University of Southampton

Andover Health Hub Evaluation

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Executive *summary*

The report represents a holistic evaluation of the Health Hub at the Chantry Centre in Andover. The evaluation uses a mix of qualitative interviews with professionals who work at the Hub and quantitative data in the form of administrative indicators from the partner Practices and satisfaction surveys with Hub users. The evaluation offers insight into the emerging role of the Health Hub, its performance, its wider value to the health of the community, and future directions that leaders in Test Valley Borough Council and the Andover PCN might consider as the Hub consolidates.

The Context in Brief

The Health Hub is a partnership between Test Valley Borough Council and the Andover Primary Care Network. Situated in the ground floor of the Chantry Centre shopping mall in central Andover, the Hub was originally set up to house and facilitate the local COVID-19 vaccination programme. The past three years have leveraged this investment to see a progressive scaling up of the Hub's functions and reach. The Hub in this sense represents a 'bricks and mortar' expression of the high-level commitment to partnership working for community health across the region, including also the newly formed Integrated Care Board and Healthcare Foundation Trust for Hampshire and the Isle of Wight. The purpose of the evaluation is to understand and assess the impact of this scaled-up activity. The hope is that its insights will inform further partnership working in the region, especially against the backdrop of the 'window of opportunity' that the move towards meaningful local devolution provides.



Key Insights from the Evaluation

The evaluation has positive headline findings, including the following:

- The Hub offers a more convenient and comfortable venue for preventive services that have historically been difficult to deliver within local Practice sites.
- The Hub enables longer, more patient-centred consultations that can lay the groundwork for more meaningful interventions for long-term or lifestyle change.
- While it is too early to tell if the Hub has achieved measurable improvements in health outcomes, the development of the hub has induced stronger and more reliable data collection through which to monitor progress moving forward.
- There is sustained satisfaction among users of the Hub, indicating a consistently positive experience for service users.
- The Hub also enables important forms of inter-professional learning and upskilling.
- There is tentative evidence of a knock-on effect for footfall and activity in the town centre.
- The evaluation has also raised some important issues or dilemmas that need to be confronted and resolved as the Hub – and its role in local health partnerships – evolves. These concern especially:
- The level of clinical support available at the Hub
- It is a difficult balancing act – there are capacity constraints facing Practices but there is also a need for sufficient clinical confidence and competence to handle foreseeable eventualities on-site.
- The direction of further investment in consolidating the Hub.
- There is consensus that the Hub cannot be ‘all things’ (ie both specialising in preventive/community care and taking on a wider range of clinical functions), with the need for future investment in facilities and capacities to match the purpose.
- Finally, there is a need to monitor the performance of the Hub and understand its role in promoting health in the Andover community over time:
- External partners (such as from academia) might be engaged to develop more rigorous and comprehensive evaluations.
- The PCN team can perform a vital role here in continuing to collate and measure key indicators of impact on community health, and TVBC can draw on its expertise in processes of citizen dialogue to disentangle the wider civic impacts.

The *background*

The catalyst for establishment of the Health Hub in Andover was the COVID-19 pandemic. There was a need for a central and accessible venue for the large-scale vaccination programme. Test Valley Borough Council, having taken over the lease of large sites at the Chantry Centre in the heart of Andover town centre, saw repurposing this retail space as a practical, cost-effective, time-efficient solution. However, the Health Hub has proven to be no temporary stopgap. TVBC and its partners have leveraged the initial set-up costs to turn it into an ongoing asset for community health. The Hub has subsequently evolved into a key part of the wider community care landscape. It has been incrementally taking on more functions from the five partner Practices in the Andover Primary Care Network.

This evolution should be seen against the backdrop of a wider commitment to partnership working to improve community health in the region. In part, this reflects the long-standing commitment on the part of the TVBC to more joined-up and holistic approaches to tackling challenging local issues, such as the wider determinants of health in the relatively deprived context of Andover (LGA 2023). Further recent impetus has been the development of Integrated Care Systems across England, where locally joined-up action for prevention is a clear priority of the Hampshire and Isle of Wight ICS in which Andover sits (see Cairney et al. 2025). Another factor is the impending devolution deal in the wider region, with the promise of more local autonomy to work in innovative and cross-sectoral ways that can meet the needs of communities (Institute for Government 2025). There has been, in this wider context, considerable local appetite to capitalise on the legacy of the urgent COVID response and turn the Hub into a physical 'bricks and mortar' expression of the wider commitment to improving community health through better integration.

That wider local commitment reflects a growing international evidence base about the value of joined-up action for improving community health. The strains on the publicly-funded health systems like the NHS are very well-documented, and primary care is on the frontlines of these challenges (see Rutter et al. 2017). As such, there is increasing emphasis on taking pressure off General Practice through interventions that are geared towards prevention, joined up with policies and programmes in other sectors, and grounded within local communities. These developments in thinking about public health are also in tune with wider evidence about civic renewal and the delivery of public services in a digital age.

