



AHSN -stakeholder research 2015



Overview



Survey details

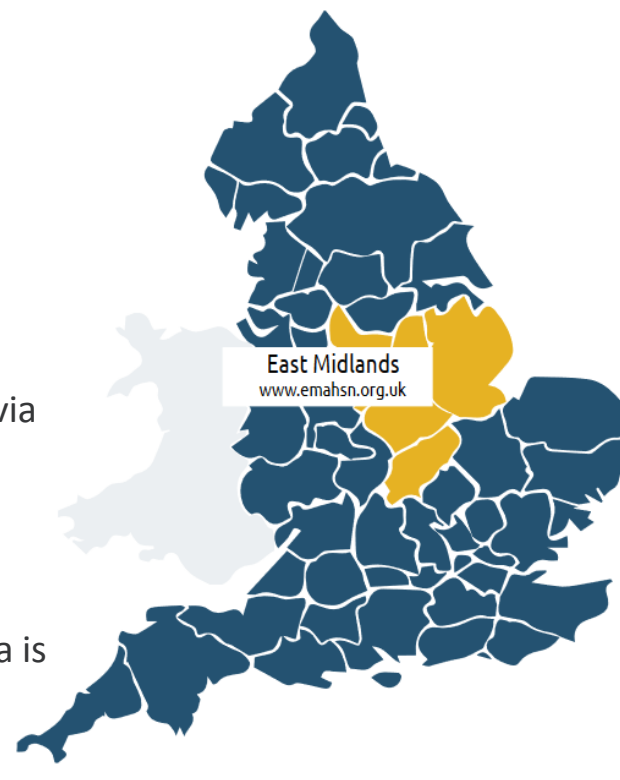
An online survey was administered to stakeholders of the Academic Health Science Networks. Stakeholders were initially pre-identified and provided with the opportunity to comment on any of the following:

- The AHSN which they are identified as having worked with/are associated with;
- Any other AHSN; and
- The entire AHSN network at a national level.

In addition, individuals who were not pre-identified as stakeholders were also given the chance to comment on AHSNs of their choosing via open links disseminated by NHS England, other stakeholders, and through AHSNs' own communication channels.

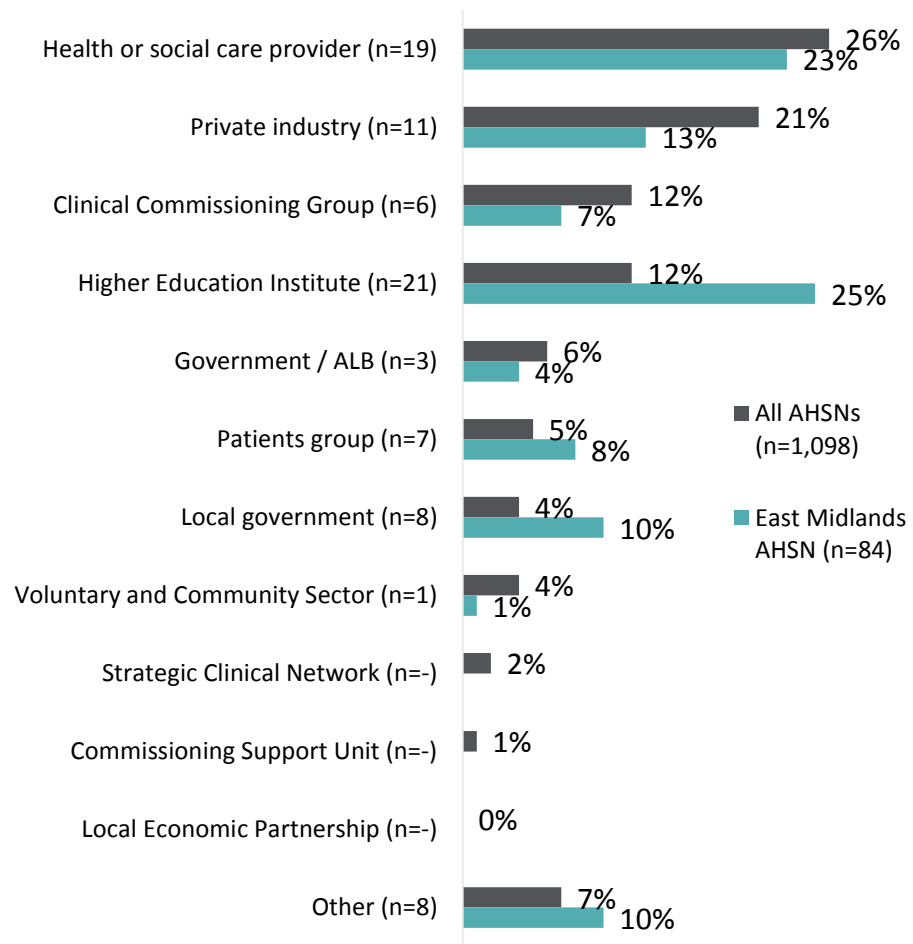
This report contains responses specifically given in relation to East Midlands AHSN. This is based on 84 responses. In the report, the data is compared against the total figure for all AHSNs for each specific question.

The survey ran between July 9th and 7th August 2015.

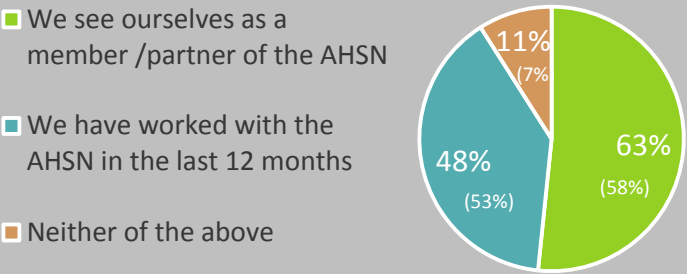


Who took part?

Stakeholder type

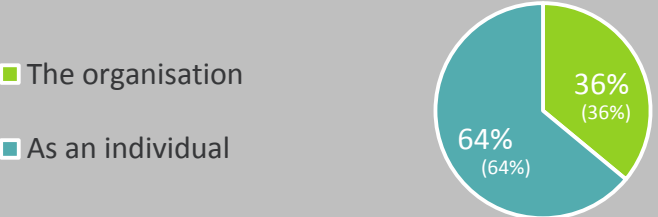


Working relationship



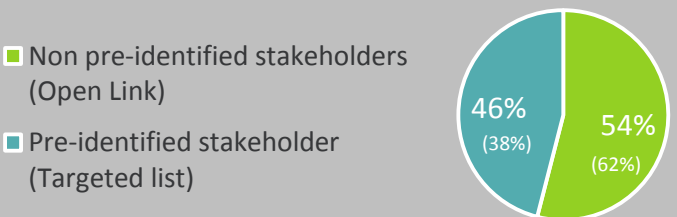
Note: All AHSN figures in brackets. Question was multiple choice.

Answering on behalf of their organisation or as an individual



Note: All AHSN figures in brackets

Sample source



Note: All AHSN figures in brackets



Understanding the results

A **sample of stakeholders** were surveyed, rather than the entire population of stakeholders. The percentage results are subject to **sampling tolerances** – which vary depending on the size of the sample and the percentage concerned.

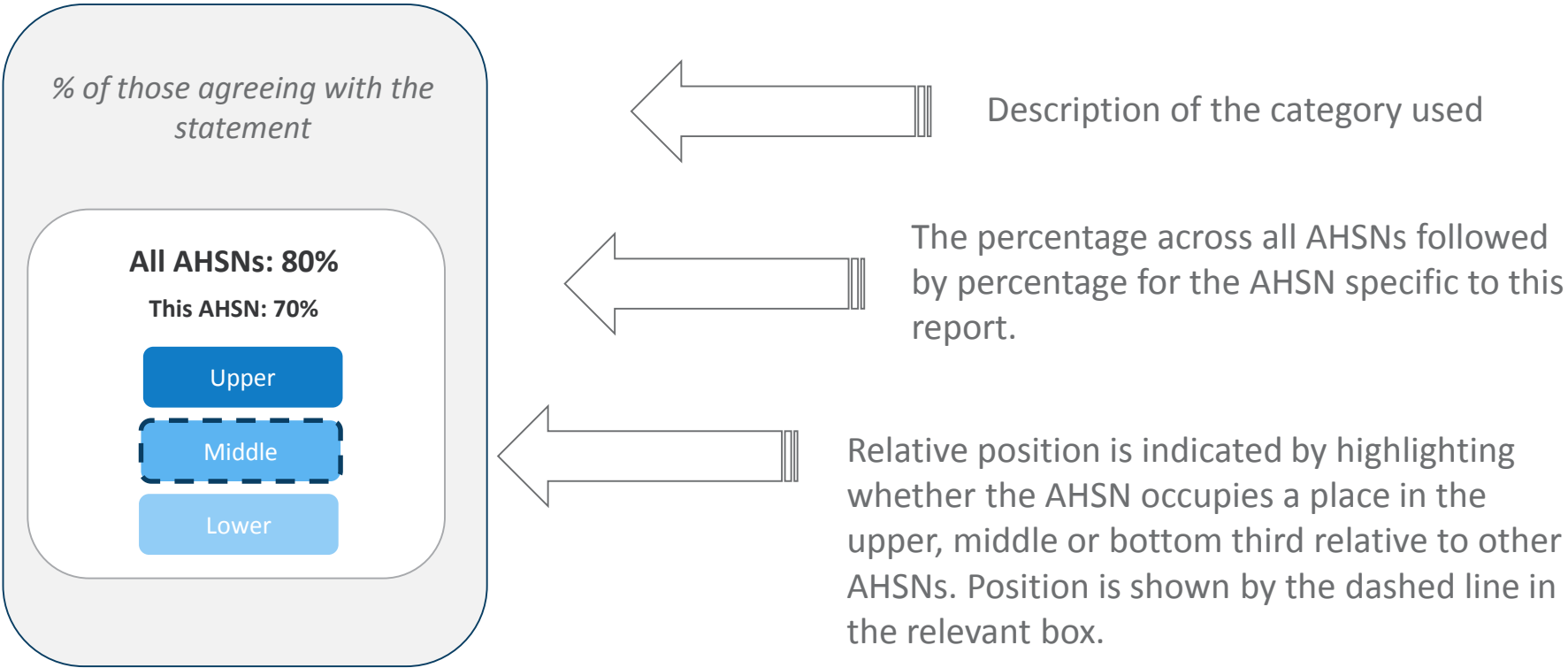
Confidence levels say how ‘sure’ we are about the results. That is, at 95% confidence level we have 95% probability that the results didn’t happen by chance but are similar to what is real for the population. If the survey was rerun 100 times the results in 95 of those surveys would fall very closely to the first run.

When comparing an individual AHSN’s results to the ‘all AHSNs’ average or other AHSNs, a difference must be of at least a certain size to be statistically significant. The table below illustrates the percentage difference needed based on example size sizes and percentages at the 95% confidence level.

Size of sample	Approximate sampling tolerances applicable to percentages at or near these figures (at the 95% confidence level)		
	90% / 10%	70% / 30%	50%
100	+/- 6	+/- 9	+/-10
70	+/- 7	+/- 11	+/-12
50	+/-8	+/- 13	+/-14

Explanation of the positioning graphic

A comparator display has been included to help support the AHSN in their development. Although caution should be taken in light of the sampling tolerance levels outlined previously, AHSNs have indicated it will be useful to understand their results in relation to other AHSNs.



Summary



Summary (1)

- 79% of East Midlands AHSN stakeholders recommend working with the AHSN, a figure that is 4 percentage points (pp) higher than the national average (slide 42).
- A quarter strongly agree that the AHSN has helped them / their organisation achieve its objectives in the last year and just under a third (29%) feel that it has achieved more than they expected (slide 40).
- East Midlands AHSN stakeholders have higher than average clarity about its role (slide 11 and 12) and understanding of its plans and priorities (slide 14).
- 84% have a quite or very good working relationship with the AHSN, a figure 12pp higher than the average (slide 16) and 68% feel that relationship has got better over the last year (slide 17).
- The majority positive about engagement with the AHSN – 68% have felt involved (6pp higher than average), 65% have felt listened to (slide 24).

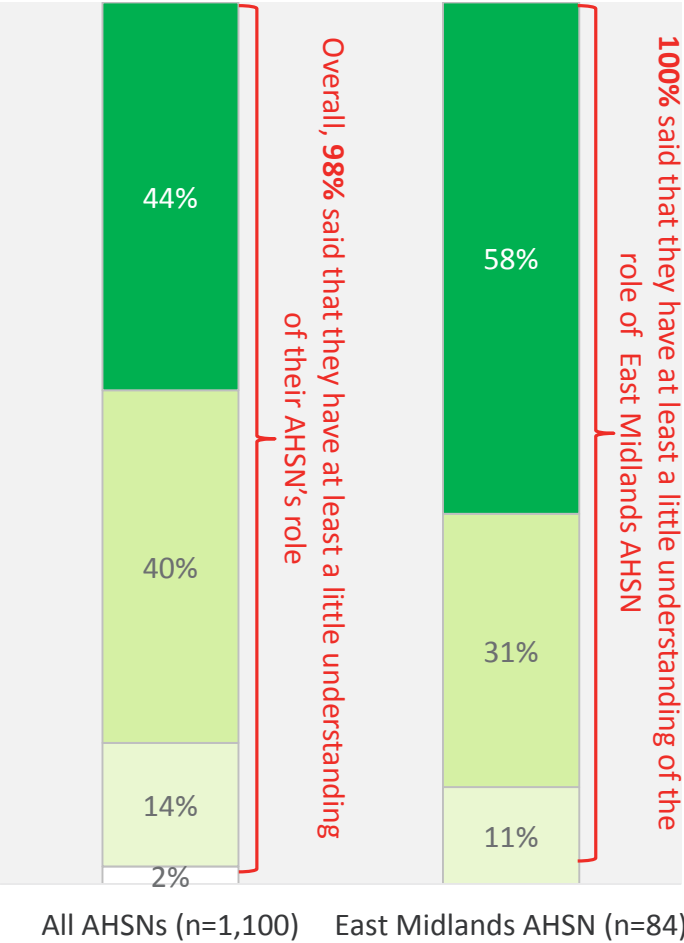
Summary (2)

- 67% had received valuable support on the themes of ‘facilitating collaboration’ and ‘identification, adoption and spread of innovation’ (slide 30).
- Over three-quarters (77%) rate the AHSN’s accessibility, 10pp above average and aspects such as responsiveness, quality of advice and quality of support were likewise appreciated by many. Only in the ‘promotion of change in the local health economy’ were a lower proportion in agreement (56%), although this was in line with the average (slides 34 and 35).
- There is strong agreement that the AHSN is ‘building a culture of partnership and collaboration’ (74%, 7pp higher than average) (slide 37), likewise 59% believe it is being effective in ‘speeding up the adoption of innovation into practice’ (slide 38).

