EAST MIDLANDS ACADEMIC HEALTH SCIENCE NETWORK

STAKEHOLDER RESEARCH

LOCAL FINDINGS 2019

BACKGROUND

During summer and autumn 2019, an independent survey was undertaken of England's 15 Academic Health Science Networks (AHSNs). This research was commissioned by NHS England and NHS Improvement, and the Office for Life Sciences (OLS) to explore and evaluate the views of AHSN stakeholders. The research will support commissioners in their reviews of AHSNs, and to provide independent feedback to AHSNs from their stakeholders that include NHS organisations, researchers, private companies, government organisations, patient and public groups and voluntary and community sector (VCS) organisations.

Savanta ComRes, an independent research organisation, undertook the evaluation. With input from AHSNs and commissioners, Savanta ComRes developed and ran a 10-minute online survey and subsequently conducted 30-minute telephone interviews with up to 10 stakeholders for each of the 15 AHSNs and for the National AHSN Network.

A national report collating the feedback and key themes from across all AHSNs, can be viewed on the AHSN Network website: www.ahsnnetwork.com/ahsn-network-stakeholder-research.

This report summarises stakeholder feedback and themes specifically related to East Midlands AHSN (EMAHSN).

KEY TAKEAWAYS

1 The team at the East Midlands AHSN (EMAHSN) are tremendous assets to the organisation, with different stakeholder groups providing very positive accounts of **their relationship with their contacts.** Some stakeholders cite the quality of staff at the organisation as one of the main reasons for their involvement with the organisation

2 A further strength of EMAHSN is its **ability to successfully assess and implement innovative technologies that improve the quality of life of patients.** Stakeholders praise the AHSN for providing support throughout the technology development process; from the initial design process through to the final roll out in organisations

3 Stakeholders are keen to see EMAHSN **reach out to more people** within their organisations and place less emphasis on communications with senior managers/directors. There is also desire among patients to have greater involvement with the network and to receive more information about opportunities.

OVERVIEW

Positive perceptions appear to be almost unanimous across different stakeholder groups. Encouragingly, all interviewees describe their attitude towards the organisation as favourable, praising the friendly nature of the team, their ability to problem solve and their implementation of innovative new medical equipment such as for atrial fibrillation. Specific areas for improvement are mentioned including the potential to increase the number of people the organisation communicates with and making EMAHSN website more functional (though during the survey a new EMAHSN website was introduced – see note at page 10). Key opportunities and challenges emerging include further development of new technology to benefit patients through funding and collaborating with more trusts in the region by better aligning AHSN solutions.

WHO WE SPOKE TO

Nine stakeholder groups were identified, and across these, 245 EMAHSN stakeholders were invited to take part; 82 went on to complete the online evaluation survey from 21st August to 16th September 2019. This represents a response rate of 33% which is in line with the industry average for this type of survey. In addition to the online surveys Savanta ComRes conducted follow-up interviews with 9 stakeholders who put themselves forward to discuss their experiences further. Specific quotas were not set for the stakeholders interviewed as interviewees were self-selecting and interviews were dependent on stakeholders' availability and feasibility of bookings.

Type	# SURVEYED	% SURVEYED	# INTERVIEWED
Health or social care provider	29	35%	4
Private company or industry body	14	17%	2
Research body or university	10	12%	1
NHS Clinical Commissioning Group (CCG)	5	6% (-6)	–
Voluntary and Community Sector (VCS)	1	1%	–
Local government or Local Enterprise Partnership (LEP)	5	6%	1
National government, agency or Arms Length Body (ALB)	6	7%	–
Individual patient or member of the public	8	10%	1
Patients group or public group	4	5%	–
Total	**82**	**100%**	**9**

Thinking about your role and organisation as it relates to your engagement with AHSNs, which of the following best describes your organisation? *Base: All stakeholders answering on behalf of East Midlands AHSN (n=82).*
Percentage point difference to the average survey response rate where difference is more than 5 (n=1,155)

INTERPRETING THE RESULTS

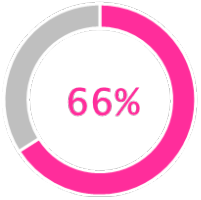
The report includes quantitative findings from the online survey and qualitative findings from interviews with local stakeholders. **The number of online survey respondents are too small to draw reliable conclusions from**. Additionally, comparisons between local survey data and the average across all AHSNs nationally are not necessarily statistically significant meaning higher or lower assessments of an individual AHSN in comparison to the national response rate may be due to the 'play of chance'. Findings from the online survey at the level of an individual AHSN should therefore be **treated as indicative only** and used with caution.

