



The High Street Health Revolution: Rethinking Local Care Delivery

March 2025



Health on the High Street Foreword

The NHS faces growing pressure to meet the rising demand for outpatient care while ensuring timely, high-quality, and accessible services for patients. With almost 300,000 people attending outpatient appointments daily across the UK, it is clear that traditional hospital-based care models are no longer sustainable.

The Health on the High Street initiative represents a bold and innovative step in this transformation. By relocating outpatient services to accessible, community-based settings, this model seeks to alleviate pressure on hospitals, improve convenience for patients, and enhance the overall experience of care.

Ensuring seamless integration with existing hospital pathways, overcoming logistical constraints in high street locations, and managing the financial and operational complexities of the transition require careful planning and collaboration across the healthcare system.

This report draws on our experience supporting a major acute care provider in the North of England to design and deliver a high street-based outpatient centre. It captures key lessons learned and critical considerations for other providers looking to embark on a similar journey.

We hope this report serves as a practical guide for NHS leaders and decision-makers, offering insights into how to navigate the complexities of this transformation and unlock the potential of a high street-based outpatient care model.

By embracing innovative approaches like this, the NHS can build a more sustainable and resilient future for outpatient care, ensuring that patients receive the care they need in the right place, at the right time.



Sarah Pinto-Duschinsky
Managing Partner

Akeso's Client Testimonial

“Appointing Akeso early to work with clinical teams in the development of the Business Case for this innovative [Health on the High Street] project and undertaking detailed clinical modelling to inform the space required and future models compared to the traditional design and build has been invaluable in securing comprehensive clinical engagement, quality design and approval.”

-Associate Director of Operations



Health on the High Street

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Health on the High Street Executive Summary

On average, almost 300,000 people attend an outpatient appointment every day in the UK. Optimising the delivery of these services is essential to alleviating pressure within the acute hospital setting and to enhance patient access to care. The Health on the High Street initiative is part of a broader strategy within the NHS to transform outpatient care delivery by easing demand on hospitals while improving patient outcomes in accessible, community-based settings.

This report draws on our recent collaboration with a major acute care provider in the North of England to design and implement a high street-based outpatient centre. It also synthesises insights from broader research and strategic frameworks, offering healthcare leaders and decision-makers a practical roadmap for adopting similar approaches.

Key findings from this report include:

- **Targeting high-impact specialties:** Non-bedded specialties are ideal candidates for high street settings. These services are less reliant on hospital infrastructure, reducing implementation complexity while enhancing accessibility for patients.

- **Improving system efficiency:** Current outpatient care faces inefficiencies, with 23% of planned appointments lost annually to cancellations and missed visits. By addressing accessibility barriers, high street clinics can improve attendance rates and optimise capacity.
- **Enabling transformation:** Successful implementation requires a framework centred on clinical leadership, community-specific planning, workforce development, patient-centric design, and strong collaboration across healthcare and local authorities.
- **Managing challenges:** Transitioning services to community settings presents logistical, financial, and cultural hurdles. Effective change management is critical to overcoming resistance and building trust among staff and patients.

The benefits of this model are substantial. By decentralising select services, the NHS can unlock underutilised capacity, improve care delivery, and ensure that outpatient services are more accessible, equitable, and sustainable. High street hubs represent a bold and practical solution to the challenges facing modern healthcare systems, offering a pathway to an improved, patient-centred future.



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The Current Context

The NHS is at a critical juncture as it addresses escalating demands, resource constraints, and a mandate for more accessible, community-centred care. As population health needs grow in both complexity and volume, the traditional hospital-based model of outpatient care is increasingly challenged.

In August 2020, the NHS Confederation convened leaders across healthcare, government, and community organisations to reimagine how faded high street locations could support community-centred healthcare, driving health improvements and local economic revitalisation. This view has recently been supported by Lord Darzi’s review into NHS performance, which concluded care should be delivered “closer to where people live and work.” (Lord Darzi, 2024).

