



Making Neighbourhood Health Centres a Reality

Optimising the
existing estate

December 2025



This is an original work sharing the views of NHS Property Services (NHSPS).
It is not intended to act as Government policy or official guidance.



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Foreword

The NHS estate today

The NHS estate today is often in poor condition, coping with an aged estate that is not fit for modern needs, limiting patient care, staff experience and living with £14 billion of backlog maintenance liability. Whilst there are many examples of good practice and high-quality buildings, the current approach to how the estate is managed has produced inconsistent and poor results.

Over 29 reports since 2017 (such as the Naylor report, the Fuller Stocktake, most recently the Darzi Review and many others) have proposed ideas on how to improve the current situation. Only a limited number of these changes have been implemented and the estate remains prime for change.

Many of the solutions are already in action in parts of the estate – such as NHS Property Services' (NHSPS) work to deliver customer requirements through what we call our 'Healthy Places' programme of refurbishments and new buildings; or the 1000s of rooms available via the flexible, self-service bookable NHS Open Space service; or NHSPS' management of statutory compliance. Part of our role is to introduce more parts of the NHS to the tools and expertise that can help them improve spaces for patients and staff.

As such we contributed our estates expertise to the 10 Year Health Plan process and set out five key areas that we believe will help enable the Government's three strategic healthcare shifts and materially improve how the NHS estate contributes to enabling the delivery of clinical strategies and improved patient outcomes:

1. Optimise the existing NHS estate through better use of vacant space, improved utilisation and speed of decision making to improve the pace of delivering better facilities.
2. Introduce a new approach to estates' investment decision-making through simplified capital funding processes.

3. Close the increasing gap on backlog maintenance and ensure statutory compliance to improve safety and productivity.
4. Roll-out existing property technology to help the NHS more effectively plan and operate the estate.
5. Invest in and increase collaboration between estates resources, keeping skills in-house for the NHS.

We have explored these themes in our recent research work, sharing practical advice and guides on a range of these issues including ['NHS Estate Funding: challenges, barriers and the next steps'](#) and ['NHS Estate Optimisation Guide: how to get the most out of your healthcare spaces'](#).

Neighbourhood Health Centres

With the announcement of the 10 Year Health Plan, the Government has set out its ambitions to deliver the three shifts – from hospital to community, from analogue to digital and from sickness to prevention.

The first few years of the 10 Year Plan will be needed to lay the foundations for long-term reform across a number of issues, and estates is no different. Whilst the Plan does not set out detailed next steps for the estate, it includes a vision for the future of the NHS that is digitally-enabled, based in the community and patient-powered and, therefore, we can assume a modern, fit-for-purpose estate that supports these clinical aims.

A key part of the vision in the Plan, is the shift to the community through neighbourhood services and where needed the creation of Neighbourhood Health Centres (NHCs). As part of its new Neighbourhood Rebuild Programme, the Government has now confirmed the creation of 250 new health one stop shops, 100 of which will be built by 2030.

We believe there is an immediate opportunity to deliver many of the NHCs through improvements

to the existing estate through refurbishments, improved utilisation and, ultimately, a cultural step change in how space is used in the NHS, especially where the estate is in good condition and does not require investment in building maintenance. Most estimates show that just 40 percent of space is currently being utilised so by driving up utilisation in the existing estate, adding additional space, whether that be through digital tools, cultural change or investment in refurbishments, NHCs can be delivered at a much lower cost and quicker pace, however this can depend what services local systems require. Many communities already have a building nearby (possibly owned by NHSPS, another part of the NHS or wider public sector) that with some changes could offer the vision set out for NHCs.

About this report

In this short report, our teams have focused on the practical steps recommended to support delivery of neighbourhood health services in improved facilities based on our experience and expertise of delivering many similar projects at pace while ensuring taxpayers value for money.

These are the views and guidance of NHSPS and it is not intended to reflect Government policy, but rather to help other parts of the NHS as specific policies and programmes emerge.

This report is designed to help contribute further ideas to the ongoing discussions within DHSC, NHS England and the wider NHS that are looking at the development of NHCs.

Nick Moberly
Chair

NHS Property Services
November 2025





Introduction

In July 2025, the Government launched the 10 Year Health Plan which outlined goals to enable the now familiar three shifts across the NHS: 'from hospital to community', 'analogue to digital' and 'sickness to prevention'.