In scholarship on geography and urban planning, the decline of street-level retail has seen a new emphasis on local 'community assets' that might bring people back to the High Street and drive a sense of civic pride (Howcroft et al. 2025). In scholarship on public administration and management, research shows that digitised local government can exclude or alienate some local residents, especially those most dependent on public services (Alshallaqi and Al-Mamary 2024).







The catalyst for establishment of the Health Hub in Andover was the COVID-19 pandemic.

Here, there is thought to be value in a 'hub' model that can provide a human face and physical support point.

As such, the establishment and subsequent expansion of the Health Hub in Andover should be thought of not as a case of 'muddling through' the contingencies of a challenging policy context, but as a strategic development grounded in sound principles – one hoped to be of benefit not just to the health of the local population, but to the quality of civic life in Andover. In fact, it is one of dozens of such 'hubs' that have emerged across England in the post-COVID era on the basis of similar aspirations (Allsop et al. 2024).

Through the liaison work of the University of Southampton's new Civic Directorate, we were commissioned to evaluate whether the Health Hub in Andover is on track to achieve these benefits in practice. As stakeholders consider further investment in the Hub and consider its future, this juncture represents a good chance to take stock.



Our evaluation is therefore guided by the key questions that flow out of this context:

Has the Hub taken pressure off local Practices in Andover?

Has the Hub improved community health in Andover?

Has the Hub had wider civic impacts in Andover?

Methodology

To address these questions, we adopt an holistic approach to evaluation. A holistic approach to evaluation typically draws on quantitative indicators but relies more heavily on qualitative insight to understand the richer context in which an intervention takes place (Kaljonen et al. 2024). The rationale for the holistic approach in this particular case is three-fold.

1

One relates to the specific history of the Hub. The Hub has not been a singular or one-off intervention; it has instead been a dynamic form of intervention, with the Hub incrementally taking on new functions from the General Practices within the PCN over time.

2

Two relates to the general nature of this sort of intervention. Put simply, intervening for community health entails a great deal of complexity and uncertainty. Generating measurable change over short timeframes is notoriously difficult (Boswell et al. 2019), and there is a risk that applying rigid measures of success/failure might undermine the value of policies and programmes that promise transformation on longer timeframes.

3

Three relates to the quality of the underlying data – for reasons we will go into below, the available quantitative indicators are not reliable enough in their own right to make clear conjectures. As such, there is a need for richer qualitative data against which to contextualise and understand the broad trends in the quantitative data.





The evaluation is based on three key sources. We received approval from the Faculty of Social Science Ethics Committee to make use of these sources at the outset of the study.

- The first source of data is from a wave of qualitative interviews with health professionals working in or engaging with the Hub (n =16). Interviews lasted between 30 and 90 minutes, and centred participants reflections on the advantages and challenges of delivering care through the Hub. They took place in February and March of 2025, with one conducted via MS Teams and the others all conducted in person at the Hub.
- The second source is from administrative data maintained by the Andover Primary Care Network. Our original plan was to compare data from pre and post the establishment of the Hub (notwithstanding the complexities in the evolution of Hub functions, noted above). However, in practice, the data was not systematic and reliable enough to warrant pre and post comparison – for example, different Practices had coded key indicators such as referrals or missed appointments inconsistently. Instead, we focused our analysis purely on the consistent and reliable data gathered after the establishment of the Hub, to gauge the incremental impact as Hub functions have expanded over time. Figures are displayed in relation to the 5 constituent Practices: Adelaide Medical Centre; Andover Health Centre Medical Practice; Charlton Hill Surgery; Shepherds Spring Medical Centre; and St Mary's Surgery. We have broken down the administrative data this way for two reasons. One is that stakeholders in the project – the PCN leadership and TVBC leaders – were interested in understanding variation across Practices. Two is that analysing the data by Practice served as a proxy for understanding any interaction with health equity concerns. (Limitations in the available data meant we could not track individual demographic features; however, one Practice – Shepherds Spring – is an outlier in that it serves a notably more deprived area of Andover. In practice, as noted in the analysis below, Shepherds Spring was broadly in line proportionally on all facets we measured.)
- The third source is from user data gathered at the Hub. This data mostly reflects simple user satisfaction with different aspects of the service, with a small space for open-ended responses as well.



Key *findings*

Our analysis pieces together these sources to provide holistic insight into the benefits and the challenges of the new Hub model in practice. We present the findings in relation to the key aspirations behind the Hub.



Has the Hub taken pressure off Practices?

As outlined above, one aspiration – shared by all involved but expressed most clearly by the General Practitioners engaged in leading the Andover PCN – is that the Hub might reduce the capacity demands on the constituent Practices, and in doing so provide a better quality of service to users. The available evidence is promising.

