



Academic Health Science Networks -stakeholder research 2016

Overview



Survey details

This online survey was administered to stakeholders of the Academic Health Science Networks and covers the same areas as the first wave in 2015.

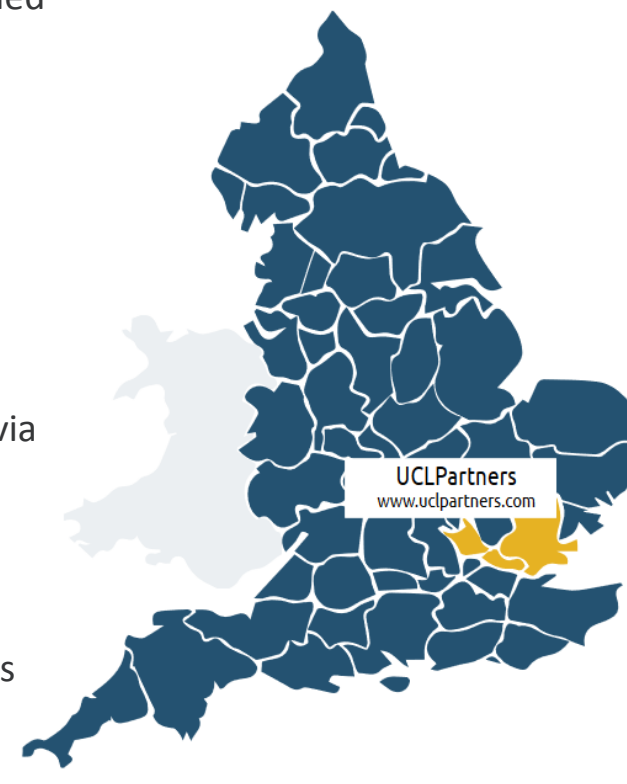
As with last year, stakeholders were initially pre-identified and provided with the opportunity to comment on any of the following:

- 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.

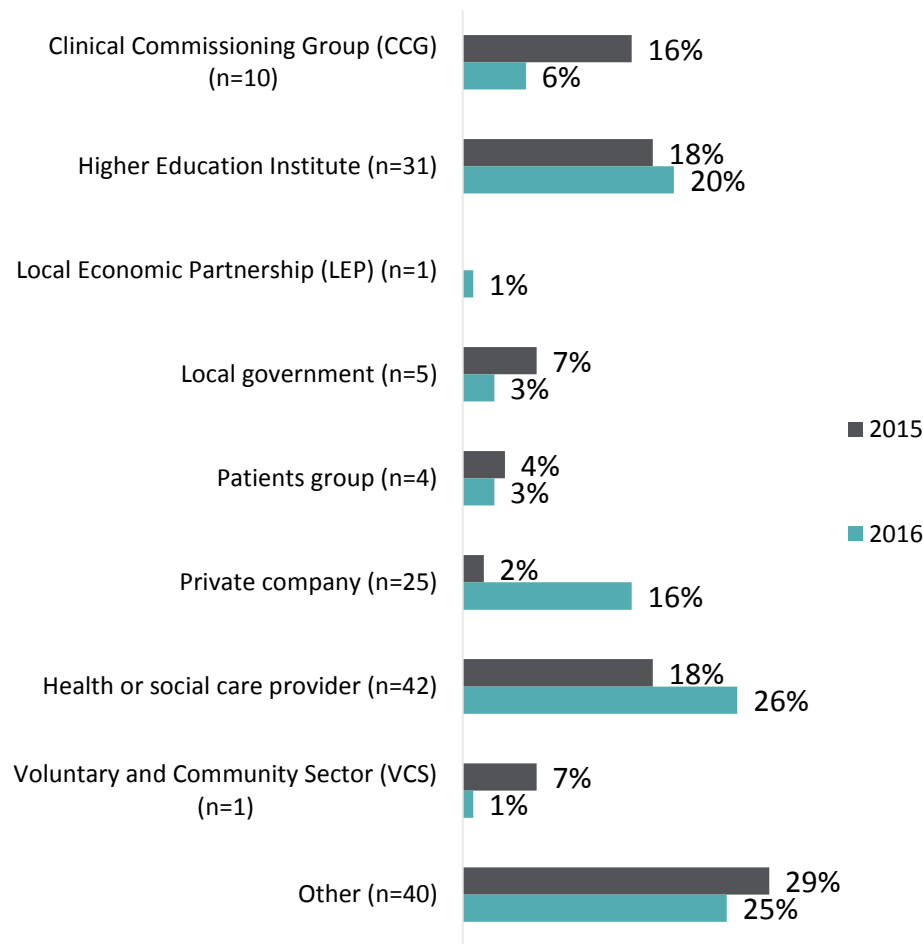
This report contains responses specifically given in relation to UCLPartners. This is based on 159 responses. In the report, the data is compared against the 2015 results for this AHSN, and also the total figure for all AHSNs for each specific question.

The survey ran between 17th August and 19th September 2016.

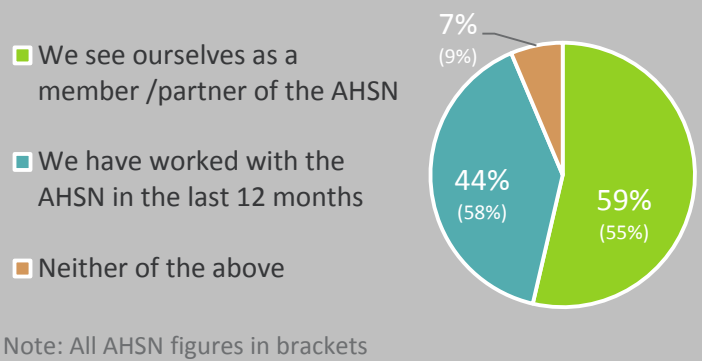


Who took part?

Stakeholder type



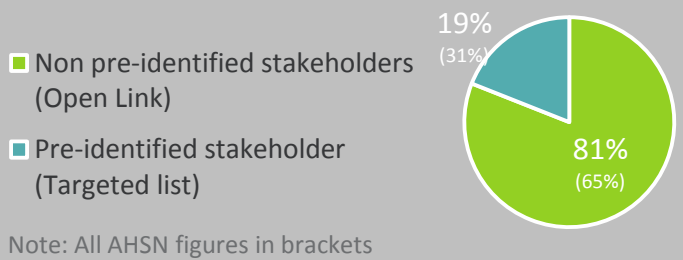
Working relationship



Answering on behalf of their organisation or as an individual



Sample source



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.

For example, for a question where 50% of the stakeholders in a sample of 100 respond with a particular answer, **the chances are 95 in 100 that this result would not vary** more than one percentage point, plus or minus, from the result that would have been obtained from a census of the entire population of stakeholders (using the sample procedure).

However, **caution should be taken** where the sample is smaller than 100. When comparing an individual AHSN’s results to the national average, 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 percentage, in order to be at the 95% confidence level.

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

Also please note that sometimes the adding together of two percentages will not equal the net calculation because of rounding.

Summary



Summary (1)

- Over 7 in 10 stakeholders (71%) recommend working with UCLPartners (slide 42). This is lower (-9 percentage points (pp)) than 2015 but only 1 in 10 say they would not recommend working with the AHSN while a further 19% say they are unsure.
- In 2015, two-thirds (66%) agreed that the AHSN helped them achieve their objectives in the previous year (slide 40). In the current period, 58% say the same representing a fall of 9 percentage points. This is slightly behind the average for all AHSNs (62%) and places UCLPartners in the middle third among all AHSNs.
- 37% have a 'good' understanding of its role (slide 10). A further 42% say that they have a fair understanding while 20% indicate that they either have little or no understanding of the AHSN's role. The number who say that they have a good understanding is 5 percentage points lower than that recorded in 2015.
- Just under a quarter (23%) state that they have a good understanding of UCLPartners plans and priorities with another 36% having a fair understanding (slide 14). When compared to 2015, the number of those with a good understanding has declined by 12 percentage points while the number with a fair understanding has increased by the same margin.

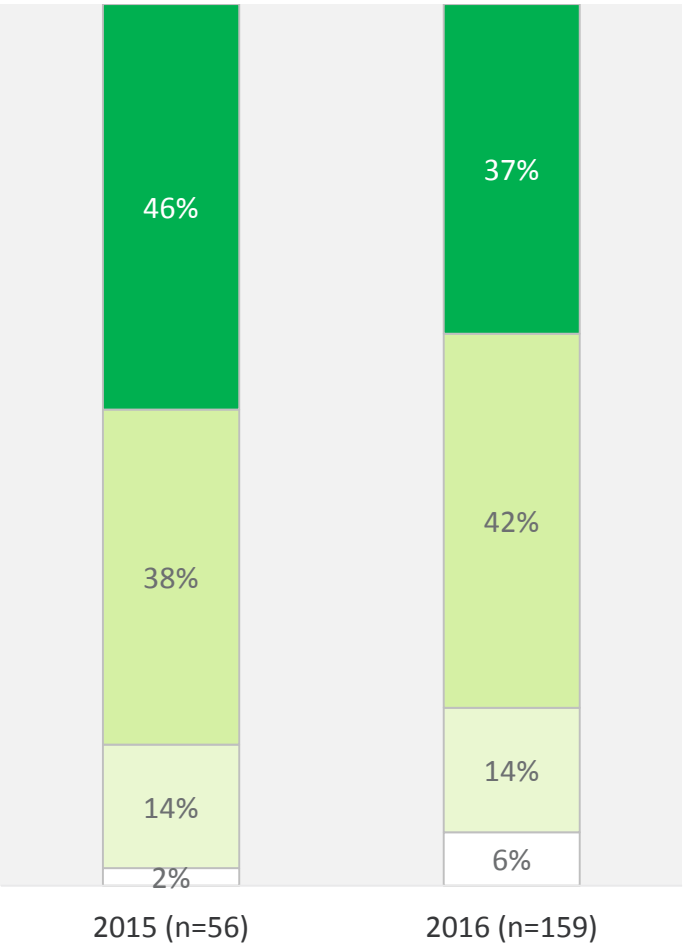
Summary (2)

- The number of stakeholders who say that they have a good working relationship with the AHSN has increased from 66% in 2015 to 69% in the current period (slide 16).
- 63% agree that UCLPartners has a clear and visible leadership (slide 19). This is roughly similar to that recorded in 2015 (66%). This places UCLPartners in the middle tier out of all AHSNs.
- The majority (53%) agree that the AHSN's priorities are aligned to local priorities (slide 23). The number who neither agree nor disagree with this has increased from 14% to 22% since 2015.
- 75% value UCLPartners work in in 'facilitating collaboration', a rise of 5 percentage points compared to 2015. Furthermore, 70% find its work in the 'identification, adoption and spread of innovation' valuable representing an improvement of 10 percentage points on 2015 figures (slide 30).
- Two thirds consider the 'quality of support' provided by UCLPartners as 'good'. This is a slight decline on 2015 data (-6 pp) but still places it in the middle tier of all AHSNs.

