

Building Neighbourhood-Based Women's Healthcare

Why infrastructure now matters to delivery
of the renewed Women's Health Strategy



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The renewed Women's Health Strategy for England marks an important shift in the way the NHS intends to design and deliver women's healthcare over the coming decade. While much of the discussion around the strategy has focused understandably on clinical pathways, inequalities, prevention, and patient experience, there is another equally important implication emerging beneath the surface: delivery of these ambitions will depend heavily on whether NHS organisations can create the right physical environments to support them.

This is particularly relevant as the NHS continues its wider move towards neighbourhood health services and community-based models of care.

The strategy is explicit in its ambition to bring more care closer to home. It calls for neighbourhood women's health services, a single point of access for non-urgent gynaecology referrals, redesigned pathways for common conditions, improved diagnostics, and better integration between primary, community and secondary care services. At the same time, NHS England's broader neighbourhood health guidance describes a future in which more diagnostics, outpatient activity and follow-up care are delivered within local community settings rather than traditional acute environments.

The direction of travel is clear. Women's healthcare is becoming a practical test of whether the NHS can successfully move from fragmented, hospital-centric pathways towards integrated neighbourhood-based care.



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Women's health hubs are becoming strategically important

Women's health hubs sit at the centre of this transformation.

The national core specification describes hubs as integrated women's health services delivered in community settings, designed around women's needs across the life course. Importantly, hubs are not necessarily standalone buildings. They are models of care intended to improve access, reduce fragmentation, support earlier intervention, and simplify the patient journey.

That distinction matters.

The conversation should not begin with buildings. It should begin with pathways, outcomes and patient experience. However, even the strongest clinical model still requires suitable environments in which to operate effectively.

This is where the challenge becomes operational rather than conceptual.

Many NHS organisations are attempting to redesign services while working within ageing estates, fragmented outpatient configurations, and facilities that were never designed for integrated community-based care. NHS England has acknowledged this directly within its neighbourhood health guidance, noting that suitable estate will often be critical to successful delivery of co-located services and integrated neighbourhood teams.

In practice, this means systems need environments capable of supporting:

- ◆ Consultation and assessment
- ◆ Diagnostics
- ◆ Minor procedures
- ◆ One-stop outpatient pathways
- ◆ Multi-disciplinary working
- ◆ Flexible expansion
- ◆ Community accessibility

Without this infrastructure, pathway redesign risks becoming difficult to operationalise at scale.



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Gynaecology waiting lists highlight the scale of the challenge

The urgency behind this transformation is clear from current pressures within women's healthcare services.

The renewed strategy notes that only 57% of gynaecology referrals were seen within 18 weeks in January 2026, while around 565,000 women were waiting for gynaecology care in England. Importantly, the majority of these patients were not awaiting admission for major procedures. Many were waiting within outpatient, diagnostic or intermediate pathways.

This suggests a significant opportunity to redesign services outside traditional inpatient models.

Women's health hubs, community diagnostics and integrated outpatient environments all have potential to support:

- ◆ **Earlier diagnosis**
- ◆ **Faster triage**
- ◆ **Reduced follow-up appointments**
- ◆ **More convenient access**
- ◆ **Improved pathway coordination**
- ◆ **Reduced pressure on acute hospitals**

The Royal College of Obstetricians and Gynaecologists has also emphasised the importance of sustained investment and practical implementation if hubs are to deliver meaningful impact for patients and waiting lists.

The implication for NHS organisations is increasingly clear: solving women's healthcare pressures is no longer only about workforce or clinical strategy. It is also about whether services can be delivered within environments that support modern integrated pathways.



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Community diagnostics will play a central role

Diagnostics represent one of the strongest areas of alignment between national policy and neighbourhood healthcare delivery.

The Women's Health Strategy commits to expanding community diagnostic access, including rollout of breast pain and post-menopausal bleeding clinics, alongside wider investment in Community Diagnostic Centres (CDCs). Nationally, CDCs are already demonstrating how services traditionally delivered within acute sites can be brought closer to patients through more accessible community-based models.

For women's healthcare, this creates opportunities to redesign pathways around:

- ◆ **Ultrasound**
- ◆ **Hysteroscopy**
- ◆ **Blood testing**
- ◆ **Follow-up consultations**
- ◆ **Imaging**
- ◆ **Colposcopy**
- ◆ **One-stop assessment clinics**

The operational benefits are significant. Community-based diagnostic models can reduce unnecessary acute attendance, improve convenience for patients, and support faster decision-making within outpatient pathways.

However, they also require physical environments specifically designed for integrated flow between consultation, diagnostics and follow-on care.

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A practical example: Swindon Community Diagnostic Centre

A recent project delivered by Vanguard Healthcare Solutions at Great Western Hospitals NHS Foundation Trust illustrates how rapidly deployed infrastructure can support community-based healthcare delivery.

Using modern methods of construction, Vanguard delivered a modular Community Diagnostic Centre designed to increase local diagnostic capacity while minimising disruption to existing hospital operations. The facility includes two treatment rooms and six patient assessment pods, supporting a range of outpatient and diagnostic services.

The pre-manufactured modules were installed on site over just two days, helping reduce operational

disruption and accelerate deployment. The centre was expected to support approximately 6,000 patients during its first year of operation.

While not designed specifically as a women's health hub, the project demonstrates how flexible infrastructure can support the broader NHS direction towards neighbourhood healthcare, community diagnostics and integrated outpatient pathways.

For systems considering women's health hubs or expanded diagnostic services, it provides a practical example of how infrastructure can support delivery at pace.

The opportunity ahead

The renewed Women's Health Strategy should not be viewed simply as another policy document. It is part of a much broader shift in how healthcare will increasingly be delivered across the NHS.

Women's health hubs, community diagnostics and neighbourhood healthcare models all point towards the same conclusion: future services will need to be more integrated, more accessible, and delivered closer to where patients live.

That transition will require:

- Clinical redesign ◆
- Workforce planning ◆
- Digital integration ◆
- Commissioning alignment ◆
- Suitable infrastructure ◆

No single intervention will solve these challenges independently. However, where estate becomes a limiting factor, flexible healthcare infrastructure can help systems move from strategic ambition to practical implementation more quickly.

The NHS already understands what good women's healthcare should look like. The next challenge is creating the environments capable of delivering it consistently, sustainably and closer to home.