STUDENT DESIGN AWARDS 2016

ARCHITECTS FOR HEALTH
List of participating students and Schools of Architecture and Design

GSTT AWARD
UAL Chelsea College of Arts
MA in Interior and Spatial Design
• Carolina Dirdjohadi
• Elif Ergisi
• Gemma Maria La Rocca
• Tianli Wang

University of Westminster
Interior Architecture, BA Year 3
• Sara Daaboul
• Pattaraporn Pattanawanikitkul

OPEN AWARD
The Architectural Association
Diploma Unit 13, Year’s 4 & 5
• Salvador Folque de Mendoca
• Ada Keco

The Bartlett School of Architecture
Unit 6
• Calvin Po
• Jerome Xin Hao Ng
• Kerry Hoi Lan Ngan

University of Brighton
Interior Architecture, BA Year 3
• Charlotte Cooper/Natalie Kerrison
• Lauren Scally
• Toni Shepherd

London South Bank University
Studio 1, BA Years 2 & 3 and PT 4 & 5
• Jack Biggerstaff
• Juliana Ribas
• Ewa Sienko

WRITTEN SUBMISSIONS
Liverpool John Moores University
• Lauren O’Donnell
• David Murphy

The Jury

GSTT AWARD
• Pam Bate, Hopkins Architects
• Alex Newman-Burke, GSTT
• Elizabeth Petrovitch, IBI Group
• Susan Francis, Architects for Health
• Paul Murphy, Architects for Health

OPEN AWARD
• David Lewis, NBBJ
• Paul Monaghan, AHMM
• Susan Francis, Architects for Health
• Paul Murphy, Architects for Health
The AfH Student Design Awards challenge students of architecture and design to explore innovative and compassionate design for health and social care settings.

The AfH Student Design Award is an annual design competition for students. As well as promoting good design, AfH is also committed to encouraging the next generation to remain passionate about the quality of design for health and social care settings.

Our goal is to celebrate the opportunities in health and social care for innovation and experimentation and to bring together students from different disciplines to share fresh thinking. This year we have collaborated with 7 schools of architecture and design including courses in public art, interior architecture and architecture from across the UK.

We engaged with student through both a London based project and an Open Award. We have worked closely with Guys and St NHS Hospital Trust who acted as a proxy client, to support the London project on both hospital sites.

For the Open Award, we encouraged colleges and universities to embed the health programme into their curricula and give exposure to those already engaging in healthcare projects. We supported participants through reviews and seminars. We have also awarded prizes for the Best Drawing, Best Concept and a special prize from the judges.

Winners are rewarded with cash prizes, a chance to exhibit project work at national conferences, complementary AfH membership and an opportunity to discuss their work with others including architectural and design leaders in healthcare.

Acknowledgements

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UAL Chelsea College of Arts
Ken Wilder
Sue Ridge

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Julia Dwyer

University of Brighton
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David Lewis, NBBJ
Paul Monaghan and Paul Jones, AHMM
Alex Julyan, Wellcome Trust Fellow

And to Jane Duncan PRIBA
Obesity and lack of garden space is a large problem within London. Obesity contributes to most health problems and many would say that exercise would solve it all. But most will ignore that nutrition and good diets will lead them towards a healthy lifestyle. Most adults within the current generation don’t understand basic dietary needs and the next generations are growing up the same way.

Lack of gardens within London has contributed to this lack of understanding. Communities don’t have the space to grow their own fruit or vegetables, taking away the ‘hands on’ fun experience of the past.

Allotments are being destroyed for flats, which take away further space to grow, causing allotments that are available to have extensive waiting lists. Even though parks have an abundance of dead space (areas that are unused and unloved) most parks are barely used by their communities.

Nutritional Pods will give parks back this unused space and help communities connect with their parks again.

Each pod is designed around modern day allotment plot (25m2) and will be built with a greenhouse method in mind. There are three levels to not only differentiate between heights but also for thermal comfort, with the lowest retaining the most thermal mass. Each pod can be allocated to a community member allowing them to grow their own fruit and vegetables and have a garden space to be proud of.

The area will also allow for a larger space connecting multiple pods together forming a group garden. This space will add up to an original allotment (175m2) and will be used to educate children. Schools will also be able to book the space and use this to inform children of a healthy lifestyle.

The pods will be located in a space of the park that is underused, giving back to the communities a hub to from around. The space will no longer be dead, but living and breathing full of life, plants and knowledge.
By focusing on the spaces that are used by staff as well as patients, the interventions aim to increase the health, and quality of their social interactions for both user groups.

It is crucial for the running of the centre to encompass wellbeing throughout the centre, as it will resultantly allow for the best outcomes to be achieved from their interaction in the consulting room.

From information gathered from surveys, interviews and mapping analysis, it is clear that the practice does not have sufficient environments for staff to socialise, store equipment and documents, or to eat.

Furthermore, the experience for patients could be seen uncomfortable and unwelcome.

