

NEW STOBHILL HOSPITAL

Reiach and Hall Architects

NEW STOBHILL HOSPITAL

NHS Greater Glasgow & Clyde

A QUIET PLACE

New Stobhill Hospital is the first of its type to open in Scotland. As an Ambulatory Care and Diagnostic Hospital, it re-works the entire way in which healthcare is delivered and serves over 2,000 patients a day. The brief is that of a true ACAD and the ethos behind the project is that the patient comes first: all tests and consultations are carried out on the same day on the same site if possible. New Stobhill is part of the existing hospital campus in a semi-rural location adjacent to Springburn Park in North Glasgow and contains over 20 departments accommodating day surgery, ENT, gynaecology, urology, renal dialysis, outpatient clinics, diagnostic and therapy services.

The design has been carefully developed to provide a supportive framework throughout the patient journey within an architecture embedded not only in its location but in the psyche of its community. The architectural concept is supported by an imaginative Scottish Arts Council supported arts programme. The ambition of the art, poetry and architecture is *to lighten the hospital experience, to convert endured time into reflective time*. Five artists from Scotland and Europe collaborated with the architects for over 3 years to integrate over 200 site-specific installations. Text and colour works, projection works, wall drawings, landscaped courtyards and the sanctuary space are central to the project.

The building has a simple diagram – two blocks of accommodation, the north treatment block and the south consulting block, flank a public arcade. As the building is approached, its design becomes the dominant feature in the experience. A canopy reaches out enclosed by built form. The patient is protected and enters into the daylight arcade with a visible exit ahead easing the transition. The level of daylight inside matches (or exceeds) that immediately outside.

Whilst far from empty, the arcade is itself a place of calm, lit in the main by gentle north light. The reception is immediately visible, and from it the entrance to any department can be pointed out. All vertical circulation is concentrated at the centre of the space.

Each clinic waiting area has a larch reception desk set against a larch wall under a larch ceiling. This ceiling is a sound absorber so that, whilst no door is passed through, there is an immediate sense of quiet. There are no televisions in waiting areas, as we wished to create an atmosphere in which people do not disengage from their situation, but feel supported and nurtured by their environment. The spaces, therefore, are naturally lit, with an outlook. They are also areas where we have included the work of artists. This work has developed intellectually along with the architecture. The new hospital creates a dignified, calm environment for healing for patients and staff alike.

The entire top floor is devoted to staff accommodation – generous changing areas, bright modern offices, and a staff canteen with a roof terrace and stunning views to the Campsie Fells.

From public to private - a patient journey

The quality of human experience is dependent on many complex factors: space, light, air, history, hunger, smell, anticipation, relationships, temperature, wind, enclosure, colour, texture, culture, sound, movement, moisture.....

The experience of a visit to hospital is likely to be stressful, and therefore intense. The patient is to some extent vulnerable, and small things can make or mar the experience. In a space of thirty minutes a patient may move from a position of being totally in control of their movements, in a familiar place, surrounded perhaps by friends, to taking their clothes off in front of a stranger in an unfamiliar room. This loss of personal control happens in an incremental manner as there are more signs to be followed and instructions to be obeyed. The experience must, as far as possible therefore, be designed to ensure that stress is reduced, by providing a reassuring and supportive framework for the entire patient journey.

Entry to the building can be a moment of stress, as it is, or can appear to be a moment of commitment. The building must work to reduce this, and to ease the transition from public outside space to apparently private inside space. In many hospitals this is where the balance shifts – the patient has left the public world behind and has entered the world of the Clinician. At Stobhill the hope is that the public nature of the arcade will blur this boundary, easing patients into their new situation.

Once inside the building the correct department must be located, a period of waiting must be endured, a second consultation in another part of the building may be required, transport home must be awaited. Perhaps the most common fear is that of getting lost. This may be coupled with a desire for privacy, or, conversely, an intense feeling of isolation. For some the period of greatest stress may well be when waiting.

Waiting times in hospitals can be considerable. Some of this may be reduced by good management, but some is inevitable (perhaps desirable), and the departments which have least control over appointment times tend to be those which are the most stressful to visit. A patient who has just been informed of their terminal illness cannot be ejected from the clinic because some arbitrarily defined slot of time has come to an end. The waiting area is a place where people are often alone with their thoughts, and it is here, therefore, that the *building* needs to speak to them, to become a carer.

