



URGENT TREATMENT CENTRE

JAMES PAGET UNIVERSITY HOSPITAL,
GORLESTON-ON-SEA

DESIGN AND ACCESS STATEMENT

WHERE DO WE STAND?

We stand with you. Whoever you are – a client, a colleague, a supplier, someone who lives or works in, or is just passing through, a building we've designed. We stand with you because, for us, architecture is all about people. Get to know them and what's important to them, connect with them and collaborate, deal with them respectfully and with integrity and, together, you can solve any problem, overcome any challenge and achieve any ambition. That's what it takes to create sustainable, innovative, valuable and positive architecture. Architecture that improves lives, builds communities and enhances society.

Life touching design.

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1.0 PREFACE / INTRODUCTION / EXECUTIVE SUMMARY

1.1 THE PROPOSAL

This Design and Access Statement supports a full planning application for the construction of a new, detached Urgent Treatment Centre (UTC) on the campus of James Paget University Hospital (JPUH), Gorleston-on-Sea, Norfolk. The proposal comprises three related but distinct components that together form a single, integrated clinical project:

(i) A new detached Urgent Treatment Centre (UTC): A single-storey building of approximately 550 square metres Gross Internal Area (GIA), to be located on the southern portion of the hospital campus. The UTC will provide a dedicated clinical environment for patients presenting with lower-acuity, Type 3 conditions - commonly characterised as minor injuries and minor illnesses - that do not require the full resources of the main Emergency Department (ED).

(ii) A small extension to the existing Emergency Department (ED): A modest ground-floor addition to the front elevation of the existing ED building, designed to create a new, enlarged, and clinically configured streaming and triage lobby. This new lobby will function as the singular, unified front door for all unscheduled care arrivals to the hospital campus.

(iii) A covered walkway: A sheltered, accessible pedestrian link connecting the new ED streaming lobby to the entrance of the UTC, enabling the safe, weather-protected transfer of ambulant patients who have been clinically streamed to the UTC following initial assessment. Together, these three elements constitute a cohesive clinical infrastructure project that fundamentally reforms the way in which urgent and emergency care is organised, accessed, and delivered at JPUH.

1.2 THE APPLICANT

The applicant is the James Paget University Hospitals NHS Foundation Trust (JPUH), a District General Hospital serving the communities of Great Yarmouth, Waveney, and the surrounding areas of Norfolk and Suffolk. The Trust is a well-established provider of acute hospital services and operates one of the more geographically isolated acute sites in England, with a substantial catchment population

that has limited access to alternative secondary care facilities. This context lends particular urgency to investment in the capacity and efficiency of the Trust's urgent and emergency care pathways.

1.3 STRATEGIC AND FUNDING CONTEXT

The proposal has been developed in response to national healthcare policy and direct capital funding direction from the Department of Health and Social Care (DHSC). National urgent and emergency care strategy, including the NHS Long Term Plan and successive NHSE Urgent and Emergency Care recovery programmes, has consistently identified the co-location of Urgent Treatment Centres with Emergency Departments and the operational separation of Type 1 and Type 3 patient flows through clinical streaming as a principal mechanism for improving patient experience, reducing ED crowding, and protecting the capacity of emergency services for those with the most acute and life-threatening conditions.

The DHSC capital funding allocation to JPUH is specifically earmarked for this purpose: to physically separate the urgent treatment pathway from the emergency pathway at the point of arrival, enabling the Trust to deliver the streaming model at scale, within a purpose-built clinical environment. Making this development a policy-directed investment with a clear and evidence-based clinical rationale.

1.4 THE CLINICAL PROBLEM BEING SOLVED

The existing ED at JPUH currently receives a combined caseload of both high-acuity emergency patients and lower-acuity walk-in patients presenting with conditions more appropriately managed in an urgent treatment setting. The co-mingling of these patient groups within a shared physical environment creates well-documented and significant operational challenges: extended waiting times, crowding, inefficient use of specialist clinical staff, and a patient experience that is poorly matched to the severity of presentation. National benchmarking data consistently demonstrates that Type 3 attendances, those that would be more appropriately managed in a UTC can represent a significant proportion of total ED attendances

at district general hospitals of JPUH's size and catchment profile.

The creation of a dedicated UTC, physically distinct from the ED but operationally integrated through a shared streaming lobby and covered walkway, directly addresses this problem. It enables a clinically appropriate and physically clear separation of patient pathways from the very first moment of arrival, deploying the right resources, the right environment, and the right clinical expertise to match each patient's needs.

1.5 RELATIONSHIP TO THE FUTURE PAGET PROGRAMME

This application is brought forward with full awareness of the Trust's participation in the Government's New Hospital Programme (NHP), under which JPUH is developing a new hospital as part of the Future Paget Programme. The design of this UTC development has been specifically conceived to be compatible with, and to respond positively to, that longer-term estate strategy. The location, massing, and connections of the proposed building have been determined with reference to those buildings and areas of the campus that are expected to remain operational during and after any future NHP development ensuring that this development strategically coherent and does not compromise or prejudice the Trust's future masterplan ambitions.

2.0 THE CONTEXT

2.1 SITE LOCATION AND PHYSICAL SETTING

James Paget University Hospital is situated on a large, established acute hospital campus on Lowestoft Road, Gorleston-on-Sea, Great Yarmouth, NR31 6LA. The site occupies a prominent position in the townscape of Gorleston, set within a largely residential and mixed suburban context, with the hospital's built form representing the most significant institutional development in the immediate area. The campus is well served by road, with access from Lowestoft Road, and benefits from established bus connections and substantial on-site car parking.

The existing hospital campus is characterised by a collection of buildings of varying age, height, and architectural quality, reflecting the phased development of the estate over several decades. The principal hospital building is a multi-storey structure of RAAC construction, finished in painted RAAC panels. It has been supplemented over the years by a range of single and two-storey ancillary and clinical buildings. The overall character of the campus is functional and utilitarian, with the most recent additions, most notably the Louise Hamilton Centre, Community Diagnostic Centre and the Orthopaedic Elective Hub (OEH), have begun to establish a higher-quality architectural language for newer development on the site.



Aerial View of Hospital

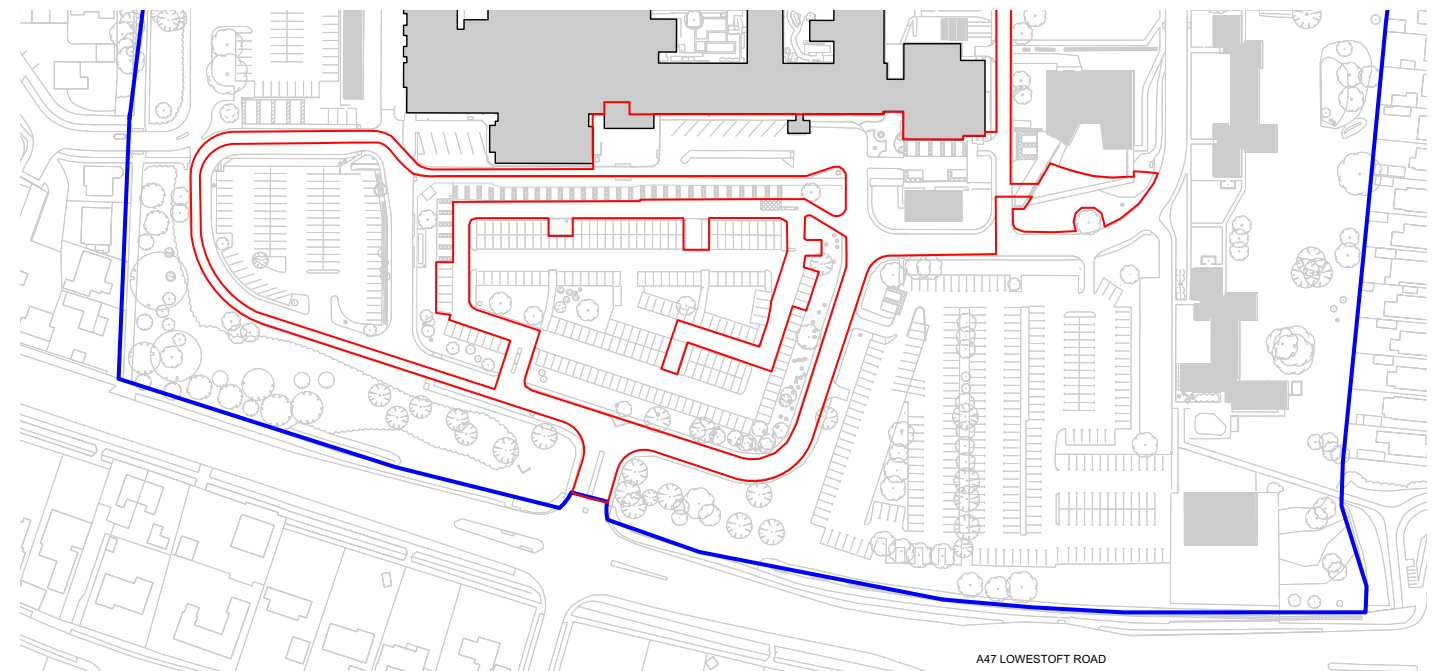


Google Map showing site

2.2 THE SPECIFIC APPLICATION SITE

The application site for the new UTC building and ED lobby extension sits immediately adjacent the most north eastern corner of the main hospital building, in relative close proximity to the existing Emergency Department. The site is currently occupied in part by a surface car parking area, with the surrounding context being the external envelope of the existing hospital buildings to the west, the Louise Hamilton centre to the north and hard standing parking areas to the south and east.

