



# Towards Age Friendly Primary Care Centres

Case Studies and Checklist



# Acknowledgements

Age Friendly Ireland wishes to acknowledge the many partners who contributed to the development of these guidelines. Alice Corbett, Regional Age Friendly Manager for the South East, led the process of developing the guidelines. She was supported in this task by Richella Woods, Age Friendly Programme Manager with Wicklow County Council. We would also like to acknowledge Kildare County Council, in particular Chief Executive Peter Carey, for being such a strong advocate of the Age Friendly Programme.

Sincere thanks to the members of Kildare and Wicklow Older People's Councils for participating in the consultation processes. As always, the voice of older people is central to informing any Age Friendly guidelines. We also recognise the many other representatives from community & voluntary organisations who gave their time and commitment to the project. Their voices brought a practical and valuable dimension to the work.

We are grateful to all of the stakeholders on the working group convened to develop the guidelines, especially Damien Keane (Project Manager, HSE Estates Office), Geraldine Peelo (Primary Care Manager), Derek Dockrell (Architectural Advisor, HSE Estates Office), Martin Kennedy and Mary Kinsella (Health Service Executive) without whom this project would not have been possible. Also special mention to Deirdre Bruce and Melissa Murray of the Health Service Executive. Many thanks to the Dementia: Understand Together in Communities office for their help and support and the invaluable input given by them to make sure that dementia friendly principles were integrated. These guidelines draw on the technical expertise of architect Fiona Walsh who has undertaken work for Understand Together in relation to dementia inclusive spaces.

We would also like to thank James Buckley of Axis Group Ireland and Mark Killeen for their co-operation and the support given to bring Athy Primary Care Centre through a process with Age Friendly Ireland to become formally recognised as an Age Friendly facility.



# Who is this booklet for?

This document is for anybody involved in developing Primary Care Centres in Ireland. It is useful for private developers, practitioners, Health Service Executive staff and older people who are interested in contributing to the development of health care facilities. The guidelines were prepared in the context of new Primary Care Centres being developed in Ireland. However they are also useful to existing Primary Care buildings, particularly if they are being retrofitted.

This document is informed directly by the voice of older people who use Primary Care Centres.

For specific technical guidance, see 'Building for Everyone: A Universal Design Approach' from the Centre for Excellence in Universal Design at the National Disability Authority.

## Age Friendly Benefits Everyone

Where we live impacts hugely on how we live. An Age Friendly approach improves life for everybody in the community because environments, services and systems which suit older people also benefit everyone else:

**“If you design for the young, you exclude the old but if you design for the old you include everyone”**

Glenn Millar, Director of Education and Research, Canadian Urban Development Institute



# Foreword



Mary Butler TD  
**Minister for Mental Health and  
Older People,  
Department of Health**

I welcome this publication from Age Friendly Ireland which provides guidance on developing Primary Care Centres using Age Friendly features and principles.

The provision and expansion of Primary Care Centres and community-based health care is at the heart of the Sláintecare vision. Sláintecare is Ireland's ten-year plan to transform health care services and ensure the right care is provided in the right place at the right time.

With Sláintecare comes a recognition that more emphasis is needed on preventative care and community-based supports, so the role of Primary Care Centres is integral to how health care is provided in the future. These facilities provide a single point of access to health services and offer a means of supporting people to live independently in their own communities for as long as possible.

The process of developing these guidelines involved listening to older people, understanding their experiences of accessing health care facilities, and identifying features that are important to them in the delivery of Age Friendly services. The voice of older people must be at the heart of the design, development and delivery of such services.

I welcome this collaborative approach to ensuring that people of all ages can be supported to enjoy more active and healthy lives, an approach towards preparing for population ageing very much underpinned in two recent policy documents. The Programme for Government agreed in July 2020 outlines a vision for an Age Friendly Ireland, particularly in relation to health care, while the joint departmental policy statement Housing Options for our Ageing Population outlines the infrastructural needs that will be required to

support older people to age in place, including actions on planning and investment for Primary Care Centres.

These guidelines, a useful source of practical recommendations, have at their heart the interests and needs of older people and an ageing population. It is through applying practical advice that we will be best placed to meet the challenges that lie ahead for our older citizens.

# Contents

<b>Introduction and Context</b>	<b>1</b>	<b>Considerations for Age Friendly Primary Care Centres</b>	<b>23</b>
Age Friendly Ireland	1	Transportation	23
Population Ageing	3	Respect and Social Inclusion	24
<b>Policy Context</b>	<b>5</b>	Civic Participation and Employment	24
International Context	8	Communication and Information	25
Centre for Excellence in Universal Design	9	Community and Health Services	26
<b>Primary Care Centres</b>	<b>11</b>	Outdoor Spaces and Buildings	27
What is a Primary Care Centre?	11	<b>Case Studies Good Practice in Age Friendly Primary Care Centres</b>	<b>29</b>
Construction Programme for New Primary Care Centres	13	Location of Primary Care Centres	29
Why become an Age Friendly Primary Care Centre?	14	Wayfinding in Primary Care Centres	35
How do we know?	14	Grangegorman Primary Care Centre	39
We asked older people!	17	Further Examples of Good Practice	41
<b>Methodology for Developing the Guidelines</b>	<b>19</b>	<b>Recommendations</b>	<b>45</b>
Overview of Key Stages Involved in Developing Age Friendly Primary Care Centres	21	<b>Primary Care Centres Age Friendly Design Checklist</b>	<b>49</b>
Stage 1 Set-Up	21	<b>References</b>	<b>55</b>
Stage 2 Audit & Consult	21	<b>Appendices</b>	<b>57</b>
Stage 3 Plan	21		
Stage 4 Act	21		



Tosad Cúram Párlamhóil  
Primary Care Centre





# Introduction and Context

## Age Friendly Ireland

Age Friendly Ireland is the organisation responsible for the national Age Friendly Programme, affiliated to the World Health Organization's [WHO] global age friendly network. The programme involves a multi-agency, multi-sectoral approach to age-related planning and service provision. Age Friendly Ireland supports cities and counties to be more inclusive of older people by addressing their expressed concerns and interests under the eight pillars of the WHO programme.

Age Friendly Ireland operates as a shared service centre of local government hosted by Meath County Council. The shared service centre supports a network of 31 local Age Friendly Programmes which are led by local authorities and which involve many stakeholders from other public bodies, community and voluntary and private sector partners. The Shared Service supports a number of strategic national structures and provides technical guidance to its networks.

Within the framework of the WHO's Age Friendly Cities and Communities model, city and county based stakeholders are