Central to delivering the shift 'from hospital to community' is a commitment to *"establish a Neighbourhood Health Centre in every community, beginning with places where healthy life expectancy is lowest...a neighbourhood health centre will be open at least 12 hours a day and 6 days a week."* Following the announcement of the NHS Neighbourhood Rebuild Programme in November 2025, the target is to create 250 NHCs, 100 of which will be by 2030. These will be delivered through a combination of refurbishments and longer-term, through Public Private Partnerships (PPP).

To deliver this the 10 Year Health Plan sets out plans to introduce a new Public Private Partnership (PPP) programme to support the roll out of NHCs as well as introducing five-year capital budgets and devolving more local control to Trusts. To reform the estate, a blend of both new and existing buildings will need to support the NHS' neighbourhood health service vision. As these activities develop and take time to implement, there is an immediate opportunity to use the existing estate to transform neighbourhood care as a 'phase one' approach to NHCs.

In this paper we have focused on the practical steps NHS Property Services (NHSPS) recommends to support delivery of neighbourhood health in local communities by providing improved facilities. Delivery of NHCs at pace and cost effectively in existing buildings will provide a platform for local integration and access; this is based on our experience of delivering similar centres across the country, including in the GP occupied estate. Many of the themes touched upon are reflective of wider recommendations to improve the estate such as the use of digital tools, funding and space optimisation.

We will consider:

- The opportunities and benefits of using the existing NHS estate to deliver NHCs immediately over the next one to two years, as longer-term plans take shape.
- Opportunities to improve utilisation through data insights and management, and more generally through extended operational hours, so NHCs are long-lasting and efficient community assets.
- How to drive improvements to the efficiency of new NHS infrastructure, such as the latest thinking on space provision and how to standardise and streamline to reduce costs.
- The delivery enablers required to progress at scale and pace and with the proven agility that can be delivered by NHSPS working in partnership with local NHS partners.



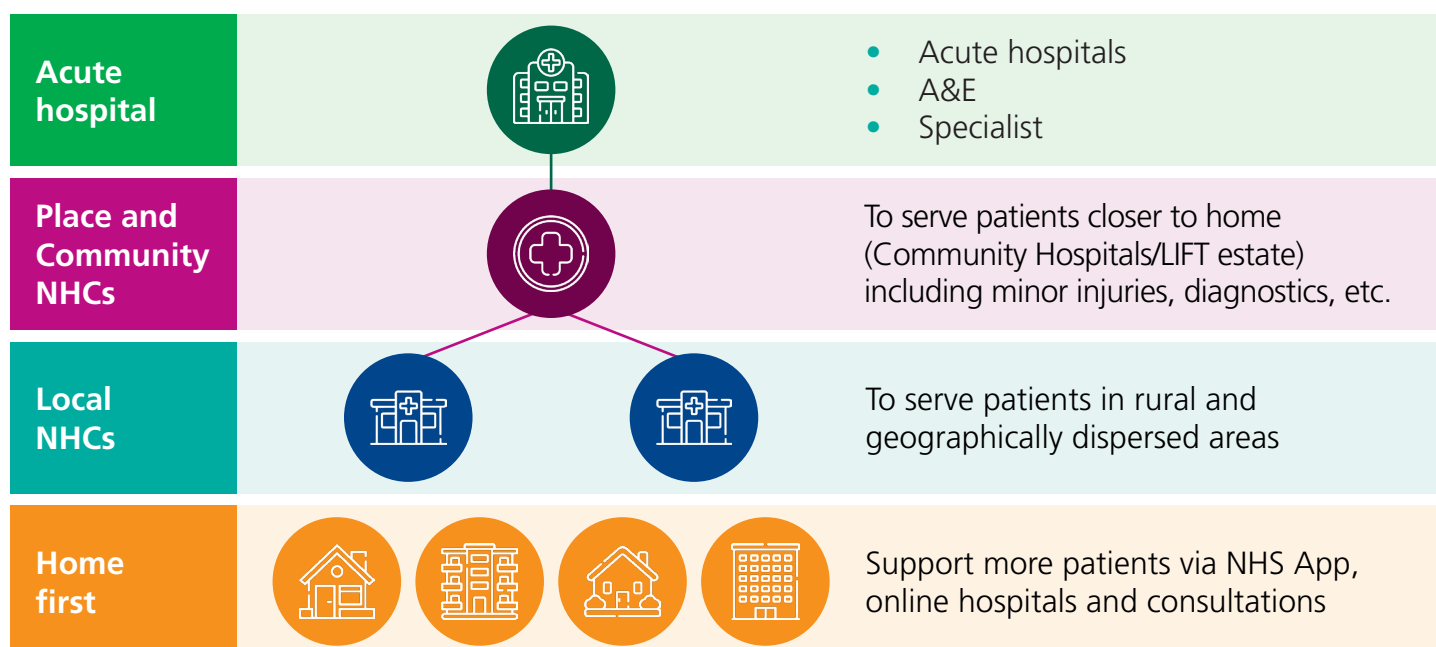
NHSPS colleagues at the launch of the 10 Year Health Plan at NHSPS run Sir Ludwig Guttman Building in East London. From left to right: Stephen Rumbles, Marc Brandon and Ervin Tchakar with the Prime Minister Sir Keir Starmer MP.