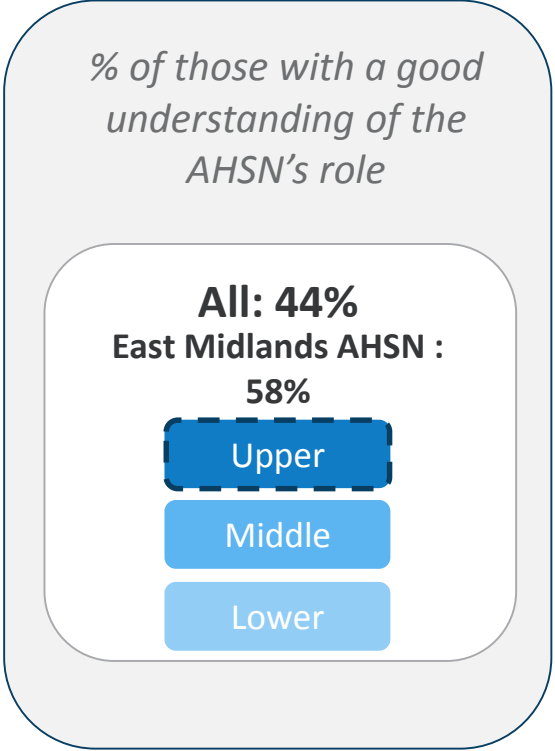
Understanding the role of the AHSN



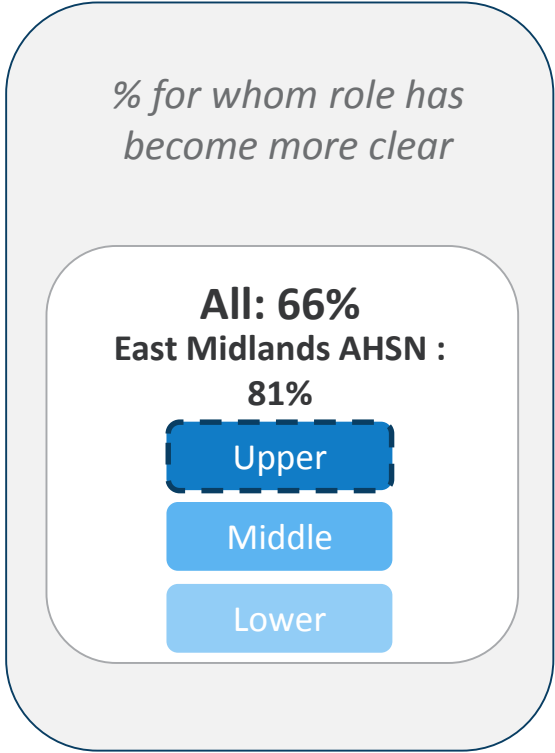
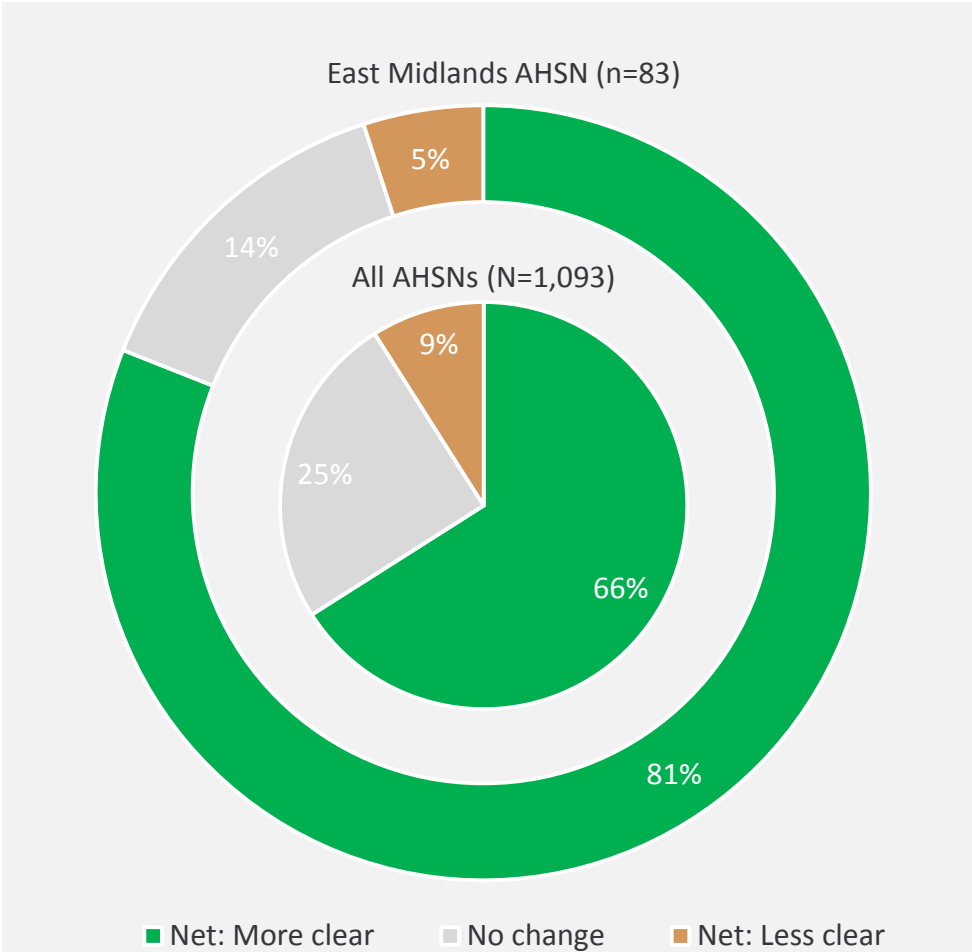
Q. To what extent do you feel you understand the role of the AHSN?



- A good understanding
- A fair understanding
- A little understanding
- None at all



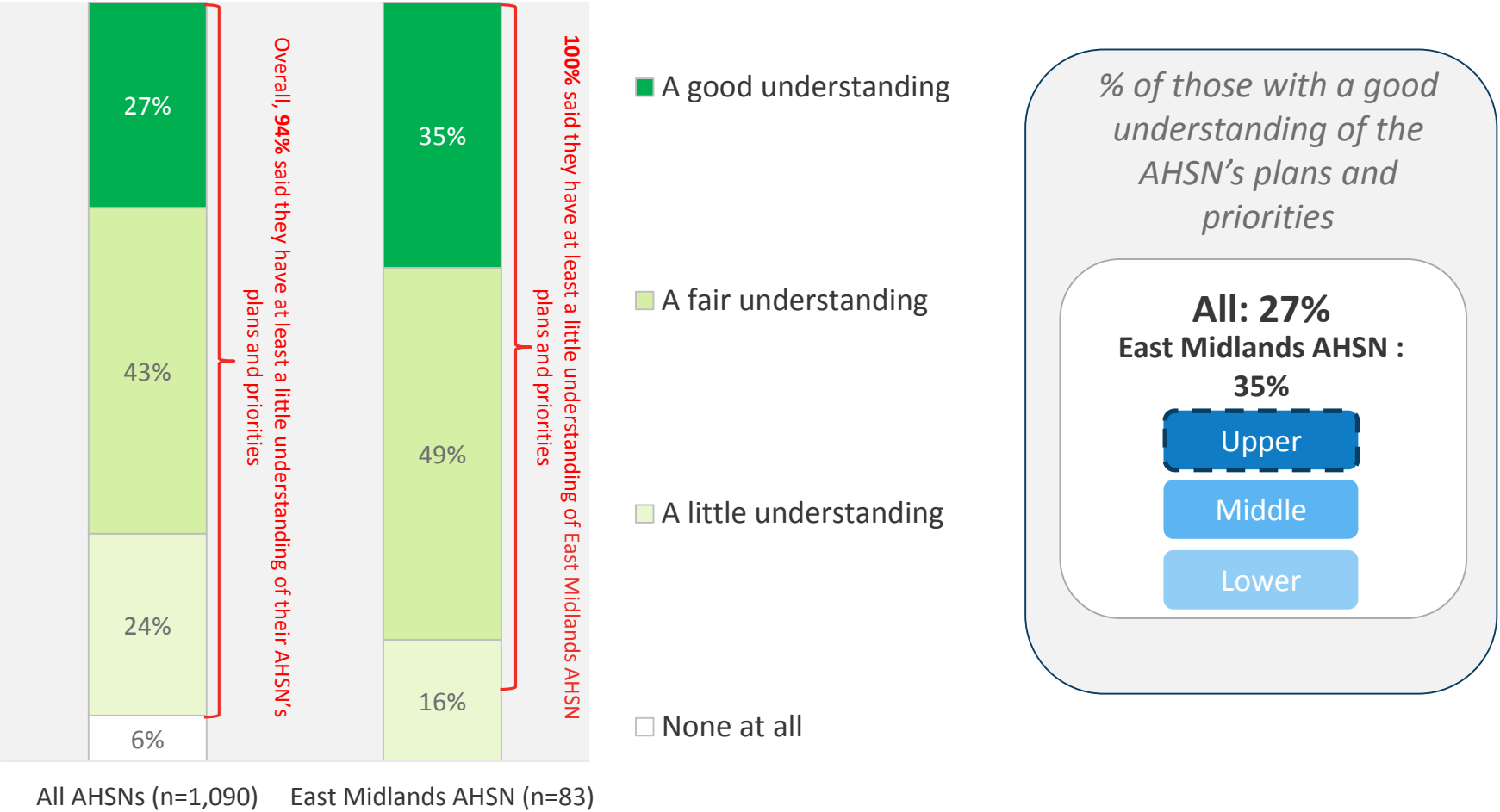
Q. And thinking about the past 12 months, to what extent has the role of the AHSN become more or less clear?



Understanding of AHSN plans and priorities



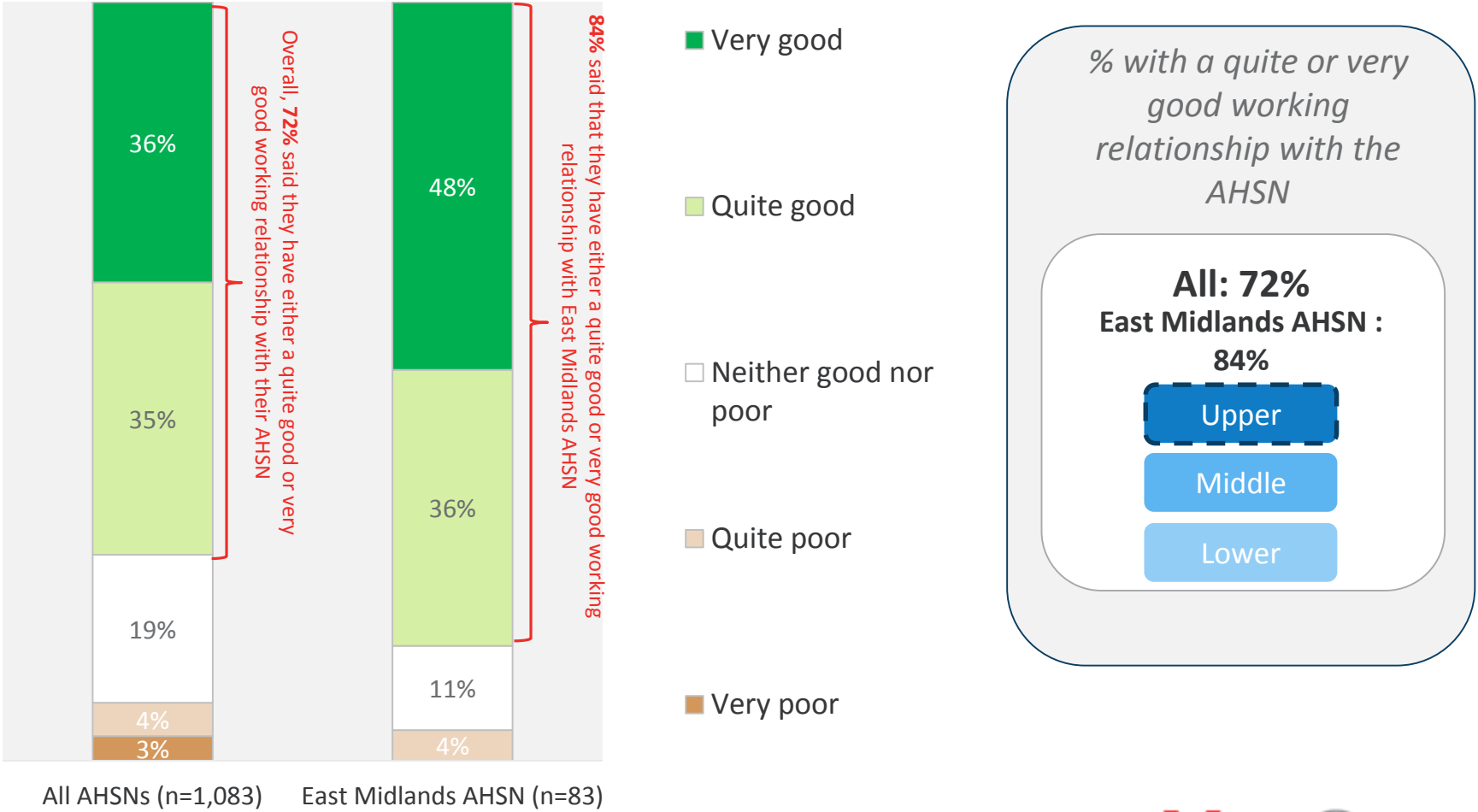
Q. To what extent, if at all, do you understand the AHSN's plans and priorities?



