West Suffolk Hospital, Bury St Edmunds

73 bottom right. Interior in a staff residence at Shotley Bridge General Hospital, Consett



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Murals can be helpful in bringing life and colour to hospital interiors, particularly in children's wards where pinboards and other display areas may also be appreciated.

74 top left. Children's mural at Wexham Park Hospital, Slough

75 top right. A mural at West Suffolk Hospital

76 centre. A pin board in a children's ward at West Suffolk Hospital

77 bottom. A mural at Manor House Hospital

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78 The library in the nurses' training school at Wexham Park Hospital, Slough.



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78





79

79 above. A ward scene in the maternity unit at St Peter's Hospital, Chertsey
80 right. The boiler house at Torbay Hospital, Torquay

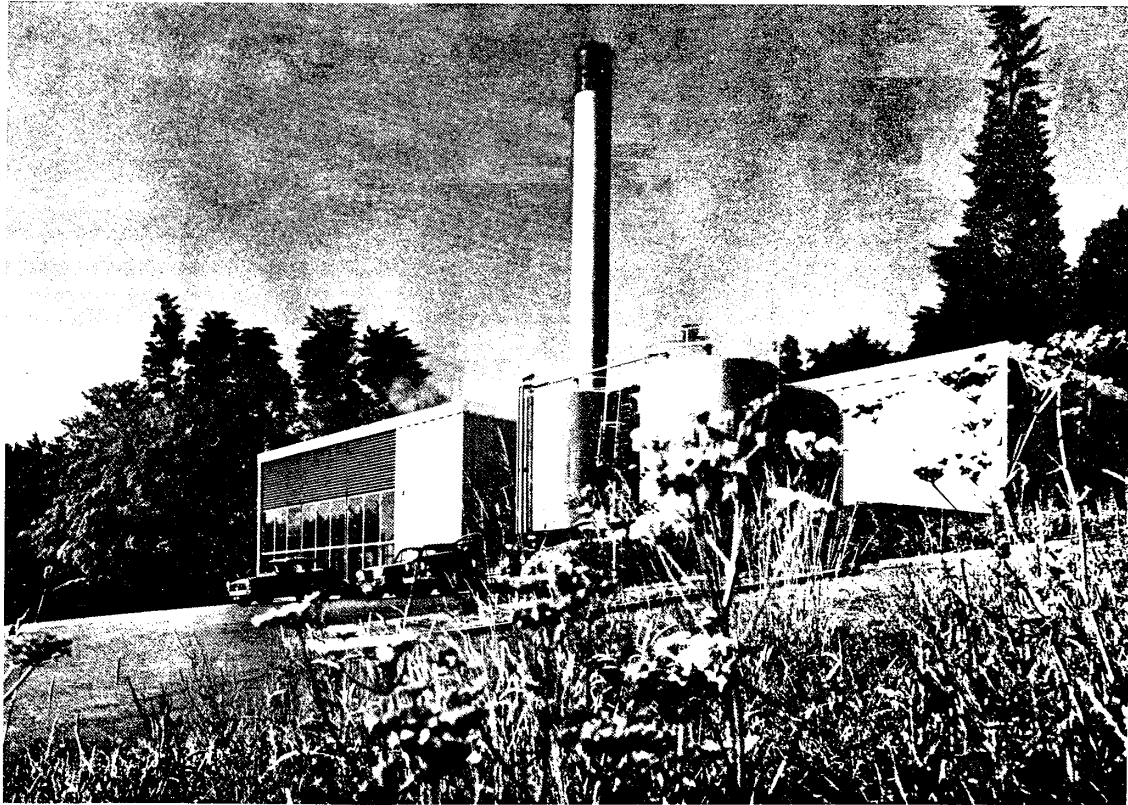
56

Planning for People

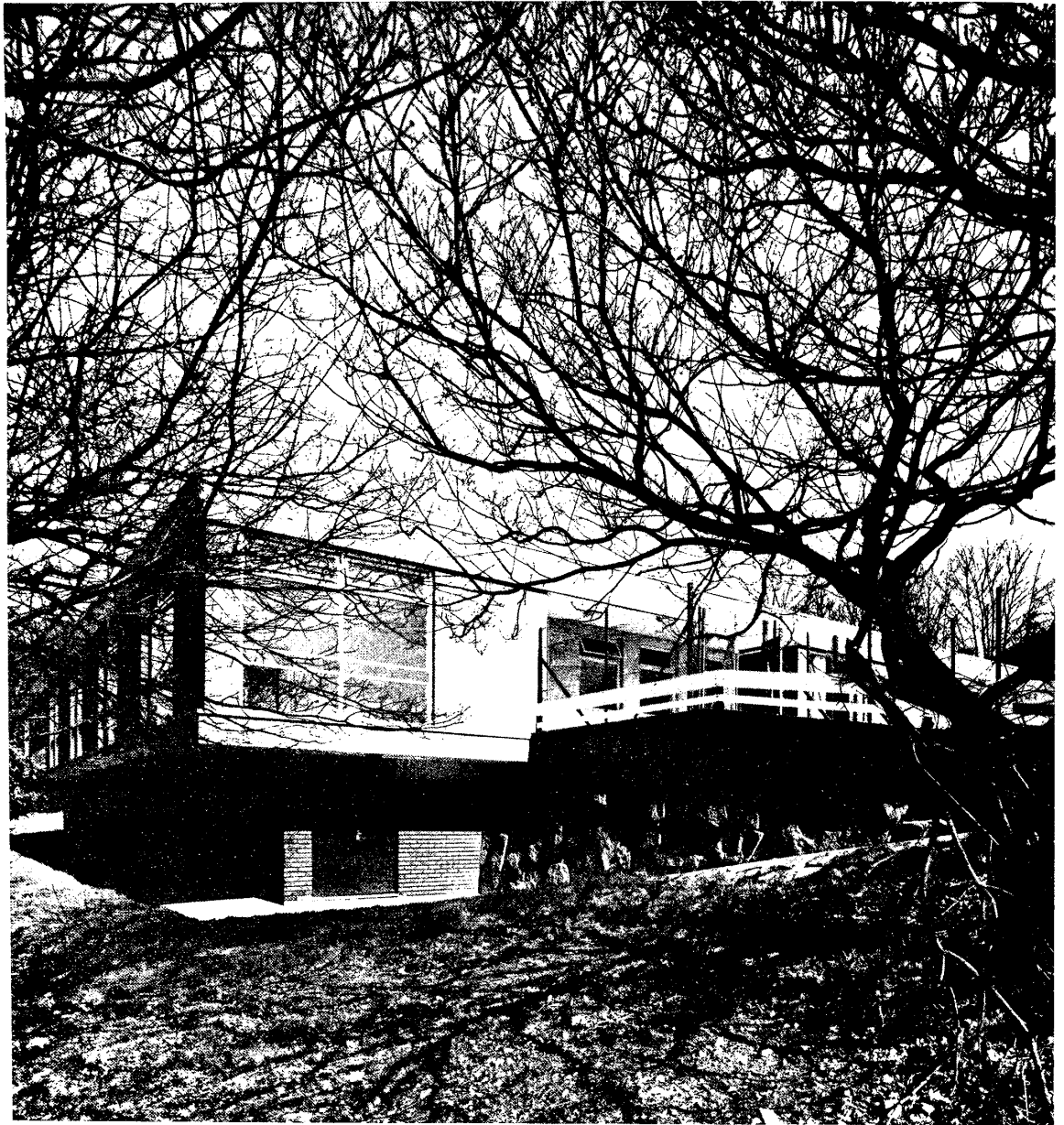
From the bed to the boiler house, the car park to the canteen, the dirty-linen room to the sophisticated diagnostic and therapeutic departments, the team of administrators, researchers, medical and nursing advisers, architects, engineers, quantity surveyors, interior designers, and landscapers strive to provide a welcoming and comforting environment in which patients and staff can pursue their common goal. All members of designing and building teams, in the belief that buildings, landscaping and interiors should be more than merely practical, would hope that the people who use their buildings will derive some pleasure from just being in them.

These last pages of photographs are left to speak for themselves – that some progress has been made in the last few decades in building hospitals for people.

