



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.

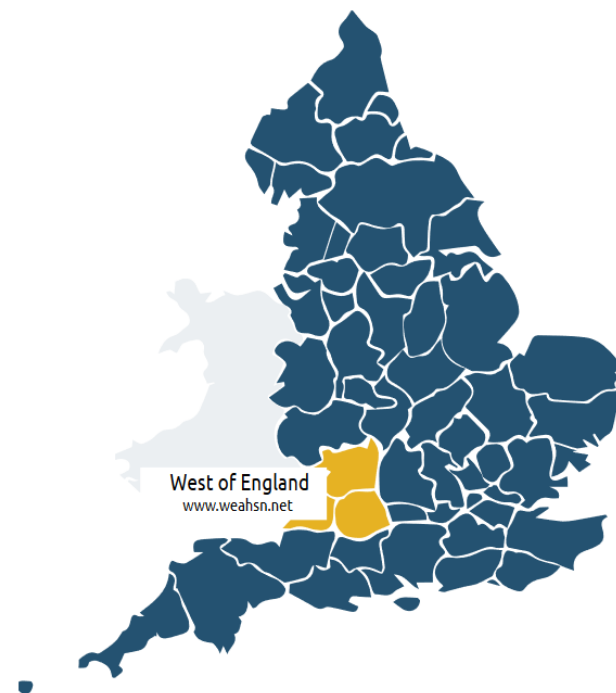
As with last year, stakeholders were initially pre-identified and provided with the opportunity to comment on any of the following:

- 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.

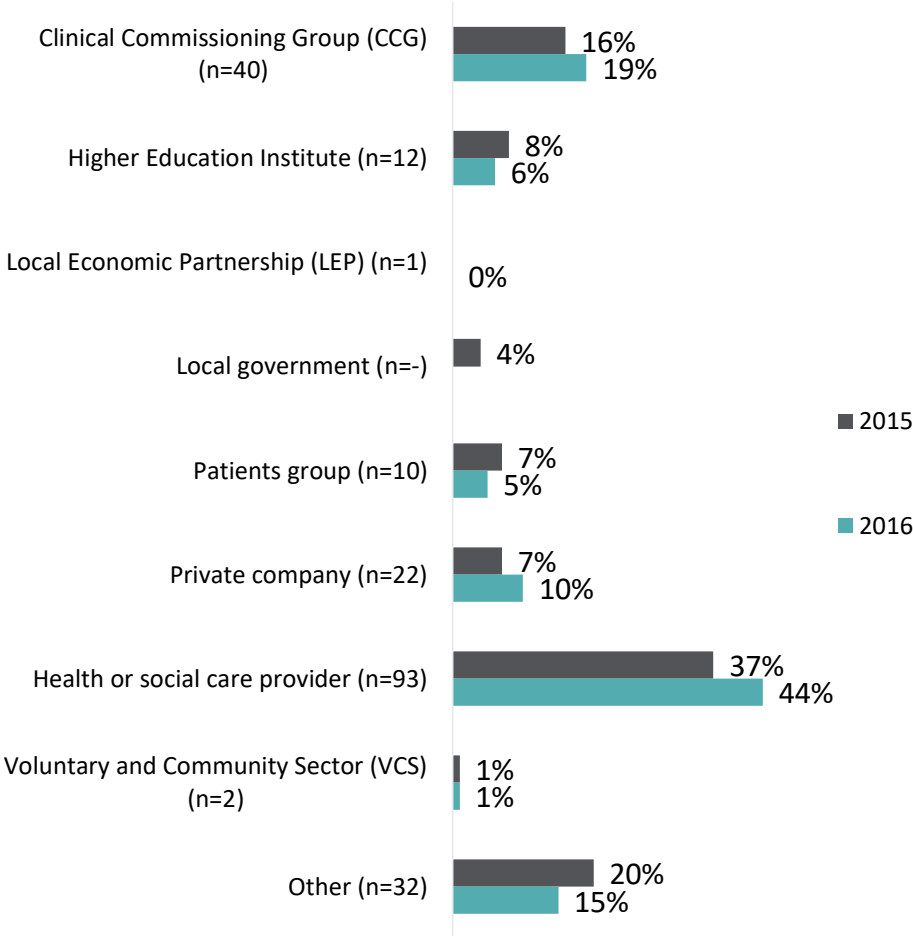
This report contains responses specifically given in relation to West of England AHSN. This is based on 212 responses. In the report, the data is compared against the 2015 results for this AHSN, and also the total figure for all AHSNs for each specific question.

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

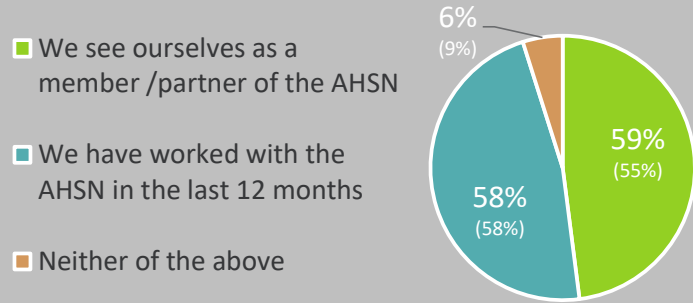


Who took part?

Stakeholder type

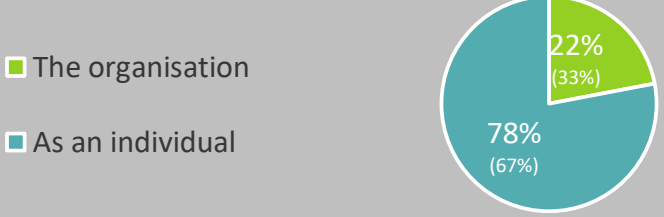


Working relationship



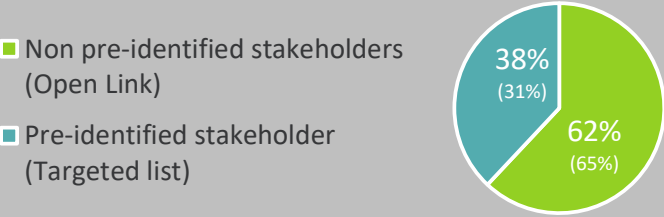
Note: All AHSN figures in brackets

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.