The existing Emergency Department is located on the ground floor of the main hospital building, with its primary patient entrance immediately adjacent the main hospital entrance. This existing entrance arrangement defines the location of the new streaming lobby extension.



Specific Site Location Plan

2.0 THE CONTEXT (CONT.)

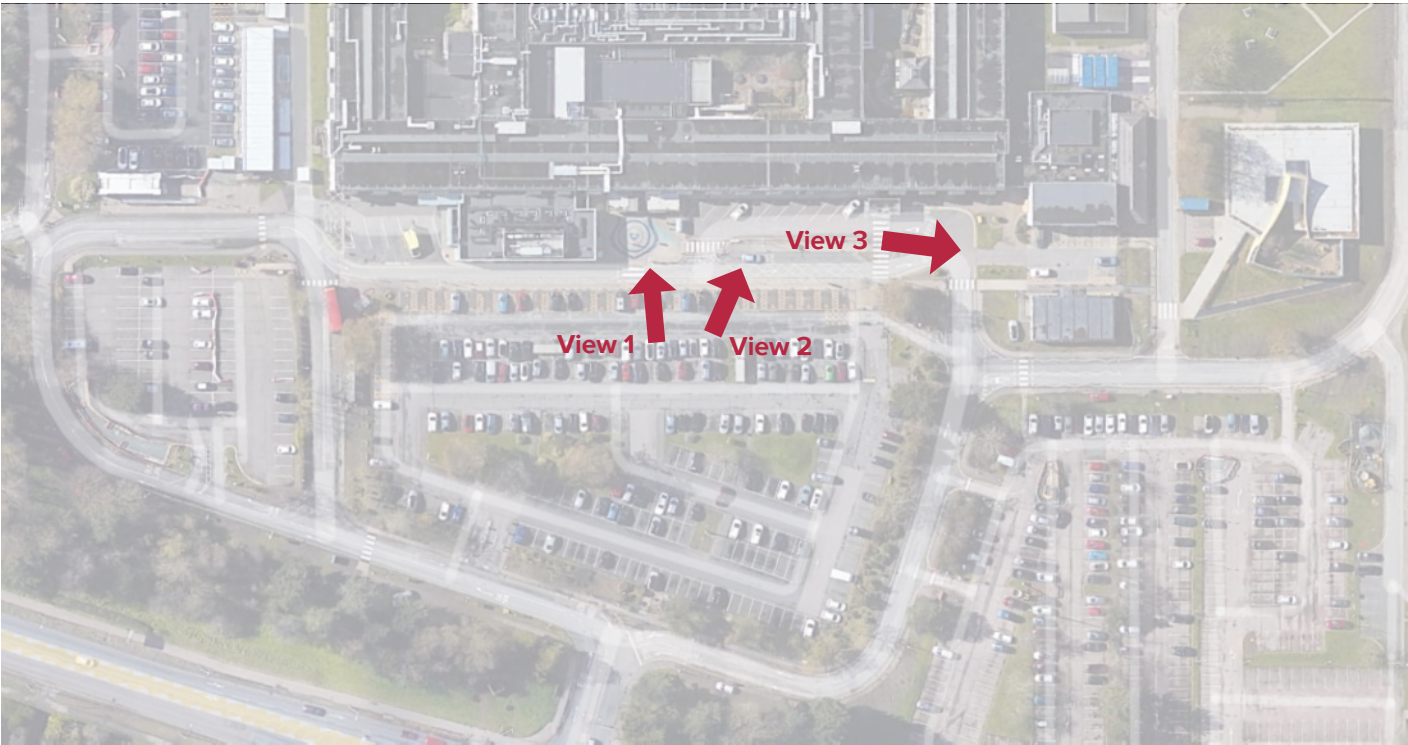
2.3 SITE PHOTOS



View 1 - Main Entrance



Google Aerial Photo



Google Site Map



View 2 - Front Elevation



View 3 - The UTC site

2.0 THE CONTEXT (CONT.)

2.4 CONSTRAINTS AND OPPORTUNITIES

The design team has reviewed the site and its wider hospital context in order to identify the principal constraints and opportunities relevant to the development.

Operational Hospital Site:

The site is located within an active hospital campus. Construction phasing, temporary works, delivery routes, fire access, live services and site logistics are therefore key considerations. These factors have been taken into account in the siting of the development and in the consideration of an appropriate construction methodology suitable for a sensitive operational environment.

Existing Services and Infrastructure:

Existing below-ground infrastructure has informed the development of the proposals. A live 675mm diameter private sewer runs north–south through the site at approximately 4.5m below ground level and must remain operational and accessible for future maintenance. This constraint has been considered in the site planning, drainage and structural approach. More generally, existing buried services have also been taken into account in establishing the proposed footprint and layout.

Topography and Existing Site Condition:

The site is broadly flat and level. It currently comprises disabled parking, an existing modular structure to be relocated, and areas of soft landscaping. These site characteristics provide a straightforward basis for development and support accessible movement through the site.

Vehicular Access and Site Circulation:

The site is accessed from Lowestoft Road via the hospital’s internal road network. A one-way ring road passes in front of the site area and connects back to the main hospital building. A secondary access road extends further into the site and serves adjoining hospital buildings, including the Louise Hamilton Centre. The established road layout provides clear vehicular access and has been considered as part of the site planning process.

Pedestrian Access and Connectivity:

The site can be accessed on foot via surrounding footways which connect into the wider James Paget University Hospital pedestrian network. Its location allows convenient pedestrian access from adjacent hospital buildings, nearby parking areas and the main hospital frontage. The close relationship with the Emergency Department also provides an opportunity for a direct, short and level covered walkway connection.

Parking and Reprovision:

A parking assessment confirms that, although parking demand is high at peak times, the hospital site has overall spare capacity, with 1,618 spaces and a maximum utilisation of 87%. The development would require the removal of 7 existing disabled spaces. These will be re provided in a suitable alternative location within the existing car park, close to the front of the hospital and convenient to the proposed development. The parking layout will be reconfigured accordingly. Although 11 standard spaces would initially be affected, these will be replaced elsewhere, resulting in no net loss of parking overall.

Relationship to the Existing Hospital infrastructure:

The site lies adjacent to the Louise Hamilton Centre and forms part of the hospital’s frontage. The proposals therefore need to respond appropriately to the character and setting of surrounding buildings. The site also presents an opportunity to reinforce and improve this part of the hospital frontage, particularly through the relationship between the proposed development and the covered walkway connection.

Future Paget Programme / New Hospital Programme Compatibility:

The proposals have been considered in the context of the hospital’s longer-term estate strategy and the emerging New Hospital Programme. The development is required to avoid prejudicing future masterplan options for the wider campus. This has informed the approach to site selection, layout and orientation.

Acoustic Environment:

An acoustic assessment has been undertaken for the site. The principal existing noise sources were identified as internal hospital road traffic, day-to-day hospital activity, and some residual noise from Lowestoft Road. Noise considerations have informed the design development, including the proposed façade build-up, internal partitions, acoustic finishes, building services attenuation and plant strategy. The proposals are intended to maintain acceptable amenity and avoid worsening the existing acoustic environment.

Summary:

The principal site considerations include the operational hospital setting, existing infrastructure and services, parking reprovision, future estate compatibility, and the relationship with the Emergency Department and surrounding buildings. The site also offers clear opportunities in terms of accessibility, connectivity and contribution to the hospital frontage. These matters have informed the design development throughout.

2.0 THE CONTEXT (CONT.)

2.3 FLOOD RISK

In accordance with national planning policy and guidance, a site-specific Flood Risk Assessment is generally required for development proposals of 1 hectare or greater in Flood Zone 1, and for sites located within areas of higher flood risk, unless otherwise agreed with the Local Planning Authority and relevant consultees. The application site at James Paget University Hospital is less than 1 hectare in area and is understood to lie within Flood Zone 1, which is defined as land having the lowest probability of flooding from rivers and the sea. On this basis, and having regard to the scale and location of the proposed development, a site-specific Flood Risk Assessment is not expected to be required as part of the application.