It is also clear that the surgery has little presence within the community or on the street, being tucked away from the main street.

The entrance as a result is littered with rubbish, moss and dirt, creating a negative impression of the surgery from the offset for patients.

The building’s grand Georgian past has also been covered and overwhelmed by the centres growing collection of paper work and objects in the Multi-function room, allowing the space to be cluttered and inefficient.

This teemed up with dips in temperature throughout the year, causes staff to hotspot desks up to 3 times a day to avoid using the room.

Staff have no space to socialise of or even eat, often having lunch at their desks. The waiting room also suffers from a cluttered atmosphere, displaying up to 187 posters and leaflets which often can’t be viewed or read from the seats in the room.

The insignificant layout of the room also allows patients to overhear conversations with the receptionist, making for a very intrusive and uncomfortable space, for both staff and patients.

Often the delivery of healthcare if seen to be with a focus on patient needs, however tackling the surgery from both fronts- staff and patient issues- will not only improve the experience of working or visiting the practice, but it will also improve its approach to healthcare and its delivery of health and wellbeing throughout the centre.
THE PRACTICE’S COLLECTION

This is an axonometric drawing highlighting the key areas in the surgery that acts as a place of storage or rooms connected with the areas with the largest amount of storage. The areas in the waiting room, reception, and the multifunctional room. The waiting room's layout holds and exhibits a large number of offices and offices, and behind the reception desk is displayed personal notes, acting as a backdrop.

The multifunctional room holds a vast amount of summarized and summarized patient records, broken objects, and staff items among other things.
Music is a means of communication which surmounts language barriers and helps to create community. Music is currently performed throughout Guys and St Thomas's Hospitals in waiting rooms and corridors, but lacks a dedicated space for performance. Music is also used therapeutically for patients during physical rehabilitation post treatment and those suffering from other medical issues. This project works with spaces for music therapy and performance for people from both outside and inside the hospital environment. The desire to bring people together using music stemmed from my conversations with refugees attending a Becket House building next door to Guys Hospital on St Thomas Street.

The project site is the atrium adjacent the new entrance to Guys Hospital from St Thomas Street, and was chosen for its potential to invite staff, patients and interested outsiders to participate in activities associated with music and music therapy. The design is for spaces which help patients feel calm and less stressed about their time in hospital, where they can express themselves and socialise with one another and staff too. The design concept is for a musical journey which takes place in a sequence of spaces.

Visitors will be led towards a set of musical instruments of different types housed in specialist exhibition/ play spaces. These acoustically separate spaces will enable them to play and learn more about its background and through this connect with other users. Practice rooms, specifically tailored for different instrumental groups, and four interactive classrooms located around the atrium promote small group activities, individual rehearsal/practice, and musical composing spaces. The rooms are designed with distinctive colours and forms, each providing a unique experience where light and materiality is used to create a soft and warm atmosphere.

Leading on from these are performance platforms connected to the four interactive rooms which will help the users of musical therapy, whether they be patients or musicians, to get the chance to perform a short musical play. The performances will be held in the atrium and set on different levels, turning the atrium into a window that allows visitors to watch and listen-in.

The project creates new specialist spaces that highlights musical activities that already take place in the hospitals that are little know by the wider community. It brings the health benefits of natural light and generous high spaces to a unique concept that engenders well-being and raises patients and visitors' spirits by enriching their quality of life.
My research deals with the notion of light and colour perception.

The manipulation of light and colour can develop a new reading of a space. Through developing a thorough understanding and knowledge about the science of light and colour, it might be possible to shift human perception of an existing space, allowing them to experience a new atmosphere of the space created. Moreover, in the relevant process of emotional response to space, lighting is as important as colour.

Discovering the effect of colour on our physical and psychological state has been an object of both scientific and artistic research. More than a century ago, Goethe (1840) developed his complementary colour theory, and was the first person to declare that what we see when we observe an object depends on the object, the lighting and our perception:

“In order to experience these influences completely, the eye should be entirely surrounded with one colour; we should be in a room of one colour, or look through a coloured glass.”

The main issue of my research is about the transformation of a space that re-contextualises the viewer experience within the context of health and social care. My experimentation was made using a full-scale installation, located in Chelsea College of Arts corridor, involving complex combination of coloured threads and different lighting sources.

The project uses the three transitional bridges in Atrium 3, Guy’s Hospital and continues my exploration of light and colour as primary material for an installation and how they affect the space they inhabit development into this site specific art installation.

Additionally, it can be argued that hospital is considered a formal space where people do not really pay attention on the experience inside it as they are in need of healing or medication. Based on this issue, it is a challenge to integrate light and colour theories into an interactive art installation that can be experienced inside a hospital space.

The aim of this is to transform the experience of the transitional spaces inside the hospital for patients, staff and visitors through an understanding of light and colour perception, without a major change of the existing space and structure. The bridges are divided into three colour zones to create different physiological environments that change perception of time from natural to artificial night and day.