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



Executive summary (1)

- Nearly 8 in 10 stakeholders (77%) recommend working with the West England AHSN (slide 4). This is lower (-14 percentage points (pp)) than 2015. The proportion saying they wouldn't recommend the AHSN has remained the same.
- 70% agreed that the AHSN helped them achieve their objectives in the previous year (slide 39). This is above the average for all AHSNs (62%).
- 43% have a 'good' understanding of its role (slide 10). A further 36% say that they have a fair understanding while 21% 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 12pp lower than that recorded in 2015.
- A quarter (25%) state that they have a good understanding of the West England AHSN's plans and priorities with another 38% having a fair understanding (slide 14). When compared to 2015, the number of those with a good understanding has declined by 9pp while the number with a fair understanding has declined by 7pp.

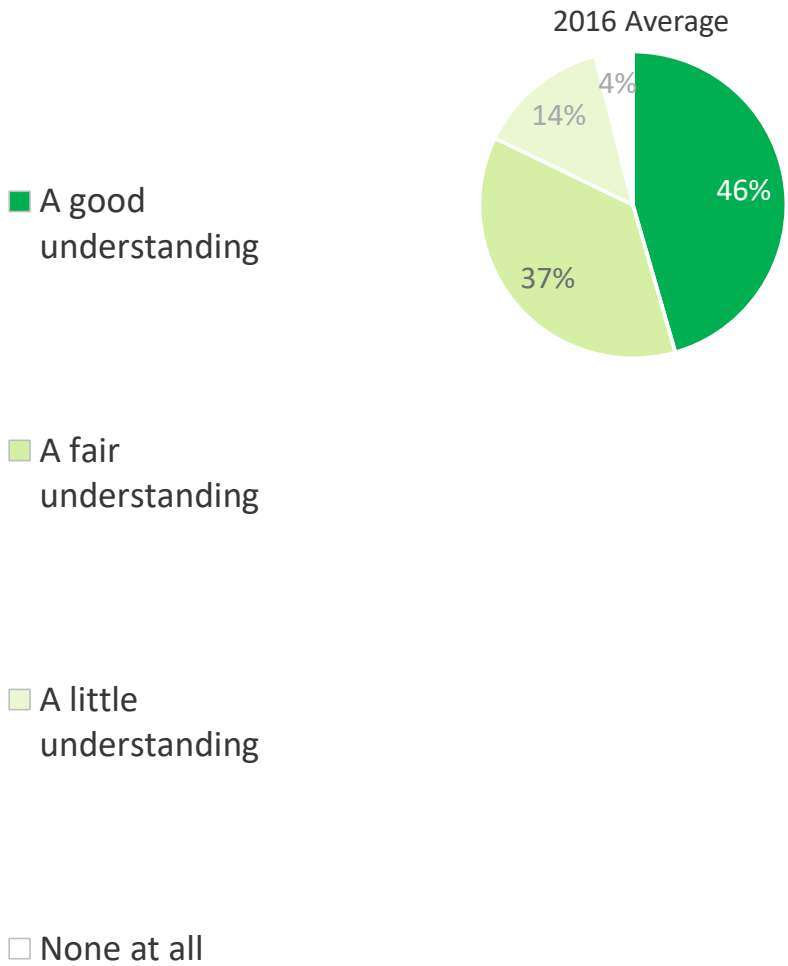
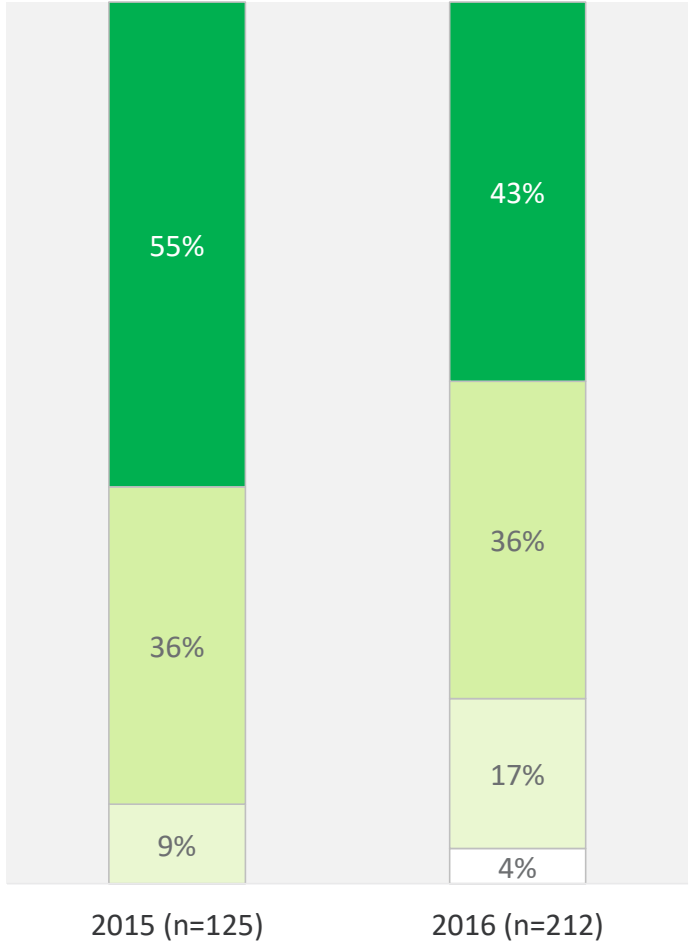
Executive summary (2)

- The number of stakeholders who say that they have a good working relationship with the AHSN has decreased from 90% in 2015 to 73% in the current period (slide 16).
- 66% agree that the West England AHSN has a clear and visible leadership (slide 19). This is significantly lower than in 2015 (84%) but consistent with the all AHSN average.
- The majority (65%) agree that the AHSN's priorities are aligned to local priorities (slide 23).
- 71% value the West England AHSN's work in 'facilitating collaboration', a fall of 4 percentage points compared to 2015. Furthermore, 70% find its work in the 'identification, adoption and spread of innovation' valuable (slide 29).
- Nearly three quarters (74%) consider the 'quality of support' provided by the West England AHSN as 'good'. This is a slight decline compared with 2015 (-8 pp) but still higher than average for all AHSNs (slide 34).

