

Independent evaluation of the new St Clements Surgery

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The evaluation team



Health
Innovation
Wessex

Evaluation team

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Disclaimer

The final report presents findings from an evaluation of the new St Clements Surgery (Winchester City Primary Care Network) conducted by Health Innovation Wessex (HIW). The findings of this evaluation are those of the authors and do not necessarily represent the views of Hampshire and Isle of Wight ICB, primary care networks, or St Clements Surgery.

Acknowledgements

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Independent evaluation of the new St Clements Surgery

Executive summary





Executive summary

Introduction

St Clements Partnership is a GP surgery within central Winchester, in the Silver Hill area, which has been earmarked for regeneration since the late 1990s. The practice building was built in 1969 and has been at risk of compulsory purchase and demolition for several years, which has limited the ability to maintain the building to the required standards for GP practices. Winchester City Council and the former NHS Hampshire, Southampton and Isle of Wight CCG gave approval for a new building. Assura PLC has designed, financed and overseen the build of the new practice to meet current and future requirements.

In 2022, the surgery's lead on the project, Dr Matt Hammerton, worked with HIW to describe a vision for the new building that would incorporate digital innovation and new ways of working. HIW worked with the surgery to horizon scan for innovations and develop a recommendations report.

The vision of the benefits of the new building are:

- Improved patient care through innovation
- Greater flexibility and equity of service
- Improved well-being of the workforce
- Co-location of primary and community services to facilitate integrated working and the provision of new models of care.
- Operationalise a Health Hub to support preventative activities, gather patient routine readings to support their care, and serve as an 'enhanced waiting area'.





Executive summary

Evaluation purpose and methods

This evaluation report examines the impact of relocating St Clements Surgery to a new purpose-built facility in Winchester, completed in February 2025.

The evaluation aimed to explore the effects on patient care, surgery operations, service flexibility and equity, staff wellbeing, and staff attitudes toward innovation. Using a mixed-methods concurrent triangulation design, the study included:

- Extraction of practice data on the management of long-term conditions and comparisons made before and after the move.
- A patient survey on acceptability and impact of the new practice: assessing satisfaction with the new practice, care, flexibility, equity of access, perception of staff wellbeing and potential improvements.
- A staff survey assessing several attitudinal and wellbeing measures before and after the move.
- Semi-structured interviews with surgery staff and key stakeholders assessing the impact of the new building.





Executive summary

Key findings

- **Patient care:** 48% of surveyed patients (n=776 total) reported improved quality of care, supported by a calmer environment, better flow, and enhanced facilities. Preventative care and long-term condition management were largely maintained, with some positive trends post-move.
- **Patient experience:** 82% rated their overall experience as better, and 91% praised the physical environment.
- **Staff wellbeing:** Improved facilities and communal spaces boosted morale, though challenges remain around reception overcrowding, parking inequities, and reduced remote working.
- **Innovation attitudes:** Overall attitudes declined slightly, though nurses and Advanced Nurse Practitioners (ANP) demonstrated positive shifts.
- **Operational impact:** Efficiency and collaboration improved, energy costs fell by 45%, and the building supports future service expansion.
- **Lessons:** Areas of improvement for the practice include more inclusive decision-making, more flexible workspace design, reduced over-crowding in the reception area to reduce a stressful environment for staff. A lesson for future developments is the need for a dedicated transformation manager to enact new ways of working, alongside the management logistics of moving, to release the burden on already over-stretched practice staff.





Executive summary

Overall conclusions

- The relocation of St Clements Surgery to a modern, purpose-built facility has delivered clear benefits for patient experience and operational efficiency, while introducing some transitional challenges.
- Patients overwhelmingly reported improvements in the physical environment and overall experience, with many noting enhanced comfort, accessibility and flow within the building. Preventative care and long-term condition management were largely maintained, with some positive trends emerging post-move.
- For staff, the new premises improved wellbeing through better facilities and communal spaces, but also created pressures related to workspace design, parking inequities, and reduced remote working flexibility. Attitudes toward innovation showed a slight decline overall, though nurses and ANPs demonstrated the most positive increase.
- Operationally, the new building enabled greater efficiency and collaboration, yet highlighted underutilised spaces and administrative overcrowding as areas for improvement. Energy efficiency gains were significant, reducing electricity costs by 44%, and the building's design supports future expansion and integration of complementary services. However, lessons around inclusive decision-making, flexible working, and equitable resource allocation underscore the need for proactive engagement and planning in future projects.
- However, introducing and delivering innovative changes to ways of working - such as preventative activities in the Health Hub - while also moving into the new premises and maintaining the contracted medical services, proved challenging without dedicated capacity. A focus on the conditions that support the adoption of innovation, including staff capacity, skills and resources, will help the development of new ways of working in similar programmes of work.



Independent evaluation of the new St Clements Surgery

Full report





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Background

About Health Innovation Wessex

- Health innovation networks (formerly called Academic Health Science Networks or AHSNs) were established by NHS England in 2013 to transform the discovery, adoption and spread of innovation in health and care. We offer support and expertise across the health innovation pipeline, including the spread and adoption of technologies; enabling disruptive pathway redesign; building workforce capability; and evaluating implementation and impact to secure sustainable, transformative change.
- Health Innovation Wessex brings together the NHS, health and social care providers, universities, industry, community groups and voluntary organisations, and covers a regional population of almost three million. Working in partnership with our member organisations and industry, we support the NHS to generate economic benefits and improve health outcomes.

Origin of the evaluation

- Digital transformation is one of the three key shifts in the NHS 10 Year Health Plan for England; this includes modernising estates and expanding digital and technological capacity. Prior to this, the Topol Review emphasises the need for enhanced digital literacy to reach full potential in a technology enabled NHS.
- In 2021, HIW partnered with St Clements Surgery, Assura PLC, and Hampshire & Isle of Wight Integrated Care Board (HIOW ICB) to develop an evaluation of the new premises and new ways of working within the surgery.
- Building work was finalised in January 2025 and the new surgery opened to patients in February 2025. A bedding-in period was requested by the practice prior to the evaluation.
- The evaluation was co-designed with the practice partner Dr Matthew Hammerton.
- Health Innovation Wessex conducted the real-world evaluation of the new St Clements Surgery in two phases, with baseline measurements in July 2022 and the second follow-up phase between June and October 2025.





Evaluation questions

Evaluation questions:

1. What impact has the physical transformation of St Clements practice had on **patient care**?
2. What impact has the physical transformation of St Clements practice had on **flexibility of service**?
3. What impact has the physical transformation of St Clements practice had on **equity of service**?
4. What impact has the physical transformation of St Clements practice had on the **wellbeing of the practice staff**?
5. What impact has the new building had on **staff attitudes toward innovation**?
6. How has the physical transformation of St Clements practice impacted on **patients, services, and staff**?
7. What **lessons** can be drawn from the move to the new premises?





Evaluation methodology

The evaluation took place in two phases, baseline measurements were taken in July 2022 and the second follow-up phase between June 2025 and Oct 2025. A mixed methods concurrent triangulation design was used to answer the evaluation questions.

Methods and participation:

- 1. Extraction of practice data on the management of long-term conditions** and comparisons made before and after the move. Data sources included: preventative health checks, smoking cessation discussions, alcohol consumption discussions, weight management discussions, and management of diabetes, hypertension, mental health, and dementia reviews.
- 2. A patient survey on acceptability and impact of the new practice:** assessing satisfaction with the new practice, care, flexibility, equity of access, perception of staff wellbeing and potential improvements. The survey was sent to the St Clements Patient Representation Group, a group of experienced and engaged expert patients, and advertised online and through posters at the surgery. In total, 776 patients (5% of practice population) completed the survey, of which 52% were aged over 65 years old.
- 3. A staff survey assessing several attitudinal and wellbeing measures** before and after the move. The first measure assessed staff attitudes toward innovation (ATIS©; including the domains: their own personal views on innovation, views on colleague's attitudes toward innovation, and views on the organisation's – the surgery – attitudes toward innovation. The second measure assessed staff level of burnout (Copenhagen Burnout Inventory; CBI): including personal-home-related burnout, work-related burnout, and patient interaction-related burnout). The third measure was staff self-reported general health (General Health Questionnaire; GHQ). In 2021, 32 surgery staff completed the baseline measures. In August 2025, 18 staff that still worked at the surgery completed the same measures again.
- 4. Semi-structured interviews** with surgery staff and key stakeholders assessed the impact of the new building on patient care, surgery activities and staff wellbeing. In total, 11 staff were interviewed and their views thematically analysed.





