

[Redacted]

**From:** [Redacted]  
**Sent:** 07 June 2021 16:19  
**To:** [Redacted]  
**Cc:** [Redacted]  
**Subject:** Hanmer, Wrexham  
**Attachments:** Draft SOA WHBN 36 Accommodation Hanmer 1900 list size.xlsx

Hi [Redacted]

Sorry for the delay in responding to you, I was on leave last week.

In short we have put together a comparison of what was in the RDP and what we have within the guidance.

I have attached our spreadsheet for transparency and if you look at the third tab along "RDP vs SES" you will not that the guidance only allows for a substantially smaller building. For the record, we have not put ion any space for Health Visitors or District Nurses as we don't have the staff numbers on this but that could be easily inserted. We have also estimated (based on the size of the practice) how much admin space they need and we also don't feel it is necessary for a practice of this size to have an additional meeting room but this can be discussed in more detail if needed.

What I would suggest is that you have a look at the attached and I can then answer any question you may have before reverting to the practice.

I look forward to hearing from you in due course.

Many thanks

[Redacted]



Premises:

List Size:

WHBN Provision

ROOM TYPE	LOC	NUMBER IN	WHBN Provision SIZE	TOTAL	COMMENTS
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ROOM TYPE	LOC	NUMBER IN	WHBN Provision SIZE	TOTAL	COMMENTS
<b>Clinical Staff</b>					
Consulting Rooms (1 per 1,370 patients)		1	15	15	
GP Consulting (Trainer)		0	15	0	For training practices
Registrars		0	15	0	
Treatment Rooms		1	20	20	
Minor Operations Room		0	20	0	
Practice Phlebotomy		0	12	0	
<b>Support Spaces</b>					
Dirty Utility		1	10	10	Min 7 sqm max 10 sqm
Specimen WC		0	5	0	Min 4.5sq m max 5 sqm
Cleaners Room		1	5	5	Per floor level
Waste Room 1		1	5	5	
Storage up to 2 per floor		1	5	5	
<b>Public Spaces</b>					
Reception Point		1	12	12	
Interview Room		1	10	10	
Waiting areas		1	3	9	Bookable rooms x 3 seats x 1.5 sq m
Baby changing		1	5	5	Also DDA W/C
Baby Feeding		1	5	5	
WCs M/F DDA		2	5	10	
<b>Administration Spaces</b>					
Practice Manager		1	12	12	
Assistant Practice Manager (larger practices)		0	12	0	
Administration staff		3	5.5	16.5	5.5sq m per 0.7 WTE
Medical records		0	3	0	3 sq metres per 1000 patients/ refer to scan and store
Meeting Room		1	15	15	Dependent on staff numbers: min 12 max 30 sq m
Staff Lockers / Cloakroom					As required by practice
Staff Room, including kitchen		1	15	15	Based on staff usage - min 10msq max 20 msq
Staff Shower		1	10	10	3.3msq assumes handwash basin within compartment
Staff Toilet (Ambulant)				0	Assumes 1 handwashbasin within compartment, 1 male, 1 fema, min 2.25msq max 4.0 m sq
Staff Toilet (DDA)		1	5	5	Min 4.5 sq m max 5 sq m
Comms room			12		
Library / Resource Room		0	15	0	Min 13.5sq m max 15 sq m but under review
Plant room		1	10	10	

Total	194.5
Circulation Space	48.625 25-28% range
Grand Total	243.125

Room sizes are based on maximum sizes as contained in WHBN 36 and have potential to be scaled down

WHC (2008) 055 (now revoked) has also been used to assist in space calculations

Requirements are based on stand alone facility for merged GP Practice and may be reduced if part of integrated facility

Areas with scope to reduce based on integration are : meeting room, staff room, toilets, waste, cleaning, reception and interview room

### Calculating number of consulting/examination rooms required

Catchment population:	1,900	
Access rate:	5260	52600 per 1000 population
Anticipated annual contacts:	9994	$A * B / 1000$
Assume 100% patients use C/E room:	9,994	
Patients accessing a C/E room:		
Assume open 50 weeks a year:	199.88	
Patients per week:		$D / 50$
Appointment duration:	15 minutes	
Patient appointment time per week:	49.97	$e * 15 / 60 = \text{hours per week}$
Assume building operational	60 hours per week	
Assumes room utilisation	60%	
Rooms available	36 hours per week	
Number of C/E rooms required:	1.388	$G / 36 = \text{number of C/E rooms required}$

### Calculating number of treatment rooms required for general medicine

Catchment population:	1,900	
Access rate:	5260	5260 per 1000 population
Anticipated annual contacts:	9994	$I * M / 1000$
Assume 20% patients use a treatment room:	1998.8	
Patients accessing a treatment room:		
Assume open 50 weeks a year:	39.976	$N * 0.2$
Patients per week:		$O / 50$
Assume appointment duration:	20 minutes	
Patient appointment time per week:	13.33	$P * 20 / 60 = \text{number of hours per week}$
Assume building operational	60 hours per week	
Assumes room utilisation	60%	
Rooms available	36 hours per week	
Number of treatment rooms required:	0.37	$R / 36 = \text{no of treatment rooms requires}$