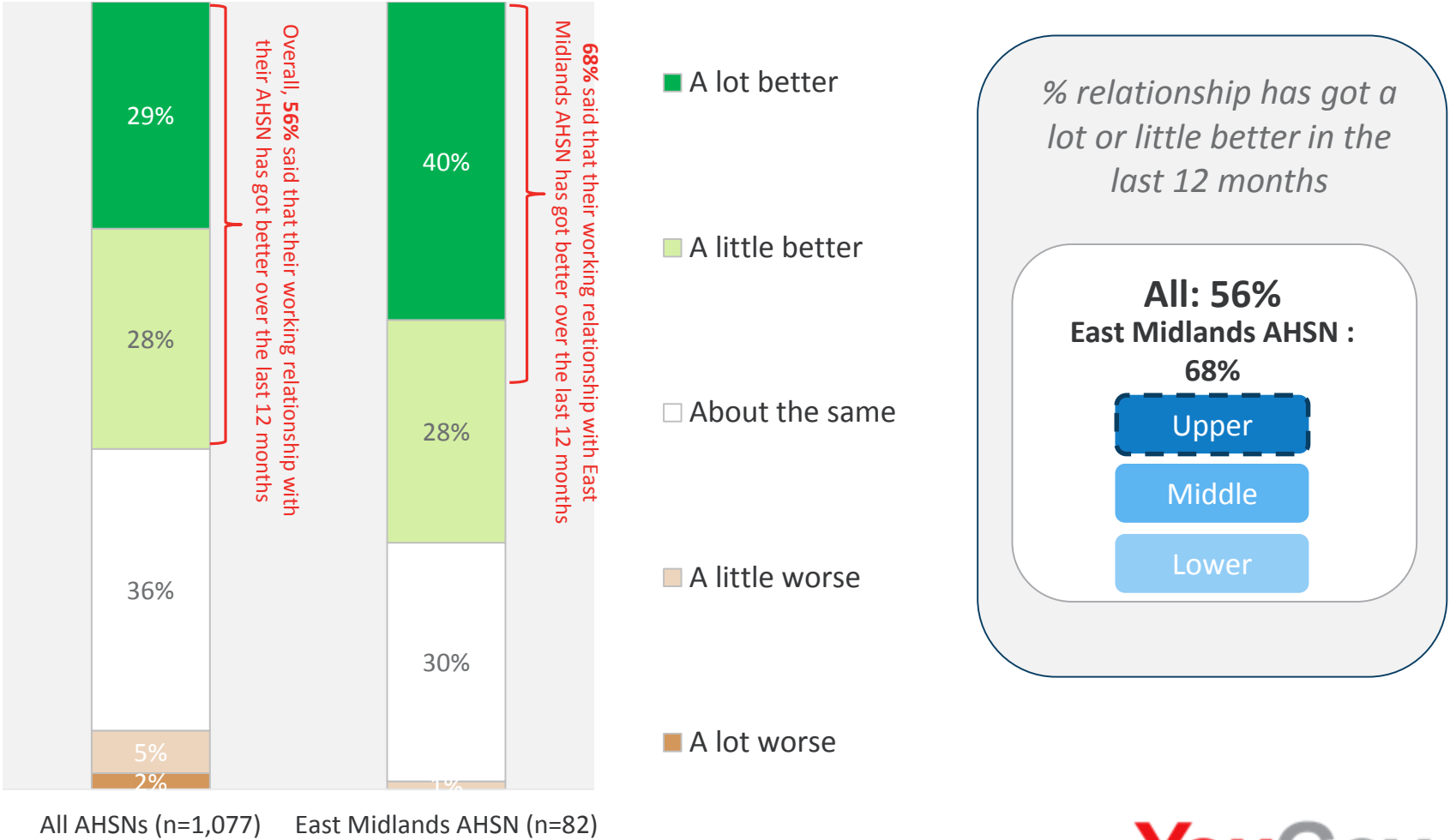
Stakeholder relationship with the AHSN



Q. Overall, how would you rate your working relationship with your AHSN?



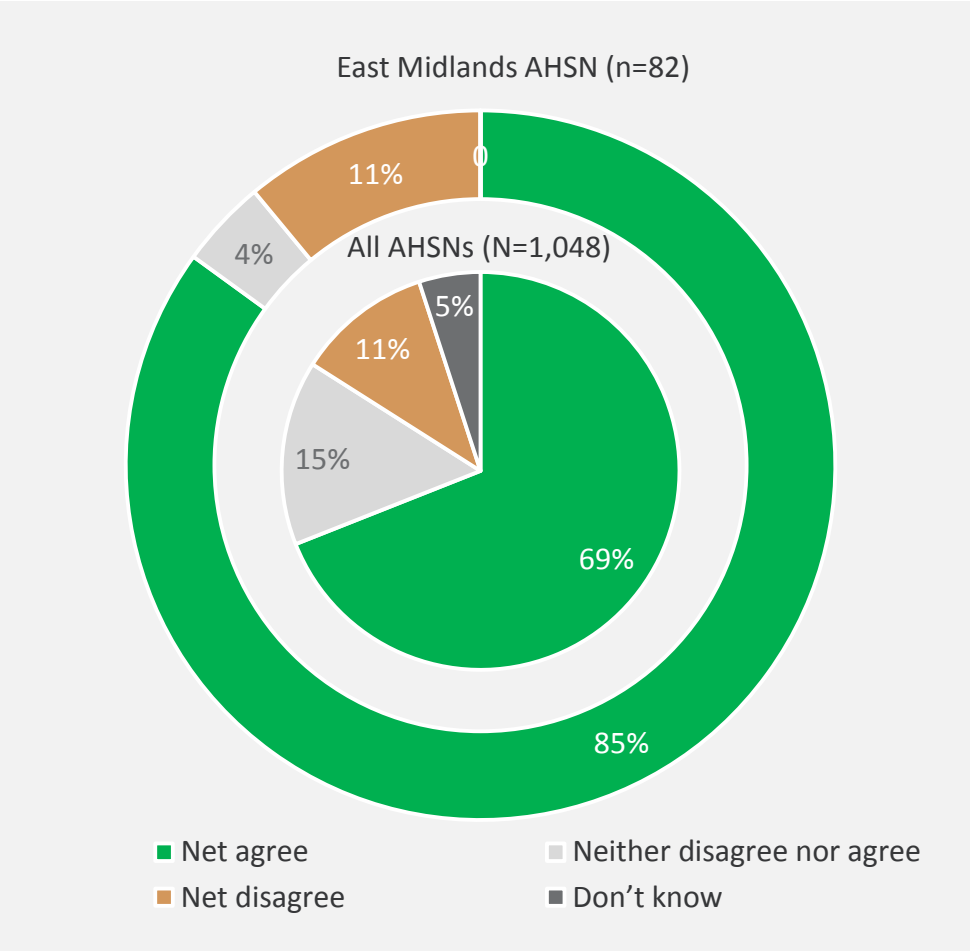
Q. Thinking back over the past 12 months, would you say your working relationship with the AHSN has got better, worse, or is about the same?



Stakeholder perceptions



Q. To what extent do you agree or disagree with the following?
The AHSN has clear and visible leadership



% agree the AHSN has clear and visible leadership

All: 69%
East Midlands AHSN : 85%

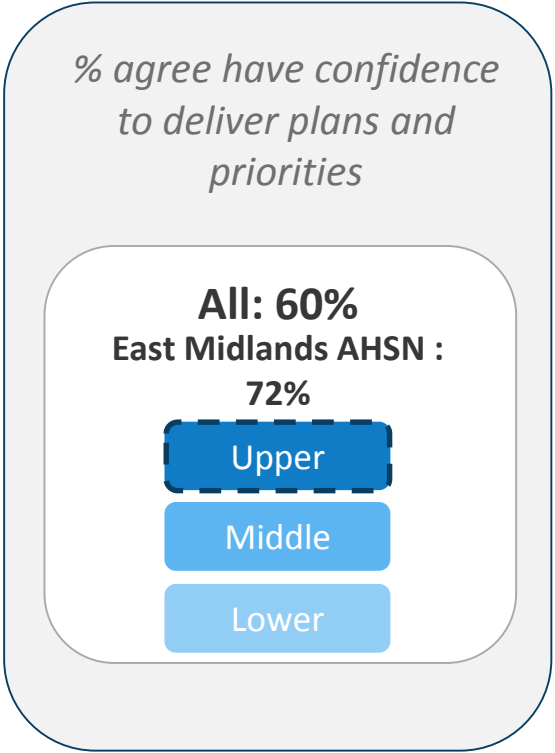
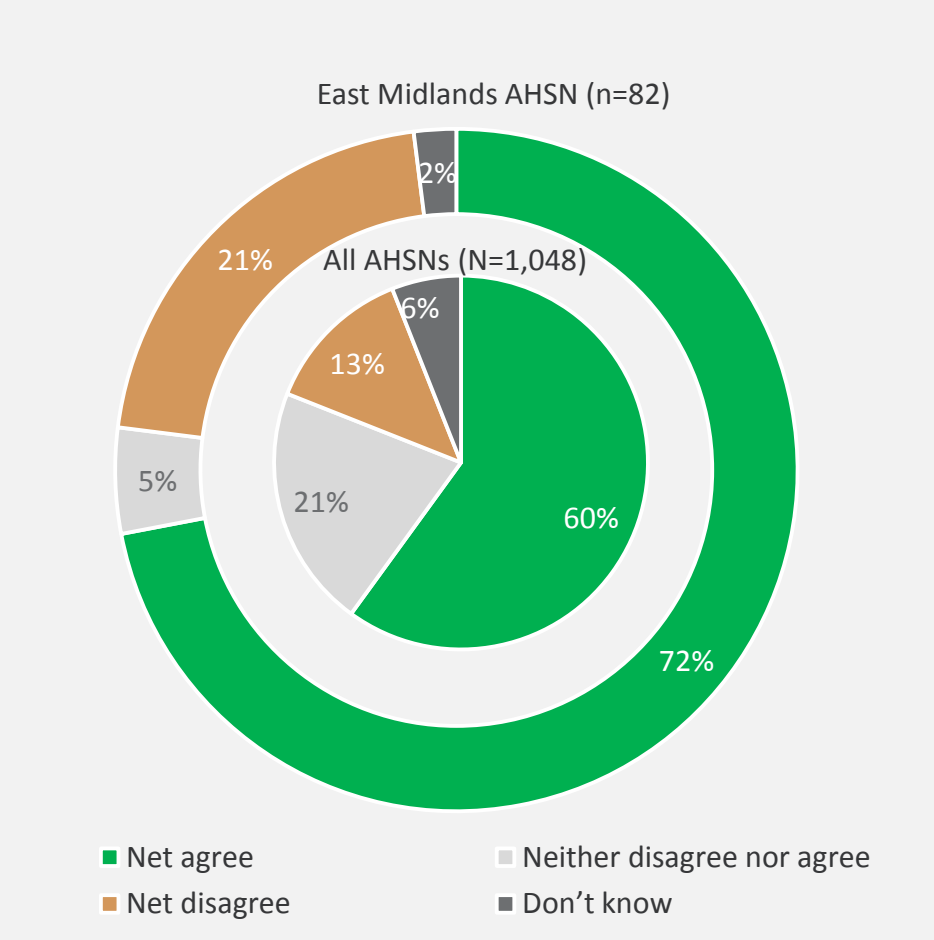
Upper