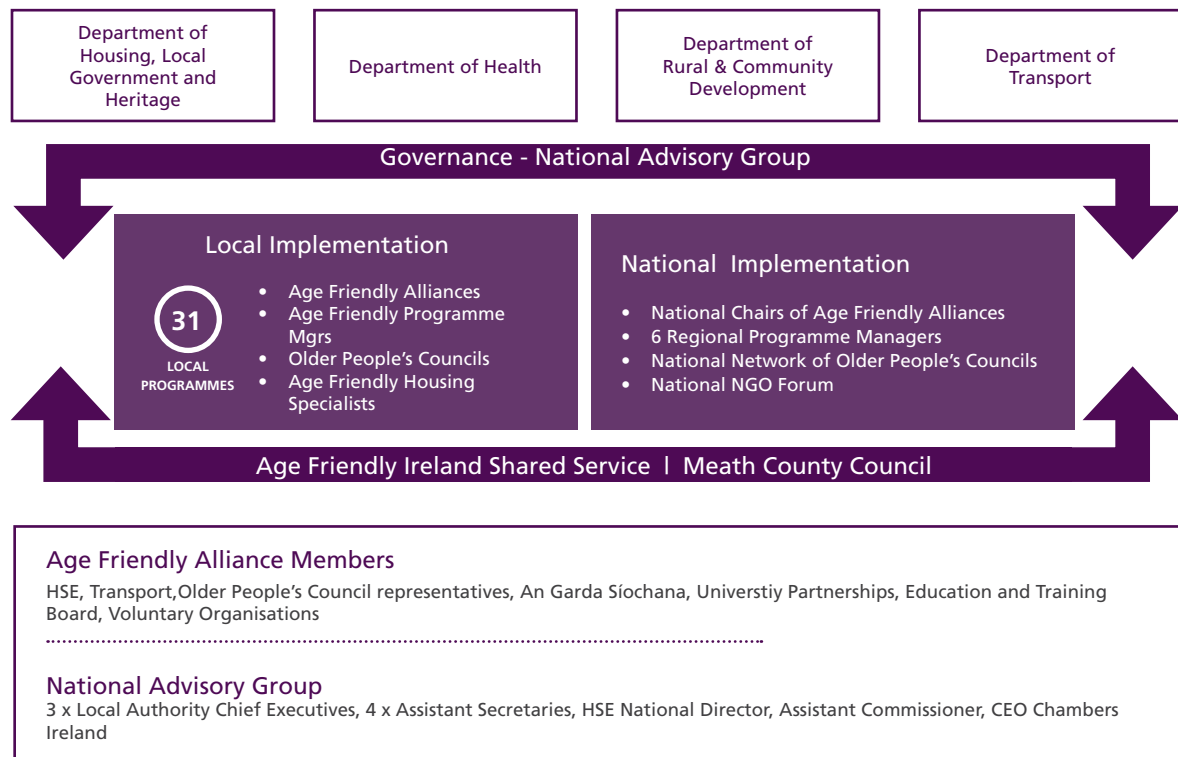
making commitments to shared action plans addressing pillars spanning housing, our health services, built environment, transport and employment. Under the leadership of the local authority governance is anchored in the multi-agency Age-Friendly Alliances, supported by broadly representative Older People's Councils actively engaged as co-design partners.

Successful Age Friendly City and County Programmes are working to create the kinds of communities in which older people live autonomous, independent and valued lives. To date, the local government led Age Friendly Programmes across Ireland have implemented real change in imaginative and cost-effective ways. Health and wellbeing is fundamental to the vision. A great deal of the programme focuses on actions and developments in other areas; In creating walkable, attractive and accessible communities and age-friendly spaces, and by introducing actions to address participation and inequality it is intended that people of all ages will be supported to enjoy healthier, more active and connected lives.

In December 2019 after a decade of work, Ireland was formally recognised by the World Health Organisation as an international leader and the first Age Friendly country in the world.

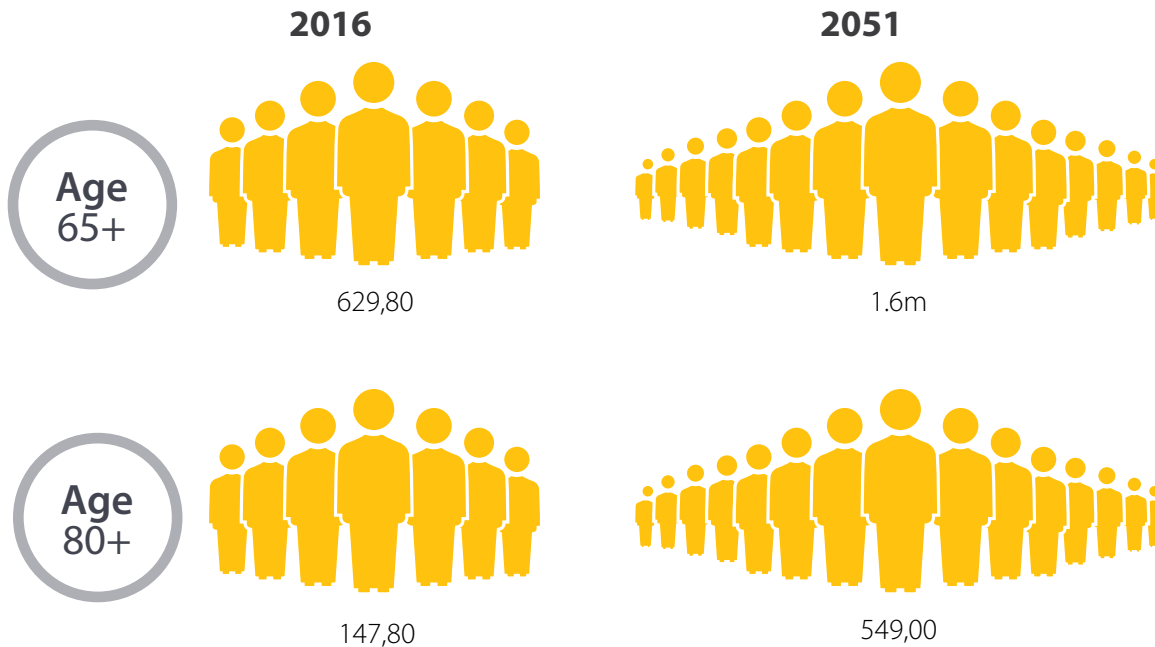
This document represents the first set of guidelines for Age Friendly Primary Care Centres in Ireland. They form part of the suite of resources that the Shared Service makes available to support Irish society to prepare for population ageing.

## Age Friendly Ireland Programme Structure



## Population Ageing

Ireland is following an international trend of population ageing. This means that the median age of the population is increasing because people are living longer. The number of older people in the country will in future make up a much greater proportion of the population, as illustrated in the diagram below. By 2051, the number of people aged 65 and over is expected to increase to 1.6 million in Ireland, while the number aged 80 and over will increase to over half a million. This demographic trend presents a challenge for how services are provided, especially health care services.



Ionad Cúram Príomhúil  
Baile Atha Í  
Athy  
Primary Care Centre



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# Policy Context

There are a number of Irish policy documents that are relevant to the development of appropriate infrastructure that responds to population ageing. Key among these are the Sláintecare plan and Housing Options for Our Ageing Population.



**Sláintecare** is a ten year framework that sets out a reform programme for the Irish health service. Published in 2018, the Sláintecare report addresses the pressures on the health service and seeks to re-orientate the model of care towards primary and community care where the majority of people's health needs can be met locally. The plan includes an expansion of primary care and community diagnostics and shifting treatment from the acute sector to the community.

The Sláintecare Action Plan for 2019 outlined a commitment to deliver 14 new Primary Care Centres.

**Housing Options for our Ageing Population** is a joint policy statement of the Department of Housing, Planning and Local Government and the Department of Health. It sets out a policy framework to support the ageing population by increasing accommodation options to give people more choice about how and where they live as they age. Appropriate support services are critical to the choices people make about their housing options. Primary Care Centres are referenced in two of the actions in this policy statement.





Action 4.12 commits to develop planning guidelines for Primary Care Centres to ensure that they are appropriately designed and accessible.

#### Action 4.12

Issue planning guidelines for the development of residential care homes and primary care centres to ensure that they are appropriately designed and located in areas with access to transport and amenities.

**Lead: DHLPG**

Action 5.8 commits to a continued investment in primary care facilities to ensure access to services and thereby support people to remain in their own homes for as long as possible.

#### Action 5.8

Continue to invest in primary care facilities across the country to help ensure appropriate provision of, and access to, services in the community. By enhancing and expanding capacity in the primary care sector, we will be able to provide high quality, safe, accessible and sustainable care at the local level and allow people to be cared for in their own homes and communities for as long as possible

**Lead: DOH**



The new Programme for Government, agreed in July 2020, pledges to expand primary care and make the vast majority of healthcare services available in the home or close to home. It commits to accelerating the implementation of Sláintecare, the health reform programme. (Programme for Government, 2020: 45). It outlines a continued investment in healthcare infrastructure in line with Project Ireland 2040. The approach taken in the agreed programme is to support older people to live in their own home with dignity and independence, for as long as possible. The programme's ambition is to enable everyone to live longer healthier lives by keeping care close to home and expanding the range of health and social care services in the community. This is particularly important for older people, who access these services more frequently.

