NHS
Property Services

A guide to Healthcare Planning

Estates strategy implementation

Introduction to Healthcare Planning

Healthcare planning ensures environments are safe, efficient, and centred around patient needs. It supports NHS strategic shifts—from analogue to digital, hospital to community, and sickness to prevention—by aligning estates with evolving models of care.

Planning draws on the national guidance from NHS England (e.g. HBNs, HTMs, Building Regulations) and local policies (e.g. infection control, health and safety). It must reflect design principles like **accessibility, flexibility, sustainability, and futureproofing**.

Healthcare planning also informs investment decisions by **aligning estate development** with clinical demand, ensuring capital is deployed efficiently, helping to minimise need for the costly changes in the future.

Stakeholder engagement, a clear project brief, and a robust schedule of accommodation (SoA) are essential. Compliance must be balanced with flexibility, and lessons learned should inform future projects.

Why bring in a Healthcare Planner into your project?

Healthcare Planning helps save costs and provide value by reducing reworking, improving operational efficiency, and designing flexible spaces that adapt over time. It prevents late-stage changes, support digital integration, and ensures compliance – minimising long-term maintenance and upgrade expenses.

To explore how Healthcare Planning supports delivery, read the section 6 ways Healthcare Planning add value.

- Cost savings through early stakeholder engagement, reducing redesign and construction delays.
- Efficient use of space, lowering operational costs.
- Future adaptability: avoiding expensive renovations.
- Energy Efficient design, cutting long term building costs.
- Digital readiness, reducing retrofitting costs.
- Improved commissioning, ensuring smooth service start up and avoiding costly disruptions.

How does Healthcare Planning support the 3 strategic shifts?

From Analogue to Digital

- Integrate **digital infrastructure** (e.g. telehealth, EHRs, smart systems).
- Design for **digital-first services** and remote access.
- Enable **data-driven decision-making and patient self-management**.

Support for this specific shift can be primarily seen in Practical application of guidance and standards on page 6.

From Hospital to Community

- Prioritise **flexible, multi-use spaces** in community settings.
- Support **mobile diagnostics, outreach, and integrated care hubs**.
- Reduce reliance on acute hospital beds by **enabling local care delivery**.

You can read more about how this works in Developing patient-centred design on page 9.

From Sickness to Prevention

- Embed **wellness, education, and early intervention** into facility design.
- Include spaces for **screening, lifestyle support, and public health initiatives**.
- Promote environments that **encourage healthy behaviours** and long-term wellbeing.

We expand upon this point in Creating a robust design brief on page 8.

6 areas where Healthcare Planning adds value

1 Practical application of guidance and standards

Healthcare planning must be grounded in robust **national and local guidance** to ensure safety, compliance, and quality outcomes.

National guidance

Health Building Notes (HBNs): Provide best practice guidance on the design and planning of healthcare buildings. Each HBN focuses on a specific clinical or support function.

Health Technical Memoranda (HTMs): Offer detailed technical advice on building services, including ventilation, electrical systems, and infection control.

Building regulations: Ensure compliance with statutory requirements for construction, accessibility, fire safety, and energy efficiency.

Disability Discrimination Act (DDA): Mandates inclusive design that accommodates the needs of all users, including those with disabilities.

NHS Trust policies

Infection control: Local policies must be integrated into design decisions to minimise risk and support clinical workflows.

Health and Safety: Planning must reflect safe working environments for staff and safe access for patients and visitors.

Operational commissioning: Design should support efficient commissioning, with clear pathways for equipment installation, staff training, and service mobilisation.

2 Adoption of design principles and standards

Designing healthcare environments requires a balance of **clinical functionality, user experience, and long-term adaptability**.

Core Design Principles

Accessibility: Spaces must be inclusive and easy to navigate for all users, including those with physical, sensory, or cognitive impairments.

Flexibility: Designs should accommodate changing models of care, evolving technology, and future service needs.

Sustainability: Environmental impact should be minimised through energy-efficient systems, sustainable materials, and low-carbon construction methods.

Futureproofing: Infrastructure must support digital transformation, agile working, and scalable service delivery.

Standards to embed

Agile working: Enable flexible use of space for clinical and non-clinical teams, including touchdown areas and shared workspaces.

Digital infrastructure: Ensure robust connectivity, smart systems, and space for digital equipment to support virtual care and data-driven services.

3 Practical application of guidance and standards

Stakeholder engagement is one of the most critical elements in healthcare planning—but its success depends heavily on who leads it. When a dedicated healthcare planner undertakes this role, the process becomes more **structured, inclusive, and aligned** with clinical and operational priorities.

Why planners should lead engagement

Healthcare planners bring **clinical insight, technical knowledge, and strategic thinking**. They:

- Ask the right questions.
- Resolve design tensions.
- Turn feedback into action.

Who to Engage

Internal stakeholders: Clinical teams, estates, digital, infection control, health and safety, and operational leads.

External stakeholders: Patients, carers, community groups, ICBs, local authorities, and voluntary sector partners.

Why it matters

- Customer engagement sets **strategic direction** of the project.
- Clinical staff input ensures **operational functionality**.
- Patient and family feedback enhances **experience and accessibility**.
- Community involvement supports **planning approvals and local relevance**.
- PLACE assessments provide **patient-led evaluations** of care environments.

Early and continuous engagement **reduces risk, fosters ownership, and improves outcomes**. These engagements are critical to supporting the NHS shift from hospital to community, ensuring services are designed around local needs and accessible outside a traditional acute hospital setting.

Benefits of planner-led engagement

- Stronger alignment between design and service delivery.
- Reduced risk of rework or late-stage objections.
- Improved staff and patient experience.
- Clearer governance and accountability.