Summary of results sections

The findings from all data sources were synthesised into several areas for this report:

1. Impact on patient care
2. Impact on surgery staff wellbeing
3. Impact on surgery activities
4. Lessons from the build process and implementation of new ways of working.





Impacts on the delivery of patient care – Preventative Care

Figure 1: Interrupted time series analysis on number of patients receiving health check before and after moving to the new building

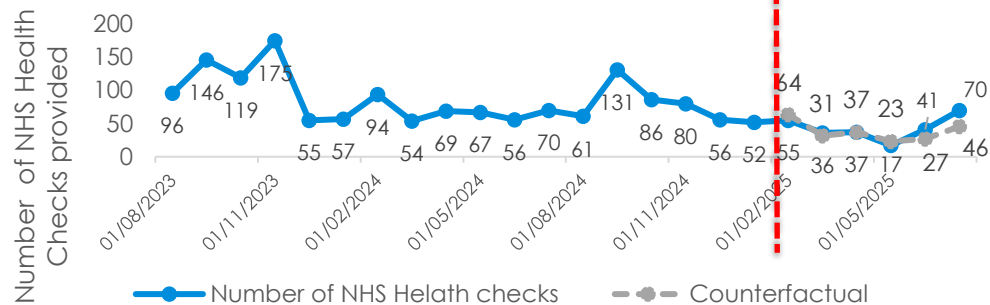
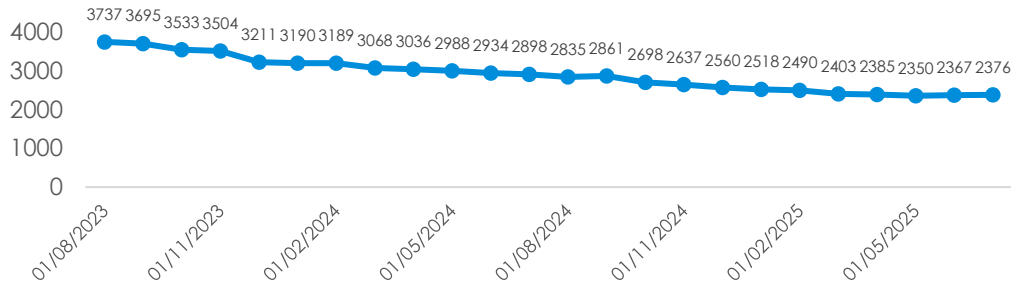


Figure 2: Number of eligible patients age between 40 and 74 who had not received invitation for NHS Health Checks



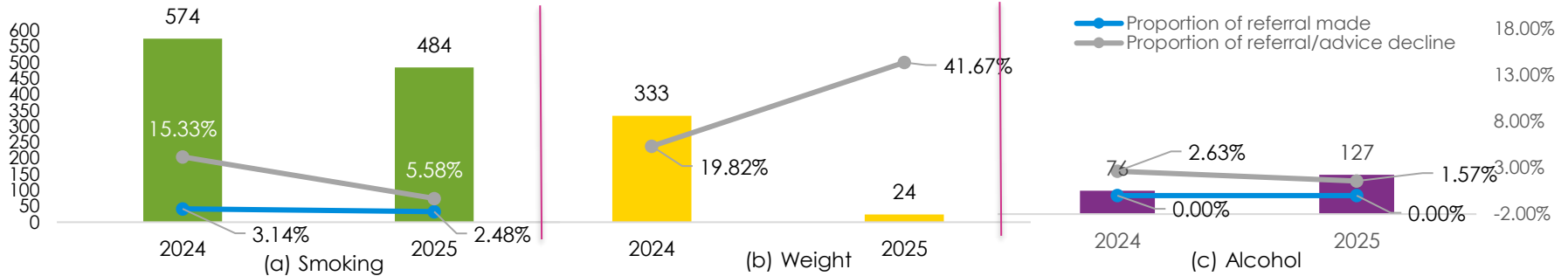
- In Figure 1, the analysis* shows that the proportion of patients receiving health checks in the eligible cohort **was similar between mid-2023 and the move**. Also, the number of health checks provided also highlighted a **seasonal pattern**, with uptake consistently peaking in the autumn months (September to November). The number of eligible patients receiving NHS Health Checks was **declining** just before the move to the new building (coefficient = -2.52, p=0.0001).
- In Figure 1, there was a **statistically significant drop** in uptake of NHS Health Checks immediately after the move compared to before the move (coefficient = -13.92, p<0.001). However, this was followed by a **significant increase** in health checks in mid-2025 (coefficient = 5.31, p=0.005).
- In Figure 2, during the evaluation the eligible cohort size reduced from 3,641 to 2,306 and this influences the number of invitations and health checks completed.
- Overall, the findings suggest moving to a new surgery had some small effects on health check activities but did not cause sustained change in the number of health checks after the move.





Impacts on the delivery of patient care – Preventative Care

Figure 3: Changes in number of service users invited to discuss smoking status, weight management, or alcohol consumption before and after the move



- After the move in February 2025 and compared with Feb to July 2024, Figure 3 shows fewer invitations were made to people for advice on smoking and weight management during the same period in 2025, while the number of invitations sent to discuss alcohol consumption increased. Both reductions are likely due to batch outreach campaigns run before February instead of the impact of the building move as peaks of over 1000 invitations were present in individual months. Invitation acceptance rates remain relatively stable across all three areas. For weight management, the declines increased to 41% but it was not possible to determine the reason for the increase.
- Across all three behaviours, engagement patterns are heavily influenced by cohort size, operational planning, and batch outreach campaigns. This makes it difficult to isolate the specific impact of the practice's relocation in February 2025. While some signals (e.g., number of patients declining invitations for smoking and alcohol) suggest possible improvements, these patterns may equally reflect changes in operational delivery (number of invitations sent) or patient response behaviour (active decline vs passive non-response).
- Continued monitoring over a longer post-move period would help distinguish between structural outreach effects (batch messaging, timing differences, coding practices) and any underlying changes in patient engagement related to the new building.





Impacts on the delivery of patient care – Long-term Conditions Management

Table 1: Changes in activity for long-term health condition management

		Trends before Feb 2025	Immediate changes after Feb 2025	Trends after Feb 2025
Diabetes	Review %	-1.41%	10.44%	-
	BP %	-3.30%	-12.93%	10.54%
	HbA1c %	-2.93%	8.65%	5.16%
	Med %	-1.50%	3.25%	4.87%
Hypertension	BP %	-1.40%	-10.97%	7.59%
	Med %	-3.64%	1.18%	11.06%
Mental Health	Care plan %	-3.28%	-20.65%	-4.33%
	BP %	-3.37%	-23.59%	11.42%
	BMI %	-2.57%	-37.91%	16.11%
	Lipid Profile %	-7.44%	41.12%	5.54%
	HbA1c %	-4.58%	-13.43%	11.47%
Dementia	review done	-8.10%	271.74%	-2.83%

Note: Red means the data is statistically significant

- Data analysed before the move (August 2023 to February 2025), across all long-term conditions reported a downward trend in activity (e.g. reviews of blood pressure, HbA1c, and medication for diabetes) was evident (Table 1).
- In the immediate period after the move, reductions continued for some activities, such as blood pressure (BP) checks for patients with hypertension (i.e. -10.97%), while dementia reviews showed a significant increase. The sharp increase of 271% immediately in February 2025 may reflect the start of a new review cycle or the completion of the relocation process, which enabled nurses to catch up on outstanding reviews.
- Longer trends between February and July 2025 indicate positive change, although many are not statistically significant – except for a significant increase in medication reviews for hypertension (11.06%) and collection of BMI data for patients living with mental health conditions (16.11%).
- The findings suggest that the practice had already been reducing reviews or checks before the move, and the move to a new surgery introduced only minor disruption to certain activities (eg BP checks in hypertension).
- Importantly, the data indicated strong seasonality was apparent, making it difficult to disentangle the effects of operational planning from the impact of the building move. Longer follow-up is needed for clearer attribution.