NHC hub and spoke model

When planning for what NHCs will look like, we have assumed that an NHC will be part of a 'Hub and Spoke' model that focuses on services delivered closer to home and through NHCs, supported by Acute Hospitals, Online Hospitals, the NHS App and other initiatives.

We anticipate different size models for NHCs and recognise that there is no 'one size fits all' approach depending on the requirements of ICBs and local needs, and that local patient needs should be reflected. The ideas set out in this paper apply to other models that may be adopted and there will be other successful models, such as Health on the High Street.

Hub and spoke tiering



Local NHC

- GP and Community Services
- Multi-functional shared space
- Standardised footprint that can flex to meet the needs of the local population
- Collaboration and community space
- Technology enabled (including PropTech)
- New ways of working/thinking could increase spacial efficiency
- Staff welfare space

Cost efficiency

- Standardisation
- Simple design
- Efficient floor plate
 - Mix of room sizes
 - Minimise circulation space (racetrack)
 - Minimise back office
- Streamlined approvals
- Supply chain innovation, including Modern Methods of Construction (MMC) off-site (modular) pipeline



Key recommendations

1 Use the existing estate (NHS and wider public sector) as an immediate opportunity to revitalise neighbourhood services

In many instances refurbishments and extensions are cheaper and quicker, dependent on the services required by local needs (within a 12-month delivery cycle) and can improve utilisation. The existing estate offers many opportunities to develop NHCs now. This includes wider parts of the public estate as well as within the NHS and positioning health on the high street.

2 Increase building utilisation

We know parts of the NHS estate's capacity are only utilised at 40 percent. The NHS should use proven and cost-effective technology (such as sensors and NHS Open Space) across the neighbourhood estate to monitor utilisation and drive operational efficiency. This will help reduce vacant space and allow more patient care in the same space. Additionally, longer opening hours and changes in culture can improve productivity. This will allow the NHS to get best value out of existing buildings before costly investment in new buildings. All properties should be categorised as 'tail', 'flex' and 'core' to understand their suitability and if they meet the needs of neighbourhood services in the area.

3 Add new builds where needed using MMC

New buildings should be limited to where new infrastructure is genuinely required and mandate Modular Build and MMC, with modern and emerging property technology considered from design. Many existing buildings are not fully utilised and should be reviewed before adding more space to the system.

4 Standardise and streamline delivery approach

For both new builds and refurbishments, there are benefits to creating basic principles that standardise and streamline the delivery approach of NHCs so that new value-based outcomes can be achieved. Creating multi-function rooms, reviewing space requirements, standardising and simplifying business case and procurement processes can accelerate decision making to deliver up to a 40 percent cost reduction while also increasing the number of patients seen.

5 Working in partnership with estates experts

To create NHCs that meet location population needs, it will be critical to link estates' experts with ICBs. Smoother collaboration at a local level will ensure effective, local decision making that ensures quicker, cheaper delivery of NHC projects, working with local neighbourhood providers.

NHSPS has more than 160 properties with the characteristics of a NHC within the 43 neighbourhood health areas chosen to take part in the first wave of the national neighbourhood health implementation programme.