## International Context

The World Health Organization's Global Strategy and Action Plan on Ageing and Health speaks to the need to develop age friendly environments and align health systems to the needs of older populations.

Recognising the critical role that Primary Health Centres play in the health of older persons in all countries, the WHO produced a toolkit for Age Friendly Primary Care Centres in 2008. The document relates not only to the built environment but also to age friendly service provision including clinical care and communication. The WHO promotes the principle of primary care centres being accessible and adapted to the needs of older populations.



Global ageing has resulted in older people living longer with higher risk for chronic conditions that often lead to disabilities. The commonest disabilities are: reduced vision, hearing and mobility. Many older persons require a wheelchair for mobility, either temporarily or permanently. Older people, whether disabled or non-disabled need Primary Health Care facilities for their health care especially in developing countries. These Primary Health Care centres should facilitate an environment where older people can move around

independently, actively, safely and securely. The following services are also essential for Primary Health Care centres for older people:

- ▶ accessible transport
- ▶ assistive devices – mostly wheelchairs
- ▶ personal assistance

World Health Organization,  
**Toolkit for Age Friendly Primary Care Centres**



## Centre for Excellence in Universal Design

The Centre for Excellence in Universal Design (CEUD) was established by the National Disability Authority (NDA) in January 2007 under the Disability Act 2005. The Centre is dedicated to the principle of universal access, enabling people in Ireland to participate in a society that takes account of human difference and to interact with their environment to the best of their ability. The centre's research work informs the development of standards in Universal Design and its staff provides expert advice to relevant stakeholders. CEUD has produced substantial resources relating to the built environment.


“ A clear sign that Ireland is progressing in creating a more welcoming and inclusive society is when our buildings are easy to access, understand and use by all people but in particular by persons of any age, size, ability or disability. The best way of achieving this is through engagement with all stakeholders and in particular the end users, throughout the design and build. This will result in a universal designed building suitable and accessible for all



Ger Craddock  
**Chief Officer, Centre for Excellence in Universal Design,  
National Disability Authority**

Members of Kildare Older Person's Council Executive teamed up with our counterparts in County Wicklow to participate in two detailed consultation workshops in 2019 about the design, function and layout of Primary Care Centres, with specific reference to the needs of older people and the particular services they require. We were very pleased to partner with our respective Age Friendly Programme Managers (Alice Corbett and Richella Wood) and representatives of the HSE in this highly important process. Our involvement projected the voices of older people directly into the National Primary Care Guidelines. In 2018 the Central Statistics Office estimated that there will be approximately 1.6 million people aged 65 and over in Ireland by 2051, so it is clear that primary care in all its forms must take careful heed of the almost seismic demographic shift which lies ahead. We hope, therefore, that our contribution injects an essential age-friendly element into the national guidelines. I believe that our involvement also fulfils one of the key roles of an Older Person's Council Executive which is to 'co-design solutions in response to challenges and barriers'.

Monica Cox  
**Chairperson, Kildare Older Person's Council Executive**



Universal Design principles recognise the different ways people use the built environment and the impact the environment may have on individuals. Good design aims to provide dignified, equitable and independent use of a facility/environment by everyone, from childhood to old age, regardless of health or impairments. A dementia inclusive environment supports people to live with greater dignity, independence and autonomy. People can remain active and valued members of their community and participate fully in all aspects of life for longer. Universal Design goes beyond meeting minimum standards or legislative requirements. An inclusive environment with improved accessibility works better for everyone. Beside the physically impaired, older people, or families with small children, the cognitively and/or sensory impaired members of our community also benefit from Universal Design. Well designed and managed built environments are inclusive and benefit everyone. If we design our environment for the most vulnerable members of our community, we design well for everyone.

Fiona Walsh,  
**DDS Architects and author of the dementia inclusive audit of Athlone  
Primary Care Centre on behalf of Dementia: Understand Together**

# Primary Care Centres

## What is a Primary Care Centre?

A Primary Care Centre provides many of the health or social care services that you find in your community, outside of the hospital setting. This includes General Practitioners, Public Health Nurses and a range of other services. Primary care should be the first point of contact that people have with the health service.

A Primary Care Team is usually made up of General Practitioners, public health nurses and therapists. Each team supports a population of around 7,000–10,000 people. These multidisciplinary services are delivered in Primary Care Centres.

The development of Primary Care Centres across the country is an important part of the Sláintecare strategy. Under Sláintecare, the core objective for primary care is to shift most people's care to the community. This will help reduce waiting lists and waiting times.

Primary Care Centres aim to keep patients out of hospitals by providing them with various services locally. They enable Primary Care Teams to meet the challenges such as ageing of the population, earlier hospital discharge, care in appropriate settings as well as the opportunities afforded through modern information and communications technology.


“ Primary Care Centres have a key role to play in delivering on our vision of a reformed health service and are designed to deliver the right care, in the right place, at the right time ”

**Project Ireland 2040,  
Building Ireland's Future**

Department of Health

There is an existing network of Primary Care Centres in Ireland. Some are situated in new purpose-built centres, while some are in older HSE buildings or non-purpose built accommodation. Some centres provide a full service while others offer more limited services. These Age Friendly Guidelines are more applicable to new build centres which are in development. However, they are also useful for existing centres that wish to modify their building to make it more Age Friendly.

Primary Care Centre details are listed and mapped on the Health Service Executive website [www.hse.ie/eng/services/maps](http://www.hse.ie/eng/services/maps)



The driving force behind the development of Primary Care Centres is the desire to support the implementation of new models of care and the delivery of services in high quality modern facilities. Primary Care Centres can support the delivery of integrated care by facilitating closer coordination and cooperation between health professionals from across different disciplines. They also provide a single point of access to services for the individual and can serve as a resource more broadly for the community, creating a focal point for local health initiatives or providing community groups with a place to meet.

Department of Health  
**Progress Report on Primary Care Centres, April 2019**

## Construction Programme for New Primary Care Centres

The National Development Plan 2018-2027 is a ten year programme that sets out to upgrade State infrastructure in anticipation of population increase. The plan has an associated capital expenditure of €115 billion. The National Primary Care Centre Construction Programme is listed as one of the major areas of investment in the plan.

There are 127 operational Primary Care Centres around the country, and an additional 70 are in planning, under development or scheduled for completion.

The construction programme for Primary Care Centres delivered an additional 56 centres over the period 2012-2018. This represented an increase in numbers of 80% over a six-year period. These new facilities have been developed using different approaches, including direct building by the Health Service Executive, working with the private sector using an operational lease arrangement and via Public Private Partnerships.

“ Significant additional capacity will be required across all aspects of the health service to respond to demographic changes. The Health Service Capacity Review 2018 identifies additional capacity requirements for the period to 2031. It also makes clear, that in the absence of major reforms, the demand on our hospital system in particular will become unsustainable. Capital investments will be targeted at supporting this reform process. Continued investment in primary care facilities will be needed, including the development of community diagnostic hubs ”

**National Development Plan 2018-2027**

## Why become an Age Friendly Primary Care Centre?

The work of Age Friendly Ireland involves preparing for population ageing. We contribute to policy development and service delivery that is inclusive across the lifecourse and particularly so for older people whose needs change with the ageing process. Our ethos is to include older people in decisions about policy and service provision that affect them. We operate a partnership approach, with older people as co-designers of solutions to the issues they face in accessing services. This approach is very much evident in the process used to develop these Age Friendly Primary Care Centre Guidelines. Older people were involved in the consultation phases for the new centres plus the development of the checklist and will participate in the walkability audit.