	LOC.	NO	SIZE	GMS	Comment
<b>ROOM TYPE</b>					
GP Consulting Rooms	GF	2	15	30	Max 15
GP Trainer room	GF	1	15	15	Max 15
Phlebotomy/Multi use	GF	1	16	16	
Treatment room	GF	1	20	20	Max 20
Health Promotion		1	30	30	
Dirty Utility	GF	1	7	7	7
Specimen WC	GF	1	5	5	5
Reception	GF	1	15	15	
Dispensary	GF	1	12	12	
Reception Interview room	GF	1	10	10	
Waiting Areas	GF	1	40	40	25
Staff WC (M/F/DDA)	G/FF			0	tbc
Patient toilets M/F	G/FF	3	6	18	Tbc
Patient toilets DDA	G/FF				
Baby Change	GF	1	5	5	5
Baby feed room	GF	1	5	5	5
Health Visitors/DN Office	FF	1	16	16	Tbc
Administration Office	FF	1	22	22	Tbc
Practice Manager	FF	1	12	12	
Comms Room	FF	1	8	8	
Records Storage	FF	1	6	6	
Meeting Room	FF	1	20	20	
Kitchen/Staff Room	FF	1	15	15	
Clinical waste	GF	1	5	5	
Staff Showers	FF	1	6	6	
Staff Lockers	FF	2	4	8	
Storage Rooms	G/FF	3	6	18	Tbc
Cleaners' storage	G/FF	2	4	8	
Lift/Stairs/Plant			Variou		
<b>TOTAL GMS</b>				372	

NO	SIZE	GMS	Comment
1	13.5	13.5	
		0	
1	13.5	13.5	
1	18	18	
		0	
1	7	7	
1	4.5	4.5	
1	12	12	
1	12	12	
1	7	7	
1	13.5	13.5	
1	5	5	
2	4.5	9	
1	5.5	5.5	
1	5	5	
1	5	5	
1		0	Need Numbers?
1	16	16	How many Staff?
1	9	9	
1	6	6	
		0	
1		0	Needed for a small practice?
1	10	10	
1	4.5	4.5	
1	3.3	3.3	
1	5	5	
1	4.5	4.5	
1	4.5	4.5	
		193.3	

Plus Circulation	28%				
Sub-Total N.I.A.				476.16	

15%			
the		222.295	

[Redacted]

**From:** [Redacted]  
**Sent:** 23 January 2023 10:53  
**To:** [Redacted]  
**Cc:** [Redacted]  
**Subject:** Hanmer  
**Attachments:** Hanmer Consultation Room Calculation.xlsx; Draft SOA Hanmer .xlsx; Hanmer Room Utilisation (with initials).xlsx

Hi [Redacted]

Please see attached spread sheet (Hanmer Consultation Room Calculation) outlining the guidance within WHBN 36 in relation to Consultation Rooms and Treatment rooms numbers based on the patient list of c.1900 people. As you will note, the guidance allows for 1.4 Consultation Rooms and 0.37 Treatment Rooms. As part of this model a Phlebotomy Room of 10-12 sqm is provided for and these are often only used part of a day and we would therefore recommend that this is increased to 13.5 sqm and fitted out as a consulting / multi use room.

The Practice have requested additional rooms over and above, which is outlined in the second spreadsheet (Draft SOA Hanmer) and I have provided comments on each room requested based again on the WHBN 36 guidance. Hopefully, it's self-explanatory but should you have any further queries on this please let me know.

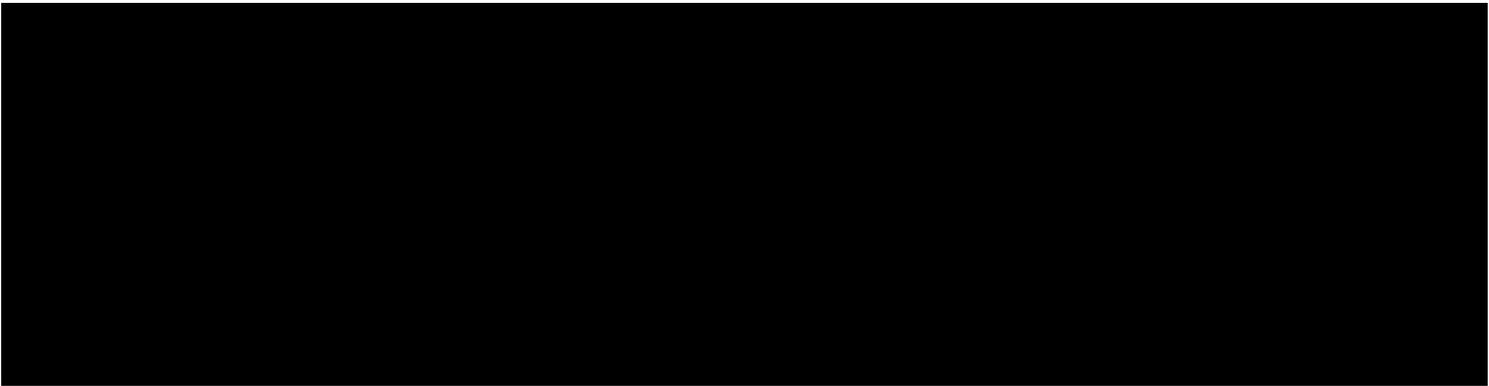
If the Practice are intending providing further services within the new building which is supported by the Health Board, in order to assess whether any additional space is required, I have attached a Room Utilisation for the Practice to complete. This outlines all of the clinical rooms that have been requested by the practice and we will need this to be completed WITH INITIALS OF EACH PERSON WHO IS INTENDED TO USE THE ROOM.