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Creating Neighbourhood Health Centres



In this first section, we review three key areas that will help create NHCs at pace and deliver value for money. We believe each of these principles should be baked into the principles of what constitutes a NHC. Our key recommendations are to:

- Use the existing estate
- Introduce a new approach to space to improve productivity
- Standardise and streamline delivery approach



Use the existing estate

When considering how to deliver new facilities in the NHS, it is tempting to assume that only new buildings will be able to meet the requirements of modern neighbourhood health services. Many of the buildings the NHS delivers services from are older than the NHS itself. However, there are many examples of existing high-quality space that could be used more intensively and that could transform neighbourhood health services with relatively modest amounts of investment based on local needs.

NHSPS' experience shows that incremental clinical capacity (e.g. consulting rooms) can be delivered within the existing estate in 10 percent of the time and is cheaper than new builds.

This is achieved by optimising the existing NHS estate through better use of vacant space, improved utilisation, extended operational hours and supporting the use of existing NHS and public sector estate. We explore this topic further in our recent guide ['Maximise your spaces: NHS Estate Optimisation'](#).

Maximise your spaces: NHS Estate Optimisation

One of the biggest challenges that NHS leaders face is providing the right mix of places and spaces. Our recent space optimisation survey revealed that almost nine out of ten NHS leaders have a low to medium awareness of current space utilisation across their estate. Our new [NHS Estate Optimisation Guide](#) provides a simple framework to help you best approach the process of assessing and adapting your spaces.

NHSPS has identified a significant number of estate options that can be mobilised quickly and at low incremental cost to provide flexible space that is easy to book and use, in accessible places in the community, where people need it. Much of this space is currently not fully utilised but as the NHS looks to deliver the three shifts, this estate could be quickly repurposed for neighbourhood health services.

Refurbish/repurpose existing estate vs new build provision

The below shows actual costs based on real examples from NHSPS' experience of developing both refurbishments and new builds over many years. Actual costs will reflect the specific services of each individual NHC.

Typical capital cost
of a compliant
consulting room

Typical delivery
timescale
(inception to
completion)

Refurbish/repurpose existing estate



Reception as
part of full
refurbishment
of Stokesley HC



Typical
consulting
room following
refurbishment at
Saffron Walden
Hospital

**c. £100k
per
consulting
room**

(ranges depending
on level of
refurbishment
required e.g. basic
or full)

**Approx.
12
months**

New build provision



New primary
care facility at
Kings Lynn



New Health
Centre at
Chiswick

**c. £500k
per
consulting
room**

**5-10
years**

(without
standardisation
and simplified
approvals)

Cost benchmarks from recently completed/in progress NHSPS projects

Refurbishments

Refurbishment projects – completed within 12 months from funding commitment

Property/project	GIA of refurbished area (m ²)	Number of clinical rooms (consulting/treatment)	Cost per clinical room (£k)
Carter Bequest Primary Care Hospital	718	15	100
Leyland/South Ribble Health Centre	219	7	64
Shirley Road Health Centre	1,151	12	60
Withington Health Centre	105	4	93
Leighton Buzzard Health Centre	200	7	92
Queens Park Health Centre	183	8	61
Saffron Walden	705	12	146
Stokesley Health Centre	820	18	110
Typical cost			90

New builds

Property/project	GIA (m ²)	Number of clinical rooms (consulting/treatment)	Cost per clinical room (£k)
Devizes Integrated Care Centre	1,500	20	550
Trowbridge Health Centre	1,350	33	450
Chiswick Health Centre	1,731	34	560
Northwood & Pinner (back to shell and core)	1,509	30	553
Kings Lynn Health Hub	1,528	22	481
Rackheath (on site)	1,597	21	528
Weybridge Community Hospital (at BC stage)	2,142	36	590
Typical cost			530



Introduce a new approach to space to improve productivity

As neighbourhood health develops to meet the needs of local communities it will be varied, with no single template. ICBs working across their area will work to determine where services should be located. There are likely to be common themes and one of these is of increasing integration of services and providers, with a focus on person-centred healthcare. Increasingly, multiple organisations will be delivering services from one location, (supported by digital services) as close to the patient as possible. Visiting many NHS buildings today, this is not currently the case and is a contributing factor to the 40 percent utilisation rate we currently see.

For both refurbishments and new buildings, we recommend a new approach to providing space that takes in best practice from multiple sectors to drive productivity and improve patient and staff experience. Central to this is using multi-functional, flexible space that can be shared by many services and adapted as technology and society changes.

This can be achieved by designing flexible and adaptable infrastructure, such as shared facilities that are easily reconfigured, modular design and multi-purpose rooms.