Age Friendly objectives are closely aligned with the Healthy Ireland agenda which is all about prevention, early intervention and empowering people to look after their own health and wellbeing with a key focus on improving the quality of people's lives. Encouraging independent living within communities can make a real difference for a person's quality of life and in allowing older people or those with a disability or illness to achieve their full potential.

“ Older people have identified the potential for the Primary Care Centres and believe they could be the bedrock for Health, Social & Community Services and should serve as a **'one stop shop'** ”

Kildare Age Friendly  
County Strategy  
2019-2021 **Consultation**

As outlined on page 3, Ireland's demographic profile is changing. Census 2016 counted more than 637,000 people aged 65 years or older, an increase of more than 19% over the previous five years, and representing 13.4% of the population. By 2051, it is projected that there will be 1.6 million people in Ireland aged 65 and over. The greatest increase will be in the population 80 and over, which is expected to reach over half a million.

The implications for health policy are considerable because of the challenges associated with providing patient centred care to this growing age cohort. There is an opportunity with the construction programme for Primary Care Centres to ensure that they are developed in a way that facilitates access and use by older people, especially those who experience frailty and other conditions associated with ageing.

Primary care centres aim to keep patients out of hospitals by providing them with various services locally. They play a huge role in supporting older people in our communities to stay healthy and to remain active and involved for longer.



Access to health care is one of the most important issues for our Older People's Councils, who cite challenges such as transport, access to buildings, appointments and wayfinding. The Age Friendly process relies on older people to co-design solutions to challenges that they identify. We undertook to develop these guidelines because we recognised a unique opportunity to inform the planned development of new Primary Care Centres around the country.

Older people emphasise the importance of Primary Care Centres being located close to the town centre, either within walking distance or on a bus route. Having a bus stop directly at the Primary Care Centre makes the health service so much more accessible. In rural areas, linking with rural transport services is important to ensure that older people can access appointments easily.

Age Friendly parking spaces are crucial for older people who drive, giving them peace of mind that they can park safely close to the building. Finding your way around a strange building can be daunting for anyone, and older people repeatedly emphasise to us features like clear signage, lighting and seating.

Population ageing presents many challenges for service providers. Many health conditions are associated with ageing, so older people often have additional needs. Making health care infrastructure Age Friendly from the outset will make it easier for customers and will reduce the need for building modifications down the line.

Catherine McGuigan  
Chief Officer, Age Friendly Ireland



## How do we know? **We asked older people!**

Older people want to live in their communities for as long as possible and feel that they are treated with dignity and respect. Health and wellbeing is one of the key determinants which enables them to do so. Older people have told us, through extensive consultation across Ireland, that they want:

- ▶ Community support and health services that are conveniently located and easily accessible.
- ▶ Better preventative services which increase wellbeing and reduce demand for acute care services.
- ▶ A more comprehensive range of affordable, age friendly community supports and health services.

Older people have identified an opportunity **‘to make the best of the new primary care centres that are being rolled out across the country’** and they see them as **‘spaces that should be utilised better and made more accessible for their needs.’** (respondents from consultations).

This guide is designed to enable planners, developers and managers of these centres to consider key recommendations to make these centres Age Friendly spaces encouraging better use and outcomes for all.

Research carried out under the Healthy and Positive Ageing Initiative [HaPAI dataset] indicated that 21 per cent of people aged 55 and over had difficulty accessing local health services. Over a quarter (26 per cent) of people aged 70+ reported difficulty in accessing local health services. (HaPAI Aggregate Report).

The Primary Care vision is one of an integrated, accessible health care addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community. The development of the Primary Care Centres embodies this. It was in the early phase of the development of our Primary Care Centres in Athy and Baltinglass I had the fortune to meet the Age Friendly Programme Manager Alice Corbett. Such enthusiasm for the programme was infectious and I immediately looked to work with the Age Friendly Initiative on our new Primary Care Centres and their guidelines. My engagement in the process and consultation with the Older Person's Council and other service users opened my eyes to the experience of the older user of our buildings. Their insights challenged my understanding of our patients' needs and led me to a new appreciation of the community I serve. This understanding I hope will be somewhat evident in our two new Primary Care Centres in Athy and Baltinglas.

Geraldine Peeló

**Primary Care Manager, Health Service Executive  
Dublin South, Kildare & West Wicklow Community Healthcare**



Primary Care Centres are a key part of healthcare strategy as they provide services in the community. The selection of a site needs careful consideration of a wide range of issues. A location close to other services and facilities can provide considerable benefits while proximity to where the users live is also important. This document will assist those involved in the site selection process by identifying the main considerations.

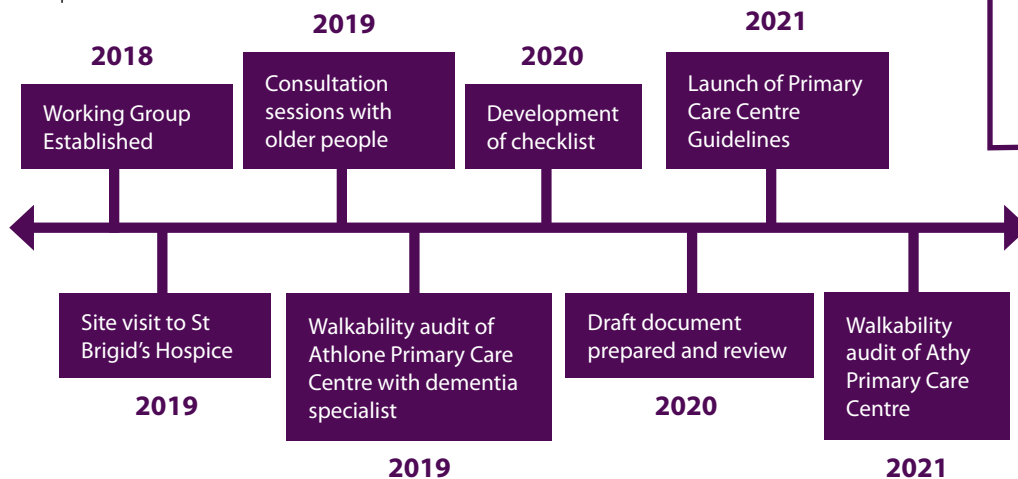
Derek Dockrell

**Architectural Advisor, Health Service  
Executive Estates Office**

# Methodology for Developing the Guidelines

The development of these guidelines for Age Friendly Primary Care Centres was co-ordinated by Age Friendly Ireland<sup>1</sup>. The process was led locally by the Regional Age Friendly Manager based in Kildare, and concentrated primarily on the development of new Primary Care Centres in Athy, County Kildare and Baltinglass, County Wicklow. A working group was established comprising representatives of the Older People's Councils, the Age Friendly Programme Manager for Wicklow County Council, and the Health Service Executive. This group worked closely with the developer to highlight key features that should be incorporated into the new centre in Athy.

The process was as follows:




It has been a great opportunity to give our input into the design of Primary Care Centres and I really enjoyed the workshop.

Participant in workshop held July 2019

As part of the ongoing implementation of these guidelines, Age Friendly Ireland will conduct a walkability audit of Athy Primary Care Centre in 2021.

<sup>1</sup> The process was co-ordinated by Alice Corbett, Regional Age Friendly Programme Manager for the South East, with support from Richella Woods, Age Friendly Programme Manager from Wicklow County Council



These buildings have great potential to bring health care closer to the community and provide spaces for social and community activities

**Primary Care Centre service user,  
County Kildare**

It was a privilege to be included in the consultations and workshops which gave us a voice into the very heart of the guidelines.