Insights are based on an aggregated analysis of discussions with participating AHSN NENC stakeholders. Therefore, themes described may not necessarily reflect the views of those answering and are not generalisable to all stakeholder types. For instance**, interviews were not conducted with stakeholders from a CCG, VCS, national government, agency, ALB, or a patients or public groups.** Recommendations discussed are based on answering and are not tailored to specific types of stakeholders.

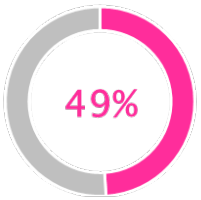
Each local AHSN report has been reviewed by a representative at the AHSN to verify the accuracy of insights and interpretations presented in each report. Savanta ComRes held **30-minute calls** with the representative to collect and incorporate such feedback. AHSNs only saw the findings in the report and not raw data collected in fieldwork.

Awareness (NET: Extremely or very aware) *Figure 1*

Your personal awareness of its work
(52% average)

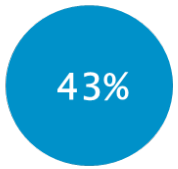


Awareness of its work within your sector
(42% average)



Knowledge and Visibility *Figure 2*

Length of time working with EMAHSN (more than a year)
(77% average)



Visibility of EMAHSN (NET: Extremely or very visible)
(40% average)

Understanding of the role of EMAHSN (NET: Good or fair understanding)
(87% average)

KEY
'% average' indicates the average score across all AHSNs

EMAHSN's most impactful projects† *Figure 5*

1. Health programmes/ initiatives/ health innovation programme / NHS
(9% average) **11%**

2. Innovation programmes
(6% average) **7%**

3. PPI initiaves/ PPI-Senate/ PPI involvement
(1% average) **7%**

† Open text box question

Figure 1– *Q. Overall, thinking about EMAHSN's work, how would you describe...? Base: EMAHSN stakeholders (n=82)*
Figure 2 – *Q. And approximately how long have you worked with EMAHSN? Q. Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of EMAHSN in its local area? Q. How would you rate your understanding of the role of EMAHSN? Base: EMAHSN stakeholders (n=82)*
Figure 5 – *Q. Which EMAHSN initiative, programme or support service would you say has had the greatest impact on your organisation's ability to meet its objectives or your ability to meet your own objectives? Base: EMAHSN stakeholders (n=82)*

Working with EMAHSN *Figure 3*

83%

Access to services (NET: Easy)
(74% average)

94%

Rating of current relationship (NET: Good)
(82% average)

Communication with EMAHSN *Figure 4*

59%

Effectiveness of communications (NET: Extremely or very effective)
(53% average)

60%

Working relationship over time (NET: Better)
(54% average)

Top 3 ways stakeholders find out about EMAHSN

1. Through work or colleagues (51% average) — 49%
2. Networking events/conferences (27% average) — 24%
3. AHSN advertising (5% average) — 9%

Top 3 ways EMAHSN currently communicates with stakeholders

1. Direct individual/group emails (64% average) — 73%
2. Face-to-face workshops, events or consultations (61% average) — 72%
3. Email newsletters (57% average) — 61%

32%

MOST NOTABLE FACTOR DRIVING POSITIVE EVALUATION OF EMAHSN †
Figure 6
Improved relationships/ good relationships over time/ established work relationships with relevant people
(29% average)

† Open text box question

13%

TOP RECOMMENDATION OR EMAHSN †
Figure 7
Clear communication about AHSN opportunities/ purpose/ role/ more information on NHS products and services
(10% average)