Impacts on the delivery of patient care

- Of the 776 patient survey responses, **48% (strongly agreed and agreed combined) reported the new building improved the quality of care received**. 44% reported no change in their quality of care. Sub-analyses compared survey responses by age and length of time registered with the practice. No significant differences were found on this question.
- In addition, theme 1 from the staff interviews (see Appendix) described several impacts on the delivery of patient care. Theme 1(a) indicated the new practice building enabled a **calmer, more comfortable environment enabling improved flow**, as described by participants, noting positive feedback from patients on the open plan layout and recognising how a calmer environment, comfort through air conditioning and improved flow for blood tests contributes to improved delivery of patient care:

"I hear through people that I work with...that patients love it...they always seem a lot happier when they come in." P01

"It's created a calmer environment...patients know where to go...it's improved flow for people having blood tests." P01

"Having air conditioning has been a godsend...that's made the environment nicer in waiting rooms." P03

"It's a modern clinical space, the impact on staff and patients is tangible. People see it." P10

- Theme 1(b) reported the new practice building has enabled **increased utilisation of the self-help kiosk** through increased, dedicated space and easier access, as reported by participants:

"Having access to the health kiosk meant that people can easily use it, which [makes it] more likely to be used." P02





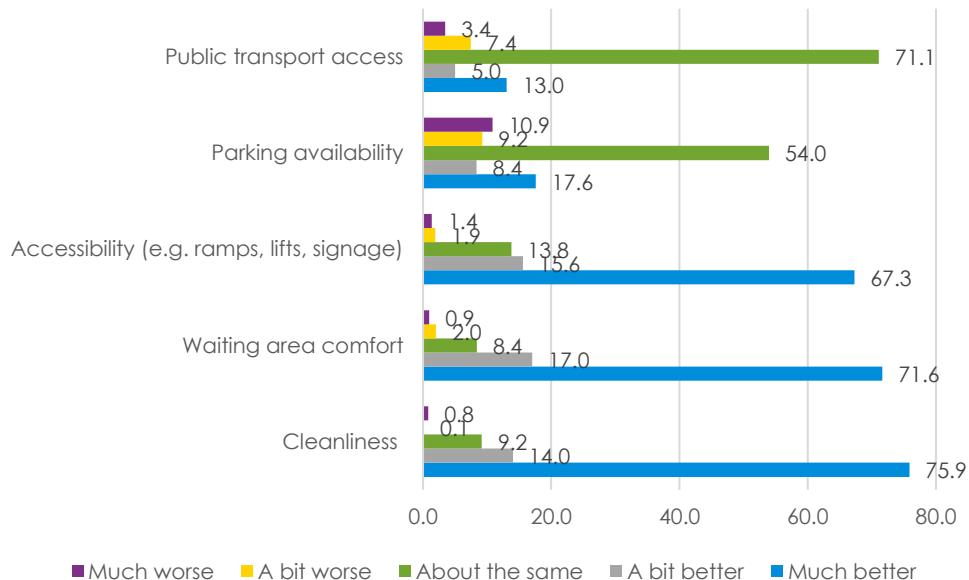
Impacts on the patient experience

- Of the 776 patient survey responses, **82% rated their overall experience of the new building (the look, the feel, how you're supported) as positive** (either 'much better' 65% or 'somewhat better' 17%).
- Of the 776 patient survey responses, **91% rated the physical environment of the new building (eg calmness, space, privacy) as positive** (either 'much better' 75% or 'somewhat better' 16%).

Of the 776 patient survey responses, in comparison to the old premises (Figure 4):

- 75% reported the new practice as cleaner
- 71% reported better waiting area comfort
- 67% reported better accessibility
- However, 71% reported no change in public transport access to the practice
- Also, 54% reported no change and 20% reported worse access to car parking availability.

Figure 4: Patient views on new premises attributes (%)



- Sub-analyses compared survey responses by age and length of time registered with the practice. No significant differences were found on these questions.



Impacts on the patient experience

- Theme 1 from the staff interviews (see Appendix) described several impacts on the patient experience.
- Theme 1(c) described how a participant felt **urgent care provisions had improved** since the practice move, through improved in-person discussions and case management:

"Splitting routine and urgent access has been really successful, [we have resolved] several cases through in-person discussion, instead of sending a task " P02

"We have increased efficiency [in discussing cases] by being physically nearby. I think it's improved patient care, and we are bit more efficient with our urgent cases" P02

- Importantly, theme 1(d) stated that **confidentiality remains an area for improvement** at the reception area, calling for more utilisation of the interview room, as highlighted by:

"There is not a lot of privacy...we have an interview room which we could utilise more...we need to make that a bit more available" P08

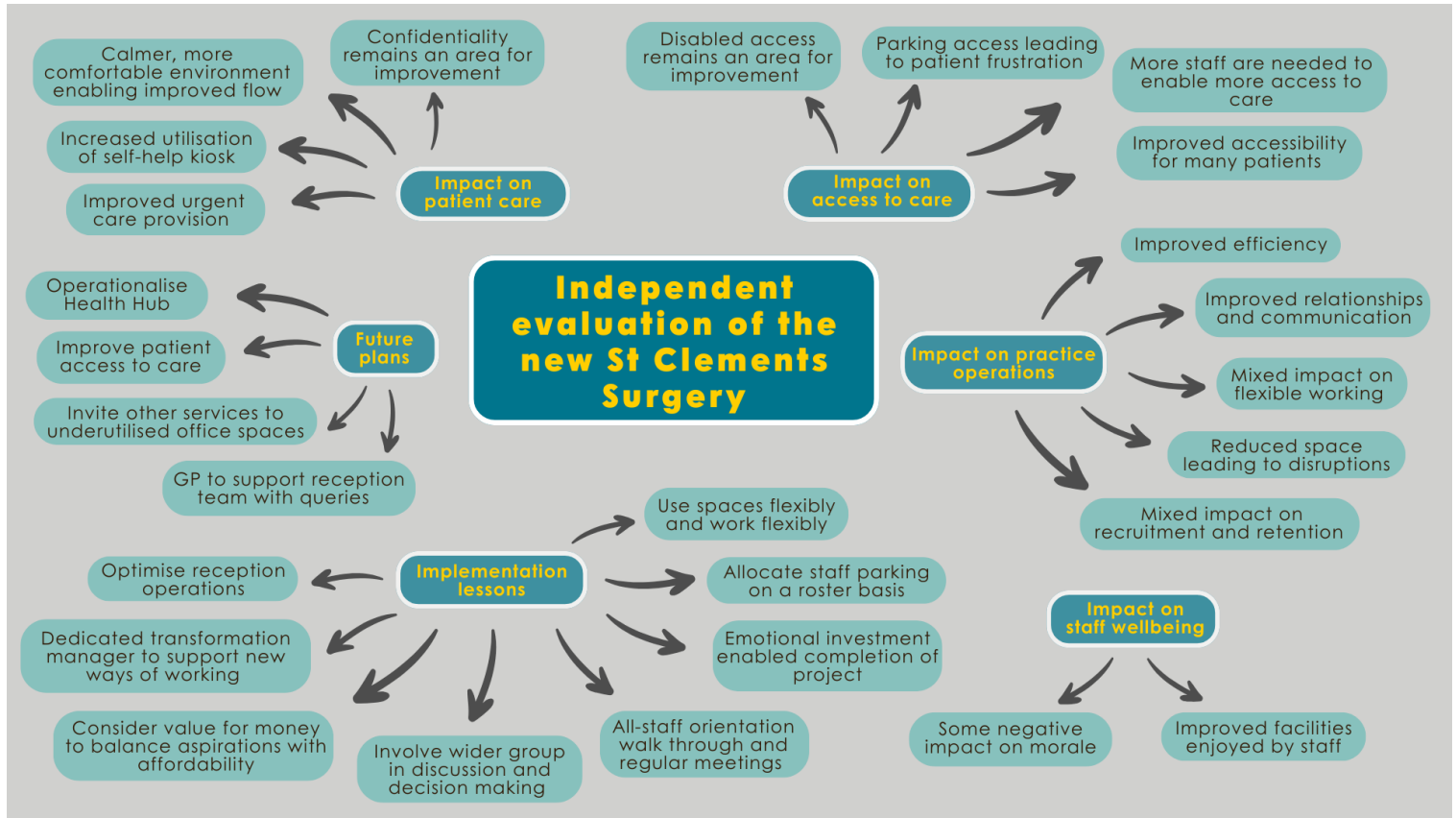
"Patients still don't feel the reception area is private enough...we have interview rooms where we can talk privately so that's something we need to work on." P10