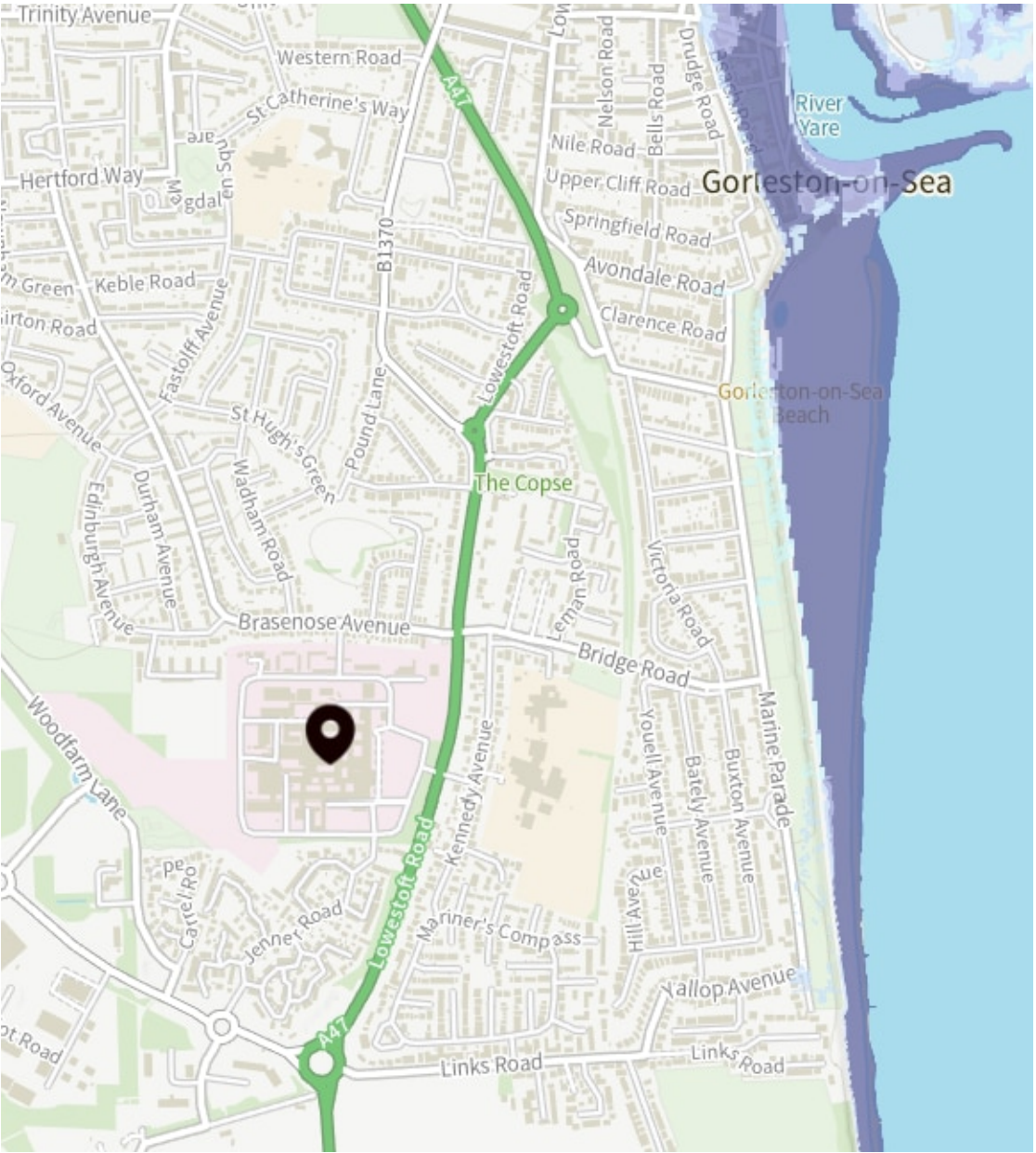
Flood risk information has been sourced from the Environment Agency's online mapping and the Government's Check Long Term Flood Risk website. This indicates that the site is at low risk of fluvial and tidal flooding. Notwithstanding this, surface water drainage and runoff management will be addressed through the detailed design of the development, in accordance with relevant national and local planning policy.

References:

National Planning Policy Framework (NPPF), Section 14: Meeting the challenge of climate change, flooding and coastal change.

Planning Practice Guidance: Flood Risk and Coastal Change.

Environment Agency / GOV.UK, Check the long term flood risk for an area.



GOV UK:
- Flood Risk Map
- JPUH Surface Water and Rivers /sea Risks

- High chance
- Medium chance
- Low chance
- Very low chance

Rivers and the sea

[More about your rivers and sea flood risk](#)

Yearly chance of flooding

Very low Low Medium High

Yearly chance of flooding between 2036 and 2069

Very low Low Medium High

What makes rivers and sea flooding more likely

Low-lying areas that are close to rivers or the sea are more likely to flood when water levels rise.

This information takes into account any flood defences.

Surface water

[More about your surface water flood risk](#)

Yearly chance of flooding

Very low **Low** Medium High

Yearly chance of flooding between 2040 and 2060

Very low **Low** Medium High

What surface water is

Surface water flooding is sometimes known as flash flooding. It happens when rainwater cannot drain away through normal drainage systems.

3.0 DESIGN

3.1 THE DESIGN PROCESS

The design has been developed through a structured, iterative process led by LSI Architect in close collaboration with the Trust's estates and capital projects team, the Trust's clinical operational leads for Emergency and Urgent Care, and a multi-disciplinary project team including structural and civil engineers, mechanical and electrical engineers, ecologist, and a transport consultant.

Clinical co-design: The clinical model, streaming at the ED lobby, UTC for Type 3 patients has been developed in close partnership with the Trust's Emergency Department clinical leadership, urgent care operational teams, and nursing staff. This clinical co-design process has directly shaped the internal layout, the relationship between spaces, the specification of the covered walkway, and the operational interface between the new UTC and the existing ED. The design is therefore an expression of a model of care developed from the ground up by those who will use and work within it.

Evaluation against alternatives: Prior to fixing the preferred design approach, the team evaluated a number of alternative strategies:

- Internal reconfiguration of existing ED: Considered but rejected on the grounds that the existing building footprint and internal configuration cannot readily accommodate both the necessary increase in physical footprint for Type 3 assessment and treatment and the operational separation of patient flows that the streaming model requires.
- UTC located further from the ED: Rejected on clinical safety and operational grounds. The streaming model is predicated on rapid, clinically supervised transfer between the streaming point and the UTC. A longer or more complex pedestrian route would undermine the model's effectiveness and would introduce unacceptable risk in the context of patients whose acuity may be uncertain at the point of initial assessment.

The preferred scheme, a detached UTC connected by a covered walkway to an enhanced ED lobby, represents the optimal balance between clinical effectiveness, buildability, cost efficiency, operational resilience, and estate strategy compatibility.



Project development: Internal reconfiguration of existing ED



Project development: UTC Spatial adjacencies workshop



Project Example: Orthopaedic Outpatient Centre



Project Example: Covered Walkway

4.0 USE

4.1 THE PROPOSED USE

The proposal falls within the category of a healthcare development on an existing hospital campus. The planning use falls under Class C2 (Residential Institutions), or more specifically the definition of a hospital and healthcare facility use, consistent with the existing lawful use of the host site.

The three components of the scheme each have a clearly defined use:

The UTC Building: The Urgent Treatment Centre will provide clinical space for the assessment, diagnosis, treatment, and discharge of patients presenting with urgent but lower-acuity conditions. This includes, but is not limited to: minor injuries (sprains, fractures, lacerations, burns), minor illness presentations (infections, febrile illness, rashes), and conditions that fall below the threshold of immediate life-threatening emergency but that nonetheless require same-day clinical assessment.

The UTC will operate seven days a week, with operating hours to be determined by the Trust in accordance with patient demand patterns and national guidance.