Figure 3 – *Q. Overall, how easy did you find it to access EMAHSN services? Q17. Overall, how would you rate your working relationship with EMAHSN? How did you first find out about EMAHSN? Base: EMAHSN stakeholders (n=82)*

Figure 4 – *Q. Thinking back over the period of time you have been working with EMAHSN, would you say your working relationship has gotten better, worse, or is about the same? Q. Which, if any, of the following ways does EMAHSN currently communicate with you? Q. How would you rate the effectiveness of EMAHSN's communications? Base: EMAHSN stakeholders (n=82)*

Figure 6 – *Q. You indicated that you have a good working relationship with EMAHSN and/or your working relationship has gotten better over the period of time you have been working with them. Why do you say this? Base: EMAHSN stakeholders who say this (n=78)*

Figure 7 – *Q. If you could make one recommendation for improvement for the local AHSN or the National AHSN Network to focus on in the next three years, what would this be? For example, is there a service you think should be expanded, or a new offering that should be explored or delivered? Base: Base: EMAHSN stakeholders (n=82)*

AREAS OF STRENGTH AND GOOD PRACTICE

GUIDING THE IMPLEMENTATION OF NEW TECHNOLOGY

Stakeholders identify a particular strength of EMAHSN to be their effectiveness in successfully selecting and implementing new technologies. For example, the AHSN is praised by a respondent from a private company or industry body stakeholder group, for their support throughout the evaluation process. This includes identifying the technologies which have been piloted and that are likely to add the most value to patients, demonstrating the worth and impact of these technologies to secure funding from NHS authorities and, finally, scaling them up in the system.

A specific example of a project identified by one stakeholder is supporting the local adoption of atrial fibrillation equipment. Additionally, a respondent from the local government or LEP stakeholder group describes how they consult the AHSN when they are unsure of the best technological solution that solves their challenges. This is a testament of the AHSN's wealth of knowledge, and the trust stakeholders have in the organisation to guide their decision-making about new products.

> *"I think [the East Midlands AHSN is] not afraid of some of the bigger projects, but they try not to treat things as pilots and demonstrate the value of the technology for it to then to be integrated and taken up [...] they help support in getting the data, they help support companies [and] the local authorities in terms of building business cases to the secure funding for it to be ongoing once it's proven. The atrial fibrillation would be one of them."*
>
> **Private company or industry body**

> *"They've invited us to some of their interviewing systems for new products so that we can ask questions from our perspective, which I think helps them get a bigger picture of what they're trying to achieve. So, I think it's a two-way collaboration, helping us take all technology options to our service users forward. I think we're a lot further forward with the help of the AHSN than we would be without them. They give us a much more cohesive picture of what's out there."*
>
> **Local government or LEP**

EMAHSN's interview feedback is supported by the findings of the online surveys. For instance, 79%* of EMAHSN's stakeholders who are CCGs or health and social care providers rate it effective in identifying, testing and spreading evidence-based innovations. This is based on a sample size of 34 and should be treated as indicative only.

THE TEAM AT THE EAST MIDLANDS AHSN

Stakeholders frequently cite the quality of the team as another key strength of EMAHSN. Almost all interviewees appear to enjoy working with their contacts in the organisation; typically describing them as approachable, friendly and accommodating. A minority of interviewees said they have not had enough interactions with the team to formulate an opinion, but none were critical of staff. Some stakeholders identified their positive relationship with staff as the reason for their involvement with the AHSN, and others specifically express a desire for the relationship to continue in the future through further opportunities to get involved. Encouragingly, feedback about staff is highly positive across different stakeholder groups interviewed, suggesting that the team maintains a consistently positive attitude in interactions with service providers and with users.