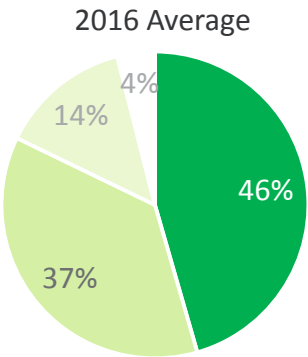
Understanding the role of the AHSN



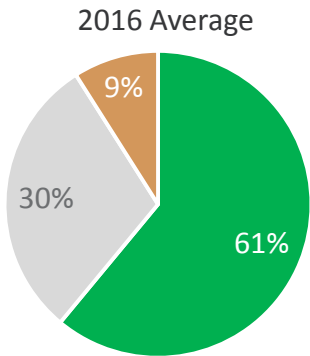
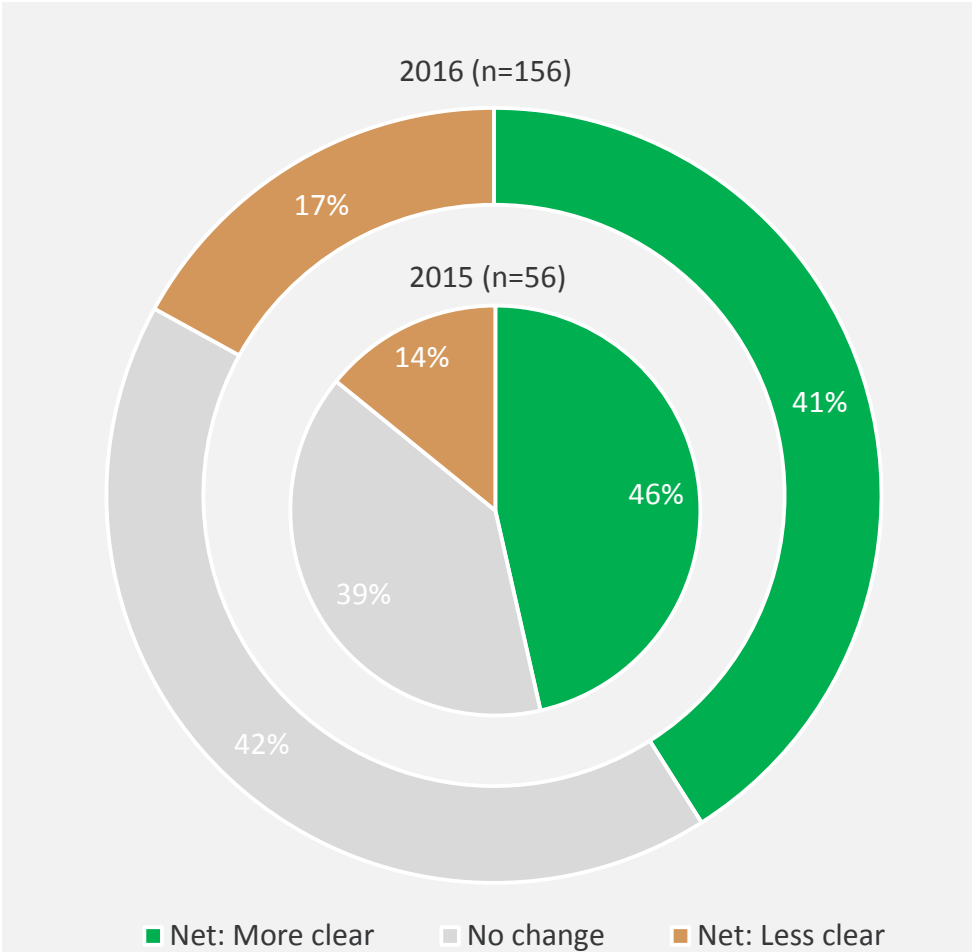
Q. To what extent do you feel you understand the role of the AHSN?



- 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?

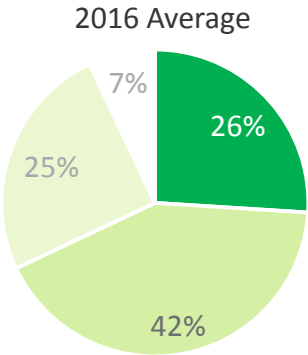
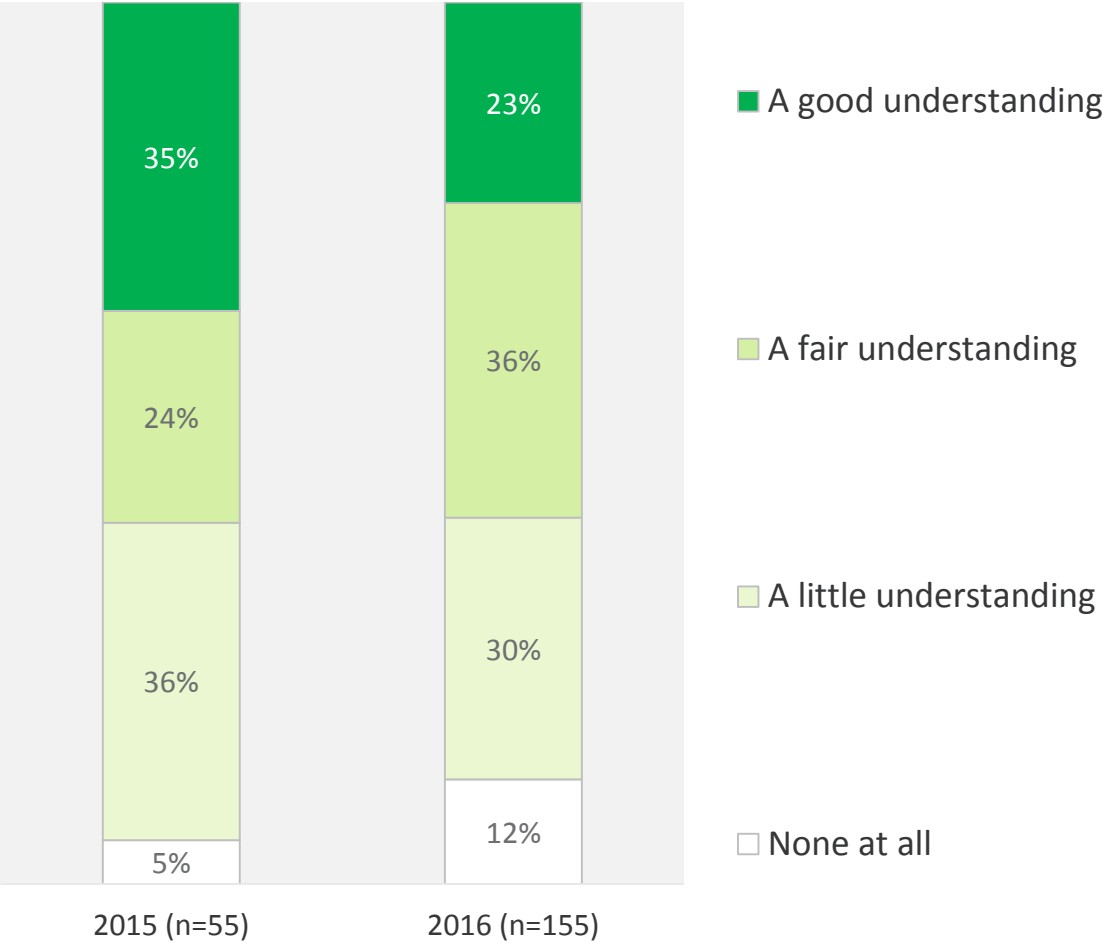


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Understanding of AHSN plans and priorities



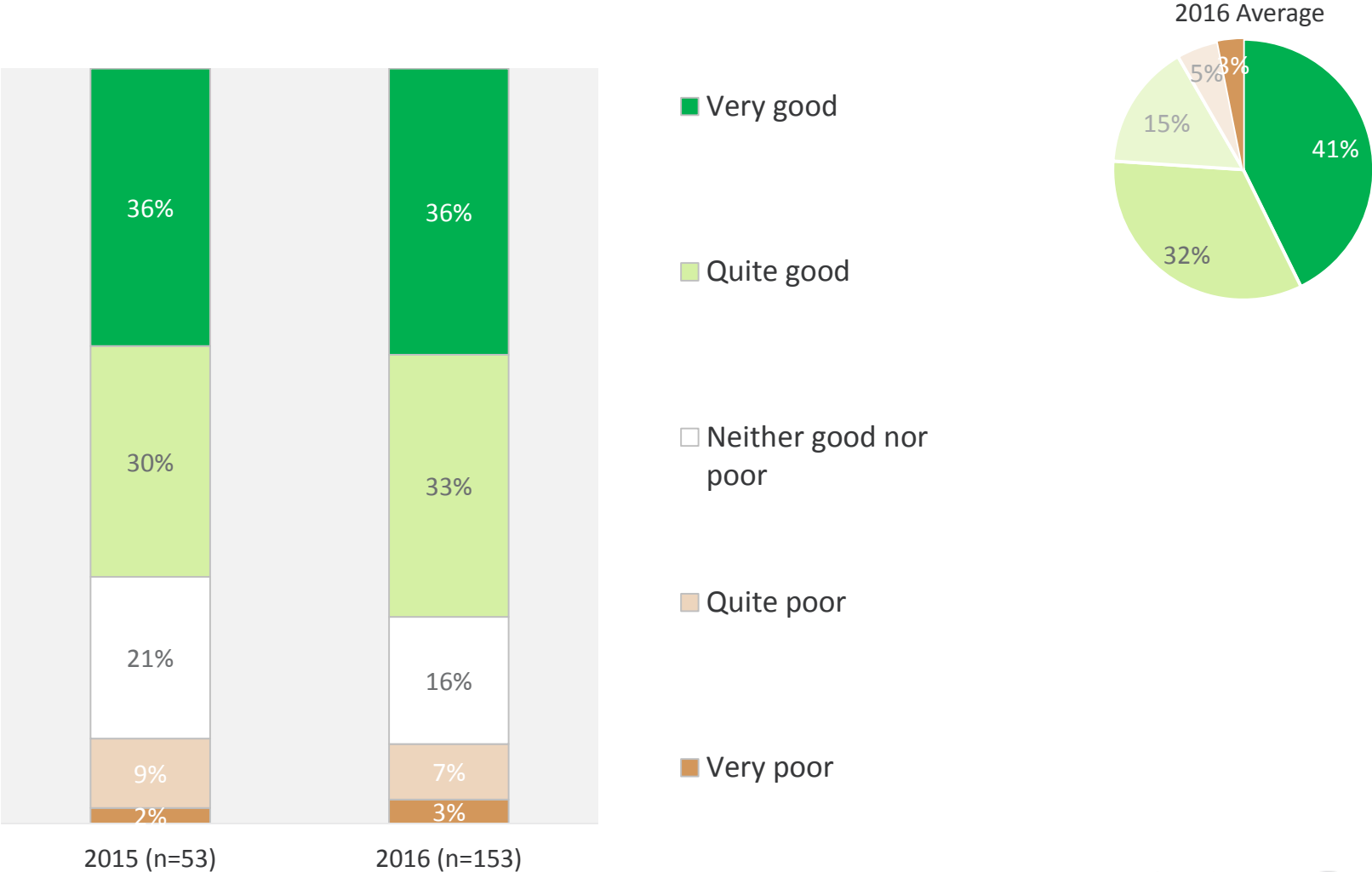
Q. To what extent, if at all, do you understand the AHSN's plans and priorities?