Beyond the bricks and mortar, this will also require breaking down cultural barriers about how we perceive space, so it can be used more effectively, for example, no locked doors to unused space.

Technology and digital tools are rapidly developing and will change how the NHS uses buildings. NHCs – new or refurbished – should all be ‘smarter buildings’ that drive productivity. This includes using Internet of Things (IoT) devices and sensors to manage infrastructure – NHSPS is in the process of rolling out this technology across our estate.



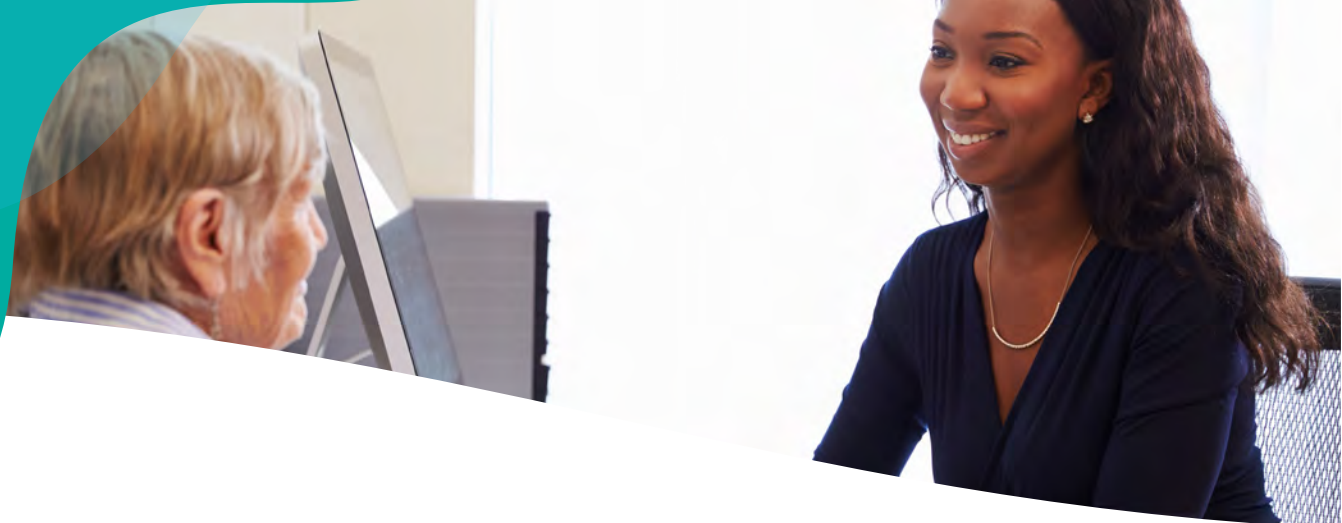
Standardise and streamline delivery approach

Capital planning is severely hampered by short-term settlements that do not allow the NHS to make long-term, more cost-effective investment decisions. Over time, this results in poor quality buildings affecting patient care, delays to improvements as well as, ultimately, increased costs. We welcome the commitments in the 10 Year Health Plan to introduce five-year capital budgets in line with wider government capital allocations.

There remain some areas for improvement that can help to streamline the delivery of NHCs.

Timeframes to create new clinical facilities are currently too long. In NHSPS' experience, slow decision-making leads to a new community-based health centre of 2,000m² costing £14-16m, typically taking between five to ten years to deliver. However, the physical construction of the facility takes on average just 13 months depending on services required.. During this period, leadership teams can often change, clinical and estate strategies change, external consultants generate fees, and overall costs rise meaning the original plan may be unaffordable and patients are deprived of the facilities to improve local services for longer than necessary.. A recent example is a live primary care facility in Surrey, projected to cost c.£21m excluding VAT. In Norfolk (c.£11.4m excluding VAT), NHSPS demonstrated how this can be delivered at a quicker pace and more efficient process.

The cost of NHS estate infrastructure is determined by NHS England's specification and the NHS customers' Schedule of Accommodation (i.e. space requirements). The space requirements, together with programme complexity to navigate NHS and Local Authority stakeholders, and procurement/ approval processes, add significant timescale and cost to new builds. It is further exacerbated by the increasing complexity of healthcare buildings in response to requirements around infection control and increased environmental sustainability. This requires a new approach to clinical provision, standardisation and streamlined approvals to improve value for money.