First and most obviously, the Hub offers a space for the delivery of relatively straightforward services that would otherwise take up space and personnel within the Practices. One professional explained:

At our premises, the Practices often just don't have capacity. It's not something you really think of but it's just a question of space. You know, these can be old buildings. There are limits to what we can do. (The Hub) just unlocks so much more that we can offer.

Key examples include the delivery of NHS Health Checks (delivered daily through GP Assistant), and consultations with social prescribers and MSK Physiotherapists (who attend the Hub on a regular schedule).

Overall, the data show there is consistent demand for services at the Hub. There is substantial variation across Practices – for example, Cherry Hill has consistently the lowest uptake, and St Mary's Surgery the highest. Interview participants suggested these discrepancies were reflective of the different professional philosophies and routines of the General Practices (rather than any particular demographic features).

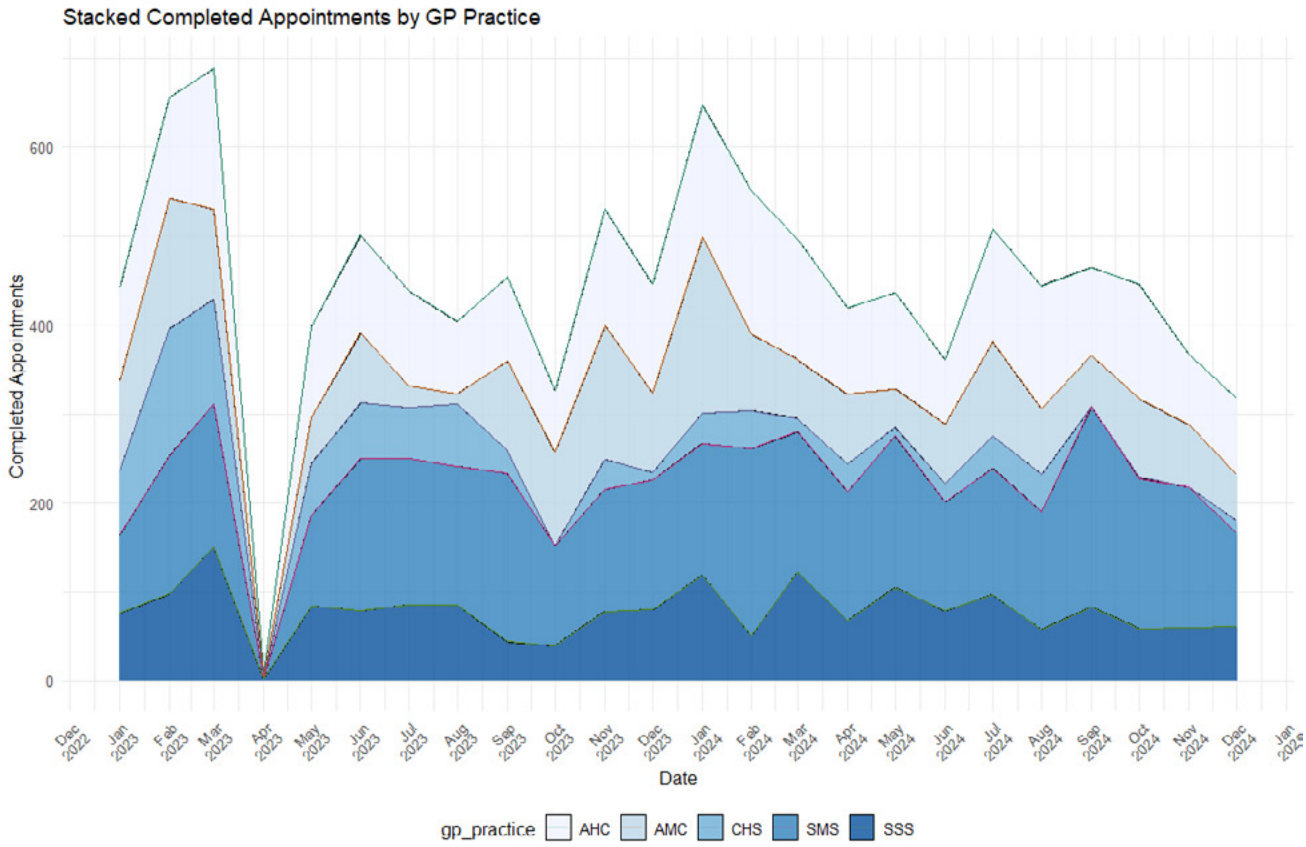


Figure 1: Completed Appointments at the Hub

More important than the sheer volume of appointments, though, is the nature of those appointments. Professionals reflected that consultations at the Hub are typically longer and more patient-centred. There is strong evidence that capacity pressures on primary care typically place great constraints on the sorts of information that medical practitioners are able to impart, and on the experience for users of the service. In contrast, the time and space afford friendlier and more detailed consultations. One explained:

> **In General Practice it can just feel like we're all on a conveyer belt. You know, every 10 minutes.**

In contrast, encounters at the Hub offered potential for a more meaningful intervention:

(The NHS Health Check) is often the one time someone comes in and sees us for five years. For the fit, healthy people, you know, it's just tick, tick, tick, a whole lot of boxes, they're all fine, off you go. But the one or two that come in and actually they are suffering from depression or they are worried about dementia or things like that, then you have the time to explore a little bit more.