The government has now pledged £1.5 billion in capital funding to expand healthcare infrastructure through initiatives that integrate community health services, diagnostics, and surgical hubs, with an aim of delivering these services closer to patients’ homes (HM Treasury, 2024). This commitment is underpinned by the development of a 10-Year Health Plan (due for publication in Spring 2025), which will determine how exactly this funding will be used.

This backdrop offers NHS providers an opportunity to consider the potential of high street care models and further support the shift in focus to preventive rather than reactive care; address the social determinants of health; reduce demand pressure on our hospital infrastructure; and stimulate economic growth. The recent Plan for Neighbourhoods (Ministry of Housing, Communities & Local Government, 2025) also focuses utilising under-used high-street buildings for health and wellbeing.

Renewed commitments to investment in hospital infrastructure present a significant opportunity to fundamentally improve the parameters around current outpatient care delivery models, whilst addressing some of today’s most pressing challenges, namely delivering fit-for-purpose care settings and supporting the left-shift model in healthcare settings

Much like all services, the recovery of outpatient activity post-COVID has been challenging and slow, with certain key service metrics, such as the appointment cancellations and Did-Not-Attends (DNAs) worsening since 2019.

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The Current Context

Between 2023 and 2024, the NHS lost over 22% of planned outpatient activity due to Did Not Attends (DNAs), patient cancellations, and hospital cancellations, equating to 30m appointments. This is compared to 19% of activity lost ten-years earlier between 2013 and 2014. These figures are broken down below and highlight the significant impact of missed hospital appointments (NHS Digital, 2025).

During 23/24, over one fifth of all outpatients' capacity was lost due to appointment cancellations and DNAs

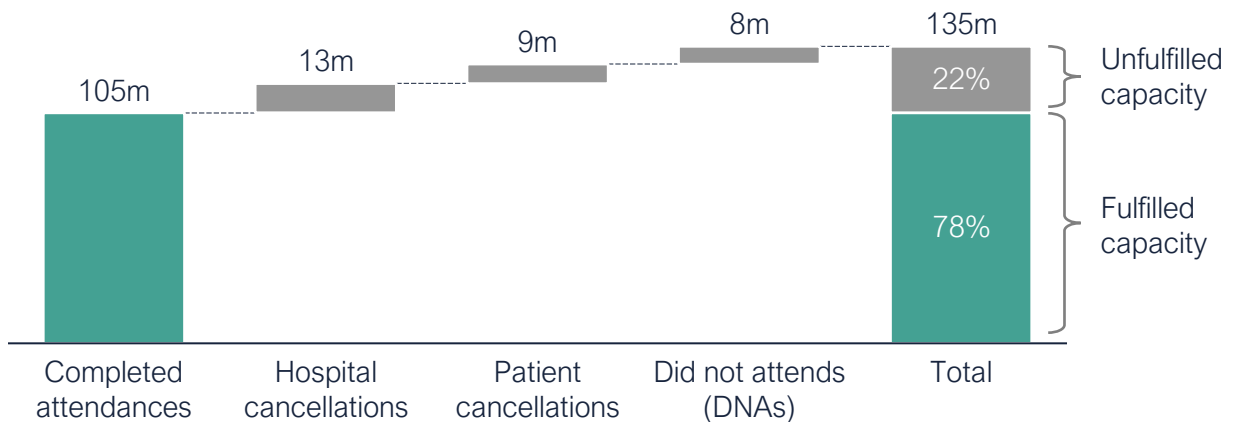


Figure 1 - Number of outpatient attendances by completion status in England, 2023/24; 'Unknowns' excluded

Community-based care models present a proven opportunity for providers to unlock this unrealised capacity by addressing barriers to patient convenience such as; travel difficulties due to transportation options, traffic and overall accessibility, or time constraints due to caregiving. Moreover, UK high streets continue to grapple with increased vacancy rates, as traditional retail patterns shift, and online shopping accelerates, all contributing to the decline of local economies. Repurposing these high street locations has the potential to act as a catalyst for economic renewal. By converting vacant spaces into healthcare hubs, local communities can benefit from increased foot traffic, job creation, and the overall revitalisation of struggling retail areas.