Should you wish to discuss the above, or would like me to provide further information please let me know.

Regards

[Redacted]

[Redacted]



	LOC.	NO	SIZE	GMS	Comment
<b>ROOM TYPE</b>					
GP Consulting Rooms	GF	2	15	30	Max 15
GP Trainer room	GF	1	15	15	Max 15
Phlebotomy/Multi use	GF	1	16	16	
Treatment room	GF	1	20	20	Max 20
Health Promotion		1	30	30	
Dirty Utility	GF	1	7	7	7
Specimen WC	GF	1	5	5	5
Reception	GF	1	15	15	
Dispensary	GF	1	12	12	
Reception Interview room	GF	1	10	10	
Waiting Areas	GF	1	40	40	25
Staff WC (M/F/DDA)	G/FF			0	tbc
Patient toilets M/F	G/FF	3	6	18	Tbc
Patient toilets DDA	G/FF				
Baby Change	GF	1	5	5	5
Baby feed room	GF	1	5	5	5
Health Visitors/DN Office	FF	1	16	16	Tbc
Administration Office	FF	1	22	22	Tbc
Practice Manager	FF	1	12	12	
Comms Room	FF	1	8	8	

NO	SIZE	GMS	Comment
1	13.5	13.5	Recent schemes have suggested that the 15sqm is too large
		0	Trainer Rooms are no longer within guidnece. It is expected that training takes place in Consult Rooms
1	13.5	13.5	Sized up to consult room size to allow for multi use
1	20	20	Accepted
		0	Cannot comment without understanding the proposed use of the room (see room utilisation). Combine with Meeting Room?
1	7	7	Accepted
1	5	5	Accepted
1	12	12	12sqm stated in guidance
1	12	12	Accepted
1	7	7	Recent schemes have suggested that the 10sqm is too large
1	13.5	13.5	Based on Guidance (3 Seats per bookable room x 1.5m) - 1 Consult; 1 multi-use Room; 1 Treatment Room
1	5	5	As per Guidance (single story)
0	4.5	0	2x DDA rather than Male, Femal & DDA
2	5.5	11	As per Guidance (single story)
1	4.5	4.5	As per Guidance (single story)
1	4.5	4.5	As per Guidance (single story)
1		0	Cannot comment without understanding the proposed use of the room - Not included on proposed plan. Assumed no longer required.
1	16	16	Cannot comment without understanding Staff Numbers. Need to understand WTE od staff numbers.
1	10	10	Recent schemes have suggested that the 12sqm is too large
1	8	8	To be confirmed by engineer

Records Storage	FF	1	6	6	
Meeting Room	FF	1	20	20	
Kitchen/Staff Room	FF	1	15	15	
Clinical waste	GF	1	5	5	
Staff Showers	FF	1	6	6	
Staff Lockers	FF	2	4	8	
Storage Rooms	G/FF	3	6	18	Tbc
Cleaners' storage	G/FF	2	4	8	
Lift/Stairs/Plant			Variou		
TOTAL GMS				372	
Plus Circulation	28%				
Sub-Total N.I.A.				476.16	

			0	No longer backed by Welsh Government. Scan & Store to be promoted.
1		30	30	Is this needed for a small practice as well as a Health Promotion Room?
1		10	10	Minimum allowed but sufficient for this size practice
1		4.5	4.5	Minimum allowed but sufficient for this size practice
1		3.3	3.3	As per Guidance (single story)
2		4	8	Accepted
1		8	8	One needed for Single Storey
1		4.5	4.5	One needed for Single Storey
			230.8	
	30%			
the			300.04	

### Calculating number of consulting/examination rooms required

Catchment population:	1,920	
Access rate:	5260	52600 per 1000 population
Anticipated annual contacts:	10099.2	$A * B / 1000$
Assume 100% patients use C/E room:	10,099	
Patients accessing a C/E room:		
Assume open 50 weeks a year:	201.984	
Patients per week:		$D / 50$
Appointment duration:	15	minutes
Patient appointment time per week	50.496	$e * 20 / 60 = \text{hours per week}$
Assume building operational	60	hours per week
Assumes room utilisation	60%	
Rooms available	36	hours per week
Number of C/E rooms required:	1.403	$G / 36 = \text{number of C/E rooms required}$