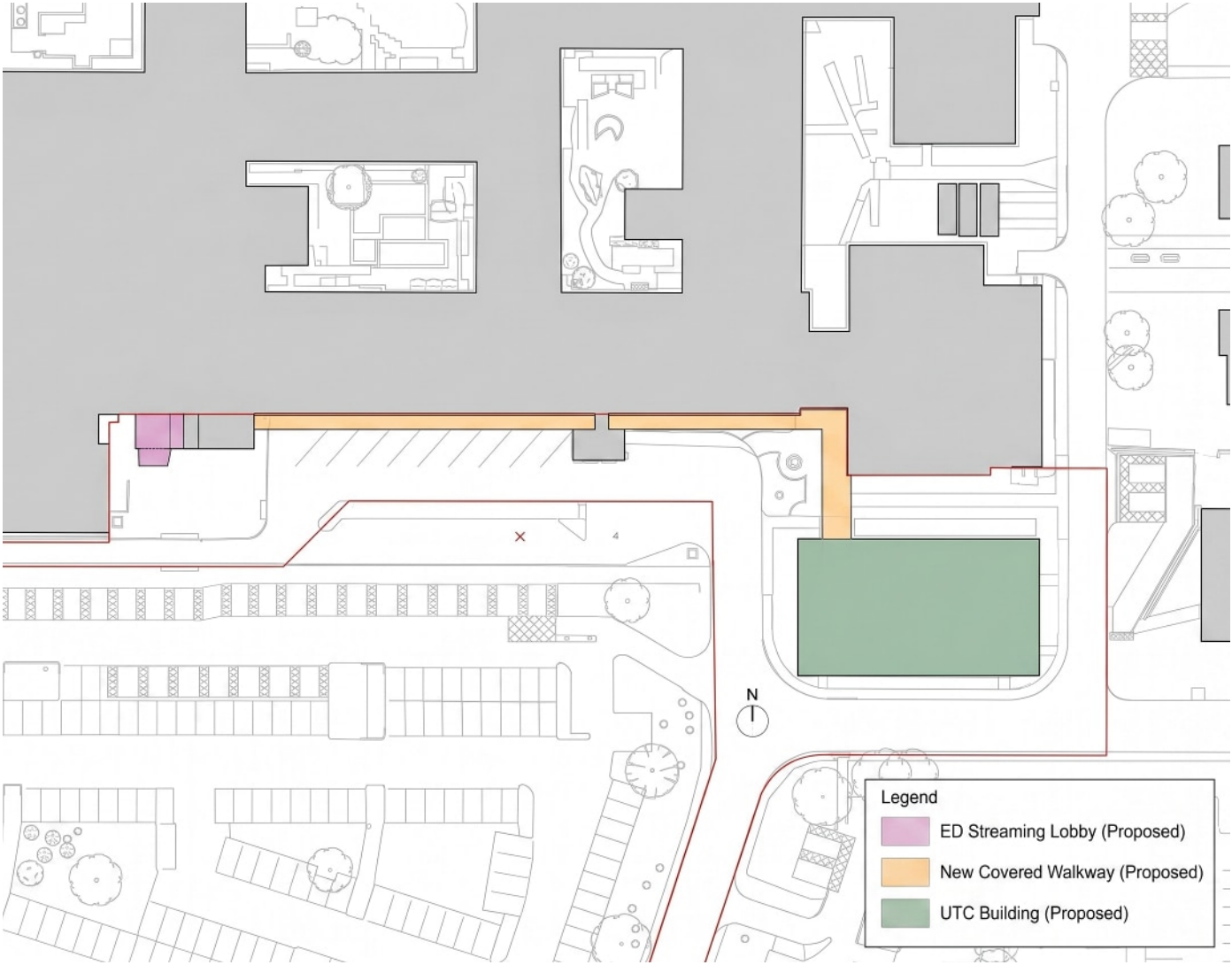
The ED Streaming Lobby Extension: The extension to the existing ED entrance creates a new, enlarged lobby space that functions as the clinical front door for all unscheduled care arrivals. Within this extended and refurbished area, trained clinical staff will perform an immediate assessment, also known as a streaming process, of every patient on arrival, determining whether they should proceed to the main ED (for higher-acuity emergency care), Same Day Emergency Care or be directed along the covered walkway to the UTC (for lower-acuity care). The lobby is designed to accommodate patient flow without crowding, it provides appropriate privacy for initial clinical interaction, and it is configured to clearly and intuitively direct patients toward the ED.

The Covered Walkway: The walkway functions as the physical and operational link between the streaming decision and the UTC. It is a sheltered, enclosed

pedestrian corridor designed to be accessible to ambulant patients of all abilities, including those with mobility aids, in all weather conditions. The walkway is a clinical infrastructure component that enables the separation of patient pathways to be maintained from the point of streaming to the point of arrival at the UTC, without patients re-entering fully external environments.

4.2 WHY THIS USE IS APPROPRIATE IN THIS LOCATION
The proposed use is entirely appropriate in this location for the following reasons:

- The site is an established, consented, and operational acute NHS hospital campus. The introduction of additional healthcare floor space to serve the catchment population is consistent with the existing lawful use of the site and with the development plan applicable to the hospital campus.
- The UTC addresses a clearly evidenced and quantified clinical demand of the substantial proportion of ED attendances that would be better served in an urgent treatment setting that is currently unmet by the Trust's estate.
- National planning policy (NPPF) actively supports the provision of healthcare infrastructure and places a positive duty on local planning authorities to consider the needs of communities for healthcare services when determining applications.



5.0 AMOUNT

5.1 AMOUNT OF DEVELOPMENT

The total Gross Internal Area (GIA) of the proposed development is Approximately 550 square metres.. Refer to the schedule of accommodation adjacent for a breakdown of this figure.

5.2 WHY THIS AMOUNT IS APPROPRIATE

The amount of development proposed is the minimum necessary to deliver the clinical model described. The internal area has been determined through a rigorous clinical brief process, informed by:

- Activity-based planning modelling of projected UTC demand, based on current ED attendance data, national benchmarking, and the Trust's own capacity analysis;
- NHS guidance on space standards for urgent and emergency care facilities;
- Operational requirements for the number and type of clinical assessment and treatment spaces needed to absorb the target volume of Type 3 patients;
- Staff, support, and patient amenity requirements commensurate with the proposed clinical model and operating hours.

The building is predominately single-storey, which represents the most operationally efficient configuration for an urgent treatment centre of this type and scale, enabling horizontal patient flow, avoiding the need for lifts or inter-floor transfers, and minimising unnecessary travel distance within the building. The predominately single-storey solution also minimises the visual and physical impact of the development on the surrounding campus environment. A roof-level plant enclosure is required to accommodate the mechanical and electrical services plant associated with the building's clinical functions; this has been designed to be as unobtrusive as possible and is addressed further in Section 8.

Urgent Treatment Centre			
	First Floor	Plant 1	12.01
	First Floor	Plant 2	147.31
	First Floor	Stair	12.46
	Ground Floor	AWC 1	4.50
	Ground Floor	AWC 2	4.58
	Ground Floor	Circulation	317.23
	Ground Floor	Clean Utility	15.54
	Ground Floor	Cleaners Room	7.46
	Ground Floor	Consult / Exam 1	15.01
	Ground Floor	Consult / Exam 2	15.01
	Ground Floor	Consult / Exam 3	14.84
	Ground Floor	Consult / Exam 4	15.05
	Ground Floor	Dirty Utility	8.00
	Ground Floor	Disposal Hold	8.56
	Ground Floor	Elec Cupboard	0.96
	Ground Floor	Electrical Plant	5.14
	Ground Floor	F. Change	10.02
	Ground Floor	IT Room	8.02
	Ground Floor	M. Change	7.53
	Ground Floor	Observation Bay	35.43
	Ground Floor	Office	8.00
	Ground Floor	Parking Bay	2.02
	Ground Floor	Reception	6.62
	Ground Floor	SH (F)	1.90
	Ground Floor	SH (M)	1.82
	Ground Floor	St. Gas Cylinders	3.06
	Ground Floor	St. Plaster	4.55
	Ground Floor	Staff Base	16.26
	Ground Floor	Staff Rest	15.08
	Ground Floor	Stair	5.82
	Ground Floor	Store	16.02
	Ground Floor	Treatment Room 1	16.02
	Ground Floor	Treatment Room 2	15.99
	Ground Floor	Treatment Room 3	15.65
	Ground Floor	Waiting (34p + 4 W/C)	44.23
	Ground Floor	WC (F)	1.92
	Ground Floor	WC (M)	1.92

Initial Assessment			
	Ground Floor	Circulation	11.11
	Ground Floor	Initial Assessment 1	14.11
	Ground Floor	Initial Assessment 2	11.82
	Ground Floor	Lobby	7.04
	Ground Floor	Self check in	1.32
	Ground Floor	Waiting	3.59



Artist Impression of Typical Treatment Room Space

6.0 LAYOUT

6.1 LAYOUT RATIONALE

The layout of the proposed development has been determined by three overarching principles: clinical logic, operational integration, and estate strategy compatibility.

Clinical Logic: The patient pathway of arrive, stream, treat, discharge has directly generated the spatial sequence of the development. Patients arrive at the ED streaming lobby (the extended front door); they are clinically assessed and streamed; those directed to the UTC travel down the covered walkway; they arrive at the UTC and receive care. Every element of the layout exists to support and reinforce this sequence as efficiently, safely, and intuitively as possible.