	Impact on cost	Workstream	Approach
Most significant impact on the capital deployed in the amount of built space	HIGH	Space provision	<ul style="list-style-type: none"> Extend hours to reduce number of consulting rooms for the same demand Applying different thinking to room sizes and configuration, rethink back-office provision and minimise waiting and ancillary space Up to 60% capital saving on the reduced area
	HIGH	Procurement	<ul style="list-style-type: none"> Apply a standardised model and accelerate and drive efficiency in supply chain; Tier 2 contractors or scale via MMC.
Driving procurement and programme efficiency are opportunities to reduce costs	MEDIUM	Programme	<ul style="list-style-type: none"> Apply a standardised model and streamline approval process to accelerate – reduce pre-construction period by minimum of 12 months to reduce design costs from 15% to 10% and minimise inflation costs
	LOW	Specification	<ul style="list-style-type: none"> Step back from HTM requirements, where practical, take pragmatic approach to BREEAM etc.



Healthy Places programme

Through NHSPS' Healthy Places programme and beyond, we have a proven track record of delivering hundreds of complex health projects. Our end-to-end expertise and understanding of healthcare requirements provide a significant opportunity for the wider NHS, including primary care estate upgrades and developing buildings that share characteristics of Neighbourhood Health Centres.



How to deliver 40 Neighbourhood Health Centres

In this section, we recommend four areas that should be considered to deliver 40 NHCs across multiple principles, working to meet the specific needs of the local population whilst also ensuring value for money and consistent best practice is applied.

- Introduce NHC principles and standards
- Deliver successful change in estate utilisation
- Utilise growing capability of property technology
- Use estates programme expertise with local partners








Introduce NHC principles and standards

At the core of the 10 Year Health Plan is a desire to shift decision making to local communities so patients and the public can decide how their neighbourhood services are provided. There are multiple ways NHCs can be delivered, with 40 different approaches to what an NHC is.

We believe that local NHS colleagues would benefit from an overarching vision and agreed policies and standards that define a NHC and give the public clear expectations of what an NHC should deliver for them. This approach will enable productive local dialogue, drive pace and ensure consistency of the model, while meeting the specific needs of the local population.

Below are the areas that NHSPS has experience of developing for a range of refurbishments and new builds covering principles, new ways of working and how to manage occupation.

 Standard principles	 New ways of working	 Managing occupation
<ul style="list-style-type: none">• Agreed target space standards• Agreed Standard Specification for Healthcare• Limited dedicated spaces• Multi-functional and shared rooms and spaces• Share/single main reception and waiting areas• Integration of services	<ul style="list-style-type: none">• Service is designed around the patient• Technology led (including PropTech)• Limit names on doors• Multi-party group spaces• Optimal use of space e.g. virtual appointments out of clinical rooms and into smaller interview or Touchdown spaces• Spaces that encourage colleague interaction and integration	<ul style="list-style-type: none">• Overarching occupancy agreement with lead neighbourhood partner• Flexible allocation of space• Room booking platform e.g. NHS Open Space• Utilisation sensors to monitor how space is used

Delivering successful change in estate utilisation

Elsewhere in this paper we have referenced the need for culture change to support the NHC of the future. This clearly applies to when a building is repurposed and refurbished but should also be assumed as a necessary consideration for new buildings as well, to move on from previous perceptions around space and how they are used.

A successful change programme in healthcare estate hinges on a clear vision, a robust and structured approach, strong senior sponsorship, and meaningful local engagement. Transforming the use of property assets, particularly to

improve utilisation, introduces a complex set of organisational, behavioural and workplace challenges. These are often amplified in clinical environments, where operational pressures and specialist needs must be carefully balanced.

Best practice methodologies provide a proven framework for navigating these challenges, ensuring change is both effective and sustainable. Drawing on our extensive experience from delivery of hundreds of property projects, organisations can harness local opportunities to enhance capacity and create spaces that support fully integrated, inclusive neighbourhood health teams.