Say

### Calculating number of treatment rooms required for general me

Catchment population:	1,920	
Access rate:	5260	5260 per 1000 population
Anticipated annual contacts:	10099.2	$I * M / 1000$
Assume 20% patients use a treatment room:	2019.84	
Patients accessing a treatment room:		
Assume open 50 weeks a year:	40.3968	$N * 0.2$
Patients per week:		$O / 50$
Assume appointment duration:	20	minutes
Patient appointment time per week:	13.47	$P * 20 / 60 = \text{number of hours per week}$
Assume building operational	60	hours per week
Assumes room utilisation	60%	
Rooms available	36	hours per week

Number of treatment rooms required

**0.37**  $R / 36 =$  no of treatment rooms  
requires

**Say**

## EXISTING USE ROOM UTILISATION SHEET

All rooms as referred to by the ground floor plan

Room	Monday		Tuesday		Wednesday		Thursday		Friday	
	Am	Pm	Am	Pm	Am	Pm	Am	Pm	Am	Pm
Consulting Room 1	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
Consulting Room 2	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
Phleb / Multi Use	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
Treatment Room	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials
Health Education	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials	Initials

\* Please fill in each time slot with the initial of the person using the room and highlight to show if they are current or proposed staff

\* If there are any staff members planned without an allocated room, please add them in.

Current Staff
New/Proposed Staff
Empty

[REDACTED]

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**From:** [REDACTED]  
**Sent:** 31 August 2022 15:20  
**To:** [REDACTED]  
**Subject:** FW: Hanmer Proposed Development  
**Attachments:** Letter to [REDACTED] re new premises 31.8.22.docx

Hi [REDACTED]

Please see the letter attached.

Please could I have your response to [REDACTED] comments in the letter so we can try and move things on for him. I'll forward you the reply I have just sent him to his letter.

Thanks

[REDACTED]

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**From:** [REDACTED]  
**Sent:** 31 August 2022 15:01  
**To:** [REDACTED]  
**Subject:** RE: Hanmer Proposed Development

Dear [REDACTED]

Please see my attached letter in response to your e-mail.

I have copied several other people in because I believe it is time to get this project over the line; we've waited long enough.

Kind regards,

[REDACTED]

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**From:** [REDACTED]  
**Sent:** 19 August 2022 10:15  
**To:** [REDACTED]  
**Subject:** Hanmer Proposed Development

Dear Both

I hope you are keeping well and have had a good summer so far.

I have been asked to look at your proposals again and was wondering if you are happy with the following as a way forwards:-

1. Meet with [REDACTED] and myself and hopefully [REDACTED]?
2. Once we have agreed final size etc I will prepare a Revenue Business case for the Senior Management Team (SMT) using much of the information you have already prepared – you will see and comment on the paper before it goes to SMT.

3. The Revenue Business Case will need to be supported by the SMT before going on to the Executive Team as a next stage.

As you know one of the principal issues will be how the Health Board fund the additional revenue and that's the case we need to get over. I appreciate much of this is in your paper.

My understanding is that although Specialist Estates (SES) recommend 222 sq metres, [REDACTED] had in fact agreed to 300sq metres. Is this your understanding? I have had a meeting with SES to go through your plan (attached) but can you let me know if there is an updated one or if this is the latest? I know [REDACTED] from SES has some queries which we can address quite soon hopefully.

Finally, in order for me to prepare the Revenue Business Case I will need to be clear on your own plans for the future as far as the length of time you intend to be practising and what the plan is for once you retire. I'd be grateful if you would give me some indication.

So as I've set out above I would like to sort out a meeting with you, [REDACTED] and [REDACTED] and then I can get the paper done during September in readiness for SMT. This will at least get the formal process started after all this time. I can't guarantee what will come of that but it may initially raise some questions that we will need to answer.

My reasons for saying this is a revenue business case is because I understand you will be financing the capital costs and so there will be no need for the Health Board to find the capital but that there is a lease expectation of 30 years with the associated revenue costs.

I look forward to hearing from you and seeing you as soon as you are able. Once I hear back from you I'll sort some dates out with [REDACTED] and get any queries he may have in advance. I know you have been here before but if we get the business case moving at least we're then in the formal process.

I'm on leave from the end of today until next Friday but will be keeping an eye on my emails.

Best wishes

[REDACTED]

[REDACTED]  
**THE SURGERY  
SANDY LANE HANMER  
WHITCHURCH SHORPSHIRE  
SY13 3DL**

**Tel: 01948 830223**

**Fax: 01948 830103**

**Email: [Enquiries.W91604@wales.nhs.uk](mailto:Enquiries.W91604@wales.nhs.uk)**

[REDACTED]  
[REDACTED]  
BCUHB

31 August '22

Dear [REDACTED]

Thankyou for your e-mail to [REDACTED] and I of 19.8.22.

I was surprised to hear from you for two reasons:

1. I thought you had retired, and
2. I thought [REDACTED] was dealing with our new premises project, under the supervision of [REDACTED]

You propose "a way forwards" but I think it would be useful if I summarised what has happened with our project over the past year or so before giving my view of your proposal.