> *"I'd say approachable, good communication, friendly as well, I find the staff friendly and knowledgeable. I'd say they are really favourable. I think for the East Midlands, we've got a really good team and they're all really good. Been able to develop really good professional relationship and because they are all so accommodating and helpful and because our pieces of work interlink. So, if they weren't approachable or a bit standoffish, then I wouldn't have any involvement with them."*
>
> **Health or social care provider**

> *"Well, I think they're very friendly, and very caring, there's no doubt about that, and the team talk look after me, with my health issues. I think they're very caring, they want to hear the patient's voice."*
>
> **Patient or member of the public**

> *"I've loved working with them. It's certainly given me a lot more confidence within me personally to do my role here, which hopefully, makes my residents and my staff's life a lot easier. I've really valued the input that they've given me and the opportunities they've given me to go and work with them and help them, and hopefully, it'll continue for a long, long time."*
>
> **Health or social care provider**

This interview feedback is supported by the broader responses to online surveys with 94% of EMAHSN stakeholders reporting a very or fairly good relationship with the AHSN. Online survey responses also indicate that EMAHSN is focusing effort on maintaining longer term relationships, with 53% of its stakeholders saying they have worked with the AHSN for two years or more and 60% saying their relationship has got better over this time.

BEING THE FIRST PORT OF CALL FOR PROBLEM SOLVING OR SIGNPOSTING

Another key strength of EMAHSN identified by health or social care stakeholders is their ability to solve problems, either using their own expertise or through referrals to a partner organisation. EMAHSN is praised for endeavouring to provide solutions internally or, in the event they do not have the skills or expertise, connecting stakeholders to their wealth of contacts that are better able to support. This is highly encouraging as many stakeholders appear to select the AHSN as their go to organisation for problem solving, further demonstrating their trust in EMAHSN. One stakeholder cites that they refer their own clients to the AHSN for problem solving; a positive finding which suggests good experiences can raise awareness of and advocacy for the organisation.

> *"I love working with them. They're an absolute wealth of information and certainly, from my point of view, where before, I'd often have questions that I didn't know who to go to for the answers, I can email or drop one of them a line and if they don't know the answer, they can certainly transfer me to someone who will know the answer."*
>
> **Health or social care provider**

> *"I've often referred people and clients over to them and said, 'Do you know, you probably need to go to the AHSN about that.' There's a small commercial team that I tend to deal with and they usually get back within a day or two."*
>
> **Health or social care provider**

> *"There's always somebody who's either a) got the answer, or b) they'll say, 'Oh, well, we don't know, but try this person or that person,' or they'll find it themselves and come back to me and say, 'This is what the answer is.'"*
>
> **Health or social care provider**

Online survey responses from EMAHSN's CCG and health or social care provider stakeholders support the interview feedback, although this is based on a low base size of 34* therefore results are indicative only:

- 79%* rate EMAHSN effective in making connections with industry and academia to match solutions to NHS needs
- 88% rate EMAHSN effective in bringing health care professionals together across regional systems to support knowledge sharing and collaboration.

POINTS FOR EMAHSN TO CONSIDER

BREADTH OF ENGAGEMENT

Some stakeholders mention that they would like to see the ASHN reaching out to a greater spread of individuals. Those who say this suggest that, to best of their knowledge, the AHSN only has a few contacts within their organisation, sometimes only the one, meaning there can be a lack of awareness about certain projects.

One stakeholder reports that communication from the AHSN is focussed solely at director level and information is often not disseminated down the hierarchy, which they feel can make it challenging to hear about AHSN initiatives or programmes. While a stakeholder from a research body or university identified that they would like to see the AHSN better develop links with their local research design service.

Additionally, an individual patient or member of the public thinks that the AHSN should increase the frequency of communication with volunteers to make them feel more valued, especially those that do not have access to a computer or phone.

> *"They're not doing as much as I think they could be doing in developing links with their local Research Design Service. No one else in the organisation is in touch with the AHSN."*
>
> **Research body or university**

> *"I'm not sure the information always gets to the right point. I wasn't particularly aware of them but my boss's boss, [who is] the Director of Digital Services, will have had all the invites to all these sessions, but he'll have just put them on the 'whatever' pile to deal with another day. I'm not sure they get the heart of the people that they need to. That might just be our organisation because we're big and bureaucratic, so it could just be me. Maybe in other organisations that doesn't happen but [...] it's quite ironic that it was a supplier that introduced us and actually they're hosted by our organisation."*
>
> **Health or social care provider**