The colour zones were designed based on the user activity inside the space. The yellow bridges are mainly designed for patients, while the blue bridges and clear bridge are focused on the hospital staff.
ELIF ERGISI  
UAL Chelsea College of Arts  
MA in Interior and Spatial Design

BODY IN SIGHT

My work looks at the historical context of visual access to the inner body throughout history from the Renaissance until the 21st century. Both Renaissance and contemporary artist’s experiential observations of anatomy have been an instrumental extension in revealing the internal body, its inner workings and in presenting the body in all its guises.

My work focuses on explaining the body through abstraction and representational apparatus. For this performance installation, I look at marrying the various technological advancements of radical imaging techniques, scanning, preserving, mapping and using these components to interrogate the way in which the body can be probed, entered, fixed and visualised.

Drawing is an arts practice, a research method and as having multiple interdisciplinary applications, a practice that holds our attention in contemplation and which, as a finished piece, asks the viewer to dwell on issues of temporality and perception. It can provoke questions about bodily and metaphysical disturbances, for example, in relation to memory and identity, or medical and surgical communication.

Using the Old Operating Theatre I propose to present a performance art piece that acknowledges the history of St Thomas’ and Guys Hospital and shows appreciation for the progress and development of anatomical studies.

Working with medical students at Kings College and Barts and The London Medical School, the students will be asked to draw their routes into dissection, removal and entering the inner body, the process becoming a floor plan of how they perceive the inner workings of a body prior to their first anatomical dissection. It will present how medical students see and memorise the components of the internal organs and what they remove in order to access another part of an organ.

Drawings will be done on acetate sheet, which will be projected back onto wax and latex casted exterior body parts. The overhead projector will have a sliding roller of the drawings and will be motorised to project as a film in continuum whilst a student draws. There will be many layers to this performance piece, where anatomical textbook images will also be presented onto the latex/wax casted body.

The body will be represented from within, and audiences will be able to see from the eyes of the body, how it dissected how organs are removed and replaced, and the juxtapositions of the old and new, precisely accurate and non-accurate guessed methods of drawing. Held in the atmosphere of an anatomy class or surgery, the performance piece will include the use of the anatomy table, tools and the standings.
ARCHITECTS FOR HEALTH

Student Design Awards 2016
The NHS hospital infrastructure is constantly changing. Current Government policy is to centralise emergency services in Central London into a few larger facilities. Leading teaching hospitals such as St. Mary’s Hospital in Paddington face a lack of space to expand. A&E and paediatrics services are being closed down and reduced and moved to St. Mary’s, which is now working at full capacity, with St. Mary’s Paddington becoming the Emergency Centre for West London.

This hospital is bounded by dense urban fabric, a canal and a train station squeezing growing services into a shrinking triangle. There is the need to readapt particular parts of the hospital giving a constant and unique language that will not only respect but will create a new and single identity for the hospital.

St Mary’s must expand their A+E services by 40% to meet the increased demand over the next 50 years. This will allow me to create new connections between the A+E department and other areas of the hospital in order to increase circulation efficiency.

But solving A+E by expanding 40% is not just enough, we need to understand what is causing the overcrowding: Patients use this service because is faster and convenient but in fact we should relieve pressure from the A+E by increasing the clear access to acute services and rationalising the entrance to the hospital to better direct people to a separate and correct services such as Minor Injury Units and GP’s.

Another major reason for A+E overcrowding is the inability to leave due to lack of home care. This means that they are fit to leave but unable to take care of themselves. In order to respond to this I’m creating a new Rehab/Care unit that is owned by the hospital and will provide NHS support to patients post medical intervention. This tower will have a Private Patients Unit that will generate funds for the hospital.

Connecting these new public and private spaces, new housing, as well as stitching together the disparate parts of the hospital, will be a ‘Health Highway’, a new super-healthy datum that is a breathing skin with circulation bridges, and super-healthy program such as gyms, spas, juice bars, and hyper clean oxygenated air so this highway will become the lungs of the hospital.

So my proposal is to expand the A&E of 40%, create a minor care unit and a rehab/care home, with a new health hub built on top of an International Transport hub (Paddington) will be redefined by a new healthcare language with a super healthy Highway that will connect these new infrastructure, housing and public spaces.
The UK population is both growing and ageing; people are living, working and participating in mainstream society for longer, whilst maintaining health beyond the typical age of previous generations. As the population ages, chronic diseases rise; the use of medication has become more ubiquitous.

Older people who are wanting to retire, are looking for ways to continue to be productive members of society, while living in communities of support, where their future care is planned out.

I am seeking to integrate old people back into the community, by finding new programs to hybridise with retirement and nursing homes. Thousands more 50- plus workers are facing the reality of unemployment for the first time and over half of men and women have already stopped working by the year before they reach State Pension Age.

My project builds on research by Atul Gawande’s book which tells the story of Bill Thomas and his miraculous menagerie, showing how animals are proven to help reduce stress, lower blood pressure and increase social action and physical activity and help them learn, and hybridises an old persons home with a city farm- Where the community and animals form a productive and therapeutic environment.

