Podcast Transcript - How do you shape a future-ready healthcare space that’s truly patient-focused?

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Victoria Shepherdson

Hello and welcome to the AHR podcast where we engage in captivating conversations about the built environment and its influence on shaping a more positive future. I'm Victoria Shepherdson, Associate Director at AHR and head of the southern region for health. In this episode, we are focusing on patient-centred design in healthcare.

We're discussing the future of healthcare buildings, how they need to be designed for flexibility, digital transformation, and evolving patient needs. The government's push for digital healthcare and the shift of service from acute settings into the community is reshaping how we think about healthcare spaces.

As we plan and design for the future, how do we ensure these facilities remain adaptable, efficient, and truly patient-centred?

Joining the conversation today are Gareth Banks, Director in healthcare, bringing expertise in healthcare design and futureproof buildings. Also, I have Ewan Forsyth, Development Director from Prime Plc, providing insights into the commercial and operational aspects of healthcare infrastructure.

Would you like to introduce yourselves? Gareth, do you want to go first?

Gareth Banks

Hi, I'm Gareth Banks, Director at AHR and head of the health sector. I've been working in the health space for over 20 years, but also worked in allied sectors such as education and universities, which are becoming more and more relevant to the conversation around the provision of healthcare in the 21st century.

Ewan Forsyth

Thanks, Victoria. So, my name is Ewan Forsyth, Development Director at Prime. For over 20 years, I've been involved in the delivery of assets across whole of health. When I say the whole of health, we mean from clinical and traditional acute or primary care settings into the infrastructure areas, so that includes a range of things car parks, sterile services facilities, retail entrances, and so on. More recently, we've moved into the living sector, particularly focused on NHS key worker accommodation. For this podcast, I think my experiences in working within both the acute and primary care sector allows me to see how the shift works, looking at it from both directions. So hopefully that will be helpful. Thank you.

Victoria Shepherdson

Great, thank you both. Let's get started. It's important to understand the broader context for the changing healthcare landscape. There's a growing emphasis on providing care closer to where people live. What do you both think are the key drivers forcing healthcare infrastructure to adapt? Ewan, would you like to start?

Ewan Forsyth

Thanks, Victoria. I mean, there’s been a lot of focus around the Community Diagnostic Centre (CDC) initiative, which very much is emphasising how this shift is working. At the moment, people will go to acute settings, and they'll have their diagnostics undertaken. But actually, with this initiative that's taking place and it is a national initiative, the money is coming out to be put specifically in community settings.

Now, whether the estate strategies are lined up, ready to accommodate that is another matter because there's the other side of the coin, which is we've got some national money, it needs to be spent, let's spend it now.

So, there is also a need to move at pace, be very responsive to ensure that the money isn't reallocated to other areas. But certainly, as far as accessing the primary care, there's loads of really good examples out there. It was on our local news. I don't normally watch the local news, but I was watching the other night, a place called Chelmsley Wood in Solihull Borough, they put a CDC in there and everybody that was interviewed seemed delighted with it because it's revamped what is otherwise quite a tired retail concourse. Really put a new life into it, a real sense of purpose.

Equally with primary care settings, which are typically in the local communities, we're bringing them in there. Washwood Heath, a facility we're working with, again, that's reinforcing the importance of that particular asset within the heart of the community. So, there's a number of really good examples out there, which I think help drive that shift.

Victoria Shepherdson

I think, you know, certainly you've mentioned about bringing up quite a tired area. I think that they've moved more into kind of retail and on the high street. It certainly

does improve the area and give it a new focus, which does massively help. Gareth, what do you think?

Gareth Banks

I suppose some of this is rooted right back at the start of the NHS. When that started, the primary reason for visiting hospital was probably you'd worked in manual health and had an accident. It was genuinely fixing very specific things.

Lifespans were relatively short. The whole demographic has changed. People live with chronic disease. Hospitals are no longer the best setting to treat those. So, moving the healthcare back to the local community just makes sense in so many different ways.