Middle

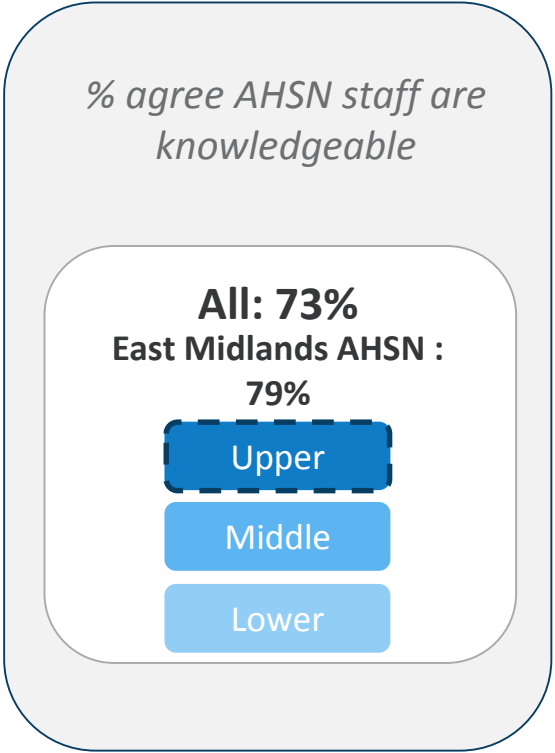
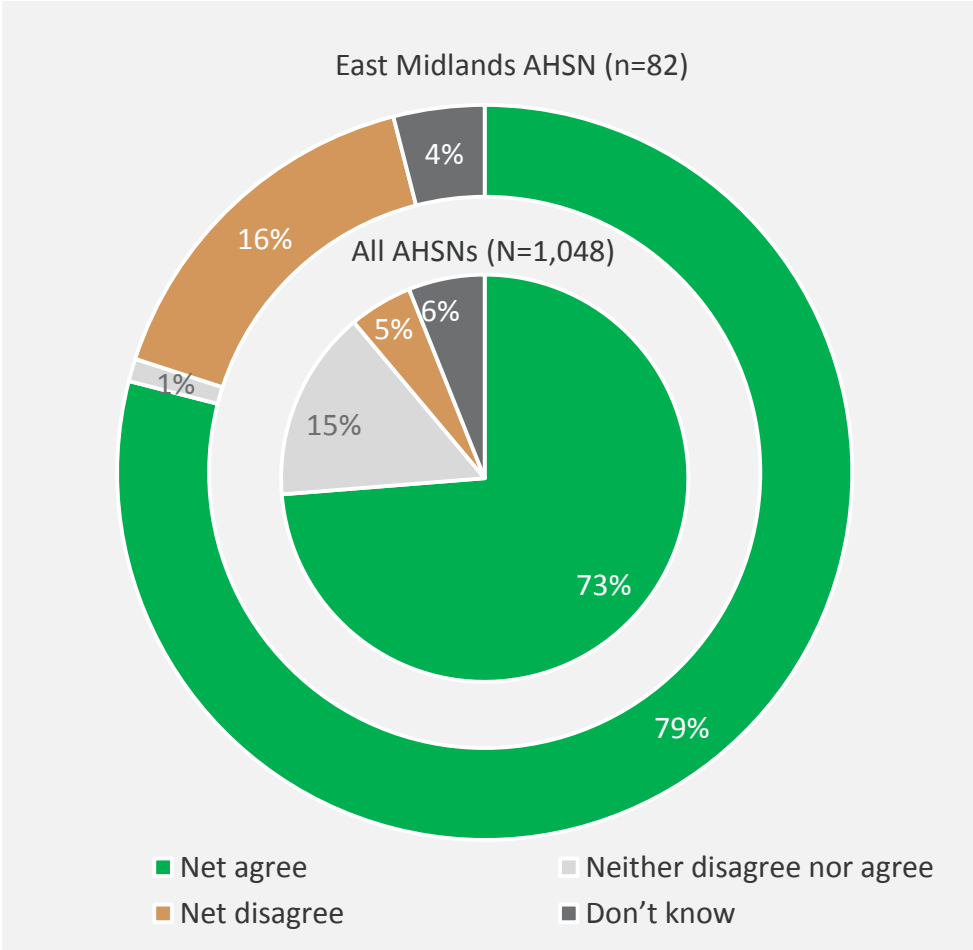
Lower

Net agree = % strongly agree + % tend to agree
Net disagree = % strongly disagree + % tend to disagree

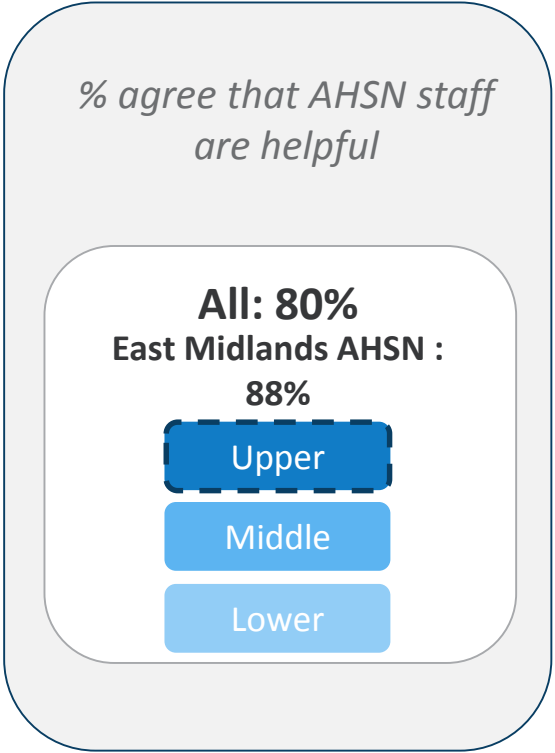
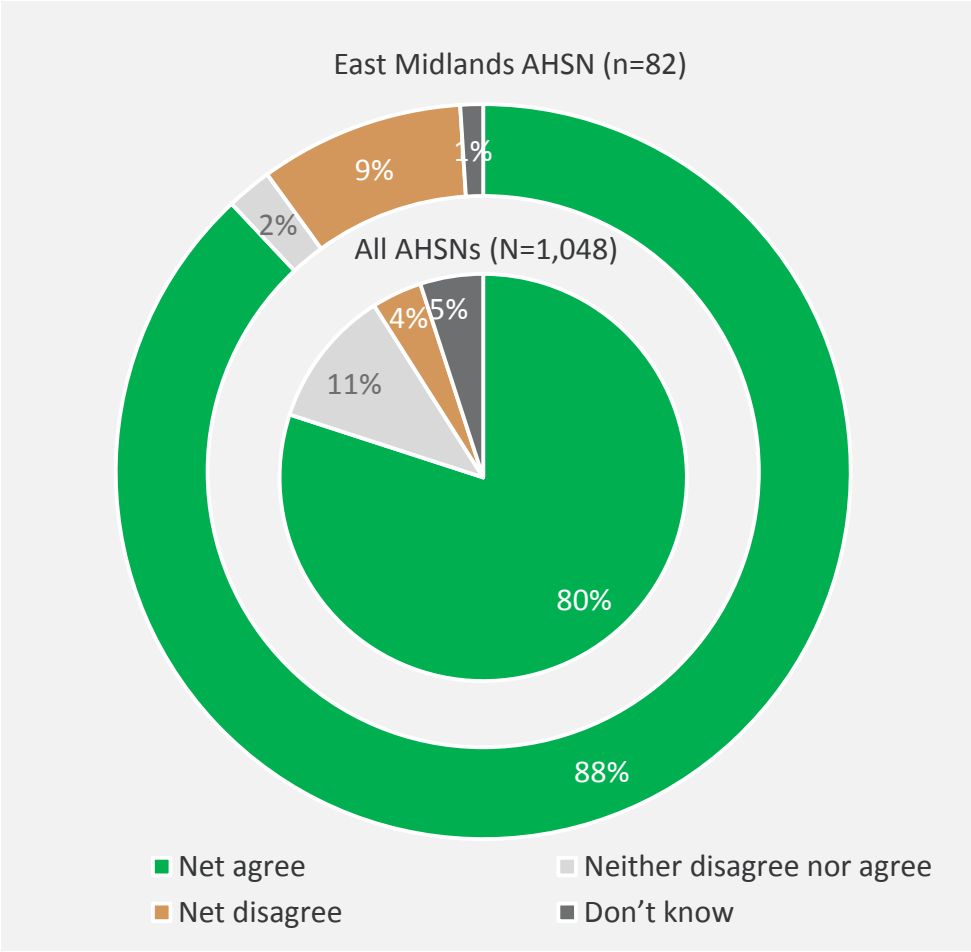
Q. To what extent do you agree or disagree with the following?
I have confidence in the AHSN to deliver its plans and priorities



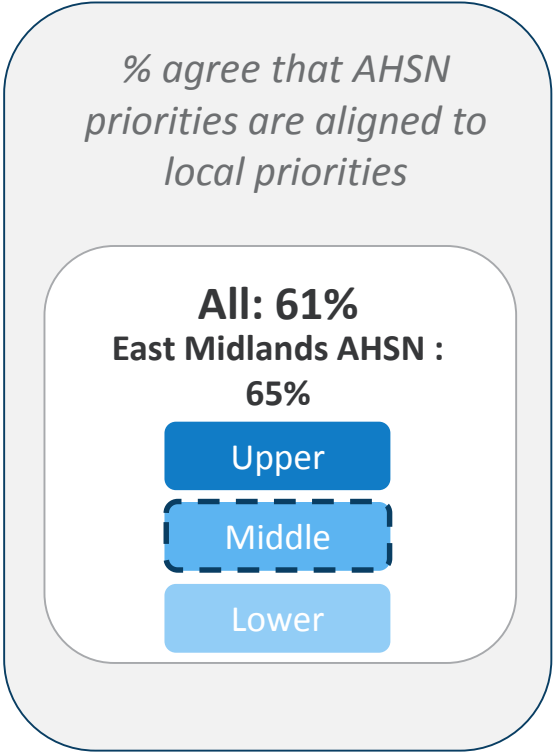
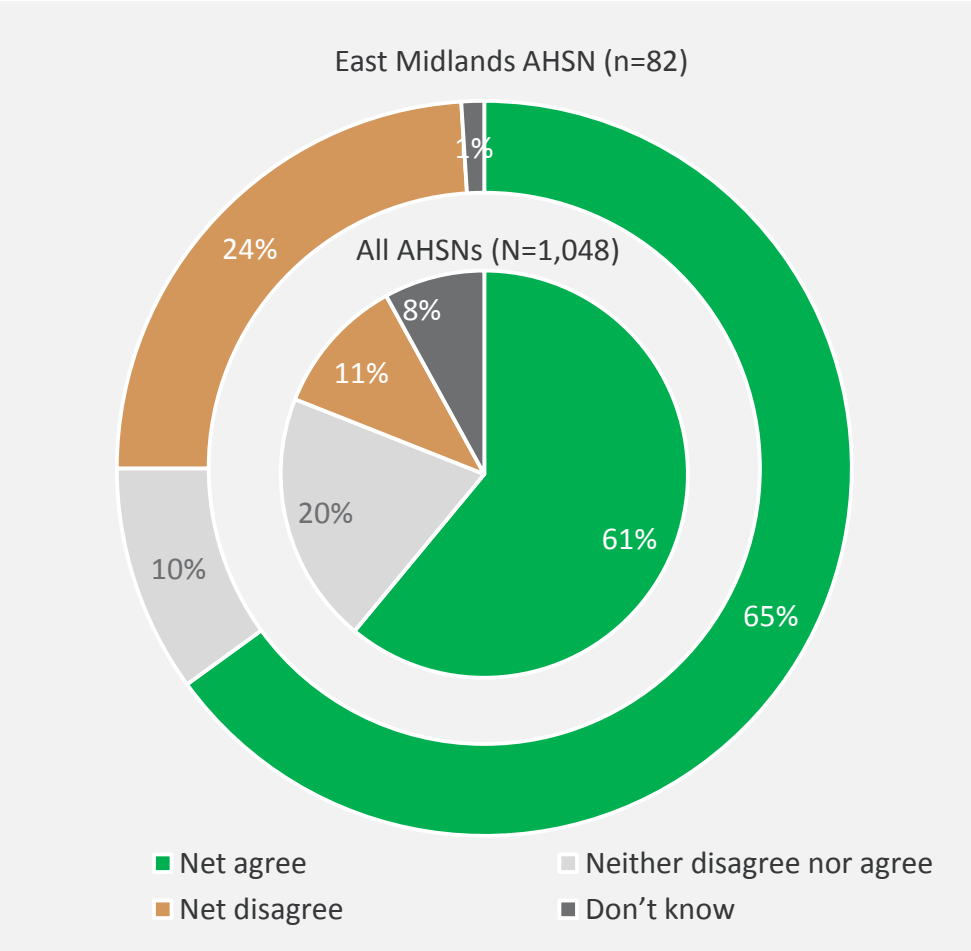
Q. To what extent do you agree or disagree with the following?
AHSN staff are knowledgeable



Q. To what extent do you agree or disagree with the following?
AHSN staff are helpful



Q. To what extent do you agree or disagree with the following?
AHSN priorities are aligned to local priorities



Q. To what extent do you agree or disagree that in the last 12 months?



Net agree = % strongly agree + % tend to agree.
Please note that the Net % on the right hand side may not be an exact match with the adding of two percentages due to rounding.

Attitudes towards AHSN staff



Q. If you have any comments about the AHSN’s staff, leadership and priorities, please type in below

Theme(s) identified within the answers provided by specific stakeholder groups include:

Health or social care provider

Theme: Leadership

“Great and accessible leadership”

“EM AHSN has an inspirational and extremely effective leadership”

Theme: Experience

“I have simply had an excellent experience of working with AHSN staff at all levels, they are a dynamic and well led team that get the job done well. I continue to be surprised by the amount of support they offer.”

Higher Education Institute

Theme: Leadership

“Very high quality, innovative leadership”

“Very good overall. Rachel Munton is an inspirational leader who makes excellent use of her extensive networks of senior leaders in health and social care in the East Midlands.”

“My interaction with the Communications Team, Project Management Team and the Leadership has been really good, each time, every time.”

Local government

Theme: Leadership

“I feel that the leadership is very strong and clear about achieving the aims and the objectives of this organisation”

“There is strong leadership which clearly focuses on priorities to reduce health inequalities amongst the population”

“I have seen strong leadership from the AHSN on patient safety and outcomes.”