It provides them with companionship, exercise, protection and being able to make them feel like they are needed and that someone depends on them and thus bringing them back to live.

There are 3 main stages in the design proposal, where the architecture changes according to needs of the residents:

**Stage 1:** retirement/ Assisted living where the residents have separate private dwellings and are still integrated within the community.

**Stage 2:** A hybrid of nursing home and farm- Cow barn at the bottom and housing on top, for cow milking and monitor checking with lifts.

**Stage 3:** End of life hospice, with the calmness and piece provided by the thick rammed earth walls, a chapel in the centre of the bedrooms zone for spiritual care and support.

The rooms have big skylights and small puncturing apertures on the facade that amplified the light by tapering the window well in the wall cavity. The building becomes a clock, and as the sun changes its course throughout the day, light projected through the windows dances along the interior. The architecture becomes a vehicle for the movement, temporality and enaction of light. Each wall becomes illuminated by these differing window frames, creating a powerful image as well as a transformative experience.
INTERIOR DESIGN CAN HELP TO REDUCE THE BURN-OUT SYNDROME AMONG HOSPITAL WORKERS?

A preparation area can help to decrease doctors' mistakes and stress.

The project explores how general medicine doctors can prepare themselves to work physically and mentally to work. The syndrome of burnout is one of mental and physical fatigue. To reduce this syndrome we should consider the importance of preparation functions in hospital practice for general medicine doctors.

The concept is the airlock. An air lock is a room with two doors that are not open at the same time.

Generally it is used to describe a passage between two spaces, where the air pressure changes. However, in this project it is used as a metaphor to explain a change of mental pressure: from being stressed to achieving a state of concentration. The area only allows only for doctors to enter and use the sterilised space.

The location of the project is in Guy’s Hospital, atrium n°1, second floor. The module design has potential to be extended on others floors. The main functions are adding the ritual of hygienic practice that doctors and nurses regularly carry out.

There are three specific stages within the design: welcome information, emotion recognition and ultraviolet sterilised including virtual reality. These features help to achieve the ability to concentrate and to decrease stress. The airlock path is built externally parallel to the existing bridges, where it has one way on each side (out to in and in to out).

The external path takes inspiration from the futurist architecture movement and bio architecture through the use of dynamic lines. The curved lines create a perfect sterilized environment where any types of bacteria become absent. Furthermore, the hygienic qualities are increased by using motion sensors. The design uses antibacterial components: “Kerrock+” by Kolpa and the “Xenex” steriliser room.

It is considered appropriate, for a general environmental illumination and a light temperature, that imitates the sunlight during the day (7000 K° /5.570 K° sun at sea level). Regarding direct point illumination for each area was chosen by an auto illuminated light inside the section wall in order to identify each function. The temperature is around 18-20 °C with 40- 50% to achieve a physical health comfort.
This specialist study looks at how children’s hospitals have developed, in order to create a friendly environment for patients. Incorporating way finding ideas and single bed wards, many aspects and ideas from the development of children’s hospitals can in fact be incorporated into general hospitals or other healthcare buildings.

The first Children’s hospital in Liverpool incorporated access to fresh air as the ideology and approach to healthcare, at the time, required this and was thought to be a way to treat patients. However when ideas and treatments changed, increasing patient numbers and infections spreading throughout the hospital, this building was no longer suitable.

The use of single bed wards is another great advancement, although it is not a new concept, the decision by the NHS to adopt this within the new design of hospitals replaces traditional Nightingale style wards, this may allow hospitals to have a longer life span.

A strong Way Finding strategy is key, a sense of direction and explanation to a child is critical, not knowing where they are going or what is happening can upset a child, this can also be frustrating or cause distress to an adult also. Within a children’s hospital, allowing the building to represent how many floors there are or where certain locations are may result in a less stressful experience and can allow innovative design to develop, in order to replace the large generic block that most hospital footprints are.

Consideration for a strong way finding strategy early on in the design process is essential in order to achieve the best result: Evelina Children’s Hospital by Hopkins adopts symbols as a universal code which can be understood by visitors, overcoming potential language barriers.

The idea to name each floor with something that is more child friendly makes the visiting experience a lot calmer for a child; colour is considered here and a large helter skelter again makes this a more enjoyable environment for a child visiting hospital.

The new Alder Hey children’s hospital by BDP incorporates characters into the way finding strategy, again this is a great way finding strategy, allowing this to be a playful and interesting environment to be in.

Sant Joan de Deu children’s hospital in Barcelona incorporates way finding, using colourful lettering, creating a pathway to each destination, this along with over 100 unique colourful animal sculptures and artwork, helps to detract from the clinical environment that is heavily associated with hospitals in general.
Cages to Glass discusses the development and changes of mental health architecture, from institutionalised Victorian asylums, to the new generation of mental health hospitals, providing therapeutic environments and approaches to care, designed to improve recovery and well-being.