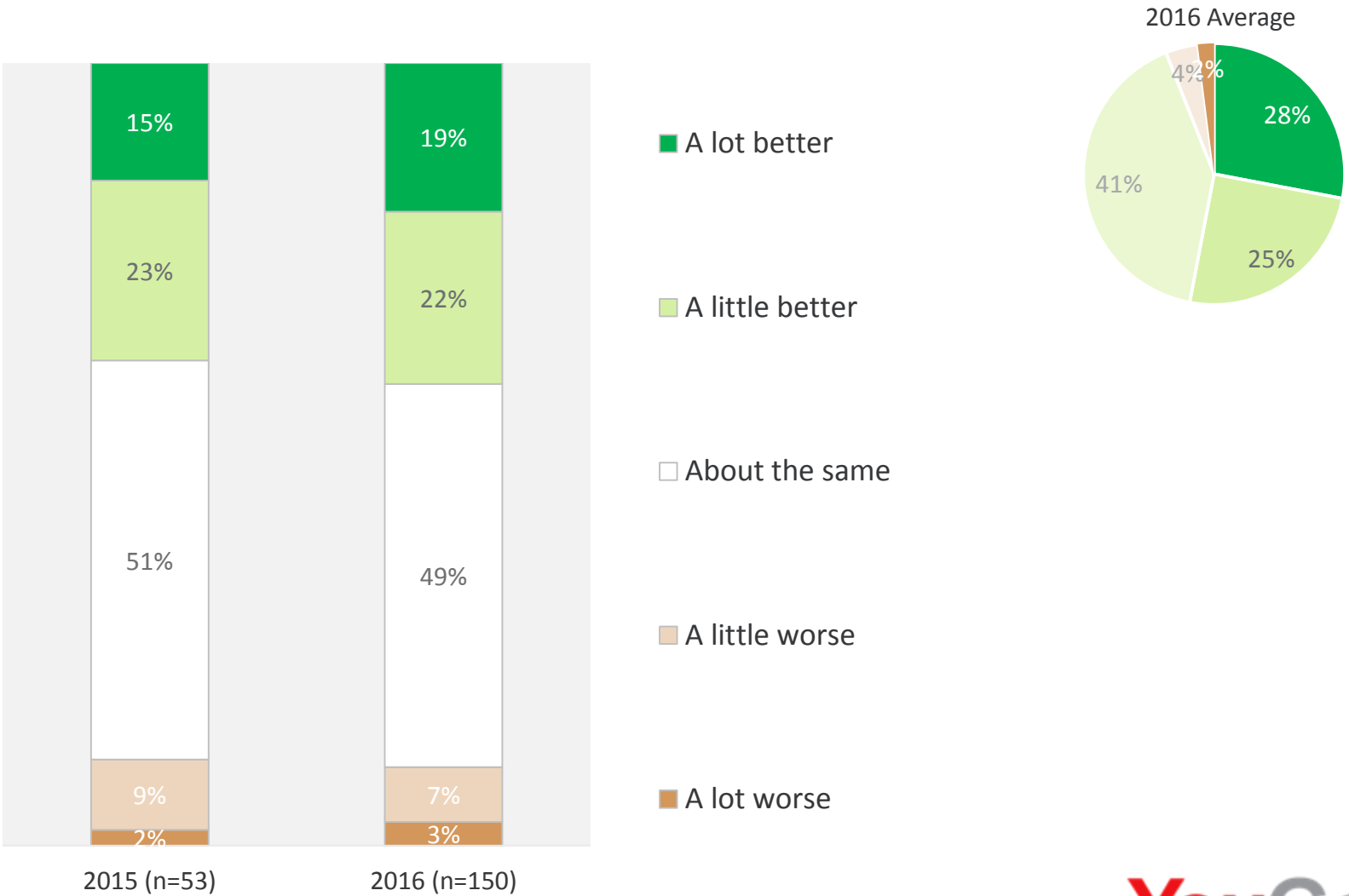
Stakeholder relationship with the AHSN



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



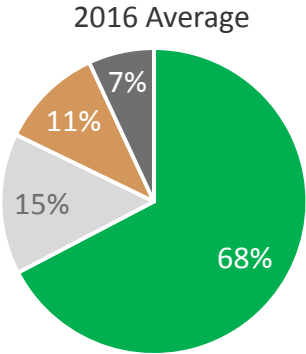
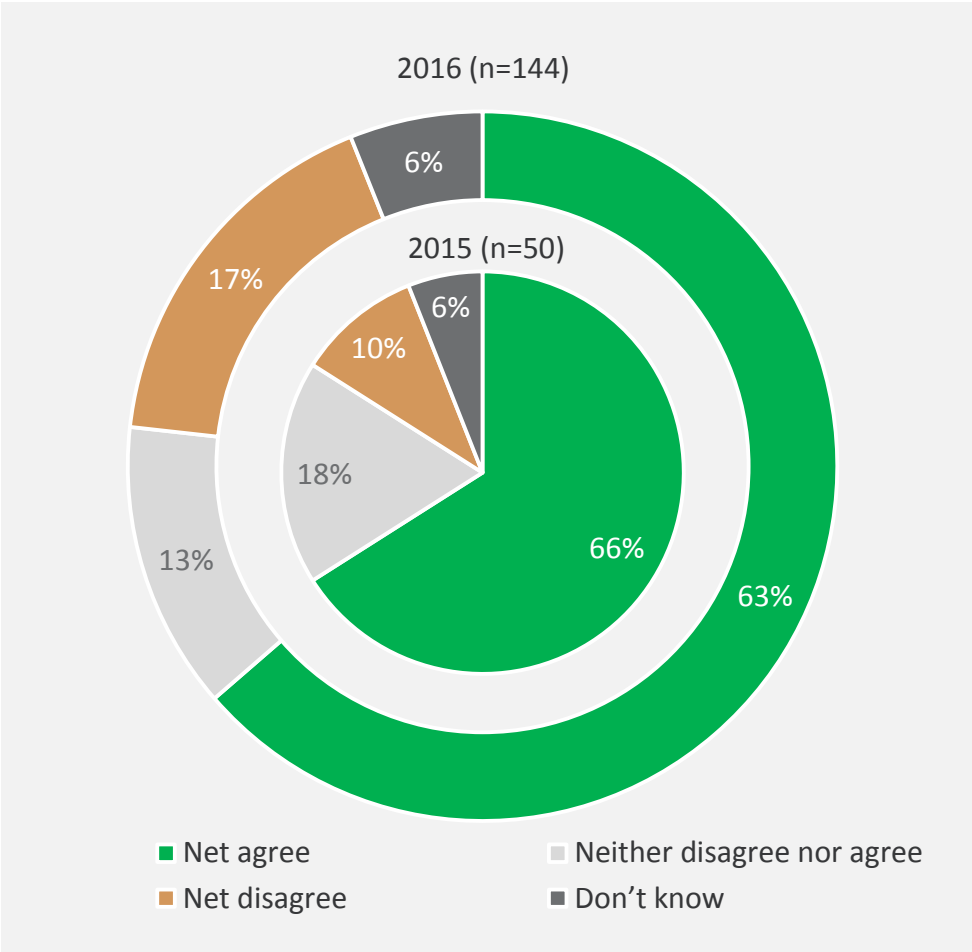
Q. Thinking back over the past 12 months, would you say your working relationship with the AHSN has got better, worse, or is about the same?



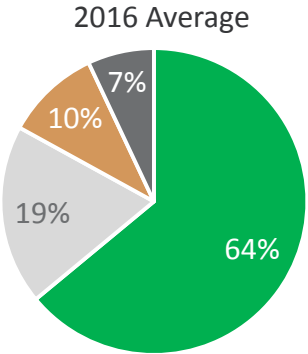
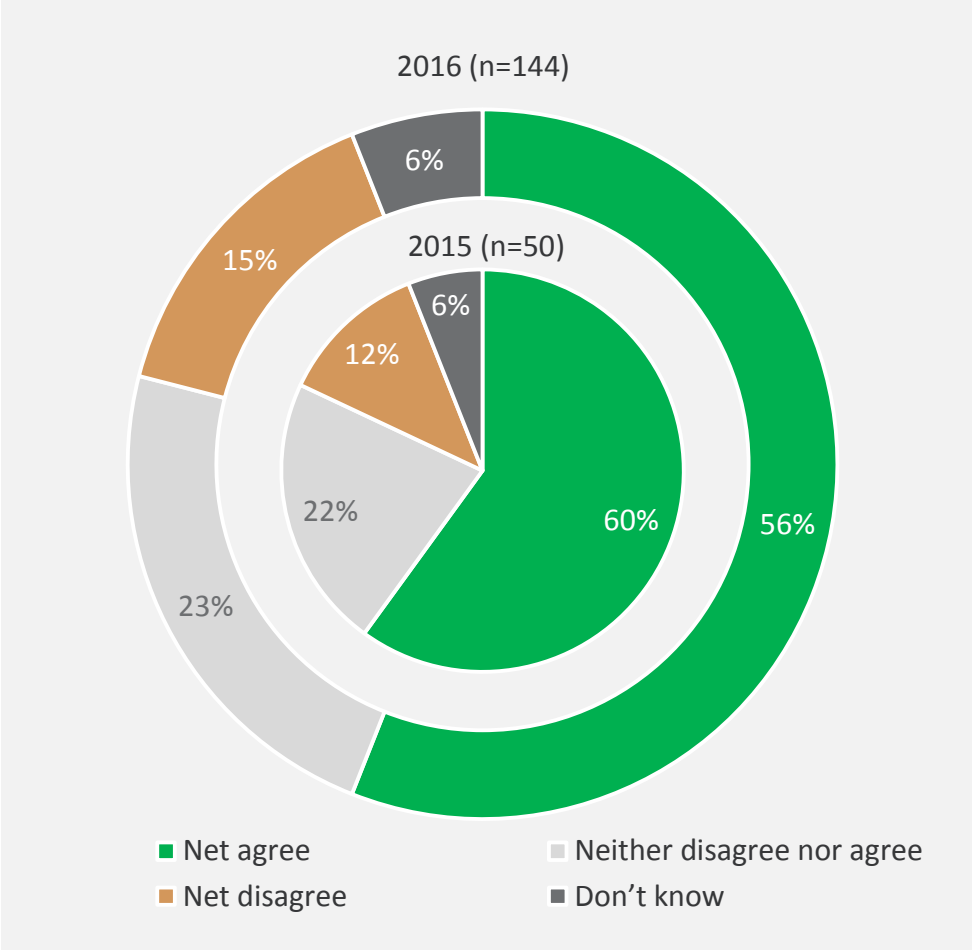
Stakeholder perceptions



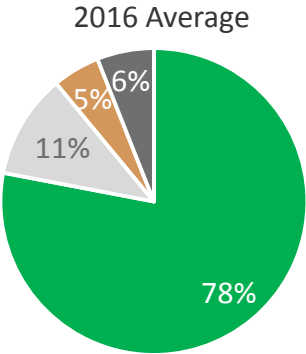
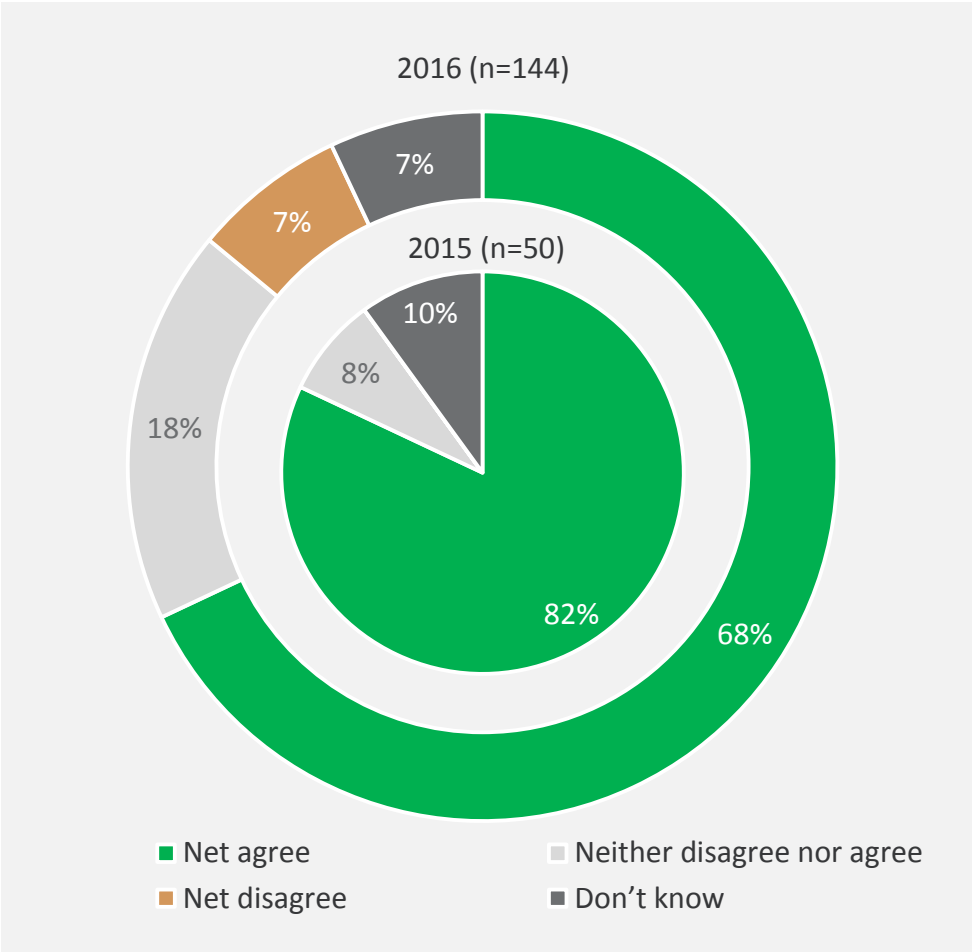
Q. To what extent do you agree or disagree with the following?
The AHSN has clear and visible leadership