Rates of referral from the Hub have generally been low save for a few spikes in activity, as shown in Figure 2. However, this is not surprising – since visits to the Hub are not typically prompted by urgent medical concerns, it is to be expected they would less likely result in referral than other primary care encounters.

Indeed, it helps to provide evidence that the substantive focus of encounters in the Hub is different too. Precisely because primary care interactions are often prompted by ill-health and focused on short-term treatment, they can crowd out the capacity to engage in more preventive conversations. The Hub offers greater capacity for consultations with an explicitly preventive focus. The quantitative data here reveals the extent of pent-up demand for these preventive services (primarily the NHS Health Check).

The establishment of the Hub released this pressure, with very high levels of appointment in the first few months of 2023. Subsequently, there has been steady usage of preventive services in line with need. (Note in Figure 3 below that periodic dips coincide with months where the Hub is focused heavily on delivering vaccinations, which are not coded as preventive in this data.)

Once again, however, reference to sheer volume is insufficient in understanding the broader value. Professionals noted in our interviews that the dedicated setting of the hub allowed for preventive interventions with greater potential for long-term transformational change. The particular benefit is that centralised Hub means that Practices can offer these interventions in a collaborative way:

(In other PCNs) there can be a challenge in how you offer these health promotion programmes at scale. You know, people are worried about it being fair or each Practice taking a turn... The Hub is something we all share. And it's just more convenient for people to use too

They pointed optimistically towards ongoing improvement in this direction:

"I think once you have a central Hub covering the whole population. I think the skies the limit.

It means you can very quickly upscale, introduce changes and be responsive."