However, achieving this requires more than simply replicating traditional models of care into new settings. It calls for innovative solutions, including reimagined care pathways, flexible workforce models, and the adoption of technology enablers, all of which are made more achievable through the Health on the High Street model. By enhancing accessibility and care continuity, these approaches can optimise resources, reduce backlogs, and unlock unfulfilled capacity.



1. Prioritising Services to Transition

Given current capital and resource constraints, transitioning services to high street settings requires careful prioritisation and long-term planning to ensure maximum impact.

This section outlines key factors to consider when determining which specialties are most suitable for community-based models and how these may be transitioned.



Health on the High Street

1. Prioritising Outpatient Services

This section outlines key factors to consider when determining which specialties are most suitable for community-based models and how these may be transitioned, including: (i) local population trends and (ii) specialty type.

i. Local Population Trends

Effectively addressing local- and service-specific demand requires a detailed understanding of regional demographics, socioeconomic factors, and service utilisation trends to optimise accessibility and outcomes. As detailed below, current demand, as defined by incomplete pathways, also known as waiting lists, there is varying regional demand in specialty terms. As such, local systems must develop detailed understandings of both current demand, as well as future projections.

Incomplete Pathways by Region, by Specialty, Mar-24	East of England	London	Midlands	North East & Yorkshire	North West	South East	South West
1. T&O	10%	7%	11%	11%	9%	9%	11%
2. General Medicine	8%	12%	10%	9%	9%	8%	9%
3. ENT	9%	8%	9%	9%	8%	9%	8%
4. Ophthalmology	9%	7%	8%	8%	7%	9%	8%
5. Gynaecology	8%	8%	8%	8%	9%	8%	8%
6. Other Surgery	3%	9%	5%	6%	8%	7%	9%
7. Cardiology	7%	6%	5%	5%	6%	6%	7%
8. Urology	6%	5%	6%	6%	5%	6%	6%
9. General Surgery	7%	4%	7%	6%	5%	6%	3%
10. Dermatology	7%	6%	5%	5%	5%	5%	6%

Figure 2 – Total No. of Incomplete Pathways by Region by Top-10 Specialty (Mar-24)

There has long-existed an awareness amongst policy makers that demographic factors and socio-economic conditions interact in complex ways to shape regional health outcomes. As such, a nuanced, regionally-specific approach to healthcare planning is vital. This involves not only understanding current trends but also anticipating future needs. Integrating these insights into the transition of specialties to community-based models ensures that services are both efficient and equitable, meeting the diverse needs of different population groups.

Health on the High Street

1. Prioritising Outpatient Services

ii. Specialty Type – Bedded vs Non-Bedded

Whilst specialties should be assessed on obvious criteria, such as appointment volume, clinical complexity, and infrastructure needs – these factors closely align with the distinctions made between bedded and non-bedded specialties, which offer clear criteria for relocating services:

- **Bedded Specialties** typically involve complex care requiring hospital stays, multidisciplinary teams, and advanced infrastructure. These services are less feasible for high street transition in the short term due to their dependency on hospital resources and the associated risk of double-running.
- **Non-Bedded Specialties** involve lower-risk conditions manageable in decentralised settings with minimal infrastructure. Examples include dermatology, ophthalmology, and physiotherapy. These are well-suited to high street clinics, with clear service components reducing the risk of double running.

A strategic focus on non-bedded specialties aligns itself closely with current NHS priorities by enhancing patient access and convenience while preserving acute resources for complex, bedded care needs, as summarised in the table below.

Consideration	Non-Bedded Specialties	Bedded Specialties
Examples	<ul style="list-style-type: none"> ▪ Dermatology, ophthalmology, physiotherapy 	<ul style="list-style-type: none"> ▪ Oncology, cardiology, surgery requiring post-op monitoring
Care Complexity	<ul style="list-style-type: none"> ▪ Low-risk conditions manageable with minimal hospital-based infrastructure 	<ul style="list-style-type: none"> ▪ High-risk or complex conditions requiring significant hospital resources and specialised teams
Infrastructure Needs	<ul style="list-style-type: none"> ▪ Simple equipment setups, minimal reliance on hospital-only systems 	<ul style="list-style-type: none"> ▪ Requires advanced infrastructure, including operating theatres, ICUs
Staffing Requirements	<ul style="list-style-type: none"> ▪ Can be delivered by nurse-led teams or generalist staff 	<ul style="list-style-type: none"> ▪ Requires multidisciplinary teams and specialised clinicians
Transition Feasibility	<ul style="list-style-type: none"> ▪ High feasibility for relocation to decentralised settings 	<ul style="list-style-type: none"> ▪ Dependence on hospital-specific resources and infrastructure