Mai Quaid  
**Chairperson, Wicklow Older People's Council.**

Incorporating the Age Friendly requirements into the design and construction of the Primary Care Centre was easier than anticipated particularly with the assistance of the Kildare Age Friendly Programme Manager. Initial feedback from the users of the centre was a mixture of relief that their needs had been accommodated and peace of mind that using the services of the Primary Care Centre will be more accessible going forward. Working in partnership with Primary Health Properties plc, the funder of many Primary Care Centres in Ireland, the Axis Group plans to incorporate the learning from the Athy scheme into all the new projects to be built in Ireland. We are delighted with the finished product in Athy and we are hearing lots of positive feedback from the Health Service Executive and the users.

James Buckley  
**Project Director, Axis Real Estate Group**

# Overview of Key Stages Involved in Developing Age Friendly Primary Care Centres

Age Friendly Ireland typically applies a four stage process to the development of any Age Friendly project, service or guidelines. These Primary Care Centre guidelines adopted a similar process, commencing with an initial commitment from stakeholders and concluding with the implementation of recommendations.

## 1 Set-Up

- ▶ Formation of Age Friendly Primary Care Centre Working Group
- ▶ Involvement of key personnel and decision makers from across the Health Service and Age Friendly Ireland
- ▶ Involvement of Older People's Councils

## 2 Audit & Consult

- ▶ Conduct Walkability Audits
- ▶ Hold Consultation Workshop
- ▶ Collation of key issues and suggestions for action
- ▶ Site visits to observe good practice

## 3 Plan

- ▶ Analyse consultation finding
- ▶ Development of checklist
- ▶ Frame Age Friendly Actions

## 4 Act

- ▶ Communication of commitments
- ▶ Begin implementation
- ▶ Review and monitor actions
- ▶ Refresh actions and implementation plan as part of a continuous process of improvement



# Considerations for Age Friendly Primary Care Centres

The following considerations are designed to guide the future development for all Primary Care Centres. They encourage service providers to consider whether or not the centres are being used to maximise the potential to allow older people to have full equality of access, outcome and participation when it comes to health and wellbeing. These centres have great potential to provide supports to allow people live well and age in place in the communities they have come to know and love.

The following points should be taken into consideration and addressed by the relevant stakeholders to ensure Primary Care Centres can be accessed and used as easily as possible by all members of the community. They are colour coded according to World Health Organization Age Friendly domains.

## Transportation

If equality of access is to be realised transportation issues must be addressed. It is important to link with key transport service providers to address local transport issues. Age Friendly Alliances, with a broad multidisciplinary membership, are very well placed to guide this process.

### Points to consider

- ▶ Is public transportation reliable and frequent, as easy local access to the primary care centre is essential for both public and private transport?
- ▶ Is there a bus stop outside the centre?
- ▶ Is specialized transportation available for people with disabilities?
- ▶ Is complete and accessible information provided to users about routes, schedules and special needs facilities?
- ▶ Is there a voluntary transport service available where public transportation is too limited?
- ▶ Are parking and drop-off areas safe, sufficient in number and conveniently located?
- ▶ Are there priority parking and drop-off spots for older people and people with special needs?



## Respect and Social Inclusion

Consultation and communication is at the heart of what it means to offer Age Friendly services. Consulting older people about their needs provides them with an opportunity to suggest solutions. This is a very important part of delivering a rights-based approach to services. Consulting and including the voice of older people is therefore an essential part of becoming Age Friendly, which will result in understanding, respecting and sustaining best practice.

### Points to consider

- ▶ Are older people regularly consulted by public, voluntary and commercial services on how to serve them better?
- ▶ Are services and products to suit varying needs and preferences provided by public and commercial services?
- ▶ Are service staff courteous and helpful?
- ▶ Do older people who are less well-off have good access to public, voluntary and private services?

## Civic Participation and Employment

The workplace can be an ideal place to address issues of age discrimination. Workplaces should be developed as Age Friendly working environments, facilitating the continued contribution of older staff and encouraging knowledge sharing through succession planning and mentoring. There is also an opportunity to continue to make workplaces caring and progressive places where you can continue to contribute in a positive way if the workspace is adapted to meet the needs of ageing employees and people with disabilities.

### Point to consider

- ▶ Is the workplace designed to meet the needs of older employees and disabled people?







## Communication and Information

The issue of Age Friendly communication has been raised regularly at consultations with older people across the country. As one older person is quoted succinctly: “Just because you know what you’re talking about doesn’t mean I do” (Age Friendly Communication guidelines, 2019). The considerations below are key questions for service providers about how we communicate and what we should be thinking about if we want service users to be able to understand and participate equally. Equality of access cannot be addressed if information does not reach people and if people do not understand the content or the message.

The Customer Communications Toolkit for the Public Service - A Universal Design Approach, has guidance to inform the design and procurement of customer communications across the Public Service. The Toolkit is based on a Universal Design approach promoted by the Centre for Excellence in Universal Design at the National Disability Authority.



Scan here to access CEUD Customer Communication Toolkit

Available to download at: [www.universaldesign.ie](http://www.universaldesign.ie)

### Points to consider

- ▶ Is there regular and widespread distribution of information and is it coordinated with centralized access?
- ▶ Is oral communication accessible to older people?
- ▶ Is there a facility whereby people at risk of social isolation get one-to-one information from trusted individuals?
- ▶ Does the service provide friendly, person-to-person service on request?
- ▶ Does the printed information – including official forms, television captions and text on visual displays – have large lettering and the main ideas shown by clear headings and bold-face type?
- ▶ Does the print and spoken communication use simple, familiar words in short, straightforward sentences?
- ▶ Does the telephone answering services give instructions slowly and clearly and tell callers how to repeat the message at any time?
- ▶ Where there is electronic equipment, such as mobile telephones, radios, televisions, and ticket machines, do they have large buttons and big lettering?



## Community and Health Services


Providing the right service at the right time in the right place, is essential as is set out in the Sláintecare programme under the Department of Health. The following points help to identify key considerations for service providers and practitioners to enable people have better health & social care outcomes.

Primary Care Centres should be attractive and welcoming places – this is especially important for the large number of older persons who visit and use the services. Everyone should like the building and feel confident whether it is the first time or a regular visit. The building should be easy to move around and this can be assisted by place making and wayfinding design. Good design promotes independence.

Understanding the users' needs is important to ensure that the building is free from challenges or barriers; many of those attending will have cognitive, mobility, visual and other impairments. The profiles of the users should inform the design. Where appropriate, higher standards than the minimum standards set out in the Building Regulations (and elsewhere) should be applied. The building should be sensitive to the needs of older persons thus ensuring that visits are a pleasant and stress-free experience

Derek Dockrell  
**Architectural Advisor, Health Service**  
**Executive Estates Office**

### Points to consider

- ▶ Is there an adequate range of health and community support services offered for promoting, maintaining and restoring health?
  - ▶ home care services, including health and personal care and housekeeping, available?
  - ▶ Is there clear and accessible information provided about health and social services for older people?
  - ▶ Is service delivery coordinated and administratively simple?
  - ▶ Are all staff respectful, helpful and trained to serve older people?
- 



## Outdoor Spaces and Buildings

The checklist on page 49 outlines the main considerations for Age Friendly Outdoor Spaces and Buildings in the context of primary care provision.



### Points to consider

- ▶ Is there signage on the building to identify the Primary Care Centre?
- ▶ Is the entrance easy to find?
- ▶ Is it possible to drop-off and pick-up visitors adjacent to the entrance?
- ▶ Are there accessible parking spaces adjacent to the entrance?
- ▶ Is there a seating area adjacent to the entrance where people can wait or meet?
- ▶ Is there external and internal wayfinding including signage?
- ▶ Upon entering the building, is there simple and clear wayfinding including signage to assist visitors to locate where the different services are and how to get there?
- ▶ Is there a friendly person to person service to assist visitors?



Ionad Cúraim Phríomhúil Dhún Garbhán  
Dungarvan Primary Care Centre



# Case Studies Good Practice in Age Friendly Primary Care Centres

## Location of Primary Care Centres

Primary Care Centres with their Primary Care Teams serve the community in which they are located, often becoming a focal point. The buildings are used regularly by older people.