Figure 2: Referrals from the Hub

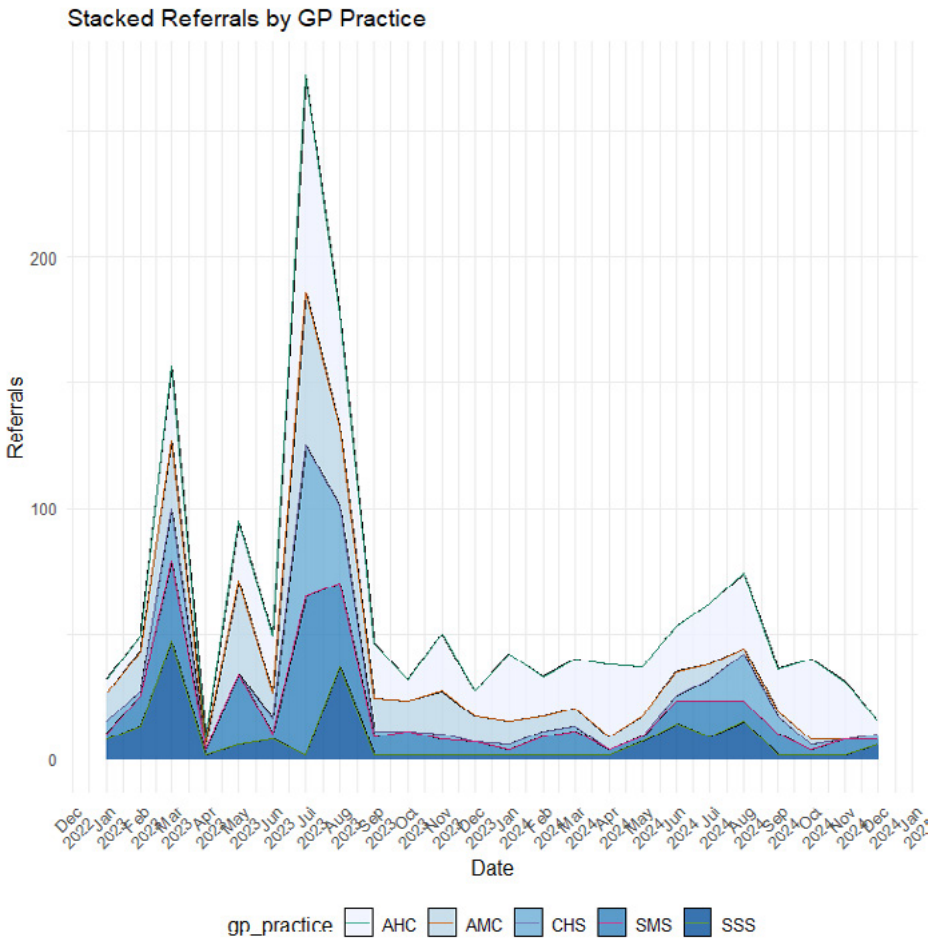
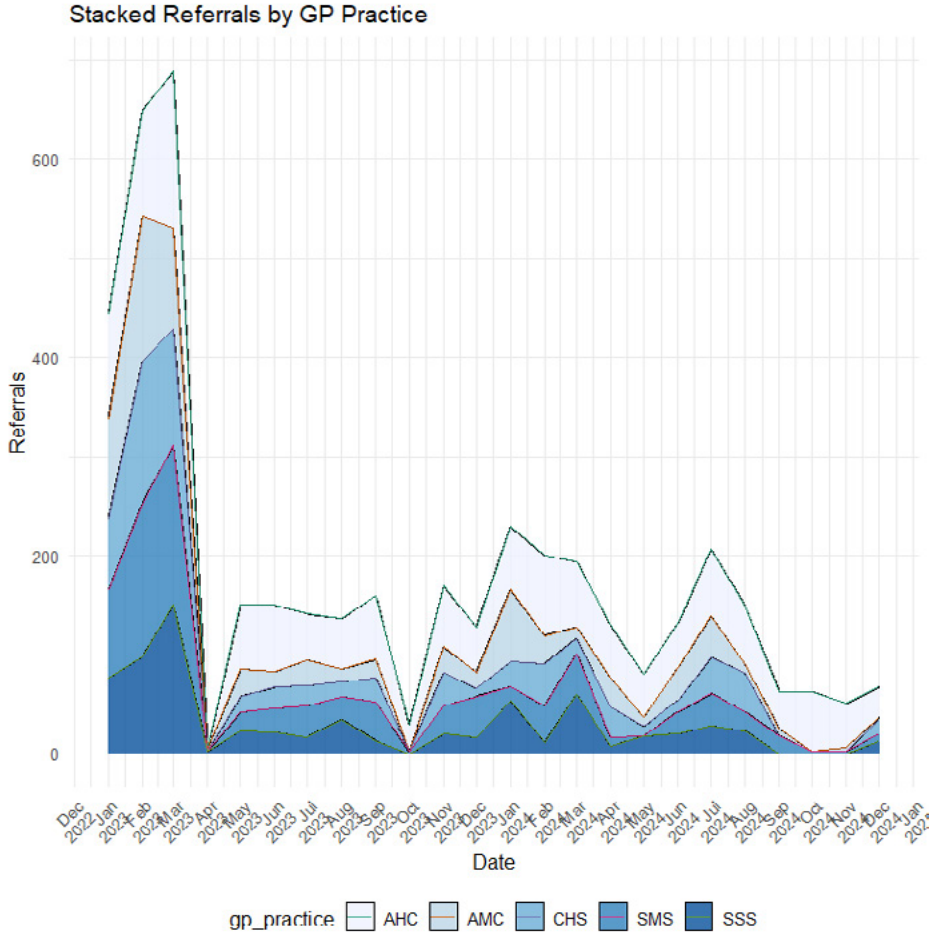