"Sometimes we have to put patients on hold [on the phone] because they can hear each other." P10





Themes from staff interviews





Impact on surgery staff wellbeing



Staff wellbeing

- Of the 776 patient survey responses, **45% of patients reported they witnessed more positive staff morale since the move**. 37% reported no perceived change in staff morale. Sub-analyses compared survey responses by age and length of time registered with the practice. No significant differences were found on this question.
- The staff interviews further revealed the impact of the practice move on staff wellbeing. Theme 4(a) describes how **improved facilities have been enjoyed by staff**, contributing to improved wellbeing since the practice move. Staff consistently described the building as “light, and airy”, “lovely”, “a million times easier and better”. Staff highlighted appreciation for dedicated work-spaces: *“We know that there is always a desk we can go on and work at” P01*
- Communal areas have been enjoyed by staff, and have enabled rest, increased wellbeing and conversations: *“lunch [on the balcony] chatting with different people”*, *“team lunches with pizza”*, *“the upper floor is a chance to unwind and catch up with people...it promotes people taking breaks” P02*
- Another staff member added: *“it’s nice to sit out on the terrace and get a bit of fresh air” P04*
- Staff also noted the bike lockers, lockers and shower rooms contributing to increased staff comfort:
“There are more bike lockers and you’ve got an easy way up the stairs to have a shower.” P02
“The air conditioning is very much appreciated...it’s been welcomed to be able to lock bikes up safely and being able to have a shower made a difference.” P04





Change in staff attitudes and wellbeing

32 practice staff completed three outcome measures before the move and 18 of the same staff completed them a second time after the move:

1. Attitudes toward innovation survey Higher scores = higher attitudes toward innovation. Overall score min-max range from 0 to 100. Sub-sections max-min range from: 0 to 28 for Personal; 0 to 40 for Team; and 0 to 32 for Organisation

2. Short Global Health Questionnaire Higher scores = worse severity of mental health problems. Overall score min-max range from 0 to 36

3. Copenhagen Burnout Inventory Higher % = higher predicted burnout. Scores range from 0% to 100% for overall predicted burnout and the three sub-domains of burnout: personal, work-related, patient-related. * >50% = non / low burnout; 50-74 = moderate burnout; 75-99 = high burnout; 100 = severe burnout

Table 2	Before	After
ATIS	Score	Score
Overall score	66.4	62.8 ↓
Personal attitudes	17.7	14.4 ↓
Team / colleagues attitudes	27.6	27.3
Organisations attitudes	21.1	21.1

Table 3	Before		After	
CBI	Mean predicted burnout	Level of burnout*	Mean predicted burnout	Level of burnout*
Overall burnout	45.3%	Low	✓ 42.0%	Low
Personal burnout	49.9%	Low	⚠ 53.8%	Moderate
Work-related burnout	52.0%	Moderate	✓ 48.2%	Low
Patient-related burnout	34.0%	Low	✓ 24.2%	Low

Table 4	Before	After
GHQ	Score	Score
Overall score	13.4	12.0 ↓

Key findings

1. Overall attitudes toward innovation decreased slightly after the move; in particular, the assessment of their own personal attitudes.
2. Practice staff views of their colleagues' and organisation attitudes toward innovation did not change over time.
3. Practice staff self-reported mental health symptoms slightly decreased after the move.
4. Practice staff overall level of predicted burnout remained low over time.





Change in staff attitudes and wellbeing – sub-analyses

Comparisons based on clinical role:

1. Attitudes Toward Innovation Survey

Higher scores = higher attitudes toward innovation

2. Short Global Health Questionnaire

Higher scores = worse severity of mental health problems

3. Copenhagen Burnout Inventory

Higher % = higher predicted burnout.

Table 5 Time point	Role	ATIS Total	ATIS Personal	ATIS Colleague	ATIS Organisation	GHQ	CBI – Overall burnout*	CBI – Personal burnout*	CBI – Work-related burnout*	CBI – Patient-related burnout*
GP	B/L	68.0	17.8	28.7	21.5	13.9	44.2	49.7	54.3	28.6
GP	F/Up	67.2	13.8 ↓	28.0	25.5 ↑	9.3 ✓	39.7	46.9	47.3	25.0
Manager	B/L	66.3	18.5	27.0	20.8	16.5	45.0	51.0	51.8	32.3
Manager	F/Up	63.8	14.8 ↓	28.4	20.6	9.4 ✓	38.8	45.8	42.1	28.3
Nurse / ANP	B/L	66.5	19.0	27.0	20.5	16.5	52.9	62.5	59.8	36.5
Nurse / ANP	F/Up	80.5 ↑	17.5 ↓	38.5 ↑	24.5 ↑	9.5 ✓	41.4	54.2	42.9	27.1
Admin	B/L	63.8	16.7	26.3	20.8	9.9	43.7	44.0	44.8	42.1
Admin	F/Up	51.0 ↓	13.4 ↓	21.0 ↓	16.6 ↓	18.8 ⚠	49.0 ⚠	60.8 ⚠	62.9 ⚠	23.3

* >50% = non / low burnout; 50-74 = moderate burnout; 75-99 = high burnout

Key findings

1. Nurses / ANPs showed the most positive change in attitudes toward innovation – in an overall sense, and in their perceptions of colleagues and the organisation's outlook on innovation.
2. All types of staff reported slightly lower levels of attitude toward innovation after the move.
3. GPs, managers and nurses / ANPs reported improved mental health (GHQ) after the move. However, administrative staff reported a worsening of mental health symptoms.
4. Administrative staff were the only staff type with an increased risk of burnout after the move.