To realise these ambitions, it is vital to:



- **Communicate a compelling case for change**
- **Develop clear, consistent communication strategies:**
Articulate the vision, opportunities, and benefits of new ways of working.
- **Engage deeply with operational teams:**
Listen to the unique priorities of each stakeholder, demonstrating the value of change from multiple perspectives.
- **Leverage technology:**
Adopt modern tools that enable great understanding of our properties (utilisation, room health, energy usage), drive deep and predictive insights enabling better management and automate repetitive and time-consuming tasks.
- **Design for adaptability:**
Create shared and multi-functional environments that can flex to meet evolving needs, fostering collaboration and innovation.
- **Address specialist requirements:**
Integrate spaces that support both concentrated work and quiet contemplation, particularly for clinical and patient-focused activities.
- **Implement unified digital solutions:**
Establish common platforms and booking systems to streamline access and maximise efficiency.
- **Empower local teams:**
Enable teams to pilot new approaches, celebrate quick wins, and amplify success through local champions.
- **Share insights transparently:**
Provide end users with regular updates on utilisation patterns, encouraging continuous learning and improvement.
- **Tell the story:**
Share with others the changes you have made and the benefits for patient access, working environment, cost effectiveness

By embedding these principles, organisations can deliver real estate change that not only meets the demands of modern healthcare but also creates environments where staff and patients alike can thrive.

Any NHC should consider:

- Locating administrative/managerial staff in centralised locations with a hub to focus on frontline delivery.
- Majority of clinical rooms are used on a 'sessional' basis to maximise utilisation i.e. only use/ booked when needed by the hour/day and not kept locked when not in use. NHSPS Open Space is already enabling this.
- Introducing a single reception, shared waiting and shared staff spaces that focus on the patient experience.
- Touchdown administration spaces for staff when not in clinical rooms, so these can be opened up to see more patients.
- Consider reduced clinical room sizes – learning from P22 that suggest 12m² clinical consulting room is functional.







Utilise growing capability of property technology

Any new NHC should incorporate currently available property technologies, such as utilisation and environmental sensors, like NHS Open Space. When combined with advanced analytics, sessional booking technologies, visualisation, and reporting capabilities, these technologies enhance the overall management of the centre. This integration provides local teams with the necessary information to increase utilisation, improve sustainability, and enhance patient comfort and contact time.

Deploying sensors across the estate monitors the use of space in real-time and drives operational efficiency, reducing vacant space. NHSPS is rolling out this technology across our estate.

Utilisation studies allow better decision making based on data and support wider change management, such as 'no closed doors' and allowing multi-functional space to be fully utilised, which will allow for more flexible space for those using the building.

Combining this technology with a booking system will maximise utilisation daily, this will be especially important to ensure extended opening hours. NHS Open Space is already delivering this 'sessional' space in over 1,400 rooms across England.



NHS Open Space

NHS Open Space provides all NHS and public sector landlords with a suite of specialist estates management, booking and analytics tools, complemented by support and guidance from healthcare sector specialists. The self-service booking platform is at the heart of the NHS Open Space estate management system and for use both internally and externally. It powers simple and effective utilisation of available spaces round the clock. Health, wellbeing and community services can book on an hourly, daily or sessional basis.

openspace.nhs.uk



Working in partnership with estates experts

Local NHS partners are expected to be the key delivery bodies for NHCs to ensure local population needs are met. However, estates expertise is unevenly distributed across the NHS and, consequently, there is, potentially, a gap in capability to deliver either the scale of refurbishments and/or new builds.

As a national organisation, with regional and ICB delivery capacity and capability, NHSPS can provide tailored support to ICBs, providers, Trusts and systems to help deliver NHCs.

Core strengths



End-to-end delivery through multi-disciplinary 'in-house' teams

Programmes are managed through all phases: from discovery and planning to implementation and evaluation.



Capability development

Our Programme Management Centre of Excellence framework supports continuous learning and standardisation



Digital enablement

Extensive technical, analytical and reporting capability

Mobilise a delivery team to provide:

- Project delivery
- Change management
- Governance framework
- Tracking and reporting
- Risk management
- Business intelligence and analytics

Provide technical expertise to support ICBs/Trusts/providers such as:

- Due diligence and project stress testing
- Capital project delivery
- Town Planning
- Disposal planning (for surplus estate)
- Procurement
- Finance and management cases input to business cases



**Key delivery
enablers**



- Use the existing estate – in the NHS and wider public sector – to provide sustainable solutions as well as new builds.
- Work with Wave 1 NNHIP providers in systems to evolve best practice examples of NHC including 'ways of working' and enabling toolkits to support change.
- Standardised approach and layouts (for new builds or modular solutions) to reduce delivery timescales. Share simple 'off the shelf' approach and layouts.
- In-house healthcare planning and delivery skills to adapt existing space for new NHCs.
- Data driven assessment of estates operating costs and appropriate funding which matches funding flows with responsibility, including future lifecycle costs.
- Simplify approvals process.
- Deploy current and emerging property technology, e.g. utilisation and environmental sensors to drive data driven insights and management.
- Develop a leasing approach that balances commitment with flexibility, supported by a room-booking platform, such as NHS Open Space.
- Create a unified front of house visual and house-style ('look and feel') aligned to the NHS brand to signpost change.