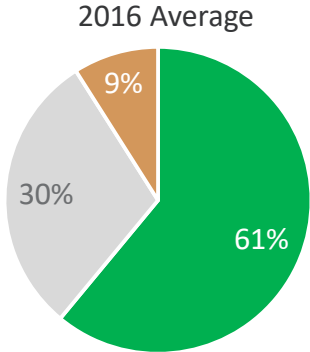
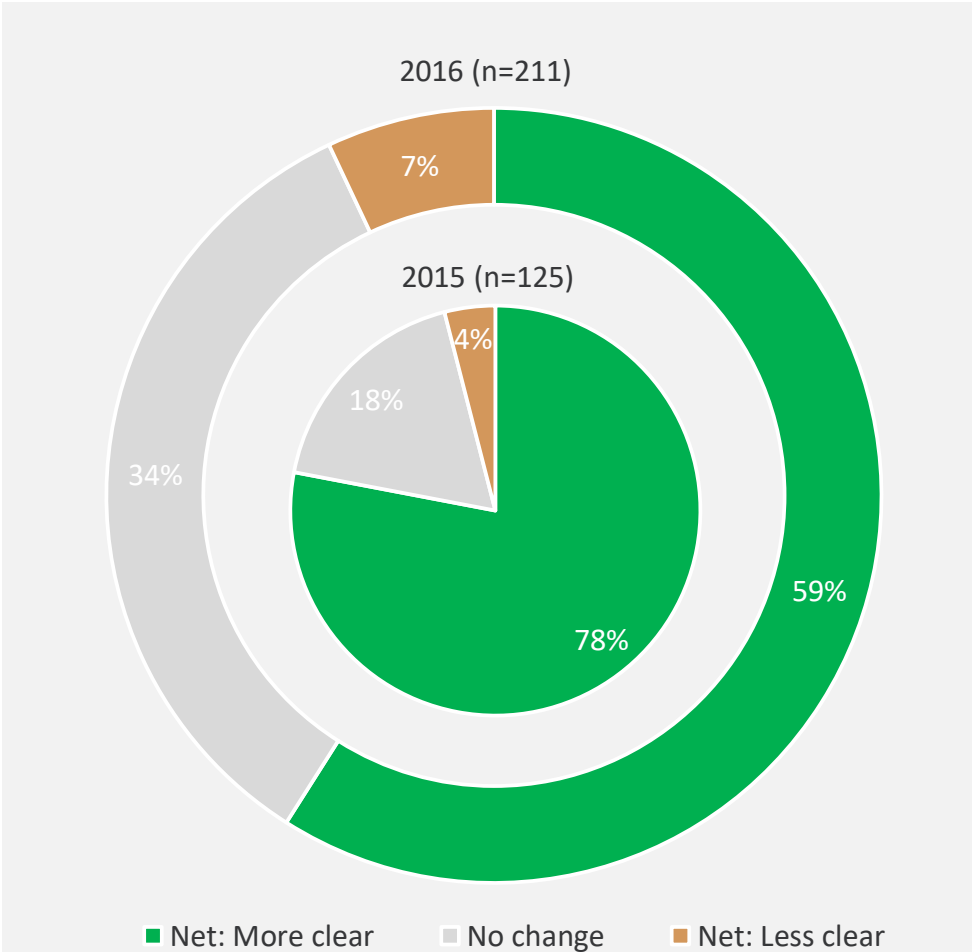
Understanding the role of the AHSN



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



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



Net: more clear = % much more clear + % more clear
 Net: less clear = % much less clear + % less clear

Q. Which AHSN initiatives or programmes are you aware of?

NEWS
(National Early
Warning Score)

Patient safety

DWAC (Don't
Wait to Anti-
Coagulate)

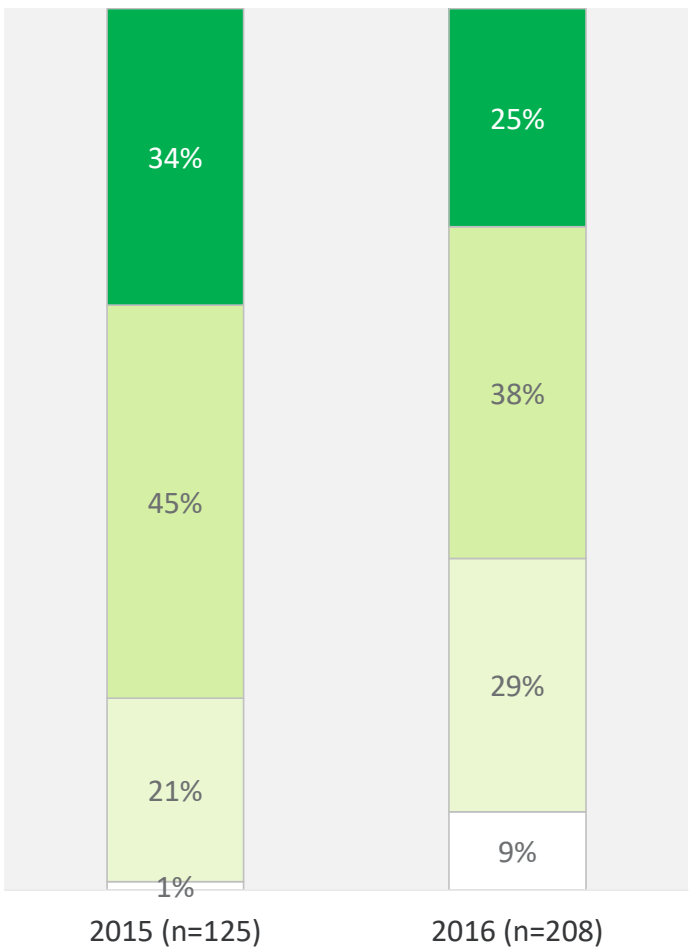
Diabetes Digital
Challenge

Quality
Improvement

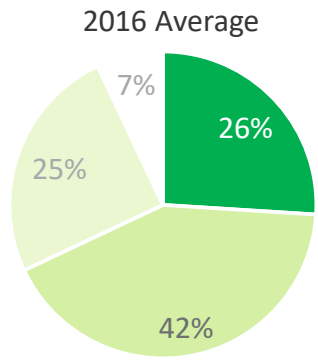
Understanding of AHSN plans and priorities