Figure 3: Preventative services delivered via the Hub





Has the Hub improved *community health?*

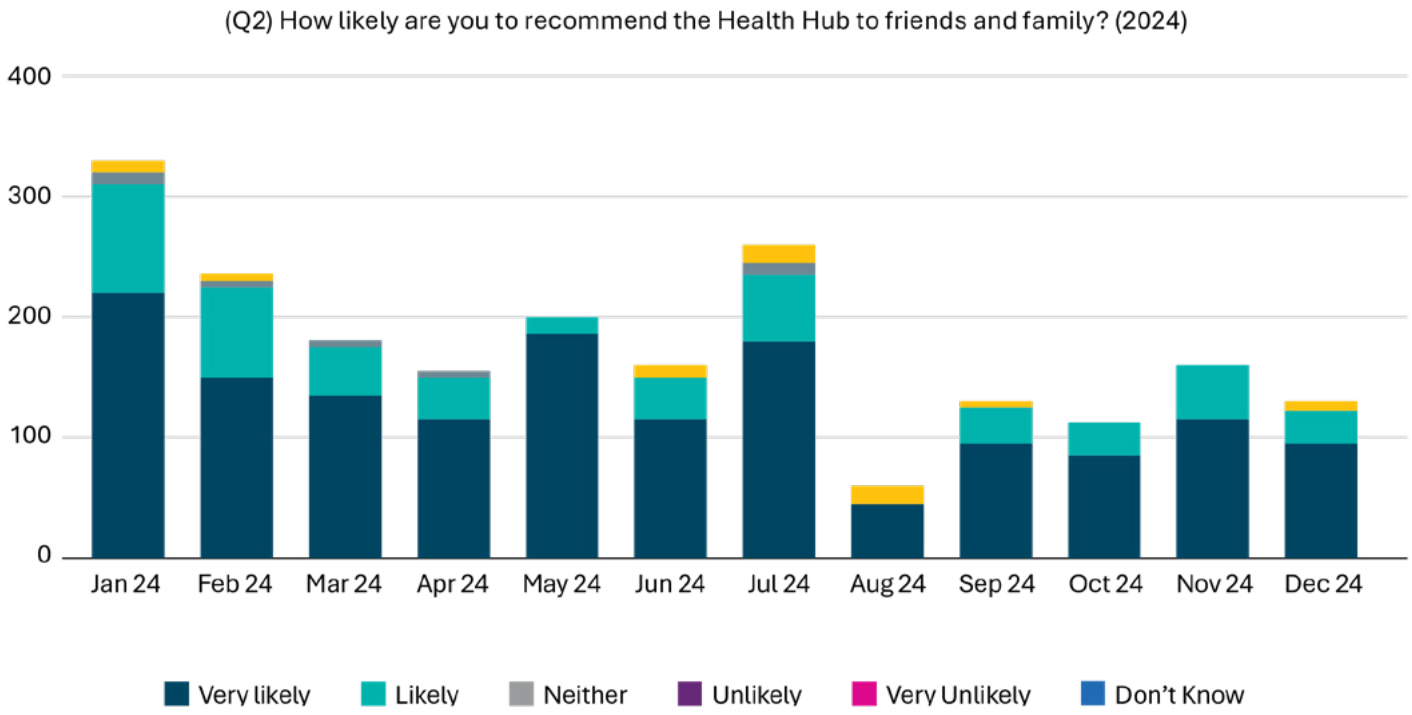
Has the Hub improved community health?

While there is strong evidence that the Hub has succeeded in reducing the strain on General Practice in Andover, the evidence around its contribution to improving community health thus far is much more tentative. It is, put simply, too early to tell on the basis of the available evidence. That said, there are some positive insights to highlight.

One is that the implementation of the Hub itself has improved the quality of data collection around the benefits to community health. The Practices now collect and share consistent and reliable indicators such as referral rates, DNAs (did not attend), and attendance at preventive services, and this data is curated by a dedicated data handler within the PCN. This improved data collection will allow better tracking of success over time – a point we return to later.

Two is that the establishment of the Hub has helped to generate a positive experience for service users. The data which the Hub collects on user satisfaction is consistently high, indicating a comfortable environment and pleasant experience (see Figure 4 below).

Figure 4: User Satisfaction at the Hub







While these factors are not directly indicative of improved community health, there is good evidence that a pleasant experience of the healthcare encounter is an important driver of widespread uptake of services and compliance with medical advice (Stewart 2023). Qualitative insights from the data help to clarify these links. One professional explained:

Some people just don't want to come to the doctor. They hate the experience. But actually (the Hub) is a really good way of getting them in the door. You know, it's not as threatening here. Everyone's friendly.

Three is the increased opportunity for inter-professional learning and upskilling via the Hub, which boosts the capacity of the local health workforce to delivery better community health. In bringing together medical professionals with different specialisms and with widely varying degrees of experience, participants reflected that the Hub model is particularly helpful for improving the clinical competence and confidence of those with the least background training. For some, this increased opportunity was a function of the physical constraints within General Practices that have been unlocked through the Hub:

It's great, you know. We have a pharmacist in one room. We have the MSK Physios in another. We can work alongside them... That learning is so important.

For others, it was more about the collective culture that the leadership in the Hub had successfully fostered:

It's the best vibe here. Really friendly. Everyone's lovely. And I think patients feel that when they come in the door, too.

These insights are especially important in light of the new 'community wellbeing worker' programme in Andover, which aims to make greater use of trusted local figures as champions for community health in local neighbourhoods. Integration with the Hub and the professional expertise therein can be a vital component in the development and rollout of this new initiative.

It is important to note, however, that some professionals expressed concern that their learning might be impeded by over-reliance on the Hub as the site for delivering particular services. For those with the most specialised training – those working in, for example, pharmacy or physiotherapy – the opportunity to work alongside GPs in a Practice setting remains a vital part of their professional development, and one they would be concerned to lose should a greater share of their work be delivered via the Hub. One put it this way:

For us, we need to be in Practices as well. We need to be learning from qualified GPs. We need to be seeing those more complex cases that you often don't get at the Hub.

> **Some people just don't want to come to the doctor. They hate the experience.**
>
> **But actually (the Hub) is a really good way of getting them in the door. You know, it's not as threatening here. Everyone's friendly.**

Has the Hub had *civic benefits?*

Has the Hub had wider civic benefits?