> *"I think Academic Health Science Network should somehow communicate with those staff who take their time and come ten, fifteen miles away, some come more. Or the same thing [applies to] social media; [send] letters to those [who are] probably not on the computer or can't get access, or phone calls."*
>
> **Individual patient or member of the public**

ENSURING THE WEBSITE IS EASY TO NAVIGATE

Two stakeholders said that they can sometimes find the East Midlands AHSN website a challenge to navigate and links are prone to either not work, redirect the user to the wrong

page or have expired. Solving these issues is therefore likely to be of great value to stakeholders, especially those that do not have direct contact with the AHSN.

Whilst the survey was live / interviews were being conducted EMAHSN introduced a new website; hence it is likely that the comments referred to above were based on the previous site. However, the AHSN may wish to undertake ongoing user testing of the new site to ensure that the issues identified by respondents have been addressed.

CHALLENGES AND OPPORTUNITIES AHEAD

CONTINUE TO IDENTIFY THE BEST TECHNOLOGY TO HELP PATIENTS IN THE FUTURE

Multiple stakeholders cite developing new technologies that can benefit patients as a big opportunity for the AHSN. As identified earlier, the AHSN's ability to introduce new technology is a strength and stakeholders would like to see the organisation further develop innovative devices that improve the quality of life for patients. A technological related challenge identified by one stakeholder is the plethora of products being developed makes it difficult to focus on the right ones, but as discussed earlier, prioritising the most valuable projects appears to be a strength of the AHSN.

> *"The opportunity is to develop really, really good technologies that give people such independence. They get to live as close to eighty and a life as everybody else and be able to achieve the things they wish to do, whether that's a working life or just living and having the opportunities anybody else can like any other person whose suffered from disability."*
>
> **Private company/industry body**

> *"So many companies have got so many devices. I think the biggest challenge for the AHSN will be to tick the ones that they think are best, either [because they are] cost-effective or [because the] patient benefits. I think that's the biggest issue."*
>
> **Health or social care provider**

Online survey responses from EMAHSN's CCG and health or social care provider stakeholders mostly support the view that it is generally successful in this. 71% rate it as effective in supporting the integration of new products or interventions into everyday care although this is based on a low base size of 34* therefore results are indicative only.

AHSN VISIBILITY ACROSS THE REGION

Page 6 of this report refers to considerations around the breadth of engagement within organisations (i.e. highly targeted versus a broader-brush approach). In this context, there does appear to be an opportunity for EMAHSN to grow its reach across the locality.

"Technically we're an ICS, so we should be really joined up and we're not. I think what we're doing [with the AHSN] is really exciting and we're really proud of it. I think we've done, between us, a really good job, but other trusts aren't snapping their hands off because they've got to do a whole load of work to get to where we are. I think the challenge is making it easier for other organisations to become fast followers."

Health or social care provider

Survey data supports that there are a mix of views regarding EMAHSN's local presence; 43% say it is extremely or very visible, 39% describe it as moderately visible and 13% say it is slightly or not at all visible. This suggests an opportunity for AHSNs to consider the best strategy for continuing to building their network across the different regions in their area.

SUMMARY OF POINTS FOR THE AHSN TO CONSIDER

Across interviews conducted, the following points emerged for the EMAHSN to consider:

- ✓ **Potential to broaden engagement** within organisations, to reach more staff further down the hierarchy who could benefit from participating in AHSN initiatives.
- ✓ Continuing to **prioritise developing and implementing technologies** that bring the most value to patients as stakeholders see this is a strength of the AHSN which presents an opportunity for make a further positive impact in the future.
- ✓ **Undertaking ongoing user-testing of the new website** to ensure the issues raised related to the old site have been resolved.
- ✓ **Being transparent in the AHSN's priorities and strategy** to give stakeholders greater visibility and clarity of what the organisation is trying to achieve.
- ✓ **Ensuring there is a clearly defined approach to involving patients** and continuing to consider a range of accessible opportunities to involve patient representatives in the AHSN's work.