During consultation and treatment the main focus will be on the clinical function. The nature of this varies widely, however, and there will be many occasions when connection with the outside is important – a view to look at while an important decision is made, uncomfortable procedures undergone or bad news digested, to remind the patient that, whatever is happening now, they will soon be back outside.

The design of the waiting areas themselves is a crucial part of the story. Our aim is here summed up by Tom Clark, lead artist, whose particular skill with words led us to involve him in the project:

SPACES OF THE IMAGINATION

What words can bring to a building is imaginative space: a situation is not only as it appears to be but as it is said or thought to be. A series of short poetic texts, located throughout a building, will link it to a specific narrative, of healing and well-being, of dignity and quiet. As well as order and structure, the building then has meaning.

Closely related to blessings and prayers, the traditional role of poems was often therapeutic. A syllabic pattern with an even, leisurely rhythm will have a calming effect. The imagery of a poem can direct the mind elsewhere, towards light and air, to a rustle of leaves or the sound of flowing water.

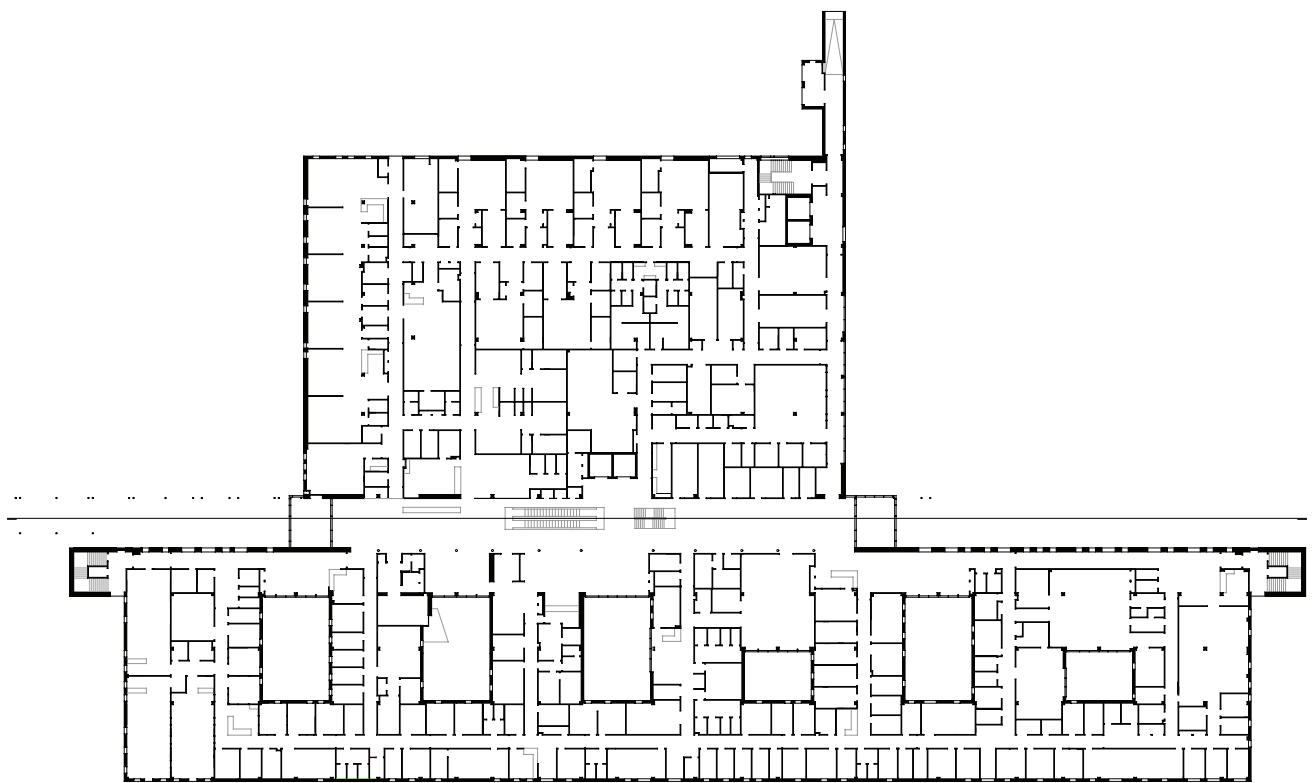
It is our assumption that art is installed in a hospital not for purely aesthetic reasons but to contribute to a whole (or healing) ambience.