80

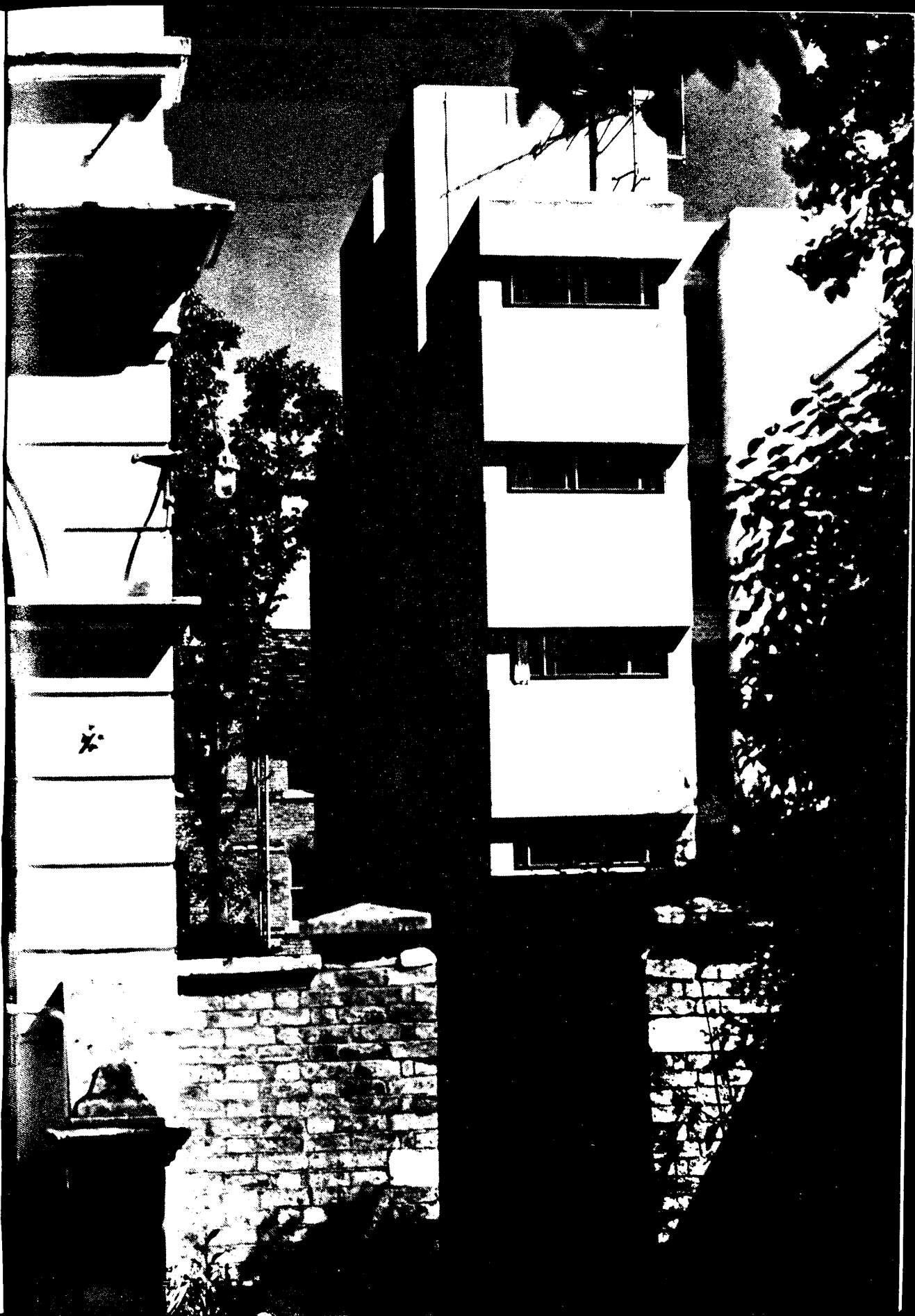


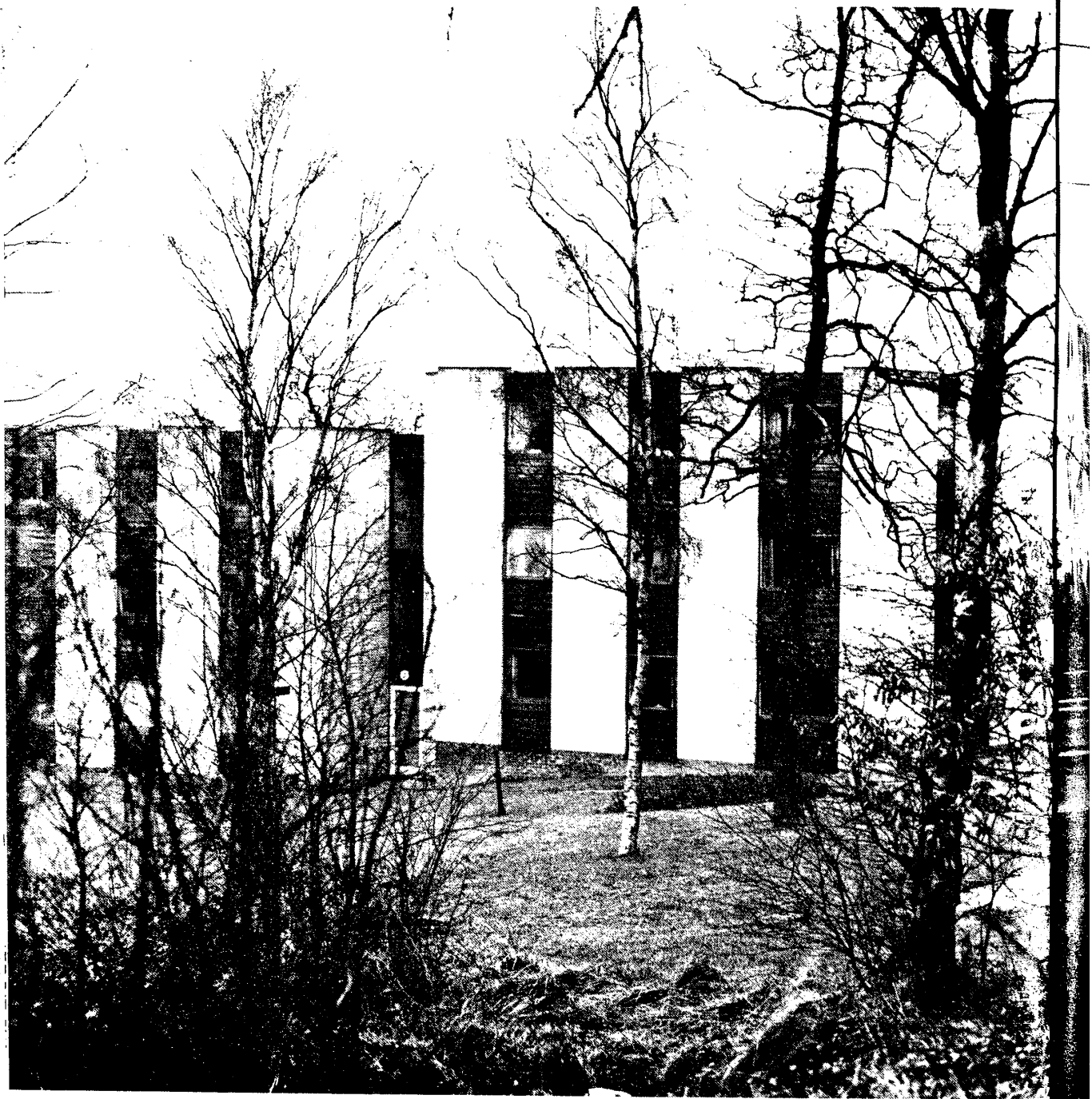
57



81

81 above. The Darby Home, St Margaret's Hospital,
Birmingham
82 right. Medical residential building, College Lawn site,
Cheltenham