As you say whether it's from revitalising those local communities, finding new uses for derelict or semi-derelict functions, economically it makes more sense as well. Providing healthcare in hospitals is very expensive. So, I think we're at a point in time where this left shift, as it's become known, into community care is really starting to make sense and tick a lot of boxes.

Victoria Shepherdson

Yeah. And when it moves into the community, what defines a kind of patient-centered approach in the context of that community-based healthcare? What's the driver for that patient-focused approach?

Gareth Banks

So, I think it's got to be an appreciation of a holistic view of how we actually heal.

Going back to 20, 30 years ago, hospitals were factories to fix people. Everything was centred around an efficient way of using the resources in that central place but fundamentally ignored the human needs, which probably as a result meant you stayed in hospital longer than you needed to, didn't recover as quickly as you should have, maybe had reoccurrences.

So, I think a patient-centred approach, which understands more implicitly the biology and physiology and psychology of illness, and whether that be even down to your propensity to go and seek out an appointment or attend an appointment, there's far more potential in that within a delivery which is closer to the local community.

Ewan Forsyth

It's a really good point, Gareth, because a lot of the work we do with acute trusts — multi-storey car parks, for example, which we've done quite a number of. The reason that you put a car park in it's stressful trying to park at a hospital. There isn't enough space.

But if you follow that through, it's stressful going to hospital. Going back to your point Gareth, the hospital used to be the big central place and for many, particularly our older generation, they go to hospital and think, right, there's something seriously wrong with me. I'm going to hospital, I can't get parked, I'm stressed, I'm going to be late.

In its simplest form, not being stressed, not going into a busy environment with blue lights, patients, and difficult parking situations — that in itself is a really positive way to look at patient focus.

People will always travel for their treatment. They might have to rely on friends and neighbours. So, you could argue that the true meaning of patient focus is the ability to actually have their appointment in the first place, regardless of where it is. It's just the increase in capacity — and ideally capacity within their local communities.

That is the thing they want. Because if you're ill or concerned about your health, you just want to be seen as quickly as you can. If I need a scan, get me to the scan as quickly as possible. Then I can see the consultant and take it forward.

So arguably the whole shift — improving and increasing services in a local environment — I think is an ideal focus for those patients.

Gareth Banks

And again, getting that access quickly saves money in the long run as well, doesn’t it? Particularly in some pathologies, three weeks or six weeks can make a massive difference to the extent and treatment of that illness. So again, bringing that availability close to home, which again comes back to things like even looking at novel settings.

If you're going shopping in the shopping center and there's a health outlet nearby, you're more likely to pop in. The access thing is critical, as opposed to putting it off or waiting because you have to catch a bus. There's lots of really good evidence out there around access. Maybe that’s what we’re really talking about — access to those services.

Ewan Forsyth

It doesn't feel as intimidating, does it? Going to your local centre or community health centre. It's not a big event. If that's the psychological hurdle that people need to get over and it’s removed, then earlier diagnosis equals better outcomes.

Victoria Shepherdson

I think it's a really good point around access. Every single project I've ever worked on in my 25-year career, car parking is always the thing that comes up.

If you're arriving and you’re maybe going to get a diagnosis and you already can’t find a parking space or get dropped off, you're already in a very heightened state. I

know my parents always try to get there an hour early just to park. You're already right on the edge.

Ewan Forsyth

And you've got to remember, for a lot of people at a practical level, if they're going for certain scans, they've got to fill their bladder, drink a lot of water. Unless it's timed with military precision, you've got a real crisis — two litres of water and an extra hour of waiting. So just at a practical, human level, taking it out of the stressful environments is very helpful.

Victoria Shepherdson

Yeah, a hundred percent. And I think when we start putting these into communities, what benefits come from co-locating them with housing, education and retail? What benefits do you see? I think for everybody — staff and patients.

Ewan Forsyth

It's worth just going back in time a little. GPs, community health centres — they've always had this co-location with the private sector. If there's a dentist next door or within the building, typically private. Pharmacies traditionally have always co-located, and they tend to be private entities.