Staff wellbeing - Challenges

- Importantly, Theme 4(b) explores **some negative impact of the surgery move on morale**, highlighting teething issues occurring during the process of the move and operational transition:
- Lack of equitable access to parking has been highlighted as a main source of discontent. Non-clinical staff were “categorically told” that they could not use the free car park, which has led to perceptions of unfairness and exclusion: “*normal colleagues haven't got [free parking]*” (P02), describing it “*slightly unfair*” (P01). Another staff member added “*in the old building [free] car parking was rotated monthly*” (P11).
- The move was described as overwhelming by several staff members “*it was a bit too overwhelming*” (P04), with the pace and volume of change creating confusion; “*I don't think there was any discussion...certainly not with the rest of the team*” (P11).
- Several staff reported that since the move they're feeling demotivated and under constant pressure “*you come in and you get fireballs from everywhere*” (P11), highlighting the persistent stress and tangible impact on wellbeing and job satisfaction.
- The physical space and changed layout also posed challenges. Staff in the reception area reported “*being on top of each other*” and “*squeezed in*” leading to mistakes and exhaustion (P11). Adjusting to the new working routine was met with challenges, with a participant noting dissatisfaction with reduced remote working.
- Some staff expressed disappointment about the split use of lunch rooms and perceived it as a division between staff groups; “*the doctors use the bigger rooms...we feel there is a gap between them and us*” (P11).





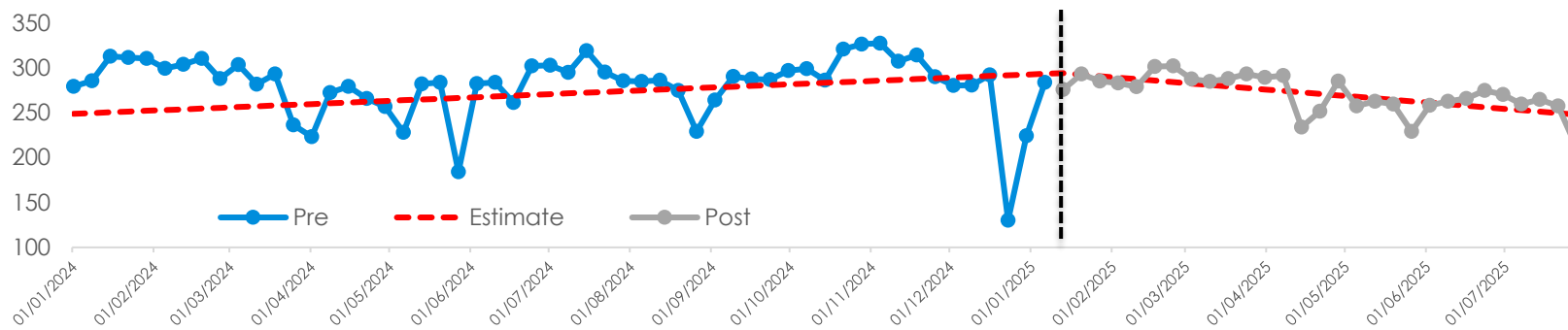
Impact on surgery activities



Surgery management - Appointments

- Figure 5 shows the rate of appointments offered per 1000 patients per week. The model identified an **upward trend through 2024** prior to the move in February 2025 (Coef = 0.80; 95% CI: 0.55–1.08; $p < 0.001$), with a statistically significant decrease of approximately 2.5 appointments per 1000 patients (Coef = -2.48 ; 95% CI: -3.99 to -0.99 ; $p = 0.001$) just before the move.
- After the move, appointment levels were affected. Face-to-face appointments experienced the largest reduction, **with an immediate drop of 435 appointments in the first week after the move** (Coef = -434.9 ; 95% CI: -682.2 to -187.5 ; $p = 0.001$).
- A continued but statistically non-significant decrease in appointments offered was identified. A longer follow-up period is needed to confirm whether the downward trend continues.
- In related datasets on routine appointments, the practice showed a slight increase in waiting time prior to the move.(coef: 0.0188, $P < 0.001$, CI: 0.01, 0.028) but was negligible. Following the relocation, waiting times (days) began to decrease, although this reduction was not statistically significant.

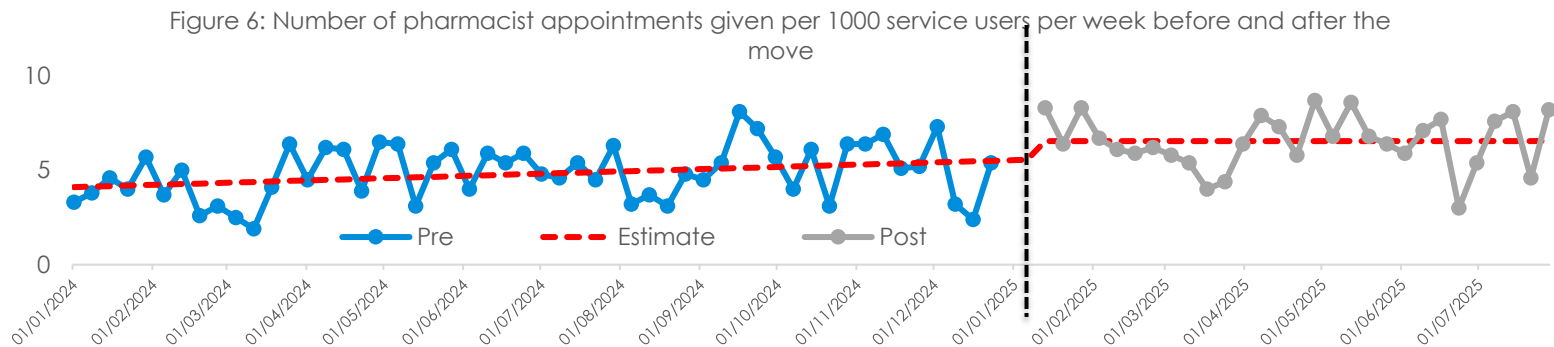
Figure 5: Number of appointments given per 1000 service users per week before and after the move





Surgery management - Appointments

- On pharmacy appointments (Figure 6), there was a small but **statistically significant increase** (0.03 appointments per 1,000 patients, Coef = 0.0273; 95% CI: 0.003–0.052; $p = 0.029$). This was accompanied by a statistically non-significant reduction in the waiting time for routine appointments of approximately 0.2 days (Coef = -0.23; 95% CI: -0.42 to -0.038; $p = 0.019$).
- Social prescriber appointment availability remained stable, with minor but statistically significant reductions prior to the move (0.02 appointments per 1000 patients per week, Coef = -0.018; 95% CI: -0.030 to -0.006; $p = 0.003$). This **increased significantly after the move** by approximately 0.04 appointments per 1000 patients per week (Coef = 0.0413; 95% CI: 0.009–0.074; $p = 0.014$).
- For GP appointment data, the analysis identified **a significant reduction of approximately 30 appointments per 1000 patients** in the first week following the move, but no sustained change in subsequent weeks.





Surgery management - Calls

Figure 7: Number of hang up calls by patients and average wait time by month

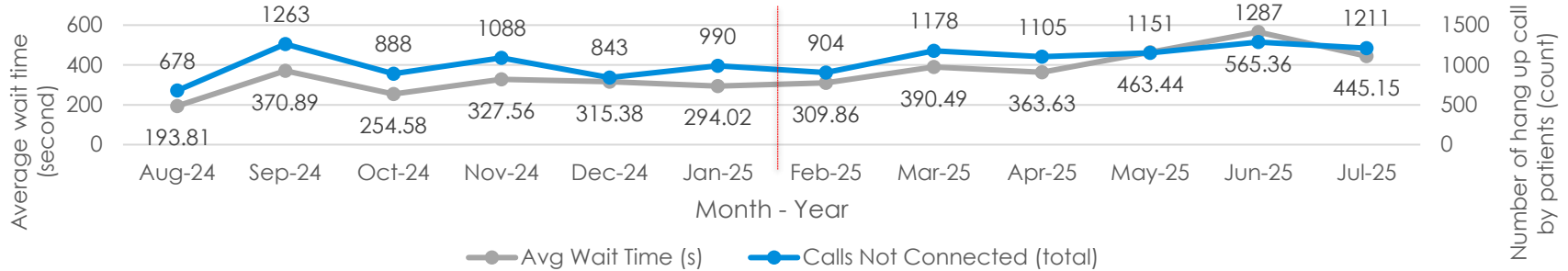
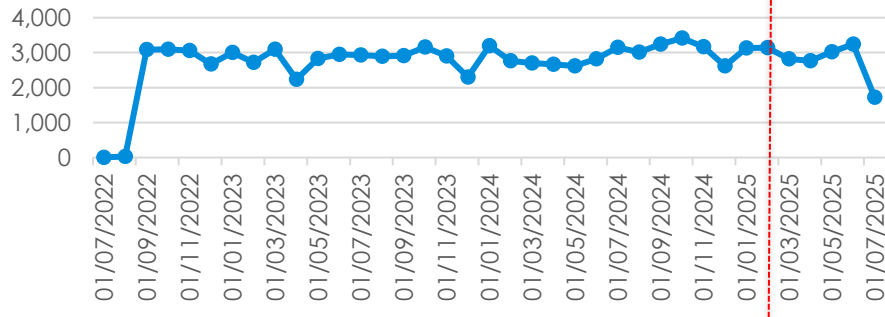