In November 2020 [REDACTED], acting Chief Executive, visited Hanmer Surgery along with [REDACTED], East Area Director; we presented her with a re-written Business Case and she undertook to do something about it, instructing [REDACTED] to report back to her by Christmas with a progress report. However, this deadline was allowed to pass and the matter was given to [REDACTED], Assistant Director of Primary Care and Commissioning East, to progress in early 2021.

[REDACTED] consulted with Shared Services (Estates) who fed the criteria of our practice into their computer model. This resulted in a clinical area of 217 sq metres and we were presented with this information during a virtual meeting with [REDACTED] and [REDACTED], Finance Director, on 13.7.21. I made my frustration, and even anger, at this proposal very clear since this model proposed, for example, a Waiting Room even smaller than the one we currently have. We viewed this proposal as a complete waste of time and money. As a way forward my Practice Manager, [REDACTED], met up with [REDACTED] virtually on 22.7.21 to discuss a compromise. On 27.7.21 the Patients' Action Group met in the surgery car park with [REDACTED] and I to work out, with the help of a tape measure and several garden canes, the minimum

clinical space we would require to adequately provide a Primary Care Service for 2500 patients with two doctors, a HCA and a Nurse and space for dispensing to most of our patients. We consulted extensively with the document, "Welsh Health Building Notes 36 Revision 1, 2017" (WHBN) using this to determine the size of each room. The result was 298 sq metres of clinical space (plus circulation space).

██████ met ██████ and I virtually on 3.9.21 to discuss these figures where I made clear that 298 was a minimum to provide a Primary Care Service only.

I went on to tell him that if we were to undertake teaching of 5<sup>th</sup> year medical students and/or GP Registrars we would need an extra Consulting Room of 15 sq m.

If we were to provide "Care Closer to Home", a central plank of the WG's policy of "A Healthier Wales", we would need another Consulting Room of 15 sq m.

If we were to go further and make the new surgery building a "Health & Wellbeing Centre" then we would need a substantially sized Meeting Room.

██████ understood all this and agreed that a clinical space of up to 300 sq m would be acceptable to BCUHB. I confirmed the summary of our discussions in an e-mail to ██████ on 22.9.21 with which he agreed.

The Finance Dept. Suggested that a circulation space of 15% of the clinical area would be appropriate, yet WHBN sets out a figure of 33% for smaller buildings such as ours. This was discussed at a further virtual meeting on 22.10.21 between ██████, myself and my Project Manager, ██████. ██████ undertook to ask our architects to work out how to make the 298 sq m clinical space work and then determine the circulation space; this came out at 98 sq m, 33 % of the clinical space but stairs, lobby and plant room would be on top of that making an extra 58 sq m. We were also asked to look at the feasibility of the comparative costs of a single storey building versus our proposed double storey building because the Finance Department felt a single storey option would be cheaper. I instructed my architect to look at this and his unequivocal answer was that it was far cheaper to construct a two storey building than a single storey one.

██████ next proposal was for us to have a Site Meeting and, after some delay, this occurred on 10.5.22 at the proposed Home Farm site for the new premises in Hanmer. At this meeting ██████ brought along ██████ and instructed him to liaise with ██████, ██████ and myself to update the Business Case of November 2020 with up-to-date figures ready for him to present it to the Executive Board in August.

After many weeks of silence from ██████, who had promised to be in contact with ██████ very soon, I, and the Patients' Action Group, chased him up; his replies blamed yet another reorganisation within the HB for the delay and inferred that the decisions made by ██████ about size of our new building were now being reconsidered. Your e-mail of Friday 19<sup>th</sup>. August confirms this is the case.

I have lost count of the number of HB management teams that have looked at our new premises project over the past 10 years. The constant theme throughout this time (██████████ excepted) is that nobody wants to make a decision that could be criticised for fear of it preventing their next promotion and/or adversely affecting their pension.

Your proposed meeting is to revisit decisions that have already been made. You want to go back a whole year or even more. I am not prepared to do that.

I suspect that the reason for this back-tracking is that somebody in the Finance Department is worried about the increasing costs of our project. We have already demonstrated that delays cost money due to inflation; when ██████████ asked us, in May 2018, to downsize our plans from those submitted in 2015 we did so and recalculated the build costs for our revised Business Case of November 2020. They were almost the same for a smaller building due to the inflation effect of two years delay while we completely reconsidered the project. The HB are responsible for delaying our project time and time again and these delays are leading to increased costs of our new building due to the effects of inflation. To delay further will cost even more money yet achieve nothing because we will not accept anything smaller than the already agreed 298 sq. m of clinical space already agreed with ██████████.

I have to pay for ██████████ time and have already paid him to attend the meeting of 10<sup>th</sup>.May. I will not pay him to attend another meeting unless we are moving forwards; there is no point.