The elaborately purpose built institutions through the 19th century soon became a refuge or a house of detention for a mass of hopeless and incurable cases. As technology and treatments advanced, the buildings to contain the mentally ill became dreaded and reviled by many, meaning the state shifted to provide more local community based care. Small scale residential units across the mental health landscape were favoured to provide a homely environment to encourage service users to feel comfortable, safe and unimprisoned. However, modern health and national service standards mean these types of buildings are no longer fit for purpose and radical change is needed.

The forms and spaces in mental health design need to be cleverly thought through, with security and risk creating major constraints in the design process. Looking at examples globally can influence the therapeutic design of our buildings in the UK.

New typologies of mental health design have appeared, from local community hubs to efficient purpose built facilities. The NHS's answer to mental health is constantly being discussed, with the need to provide effective and equal care to users, and better facilities with the help of the process of recovery. But with budget cuts how do architects do more for less?
Jerome (Xin Hao) Ng
The Bartlett
Unit 6

Peckham Hospice Care Home

Medicine normally will sacrifice your time and your quality of life now for the sake of possible time for the future. However as that possible time begins to fade and the cost of quality of life rises, one has to switch at some point along the way to make the transition from Hospital Care to Hospice Care.

From many studies and statistical findings, people who have gone to a hospice care don't live shorter than others, in fact, most actually live longer.

The topic on death and the idea of how palliative care can take over medical care fascinated me, therefore I have decided to design a Hospice and Palliative care home.

The Hospice and palliative care home is situated in Peckham, within Caroline Gardens along Asylum Road. The site comprises a Grade II listed building that encompasses a small community of Georgian houses.

I've chosen this site as the houses are low level so that the patient and medical staff are able to access the space more easily compared to a high-rise building. The site also provided a Listed garden that is able to be enjoyed by both the patients and their family members, as dying at home is not always available or possible due to the amount of equipment needed to sustain life.

The Hospice care home is a facility that provides all the necessary apparatus while providing comfort to the patients.

The Hospice care home also seeks to improve the quality of life and well-being of adults and children with a life-limiting or terminal illness, helping them live as fully as they can for the precious time they have left. It aspires to be accessible to all who could benefit and reflect personal preferences and needs.

In my technical dissertation, one of the key technical drivers to this project is the retention of the facade so as to allow the historic features of the houses to continue into the future while refurbishing the interior space.

The other key technical driver to this project is the adjustable and movable facade so as to allow for communal and isolation spaces to occur depending on the patient's needs.

My program for the hospice care home strives to be a social and emotional care provider, instead of depending on medical care.
1 Movable Parts Hidden Under Floor Board
2 Adjustable Overhead Mirror
3 Expandable Mirror Opens Outwards from Floor Board
4 Adjustable Reflecting Mirror for Reflecting Nature
5 Suspension line to Support system
Periscope for view of garden
With a growing population of dementia patients in England, care facilities are needed urgently in order to provide the proper environment.

The dementia village program Holland reimagines and challenges the living conditions as well as public perceptions toward dementia patients.

Grocery stores, newspaper stands, church and town hall provide a Truman show setting which allow the patients to have a safe and relaxing haven embedded in the buzzing city.

‘Peckham Horizon’ responses to elderly dementia patients’ health and wellbeing by incorporating the wider landscape with the building design.

Located along the lost river Peck, the project is uncovering the waterscapes and metaphorically revealing the memory lanes of dementia patients.

Different gardens and active landscapes are wrapped around the buildings and occupants, allowing maximum interaction with nature.

As one is walking down the building, moments of water themed gardens, open pieces of landscapes and floating garden jetty brighten up the trip.

The building design is located in Peckham Rye Park, with the river Peck running alongside. Ground hugging architecture coheres with the landscape around it.

The main users are elderly dementia patients with different degrees of illness, round-the-clock caretakers, and visiting family members and friends.

Zones of activities and featured gardens are carefully arranged for different occupants.

Each of the living quarter has its own water and spa facilities, offering plenty of opportunities for exercising.

Open pieces of water create tranquil and calming environment, the lager pools reflect the park environment around it while the smaller ones catches the eyes of passengers.

As the patients in the later stage of the disease have extremely limited mobility, the active landscape pieces such as the indoor ‘rain room’ allows patients to experience outdoor spaces while they’re bounded in bed.

The final drawing captures the moments when the occupants interact with the buildings.

Fragmented pieces of architecture replicate the disconnected mind maps of the patients. Warm water from the thermal pools, steams from the steam room, Polly flowers in the garden, rain room in the flat and reed beds on the roof gardens, all stimulate dementia patients in different senses, bringing energy and colours back into their lives.
Hospital waiting rooms tend to be uncomfortable spaces to spend time in, both physically and emotionally.

Many hospital waiting rooms are too-small and have little access to natural light, often provided with TVs and old reading material to distract the people who are sometimes waiting for long periods of time.