A final aspiration is that the Hub might deliver wider civic benefits, helping in the broader effort revitalise Andover's town centre. We want to be careful to clarify that our insights into this aspiration are even more limited and tentative. Even more so than improving community health, this is an aspiration for which it is difficult to collect measurable data, let alone on the short timeframe involved. Moreover, the wider civic impacts were also not a strong feature of the qualitative data either, since understandably professionals typically steered the conversation towards issues of healthcare delivery.

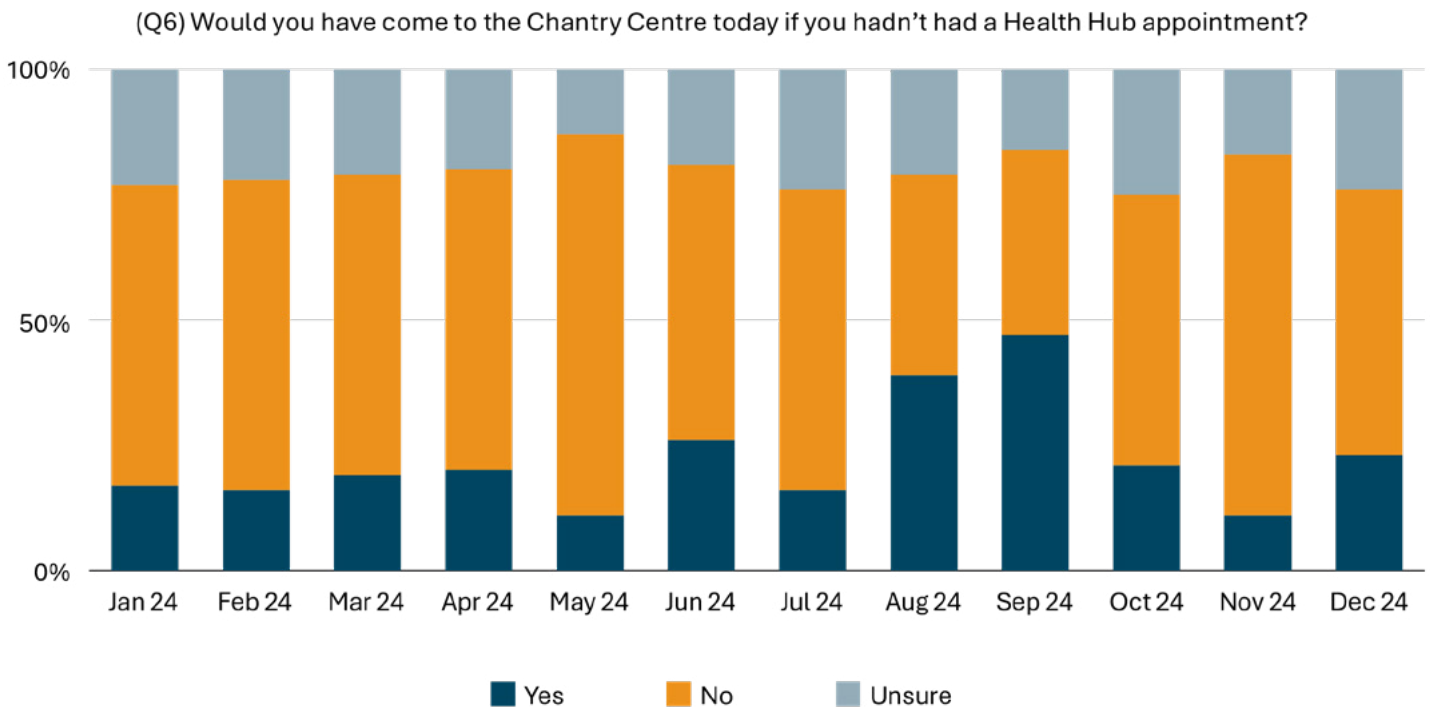
That said, the Hub themselves collect data which offers tentative evidence of a knock-on effect for footfall and activity in the town centre (see Figure 5 below).

Moreover, some participants usefully reflected on the establishment of the Hub in the context of wider efforts towards civic renewal in Andover. One explained:

> "I think the general feeling is that town centres are dying. Retail units are empty. People don't want to go to town centres anymore."

But suddenly (in Andover) it's become a focus of going to the town centre. And then, while you're there supporting local businesses, I think there's a real community advantage.

Figure 5: Wider Civic Effects of the Hub









Discussion: *Challenges for the Hub's immediate future*

As well as these reflections on success (and its limits) thus far, the interviews also threw up important issues to consider for the future. As the Hub consolidates alongside other investments such as the alignment with community mental health and the development of a community wellbeing worker programme, there are some important strategic decisions to be made about how resource and capacity is best deployed. Perspectives on the best direction varied across those interviewed.