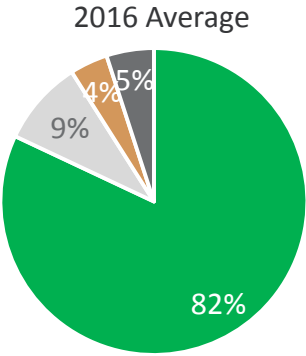
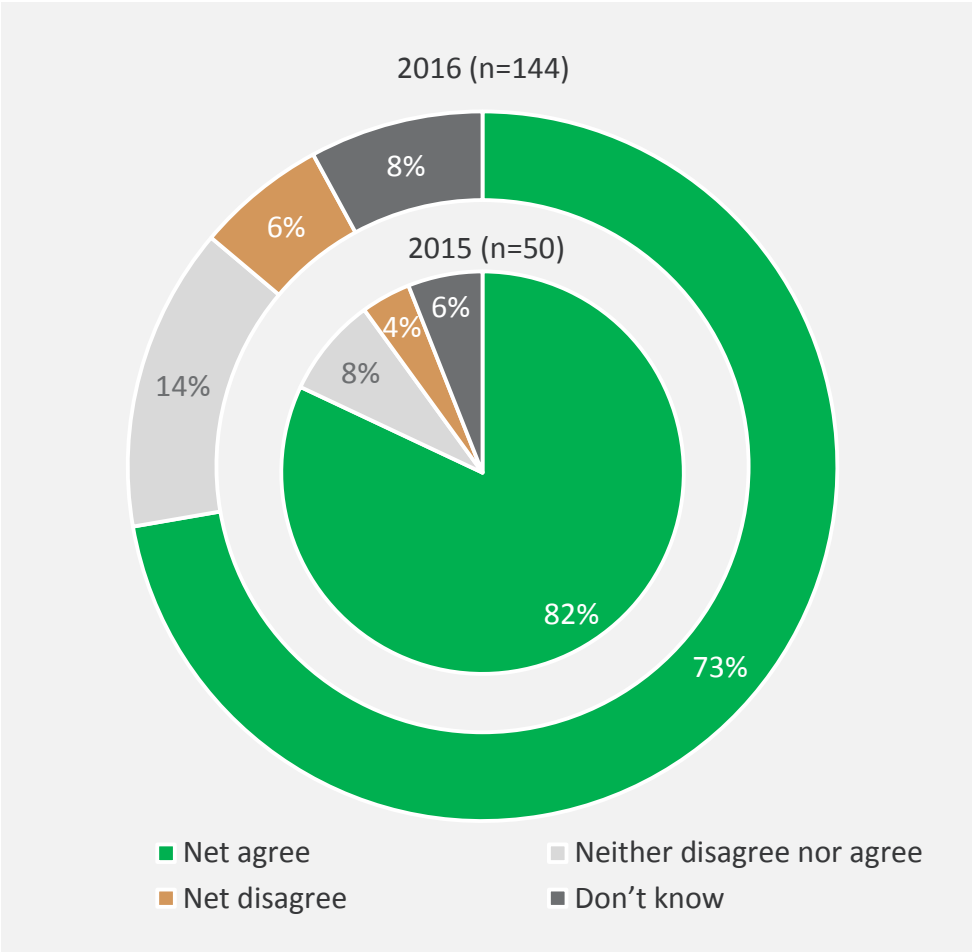
Q. To what extent do you agree or disagree with the following?
I have confidence in the AHSN to deliver its plans and priorities



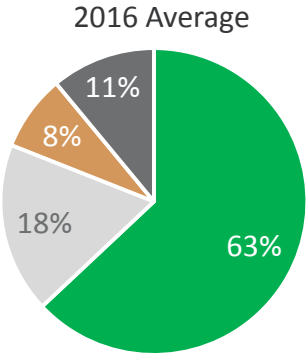
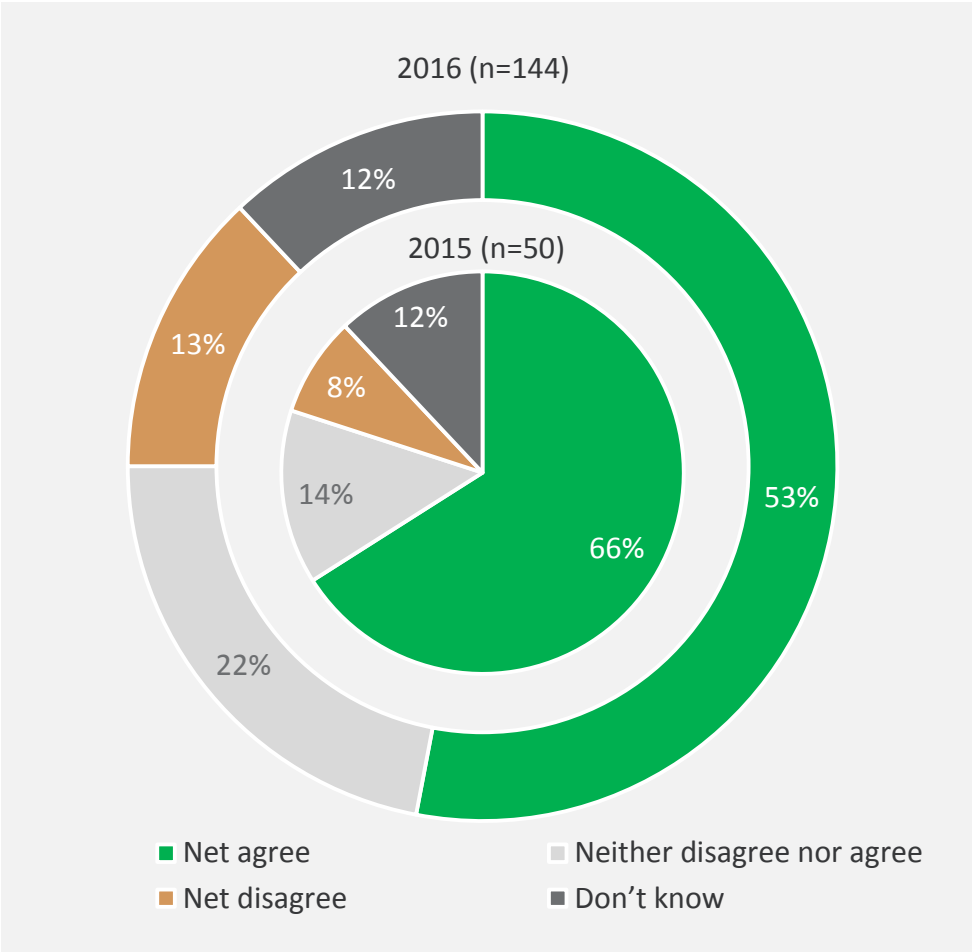
Q. To what extent do you agree or disagree with the following?
AHSN staff are knowledgeable



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?



Attitudes towards AHSN staff



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



“Have always found AHSN's staff really knowledgeable and willing to give their time and support”

Patients group

"I appreciated Joanne Hackett finding the time to advise on small start-ups and how they can collaborate with UCLPartners"

Private company

"I primarily come into contact with the communications staff who are excellent"

Other

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:

Theme #1: Those with a positive working relationship with the AHSN

"I always think an organization reflects its leadership very closely. In this respect UCLPartners leadership is first class"

Private company

"My organisation works across the country with all of the AHSNs and UCLPartners is unquestionably the best run AHSN in the country. We have tremendous confidence in the leadership of UCLPartners and if we agree on a joint priority to work together on, we will deliver on it"

Private company

"AHSN has been transformational in our ability to pursue patient safety initiatives."

Health or social care provider

"Always friendly, supportive, effective and knowledgeable"

CCG

"Previously something of a sceptic of AHSNs I've been impressed by much of the activity of UCLPartners. I don't see that as a universal trait of AHSNs though"

Private company

"They are diverse, imaginative and visionary, with a keen understanding of both the business community's and the NHS's requirements."

Private company

Theme #2: Those with mixed feelings

"Seems like an exclusive club. Difficult to access"

Health or social care provider

"The work of the AHSN feels a bit removed"

Health or social care provider

"Hard to see what role the AHSN still has, in a world of increasingly influential STP footprints and NHS Improvement"

Health or social care provider

"Not clear what the priorities are. not sure who leadership is. not completely clear what the roles of the staff are"

Health or social care provider

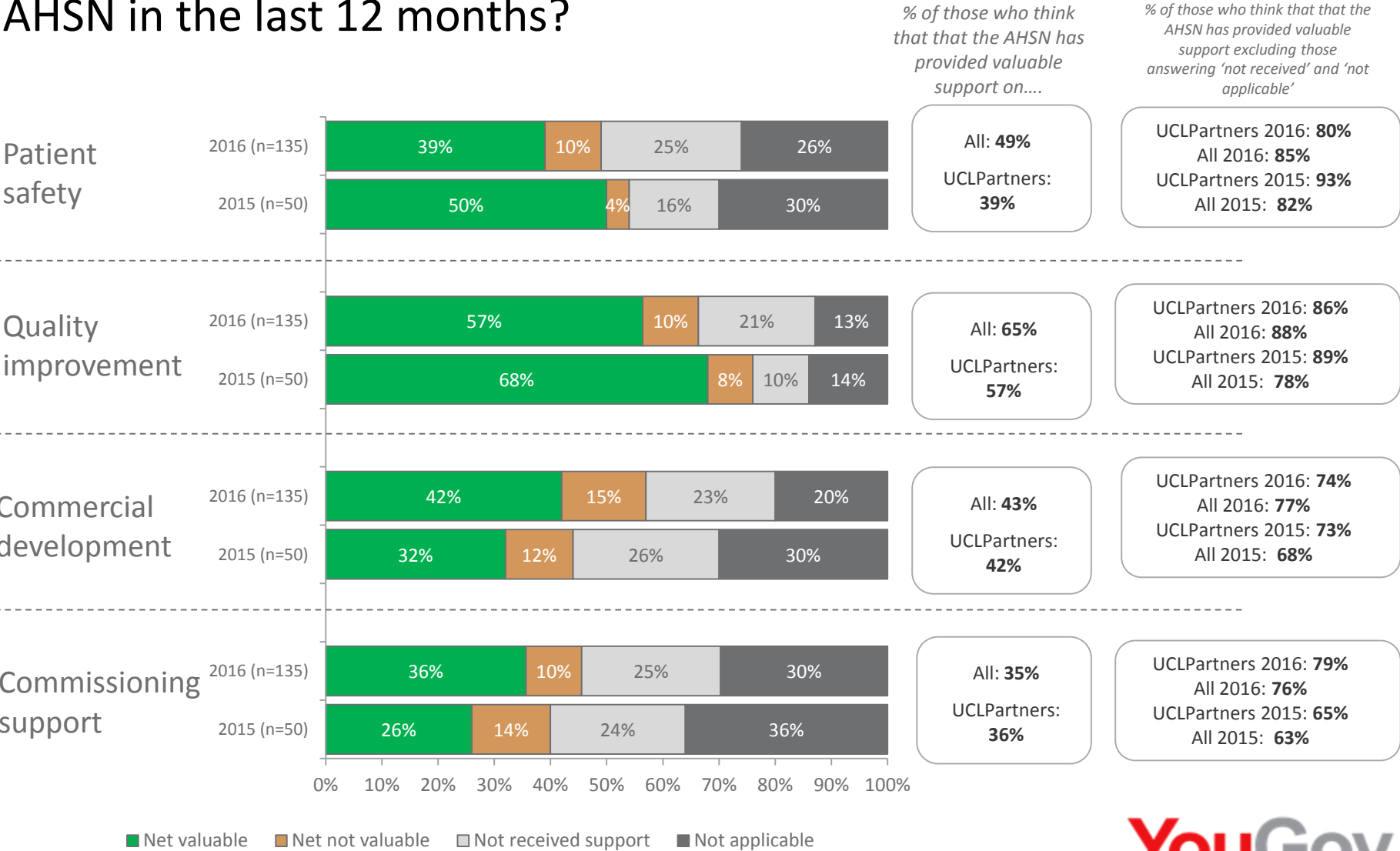
"They are acute care focused which doesn't reflect the priorities of the system within which I am based"