Poorly designed spaces and ‘distractions’ can add to the stress and other negative emotions that people bring with them to the hospital.

This project sets out to create a series of improvements to make waiting in the Day Surgery Unit at Guy’s Hospital more bearable, producing a more welcoming environment for both patients and their families. The design includes a new circulation and proposes turning an under-used daylit atrium space on the ground floor of the hospital into a waiting space, using large scale textiles to create a series of ‘companionable environments’ where visitors, patients, family and friends can wait in groups.

It includes an exhibition of items from the Old Operation Theatre Museum Herb Garret, part of GSTT.

The displays intend to ameliorate the quality of the ‘waiting’ experience, by replacing the usual ‘distractions’ provided in the waiting rooms with a learning experience.

Textiles

The atrium space adjoining the Day Surgery Unit will be gently divided using large scale textile drops to create spaces which are more serene and calm. Fabrics can have a soft tactile quality, and can be delicate, flexible and ‘formless’; they can be used to create strong visual and sensual atmospheres and to address the association of negative emotions with being inside a hospital, including those triggered by waiting. The large scale use of textiles aims to soothe anxiety and stress by providing light filled volumes in the atrium space, softening the solidity of the existing bricks and could alter peoples’ perceptions about waiting create a reassuring space where people are welcomed to learn and wait in serenity.

Waiting Room as ‘Educational platform’.

The waiting room will include an exhibition of items from the Old Operation Theatre Museum provided as an alternative form of distraction. The objects and images will be carefully selected, (displaying some of the objects associated with surgical procedures may be inappropriate), and displayed as if they were artworks, reminiscent of set and theatrical design and of the theatrical nature of the Museum.

I appreciate the settings, objects and the atmosphere of this museum. It is a hidden treasure of detailed objects that only very few people have seen. I want to pay homage to this experience and apply it, so that waiting rooms will never again be dull and uninteresting.
Textiles

The atrium space adjoining the clinical spaces of the Day Surgery Unit will be gently divided using large scale textile drops. The use of textiles is intended to create spaces which are more serene and calm. Fabrics can have a soft tactile quality, and can be delicate, flexible and "formless"; they can be used in interior design to create strong visual and sensual atmospheres. Using such materials could address the association of negative emotions with being inside a hospital, including those triggered by waiting. The large scale use of textiles aims to soothe anxiety and stress by providing light filled volumes in the atrium space, softening the solidity of the existing bricks. Soft movements/forms could alter peoples’ perceptions about waiting, and create a reassuring space where people are welcomed to lean, and wait in serenity.
Peckham Health Common re-examines the contemporary relevance of ‘common land’ as an urban, social buffer. Sited strategically on the northern edge of Peckham Rye common, a diverse intersection of communities, it addresses health as the emerging common concern for all the communities Peckham.

With obesity and cardiovascular disease a primary health problem of the area, this preventable problem strains an already overburdened public healthcare system.

The building programme's position within the existing healthcare infrastructure occupies the niche of the proactive, preventative approach, serving as a buffer, or ‘architectural triage’, intercepting health concerns before they are allowed to deteriorate and burdening GPs and A&E.

Drawing upon Peckham's radical history in alternative healthcare approaches, a positive health approach is re-emerging as relevant since the 1926 Peckham Experiment. Peckham Health Common reinterprets its holistic, preventative lifestyle-integrated approach in the context of healthcare's present and future, by combining medicine, exercise, nutrition, culture, landscape and community life in a unifying space for the neighbourhood.

The project reinterprets Peckham's rich urban model of the eclectic and vibrant high street with its complex, subdivided shop-fronts to express this diversity in the healthcare experience.

By embracing a holistic mix of programmes, the site extends its influence and bridges between the diverse communities of the Peckham Rye/East Dulwich area, in a multifaceted approach allows overlap and interaction between these eclectic, wide-ranging activities that acknowledges health as not only an absence of illness but a consequence of addressing all aspects of living.

The original Peckham Experiment valued its architectural, visual transparency, for both the doctors Pearse and Williamson to observe its members, and for members of this community to observe each other, such that sight of activity becomes a strong incentive for action towards a healthier lifestyle.

The architecture of Peckham Health Common forgoes this blanket transparency for a more nuanced approach, providing a spectrum of distributed spaces from the transparent, strategic views through the public square and lightwell voids, to more private intimate moments in smaller inhabitable alcoves created by the transformable facade, drawing upon lessons of architectural healthcare experiments like the Maggie’s Centres which reject Modernism’s oppressive, centralised and hierarchical voyeurism in healthcare spaces, in favour of a decentralised, domestic-scale typology that destigmatises ‘clinical space’ and values patient comfort above all else.
Researchers compared data on symptoms of common mental health disorders from the South East London Community Health Survey (SELCoH) with a national study—the 2007 English Adult Psychiatric Morbidity Survey (APMS).