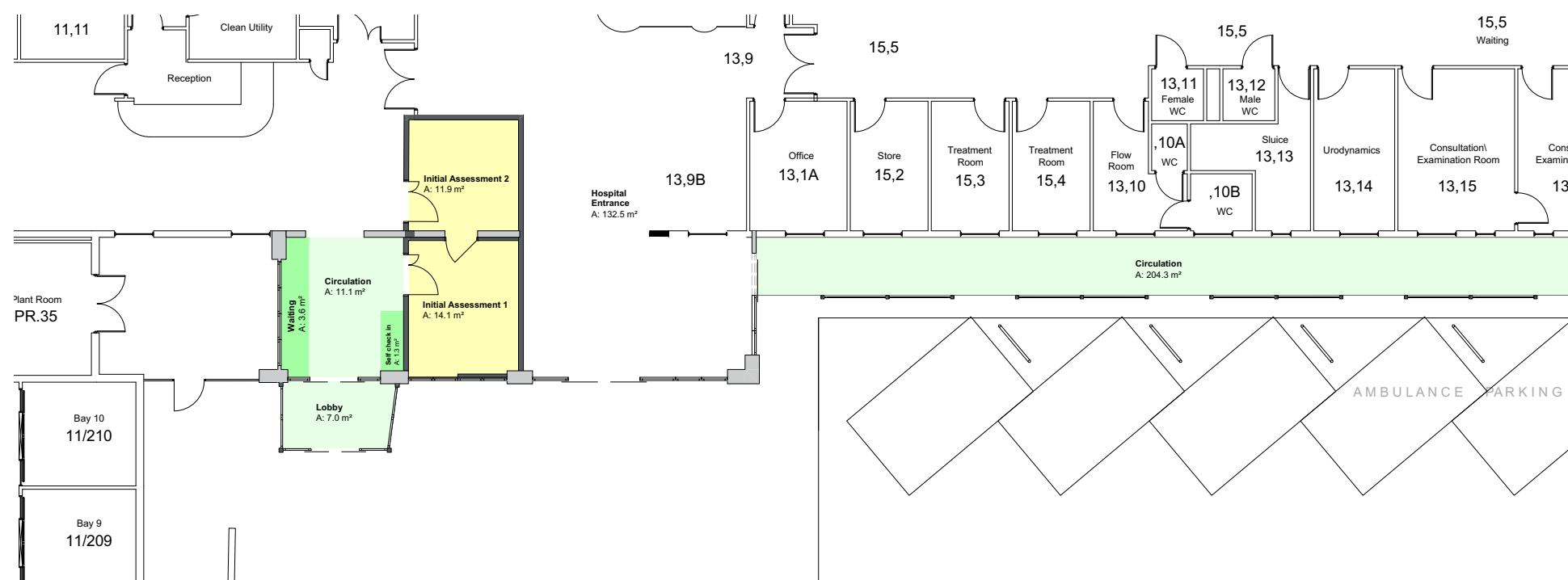
The ED Streaming Lobby which facilitates the creation of the initial assessment area where streaming can be undertaken is the Hospitals front door for unscheduled patients attending the hospital presenting with illness or injury. Its position, enlarging the existing ED entrance, ensures that it inherits the visibility, way-finding, and transport connectivity of the existing ED. Walk-in patients and patients dropped off by car or taxi all converge at this point. The lobby is configured to receive and stream this combined flow efficiently, with clinical streaming staff positioned to intercept, assess, and direct every arrival before they proceed further into either pathway.

The internal layout of the lobby has been developed to ensure that:

- The streaming process occurs immediately upon entry, before patients are seated in a general waiting area;
- The physical routes toward the ED and toward the UTC walkway are distinct, clearly signed, and cannot be confused;
- There is adequate space for patients using wheelchairs, mobility aids, or accompanied by children or carers;
- There is appropriate visual and acoustic privacy for the clinical streaming interaction.



ED Streaming: Front Elevation



ED Streaming: General Arrangement Plan

6.0 LAYOUT (CONT.)

The UTC as a Detached Building: The decision to provide the UTC as a new, detached building, positioned external to the main hospital envelope but directly connected to the ED by a covered walkway is the outcome of a structured and documented Site Identification and Options Appraisal process conducted, in which seven distinct locations across the JPUH campus were formally identified, assessed, and scored against a consistent set of evaluation criteria. Those criteria were:

- Whether the location meets the co-location brief (operational proximity to the ED);
- The positive and negative attributes of each location;
- Whether the location is available for development;
- Whether the proposal constitutes a new build (requiring planning permission) or a refurbishment exercise;
- Whether the option represents value for money (VfM).

The detached configuration, is the evidence-based conclusion of a process that evaluated integration within the existing building envelope (Sites 3 and 4), remote locations (Sites 1, 6, and 7), and intermediate options (Site 2), and found that none offers the combination of co-location, front-door connectivity, buildability, clinical configuration, and value for money that the preferred site provides. and for the longer-term estate strategy (the UTC can be retained, adapted, or repurposed independently of any future changes to the main hospital building under the New Hospital Programme).

The outcome of this structured evaluation process establishes that the preferred scheme a new, detached UTC on the external area to the right of the main entrance, connected to an enhanced ED streaming lobby by a covered walkway, is not only clinically and operationally sound, but is the optimal solution when assessed against the full range of available alternatives.

The Covered Walkway: The walkway is positioned and configured as a direct, accessible connection between the lobby exit and the UTC entrance. Its alignment has been determined to minimise the impact to existing building elements, underground services, and the operational areas of the hospital. The walkway is designed provide weather protection along its full length whilst maintaining natural ventilation to the existing accommodation within the adjacent existing hospital, and is wide enough to accommodate two-way pedestrian flow, including patients with mobility aids or wheelchairs. Glazed or translucent panels are incorporated into the walkway structure to admit natural light, avoiding the institutional quality of a fully opaque corridor and creating a more positive patient experience during.

6.2 INTERNAL LAYOUT OF THE UTC

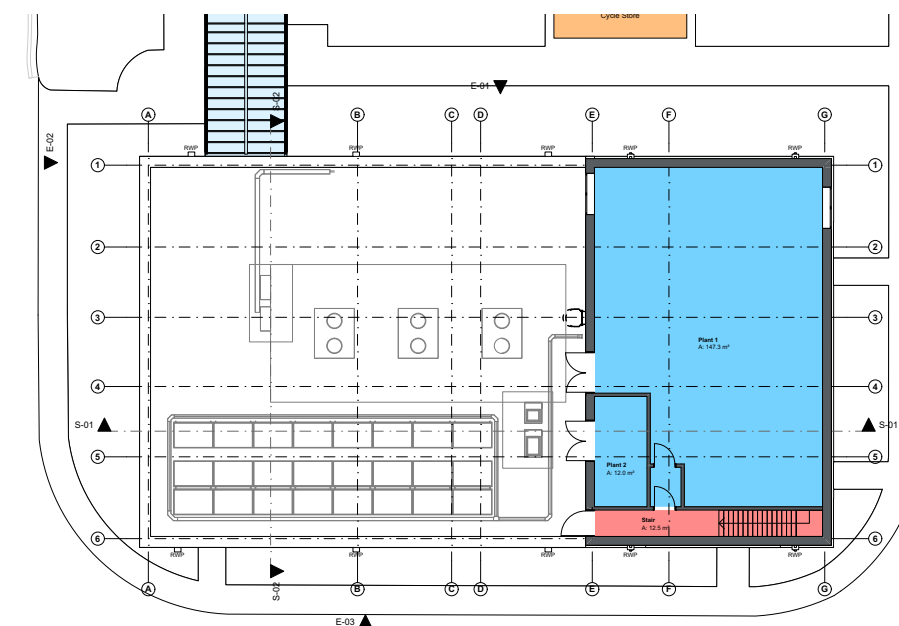
The internal layout of the UTC has been developed to follow established healthcare planning principles for urgent treatment facilities, consistent with NHS guidance. The internal arrangement provides, in broad terms:

- A reception and patient registration point, positioned at the walkway arrival end of the building;
- A patient waiting area, sized to accommodate the anticipated peak demand of the UTC and equipped to a standard appropriate for a varied patient demographic, including children and elderly patients;
- A clinical assessment and treatment area, comprising individual assessment/treatment rooms and bays, designed to provide appropriate privacy and clinical functionality;
- Staff base and clinical support areas;
- Accessible patient toilets;
- Staff welfare and changing facilities.

The internal layout is designed for a logical, one-way patient flow from arrival/registration, through waiting, into assessment and treatment, and then toward discharge minimising unnecessary crossing of patient and staff flows and supporting efficient clinical operations.