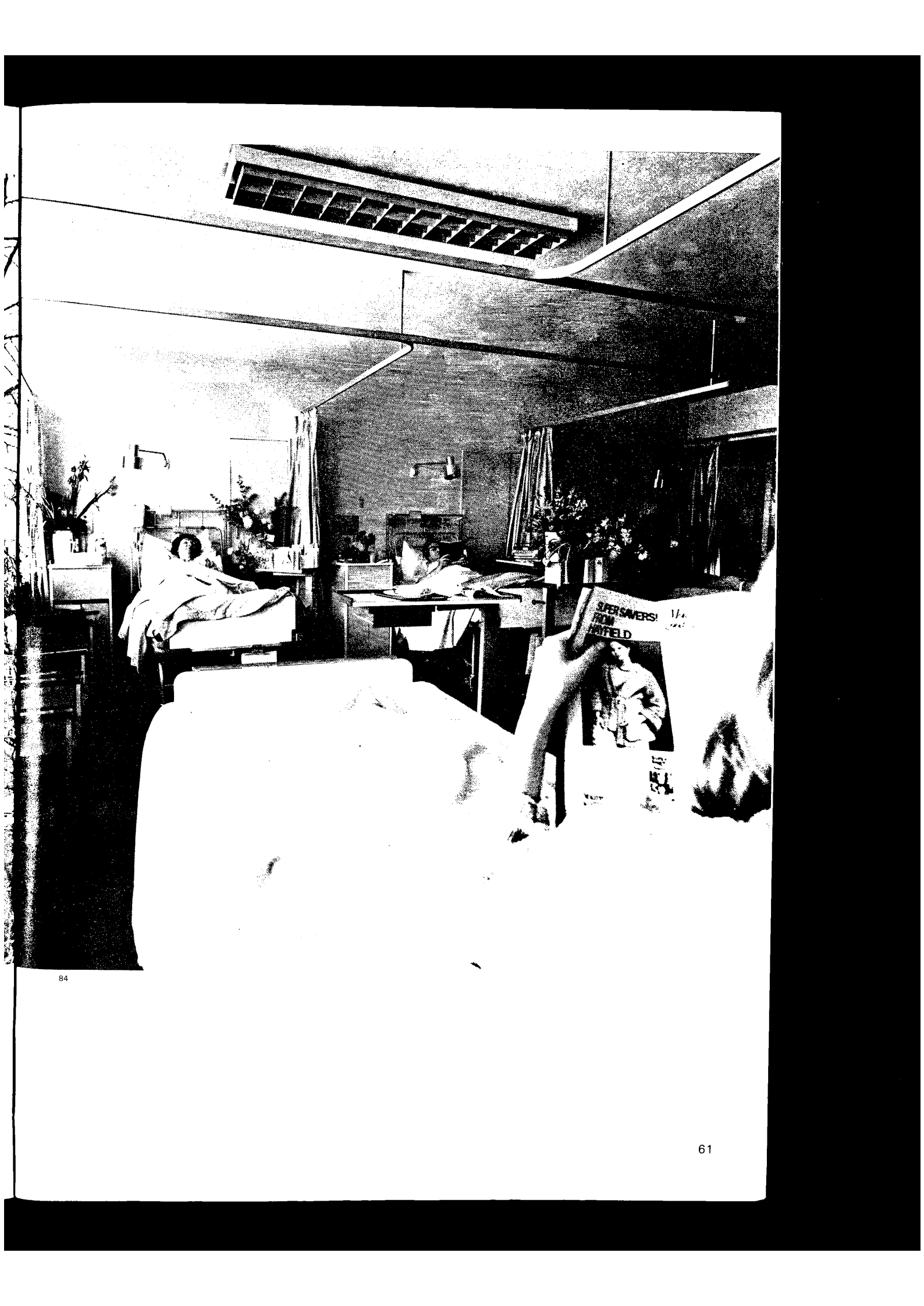




83

83 above. Staff residences at Shotley Bridge General Hospital
84 right. Ward in the maternity unit at St Peter's Hospital