So, to some extent, putting in diagnostics facilities, even if they’re from private providers, is just an extension of what the NHS has done for years. And patients are used to that. They go to the place of health, maybe buy a coffee from Costa, go to the pharmacy for their prescription.

From a property investor’s funding perspective, a larger facility brings about other benefits in terms of the funding packages that are available. It's a bigger deal, a more interesting prospect, attracting a wider range of funding partners and improving the commercial outcome as a result. So, there are benefits not just for the patient but in terms of making that of interest to investors.

Gareth Banks

I think we’re seeing that with other collaborations. We've done a few projects now with universities creating health spaces. Those universities tend to be closer to city centres with good footfall, and the provision of service provides a good training ground for students.

You get a good level of service for the community with access to trained and training professionals. You get funding from an alternative source, and students are able to train in controlled environments that provide patient access and improve interpersonal skills and outcomes.

Ewan Forsyth

Ewan Forsyth

Yeah, it's interesting. The relationship between the NHS and universities is longstanding. Most teaching hospitals have their affiliated medical schools, and if you speak to a number of them the relationship's very difficult to untangle. There's a number of students being trained in the facility, but they're also providing services and therefore generating income for the NHS. In return, the universities get access to patient cohorts for their undergraduates to be involved with. So, they get a lot out of it as well.

But it is quite difficult to unpick it from a commercial or financial perspective. But if you then look at it from a pure property perspective — the scheme we did a few years ago for the Birmingham Dental Hospital and School of Dentistry — you realise that you are able to recognise that relationship through the property lens and indeed through the resulting funding lens that would come from it. Universities are a top-quality occupier that funders get very comfortable with, so you can see how these relationships can work.

Victoria Shepherdson

Yeah, a hundred percent. And going back to some of these settings where the staff are — retention of staff by potentially putting it into a nicer area. If you're going to be working on a high street, it's much nicer, isn’t it, for the staff to go out for their lunch potentially, than being on a hospital site where you can't really get away a lot of the time, can you?

You're kind of stuck in that windowless world sometimes, and I think being out in the community, you may even be allowed to pop home for lunch. There's got to be advantages for the staff and staff retention as well.

Ewan Forsyth

Yeah, a lot of people perhaps don't realise — I think we all know how hard working our NHS is — but actually a lot of clinical staff don't get a long time for their lunch break, half an hour perhaps.

They've got a very busy day. And if you're, as you say, at a more isolated hospital site, if you've got half an hour, you don't have time to walk down to the high street, get your sandwich, come back, eat it. So, for a number of those, having access to the place of work closer to other facilities is actually quite helpful for them.

Certainly in the environment I mentioned earlier about the key worker piece — having quality accommodation near where they work actually is quite important to them, but not necessarily exactly where they work. Having that slight degree of separation, I think that's where the community shift really comes into it. That is still part of the NHS family, but not necessarily having to work in a big, centralized facility.

Victoria Shepherdson

I think especially with some of the campus-style developments, if your key worker accommodation is then next to where you work, maybe then there's the gym and there's a social aspect to it as well.

Gareth Banks

I think, yeah, I guess you also start getting these, as you say, campuses, but actually with partnerships with maybe commercial entities as part of that research. We looked at a project where the proximity of what would've been a private development adjacent to the hospital gave access to data that could be used for research purposes, could be used to help develop commercial products — whether it be medical instruments or data-driven research.

So again, I think taking that wider view and saying it's not just a hospital or just a retail area — all of these things come together to create much more diverse and complex and enriching environments that everybody benefits from, don't they?

Ewan Forsyth

Yeah, it is the ability to interact with these other organisations. And I think going back to your point earlier about universities, a lot of these innovation startups — just through funding streams — sometimes they're in the same situation as the NHS. "I've got money, but not for very long. I need to spend it." It's a very similar environment for a lot of these research grants that universities get. You've got to use the money in a certain period of time. It's limited. So, I think the real estate piece has to be able to respond to that.