Ground Floor General Arrangement Plan



First Floor General Arrangement Plan

7.0 SCALE

7.1 SCALE AND MASSING

The building is predominantly single-storey, of rectilinear plan form, with a flat roof and a continuous parapets that defines the roof line across its perimeter. Where the building addresses the road junction the massing rises to a two-storey equivalent height in the form of a rooftop plant enclosure. This raised element sits directly on top of the main single-storey roof at this corner and contains the building's principal mechanical and electrical plant.

This rooftop enclosure is a defining feature of the building's massing. Rather than being treated as a purely utilitarian add-on, it is architecturally resolved as an integral element. The enclosure is the tallest part of the building and occupies a prominent corner of the site, giving the composition a natural focal point and visual anchor that draws the eye and reinforces the building's presence on the road junction.

The remainder of the building, the principal single-storey volume, extends from this raised corner element along both primary elevations, dropping back to the lower, consistent flat roof and parapet height that characterises the bulk of the building's footprint. This creates a clear hierarchy of massing: the taller plant enclosure at the corner reads as the building's head or crown, establishing its presence and identity on the site, whilst the lower single-storey wings extending from it provide the scale, proportion, and sense of approach appropriate to a public-facing healthcare building.

Option 01



Option 02



Option 03



Option 04



Massing and Elevation Option Studies

8.0 APPEARANCE

8.1 DESIGN PHILOSOPHY

The architectural approach to this development is guided by quality, coherence, and longevity. The Louise Hamilton Centre, Community Diagnostic Centre and the Orthopaedic Elective Hub (OEH), have begun to establish a high-quality architectural language for newer development on the site.

The UTC development builds consciously and deliberately upon that precedent, using the same material palette and design vocabulary of the OEH.

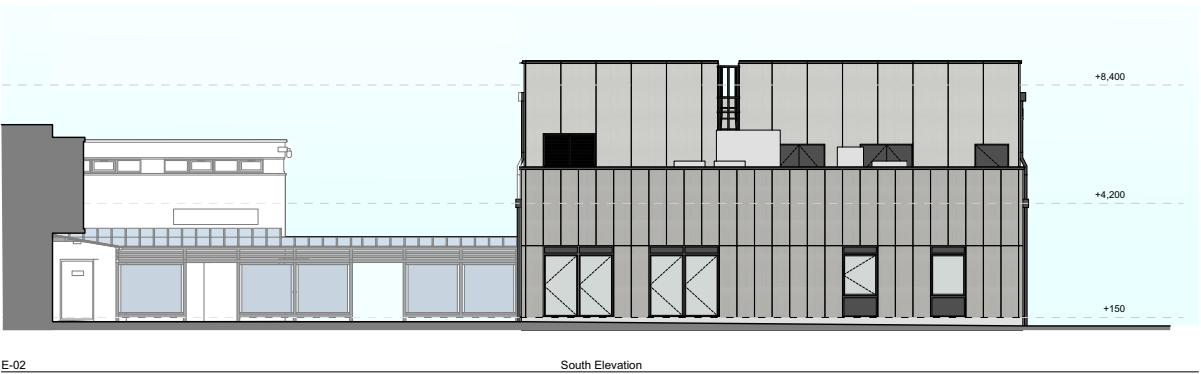
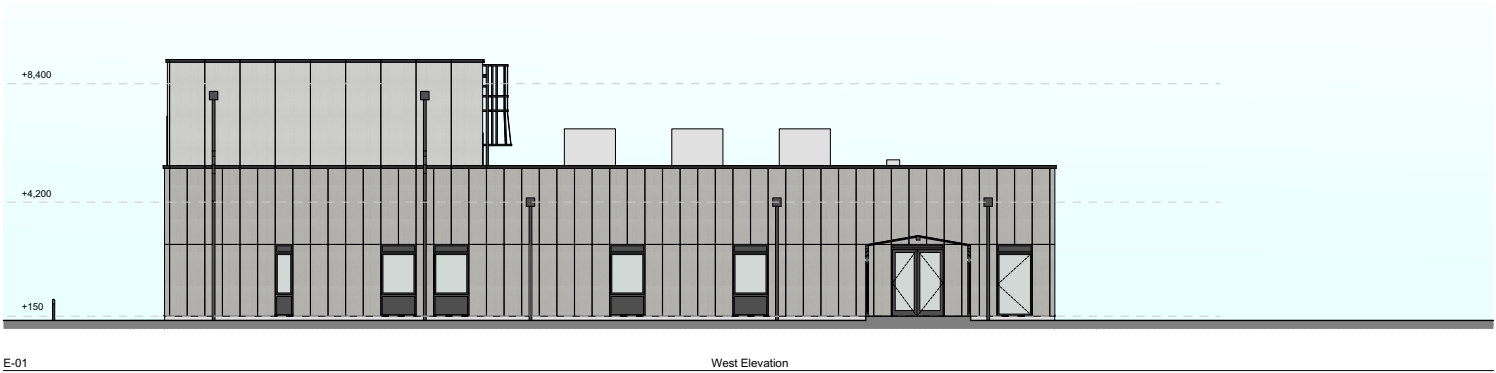
This reflects a strategic design rationale: that the hospital campus is easier for patients and visitors to navigate, presents a institutional image, and demonstrates a quality of care and investment in the built environment that has been shown to positively influence patient and staff wellbeing.

8.2 MATERIAL PALETTE

The proposed material palette for the UTC building is directly informed by and consistent with the approved and constructed OEH, as follows:

Fibre Cement Cladding Panels: The principal cladding material of the building's external elevations will be large-format fibre cement facade panels, consistent in specification with those used on the OEH. Fibre cement facade panels offer durability, low maintenance, resistance to the coastal weather conditions prevalent at the JPUH site, and a high quality of surface finish that retains its appearance over the long term without the degradation commonly associated with painted or render-based cladding systems. The palette will be drawn from a similar tonal range, warm greys and off-whites.

Engineering Brick Plinth: The lower portion of the building's external elevations, the plinth zone, will be finished in engineering brick, again consistent with the OEH. The choice of engineering brick for the plinth is both practical and architectural. Practically, engineering brick is exceptionally hard-wearing and resistant to weathering at low level.



8.0 APPEARANCE (CONT.)

Glazing: Windows, the walkway's translucent/glazed panels, and the entrance screen to the UTC will be specified in a contemporary, thermally efficient framing system, with a dark PPC finish consistent with the framing used on the OEH. The glazing strategy is designed to admit natural light to key clinical and waiting spaces whilst managing solar gain and glare through appropriate orientation, shading, and glass specification.

Covered Walkway: The walkway structure will be designed as a lightweight, clearly legible element that connects the two buildings. Its structural frame will be in a powder-coated metal finish, coordinated with the window framing colour, with a translucent and glazed roof and side panels that admit natural light whilst providing full weather protection.

Roof: The flat roof is visible in the aerial perspective and contains two clearly legible elements:

Photovoltaic (PV) solar panels, arranged in regular rows across a significant portion of the roof area, angled to optimise solar gain. Their presence is a visible expression of the building's sustainability credentials.

Roof-mounted mechanical and electrical plant, including what appear to be air source heat pump units and associated air handling equipment, positioned toward the rear of the roof away from the primary public-facing elevations. The height of the parapet means that this plant is substantially screened from view at ground level from the principal approach directions.



Artist Impression of the proposed Urgent Treatment Centre



Artist Impression of the proposed covered walkway



9.0 LANDSCAPING

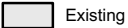
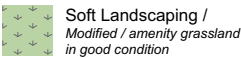
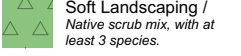
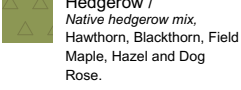
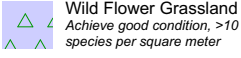
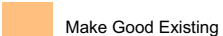
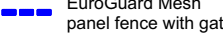
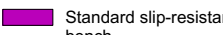
9.1 LANDSCAPING STRATEGY