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



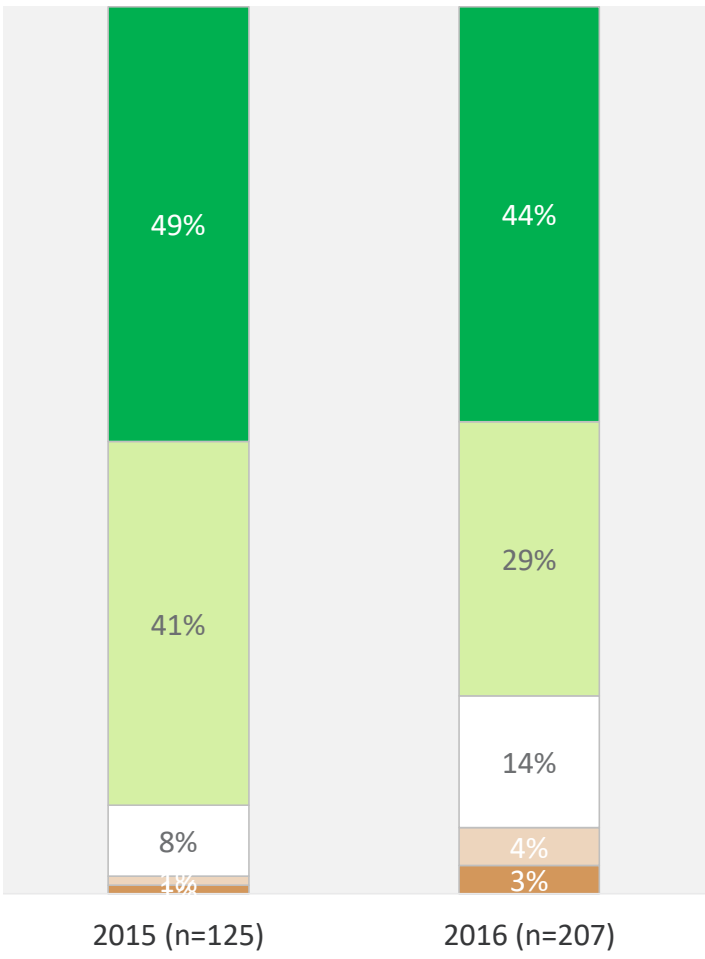
- A good understanding
- A fair understanding
- A little understanding
- None at all



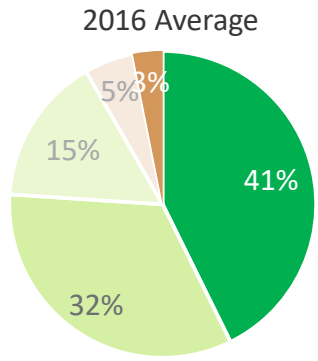
Stakeholder relationship with the AHSN



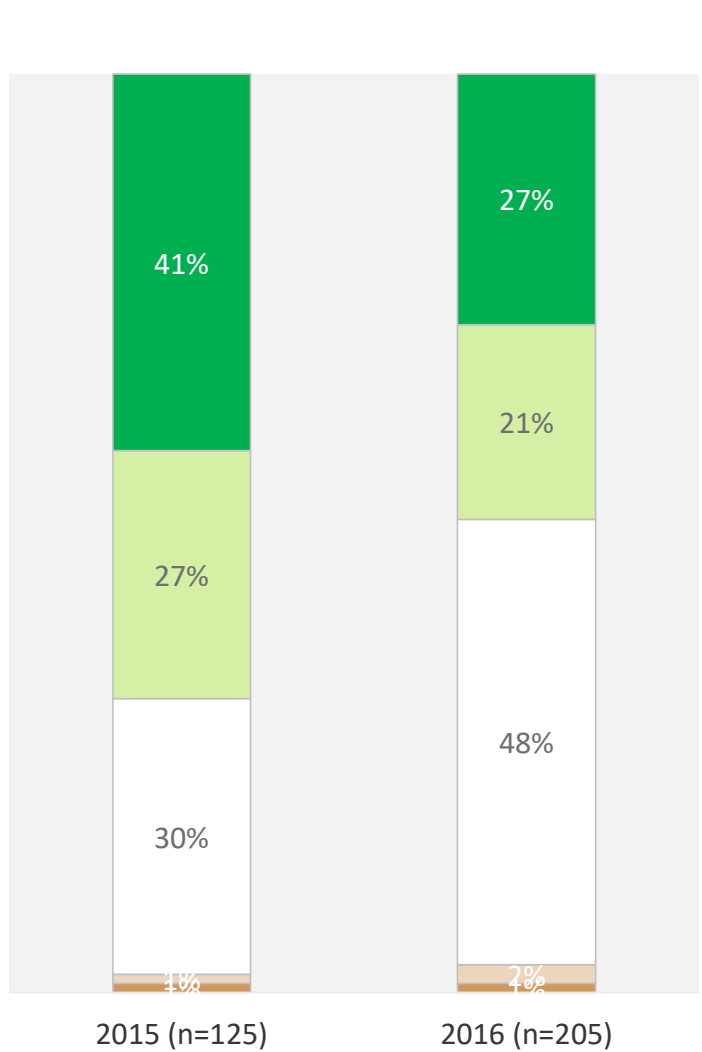
Q. Overall, how would you rate your working relationship with your AHSN?



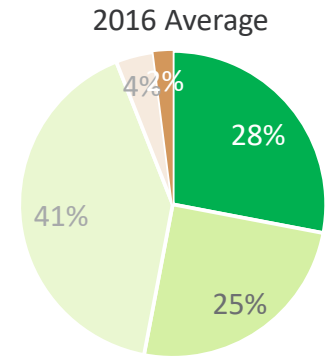
- Very good
- Quite good
- Neither good nor poor
- Quite poor
- Very poor



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?



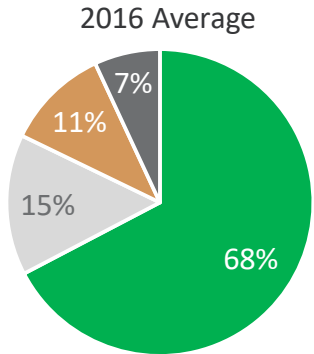
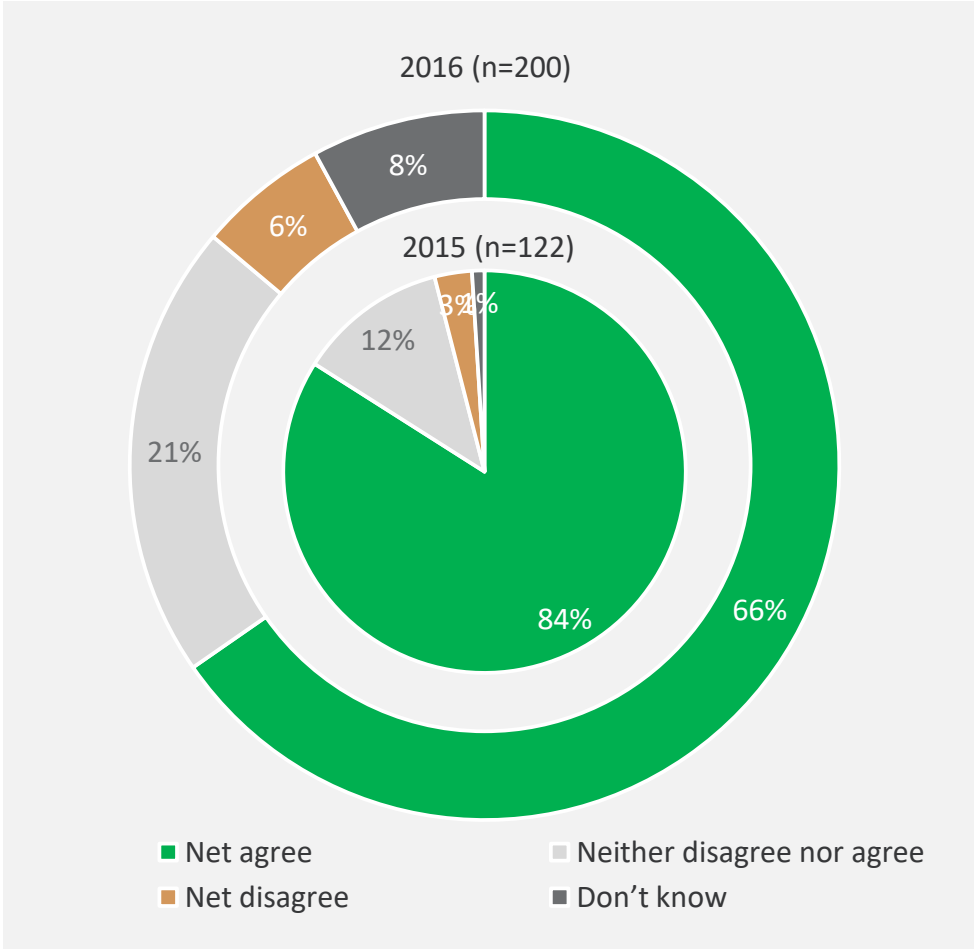
- A lot better
- A little better
- About the same
- A little worse
- A lot worse