Health on the High Street

1. Prioritising Outpatient Services

The decentralisation of non-bedded specialties to high street settings presents a significant opportunity to address the challenges of elective recovery by alleviating bottlenecks in hospital-based care and improving overall system efficiency. By integrating these services into community settings, patient pathways can be optimised, reducing waiting times and enhancing accessibility for routine and diagnostic care. These benefits are summarised below:

Key Benefit	Detail
Reducing Waiting Times	<ul style="list-style-type: none"> By reallocating services to high street clinics, providers can create additional capacity for consultations and diagnostic assessments. This reduces the time patients spend on waiting lists and accelerates access to treatment, which is crucial for specialties experiencing high demand
Minimising Missed Appointments	<ul style="list-style-type: none"> High street clinics mitigate common barriers to attendance by virtue of their location. This improved accessibility can significantly lower Did Not Attend (DNA) rates, thereby ensuring that available capacity is better utilised
Enabling Flexible Capacity Management	<ul style="list-style-type: none"> High street clinics can serve as scalable solutions to manage demand surges. Such an opportunity builds on the success of COVID-19 community hubs, which eases hospital pressures by delivering care locally
Facilitating Integrated Care Pathways	<ul style="list-style-type: none"> The high street model creates opportunities to integrate diagnostics, follow-up care, and outpatient procedures within a single community-based location. This reduces delays associated with fragmented care pathways and ensures patients receive coordinated, timely treatment

By addressing these elements of care delivery, high street clinics have the potential to play a pivotal role in reducing elective care backlogs and tackling health inequalities. By providing accessible, flexible care, they can alleviate pressures on the NHS, ensuring timely treatment for underserved communities – contributing to a more efficient and inclusive healthcare system.

2. Key Enablers for a Successful Model

Once identified, effectively transitioning these services to high street settings requires careful planning and collaboration.

Based on our previous experience, we have identified several critical enablers that underpin the successful implementation of a high street model.



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2. Key Enablers for Success

The successful implementation of high street outpatient clinics requires a robust framework that addresses clinical, operational, and systemic challenges. While the potential benefits of this model - enhancing patient access, reducing elective care backlogs, and revitalising local economies - are substantial, achieving these outcomes hinges on key enablers that drive sustainable transformation.