And that's not just in terms of the physical build to flex for a range of different opportunities, but also from a commercial perspective — having flexible terms for occupation. I think these combinations of factors really need to come into play to get the best out of that campus feel, because who doesn't want to work in a campus? It's great. You feel that you're really being part of something bigger, even though you're playing a smaller part in that, and it's certainly an exciting prospect.

Gareth Banks

And I think when you bring in that diagnostic — we did a project years ago now for Manchester City, MIHP, which was ostensibly, I guess, when you're handling the transfer of a high-value football player, you want to be able to do diagnostics on them. That information is sensitive, needs to be controlled.

So, they took the view that if they were able to team up with a local community, provide that diagnostic input, they had that on tap when they needed it. And when they didn't, that was available to a local practice and to the local community to use those same facilities but with a greater degree of control.

So again, it's that novel look at exactly who would benefit from those things. X-ray units, MRIs — a very expensive piece of kit with a wide range of applications. Most people who might take advantage of that wouldn't necessarily be able to afford to fund it themselves.

So, I think again, that's another great advantage of this role of the CDCs and the like — where you're really getting this technology into places where new customers can start to use it.

Ewan Forsyth

But I think, Gareth, you're hitting a good point — people are increasingly getting used to the concept of diagnostics. Once upon a time, it was “Okay, I broke my arm, I’ll have an x-ray.” But now more and more of the population are using diagnostics and understand that the earlier they can get in there, the quicker their condition can be treated and the better the outcome.

And that's almost a cultural shift — arguably led by technology. This kit is now available, it's doing great stuff, can do all kinds of diagnosis to a greater amount of accuracy. As a nation, we're getting behind it as an idea, and I think the CDCs are helping that. There's no question that it's improving access for diagnostics across the board.

Victoria Shepherdson

I know I certainly — I've done a couple of CDCs, and one of the CDCs I’ve done recently, they're opening until 11, 12 o'clock at night. And we're finding people will come to an appointment if it means they can get seen at 11 o'clock at night — they don't care, as long as they get seen. Like you say, earlier diagnosis is key and people don't mind, do they? You're certainly using that to its full potential. And I know Gareth touched on the idea — sometimes these things sit there all weekend.

They could be used for the sports world during weekends and then during the week, they’re used for the public. I think there’s a lot about that.

We talked about the cost and the funding. What other kind of constraints do we find when we sort of doing the project development, what are kind of the main constraints and challenges that we find?

Gareth Banks

I suppose it depends, doesn't it? I think often if we're reusing assets, so again, you know, we talked about that kind of healthcare as part of regeneration. Shopping centres are probably generally pretty good, good floor to floor heights, that tends to be probably one of the key factors. But increasingly, and when we look at the kind of turnaround on office buildings, we're not necessarily talking about office buildings that are built in the sixties now, we're talking about office buildings that are built in the nineties, maybe looking for reuse. And again, they tend to have those good sort of, floor to floor heights.

And after that you're probably looking at access to a decent amount of power. That's probably the biggest limiting factor now is, there is a capacity issue across the grid generally and clearly a building that's been built. A relatively low occupancy and

maybe offices, is going to struggle a little bit with some of the power requirements if you're finding that.

Ewan Forsyth

Yeah, well definitely, energy or access to energy. I mean, these, these basically typically 250, 300 kVA, you know, so if you've got 2, 3, 4 of them, you can understand the drain that has. But interestingly, there is a contradiction in a way because the drive to bring about EV charging is the planners all say, put EVs in it.

But if I put EVs in, I don't then have enough energy for my diagnosis. So, there is this sort of one drive, we must be more sustainable. And then on level, yeah. But there's not, there's only a limited amount of energy available and the lead in times that you hear at the moment are generally horrific, aren't they, really, really horrific. 10, 10 years plus in some instances.

Now I think most people think it will be quicker than that, but certainly it is currently a blocker, an impediment to development. And you know, I say going back to the point about EV, I think and the whole decarbonisation point - so fine, we want to go further the electric on this building. Great.