Stakeholder perceptions



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

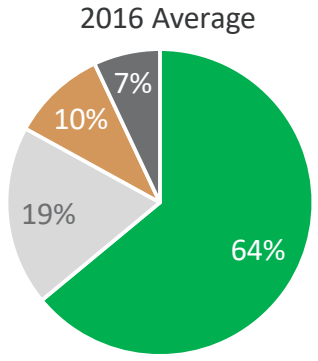
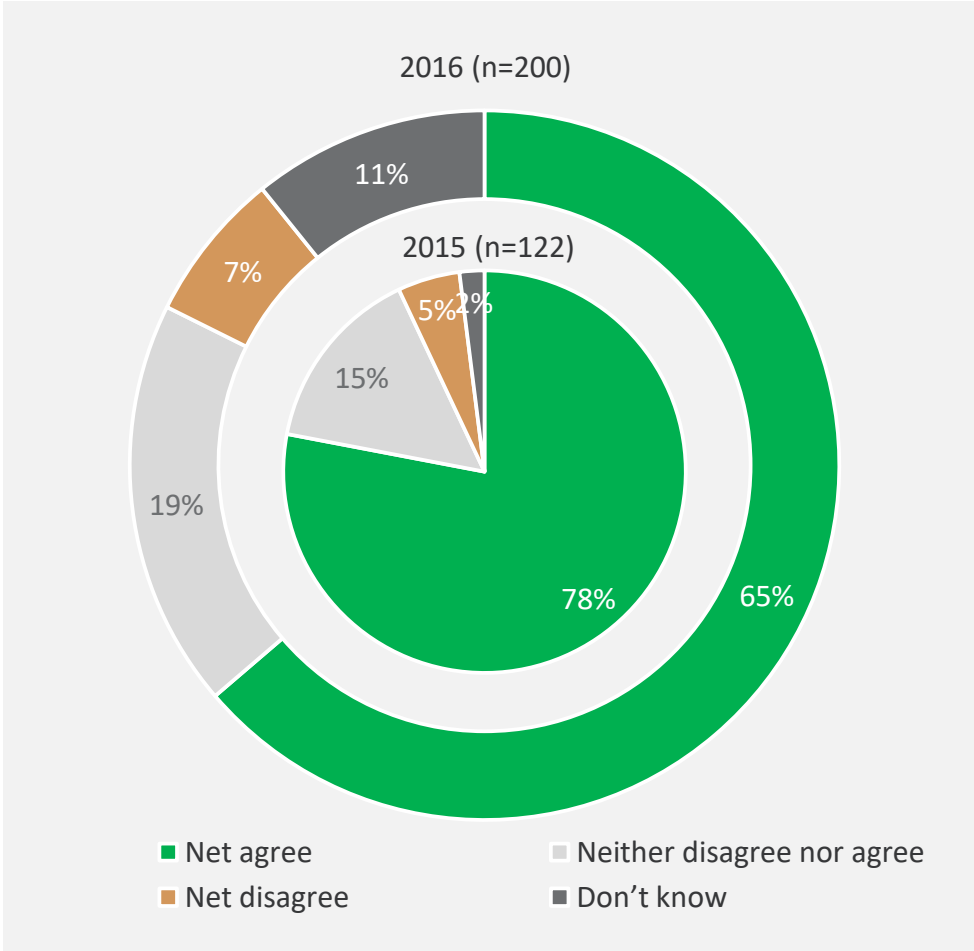