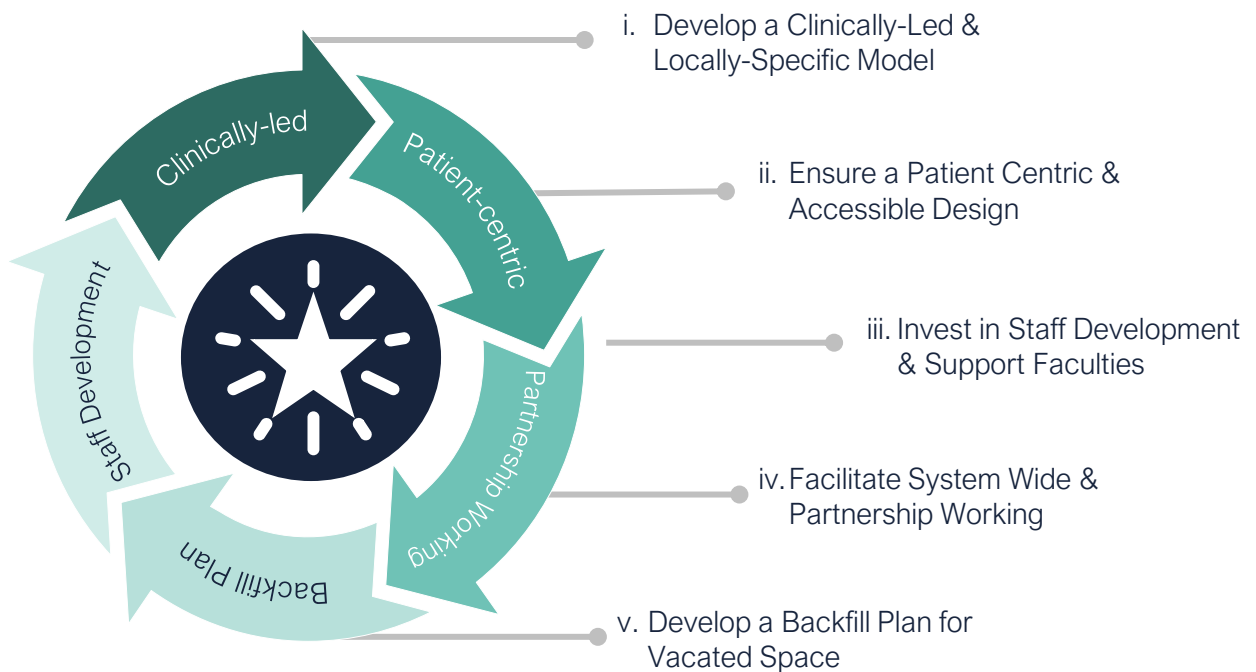


Figure 3 – Enabling Factors for Developing a Health on the High Street Model

This section outlines some of those pillars necessary for success, drawing on our own experience developing this model. These enablers are not isolated factors, but interconnected components that should work in tandem to deliver meaningful impact.

By focusing on these enablers, healthcare providers can mitigate potential risks, overcome barriers to adoption, and build a foundation for achieving the dual objectives of elective recovery and community revitalisation. The following subsections explore each enabler in detail, providing actionable insights and strategies for embedding these principles into local healthcare redesign efforts.

Health on the High Street

2. Key Enablers for Success

i. Develop a Clinically Led and Locally-Specific Model

Redesigning and transitioning healthcare models cannot be a ‘one size fits all’ exercise. These sentiments have been evidenced throughout key reports over the last few years, including the Fuller Stocktake report in 2022 (Fuller, 2022), and more recently, Lord Darzi’s (2024) ‘Independent Investigation of the National Health Service in England’ – which both emphasise that effective healthcare redesign hinges on local engagement and clinical insight in order to adapt general NHS service priorities to meet local demand. By incorporating data-driven insights and collaborating with local clinicians, providers can create bespoke models that deliver high-quality, accessible care where it is needed most.

ii. Ensure a Patient-Centric & Accessible Design

To maximise the impact of community-based models, facilities must be universally accessible. Design elements such as clear signage, sensory-friendly areas, and appropriate waiting spaces for neurodivergent patients create a supportive and inclusive environment, making healthcare more accessible and reducing barriers for patients who may struggle to attend traditional hospital appointments. Such a patient-centric approach supports better attendance rates, improved patient satisfaction, and adherence to long-term care plans. In this way, engaging patients and staff throughout the design process is vital to ensuring these models are co-produced and responsive to user needs.

iii. Invest in Staff Development & Support Facilities

Transitioning services from hospitals to community locations requires targeted investments in staff support infrastructure, fostering a work environment conducive to both clinical excellence and long-term professional growth. To maintain high standards of care, attract skilled professionals, and support workforce retention, high street sites should include facilities for continuous professional development and role diversification. Additionally, given the increasing complexity of cases, it is essential to support multidisciplinary team (MDT) working through strategic co-location and enabling facilities to allow cross-disciplines working.