The network of centres has been and will continue to be delivered under various programmes including Sláintecare. The locations vary considerably from village and town centres to denser and more populated urban centres. Their settings vary from being rural greenfield sites, to suburban and urban brownfield sites. For this reason, the site selection for each location has to consider a broad range of considerations.

The services provided within a Primary Care Centre depend on the catchment area that the building serves and the relationship with other PCCs. It is important that there are no barriers to easy and convenient access to the building by its users. Many visitors use the building on twice weekly, weekly or fortnightly basis. The profile of those using the services includes babies, children, older people and people with

disabilities. Placing the building within walking distance of the residential areas where those using the services live is important. This helps maintain independence and mobility especially for older people. The building should be easy for all to use.

Examples of PCCs close to residential developments include, urban areas (Summerhill, Dublin) and suburban areas (Corduff, County Dublin). Even if placed close to residential areas, many of the visitors to a PCC will have to come by car due to mobility issues.

For older people in particular, the trip to the building has to be considered as a door to door experience, that is, the total journey from leaving their home until they return. The trip may provide an opportunity for social interaction either along the journey or when on the site or in the building. Providing places to rest or wait immediately adjacent to the entrance encourages people to rest, relax and engage with other members of the community.



## Co-location

Placing a Primary Care Centre alongside other services and buildings can provide benefits for all the users. Compatible uses include local authority services (as in Ballymun Civic Offices and Grove House Blanchardstown), on healthcare campuses (as in Navan), alongside Residential Care Centres especially those providing Day Care Services (as in Grangegorman and Inchicore), and with local services (Inchicore). There are other uses that can be considered as part or alongside a Primary Care Centre – a pharmacy is one such use. The co-location with other services and retail units can contribute positively to both as in the coffee shop and pharmacy at the Navan Road Primary Care Centre.

## Accessibility

The Primary Care Centre brief outlines that it should be possible for visitors to be dropped off and picked up from the building. This is important for people who are not able to walk to the building (either from their home, a bus stop or even from a car park close to the building). Pull-in /drop-off parking bays and a car park (or convenient car park) are an essential part of the brief due to the profile of users.

Convenient access to public transport is important as many visitors do not drive. A bus stop or rail station at the boundary to the site is preferable. All the above criteria are referred to as accessibility and this term covers both access to the site and to the building. Universal Design principles apply to all the outside areas (public realm) and inside the building, thus ensuring that all buildings should be easy to access and use for older people, people with reduced mobility and disabilities.

## Use of Cars

A high proportion of Primary Care Centre users live in rural and suburban settings where there is a reliance on cars and where public transport is poor. For these Primary Care Centres, car parking on site or adjacent to the site is important for visitors and also for staff. It should be noted that the building supports healthcare professionals who provide services in the community and this sometimes includes equipment which has to be transferred from the building to a vehicle.

## Urban Design

Primary Care Centres are public buildings and can contribute to the area in more ways than the provision of services to residents. A Primary Care Centre is one of the public buildings along with libraries, post offices, banks, and Garda stations which provide services that people use on a regular basis. Older people in particular are regular users of many public services. Towns strive for diversity of uses and destinations and a PCC can contribute to the area in which it is located.



## Out of Town Locations (Peripheral)

Over the last fifty years, there has been a trend towards dispersed development to the edges and periphery of urban centres and towns. Increased car ownership in centres allowed development to take place on the edge of towns, along ring roads and in neighbourhood centres. At the same time, traffic congestion and car parking problems in urban areas and town centres has encouraged the move to peripheral locations. All of these have factors

have increased the reliance on cars as the main mode of transport whether going to a central or other location.

Often these peripheral locations on the edges of urban centres or towns, allow a primary care centre to be located closer to the residential areas of the community that it serves.



## Regeneration of Town Centres

There is now a trend towards supporting and reinforcing existing town centres and improving the urban environment. This can be through planned regeneration schemes based on an agreed vision or by incremental regeneration based on local area plans. Public buildings including primary care centres can contribute to regeneration (as in Grangegorman, Inchicore, Ballymun).



The trend is towards allowing town centres to become more people focussed with places designed for people. Traffic measures reduce the number of cars going into town centres with pedestrians being prioritised and streets pedestrianized. This poses considerable challenges for Primary Care Centres as a building type; they have an important part in supporting and contributing to town centres yet require easy and convenient access by car especially for older people which some urban policies are working against.

The number of people still living in a town centre is also a factor when considering the location of a Primary Care Centre. Some town centres have managed to retain a core of residents while others, have struggled to retain sufficient residents to support retail and other uses.

## **Site Availability**

Another key factor is the limited number of suitable sites in central locations. Many traditional town centres consist of relatively small buildings; houses and shops were traditionally built on small plots – this is often referred to as fine grain in urban terms. A Primary Care Centre (depending on the catchment area) can be a large building of up to 6,000 square metres which does not fit comfortably in town centres consisting of old buildings with a fine grain. The size and bulk of the building would often suggest locations away from the town centre with its older buildings. Also sites that can accommodate larger buildings are often only available away from the centre of a town or the main street. With many towns developed in the 18th and 19th centuries with small plot sizes, the larger sites that are available are those that were used for industrial and institutional uses previously – these sites are referred to brownfield sites. Often these sites allow better access than the sites closer to the centres of towns. (Balbriggan and Bray are examples where the Primary Care Centre is close to the centre but not in a central location).

## Summary

With such a broad range of criteria inputting to the selection of a primary care centre site, it is important that each location is assessed individually and the criteria considered and balanced with the other criteria. The importance of particular criteria may vary depending on where the Primary Care Centre is located.

In addition to the impact of location on the building and the services, there are other factors including the procurement method (traditional, Design and Build, Public Private Partnerships) and the HSE's interest in the building (HSE owned, or operational lease) which influence and impact on the site selection. It should be noted that some Primary Care Centres may be in non-purpose built accommodation or speculative commercial buildings and not designed as Primary Care Centres: this often provides considerable challenges.

The comparison of locations of the two Primary Care Centres in Cavan is informative; one is the end of main street but provides challenges regarding accessibility while the other has easy access and ample parking available but is in a peripheral /out of town location. In Cavan, the peripheral location has worked better than the town centre location.



## Wayfinding in Age Friendly Primary Care Centres

### Bray Primary Care Centre

Primary Health Properties (PHP) worked with top architects Henry J Lyons to design Bray Primary Care Centre, a 52,000 square foot facility that

“transforms the delivery of healthcare in North Wicklow”. The centre unites GPs, pharmacists, dentists, therapists and a host of medical services under one roof.

Designed in accordance with universal design and Part M Building Regulations, the new building is easy to navigate for visitors of all ages and abilities. The contemporary wayfinding system colour-codes each floor and presents services in a clear hierarchy with high contrast typography and pictograms.





## Good Practice Wayfinding

Henry J Lyons Architects specified the AD Pro sign system at Bray Primary Care Centre for a clean and consistent display of information across all formats, from totems and directories to ceiling signs and wall plaques. The modular system adapted easily to personalise the wayfinding experience and make the centre accessible to all.

### 1 Colour coding

At Bray, you navigate by colour. Each level is defined by a bold, age-friendly colour that carries through all the signage on that floor. The colour-matched frame and face of every sign keeps the visitor oriented at all times.

### 2 Contrast & Light Reflectance

Ageing makes it harder to tell colours, foregrounds and backgrounds apart. The AD Pro system addresses this. Brightly coloured frames and high contrast prints clearly distinguish signs from walls and the matte sign faces absorb glare.

### 3 Tactile finish

The AD Pro system is purpose-designed for clinical environments where infection control is a priority. The signs are dust tight, with flat aluminium faces that clean easily. 3D braille and tactile characters are permanently embossed in UV cured ink and wall signs are fixed with anti-bacterial 3M tape for the safety of touch readers.