Q. If you have any comments about the AHSN's staff, leadership and priorities, please type in below *[continued from previous page]*

Theme(s) identified within the answers provided by specific stakeholder groups include:

Patients group

Theme: Leadership

"The AHSN has a strong and visible leadership and its aims are reasonable clear."

"I have always found all staff to be helpful, knowledgeable, enthusiastic, committed, responsive it starts with Rachel's strong leadership, personal style which then cascades throughout the team and it's work"

Private Industry

Theme : Helpful

"We have worked closely with Chris Hart of the EMAHSN and have found him pro active, strategically minded and very constructive and helpful. We have also met Rachel Manton on occasion and she too has been of great assistance. The team works well, and is very professional"

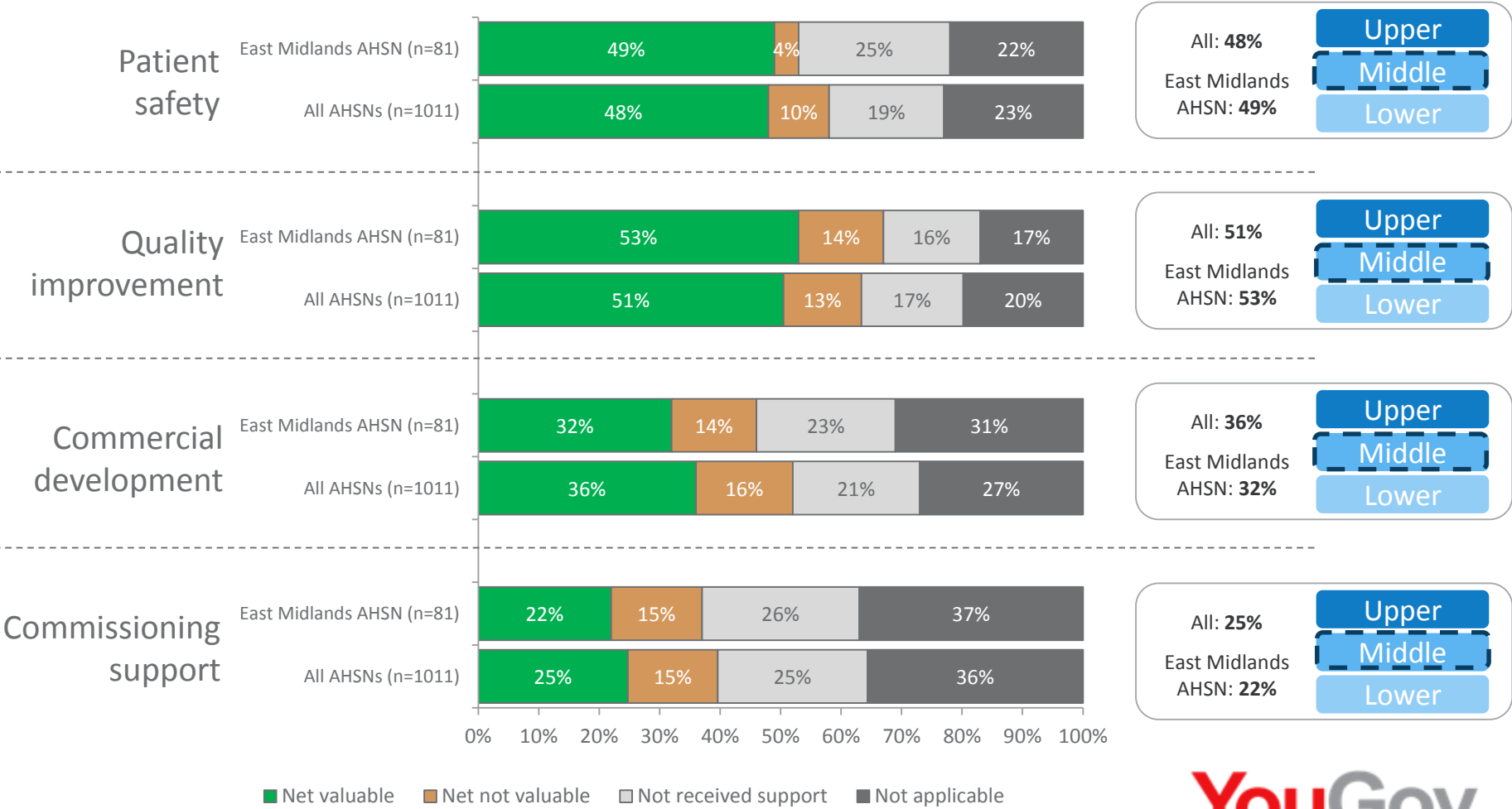
"We have worked with the East Midlands AHSN for some 8 months or so. We have found them to be very helpful, knowledgeable, and pro active."

Value associated with the level of support provided

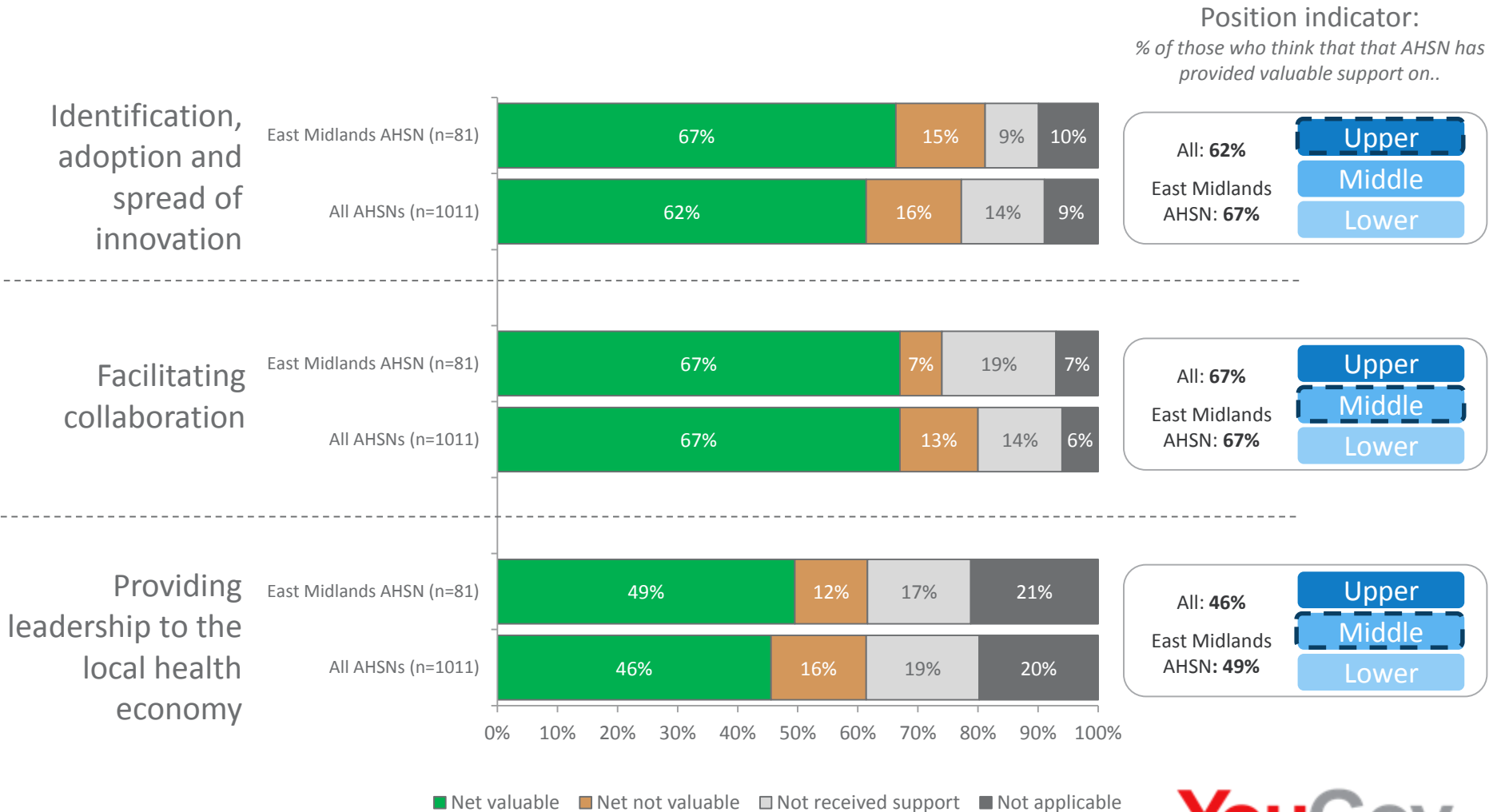


Q. The AHSN aims to work with organisations on the following themes. For each theme, how valuable or not has been the support from the AHSN in the last 12 months?

Position indicator:
% of those who think that the AHSN has provided valuable support on....



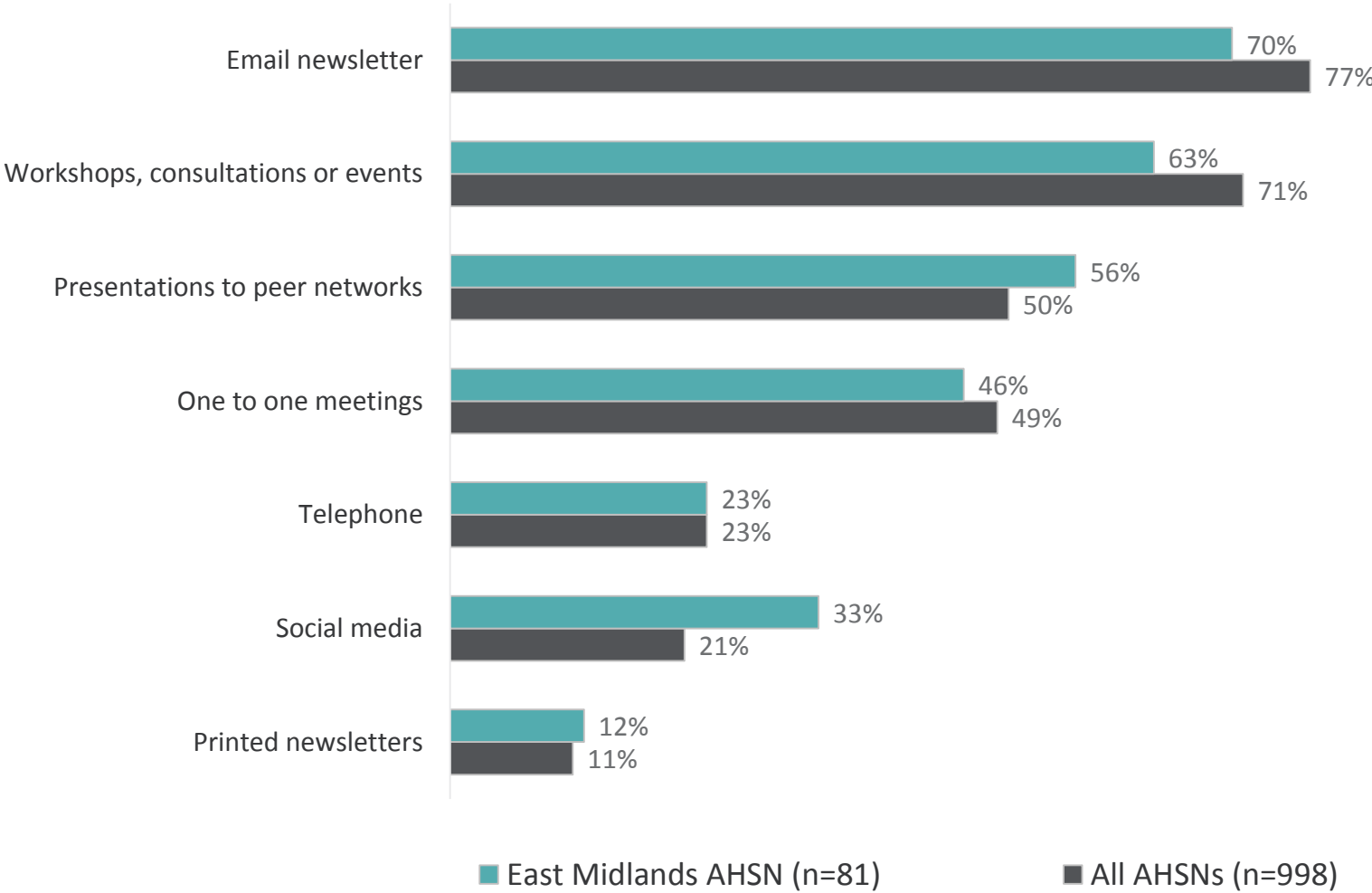
Q. The AHSN aims to work with organisations on the following themes. For each theme, how valuable or not has been the support from the AHSN in the last 12 months? *[continued from previous page]*



Preferred methods of communication between AHSN and stakeholders



Q. Which, if any, of the following are or would be your preferred ways for the AHSN to communicate with you?



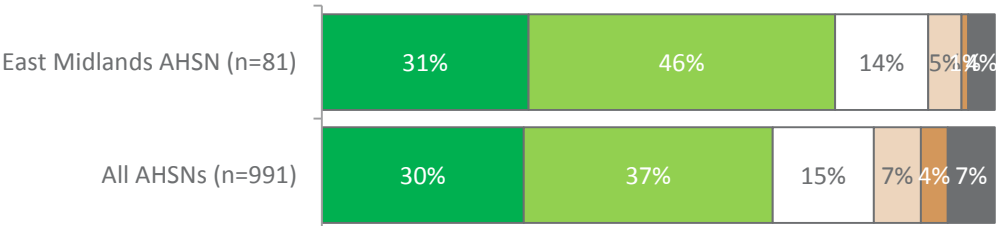
Impressions of AHSN performance & effectiveness



Q. Overall, how would you rate the AHSN's...

Position indicator:
% of those who rate the AHSN as
very / quite good for...