4 Creating a robust design brief

The design brief is a collaborative document that defines the project's **vision, scope, and requirements**. It includes:

- Clinical and operational needs.
- Functional content and room requirements (Schedule of Accommodation).
- Digital infrastructure to support the NHS shift from analogue to digital.
- Design standards (e.g. accessibility-friendly, agile working).
- Compliance with HBNs, HTMs, and statutory regulations.

A robust brief ensures clarity for design teams and supports **innovative, patient-focused solutions**.

Benefits of planner involvement in the design brief

Translate clinical needs into spatial requirements: Ensure the brief reflects how services will operate, not just what's being built.

Embed national and local guidance: Aligns the brief with HBNs, HTMs, Building Regulations, and Trust policies.

Balance ambition with feasibility: Helps prioritise needs within site, budget, and programme constraints.

Futureproof the design: Builds in flexibility for service changes and digital transformation.

Connect stakeholders and design teams: Ensures clinical, operational, and estates input is captured and actioned.

5 Interpretation of operating principles and compliance

Delivering **compliant, safe, and effective healthcare environments** requires more than just following the rules—it demands expert interpretation and strategic application. This is where healthcare planners play a vital role.

Healthcare planners understand how national guidance (e.g. HBNs, HTMs, Building Regulations) translates into **real-world design and operational decisions**. They don't just apply standards—they interpret them in context, balancing clinical needs, estate constraints, and strategic goals.

Their involvement ensures:

- Spotting compliance risks early.
- Justify derogations and ensuring that they compatible to the users.
- Align design with operations.

Planners also act as a **bridge between clinical teams, estates, and design consultants**—ensuring that compliance isn't treated as a tick-box exercise, but as a foundation for safe and sustainable care.

6 Developing patient-centred design

There are **3 keys elements** when looking to design an environment that is clinically effective, patient-centred and operationally safe:

Patient Journey: Describes the full experience of a patient—from arrival to discharge. It focuses on what the patient sees, feels, and interacts with at each stage of care.

Patient Flow: Refers to the movement of patients through the facility. It's about efficiency, safety, and reducing delays or bottlenecks in care delivery.

Adjacency Planning: Involves the physical layout—how rooms and departments are positioned relative to each other to support clinical operations and patient movement.

Key considerations for patient journey:

- Accessibility and wayfinding
- Privacy, dignity and support for diverse needs.
- Integration of digital and physical touchpoints
- Waiting times and flow through of services

Key considerations for patient flow:

- Entry points (e.g. reception, triage).
- Movement between departments (e.g. diagnostics, treatment, recovery).
- Discharge processes and follow-up care.

Key considerations for adjacency planning:

- Functional relationships between rooms (e.g. placing imaging near A&E).
- Staff efficiency by reducing travel distances.
- Clinical safety through logical placement of high-risk areas.

How they work together

- The patient journey helps planners understand **what matters most** to patients and staff.
- Patient flow identifies **how patients move through services** and where delays or risks may occur.
- Adjacency planning ensures the layout supports **both the journey and flow**—placing key services close together to reduce travel time and improve safety.
- Healthcare planners **combine all 3 areas** to design environments that are intuitive, safe, and operationally sound.

Case studies

Eddington Health Centre, Eddington

Eddington is a newly developed residential area in North West Cambridge, designed by the University of Cambridge. With rapid population growth and limited existing healthcare provision, two local GP surgeries were struggling to meet demand. A new healthcare facility was urgently needed to support both practices and the wider community.

Healthcare Planning played a pivotal role in shaping the Eddington Health Centre by:

- **Stakeholder engagement:** Early identification and engagement with GPs, service providers, and the University of Cambridge ensured the design reflected real-world needs. Collaborative workshops explored population growth impacts and spatial feasibility.
- **Design brief development:** A thorough needs assessment was conducted, analysing patient demographics and projected growth. This informed a tailored schedule of accommodation and design brief.
- **Space optimisation:** The centre was fitted out within an existing shell-and-core unit, originally built for healthcare use. Healthcare Planning ensured the layout supported both GP services and wider NHS community care, maximising utility within a constrained footprint.

Our efforts in this project will support the current population of patients in the area c.3000, with a potential to help up to 10,800 patients.

- **Holistic and patient centred:** Our collaborative approach of involving GPs, community members, and other stakeholders helped design an all-rounded healthcare centre addressing both current and future healthcare needs.
- **New improved healthcare services:** The new healthcare centre will bring a range of new, improved services closer to home for patients. And provide a new and modern facility for staff. It includes GP and mental health services, as well as create a new space for the local community to create support networks.
- **Flexible and futureproof:** The health centre is designed with flexibility for future expansion in mind. Ensuring that the healthcare centre can adapt to the changing needs of the Eddington community.

Read the full case study

Chiswick Health Centre, London

The original Chiswick Health Centre was outdated and non-compliant with modern healthcare standards. With over 60,000 patients in the locality and increasing demand for integrated services, a full redevelopment was required. The project also needed to align with sustainability goals and deliver affordable housing for NHS staff.

Healthcare Planning added strategic value across multiple dimensions:

- **Clinical and community integration:** The new centre brings together three GP practices, mental health services, and community care under one roof. Healthcare Planning ensured the design could accommodate evolving models of care and future service needs.
- **Stakeholder engagement**: Extensive consultation with GPs, ICBs, local authorities, and community groups shaped the vision. Healthcare Planning facilitated alignment across clinical, operational, and strategic priorities.

Chiswick Health Centre is now a benchmark for neighbourhood-based care. It supports over 14,000 patients through integrated services and has become a flagship example of NHSPS's end-to-end delivery capability.

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