## Grangegorman Primary Care Centre

Grangegorman Primary Care Centre serves the north inner city and is part of the primary care network that includes Summerhill and Navan Road PCCs. The PCC accommodates primary care teams serving the local community, specialist ophthalmology and audiology services for north Dublin, a CAMHS (Child & Adolescent Mental Health Services) and a GP practice. The Phoenix Care Centre (a 54 bed mental health facility), the Mews services, the Thompson Centre and Eve Holdings Goirtin Centre are also located on the Grangegorman site. A residential care centre and day services for older persons, residential accommodation for mental health and further community services supporting the acute hospitals in the area are also proposed on the site.

The redevelopment of the former St Brendan's Hospital for the HSE, TU Dublin (formerly D.I.T) and Dublin 7 Educate Together Primary School provides an intergenerational health and educational campus serving the community. The vision of the masterplan included public spaces, playgrounds, sports pitches and exercise paths; even though located in an urban setting, amenities are provided for visitors and staff using the primary care centre.

The location on the edge of the inner city is within 2km of the Spire, connected to Constitution Hill/Broadstone to the east and Stoneybatter to the west. It is served by the Luas stops at Grangegorman and Broadstone. The opening up of the Grangegorman site and

the permeability provided by the pedestrian connections allows the PCC to be easily accessible to the community. The bus corridors on Constitution Hill, North Circular Road and Stoneybatter allow easy access by bus. There is limited parking on the site and there is metered on-street parking on Upper Grangegorman Road with drop-off and pick-up for those with mobility issues.

The Grangegorman site has a rich and complex history over 250 years with the House of Industry from the 1770s, the 'asylum' of 1810, the penitentiary of 1820 and the institution subsequently became Grangegorman Mental Hospital and then St Brendan's Hospital. The site has a series of historic structures and the

Laundry Building (from the 1890s) has been refurbished to accommodate the Primary Care Centre. Connected to the Laundry Building, is a new three storey building which provides most of the cellular consulting and treatment rooms.

The general arrangement provides Public Health Nurse rooms, Occupational Therapy, Physiotherapy, open plan offices and the main reception in the Laundry building. Within the new building Audiology and the GP suite are on the ground floor, Ophthalmology and consulting rooms on the first floor, with Child and Adolescent Mental Health Service on the second floor.



The key points are:

- ▶ Easy access for pedestrians, those travelling by public transport (bus and Luas) and those arriving by car.
- ▶ Use of an existing brownfield site and the adaptive re-use of a Protected Structure.
- ▶ Wide range of services provided on the site – the Primary Care Centre will be part of a sub-acute healthcare hub.
- ▶ Attractive accommodation with a good feeling of space and bright spaces enhanced by the features of the original building.
- ▶ Co-location with a broad range of facilities and users including mental health, older persons including those with dementia and children (audiology, ophthalmology, EIT and CAMHS).
- ▶ Key location serving a culturally diverse population in the north inner city.
- ▶ Amenities available on the site including playgrounds and exercise paths.





## Further Examples of Good Practice

### **Ballymun Primary Care Centre**

Developed as part of a regeneration scheme on a brownfield site, the Primary Care Centre in Ballymun is part of a civic centre, co-located with local authority offices with one stop shop services. It is situated adjacent to proposed shopping and public space, and beside an arts centre. This embedding of the Primary Care Centre in the middle of the community makes it very visible and accessible to the entire community.





Navan Road Primary Care Centre

## Navan Road Primary Care Centre

The Primary Care Centre on the Navan Road is well located in the middle of the housing area it serves. It is part of the campus with the School for the Deaf.

The building forms a civic space which also includes a pharmacy and a coffee shop.

The Navan Road is a main bus corridor served by a range of bus routes.



Castlebar Primary Care Centre, County Mayo

© John Halligan Architects

## Castlebar Primary Care Centre, County Mayo

A set down area in front of Castlebar Primary Care centre supports access into the building for people with mobility issues.

Co-location with a pharmacy is a positive feature.



Ballyfermot Primary Care Centre  
© Peter Maloney Photography

## Ballyfermot Primary Care Centre

It is located close to Cherry Orchard healthcare campus and also Dublin City Council's offices. Buses pass outside the building. Seating in Ballyfermot Primary Care Centre has back rests and arm rests, making it very Age Friendly.

The lobby area is spacious with plenty of day light.





**Fig :** Ringsend and Irishtown Primary Care Centre © Photo credit: Peter Maloney

## **Ringsend and Irishtown Primary Care Centre**

Located in the centre of Ringsend, the building is beside a convenience store and the public library. Buses pass outside the building.

The low counter on the reception desk makes it accessible to a person using a wheelchair.

# Recommendations

Based on the experience of working with the Athy Primary Care Centre, Age Friendly Ireland proposes the following recommendations for new Primary Care Centres in development and older facilities wishing to upgrade:

## Site selection

- ▶ Site selection is critical and should involve key partners of service users of Primary Care Centres
- ▶ Age Friendly Ireland's site selection criteria should be utilised for decision making on sites
- ▶ Use of brownfield sites in town centres is preferable to greenfield sites outside of towns where suitable sites are available and accessibility criteria can be met
- ▶ Proximity to shops and services is recommended
- ▶ Location of the PCC site is important in the context of placemaking and developing Age Friendly Communities

## Transport

Transportation to the Primary Care Centre is critical and should involve the co-ordination of route planning, bus stop identification, parking and the identification of walkable routes.

Co-ordination of appointments should be carried out in partnership with Local Link and other transport services

The learnings from the Covid-19 global pandemic reinforce the need to deliver services at a community level. Older people's health and wellbeing is supported by care that is provided close to home, reducing travel and waiting times, providing early assessment and more direct access to health care providers.

## One Stop Shop

Primary care centres where possible should become the one stop shop for primary and community services including:

- ▶ General Practitioner
- ▶ Ophthalmology
- ▶ Public Health Nursing
- ▶ Pharmacy
- ▶ Physiotherapy
- ▶ Occupational Therapy
- ▶ Audiology

## Physical design

- ▶ Accessibility of exterior and interior of building
- ▶ Accessible signage to support wayfinding
- ▶ Seating and furniture should be Age Friendly in design
- ▶ Seating should be provided in sheltered areas that offers choice between shade and sun, and protection from the wind. Seating should be provided at regular intervals along access routes and, wherever possible, in conjunction with changes in level such as external steps and ramps.

- ▶ A level paving area beside the seat will enable a wheelchair user to sit alongside other people. It will also allow a parent with a stroller to safely park the stroller beside the seat.
- ▶ Seats should not retain heat or cold, and should contrast with the background environment in order to be clearly visible.
- ▶ Consider the use of colour coding for large or complex buildings as an aid to wayfinding.
- ▶ For signage, use only key words and phrases, simple shapes and lines, and a few well-chosen words. (See Customer Communication Toolkit from the Centre for Excellence in Universal Design)
- ▶ For map displays, height is important. Include time, distance and gradient if needed to certain places.
- ▶ Ensure slip resistance is maintained when the floor is wet and dry and when spillages occur.
- ▶ Avoid the use of loose-laid mats. Incorporate recessed mats which blend into floor finish.
- ▶ Optimise visual contrast between floor and wall finishes and other features, such as obstructions.
- ▶ Avoid shiny and reflective floor finishes.
- ▶ Avoid large and bold patterns on the flooring.

- ▶ Ensure visual contrast between smaller surfaces and objects is greater than for larger surfaces.
- ▶ For stairs, contrasting nosings are required on all steps.

## Service Provision

- ▶ Accessible information and communication about the service.
- ▶ Appointments should be scheduled at convenient times for older adults, for instance aligned to public transport schedules.
- ▶ Staff training on Age Friendly topics including communication, population ageing, dementia etc
- ▶ Single sex toilets should offer choice, flexibility and be safe to use.
- ▶ Accessible toilet cubicles should be provided to facilitate people with varying needs.
- ▶ All toilet seats should contrast with toilet bowl.