Figure 8: Number of online consults conducted



- Between August and December 2024 (Figure 7), the monthly volume of calls remained stable. However, call length and average waiting time increased significantly after the move in February 2025. This suggests staff spent longer handling requests during calls, with less time placed on hold, yet service users experienced longer waits before being connected.
- In related datasets, the number of online consults conducted did not significantly change after the move (Figure 8).





Surgery management – Reduced energy costs

- Management decisions during the building development phase contributed to reduced energy costs.
- Comparing eight months in 2024 to eight months in 2025, **electricity costs in the new building were 44.7% lower in 2025**, amounting to a £12,959 saving (Table 6)
- This saving was achieved despite the new surgery being 40% larger, having 30% more consulting rooms, due to using more energy efficient features, such as air conditioning in all areas, reducing reliance on fans or portable heaters. Other features, such as solar panels and energy saving lights further contribute to reduced costs.
- Interviews indicated direct savings are reinvested by the surgery for increased annual maintenance costs (e.g. painting, cleaning, windows maintenance).

Table 6: Electricity costs before and after the move

Old practice		New practice	
Electricity (only) cost + VAT	£	Electricity (only) cost + VAT	£
Jan-24	6166	Jan-25	1903
Feb-24	5251	Feb-25	2344
Mar-24	4335	Mar-25	2453
Apr-24	4273	Apr-25	1902
May-24	2368	May-25	1963
Jun-24	2180	Jun-25	1799
Jul-24	2215	Jul-25	1915
Aug-24	2200	Aug-25	1750
Total	£28,988	Total	£16,029





Impact on services – Surgery efficiency

- Theme 3 from the staff interviews reports views on the **impact of the surgery building on practice operational activities**.
- Theme 3 (a) describes how the building **enabled improved efficiency**. Staff highlighted how the improved clinical environment enhanced their ability to work efficiently. They added the new layout and improved access also supported efficiency, and streamlined operations contributed to better task management.

“[The new surgery building] created space for us...there is always a desk we can work at...it's made a big difference for us” P01

“[Staff] have their dedicated space, they are not having to move from here to there” P01

“It's a big enough surgery but it doesn't feel like you're walking forever to get somewhere” P01

“It was really easy to find where I was going [compared to] the previous building” P02

“[We have] improved working processes fostered through the move...expanding our duty team...and clarity on where the kit is” P02

“There is clear access to emergency bags...and to know where the duty team are” P02





Impact on services – Access to care

- Theme 2 from the staff interviews identified views on the **impact of the new practice on access to care**.
- Theme 2 (a) describes how the new practice building contributed to **improved accessibility for many patients**. Staff shared how the new practice was designed with inclusivity in mind, allowing for more face-to-face meetings, dedicated parking for patients with disabilities, more space, and a calmer environment for vulnerable patients.

"We didn't have space to see all patients face-to-face...now we can see them face-to-face" P09

"Blue badge holders can park [at the practice]" P02

"There is a quiet, calmer area vulnerable patients can go to" P04

"We've got bigger rooms...we don't have to manoeuvre patients around desks anymore" P04

"We've got room...if a patient wanted to bring someone else with them, they can" P09





Impact on services – Relationships and communication

- Theme 3 (b) describes how the move **improved staff relationships and communication**. Staff described how being physically present improved communication, more timely conversations, collaboration through spontaneous discussions and problem solving. Staff also added the shared staff facilities have strengthened relationships and improved morale among many staff members.

"Just being able to be in a room with colleagues...you have conversations that you wouldn't necessarily have over teams." P01

"Having the PCN staff [close] is a really big thing for me...I walked ten metres, and I was able to chat with the colleagues there". P02

"Actively going to the coffee room...there's a more active seeking out of colleagues to talk to." P10

"[if somebody] needs to ask a question they're in the same location" P03

"We could have all the staff together for training afternoon... it's good for social interaction and team morale" P08

"I've built a much better relationship with her... I feel a lot more at ease with her" P01

"The pharmacy team are improving and developing those working relationships" P03

"People are more aware of how other teams' jobs link into each other" P08





Impact on practice services – Flexibility of services

- Of the 776 patient survey responses, **41% reported the new building improved the flexibility and responsiveness of services (e.g., appointment availability, range of services)**. 53% reported no change in flexibility and responsiveness of services. Sub-analyses compared survey responses by age and length of time registered with the practice. No significant differences were found on this question.
- Theme 3(e) from the staff interviews describes how the move had a **mixed impact on flexible working**. On one hand, staff shared that the increased building size has enabled more staff to work on site, reducing reliance on remote working provisions.

"We are moving away from remote working because we've got more space to host staff." P08

- On the other hand, certain roles are not being granted remote working options, with other staff expressing reluctance to give up remote working. *"We haven't been [allowed to work from home]...we could answer calls anywhere, but they won't allow it." P11*
- As described by some staff, the new space facilitated more flexible working within the building, but despite improvements, some technical challenges hinder seamless flexible working: *"Everyone's free to use whichever desk they want" P09*

"[in the new building] they can connect straight into the system which means they can desk hop" P03

"There are still challenges being able to use printers, getting the screen setups right" P11





Impact on practice services – Recruitment and retention

- Theme 3(e) describes the **mixed impact of the new building on recruitment and retention**. Some staff described the new building as more attractive for prospective employees with *“modern, attractive premises with improved facilities”* (P02) with an increase in interest in clinical posts. Another participant stated: *“The new building has a positive effect on recruitment, because both the workspace and communal spaces are significantly improved”* (P03)
- Having more space has permitted recruitment, with a participant describing team growth in the pharmacy and nursing teams
 - “The pharmacy team has now grown to 15 members”* P03
 - “We have been able to increase the number in our nursing team”* P03
- It was noted by a participant that a GP registrar was retained; however, this cannot be directly attributed to the new building:
 - “We’ve retained a GP registrar, who’s come on as a permanent doctor, but she was interested in the practice before [the move] anyway”* P10
- However, staff departures from the reception team have been noted by some staff, since the move. Departing staff have been replaced by new receptionists, but retaining them after the training period has been challenging:
 - “[receptionist] left early due to work related stress, [another receptionist] went to work in a different department, where there is less pressure and calls”* P11
 - “We have taken three [receptionists] on board, one has already interviewed somewhere else because it’s too stressful...they’re not staying for long...training them is time consuming”* P11





Impact on practice services - Challenges

- Theme 2(b) highlights **some patient frustrations about parking access**. Staff conveyed patients' frustrations about the lack of signposting about the parking terms and conditions behind the building, with one participant describing patients' negative experiences:

"Patients are getting fined, which creates frustration and negative feedback" P02

- Furthermore, Theme 2(c) identified that **disabled access remains an area for improvement**, with one participant describing how a patient felt that "disabled access wasn't suitable for larger patients" (P08) and another participant highlighting ongoing work around improving disabled access from outside the building. Another participant expanded on this, adding:

"People with disabled parking have to come around the side, to the front of the building and up a step" concluding that "disabled parking could have been designed better" (P10)

- Importantly, theme 2(d) highlights that **recruiting more staff is needed to enable more access to care**, which the surgery is actively working on. A participant described *"just because we have more rooms doesn't mean we've got more clinicians"*. P03
- Staff describe that recruiting more clinical staff later in the year will *"help the urgent side of [patient care], which means less GPs are needed on duty, which should enable more routine access"*. They added that they're exploring funding streams to *"release more opportunity for access"*. P03





Impact on practice services - Challenges

- Themes 3(c), (d), (e) and (f) explore the **negative impacts the practice move has had on operational activities**.
- Theme 3(c) describes how some of the **reduced administrative workspaces have led to disruptions**. Many staff acknowledged the reception back-office space has reduced, describing the space as "quite tight...with six receptionists on top of each other" (P03, P04, P11), and another participant adding "we've got much more space and plenty of clinical rooms, but the admin staff do feel a bit squeezed" (P10).
- Other staff shared "*it's a very small room...chairs are constantly bashing against each other*" (P11) and "*think I would probably look at admin spaces a bit more...they've got a tiny room*" (P08). Staff described the effects of the reduced reception space:

"You're not mindful, not concentrating. You need to do one thing a time, but the pressure is high, and we are on top of each other, then we make mistakes because we are multitasking so much. It's exhausting." P11

- Regarding the first-floor admin office, "*Seven desks, no partitions, just a big open room with seven people...noise levels can get quite high...it can be quite frustrating for team members*" (P08)
- Theme 3(f) describes how the new building has created some **underutilised spaces**. A participants highlighted how a room next to the PCN room and the interview room aren't fully utilised yet:

"There's no door. It's not a brilliant use of space because you can't really have any confidential chats there." P01

"We hardly use the interview room...because there is no electricity in that room, no power points." P11





Implementation lessons

- Theme 6 explores a wide range of **implementation lessons** identified by staff.
- Theme 6(a) describes lessons about **optimising reception operations**. A participant reported that the reception team appreciated the aesthetic elements of the new building, but described the reception back office inadequate, calling for improved workspace layouts and ergonomics: *"The new building is beautiful, but the design didn't do the reception back-office justice" P11*

Issue / Impact of the move	Considerations from staff
1. Reception office overutilisation with inefficient workstation setup impacting staff wellbeing, ergonomic comfort, ventilation, performance and patient privacy	Reduce the number of workstations from 6 to 3 to come in line with regulations (minimum 6m ² / workstation- Workplace Health, Safety and Welfare regulations, 1992)
2. Overcrowding and noise leading to issues around patient confidentiality and increased call wait times	Provide correct workstation setup with adequate equipment and remote reception/ flexible working arrangements
3. Infrastructure and equipment gaps mean no remote/ hybrid working options, reducing operational efficiency and morale.	Improve IT infrastructure and equipment availability to support remote reception functions and flexible working across the building and from home
4. Increased perceived isolation and division between clinical/management team and reception/admin staff due to removal of free parking access, division of lunch rooms, and uncertainty about flexible working arrangements since the move leading to reduced inclusive environment	Reduce cost of parking on lower paid staff by reinstating free staff parking on a rota and home working options, remove division of lunch rooms and utilise rooms according to maximum capacity instead, adapt reception operations to make flexible working possible
5. Lack of perceived support and involvement in discussion and decision making leading to low staff morale, performance and reduced staff retention and increased turnover	Involve staff in discussions and decision making on topics that affect them, establish regular meetings and follow up to create touchpoints for progress updates and ongoing discussion





Implementation lessons

- Theme 6(b) describes participants' desire to **involve wider staff in discussion and decision making**, with some wanting greater colleague involvement in decision making in the future and others sharing their disappointment about not being included in decision making of the building design or operational changes:

"I would say, discuss it with everyone and think about different scenarios. We could have improved the moving process by keeping everyone a little more informed." P2

"In retrospect we could have involved staff more in decisions and shared more with them". P10

- Theme 6(d) builds on the previous theme, highlighting the need for **future all-staff orientation walk throughs and regular meetings** with everyone who works in the building, to optimise practice operations in the building.

"We were never walked through the building...[colleague] said a few times that they'll do it, but it never happened" P01

"I haven't done a full tour of the building" P04

"We do have meetings, but not regards to the rooms or the building" P11

- Theme 6(c) describes the need for **considering value for money to balance aspirations with affordability**. One participant shared:

"In the future we might look for good enough buildings rather than superb buildings, because if we go for good enough, we're going to produce more opportunities to relocate practices." P07





Implementation lessons

- Theme 6(f) describes the request to **allocate free staff parking on a roster basis**, to allow everyone to benefit from free parking. Participants shared proactive suggestions for fair allocation of spaces, highlighting that reinstating it will have a motivational aspect as an employee benefit:

"I don't see why we [admin staff] can't at least have maybe one parking space. And then that's put on a rota...it is then a nice incentive as such, or it's something like, we can use this and everybody uses it like once a month or something" P1

"In the old building we kind of had the system...[admin staff] had the opportunity to park to on rotation, now we don't have that." P11

- Theme 6(e) describes the need to **use spaces flexibly and work flexibly** for better operational efficiency. One staff member highlighted working pods on the first floor which could be utilised for remote working: *"We've got six remote working pods on the first floor" P03*
- With another participant adding usage of underutilised spaces could allow for redistribution of workstations from overcrowded offices: *"We hardly use the interview room...we could better utilise it" P11*
- It was also highlighted that some non-clinical staff work could be done remotely from home, but these options have not yet been explored: *"It was not encouraged that we work from home...I don't understand why we can't work remotely...you can answer calls from anywhere" P11*





Implementation lessons

- Theme 6(g) identified the importance of key stakeholders' **emotional investment enabling completion of project**. One participant shared deep commitment to the project, framing the completion of the project as a shared achievement:

"It was nice to get it over the line...it felt like an achievement for all parties...it's nice to see the project come to fruition" P06

"I got to see it going up...and it's nice walking past the building" P06

- Theme 6(h) identifies the need for a **dedicated transformation manager to support new ways of working**, highlighting competing priorities between clinical activities, day-to-day roles, and move-related tasks and priorities:

"I haven't really had the headspace to fully push forward [with operationalising new ways of working] being in my clinical role," P02

"[Colleague] wasn't given time to put her mind to the practice move" P05

"If someone was actually dedicated to oversee the changes [in ways of working], then it comes down to their role and resource" P05

"There should be funds for practices to have professional teams to do the heavy lifting to change our internal practices...it's too much for the practice to run and do that at the same time" P05





Future plans

- Theme 5 explores participants' views on the **Future plans for the practice.**
- Theme 5(a) describes plans to fully **operationalise the Health Hub.** Participants described bringing in complementary services, charities and other organisations to the Health Hub to further support patients:

"Use the Health Hub to support the digitally excluded, get community groups involved, try and get Stop Smoking services in." P02

"Looking at getting groups in with different focuses, such as Thai Chi" P03

" A drop in for Department of Work and Pensions to do queries around benefits" P04

"Men's Shed charitable organisation to deliver holistic benefits to patients who suffer from isolation, depression, loneliness" P07

- Theme 5(b) describes ongoing plans to **improve patient access to care.** Staff described plans to stratify patients by risk and enable access to health information via the NHS App:

"Risk stratify patients that may need more support....to improve access" P02

"Help patients to sign up to the NHS App...and probably extend it out to accessing health information as needed " P02

"Put a notice board up with physical leaflets, to provide information in different, accessible formats" P04





Future plans

- Theme 5(c) describes plans **to invite other services to use underutilised office spaces** in the building. Participants described bringing in other services and charities to fill vacant spaces:

“Some units remain vacant both on the ground floor and first floor...primed for a complementary service, and there is plenty of appetite for complementary services to go in there” P05