Health on the High Street

2. Key Enablers for Success

iv. Facilitate System Wide & Partnership Working

Placing NHS-run services in locations managed by local authorities demands a seamless partnership to align objectives, share resources, and co-create solutions tailored to community needs. Robust working relationships across providers, local authorities, regional leaders, and community organisations are essential for the long-term sustainability of high street care models. Integrated Care Boards (ICBs) will play a key role in facilitating this collaboration, ensuring alignment of programmes with local health priorities and the broader integrated care framework.

v. Develop a Backfill Plan for Vacated Space

The strategic repurposing of hospital space vacated as services shift to high street locations needs to be carefully considered by providers to maximise NHS resources. To achieve this, providers need to adopt a full asset lifecycle approach to planning and implementation, incorporating strategies for site acquisition, build, go-live, operational running, and decommissioning and disposal. By creating a structured plan to redeploy space and resources, providers can optimise existing infrastructure, ensuring capital investments are maximised and aligning programmes for change with broader NHS and government objectives to manage inpatient and emergency care demands efficiently.

3. Challenges & Risk Mitigation

Implementing a high street-based outpatient care model presents several challenges that require careful management.

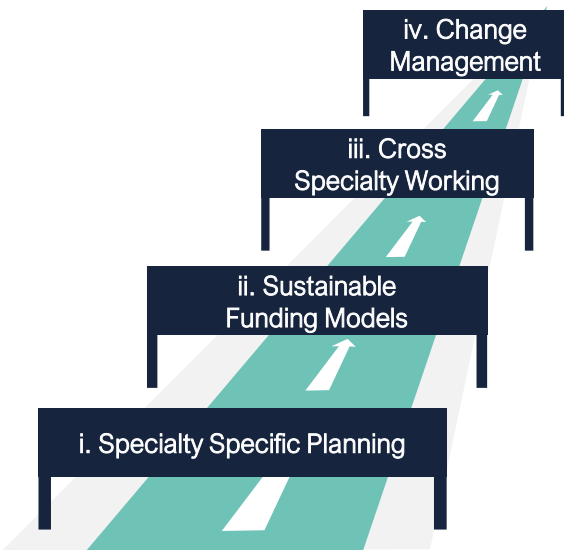
Addressing these challenges early in implementation is essential to deliver a sustainable and impactful model.



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3. Challenges & Risk Mitigation

From our experience, four key challenges must be overcome in successfully delivering health on the high street outpatient service models:



i. Specialty Specific Planning

Just as different regions are affected by varying socioeconomic factors, each service within a given community experiences its own set of demands, regulatory requirements, and patient care priorities.

Therefore, a targeted, specialty-specific approach for community-based facilities is crucial to ensure that each service is designed to address the distinct needs and challenges unique to that specialty and patient cohort.

Furthermore, a specialty-specific approach brings a level of precision that helps healthcare leaders clearly articulate why

changes in resource allocation, staffing, or service structure are essential, targeted, and justifiable in the context of broader healthcare needs.

This strategy enables stakeholders to understand the long-term value of investment and the direct link between specialised service planning and improved patient outcomes.

Case Study – Targeted Workforce Expansion In Dermatology

Nationally, the field of dermatology has seen significant gaps between demand and available specialists, translating into prolonged waiting times and limited access for new and follow-up patients. These services are often further hampered by space restrictions within hospital sites, limiting abilities to scale services through expanded clinical roles such as nurse-led care.

By combining workforce diversification with targeted infrastructure investments such as dedicated training and observation space, community-based clinics can effectively address service bottlenecks, and improve both patient access and outcomes.

Furthermore, the integration of mid-level practitioners and the shift towards nurse-led care offers a significant opportunity for cost savings.



Health on the High Street

3. Challenges & Risk Mitigation

ii. Secure a Sustainable Funding Model

Ensuring a stable and scalable funding mechanism is essential for long-term success. This requires a clear articulation of the benefits specifically tailored to this approach, demonstrating how it delivers improved patient outcomes, enhanced cost-effectiveness, and higher levels of patient satisfaction compared to traditional hospital-based care. A robust funding strategy must address both capital and revenue implications.

Capital Investment

On the capital side, initial investments are required to establish high street clinics, including costs for site acquisition or leasing, refurbishment, equipment procurement, and digital infrastructure.

Revenue Expenditure

From a revenue perspective, providers must account for the ongoing operational costs of decentralised sites, including staffing, maintenance, and technology updates.

The design of new models of care should take this into account to avoid duplication and double running of services which can sink these programmes from an affordability perspective.