# Primary Care Centres Age Friendly Design Checklist

The following checklist should be used for key considerations for the development of Age Friendly Primary Care Centres.

**Name of Primary Care Centre**

**Address**

**Name of person carrying out audit & title**

**Who was consulted**

**Key findings/  
Follow ups**

# Building for Everyone

A Universal Design Approach' provides detailed technical guidance on the design of building features referred to in this checklist.

## 1 Location and Approach

<b>a</b>	Is there a set down /drop off point at the main entrance?	
	Is it located on a public transport route and adjacent to a bus stop?	
<b>b</b>	Is the Age Friendly parking located near the entrance to the building? Is the age friendly parking space well sign posted and marked as appropriate?	
<b>c</b>	Are there green spaces with outdoor seating and are they well-maintained safe and Age Friendly. Is the green space suitable for resting and/or lingering?	
<b>d</b>	Are Age Friendly seats provided?	
	Are seats positioned or linked in a row and all the same style? A mixture of seat styles in a single row can cause confusion for some people with visual difficulties.	
<b>d</b>	Is the seat in a sheltered but shaded area?	
	Has a 900mm square of firm paving been provided beside a seat?	
	Does the seat have a suitable material finish such as timber, plastic etc?	
	Does the seat have a back and arms to help older people get in and get out of the seat?	
	Is the seating area, passively supervised?	
	Is the seat located in an area that is needed and will be used?	
<b>e</b>	Are pavements non-slip? Can they accommodate a wheelchair? Are there dropped kerbs to road level?	

## 2 Doors and Access Systems

<b>a</b>	Are there door entry systems in place such as intercoms, where necessary that have features for people who have visual or hearing impairments?	
<b>b</b>	Do entrance doors open automatically?	
<b>c</b>	Are door handles visible and easy to use?	
<b>d</b>	Are there markings on glass doors so they can be seen?	

## 3 Signage

<b>a</b>	Are there signs outside the building to help people easily identify where services are located?	
<b>b</b>	Is there clear signage posted at reception to direct people to services?	
<b>c</b>	Is there a clear way-finding system around the building?	
<b>d</b>	Is signage simple and easy to understand?	
<b>e</b>	Do the signs have clear and large lettering?	
<b>f</b>	Are characters and backgrounds of signs an eggshell, matte or other non-glare finish?	
<b>g</b>	Do characters and symbols contrast with their background – light background with dark letters or dark background with light letters?	
<b>h</b>	Is colour used as often as possible to increase the effectiveness of a picture and emphasize key points?	
<b>i</b>	Are common pictures or symbols, familiar to the community, used whenever possible – in order to increase cognition for those with cognitive impairment?	
<b>j</b>	Has Braille signage been provided?	

<b>k</b>	Is there a consistent room numbering system – with added floor number in multi-floor buildings – that is easy for the user to understand?	
<b>l</b>	Are the lifts clearly marked with adequate signposting?	
<b>m</b>	Is there clear signage to identify wheelchair accessible toilets?	
<b>n</b>	Are directional signs displayed at places where there is a change of direction?	
<b>o</b>	Is there a place map at suitable locations- with 'you are here' pointers?	

## 4 Toilet Design / Provision

<b>a</b>	Is there an accessible toilet near the examination rooms?	
<b>b</b>	Is it easily identifiable including pictures – contrasting colour to wall and consistent throughout building?.	
<b>c</b>	Are automatic and lever taps provided?	
<b>d</b>	Are there appropriately placed grab rails and accessible handles for exit and entry?	
<b>e</b>	Do grab rails contrast with wall finishes?	

## 5 Floor Finishes

<b>a</b>	Are floor surfaces non slip?	
<b>b</b>	Are there contrasts in colour and texture for floor coverings to define different areas of the building or to mark a route?	

## 6 Wall Finishes / Colours

<b>a</b>	Where art is displayed on walls, does it depict common images that are familiar to the community– in order to increase cognition for those with cognitive impairment?	
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## 7 Steps / Stairs Design

<b>a</b>	Handrails should be provided on both sides of the stairs	
<b>b</b>	All step nosings should incorporate a permanently contrasting continuous material on the tread. The material should be between 50 mm and 65 mm wide on the tread and should contrast visually with the remainder of the tread (See Part M of Building Regulations)	
<b>c</b>	Steps should be surfaced with a slip resistant material	

## 8 Furniture and Fittings

<b>1</b>	Is the furniture and equipment suitable for older people?	
<b>2</b>	Is there a chair at the reception desk for people making enquiries?	
<b>3</b>	Are leaflet display stands accessible to people who are standing and those who are using wheelchairs?	
<b>4</b>	Are there handrails and seating in all waiting and circulation areas?	
<b>5</b>	Are there Age Friendly chairs in the building?	
<b>a</b>	A range of seat heights and widths in public waiting areas.	
<b>b</b>	Backrests are essential.	
<b>c</b>	Armrests both sides with contrasting colour to seat.	



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# Appendices

## Understanding how Primary Care Centres can be dementia inclusive

Understand Together, the national dementia awareness campaign (National Dementia Strategy Implementation Plan 2014) led by the Health Service Executive, aims to enhance understanding of dementia and to inspire people to take actions to support and include people with dementia and their families in their communities. To ensure that all primary care centres in Ireland are accessible for people with dementia and other people with cognitive, sensory or physical impairments, the campaign commissioned a walkability audit of the Clonbrusk Primary Care Centre in Athlone<sup>21</sup>.

The audit looked at the journey a service user would take and the different elements they would encounter approaching and entering the building, and on their journey through the building to the desired service area. The approach, set down, entrance, reception, horizontal and vertical circulation, toilets,

signage, and furniture and fittings were all considered as they affect the accessibility of an environment and the ease with which a person can use it.

The walkability audit identified some opportunities that could improve access and better support older people and those living with cognitive and/or sensory deficits, especially dementia, to avail of the services provided.

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1 The audit was carried out by Fiona Walsh, of DDS Architects Ltd, specialists in Universal Design, who provide design and consultancy services to create 'enabling inclusive environments' for people living with dementia, people with cognitive, sensory and/or physical impairments and the elderly.

As primary care centres are designed and commissioned to provide essential services, we should be mindful that buildings can be either enabling or disabling for the older person and people with cognitive and/or sensory impairments. There is now a body of knowledge, both in building guidance and in best practice that allows us to design more inclusive buildings supporting the needs of our older population and those living with dementia. Universal Design does not add additional cost, as it is knowledge, awareness and informed choice that makes the difference.

The findings from the dementia audit highlights the impact design decisions can have on people living with dementia, and if recommendations are acted upon, they will improve accessibility of older people, people with cognitive and/or sensory impairments and those living with dementia in our community.

## Why is designing for dementia so important?

In Ireland today 55,000 people are living with dementia, with two thirds living in the community. This number is expected to increase to 141,200 people by 2050.

Dementia is a syndrome, an overarching term used to describe a wide range of symptoms associated with the deterioration/disease of the brain. Symptoms differ from person to person and change as the underlying disease progresses. People with dementia can experience physical, cognitive and sensory impairments. To design and build to support their needs we must first understand the challenges they may face in built environments. Dementia can result in different types of impairment.

## Cognitive impairments

Dementia reduces cognitive ability; memory, reasoning, judgement, planning, focus, decision making etc, can all be affected.

## Sensory impairments

Dementia can reduce the ability to see, hear, taste, smell and touch. This affects how a person experiences and interacts with their environment

## Physical impairments

People living with dementia can experience reduced mobility and difficulties with balance. Day-to-day activities such as walking, standing and sitting become increasingly difficult as the disease progresses

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