CCG

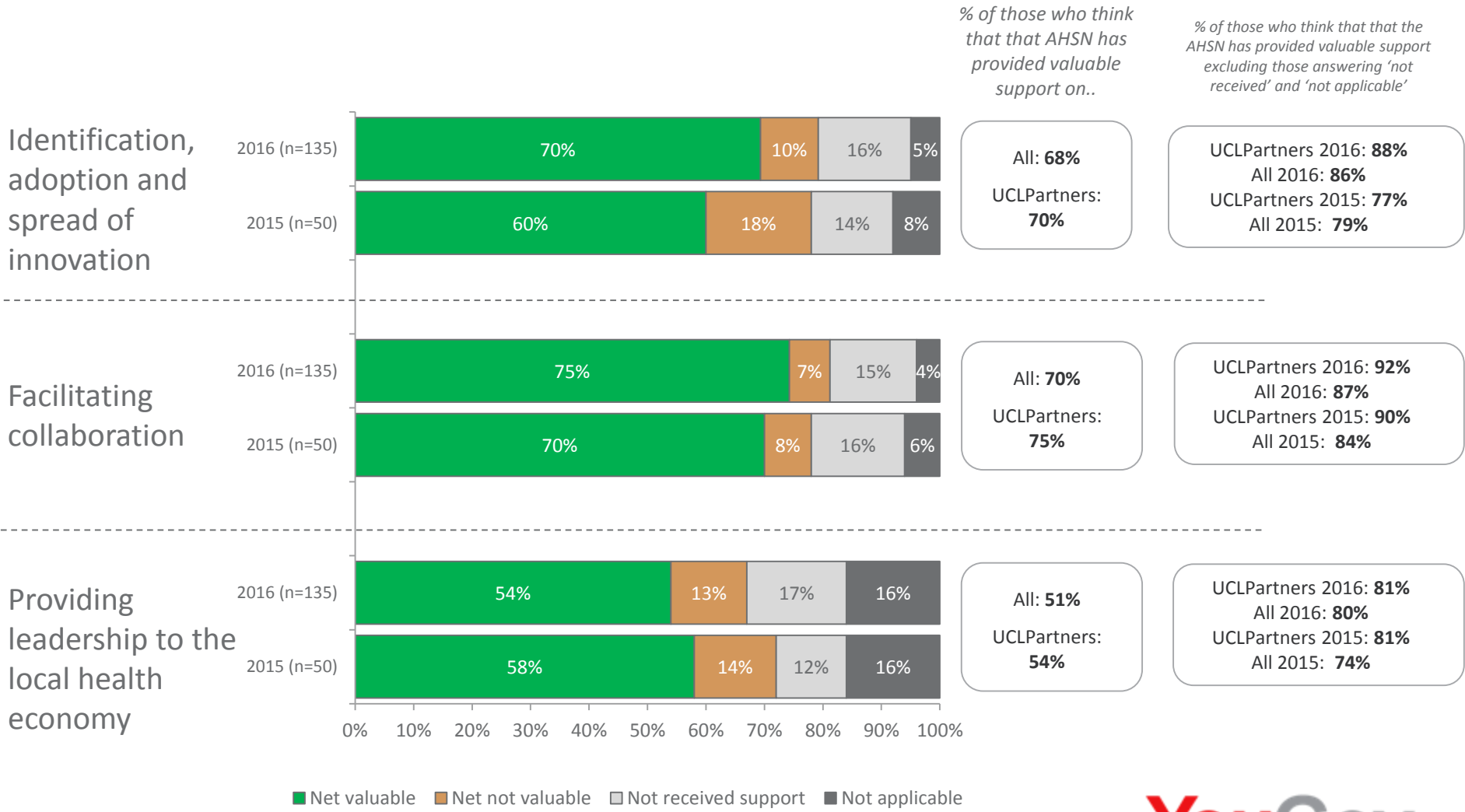
Value associated with the level of support provided



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?



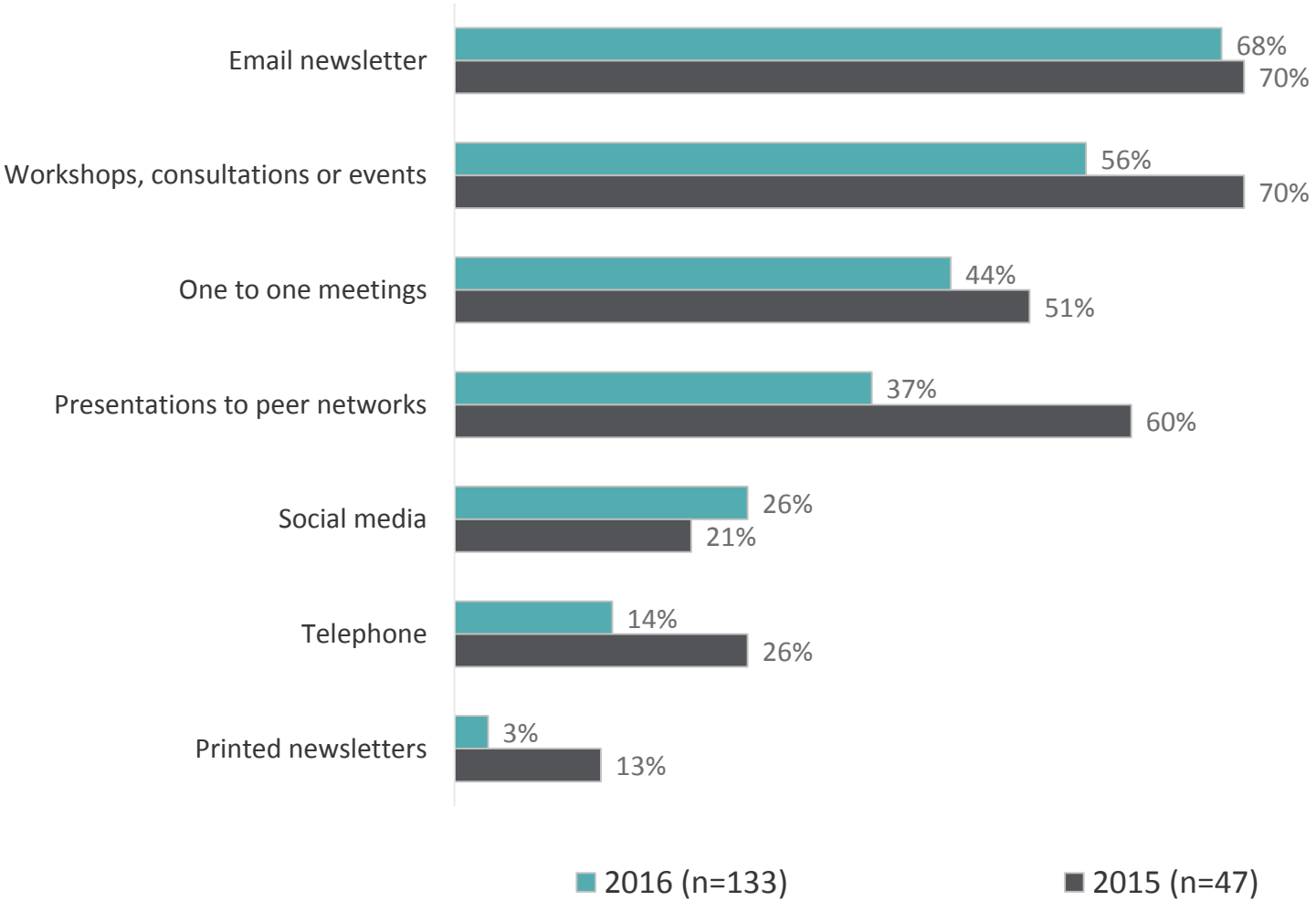
Q. The AHSN aims to work with organisations on the following themes. For each theme, how valuable or not has been the support from the AHSN in the last 12 months? *[continued from previous page]*



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?



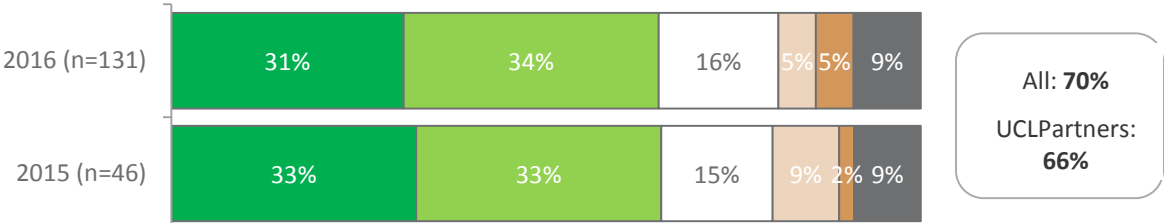
Impressions of AHSN performance & effectiveness



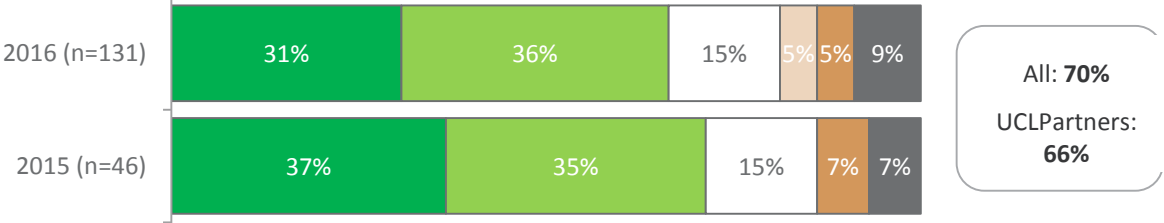
Q. Overall, how would you rate the AHSN's...