“ We’re able to rent the space...for example for a charity” P07

- Theme 5(d) describes plans to situate the **duty GP closer to the reception team**. A participant highlighted future plans to:

“Put the triaging GP with the duty admin team to support with queries” P02





Conclusions



Conclusions

What impact has the new St Clements practice had on patient care? (Evaluation question 1)

- The relocation to the new St Clements Surgery has had a positive impact on patient care, primarily through improvements in the physical environment and patient experience. Survey data from 776 patients shows that 48% agreed the new building improved the quality of care, while 44% reported no change. Patients highlighted benefits such as a calmer, more comfortable environment, better flow for blood tests, and enhanced comfort through air conditioning. Staff interviews reinforced these findings, noting that the modern clinical space and improved layout contributed to smoother operations and a more pleasant experience for patients. Preventative care activities, such as NHS Health Checks, were largely maintained post-move, with only minor short-term disruption during the transition. Long-term condition management showed mixed trends, with some positive changes (e.g., increased dementia reviews and hypertension medication reviews) but no significant overall impact attributable solely to the move. Importantly, the new building enabled greater use of self-help kiosks and improved urgent care provision through better in-person collaboration. While confidentiality at reception remains an area for improvement, the overall evidence suggests the new premises enhanced patient care delivery by creating a modern, efficient, and patient-friendly environment without compromising core clinical activities.

What impact has the new St Clements practice had on flexibility of service? (Evaluation Question 2)

- The new St Clements building has had a mixed impact on service flexibility. Patient survey results show 41% felt flexibility and responsiveness improved, while 53% reported no change. Staff interviews highlighted that the larger premises enabled more on-site working, reducing reliance on remote arrangements and supporting desk-sharing and team expansion. However, some staff expressed frustration over the loss of home-working options and technical challenges with equipment setup, limiting operational flexibility. While the building allows for future service diversification and improved face-to-face care, achieving full flexibility will require addressing IT infrastructure gaps and exploring hybrid working models.





Conclusions

What impact has the new St Clements practice had on equity of service? (Evaluation Question 3)

- The new St Clements Surgery improved equity of service primarily through enhanced physical accessibility and inclusive design. Staff reported that the larger, modern premises allowed more face-to-face appointments and provided dedicated spaces for vulnerable patients, such as quiet areas and improved facilities for those with mobility needs. Blue badge parking was introduced, supporting patients with disabilities. However, challenges remain: public transport access did not improve, and some patients experienced frustration with unclear parking terms and fines. Disabled access and external pathways also require further refinement. Overall, the move enhanced equity but highlighted areas for continued improvement.

What impact has the new St Clements practice had on the wellbeing of the practice staff? (Evaluation Question 4)

- The new St Clements building has generally improved staff wellbeing through enhanced facilities and communal spaces. Staff described the environment as “light and airy” and appreciated features such as dedicated desks, bike lockers, showers, and air conditioning. Communal areas, including terraces, promoted rest and social interaction, contributing to morale. Quantitative measures showed slight improvements in mental health (GHQ scores decreased from 13.4 to 12.0) and stable overall burnout levels. However, challenges remain: some staff reported stress from operational changes, overcrowded reception areas, and perceived inequities in parking and remote working.





Conclusions

What impact has the new St Clements practice had on staff attitudes toward innovation? (Evaluation question 5)

- Staff attitudes toward innovation showed a slight overall decline after the move. The Attitudes Toward Innovation Survey (ATIS) score decreased from 66.4 to 62.8, driven mainly by a reduction in personal attitudes (17.7 to 14.4). Views of colleagues' and organisational attitudes remained stable. Sub-analysis revealed variation by role: nurses and ANPs demonstrated the most positive change, particularly in perceptions of team and organisational outlook, while administrative staff showed the largest decline. These findings suggest that while the new building improved facilities, operational pressures and reduced flexibility may have tempered enthusiasm for innovation among some staff groups.

How has the new St Clements practice impacted on patients, services, and staff? (Evaluation question 6)

- The new St Clements Surgery has significantly enhanced patient experience, with 82% rating their overall experience as better and 91% praising the physical environment. Operationally, the building improved efficiency, accessibility, and collaboration, enabling more face-to-face consultations and streamlined workflows. Energy costs fell by 44%, supporting sustainability. For staff, wellbeing improved through modern facilities and communal spaces, though challenges remain around reception overcrowding, parking inequities, and reduced remote working flexibility.





Conclusions

What lessons can be drawn from the move to the new premises? (Evaluation question 7)

The evaluation highlights several key lessons for future practice relocations.

- Inclusive decision-making is critical. Staff reported feeling excluded from design and operational planning, which affected morale. Workspace design needs careful consideration, as reception areas were overcrowded while other rooms remained underutilised.
- Flexible working options and IT infrastructure should be prioritised to support remote and hybrid models.
- Parking allocation emerged as a major equity issue, suggesting the need for fair systems.
- Finally, appointing a dedicated transformation manager to support changes in ways of working and introduce innovation would have permitted not only the move to happen, and for the move to maintain GMS contract responsibilities, but also provide leadership to innovate at the same time.
- These lessons can inform future projects to optimise efficiency and staff engagement.





Overall conclusions

- The relocation of St Clements Surgery to a modern, purpose-built facility has delivered clear benefits for patient experience and operational efficiency, while introducing some transitional challenges.
- Patients overwhelmingly reported improvements in the physical environment and overall experience, with many noting enhanced comfort, accessibility, and flow within the building. Preventative care and long-term condition management were largely maintained, with some positive trends emerging post-move.
- For staff, the new premises improved wellbeing through better facilities and communal spaces, but also created pressures related to workspace design, parking inequities, and reduced remote working flexibility. Attitudes toward innovation showed a slight decline overall, though nurses and ANPs demonstrated a positive increase.
- Operationally, the new building enabled greater efficiency and collaboration, yet highlighted underutilised spaces and administrative overcrowding as areas for improvement. Energy efficiency gains were significant, reducing electricity costs by 44%, and the building's design supports future expansion and integration of complementary services. However, lessons around inclusive decision-making, flexible working, and equitable resource allocation underscore the need for proactive engagement and planning in future projects.
- However, introducing and delivering innovative changes to ways of working - such as preventative activities in the Health Hub - while also moving into the new premises and maintaining the contracted medical services, proved challenging without dedicated capacity. A focus on the conditions that support the adoption of innovation, including staff capacity, skills and resources, will help the development of new ways of working in similar programmes of work.





Appendix



Appendix: Table of themes from staff interviews

Theme	Subtheme
1. Impact on patient care	a- Calmer, more comfortable environment enabling improved flow
	b- Increased utilisation of self-help kiosk
	c- Improved urgent care provision
	d- Confidentiality remains an area for improvement
2. Impact on access to care	a- Improved accessibility for many patients
	b- Parking access leading to patient frustration
	c- Disabled access remains an area for improvement
	d- More staff are needed to enable more access to care
3. Impact on practice operations	a- Improved efficiency
	b- Improved relationships and communication
	c- Reduced space leading to disruptions
	d- Mixed impact on flexible working
	e- Mixed impact on recruitment and retention
	f- Underutilised spaces
4. Impact on staff wellbeing	a- Improved facilities enjoyed by staff
	b- Some negative impact on morale
5. Future plans	a- Operationalise Health Hub
	b- Improve patient access to care
	c- Invite other services to underutilised office spaces
	d- GP to support reception team with queries
6. Implementation lessons	a- Optimise reception operations
	b- Involve wider group in discussion and decision making
	c- Consider value for money to balance aspirations with affordability
	d- All-staff orientation walk through and regular meetings
	e- Use spaces flexibly and work flexibly
	f- Allocate staff parking on roster basis
	g- Emotional investment enabled completion of project
	h- Dedicated transformation manager to support new ways of working





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