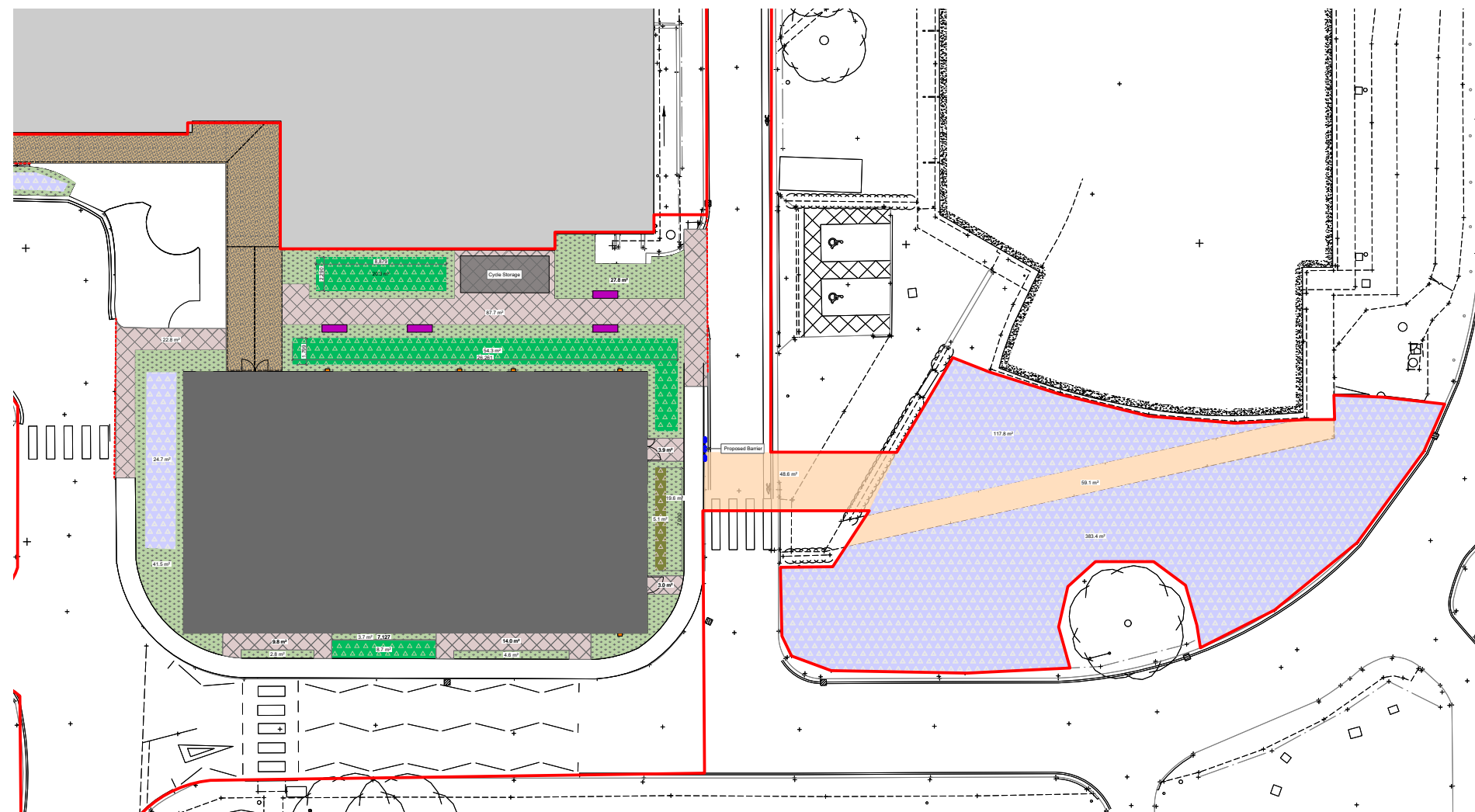
The landscape strategy has been developed to support both visual amenity and ecological enhancement across the application site and adjoining hospital land. Updated Biodiversity Net Gain assessments confirm that the proposed development will deliver a positive biodiversity outcome and achieve the required Biodiversity Net Gain.

The principal biodiversity measure is the enhancement of land in front of the Louise Hamilton Centre, extending to approximately 0.05ha, to species-rich wildflower grassland in good condition. This will be established using a high-quality native seed mix to provide a diverse range of flowering species, seasonal interest and nectar sources for pollinators. Within the application site, soft landscaped areas will be provided as grassland in good condition or better, while privacy planting will comprise native scrub of at least three species.

To the west elevation of the proposed UTC, an outdoor amenity space will be created with native shrub planting and grassland, providing a softer and more sheltered setting within the hospital campus. This area will function as a non-smoking outdoor space for staff and visitors and will include 4 no. standard slip-resistant benches. A Habitat Management and Monitoring Plan will secure the long-term establishment, management and monitoring of these landscape and ecological enhancements.

External Works Key

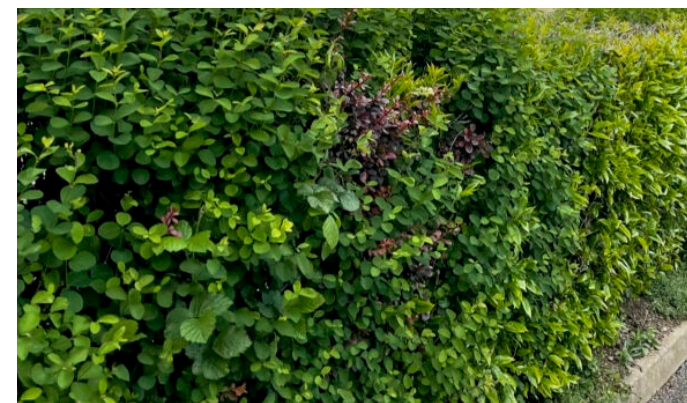
-  Existing
-  Proposed
-  Soft Landscaping /
Modified / amenity grassland
in good condition
-  Soft Landscaping /
Native scrub mix, with at
least 3 species.
-  Hedgerow /
Native hedgerow mix,
Hawthorn, Blackthorn, Field
Maple, Hazel and Dog
Rose.
-  Wild Flower Grassland
Achieve good condition, >10
species per square meter
-  New Paving
-  Pebbled Resin
-  Make Good Existing
-  Kerb Modified
-  EuroGuard Mesh
panel fence with gate
-  RWDP
-  Standard slip-resistant
bench



Landscape Plan



Wild flowering Example



Native hedge Example



Native Scrub Example

10.0 ACCESS

10.1 APPROACH TO ACCESS

The access strategy encompasses: pedestrian and patient arrival flows; the internal patient journey through the buildings; and inclusive access for all users, regardless of mobility, sensory ability, or cognitive need.

10.2 ARRIVAL AND PATIENT FLOW

Walk-in patients: Patients choosing to self-present (by foot, bicycle, bus, or car) will access the site via the existing main hospital pedestrian routes and car parking areas. The primary pedestrian destination for all unscheduled care walk-in arrivals is the new ED streaming lobby, the extended front door that is the first point of clinical contact for all patients self presenting. Wayfinding from the car park and pedestrian approaches to the lobby entrance will be clear, signed, and consistent with the Trust's campus wayfinding strategy.

Car and taxi drop-off: Patients arriving by private car or taxi will use the existing drop-off provision adjacent to the ED entrance. The new streaming lobby, inherits this drop-off provision without alteration, ensuring that vehicular drop-off access to the new lobby is at least equivalent to, the current arrangement, as the physical extent of the lobby.

10.3 THE STREAMING PROCESS AND PATIENT FLOW THROUGH THE BUILDINGS

Upon entering the streaming lobby, every patient, regardless of how they have arrived is received by clinical streaming staff. The streaming process is rapid. Its outcome determines the patient's onward pathway:

- Patients assessed as requiring emergency care (Type 1/2) proceed into the existing ED;
- Patients assessed as appropriate for urgent treatment (Type 3) are directed along the covered walkway to the UTC.

The covered walkway, once entered, leads directly and without complication to the entrance of the UTC. The walkway is designed so that a patient walking from the lobby to the UTC entrance experiences a journey that is comfortable, sheltered, naturally lit, and appropriately signed.

On arrival at the UTC, patients are received at the reception desk, registered, and directed to the waiting area pending clinical assessment and treatment.

10.4 INCLUSIVE ACCESS

The proposed development is designed to be fully accessible to all users, in compliance with the Equality Act 2010, Approved Document M of the Building Regulations 2010, and BS 8300:2018 (Design of an Accessible and Inclusive Built Environment). The following specific measures are integral to the design:

- Level thresholds: All entrances to the streaming lobby, the walkway, and the UTC are designed with level or ramped thresholds (maximum gradient 1:20 where a ramp is required), ensuring that there are no steps or abrupt changes of level that would prevent access by wheelchair users, patients with mobility aids, or parents with pushchairs.
- Door widths: All principal access doorways are specified at a minimum clear width of 1200mm (patient-facing entrances) or 900mm (internal clinical doors), consistent with HBN guidance and Approved Document M requirements for healthcare buildings.
- Automatic doors: The external entrance to the streaming lobby and the entrance to the UTC are fitted with automatic opening doors, eliminating the need for patients with limited upper limb strength or mobility to operate door handles.
- Accessible toilets: Fully compliant ambulant and wheelchair-accessible toilets are provided within the UTC, designed in accordance with BS 8300 to the enhanced 'Type M' standard appropriate for healthcare facilities.
- Internal floor levels: The entire UTC building is designed on a single level, with no internal steps or changes in level, ensuring that all clinical areas are accessible to all patients without the need for lifts or inter-floor transfers. The covered walkway and all lobby areas are similarly level throughout.
- Acoustic environment: The acoustic design of the streaming lobby and UTC waiting areas has been considered in the context of patients with hearing

impairment, incorporating hearing loop provision at reception and streaming positions, and specifying internal finishes with appropriate acoustic properties to reduce

- External approaches: The pedestrian approach routes to the streaming lobby are designed to be step-free, well-surfaced, and appropriately lit. Tactile paving is incorporated at crossing points and at transitions between pedestrian and vehicular zones, consistent with the Department for Transport's guidance on inclusive street design.