These expenditures should be balanced against projected efficiencies, such as reduced DNA rates, streamlined patient flow, and optimised resource allocation. By clearly distinguishing the unique value this model brings over existing hospital infrastructure, providers can strengthen their case for stakeholder buy-in and secure the sustained investment necessary for scalable, long-term implementation.

Health on the High Street

3. Challenges & Risk Mitigation

iii. Supporting Cross-Specialty Working

While integrated working is essential to delivering comprehensive, patient-centred care, the coordination between diverse specialties in healthcare settings often faces obstacles, including differences in clinical priorities, and a lack of shared understanding regarding roles and responsibilities.

The complexities of aligning clinical pathways, patient management systems, and treatment protocols across these specialties can be overwhelming. Moreover, a lack of established frameworks for joint decision-making and shared patient records across multidisciplinary teams could lead to inefficiencies and potential gaps in care.

Overcoming these barriers requires fostering a culture of collaboration, where communication and shared objectives take precedence over discipline-specific approaches where necessary. This will involve substantial investment in training, creating new systems for information sharing, and redefining care pathways that allow for greater flexibility and responsiveness. Ultimately, ensuring that care is integrated across specialties will be key to achieving the holistic, efficient, and patient-focused services that community-based clinics are designed to deliver.

iv. Challenges of Change Management

Fostering open lines of communication and promoting a collaborative approach are crucial strategies for reducing resistance and building the necessary culture of trust during any transition. Transformational change, particularly in healthcare settings, is inherently complex.

As the King's Fund report on transformational change notes, "transformation is multi-layered, messy, fluid, and emergent. It is not merely about changing how a service operates, but also about shifting mindsets, changing relationships, and redistributing power" (The King's Fund, 2018).

To navigate the transition away from traditional hospital settings effectively, it's essential to strike a balance between embracing innovation and addressing the potential uncertainties and concerns of both staff and patients. In this way, establishing feedback loops throughout the transition process is key to ensuring a continuous dialogue, reinforcing trust and ensuring that any issues are promptly addressed.

This approach not only supports the adaptation of the workforce and patients to the changes but also reinforces a culture of inclusion and responsiveness.



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Health on the High Street Recommendation Summary

Lord Darzi’s report underscores the importance of delivering care “closer to where people live and work” (Lord Darzi, 2024), highlighting that such a shift not only improves accessibility but also aligns with broader NHS goals of decentralisation and equity.

Previous initiatives, such as Our Health, Our Care, Our Say and The NHS Five Year Forward View called for a more sustainable shift to community-based healthcare provision. To date, the system has failed to establish the required strategy plan to embed such models into the broader and long-term healthcare system. Whilst the pandemic highlighted the potential of high streets to function as community wellbeing centres, the momentum that was generated during this period has since slowed.

In the post-pandemic landscape, there has been a noticeable shift back to short-term spending on traditional care settings, with a focus on reinforcing existing hospital infrastructure rather than fully embracing the community-based models initially proposed.

In response to the ongoing need for transformation, the government has pledged £1.5 billion in capital funding to help shift more care into the community. Part of this funding commitment aims to support long-term strategies for healthcare reform, with specific allocations yet to be determined.

The Health on the High Street initiative highlights a transformative approach to outpatient care that can serve as a roadmap for systems and providers. By moving select high-demand services closer to patients, it aligns with the NHS’s vision of decentralising care, enhancing patient convenience, and reducing strain on hospital facilities.

Beyond healthcare delivery, the economic revitalisation potential of these clinics cannot be overlooked. By repurposing vacant high street spaces, the model contributes to local regeneration through job creation, increased footfall, and the establishment of vibrant community centres. This dual benefit - enhancing healthcare delivery while stimulating local economies - embodies the integrated vision outlined by Lord Darzi, where health and economic priorities align to create sustainable, long-term impact.

With data-driven decisions, a commitment to accessibility, and robust stakeholder engagement, this model can unlock considerable benefits for both patients and providers. As healthcare continues to evolve, community-based outpatient services on our high streets offer a promising path towards a more sustainable, patient-centred future across communities.





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