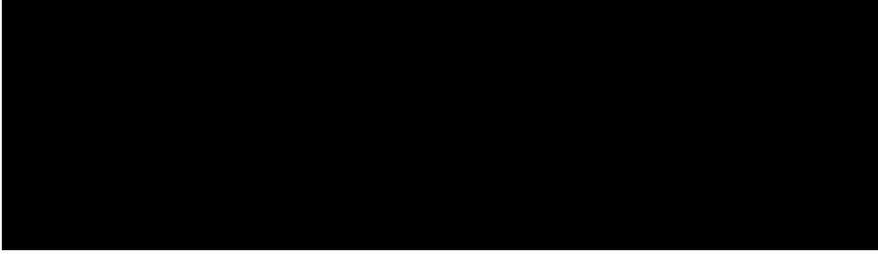
If the agenda for this meeting remains the same as you propose then I suggest you meet representatives of the Patients' Action Group to explain to them why the HB are back-tracking on decisions made a year ago. No doubt they will invite a number of our local politicians to attend this meeting.

I do not have time to waste going over old ground. I am too busy like every other GP. Primary Care is inundated with unprecedented patient demand as well as covering for the backlog in secondary care and now also overloaded with increased bureaucracy from the HB and WG – resumption of QAIF, Cluster targets, Frailty scoring and template completion for At Risk groups. We are given no quarter. Yet we are expected to accept the excuse of reorganisation within the HB which has caused a further delay of at least a year for our premises project on top of a similar delay using the same excuse in 2015.

Primary Care needs supporting. I need supporting. I have seen no evidence of this, especially so since 10 May despite the promises made to me which, as ██████████ will no doubt recall, I greeted with significant scepticism; I was right to do so.

If you wish to move this project on, accepting the decisions made by ██████████, i.e. 298 sq m plus the calculated circulation space, I will meet with you. If not I see no point.

Yours sincerely



Cc.



[Redacted]

**From:** [Redacted]  
**Sent:** 27 July 2022 11:12  
**To:** [Redacted]  
**Cc:** [Redacted]  
**Subject:** RE: Hanmer New Build  
**Attachments:** RE Hanmer Surgery (20.2 KB); Hanmer, Wrexham (51.1 KB)

Hi [Redacted],

I have provided some advice on the scheme (attached).

Do you have a plan showing the most recent suggestions?

Thanks

[Redacted]

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**From:** [Redacted]  
**Sent:** 26 July 2022 11:24  
**To:** [Redacted]  
[Redacted]  
[Redacted]  
[Redacted]  
**Subject:** RE: Hanmer New Build

Hi [Redacted]

[Redacted] is familiar with this one so he will be able to respond to you . He has given various advices and looked at size and scope over the last couple of years .

[Redacted] has been retired for some time now , we have referred to the most recent guidance WHBN36 and must also consider our Covid experiences/lessons.

[Redacted] could you pick up with [Redacted]

[Redacted]

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**From:** [Redacted]  
**Sent:** 26 July 2022 10:56  
**To:** [Redacted]  
[Redacted]  
[Redacted]  
**Subject:** FW: Hanmer New Build

Dear All

I apologise for emailing you all but I wasn't sure who I should be contacting for some advice on this. It's an old issue that's been around for years and was previously dealt with by [Redacted].

[Redacted] in Hanmer, South Wrexham has been determined for many years to acquire a new building. Over the years his proposals have been knocked back due to being too large and expensive.

We now have this latest iteration of his plans and I would be grateful if you could give me some advice as to whether or not this is something we could pursue further.

From what I can see, revenue is one of the main problems and for that we would need to develop a sound business case to take forwards. However can you give me some initial advice with regard to his proposed building size – see page 41, appendix 10 and also an email from [REDACTED] on page 47, appendix 47.

There's a lot to read otherwise but I think this might be a good place to start.

Many thanks for your help

[REDACTED]

[REDACTED]

**From:** [REDACTED]  
**Sent:** 28 September 2021 09:36  
**To:** [REDACTED]  
**Subject:** RE: Hanmer Surgery

Hi [REDACTED]

Really sorry for the delay in responding. It's a little manic at the moment.

In answer to the points raised:

- Circulation space. NWSSP –SSE state that 15% circulation space is needed for the building but Welsh Health Building Note 36(2019) states that with regards to circulation space as a percentage of GMS space “in small buildings it might be possible to achieve 28% but generally 33% will be required”.
  - We are a little flexible but we feel that a building of this size would not need as much circulation space as within WHBN36. Even the smallest buildings within the guidance would be based on a building quite bigger than the subject property.
- Single storey v double storey build. NWSSP – SSE also states that for a practice list size of 2500 patients a single storey building would be adequate. However [REDACTED] has already met with Wrexham Maelor Council’s Planning and Conservation Officer and the basic shape and appearance of the building has been designed to broadly fit in with the vernacular of its surroundings, bearing in mind that the proposed site sits within a conservation area.
  - Again, we are flexible and it was our opinion that a single storey building potentially would be better Value for money due to the size of the practice/building. We would however recommend that if a two storey building was the preferred route then a cost comparison was undertaken. Also if the building is two storey we would recommend that all clinical rooms were on the ground floor.