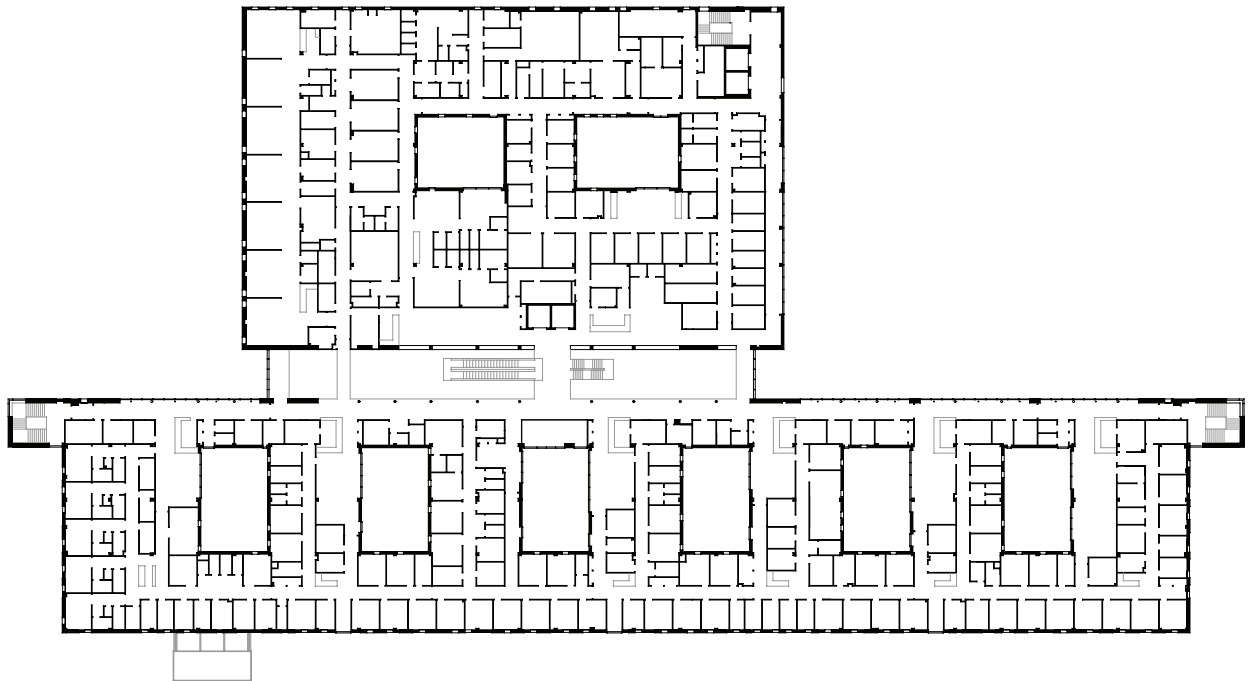
Together with such familiar architectural devices as uncluttered spaces, glass walls or the presence of trees, text can also work to bring the outside in, to enlarge the imaginative space of a building or a room.

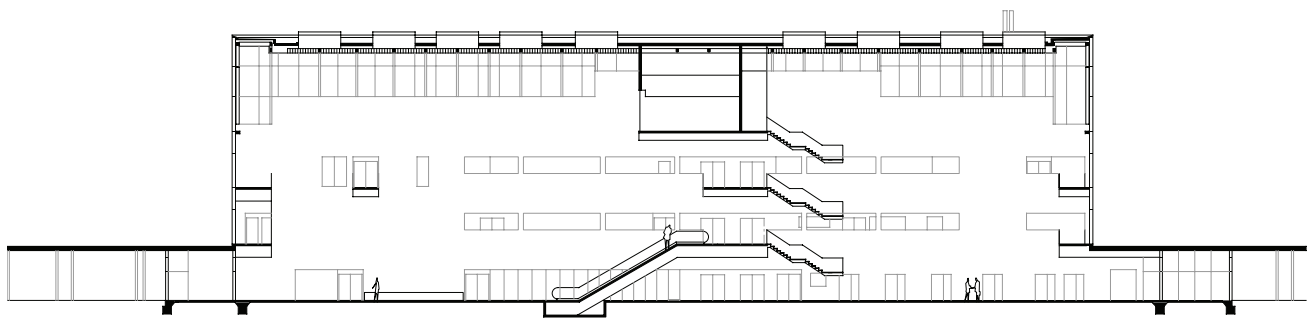
In a crowded, stressful situation, a visitor can in imagination be walking on a hillside or sitting quietly by a mountain stream.