Accessibility



All: 67%

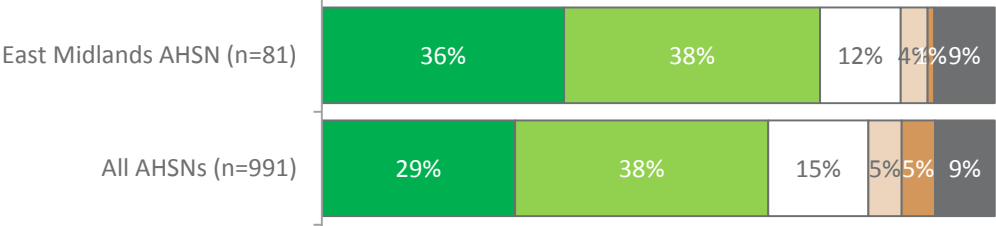
East Midlands AHSN: 77%

Upper

Middle

Lower

Responsiveness



All: 67%

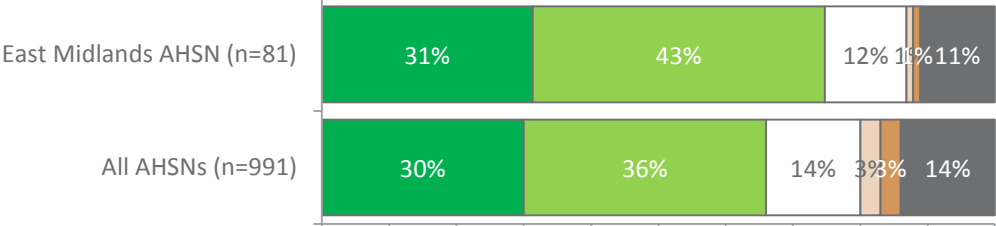
East Midlands AHSN: 74%

Upper

Middle

Lower

Quality of advice



All: 65%

East Midlands AHSN: 74%

Upper

Middle

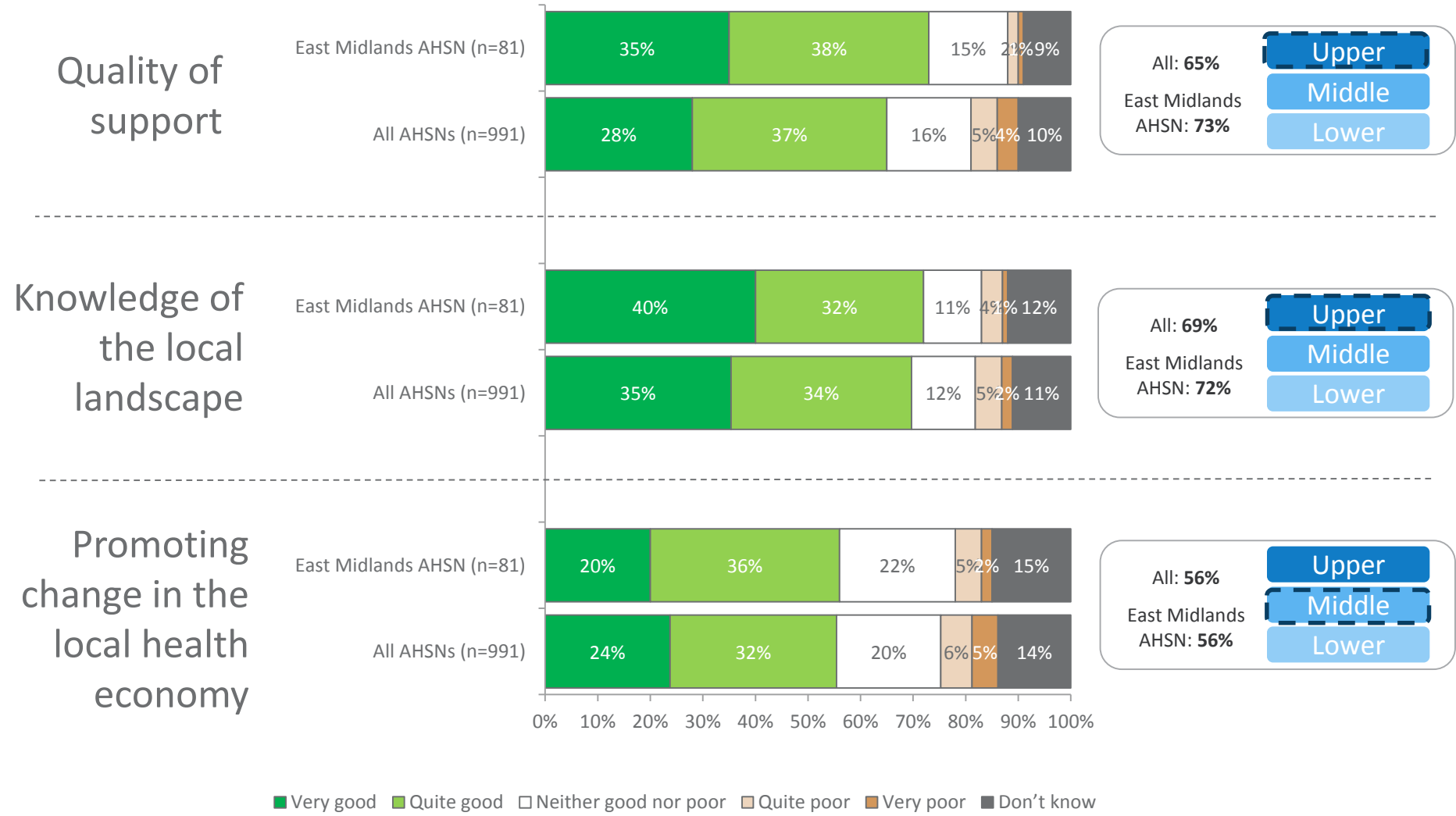
Lower

Very good Quite good Neither good nor poor Quite poor Very poor Don't know

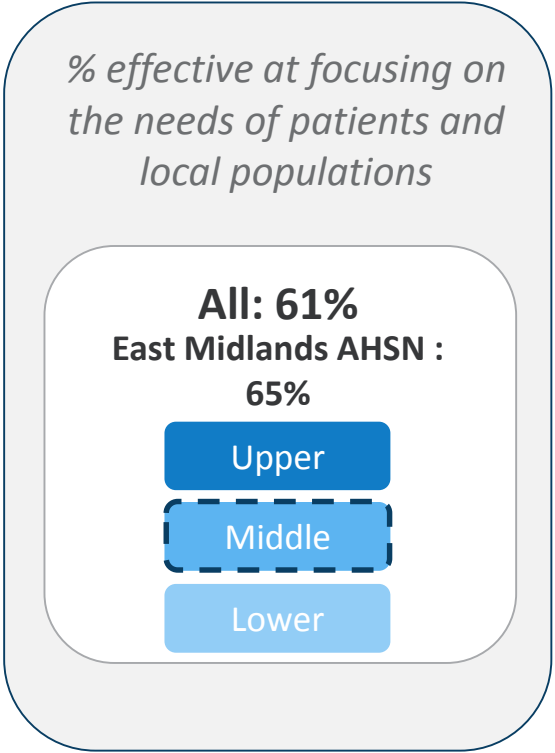
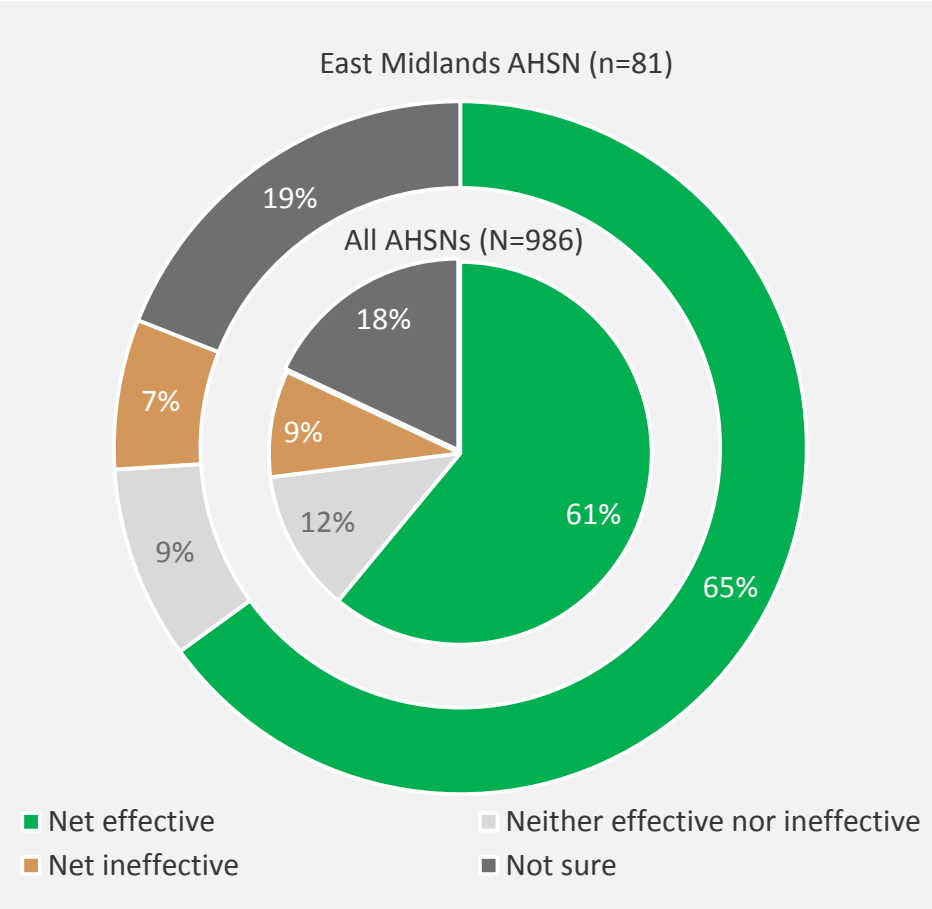


Q. Overall, how would you rate the AHSN's... [continued from previous page]

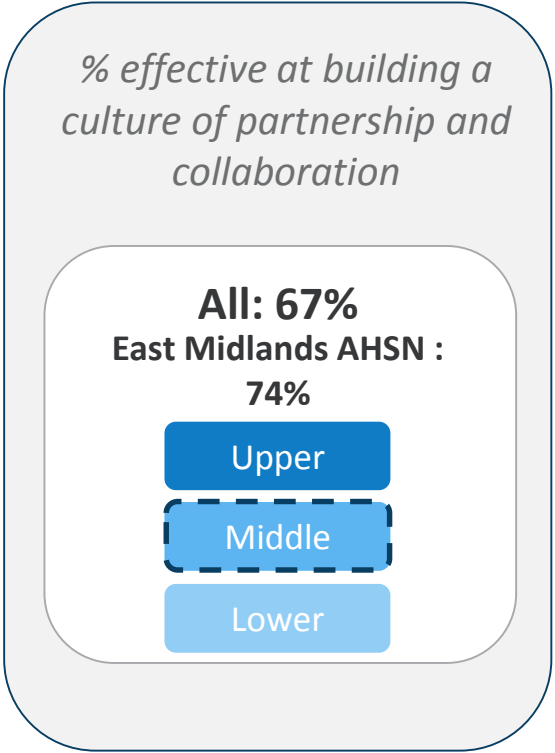
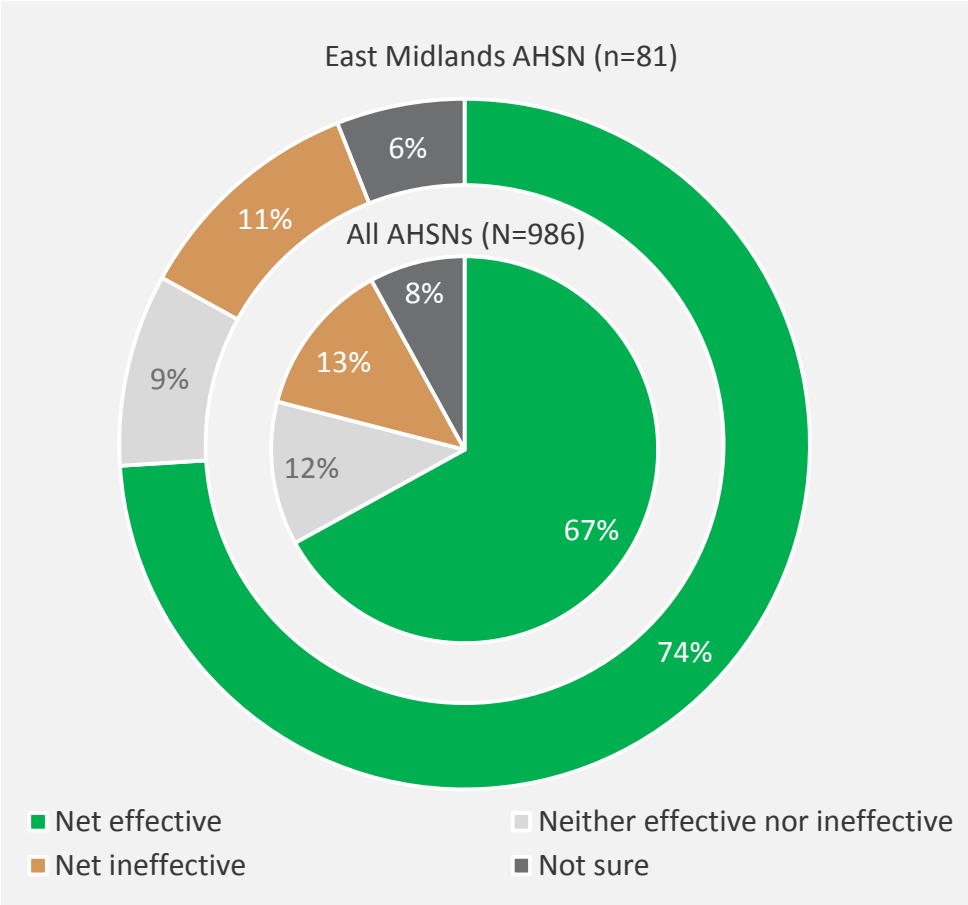
Position indicator:
% of those who rate the
AHSN as good for...