I trust these responses are sufficient for the time being but should you have any further queries, please let me know.

Regards

[REDACTED]

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**From:** [REDACTED]  
**Sent:** 09 September 2021 16:29  
**To:** [REDACTED]  
**Subject:** FW: Hanmer Surgery

Dear both

[REDACTED] has been making some real progress with Hanmer Practice in agreeing to scale back the size of the proposal, but they have some questions regarding circulation space & number of storeys.

I would therefore be grateful if you comment on the 2 points they raised below

Many thanks, [REDACTED]

[REDACTED]

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**From:** [REDACTED]  
**Sent:** 09 September 2021 11:45  
**To:** [REDACTED]  
**Subject:** FW: Hanmer Surgery

Hi [REDACTED], some feedback from latest discussions with Hamner – can you run past your SSP colleagues for comments.

For the second point – [REDACTED] will have met with them re the original plan (I suspect) which was much bigger – I'd have thought a single story would fit better with a conservation site

[REDACTED]

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**From:** [REDACTED]  
**Sent:** 03 September 2021 15:35  
**To:** [REDACTED]  
**Subject:** Hanmer Surgery

Hi [REDACTED]

Many thanks for meeting with us today and your support for the project going forward. It was very heartening to hear.

You wanted me to just send over a couple of bullet points as an aide memoire for you to check out on our behalf. They are:

- Circulation space. NWSSP –SSE state that 15% circulation space is needed for the building but Welsh Health Building Note 36(2019) states that with regards to circulation space as a percentage of GMS space “in small buildings it might be possible to achieve 28% but generally 33% will be required”.
- Single storey v double storey build. NWSSP – SSE also states that for a practice list size of 2500 patients a single storey building would be adequate. However [REDACTED] has already met with Wrexham Maelor Council’s Planning and Conservation Officer and the basic shape and appearance of the building has been designed to broadly fit in with the vernacular of its surroundings, bearing in mind that the proposed site sits within a conservation area.

Let me know if there is any other information you need. We’ll look forward to seeing you at Hanmer at an early date. Have a good weekend.

Kind regards

[REDACTED]

[REDACTED]

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**From:** [REDACTED]

**Sent:** 07 June 2021 16:19

**To:** [REDACTED]

**Subject:** Hanmer, Wrexham

**Attachments:** Draft SOA WHBN 36 Accommodation Hanmer 1900 list size.xlsx

Hi [REDACTED]

Sorry for the delay in responding to you, I was on leave last week.

In short we have put together a comparison of what was in the RDP and what we have within the guidance.

I have attached our spreadsheet for transparency and if you look at the third tab along "RDP vs SES" you will not that the guidance only allows for a substantially smaller building. For the record, we have not put ion any space for Health Visitors or District Nurses as we don't have the staff numbers on this but that could be easily inserted. We have also estimated (based on the size of the practice) how much admin space they need and we also don't feel it is necessary for a practice of this size to have an additional meeting room but this can be discussed in more detail if needed.

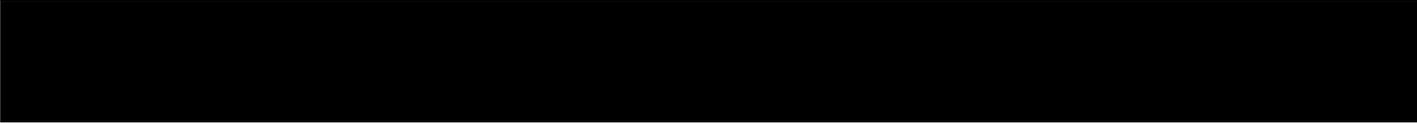
What I would suggest is that you have a look at the attached and I can then answer any question you may have before reverting to the practice.

I look forward to hearing from you in due course.

Many thanks

[REDACTED]

[REDACTED]



Premises:

List Size:

WHBN Provision

ROOM TYPE	LOC	NUMBER IN	SIZE	TOTAL	COMMENTS
<b>Clinical Staff</b>					
Consulting Rooms (1 per 1,370 patients)		1	15	15	
GP Consulting (Trainer)		0	15	0	For training practices
Registrars		0	15	0	
Treatment Rooms		1	20	20	
Minor Operations Room		0	20	0	
Practice Phlebotomy		0	12	0	
<b>Support Spaces</b>					
Dirty Utility		1	10	10	Min 7 sqm max 10 sqm
Specimen WC		0	5	0	Min 4.5sq m max 5 sqm
Cleaners Room		1	5	5	Per floor level
Waste Room 1		1	5	5	
Storage up to 2 per floor		1	5	5	
<b>Public Spaces</b>					
Reception Point		1	12	12	
Interview Room		1	10	10	
Waiting areas		1	3	9	Bookable rooms x 3 seats x 1.5 sq m
Baby changing		1	5	5	Also DDA W/C
Baby Feeding		1	5	5	
WCs M/F DDA		2	5	10	
<b>Administration Spaces</b>					
Practice Manager		1	12	12	
Assistant Practice Manager (larger practices)		0	12	0	
Administration staff		3	5.5	16.5	5.5sq m per 0.7 WTE
Medical records		0	3	0	3 sq metres per 1000 patients/ refer to scan and store
Meeting Room		1	15	15	Dependent on staff numbers: min 12 max 30 sq m
Staff Lockers / Cloakroom					As required by practice
Staff Room, including kitchen		1	15	15	Based on staff usage - min 10msq max 20 msq
Staff Shower		1	10	10	3.3msq assumes handwash basin within compartment
Staff Toilet (Ambulant)				0	Assumes 1 handwashbasin within compartment, 1 male, 1 fema, min 2.25msq max 4.0 m sq
Staff Toilet (DDA)		1	5	5	Min 4.5 sq m max 5 sq m
Comms room			12		
Library / Resource Room		0	15	0	Min 13.5sq m max 15 sq m but under review
Plant room		1	10	10	