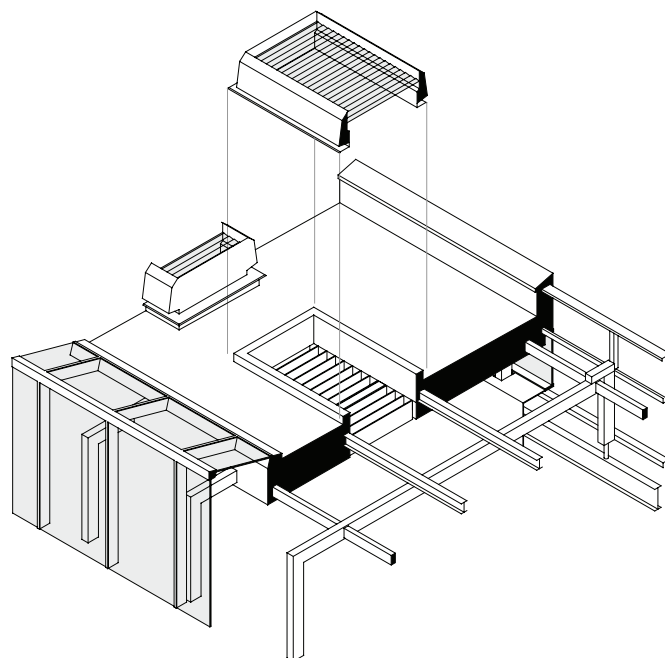
Thomas A. Clark

The thoughts outlined above were developed at the outset of the project, and formed a frame of reference against which all design decisions were measured.













































DESIGN TEAM

Reiach and Hall Architects : Architect _ NHS Greater Glasgow and Clyde : End user client _ Canmore Partnership : PFI Consortium Leaders _ Balfour Beatty : Main Contractor _ SKM : Civil and Structural Engineers _ DSSR : M&E Engineers _ SAFE : Fire Engineers _ Horner and MacLennan : Landscape Architects _ New Acoustics : Acoustic Consultant _ Capita : CDMC _ Adams Consulting : Project Managers

Artists

Thomas A Clark : Lead Artist _ Andreas Karl Schultze _ Donald Urquhart _ Kenneth Dongwall _ Olwen Shone
Alec Finlay : Community Engagement Artist

INFORMATION

Photographs

Andy McGregor _ Michael Wolchover _ Reiach and Hall Architects _ Thomas A. Clark

Copyright

sleeper publications 2012 _ www.sleeper1.com

Disclaimer

In the preparation of this collection of work we have, where possible, credited copyright to all creators of photographic and written work.

Reiach and Hall Architects

T: 0131 225 8444 F: 0131 225 5079 _ contact@reichandhall.co.uk _ www.reichandhall.co.uk

Organisation

Reiach and Hall Limited Registered in Scotland No 140947 _ 6 Darnaway Street Edinburgh EH3 6BG

Principals

Andy Law Dip Arch RIBA FARIAS Director _ Angus Wilson Technical Director _ Carol MacBain BArch DipArch RIBA FARIAS Director _ Lyle Chrystie BSc BArch (Hons) RIBA FARIAS Director _ Neil Gillespie OBE RSA BArch(Hons) DipArch RIBA FARIAS Design Director _ Tom Bostock BArch (Hons) RIBA FARIAS Managing Director

Professional Bodies

Royal Institute of British Architects, membership no 2666239 _ Royal Incorporation of Architects in Scotland, membership no F988 _ Association for Project Safety _ British Council for Offices, membership no 913 _ Constructionline, membership no 9740

REIACH AND HALL ARCHITECTS

6 Darnaway Street _ Edinburgh _ EH3 6BG

T: 0131 225 8444 F: 0131 225 5079 _ contact@reiachandhall.co.uk _ www.reiachandhall.co.uk

sleeper publications 2012 _ www.sleeper1.com