■ Net agree ■ Neither disagree nor agree
■ Net disagree ■ Don't know



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

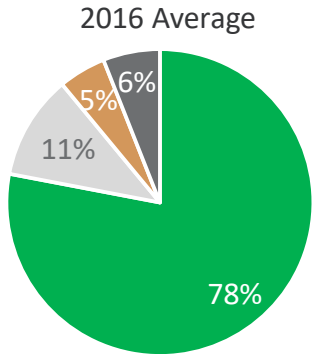
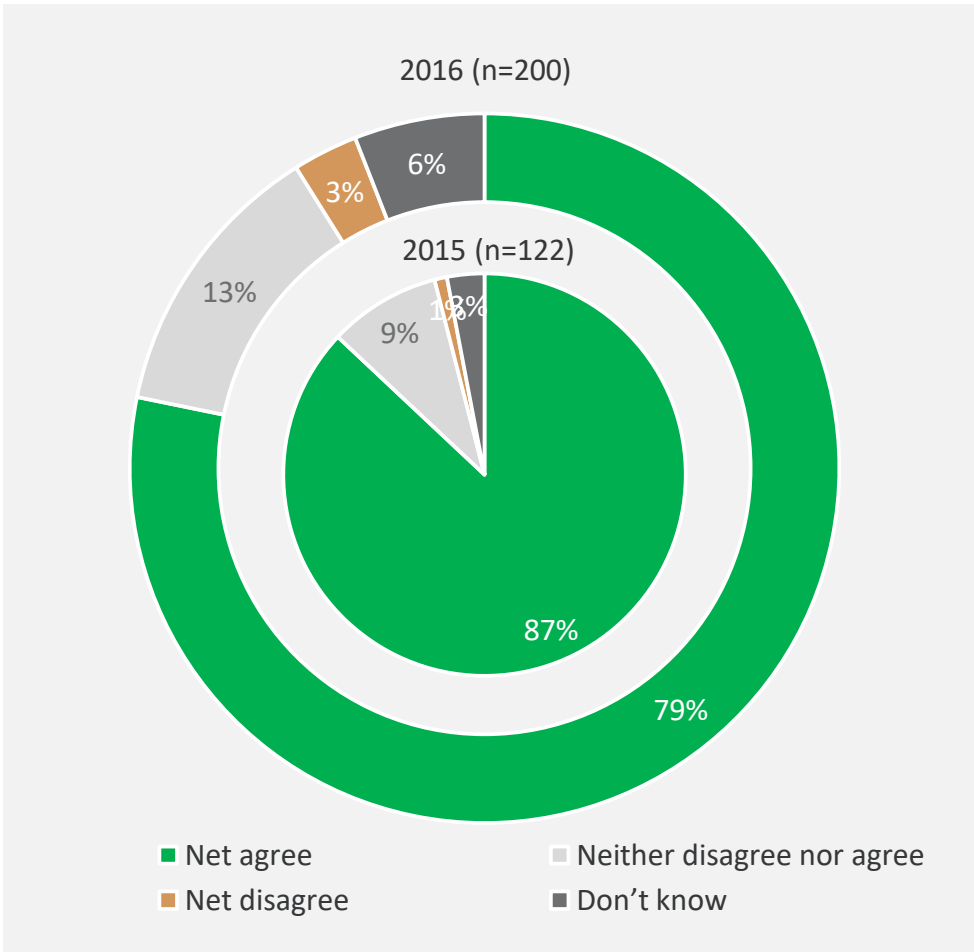


■ Net agree ■ Neither disagree nor agree
■ Net disagree ■ Don't know



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?
AHSN staff are knowledgeable

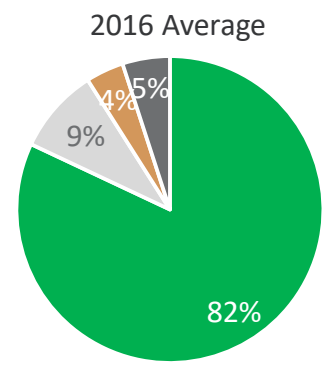
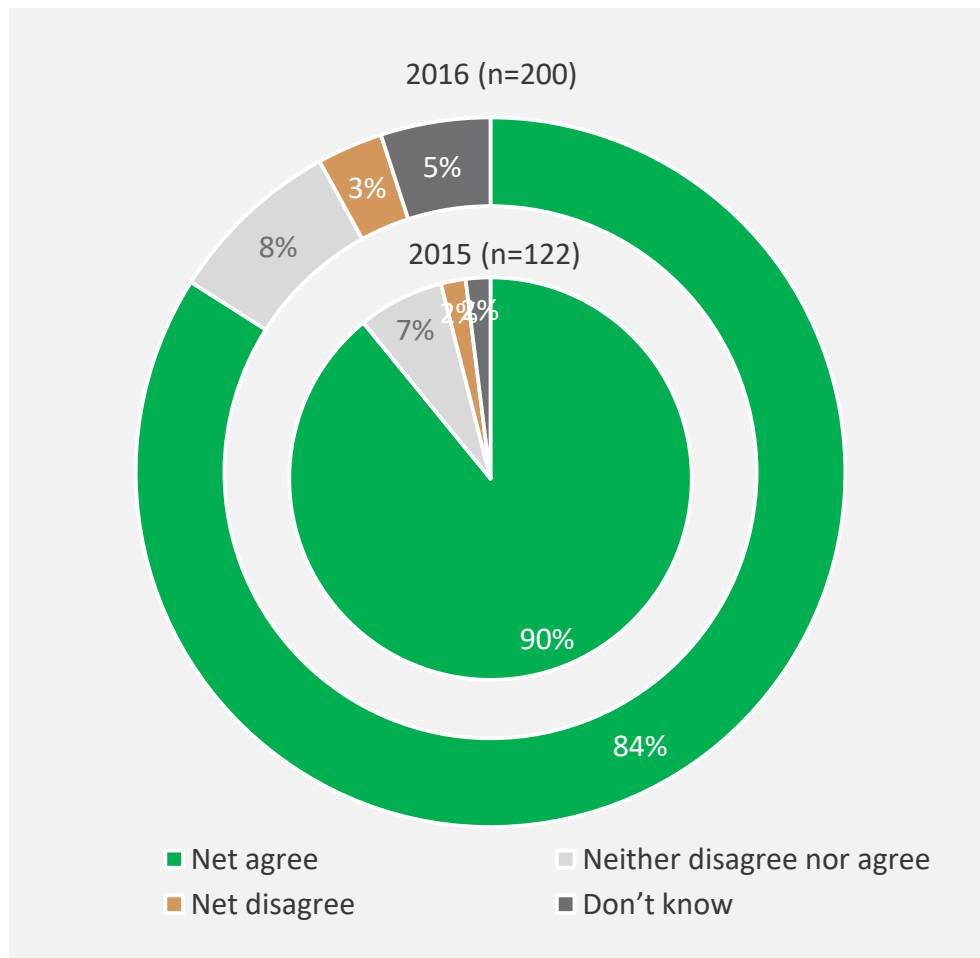