60



List of Schemes*

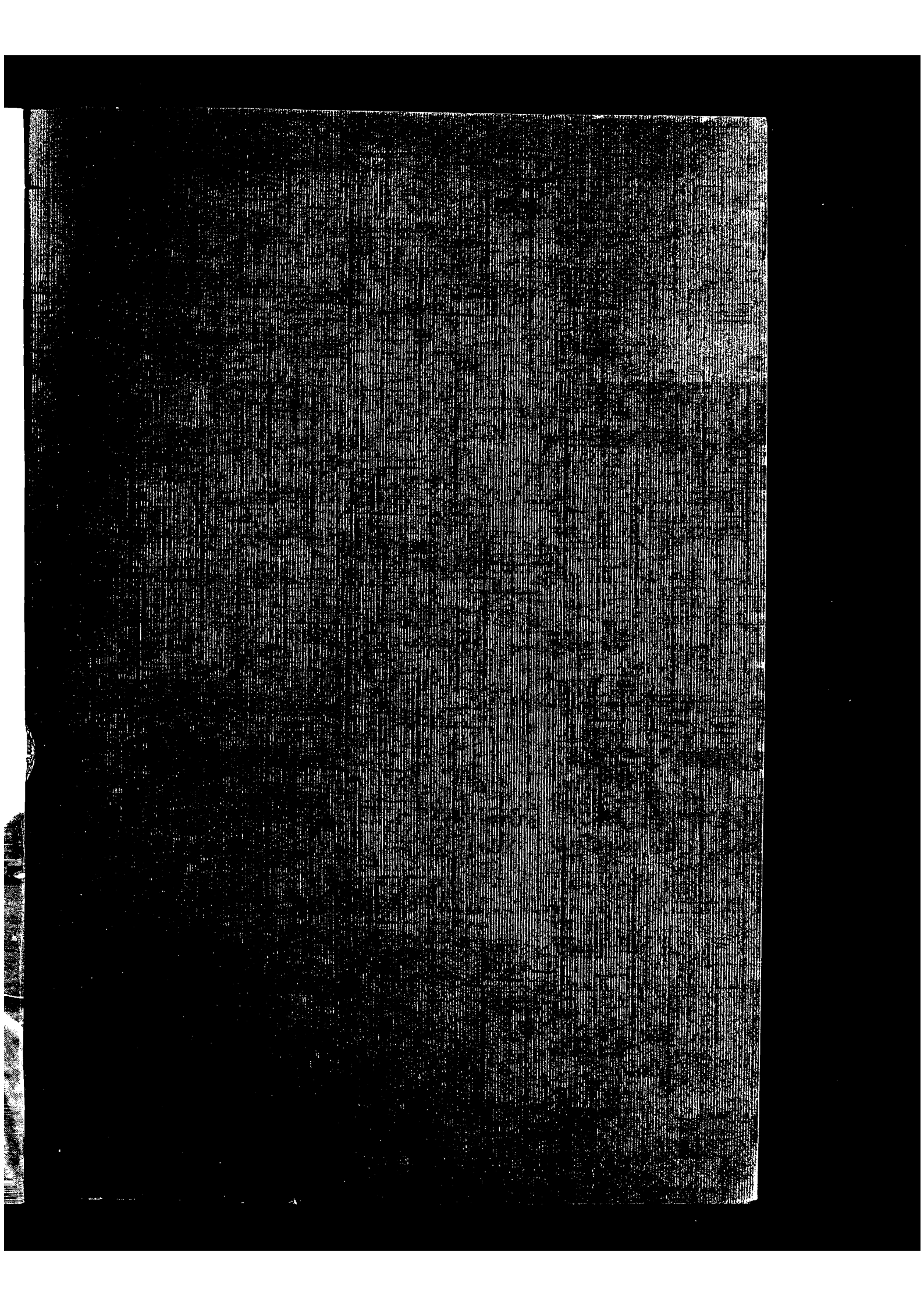
Hospital or Building	Architect	Authority	Illustration Number and Photographer or Artist
Alnwick Infirmary, Northumberland	W B Edwards and Partners	Northern RHA	7 Chris Ridley
			39 Chris Ridley
			85 Chris Ridley
Chorley and District Hospital	Regional Architect, North Western RHA	North Western RHA	37 Chris Ridley
Darby Home (The), St Margaret's Hospital, Birmingham	Regional Architect, West Midlands RHA	West Midlands RHA	81 Logan Photographers, Birmingham
Dilke Memorial Hospital, Cinderford (geriatric unit)	Percy Thomas Partnership (Bristol)	South Western RHA	23 D Barton, Bristol
			32 D Barton, Bristol
Epsom District Hospital	Mayorcas Guest and Partners in association with South West Thames RHA	South West Thames RHA	1 E Dawson Strange
			24 E Dawson Strange
			25 E Dawson Strange
Glenside Hospital, Bristol	Percy Thomas Partnership (Bristol)	South Western RHA	29 D Balner, Bristol
Greenwich District Hospital	Chief Architect, DHSS	DHSS and South East Thames RHA	3 Chris Ridley
			15 Chris Ridley
			17 Chris Ridley
			33 Chris Ridley
Guy's Hospital	historic		36 Chris Ridley
Harrogate District Hospital	Regional Architect, Yorkshire RHA	Yorkshire RHA	35 Chris Ridley
Kingston Hospital, Surrey	Chief Architect, DHSS	South West Thames RHA	42 DHSS
			43 DHSS
			49 DHSS
Lakeside Health Centre, Thamesmead	Derek Stow and Partners	GLC and Greenwich and Bexley AHA (South East Thames RHA)	38 Brecht-Einzig Ltd
			52 Brecht-Einzig Ltd
			65 Brecht-Einzig Ltd
Manor House Hospital, Aylesbury	Building Design and Planning Group in association with Oxford RHA	Oxford RHA	66 Chris Ridley
			71 Chris Ridley
			77 Chris Ridley
Medical Residential Building, College Lawn site, Cheltenham	Percy Thomas Partnership (Bristol)	South Western RHA	82 D Balner, Bristol
Princess Margaret Hospital, Swindon	Powell and Moya	Wessex RHA	31 de Burgh Galwey
			44 de Burgh Galwey
			48 de Burgh Galwey
Princess Marina Hospital, Northampton	Stillman and Eastwick Field	Oxford RHA	4 Stillman and Eastwick Field
			22 Stillman and Eastwick Field
			46 Chris Ridley
			56 Chris Ridley