That means you get a big air source heat pump, but that takes a lot of energy. Whereas if you use gas, it would use less energy. But then of course you're using gas and you can't use that with building regs and all the rest of it. So there, there's this slightly, these competing requirements. So, we want to get diagnostic services in heart of the community. Yes. But I want it to be carbon zero, and I want to charge my electric car while I'm doing it. It all can't happen at once. Maybe it will. I'm seeing increasingly interesting talk about micro nuclear plants.

Obviously, yeah. Seriously, you can put them in the back of a lorry, drop them off. We're talking probably 10 years in the future, but there's some serious discussions about it. And of course, just this morning there was discussion about data centres, you know? And the NHS as a source of data is a real income producing for them. Cause you imagine all that data from all those people that use the service.

But the data centres themselves, soak up loads of electricity. So, everything is going towards a very high electric requirement, but actually not always in the same direction, or quite competing in the way.

Victoria Shepherdson

We talked about these buildings being with other occupants and other stakeholders. I mean, sometimes it can cause a bit of a delay, can't they? Because you've got multi-stakeholders trying to get their bit of their building correct. And I know that I've certainly dealt with a few where, you know, actually we get them all in the room, makes it much easier to then discuss what the actual building looks like. I mean, what factor can you think of that will help this project be a bit more resilient in that fact?

Ewan Forsyth

I think you just hit the nail on the head there. Communication.

Be upfront, be open, be honest that this is how it's going to have to happen. And it's not quite as being brutal. I mean, you're in or you're out. But it's got to be a case of what do you need to do to make sure that you can stay the journey because it is a journey. There'll be lots of hoops and hurdles and challenges to go through the journey.

So, you know, get your commitment now, make sure you're solid about that. But other point, given some thought is. There is this whole thing about understanding that different occupiers have different needs. So perhaps you might have a private operator that's on a contract for five years to provide a certain scope of services. Then you might have maybe an NHS and happy to carry on indefinitely. So you've got to understand that the asset themselves need not just the physical flexibility, but also the commercial flexibility.

And going back to the point I made earlier. So if, if you understand where they're at, then that's fine. You can factor in from the get go. So you as the developer can think, okay, well I know that this occupier will only take space for, I don't know, seven, 10 years to align with their operational contract. This occupier's got a longer contract, they'll be 20 years and this is the NHS and they can be there indefinitely. So having a model that can respond to their needs.

Cause there's no point in thinking if they've got a 10-year contract, they'll take a 20 year lease 'cause they won't, you know, because it's like, well why would I do that? 'Cause in 10 years' time I might not have that contract and have no need for trying to unpick some of those. So, commercially speaking to understand their needs as much as it is about them and the process they're about to embark on.

Gareth Banks

And I think, I think some of it as well though, I think, like you said at the heart of it, is that communication. So a lot of the resistance that you find, is often based on misinformation and misunderstanding of needs. There may be suspicion of a commercial developer. There may be complacency around the public sector.

As you say, once you get people in a room, if you understand that you're all driven by the same thing, which is if we do this thing, all our lives will be better as a consequence. I think that's a very powerful key to unlocking that issue.

And I think again, you could 'cause, you know, touching on that, that issue around, different leases and such, like creating buildings that have got the, the flexibility, you know, I mean, at the end of the day, a room of a given size, 12, 14 square meters should be capable of doing seven or eight different things. It doesn't just have to be a consult exam room or just an office or whatever it is.

And so again, I think if we can build that into the systems that we're building, the developments, it allows tenants to move in and out with more freedom, then perhaps, you know, it, it's far less of a bespoke solution. I mean, clearly, you know, maybe some of the imaging stuff, if that's part of development that's got very specific requirements. But even there, you know, I'm sure you've had this Ewan, you might be

on say, a three- or five-year development, the latest machine that you're getting towards the end of that five year that you want to put in is completely different from the one that may, you may have planned at the start of that. So, you've got to, you know, you've got to respect that and, and allow for that, that movement, haven't you?