The study is the first to compare rates of mental illness in an inner city with UK national data and highlights the negative impact that living in inner cities can have on mental health.

Overall, the prevalence of common mental health problems in S.E. London was two times higher than the national prevalence. Depression was four times more common in the S.E. London sample than in the national survey, and was the most common mental disorder diagnosed.

Urban over-crowding may be a significant cause of these problems. Packed public transport, busy pavements and heaving High Street shops are all causes. This fact makes the site ideal for the creation of a MENTAL HEALTH CLINIC AND RESEARCH CENTRE.

The aim of the project is to create a special institute within the city for the mentally ill catering to their psychological and sociological requirements.

The idea is to create a friendly and interactive environment involving nature while maintaining sensitivity towards fragile patients and to create a pleasant experience encouraging patients at certain stages of their treatment to engage with the public and socialize instead of creating a new/secluded world as is common with mental health institutions.

The centre integrates the public, drop in users, residents, visitors and staff with different levels of control and privacy to generate meaningful relationships and raise awareness about mental health.

According to the Mental Health Foundation, London has a greater burden of mental ill health and the highest rate of compulsory psychiatric admissions in England, therefore, a 6-bedroom treatment home is included in the project.

The idea is to create a short-stay residential feel facility designed to reduce the use of inappropriate acute mental health admissions.

This model supports the model of non-institutional admissions earlier in the illness cycle or to help manage difficulties to avoid unnecessary admissions to the acute care facilities.
The Junction is a project in a collective, working to question and re-evaluate the current state and design of GP Practices in Brighton and Hove, which works alongside a research project, conducted by Alex Julyan, a Fellow from the Wellcome Trust.

Working with eight practices, my chosen practice is the Brighton Homeless healthcare Clinic, the only homeless clinic in Brighton.

I was drawn to this practice because I had never considered the struggle in and difficulties faced by homeless people with regards to healthcare and I was also interested in seeing the comparison of how these places were presented and treated compared to other practices that cater for the general population.

Through my exploration of the practice, I found that the best way to understand the workings and the impact it has on the homeless community was through talking to the users.

To give me a broader outlook and understanding of the homeless community, I worked with Equinox, a drug and alcohol outreach team.

I soon realized that this charity and the homeless clinic were essential lifelines and that the clinic in particular was viewed as a key point of communication and safety for many of the patients. The clinic has very little space and minimal facilities due to its unconventional nature and this posed a lot of issues for the working of the practice.

The staff were completely over worked and were very cramped in an unorganized space, the patient on the other hand were confined to an open echoic inward facing room allowing no privacy for conversations.

Safety and confidentiality were clear priorities for the new proposal to ensure that the patient feel safe and comfortable and the staff relaxed and in control.

My proposal, the Junction, draws out the existing space unraveling the different areas to separate and elongate the process and visit to the practice.

This helps create more private areas and allows the patients more choice and comfort throughout their visit.

This is explored through outdoor areas both for staff and patients and the views through the new structure allowing both gentle surveillance for the staff and intimate area for the patients.

Being able to work with the Homeless practise has shown me the growing demand for these services and the staff and I hope that my ideas and proposal can help provoke conversation about how these places should grow and exists in the local community, to give better and more effective support to the Homeless community.
The project began by identifying the importance of staff wellbeing as well as patient. When looking around the Brighton Health and Wellbeing Centre the most problematic area was not to do with patients but was in fact the staff space. It seemed that the staff had gone to an incredible effort to determine patient comfort and wellbeing and as a result had sacrificed their own.

The practice employs around 30 members of staff, which is far more than the staff area can comfortably fit. In a conversation with the Practice Manager, a staggering 10,500 patients are registered with the practice, which means there is 37 per square foot compared to the average 7 per square foot and we discussed the idea of introducing a Skype consultation area as a means of reducing the amount face-to-face consultations and benefiting those who find it difficult to get time off work or access the practice.

Skype consultations are a relatively new phenomenon in healthcare and there has been much research and analysis into the benefits such as reducing waiting times and tackling the issue of overworked staff. The University Hospital of North Staffordshire is about to become the very first in Europe to introduce Skype consultations and claims this will reduce outpatient appointments by 35%.

Skype consultations could potentially prevent up to 180,000 people a year having to take time off work, and will be a very useful way to maintain checkups on patients. Through extensive research, it became apparent that the practice would benefit greatly by the ability to hold Skype consultations.

It was then necessary to identify a way of fitting this into the existing. Removing the records to a separate site made me think about how one could incorporate the records into the existing and the redundant staircase seemed appropriate. Initially the idea was to create feature walls either side of the stairs; however the structural wall made it almost impossible to do. It was then appropriate to think of an innovative way of storing the records and utilizing the redundant space.