*Compiled for this publication by the Architects Division, DHSS.

Rawcliffe Hall Hospital, Yorkshire	Regional Architect, Yorkshire RHA	Yorkshire RHA	30	Yorkshire RHA
Royal United Hospital, Combe Park, Bath	Percy Thomas Partnership (Bristol)	Wessex RHA	47	Wessex RHA
Shotley Bridge General Hospital, Consett	W B Edwards and Partners	Northern RHA	73 83	Chris Ridley Chris Ridley
St Peter's Hospital, Chertsey	Regional Architect, South West Thames RHA	South West Thames RHA	63 69 70 79 84	Chris Ridley Chris Ridley Chris Ridley Chris Ridley Chris Ridley
St Stephen's Hospital, Chelsea	Regional Architect, North West Thames RHA	North West Thames RHA	2 8 16 34 59 64	Chris Ridley Chris Ridley Chris Ridley Chris Ridley Chris Ridley Chris Ridley
Torbay Hospital, Torquay	Fry, Drew, Knight and Creamer	South Western RHA	11 12 13 18 20 68 80	Chris Ridley Chris Ridley Chris Ridley Chris Ridley Chris Ridley Chris Ridley Fry, Drew, Knight and Creamer
West Midlands RHA (Dudley District General Hospital)	Percy Thomas Partnership (Birmingham) in association with DHSS and West Midlands RHA	West Midlands RHA	5 6 14 61 62	DHSS Percy Thomas Partnership (Birmingham) DHSS and Percy Thomas Partnership (Birmingham) R Weeks, Percy Thomas Partnership (London) DHSS and R Bowen, Wessex RHA
West Suffolk Hospital, Bury St Edmunds	Hospital Design Partnership in association with DHSS	East Anglia RHA	21 45 54 67 72 75 76	DHSS Chris Ridley Chris Ridley DHSS Chris Ridley Chris Ridley Chris Ridley
Wexham Park Hospital, Slough	Powell and Moya	Oxford RHA	26 27 41 51 53 55 74 78	J Rawson Chris Ridley Chris Ridley Chris Ridley Chris Ridley Chris Ridley Chris Ridley Powell and Moya
Whipps Cross Hospital, Leytonstone	McDonald Hamilton and Montefiore	North East Thames RHA	60	G Perks
Wycombe General Hospital	Powell and Moya	Oxford RHA	9 10 19 28 50	Chris Ridley Chris Ridley Chris Ridley Chris Ridley Chris Ridley
Wythenshawe Hospital, Manchester	Powell and Moya	North Western RHA	40 57 58	Chris Ridley Chris Ridley Chris Ridley

85 An ornamental sculpture of a lion in the grounds of Alnwick Infirmary





£3.50