Ewan Forsyth

It is. I mean, we know that, you know, looking at equipment in particular, and it's not just diagnostics, a wide range of equipment. It typically has a 10-year life. It's worth making is that with this technology, a new digital CT scanner can do twice as many patients who are, say typically 8,000 per annum for a digital versus 4,000 for an analog version.

So even from our practical levels, we've got more people going through my door. I need more parking; I need more waiting probably. Cause I'm just turning so much more.

And going back to your point earlier, Victoria, about opening. So, there's a number of real challenges in this and not just about flexibility. The lease terms, but it's about acknowledging that technology is changing and will change, and actually the unintended consequences are more people, more parking, later, longer hours.

So how does that all work in terms of how the building needs to respond and there's that sort of flexibility. It needs to be factored in as well, which can't be underestimated.

Victoria Shepherdson

No, not at all. And I know that we do a lot of that, don't we? When we do the, in the acute setting, we make a lot of things more standardised and repeatable so that you have got that flexibility built in so it can adapt, kind of overnight.

I mean, I think we've talked a bit about what makes a successful project, you know, and obviously you've all got the shared aim of, you know, getting the best for the patients and the providers and the communities. But what are the key drivers for a successful project?

Gareth Banks

As an architect ultimately our buildings are only for people, you know, whilst we might all wish to get it from our colleagues and, and the profession around beautiful buildings that, for me should come as standard. The real measure of success is an improvement of the health of the community around that facility. It should come in the satisfaction of the staff, staff retention, you know, it should make a really positive impact upon the lives.

And ultimately, and this would, this, this I think we'll segue back into your side, is we do it efficiently in a way that, again, those people investing in those buildings and creating those buildings can do so in a way that is sustainable and makes a return,

which makes other potential opportunities, you know, become viable through the confidence that gives.

Ewan Forsyth

So, I'm going to give you an answer from two entirely different perspectives. So, I'm going to give you the developer answer. I'm a developer, so success to me is there's a building dooing stuff, success, tick the box, exit, everybody's done their part, all those things are happening. The investor's happy, the occupier is happy, et cetera.

But then there's the other side and I quite often use as example people think in bonkers when they do, but one of the smallest schemes we ever did was, a main interest retail area down the Southampton General Hospital. Not huge from a construction side of things. But you know, we put a Costa Coffee in there and other retailers and that sort of thing.

But actually, it's one of the projects gives me the greatest satisfaction. The reason being, you're sitting in there, maybe you're meeting up with your client or whatever, you're drinking a coffee and there's people coming down and they're drinking a coffee and having a slice of cake. They've got a drip in their arm. You know, they come down, they've got their dressing going on. They're, they're basically undergoing treatment. They're perhaps meeting their relatives or seeing their kids or whatever it might be.

That to me was success because I thought, you know what? There's a little bit of normality right in the middle of your day. You're not having a great day 'cause you're in hospital, you're receiving treatment. You would rather be at home, but actually as you can't be at home, you have the coffee and cake your kids and your family, your friends. And that for me as a human, just sort of felt, you know, as a developer even, I just felt, oh, that's, that's really special. And that was not through anything overly complex nor expensive. It's just people having a coffee and conversing with people. They want to converse with that. I thought that was lovely.

Victoria Shepherdson

Well, that's a lovely story and I think that probably brings us to the end of today's episode. And thank you ever so much for joining us today and it's been really great. I think we carried on for another half an hour quite easily.

So, thank you all so much and thank you for sharing your experiences with us.

Well, that was a great discussion, and I think we can all see that being in the community is a great benefit to not only patients, but to staff as well, and to staff retention and being co-located with other stakeholders also can be a great driver to success in terms of the funding and also the project potentially going ahead.

So, we hope our listeners have enjoyed this episode and you can find all podcast episodes on our website, or you can subscribe via your preferred podcast platform. Thank you again so much for listening, and we look forward to you joining us again next time.