Examples of adapting the existing estate



NHSPS refurbishment case studies

We secured £5.5m in funding to invest in upgrading existing healthcare facilities to provide additional capacity for patient appointments. We reconfigured 11 properties in less than 12 months, impacting approximately 150k patients by creating capacity for an additional 210k annual appointments.

Key outcomes

 **11**
properties reconfigured across England

 **3,257m²**
of vacant space brought back into use

 **210,000+**
additional capacity for annual appointments enabled

 **152,676**
patients directly impacted

Strategic approach

- Portfolio-wide review to identify high-impact sites
- Rapid refurbishment and reconfiguration
- Close collaboration with ICBs and stakeholders
- End-to-end project delivery under tight deadlines

Impacts examples

- **Leighton Buzzard**
+48,000 appointments
- **Halstead Hospital**
+40,000 appointments
- **Carter Bequest Hospital**
+18,000 appointments

Value delivered

- Reduced system costs
- Improved access to care
- Reinforced NHS estate value



Since April 2020, NHSPS has successfully delivered 450 projects for the NHS to provide additional primary and community care and diagnostic capacity.



Opportunity to adapt existing site to an NHC

The below is just one example of a real-life, anonymised, existing NHSPS site that could be adapted to become a flourishing Neighbourhood Health Centre. It is currently underutilised but is well positioned to provide a range of services.

Overview of the building

- This is a leasehold site GIA 2,031m²
- CFT Assessment - Site ranked as 'Core' with ICB
- Community providers on site – podiatry and treatment services
- NHSPS Planning team are supporting the ICB to maximise access to Sec106 or CIL funding

Deprivation and access

- Population of approximately 180,000 people
- HLE Rank 16
- Property located in the most deprived 10 percent of LSOA
- It is well positioned to serve a catchment of 20-30k
- Within 30 minutes using public transport of a substantial part the town
- There are upper quintile levels of asthma, COPD, CHD and peripheral arterial disease
- High levels of hospital admission for alcohol; 13 percent of adults smoke; more than 66 percent of adults are overweight or obese; 20 percent of adults are physically inactive and less than 50 percent eat the recommended '5 a day'.

Potential opportunity for an NHC

- **ICB's key priorities are:**
 - **Mental Wellbeing**
Support people at risk from self-harm, reduce alcohol dependency and improve personal wellbeing
 - **Healthy Weight**
Support healthy eating choices, encourage a more active lifestyle and improve healthy life expectancy
 - **Resilient Communities**
Support people to live independently, reduce social isolation and loneliness and embed multi-sector working in the four localities
- Potential to repurpose space to create clinical rooms following the merger of three GP practices
- Undertake a sensor-led study to fully explore the use of space in the facility, with particular focus on current sessional space
- Increase utilisation of Open Space to create 15k patient appointments or, if used during extended hours, 35k appointments

About NHS Property Services

NHS Property Services provides strategic estates services to enable excellent patient care. We partner with Integrated Care Boards, Trusts and GP practices across England to better assess, adapt, and manage around 3,000 buildings – **safely and sustainably**.

As **part of the NHS**, we know how it works and help our customers navigate the system more easily. Last year, for example, we **unlocked more than £150 million** to reinvest or reimagine spaces. With **over 5,500 experts**, our local teams make the real difference by understanding individual estates and community needs.

From estate strategy to town planning and cleaning, through to selling inefficient assets and reinvesting the proceeds, our end-to-end service supports every life stage of an NHS building. Saving significant time and money so our customers can spend more time delivering the **best patient care**.

Because we're part of the NHS, every penny stays within the health system and is reinvested across the NHS. So, we can continue to focus on **delivering brilliant service** and building an NHS estate that is **fit for the future**.

property.nhs.uk