Total 194.5  
 Circulation Space 48.625 25-28% range  
 Grand Total 243.125

Room sizes are based on maximum sizes as contained in WHBN 36 and have potential to be scaled down  
 WHC (2008) 055 (now revoked) has also been used to assist in space calculations  
 Requirements are based on stand alone facility for merged GP Practice and may be reduced if part of integrated facility  
 Areas with scope to reduce based on integration are : meeting room, staff room, toilets, waste, cleaning, reception and interview room

### Calculating number of consulting/examination rooms required

Catchment population:	1,900	
Access rate:	5260	5260 per 1000 population
Anticipated annual contacts:	9994	$A * B / 1000$
Assume 100% patients use C/E room:	9,994	
Patients accessing a C/E room:		
Assume open 50 weeks a year:	199.88	
Patients per week:		$D / 50$
Appointment duration:	15 minutes	
Patient appointment time per week	49.97	$e * 15 / 60 = \text{hours per week}$
Assume building operational	60 hours per week	
Assumes room utilisation	60%	
Rooms available	36 hours per week	
Number of C/E rooms required:	1.388	$G / 36 = \text{number of C/E rooms required}$

### Calculating number of treatment rooms required for general medicine

Catchment population:	1,900	
Access rate:	5260	5260 per 1000 population
Anticipated annual contacts:	9994	$I * M / 1000$
Assume 20% patients use a treatment room:	1998.8	
Patients accessing a treatment room:		
Assume open 50 weeks a year:	39.976	$N * 0.2$
Patients per week:		$O / 50$
Assume appointment duration:	20 minutes	
Patient appointment time per week:	13.33	$P * 20 / 60 = \text{number of hours per week}$
Assume building operational	60 hours per week	
Assumes room utilisation	60%	
Rooms available	36 hours per week	
Number of treatment rooms required	0.37	$R / 36 = \text{no of treatment rooms requires}$

	LOC.	NO	SIZE	GMS	Comment
<b>ROOM TYPE</b>					
GP Consulting Rooms	GF	2	15	30	Max 15
GP Trainer room	GF	1	15	15	Max 15
Phlebotomy/Multi use	GF	1	16	16	
Treatment room	GF	1	20	20	Max 20
Health Promotion		1	30	30	
Dirty Utility	GF	1	7	7	7
Specimen WC	GF	1	5	5	5
Reception	GF	1	15	15	
Dispensary	GF	1	12	12	
Reception Interview room	GF	1	10	10	
Waiting Areas	GF	1	40	40	25
Staff WC (M/F/DDA)	G/FF			0	tbc
Patient toilets M/F	G/FF	3	6	18	Tbc
Patient toilets DDA	G/FF				
Baby Change	GF	1	5	5	5
Baby feed room	GF	1	5	5	5
Health Visitors/DN Office	FF	1	16	16	Tbc
Administration Office	FF	1	22	22	Tbc
Practice Manager	FF	1	12	12	
Comms Room	FF	1	8	8	
Records Storage	FF	1	6	6	
Meeting Room	FF	1	20	20	
Kitchen/Staff Room	FF	1	15	15	
Clinical waste	GF	1	5	5	
Staff Showers	FF	1	6	6	
Staff Lockers	FF	2	4	8	
Storage Rooms	G/FF	3	6	18	Tbc
Cleaners' storage	G/FF	2	4	8	
Lift/Stairs/Plant			Variou		
<b>TOTAL GMS</b>				372	

NO	SIZE	GMS	Comment
1	13.5	13.5	
		0	
1	13.5	13.5	
1	18	18	
		0	
1	7	7	
1	4.5	4.5	
1	12	12	
1	12	12	
1	7	7	
1	13.5	13.5	
1	5	5	
2	4.5	9	
1	5.5	5.5	
1	5	5	
1	5	5	
1		0	Need Numbers?
1	16	16	How many Staff?
1	9	9	
1	6	6	
		0	
1		0	Needed for a small practice?
1	10	10	
1	4.5	4.5	
1	3.3	3.3	
1	5	5	
1	4.5	4.5	
1	4.5	4.5	
		193.3	

Plus Circulation	28%				
Sub-Total N.I.A.				476.16	

15%			
the		222.295	