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

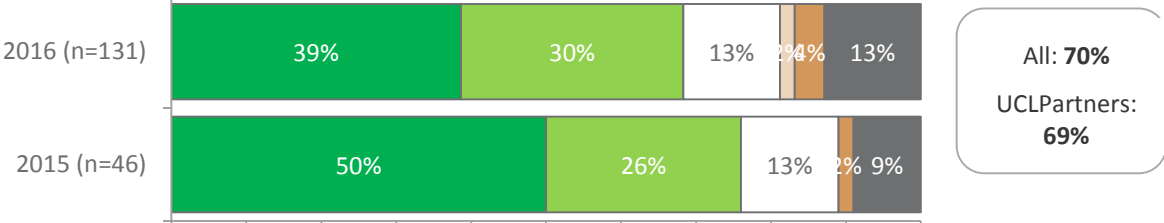
Accessibility



Responsiveness



Quality of advice

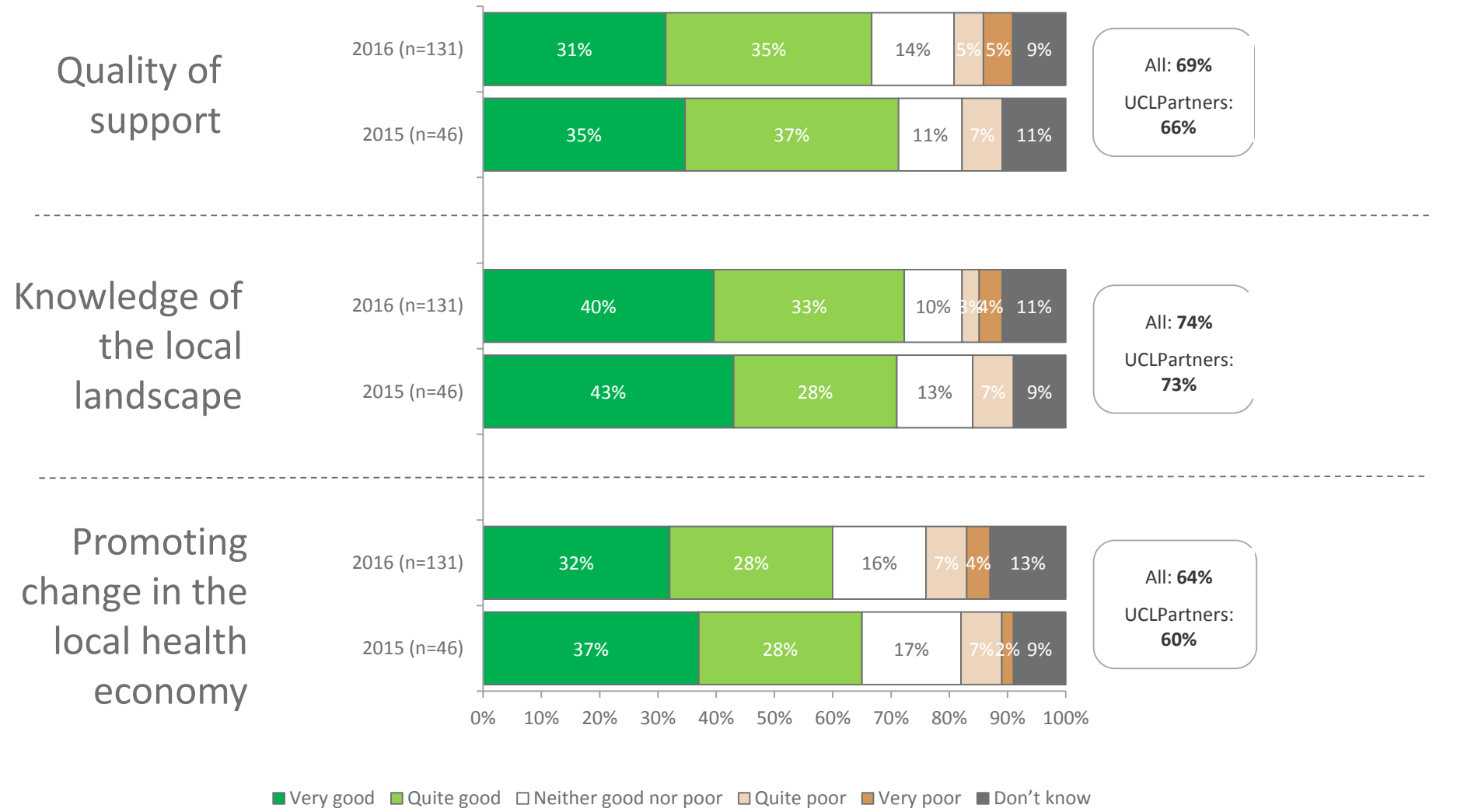


Very good Quite good Neither good nor poor Quite poor Very poor Don't know

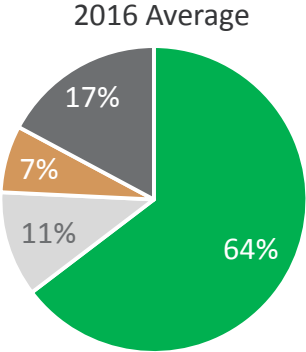
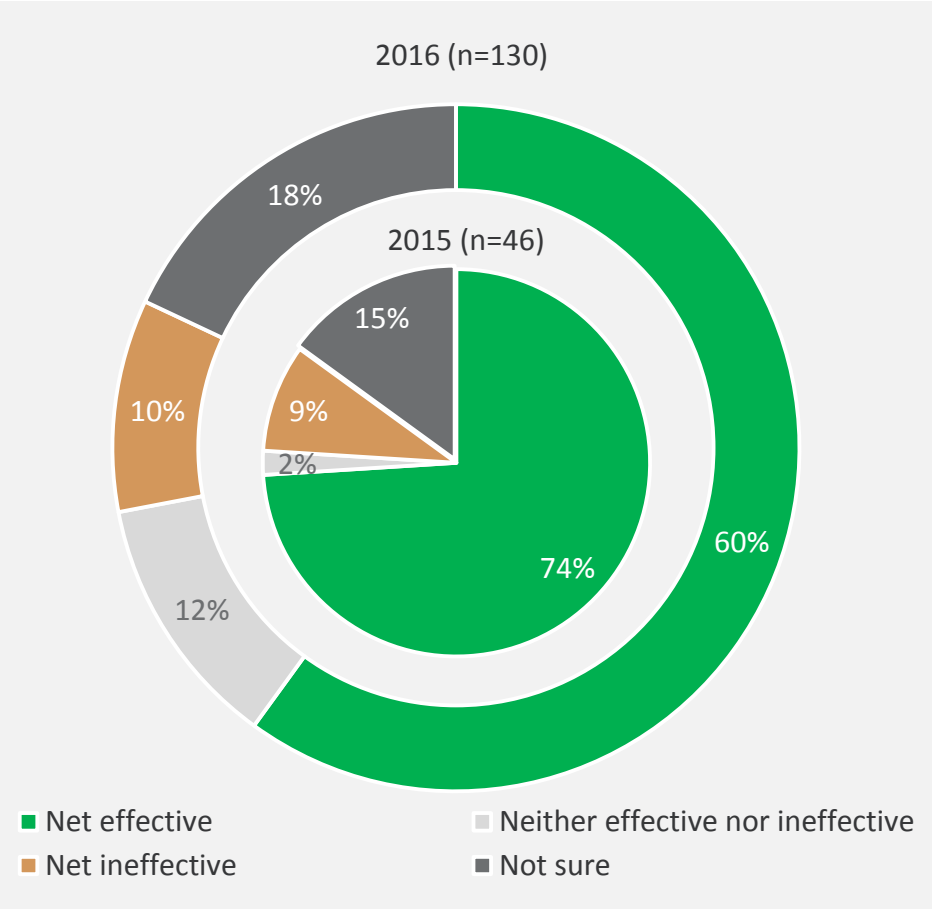


Q. Overall, how would you rate the AHSN's... [continued from previous page]

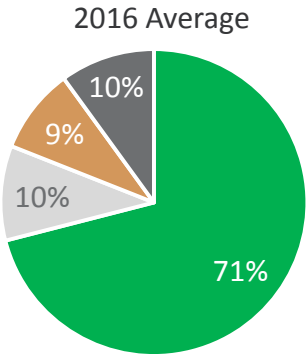
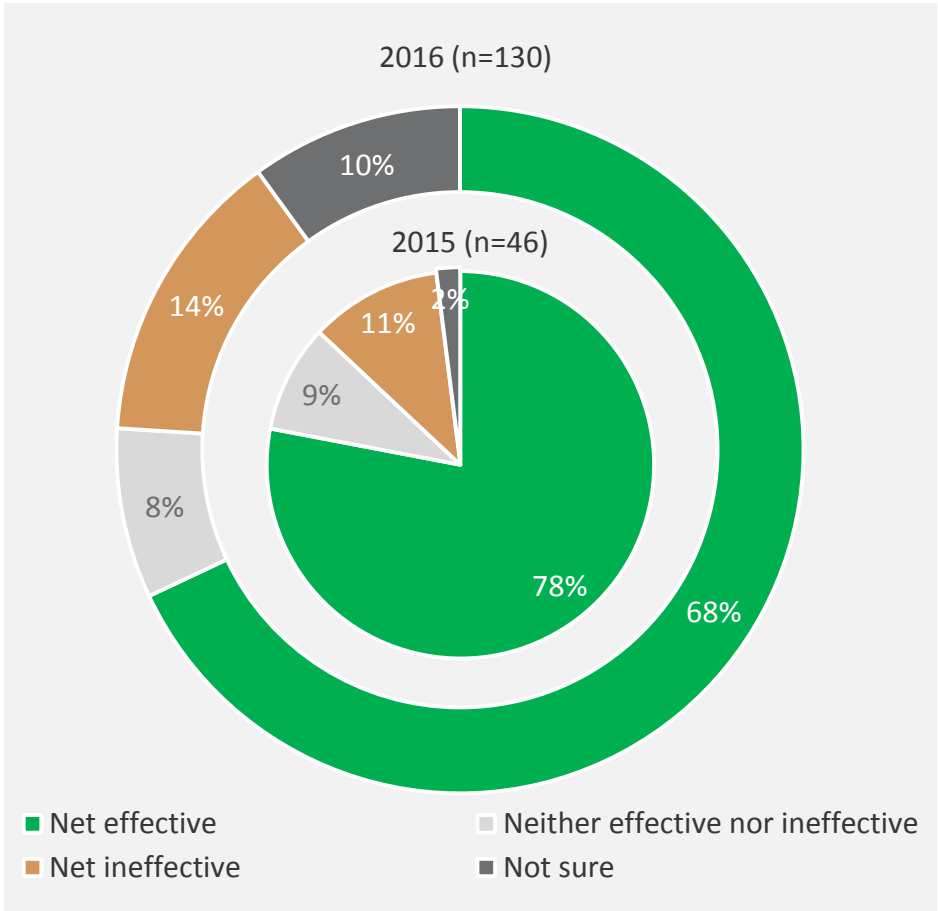
Position indicator:
% of those who rate the
AHSN as good for...