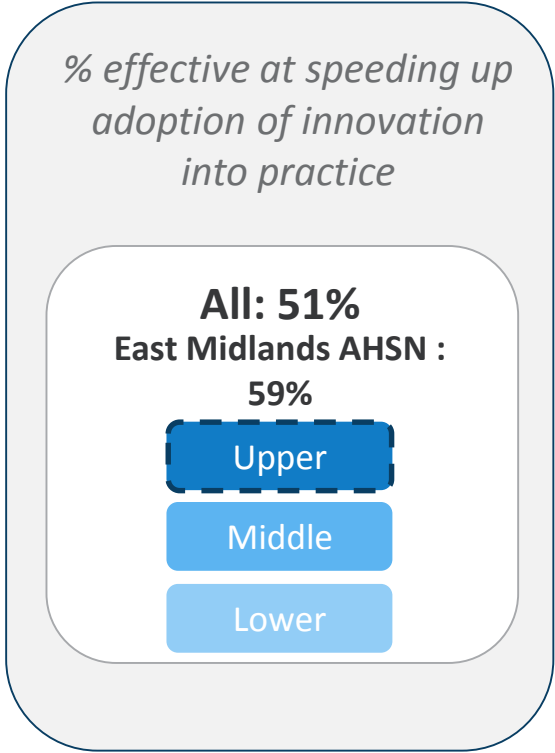
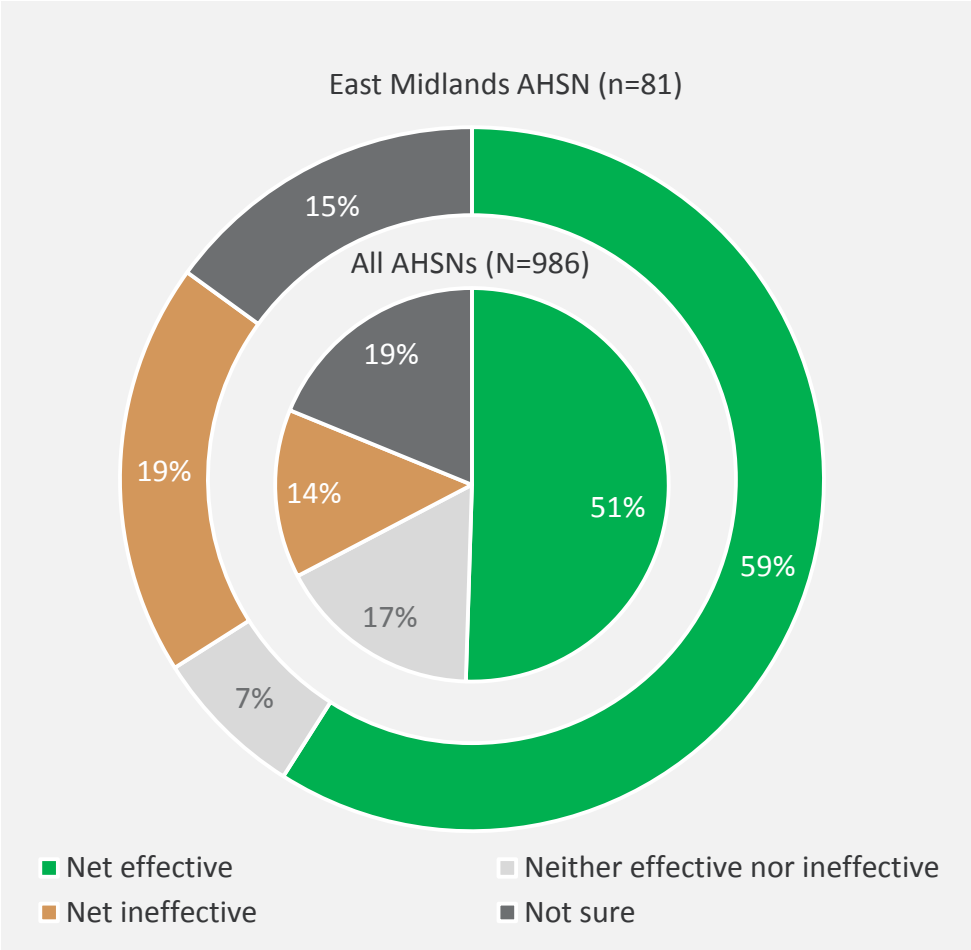
Q. How effective or ineffective is the AHSN in doing each of the following? *Focusing on the needs of patients and local populations*



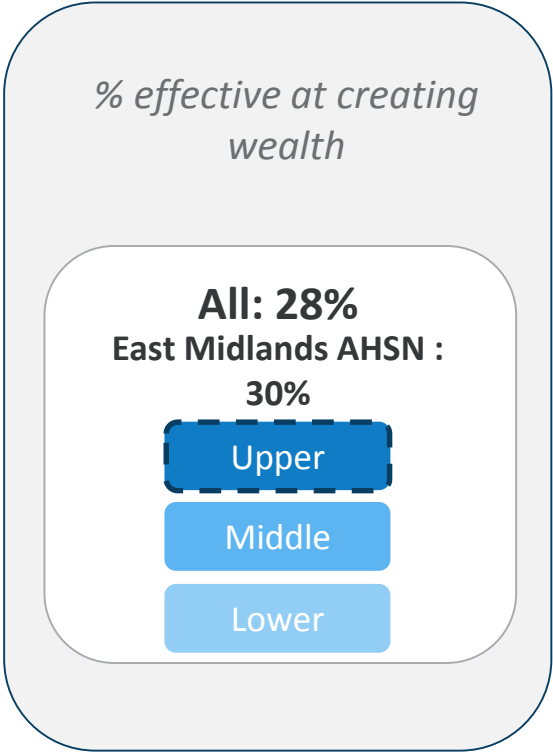
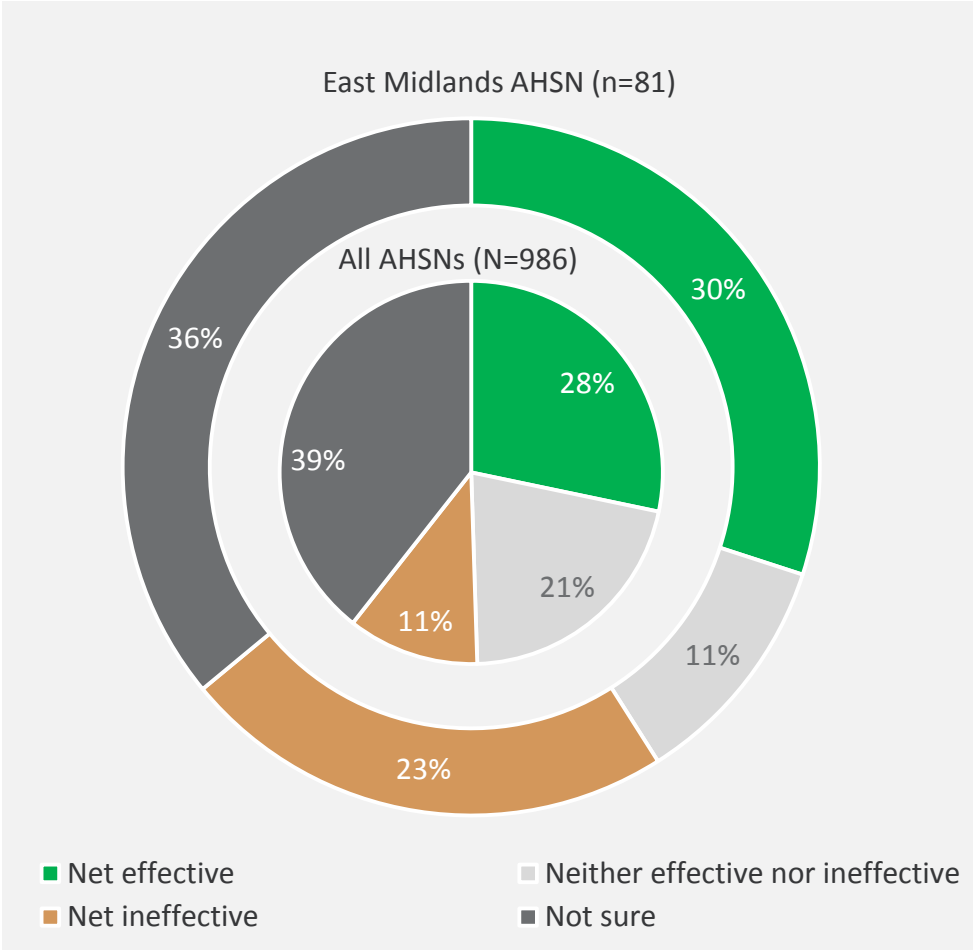
Q. How effective or ineffective is the AHSN in doing each of the following? *Building a culture of partnership and collaboration*



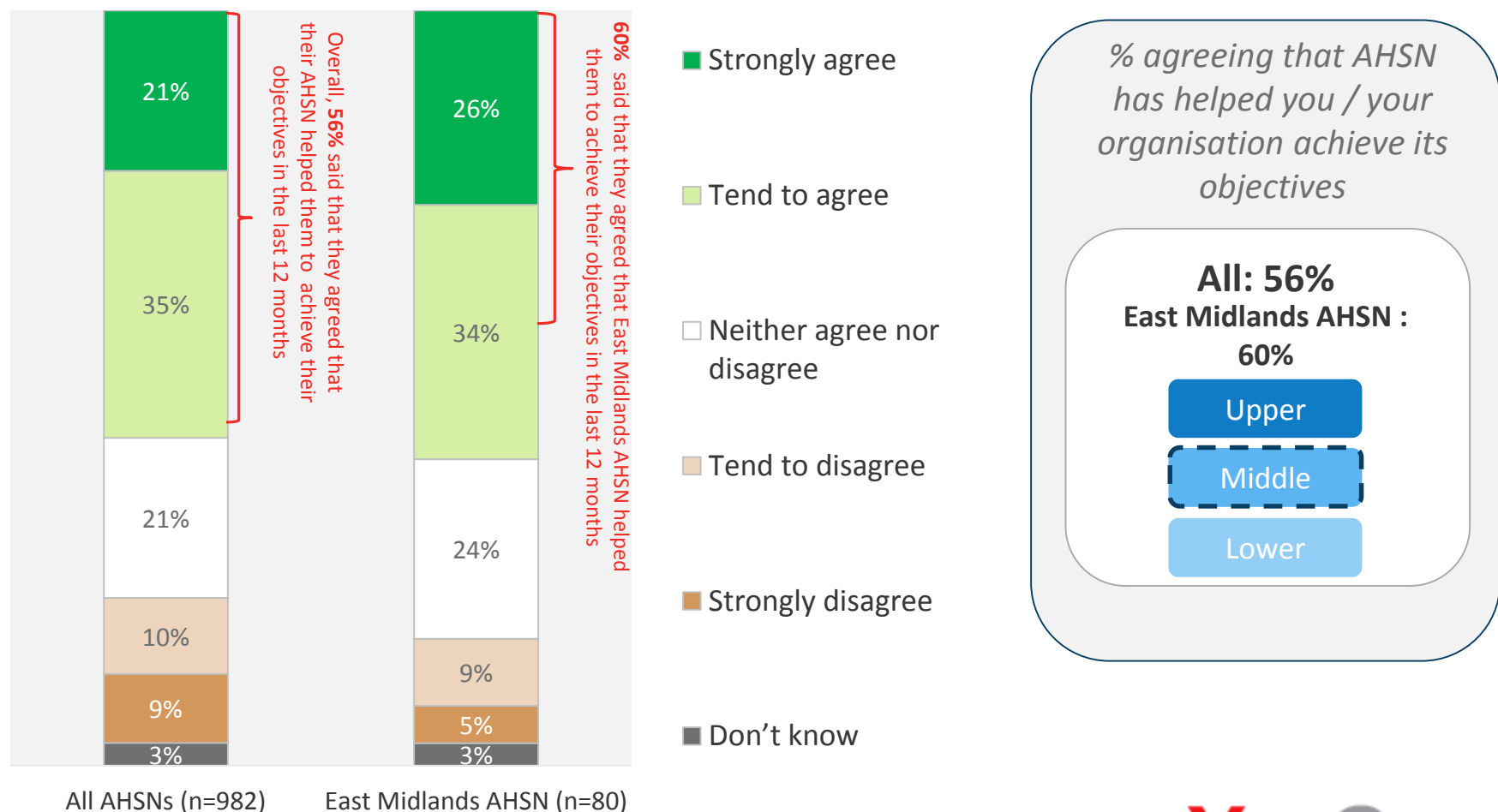
Q. How effective or ineffective is the AHSN in doing each of the following? *Speeding up adoption of innovation into practice*