The level of clinical support available at the Hub

Perhaps the main talking point that participants reflected on was the level of clinical support available at the Hub. At time of data collection, a new compromise had been met to ensure a duty GP could be on-call to advise and support each day. The challenge was explained this way:

> The Practices can't have someone here all day. We just can't justify it. I mean, in an ideal world, sure. But we're already under so much pressure.

Some of the professionals involved were concerned that this compromise remained inadequate. Due to safety concerns, they would prefer a GP on site each day (or, failing that, a complete shift away from any pretence to clinical capacity). One put it this way:

> I think it is unfair to put [unqualified staff] in a position where they might have to deal with an emergency without having either back up or the knowledge to manage it themselves.

All participants interviewed were acutely aware that the question of clinical support entailed a difficult balancing act – there are capacity constraints facing Practices but there is also a need for sufficient clinical confidence and competence to handle foreseeable eventualities on-site.

The direction of further investment in *consolidating the Hub*

Another talking point – albeit one usually prompted by the interviewer rather than volunteered organically by participants – concerns the direction of future investment in the Hub.

On the one hand, most of the professionals administering and delivering services at the Hub called for greater investment in clinical capacity.

One explained:

I think it is proven. The Hub can handle it. We've handled everything so far. We can do it. [The Practices] just need to use us more.

On the other hand, professionals involved in delivering more community-based interventions, and clinicians who worked primarily in the Practices, argued that the Hub should be a non-clinical space geared towards preventive care. For example, one explained the value in "softening" the Hub to instead pursue "a less medical model":

It's just part of breaking down those barriers of 'you're going into a clinical appointment'. Actually, you could just be going into a shop.

Likewise, another criticised the misleading 'clinical' aesthetic and stressed the value of embracing this 'softer' approach:

[The friendly, non-medical interaction] is what patients love. And that makes him feel better just by being next to them. I think a Health Hub set up in that kind of softer way would be phenomenal and actually would make a massive difference to the health of the local population because it's accessible and the people in there are really approachable.

Certainly, there is consensus that the Hub cannot be 'all things'. There is a choice to be made about which model to consolidate around. Embracing the clinical approach would mean, for instance, better sound-proofing of consultation rooms, upgrading clinical safety and sanitation, and investing in equipment and facilities appropriate for the clientele using specific services. Embracing the community focus would mean more investment in a variety of multi-purpose spaces and an emphasis on establishing a warmer, non-clinical aesthetic. Either way, there is a need for clarity of purpose for future investment in facilities and capacities.

Our evaluation provides a snapshot at a critical juncture for the Hub, alongside new investment in community mental health and community wellbeing workers in Andover. As the Hub evolves and its relationship to these other investments beds in, there is a need to keep monitoring progress. We finish the evaluation by recommending key ways in which that monitoring might continue over time.

The ideal scenario would entail rigorous external evaluation that might provide a strong evidence base on the impact of the Hub. The 'gold standard' for understanding community health would entail a cohort study of that can track the benefits to health across the population of Andover, taking into account key demographic features such as age, socio-economic status, ethnicity and gender. Measurement of the wider civic impacts of the Hub will be more difficult to disentangle, but could be supported through rigorous data collection on local economic indicators and measures of civic attachment and pride. It is important to note that evaluations of either sort would be very resource-intensive, especially relative to the scale of the investment in the Hub; it would be perverse to spend as much time and money evaluating the Hub as it takes to run it. Thus these more rigorous forms of evaluation would seem best achieved through partnership with academic researchers in pursuit of external funding from bodies such as the NIHR, ESRC or MRC. The Hub (and related investments in community health) might attract the interest of these funding bodies as a cluster of innovation with potential to be scaled up across local government in England, and beyond.

In the absence of this sort of resourcing, it is important that local stakeholders continue to monitor the Hub's impact in more cost-effective, pragmatic and routine ways.

To collate, measure and track key indicators of impact on community health, we recommend continuing to consolidate and enhance the PCN team's data handling and analysis capacity. Aspects of existing data collection already work well and can act as useful benchmarks for key concerns such as the user experience (eg. user satisfaction ratings), efficiency (eg. tracking total visits and DNAs) and effectiveness (eg. rates of referral from encounters in the Hub). These efforts might be bolstered with more readily available and fine-grained data in relation to equity by, for instance, better capturing the individual demographic features of Hub users.

To assess the wider civic impacts of the Hub (and related investments), we recommend turning periodically to structured processes of citizen and service user dialogue (in which, we note, the TVBC has built up significant expertise and delivery capacity in recent years). The qualitative insights from these processes can provide the sort of nuanced evidence that better captures the holistic implications than any cruder quantitative measures available (see Boswell 2021).

> **"I think it is proven. The Hub can handle it. We've handled everything so far. *We can do it.*"**



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