10.5 FACILITIES MANAGEMENT, DELIVERIES, AND WASTE

The operational requirements of the UTC including clinical waste management, medical supply deliveries, linen exchange, and catering have been considered in the design of the building and its external setting. A dedicated service access point is provided, physically separated from the main patient entrance and arrival areas to ensure that patient experience is not compromised by visible service activity. Clinical waste storage is provided within the UTC sized to the operational requirement of the facility and positioned to allow direct, safe access for collection vehicles. The service access route is designed to avoid conflict with pedestrian patient flows, including the route along the covered walkway, and is coordinated with the overall campus vehicle routing strategy.

11.0 SUSTAINABILITIY

11.1 COMMITMENT TO SUSTAINABLE DEVELOPMENT
James Paget University Hospitals NHS Foundation Trust is committed to delivering its capital development programme in a manner that minimises environmental impact, supports the NHS's ambitious Net Zero targets as set out in the NHS Long Term Plan and the Greener NHS programme's commitment to a Net Zero NHS by 2045 and creates buildings that are efficient, resilient, and durable over their operational lifespans. This UTC development is designed and specified to reflect those commitments in a proportionate and deliverable manner.

11.2 BREEAM
The development will be assessed under the BREEAM New Construction framework, which is the most widely recognised and respected methodology for assessing the sustainability of new buildings in the UK and is the standard specified for NHS capital projects. The Trust's target is to achieve a BREEAM rating of Excellent, consistent with NHS Premises and Facilities requirements. The BREEAM assessment process will be embedded in the design development programme, with a registered BREEAM Assessor engaged from an early stage to ensure that the targeted credits are achievable within the design constraints and budget of the project.

- Key BREEAM priority areas for this project include:
- **Energy:** The building's energy strategy prioritises fabric-first performance, with high levels of insulation, airtightness, and thermal bridging management delivering a building that requires significantly less energy to heat and cool than a conventional construction. Low-energy LED lighting with daylight and occupancy sensing will be specified throughout.
 - **Water:** Water-efficient fittings (including flow-regulated taps, sensor-operated flushing, and low-flush WCs) will be specified, consistent with BREEAM water efficiency credits.
 - **Materials:** The material specification has been selected in part for its environmental performance characteristics. Fibre cement has a well-documented environmental product declaration (EPD), engineering brick is a durable material with a very long service life, .

- BREEAM Materials credits will be targeted through responsible sourcing certification, EPD data, and lifecycle assessment.
- **Ecology:** As noted in Section 5.5, the landscaping and ecology strategy is designed to deliver a minimum 10% Biodiversity Net Gain, which also contributes positively to BREEAM Ecology credits.
 - **Transport:** The development's location on an existing, well-connected hospital campus, accessible by public transport, cycling, and walking routes, is inherently supportive of sustainable transport choices.

7.5 MODERN METHODS OF CONSTRUCTION
The project is being delivered within an NHS capital funding envelope that requires the Trust to demonstrate value for money and efficiency in construction delivery. The use of Modern Methods of Construction (MMC) — including volumetric prefabrication, structural insulated panels (SIPs), light gauge steel frame, or modular bathroom and clinical pod units — is being actively evaluated by the design and construction team. MMC approaches offer the potential to:

- Significantly reduce on-site construction time, minimising disruption to the operational hospital;
- Improve build quality through factory-controlled manufacturing conditions;
- Reduce construction waste and on-site carbon emissions;
- Accelerate the programme from construction start to clinical commissioning.

The final determination of the construction methodology will be made at the point of contractor appointment, but the design has been configured to be compatible with the principal MMC approaches under consideration, and the preference for MMC is established as a procurement requirement.



Commitment to Sustainable Development

- Minimises environmental impact
- Supports NHS Net Zero targets
- Aligned with NHS Long Term Plan and Greener NHS
- Net Zero NHS by 2045
- Efficient, resilient and durable building over its lifespan



BREEAM Target: Excellent

- Assessed under BREEAM New Construction
- Standard framework for NHS capital projects
- BREEAM Assessor engaged early in design
- Credits embedded into design development and budget planning

Target:

BREEAM Excellent

★★★★★

Key Sustainability Priorities

 Energy fabric-first design, high insulation, airtightness, thermal bridge management, LED lighting, daylight and occupancy sensors	 Water flow-regulated taps, sensor flushing, low-flush WCs	 Materials fibre cement with EPD, durable engineering brick, responsible sourcing, lifecycle assessment	 Ecology minimum 10% Biodiversity Net Gain	 Transport existing hospital campus, public transport, cycling and walking access
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Modern Methods of Construction (MMC) Under Review

 Reduced on-site construction time	 Less disruption to the operational hospital	 Improved quality through factory-controlled manufacture	 Reduced waste and on-site carbon emissions	 Faster route from construction to clinical commissioning
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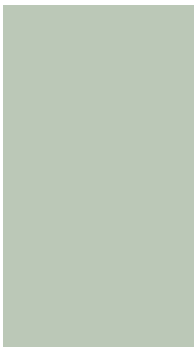
✓ Design compatible with principal MMC approaches; final method to be confirmed at contractor appointment.

12.0 CONCLUSION

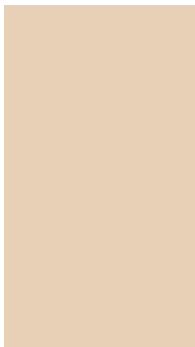
This Design and Access Statement has demonstrated, across each of the dimensions required by the CABE 2006 guidance and the relevant planning policy framework, that the proposed Urgent Treatment Centre, ED Streaming Lobby Extension, and Covered Walkway at James Paget University Hospital represent a high-quality, clinically essential, and well-considered development.

The proposal responds directly to a clearly evidenced and nationally recognised clinical need, funded and directed by the DHSC. Its design is the product of a rigorous, collaborative, and clinically informed process, and the preferred solution, a detached UTC connected by a covered walkway to an enhanced ED lobby, has been selected on the basis of a thorough evaluation of alternatives.

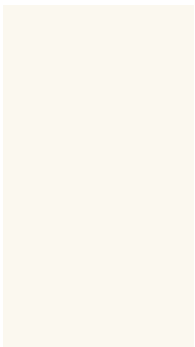
The development is appropriately scaled, well-sited, and architecturally coherent with the emerging design language of the JPUH campus. Its material palette, building upon the precedent of the OEH, advances the Trust's ambition for a high-quality, consistent, and legible healthcare campus. Its access strategy is inclusive, comprehensive, and places the patient experience at the centre of every design decision. Its sustainability commitments are ambitious, deliverable, and aligned with NHS and national policy targets.



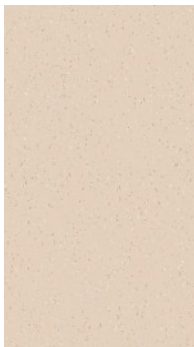
Accent Wall Paint /
Cladding



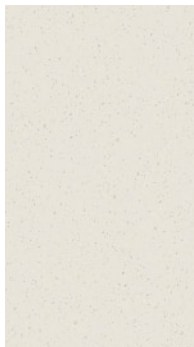
Staff Base



IPS



Vinyl Flooring



Vinyl Flooring



Internal Doors



Architrave / Skirting

Artist Impression of the Reception Area

NORWICH

LSI Architects (Design) Ltd, The Old Drill Hall, 23a Cattle Market Street, Norwich NR1 3DY
Tel 01603 660711 **Email** norwich@lsiarchitects.co.uk

Web www.lsiarchitects.co.uk **Twitter** [@lsiarchitects](#) **Linkedin** [Isiarchitects](#) **YouTube** [Isiarchitects](#) **Instagram** [Isiarchitects](#)

Registered office The Old Drill Hall, 23a Cattle Market Street, Norwich, NR1 3DY. LSI Architects (Design) Ltd is a limited company registered in England & Wales Reg No. 08842621

LONDON

LSI Architects (Design) Ltd, 2nd Floor, 50-54 Clerkenwell Road, London EC1M 5PS
Tel 020 7278 1739 **Email** london@lsiarchitects.co.uk