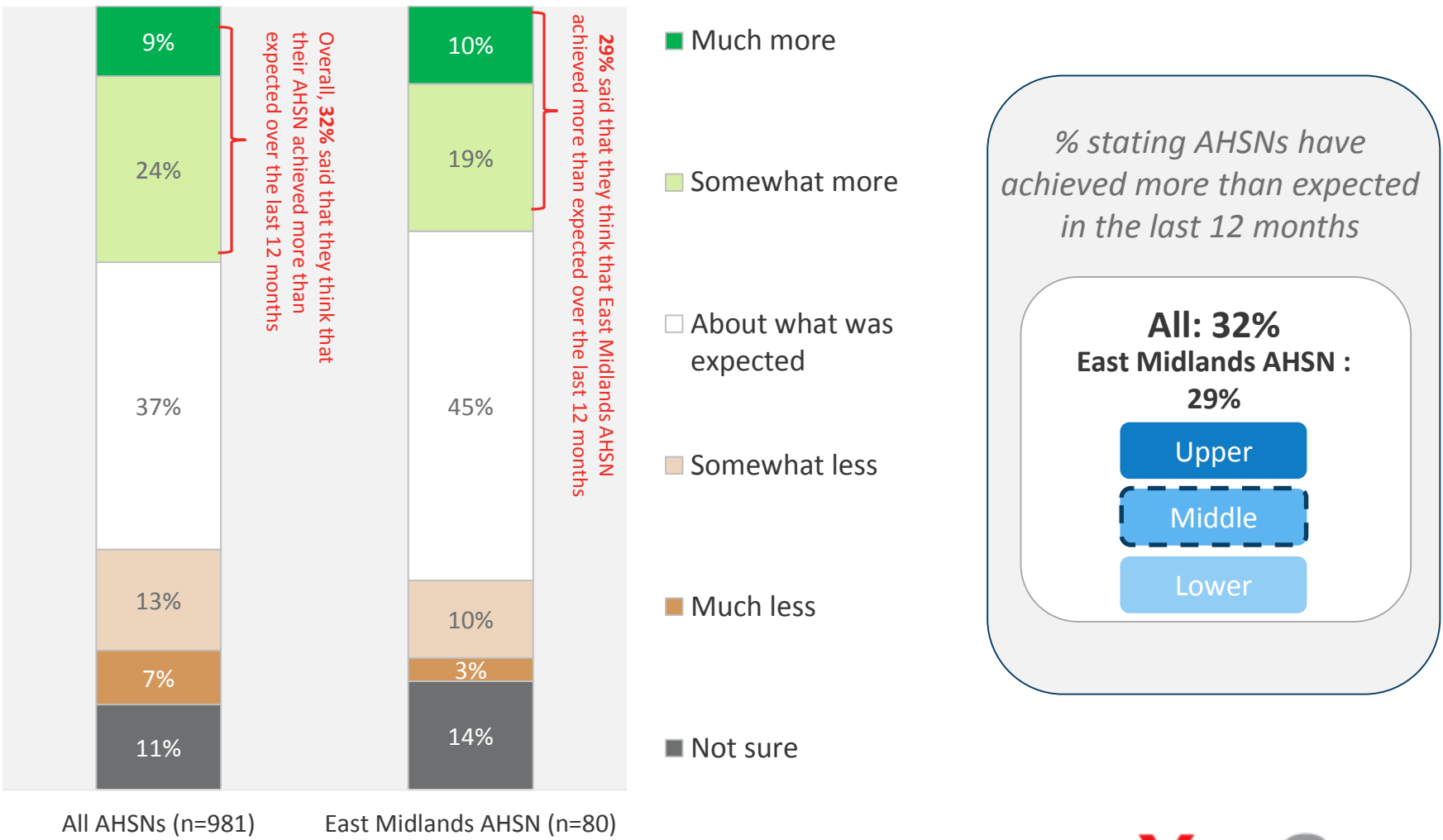
Q. How effective or ineffective is the AHSN in doing each of the following? *Creating wealth*



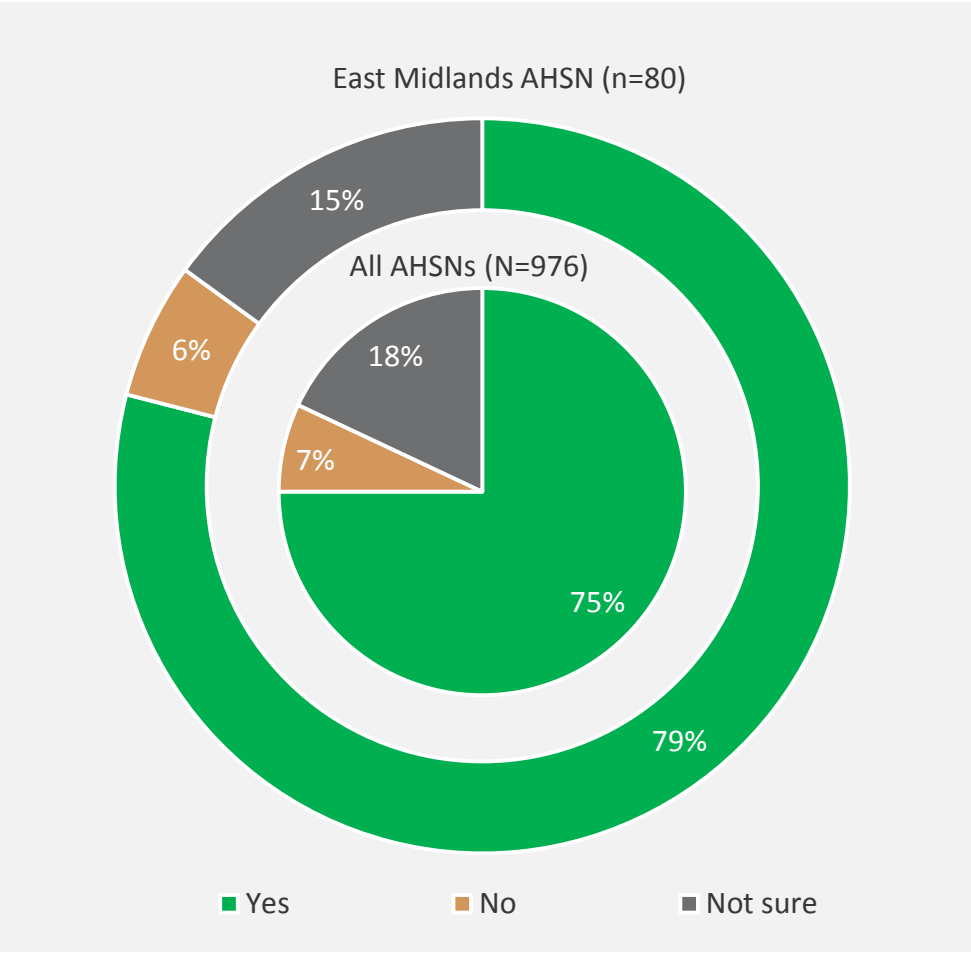
Q. Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives?



Q. Has the AHSN achieved more or less than you expected in the last 12 months?



Q. Would you recommend involvement in /working with the AHSN to others?



% that would recommend involvement in / working with the AHSN

All: 75%
East Midlands AHSN : 79%

Upper

Middle

Lower

Q. What would you like AHSNs to keep doing?

Theme(s) identified within the answers provided by specific stakeholder groups include:

Higher Education Institute

Theme: Innovation

“Encouraging innovators in different sectors to come together”

“Remain fresh and refrain from getting consumed by the bureaucracy which may suffocate innovation.”

Other

Theme: Engagement with industry

“Growing its engagement with industry”

“Working with industry supporting local companies to get products into use in the NHS, thereby creating private sector economic growth. Acting as the interface for external organisations to interface with the NHS - finding contacts and facilitating introductions. A complimentary service to that provided to Medilink for industry.”

Private industry

Theme: Communication

“To keep on listening and thinking ahead, both regionally and nationally”

“Communicating and providing assistance in planning strategically.”

“Being accessible and providing advice”

Q. What improvements could the AHSNs make over the next 12 months?

Theme(s) identified within the answers provided by specific stakeholder groups include:

Health or social care provider

Theme: Innovate

“The EMAHSN would be even better with more resources so that it could extend its work to support further innovations and projects. I realise this would rely on extra funding but it would be money well spent if made available.”

“Focus on developing stronger cross system networks that add value to patient care and impact on patient care/outcomes by driving genuine innovation and collaboration. Apply OD principles to develop system thinking and wider transformational / culture change”

Patients group

Theme: Locality

“Try to attend some local events e.g. ccg governing body, ccg clinical cabinets, etc to improve visibility with front line clinicians and managers”

“More locality work across the region to influence PPI, Equality and Community Engagement. Also Audit of PPI across the region in relation to BAME and Equality Engagement”

AHSN specific questions



East Midlands AHSN focuses on putting innovations into practice at pace and scale. What is the single most important thing we could do to support this? (1)

- *1. help get first adoption into a trust, and 2. aid access to clinician and economic decision makers to enable tailoring of products / services to meet NHS needs!*
- *A mix of financial help to kick start things and expertise in developing commercial aspects of projects as well as the networking with senior NHS figures.*
- *Advertise more widely to organisations how this process can help them.*
- *Assisting in dialogue with Trusts, regions and commissioning structures.*
- *Bring commissioners, providers, patients and others (industry, etc.) together to solve the big issues in healthcare that cross different levels of health and social care - i.e. solve silo budget problems.*
- *Continue to look at innovation with a unique perspective and each on its own merits. In that way the AHSN will continue to be different.*
- *Convincing and engaging with organisations/providers who are not currently proactive and providing support, problem solving and solutions to 'champions' on the ground.*
- *Develop the prevention agenda with CCG's, primary and secondary care and public health.*

East Midlands AHSN focuses on putting innovations into practice at pace and scale. What is the single most important thing we could do to support this? (2)

- *Ensure sustainability*
- *Facilitating the spread of innovations (either through helping to forge effective collaborations, providing or facilitating project management and/or providing funding).*
- *Focus on service and pathway redesign rather than clinical issues.*
- *Focus on this objective 100% and no more consideration of organisational and infrastructure issues.*
- *For industry, help ensure that evaluations undertaken in one location are accepted across the NHS.*
- *Funding has been the greatest opportunity they have offered to me. My commitment to them was to use the funding to become self-sustaining in the long term and I respect that they valued this. I'd encourage them to continue investing in sustainable solutions.*
- *Get a deep understanding of local needs based on evidence and stakeholder views.*
- *Get this core message across to all - have some high profile success stories.*

East Midlands AHSN focuses on putting innovations into practice at pace and scale. What is the single most important thing we could do to support this? (3)

- *Greater involvement with clinicians and consultants.*
- *Have clear projects with deliverables.*
- *Help people access the existing knowledge of what helps and blocks spread / scale up in the NHS.*
- *Help to establish the economic benefit of innovation by building the understanding of clinicians, commissioners, finance colleagues and managers in the long term and broader value that innovation can bring. Use case studies to demonstrate this. Help to show that value is based on achieving clinical effectiveness and improving the patient experience not just reducing costs.*
- *I think that firstly, it would be useful to evaluate how successful this has been achieved in the past two/three years; secondly to consider how the results of this evaluation could be shared with partner organisations; and thirdly asking the question - is a single point of contact in AHSN that partner organisations can approach in seeking to learn how to promote innovations at pace and scale.*
- *Identification of key stakeholders for each project, and arrange early access to them.*
- *Identification of local champions and individuals with a proven track record for implementing successful innovations that have relied on getting buy-in within their organisations.*
- *Maintain good communications with all stakeholders / partners and ensure AHSN priorities and opportunities are made clear.*
- *More health economic support to provide the kind of evidence that speaks best to commissioners*
- *Possible innovation pipeline support, and could lever In private equity funding, which not an option for NHS trusts.*
- *Possibly look at innovations that aren't quite ready to put into practice at pace and scale and help them get there.*

East Midlands AHSN focuses on putting innovations into practice at pace and scale. What is the single most important thing we could do to support this? (4)

- *Provide opportunities for partnership tenders with the Voluntary and Community Sector*
- *Provide support what needs to be done to achieve effective implementation of innovations and support for evaluation*
- *Provide the expertise to work with innovators to achieve this - to health professional and academics this knowledge transfer is outside of their expertise and they can waste a lot of time trying to work out how to get their innovation 'out there'*
- *Put more money into the East Midlands AHSN so that it can do more of this.*
- *Putting a network of relevant industries, collaborators, product champions and clinicians in touch with one another. They should continue to act as facilitators.*
- *Show your partners examples.*
- *Single sign-off for med tech trails and evaluations*
- *Spread understanding of evidence/outcome measures to commissioners and scrutineers. Innovation is not enough and can lead to fleeting rashes of projectitis. We need sustainable, iterative improvement.*
- *Support the changes and foster a climate and willingness to change Allow some flexibility – one size doesn't fit all Allow the means to take a chance sometimes things slightly off the radar have the potential to make a huge difference*
- *Support workstreams effectively*
- *Understand the mechanisms to do that. Accept 80/20. Be more assertive*
- *Work with NICE and the ABPI to ensure technology appraisals are implemented in a timely fashion by all local stakeholders, and budgets are looked at over a three year cycle not just one year so the benefits of technological improvements can be realised without negatively impacting in year financial balance*
- *Work with partner organisations to identify innovations and how these can be put into practice, reduce time taken for innovations to be put into practice, barrier is often inadequate evidence and RCTs. Perhaps take more risks*