■ Net agree ■ Neither disagree nor agree
■ Net disagree ■ Don't know



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

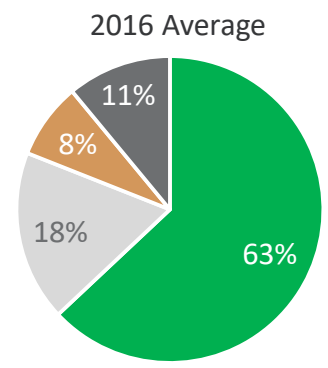
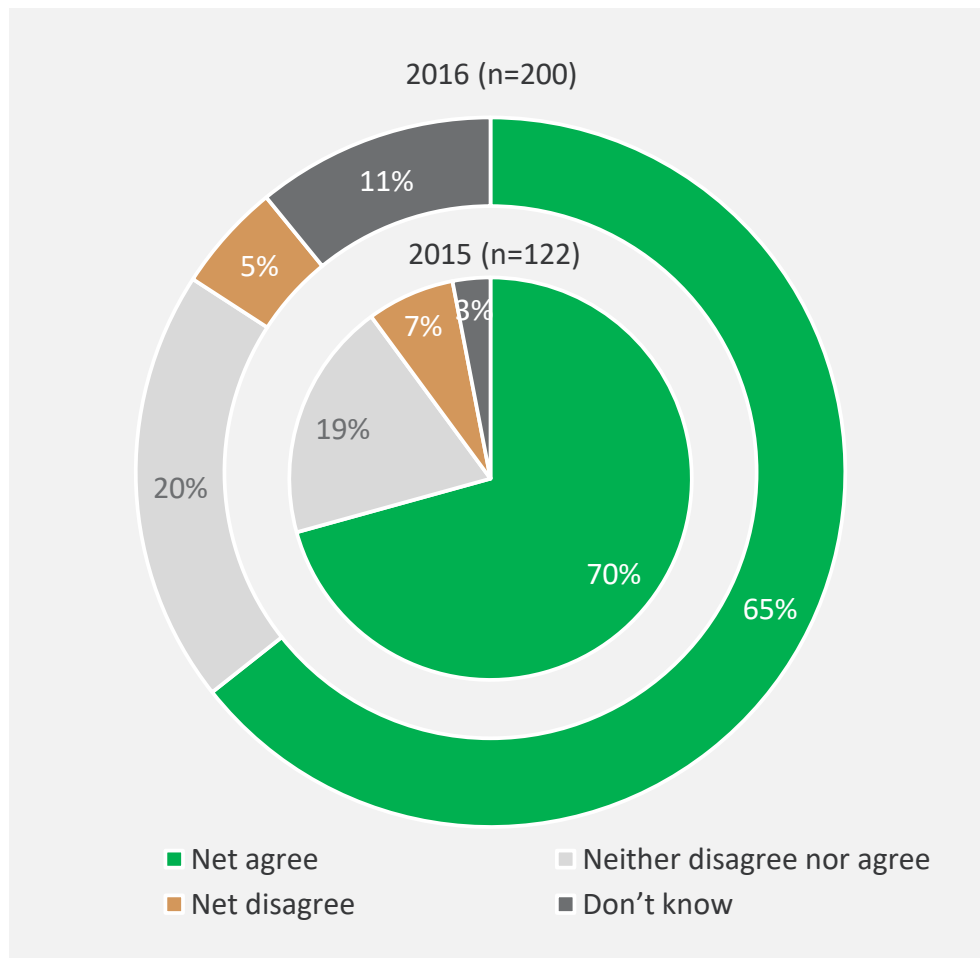
Q. To what extent do you agree or disagree with the following?
AHSN staff are helpful



■ Net agree □ Neither disagree nor agree
■ Net disagree □ Don't know

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?
AHSN priorities are aligned to local priorities



■ Net agree ■ Neither disagree nor agree
■ Net disagree ■ Don't know

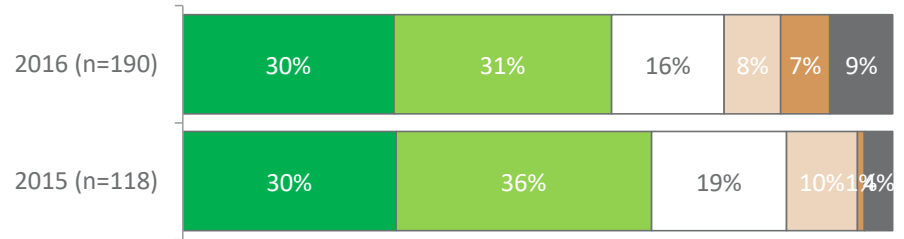


Net agree = % strongly agree + % tend to agree
 Net disagree = % strongly disagree + % tend to disagree

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

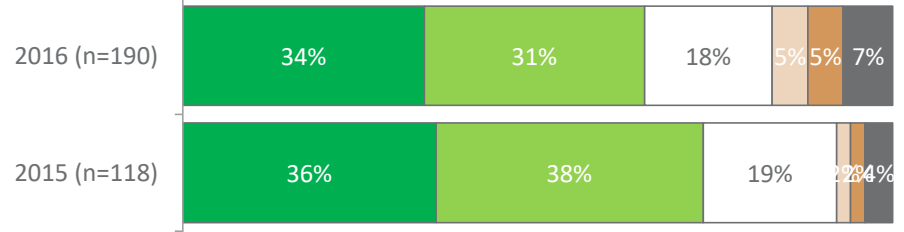
% of those who agree that....

The AHSN has engaged with you effectively when developing its plans and priorities



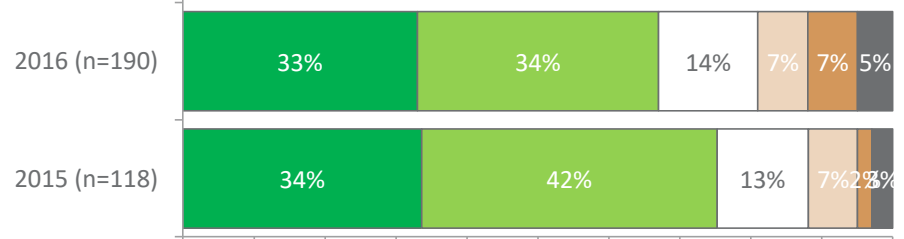
All: **54%**
West of England: **61%**

The AHSN has listened to your views



All: **63%**
West of England: **65%**

You have felt involved in the AHSN



All: **61%**
West of England: **67%**

■ Strongly agree ■ Tend to agree □ Neither agree nor disagree
■ Tend to disagree ■ Strongly disagree ■ Don't know



Attitudes towards AHSN staff



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

Common words used to describe are "excellent," "committed" and "professional"...

"As a public contributor I have been well supported, have had good induction training and believe I am working in partnership with professional staff."

Other

"WEAHSN staff are inspirational in their clear focus, dynamism and effectiveness. Their vision and commitment permeate all levels of the organisation and beyond into member organisations. Innovation and collaboration underpin prioritised projects. To inform those priorities, they listen to the needs of all those they serve."

Patients Group

"Some things are shrouded in mystery, terminology is the biggest hurdle for us to wade through. Accessible leadership is a challenge for any organisation, making what they do relevant to more companies might well be another..."

Private Company

"Important to have the headspace to innovate in healthcare and to work across multiple organisations. I feel the leadership team does well to create this headspace that spans across and therefore impacts on the wider health community."