The proposed carousel mechanism was designed to not only be an efficient way of storing the records, but also be a feature in the building. By stripping away the stairs, the mechanism is accessible from two sides and on two different levels. The relocation of the records frees up space for Skype consultations, where the back wall will be knocked through, and the pavement skylight would be made bigger in an attempt to encourage as much natural light into the basement and tackle the existing issue of natural light.
The London area of Bermondsey has been a home to many factories and working houses for many years, helping to boost the British economy. Such means resulted in a huge increase of working population and hence there was a massive demand of housing.

People, often with many children (due to the lack of contraception), were forced to live in small plots of land that had to be shared with other neighbours.

Such population could be easily seen from the study of historical maps of Bermondsey, which show a very densely built area in 1900's.

Closing down of the nearby factories as well as the eruption of World War 2 resulted in part demolition of buildings around Tanner Street by 1950's. The rest of the buildings were demolished later on which resulted in a Tanner street park that we have today.

One of the huge problems that Bermondsey faced was the lack of health facilities for the huge population it hosted.

The health campaign in 1924 was the beginning of health revolution that changed the standard of living of millions of people who lived in the area. Education and advise about health and hygiene were the first steps in the development of a healthy population.

It is this rich history of Bermondsey that influenced who we are and what we have today. This is why my project is highly influenced by the footprints of our past.

One of the problems we face today is the opposite of what was the problem 100 years ago in Bermondsey- decrease in population. Some women refuse to have children in a worry of career loss and other fear the responsibility of raising them.

The ‘Bermondsey Mother and Baby clinic’ helps young mothers with raising their children in a healthy way.

The clinic offers advise on breast-feeding, diet, and general care. Other facilities also include a dedicated area on a first floor where children could play and mothers engage with each other.

The concept of the project is to get young mothers leave their homes and engage with other adults to decrease the loneliness levels that many mothers fear. The design of the cork landscape is a resemblance of the footprints of our past where children can seek adventure while their mothers seek some rest in the lower ground floor cafe.
My research question investigates how dirt indexes and affects space.

Can patterns of use over time be revealed by dirty marks and their relation to space?

Dirty marks are formed in different conditions on the building, and in the street.

Dirt provides an index of change over time.

It is another way to record human life. It involves the history of a site, through traces of use.

Hospitals can conceal hidden traces of dirt, which contemporary cleaning regimes try to address and control. But, can we still value the presence of dirt as a trace of history?

I am interested in the visible and invisible traces.

My aim is to trace the changes and recurring history. This project aims to value these dirty marks and their recording of the history of the site. It encourages people get involved into the old building. Throughout the history of the hospital, many serious epidemics were rife, such as cholera (1832), tuberculosis (1838), small pox (1844 and 1871 and typhus in the 18th century.

All these bacteria are invisible, but this kind of dirt is an enormous threat to humans.

Guy’s Hospital campus also suffered bomb damage during the Second World War. Some dirt marks made by fire has been covered and the building has been refurbished. However dirt still exists behind the wall.

Dirt has been recorded by photograph and drawing. According to different texture and colours, dirt on the surface has been recorded by tracing paper. After analysing surface of dirt, it formed due to three main different reasons.

-Salt crystallization adds pressure on pores of stone causing damage;
-Acid rain corroded stone surfaces
-Hyphae of microorganism damaged the structure of stone.

Some changes happened behind the wall. Some samples were taken from building surface and were observed under microscope.

Through analysing dirt, each of them has a story. It is very meaningful to explore them back to that period.
Architects for Health

Architects for Health is the UK forum for Healthcare Design.
Design of hospital or clinic environments is important for the well-being of patients, their friends and families and people who treat and care. Good design enhances the experience of care and has a positive influence on clinical outcomes. Architects for Health promotes the design of better settings for healthcare by providing a forum for the exchange of ideas, promoting best practice and by recognising and rewarding excellent examples of healthcare design.
We work to bring about strategic change to the complex processes of planning and development. Drawing on the practical experience of our expert membership, we aim to make a difference through our work streams on procurement, guidance, strategic planning and design quality. We engage with communities.

Membership

We welcome members from both health and design professions who share our values across healthcare planning, design, and delivery. We bring together ideas from clinical practice and architectural design. Our members benefit from displays of our projects at national conferences, discounts to events, information exchange and collaboration, CPD opportunities and support for ideas for AfH activities and projects.

The annual programme of activities promotes a better understanding of current issues in health planning and design and keeps members informed across the whole range of topics in the health sector. All events are wide ranging in scope and include joint events with clinical societies and Royal Colleges, or with representatives of organisations active in the procurement of health facilities.

Innovation and Best Practice

New methods of treatment and emerging technologies mean that health environments are constantly facing new challenges. Cultural, workforce and qualitative expectations drive change in design. To understand this evolving health infrastructure, and reflect best practice, we arrange study visits to health facilities at home and abroad that keep our members appraised of the latest ideas and innovations.

Nurture and Learning

Designers care for the future. AfH is collaborating with schools of architecture and design to proactively support the inclusion of healthcare sector buildings in the curriculum. We have a well established programme Student Design Awards that is now in its tenth year, which this booklet celebrates.

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