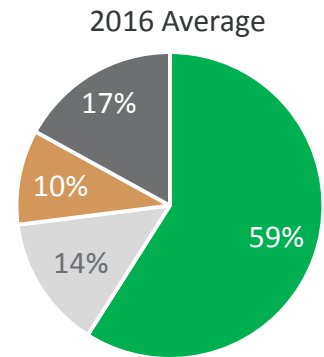
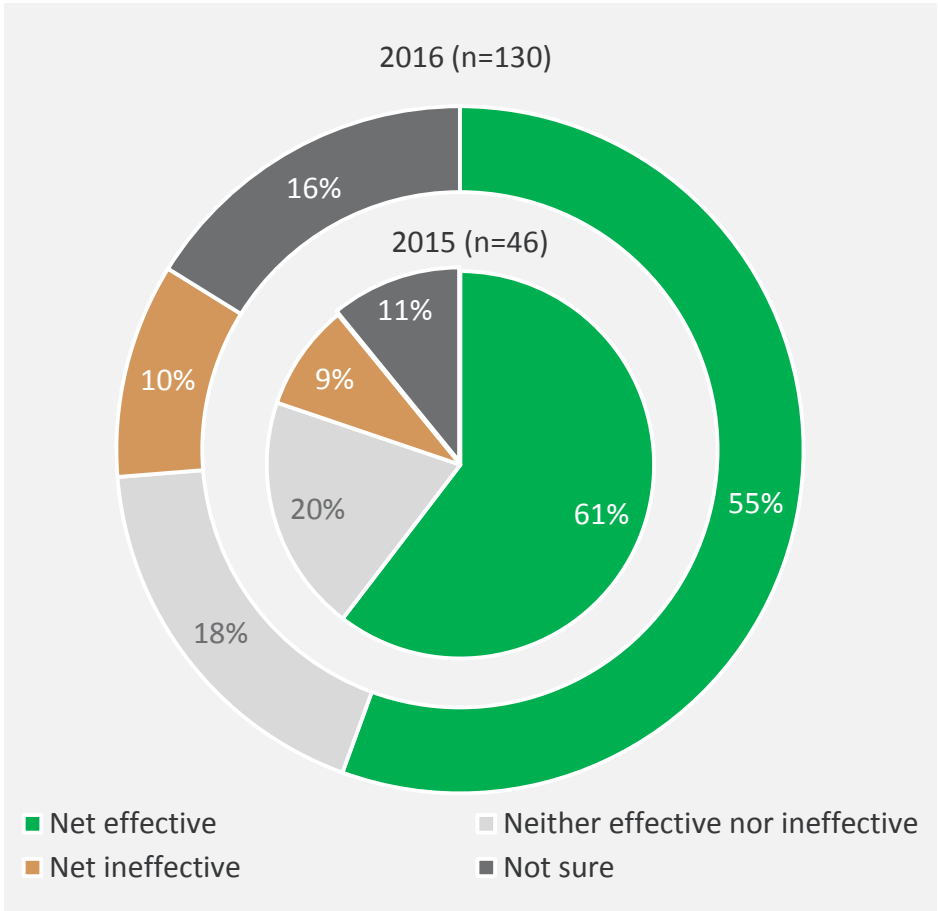
Q. How effective or ineffective is the AHSN in doing each of the following? *Focusing on the needs of patients and local populations*



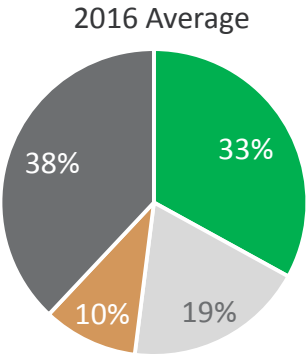
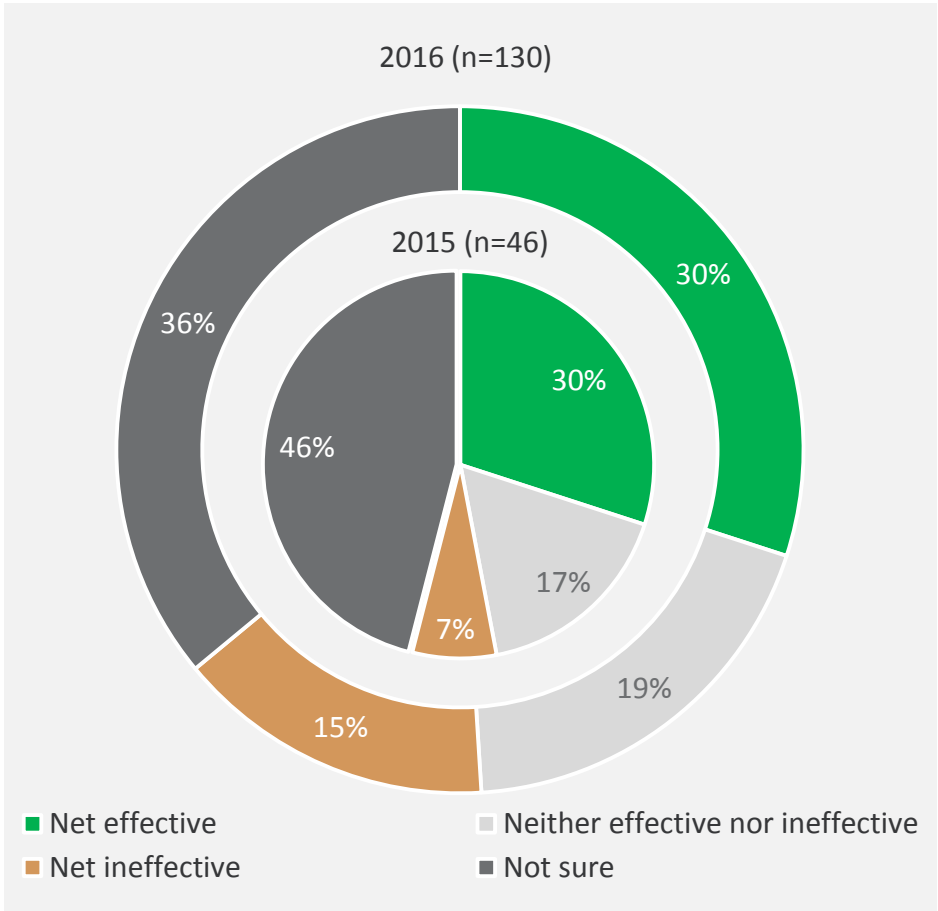
Q. How effective or ineffective is the AHSN in doing each of the following? *Building a culture of partnership and collaboration*



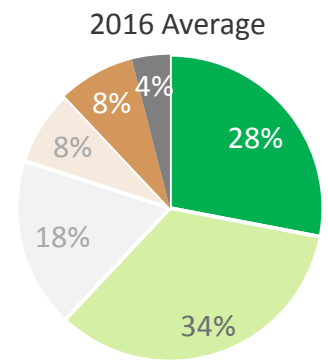
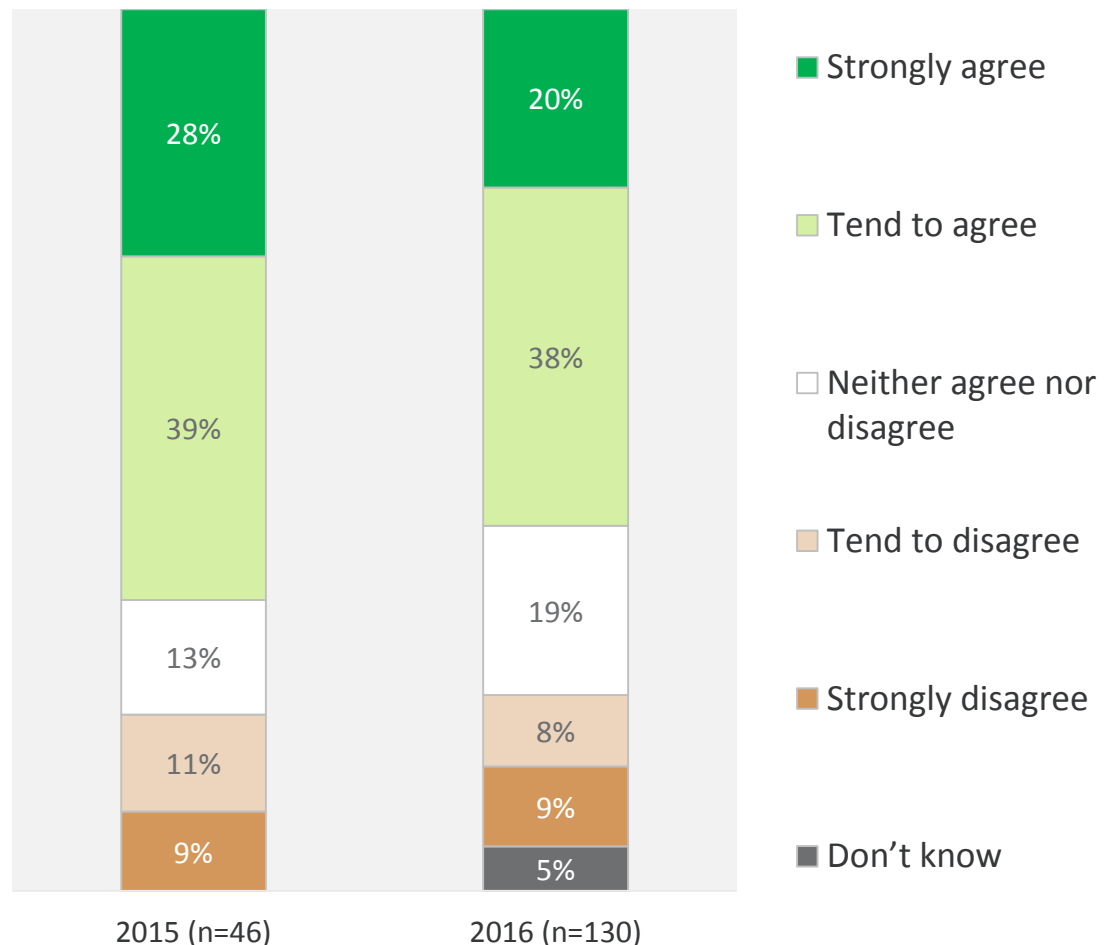
Q. How effective or ineffective is the AHSN in doing each of the following? *Speeding up adoption of innovation into practice*



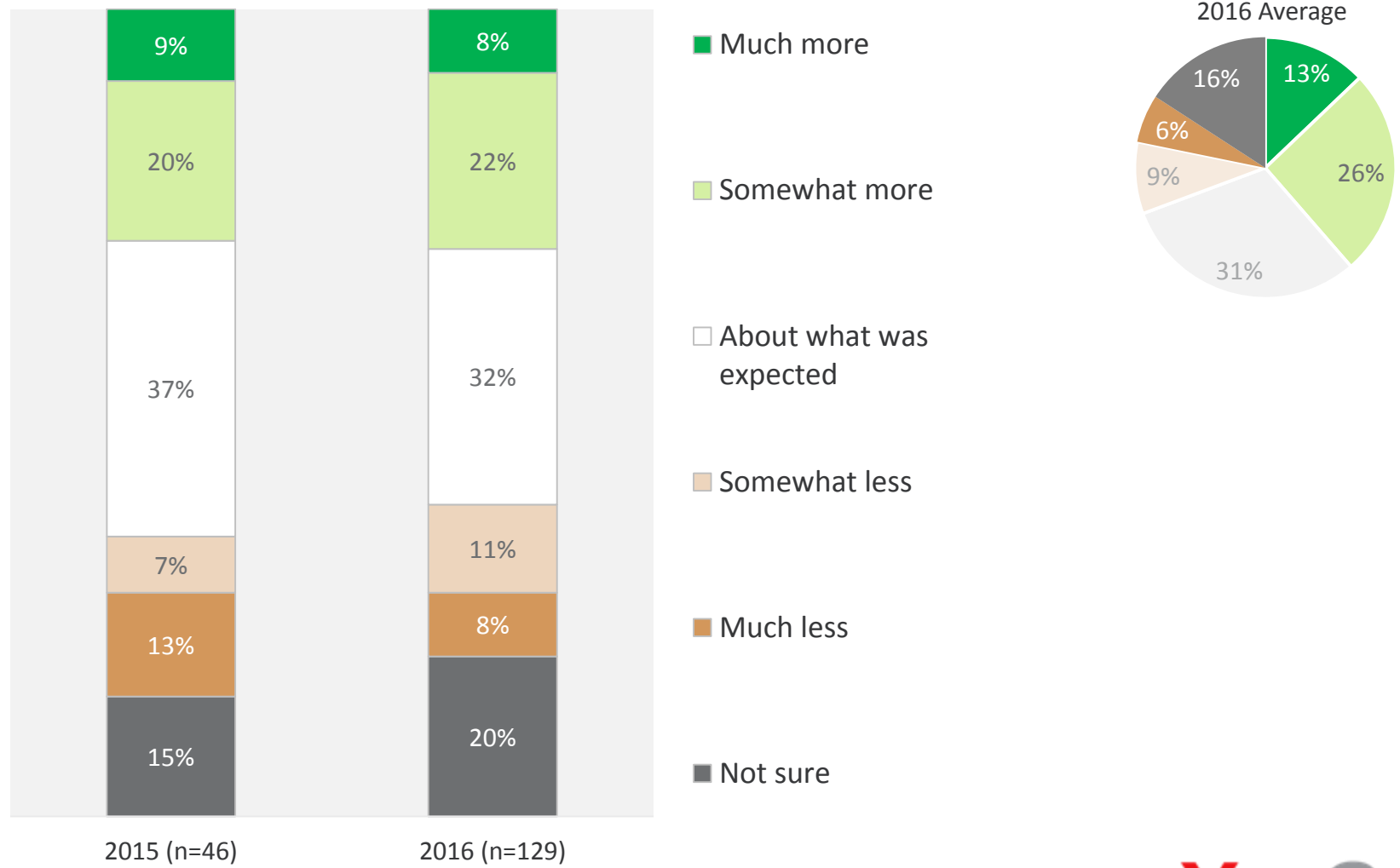
Q. How effective or ineffective is the AHSN in doing each of the following? *Creating wealth*



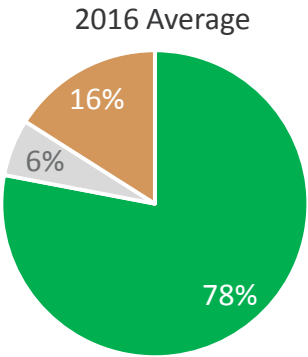
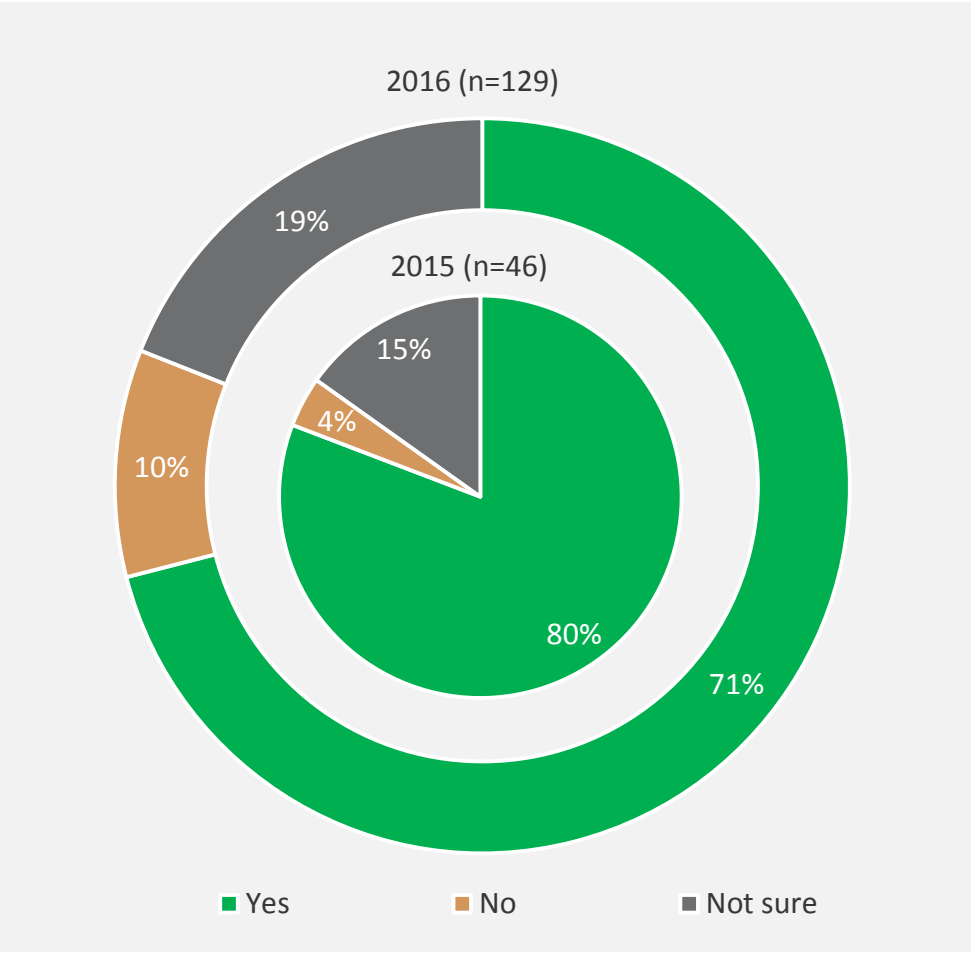
Q. Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives?



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?



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

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

Theme #1: Improve communication/engagement

Health or Social Care Provider

“Communicate more and work with others rather than the preferred few!”

“Better publicise what they do and how they could help.”

Other

“Develop its feedback of data and improvement to encourage engagement”

“Keep communicating with all stakeholders via website, newsletter and events bringing different stakeholders, including health and social care staff and service users, together.”

Q. To help your organisation meets its objectives over the next 5 years, what are the most valuable areas of support AHSNs could offer?



“Adoption of innovation to transform key health service issue in a manner sustainable within trusts”

Private company

“Disseminating news/education and innovation to the clinical teams in the region to drive and embed changes in practice”

Health or social care provider

“Providing advice to clinicians on best practice”

Higher Education Institute

“Sharing innovations and evidenced practice”

Health or social care provider

Q. To help your organisation meets its objectives over the next 5 years, what are the most valuable areas of support AHSNs could offer?

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

Theme #1: Support innovation & best practice

Higher Education Institute	Health or social care provider	Private company
“Supporting diffusion of innovation into practice”	“Help to build culture where the value of research and innovation is understood”	“Matchmaking innovation to those within the local health and care economy seeking to adopt innovative new technology and processes”
“Identifying innovations and best practice”	“Sharing innovations and evidenced practice”	“Ensuring all CCGs have the information to choose the latest proven innovations”
Other	Patients Group	
“Develop frontline support for the adoption of innovation”	“Identifying innovations and best practice”	
“Developing incentives for innovation and good practice, developing the NIA”	“Sharing best practice”	



AHSN specific questions



Q. For each of these themes, what is the most important thing UCLPartners could do to best support your organisation in the delivery of its aims and objectives?

Discovery science – harnessing academic and clinical expertise to speed up the development of new treatments, diagnostics and prevention strategies.

Health or social care provider

“Support development of novel services and pathways of care (financial support), cut out bureaucracy and red tape”

“Focus on diversification of sites able to offer early phase work”

Higher Education

“This is of 3rd importance - the big issue is de-prescribing and decommissioning obsolete and ineffective treatments as much as implementing new ones.....”

“Liaising with senior leadership and piloting innovative approaches”

Private companies

“Pilots and clinical trials close to market - Applied research to move past dev. stage 4-7 quickly”

“keep introducing us to the cutting edge research and people within academia and the clinical worlds to help us understand who to work with and what is coming down the track. I also feel we would benefit from a matchmaking service - as students complete their studies and we seek new talent”

Other

“Highlight NHS organisations who have been quick in using innovations and how”

“Conduct a capability audit and think through what can become a product to take to the international markets”

The areas identified by stakeholders in this area are extremely diverse often reflecting the individual requirements/focus of the stakeholder or group. It is therefore not possible to group responses into common themes. A selection of quotations are provided across a number of the different stakeholder groups.

Q. For each of these themes, what is the most important thing UCLPartners could do to best support your organisation in the delivery of its aims and objectives?

Innovation into practice - enabling academics, healthcare professionals, industry and patients to work together to speed up innovation into routine practice in the NHS and social care.

Clinical Commissioning Group

“Fostering champions, and providing seed corn funding to help share best practice/speed up adoption, and actively try and remove barriers between organisations (pride/professional sensitivities)”

Higher Education Institute

“Working with the BRCs to deliver innovative treatments and support clinical trial/patient recruitment”

“This is of 1st importance - the major vehicle for impact - doing 98% of the time what we know to be effective but do less than 60-80%”

Other

“More events, maybe an award for success”

Health or social care providers

“Listen to local clinicians and truly representative voices. Subject support of innovation projects to external peer review and transparent application processes”

“Strengthening the message to frontline organisations to adopt beneficial innovations. Help with commissioning groups for SMEs who do not have the infrastructure, knowledge or financial reserves to penetrate NHS commissioning or Trusts leaving grassroots innovation vulnerable”

Private company

“Engage with commercialisation specialists earlier to measure the actual value of an innovation”

“Promote case studies of successful implementation of innovation in other AHSNs, offer showcase space at events with local commissioners, providers, universities”

The areas identified by stakeholders in this area are extremely diverse often reflecting the individual requirements/focus of the stakeholder or group. It is therefore not possible to group responses into common themes. A selection of quotations are provided across a number of the different stakeholder groups.

Q. For each of these themes, what is the most important thing UCLPartners could do to best support your organisation in the delivery of its aims and objectives?

Population health and place-based care - supporting organisations that are connecting across the system to deliver sustainable population-based (or place-based) care.

Clinical Commissioning Group	Health or social care providers
<p>“Evidence based examples, building relationships”</p>	<p>“Demonstrate and then promote actual examples of this working on the ground”</p>
Higher Education Institute	<p>“Devising metrics for success”</p>
<p>“Having a national, international and global view of this and providing appropriate opportunities at these levels”</p>	Other
<p>“Digital infrastructure, enhance the use of health informatics”</p>	<p>“Many countries have the same problems. We resolving them first and need revenue. Conduct a capability audit and think through what can become a product to take to the international market”</p>
Private companies	Patients Group
<p>“Access to relevant datasets to identify opportunities for improved care (e.g. areas experiencing highest cost)”</p>	<p>“encourage & support organisation to connect across health, social and community care”</p>
<p>“This is critical - I am entirely relying on the AHSN to introduce us to the STP leads”</p>	

The areas identified by stakeholders in this area are extremely diverse often reflecting the individual requirements/focus of the stakeholder or group. It is therefore not possible to group responses into common themes. A selection of quotations are provided across a number of the different stakeholder groups.

Q. How could UCLPartners support your organisation in implementing digital health innovation?

Theme #1: Importance of this area/existing UCLPartners expertise

Higher Education Institute

“This is desperately needed to connect all the health and social care organisations to achieve the aims already specified”

Patients Groups

“This is desperately needed to connect all the health and social care organisations to achieve the aims already specified”

Private company

“I am very happy with the programmes that are being put in place. I have very high hopes for the Digital London programme and the NIA”

“We have a good collaboration on the digital health side and it would be great to continue to learn from each other on this front”

“UCLPartners is a leader in digital health and we have used their knowledge and expertise and will continue to do so”

Other responses are not able to be grouped into themes. Examples across different stakeholder groups are provided below.

Health or social care provider

“Support tendering and selection of suitable digital partners. Support collaboration between hospitals in adoption of new technologies”

Higher Education Institute

“Create a specialist IG infrastructure to work pan-NHS to support implementation of digital innovations in a 'one stop shop' approach, perhaps as part of the NIA programme”

Other

“Develop interest groups around innovative digital health platforms - possibly in partnership with NIHR and NHSE. Good examples developing in COPD, Multiple Sclerosis, Diabetes. The key is patient held/owned data with permission given for secondary/primary care. Link up with Keith McNeil”

Private company

“Assisting us to tailor our product for NHS and identifying pilot customers”