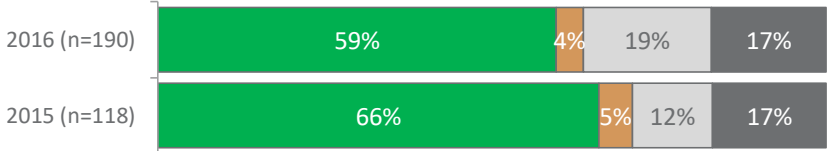
Health or social care provider

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?

Patient safety



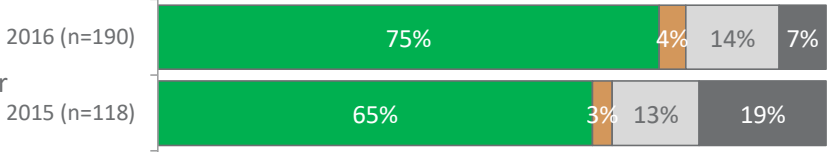
% of those who think that that the AHSN has provided valuable support on....

All: **49%**
West of England: **59%**

% of those who think that that the AHSN has provided valuable support excluding those answering 'not received' and 'not applicable'

West of England 2016: **93%**
All 2016: **85%**
West of England 2015: **93%**
All 2015: **82%**

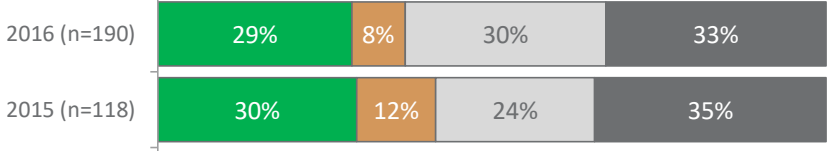
Quality improvement (providing support for innovation and new ways of working)*



All: **65%**
West of England: **75%**

West of England 2016: **95%**
All 2016: **88%**
West of England 2015: **95%**
All 2015: **78%**

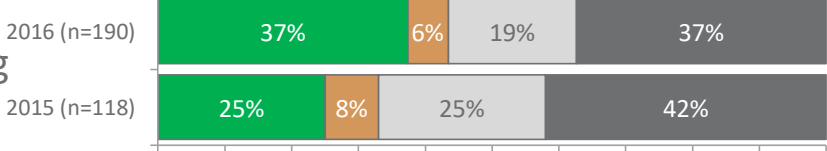
Commercial development



All: **43%**
West of England: **29%**

West of England 2016: **79%**
All 2016: **77%**
West of England 2015: **71%**
All 2015: **68%**

Commissioning support



All: **35%**
West of England: **37%**

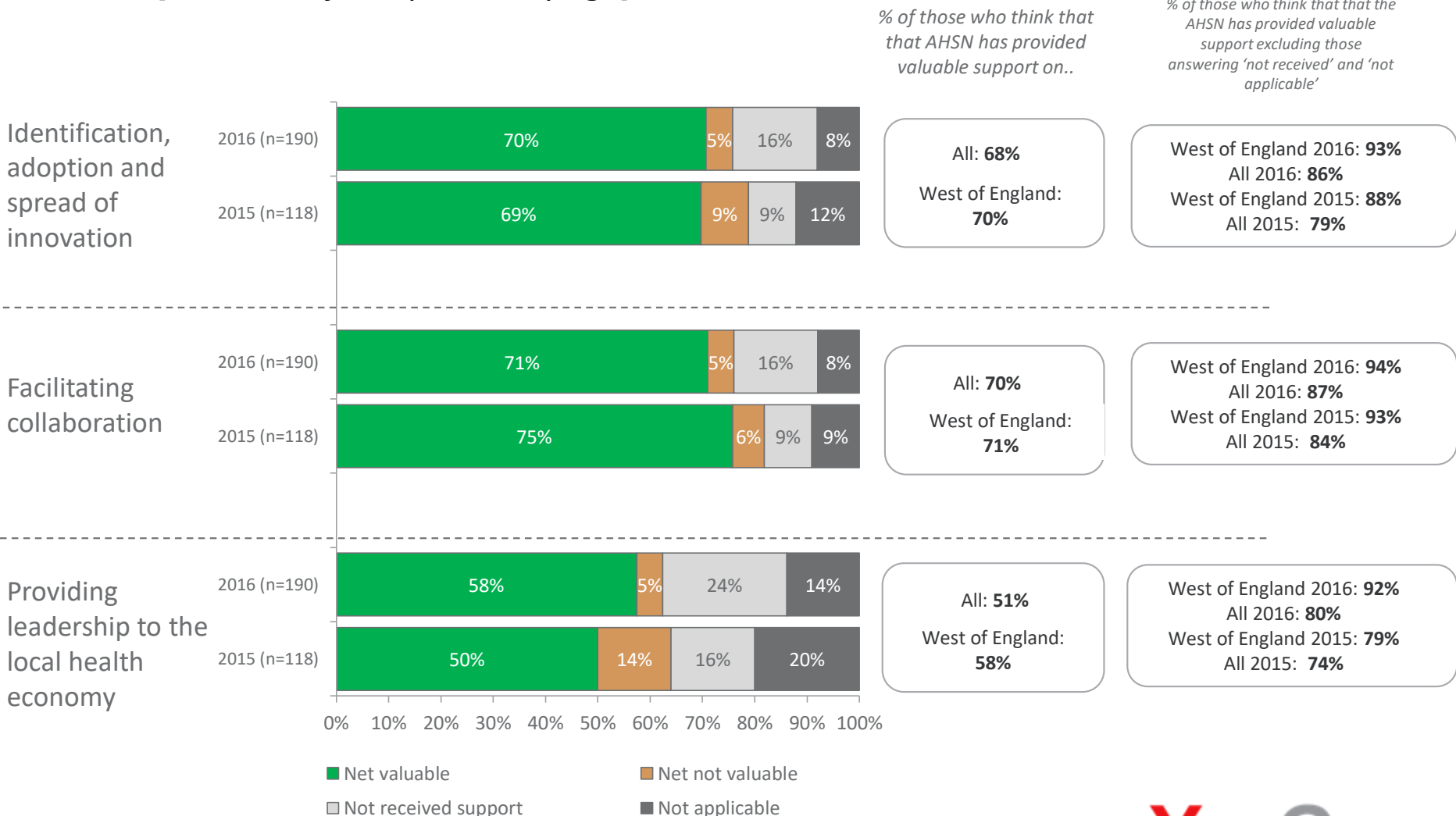
West of England 2016: **85%**
All 2016: **76%**
West of England 2015: **75%**
All 2015: **63%**

0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

■ Net valuable ■ Net not valuable ■ Not received support ■ Not applicable



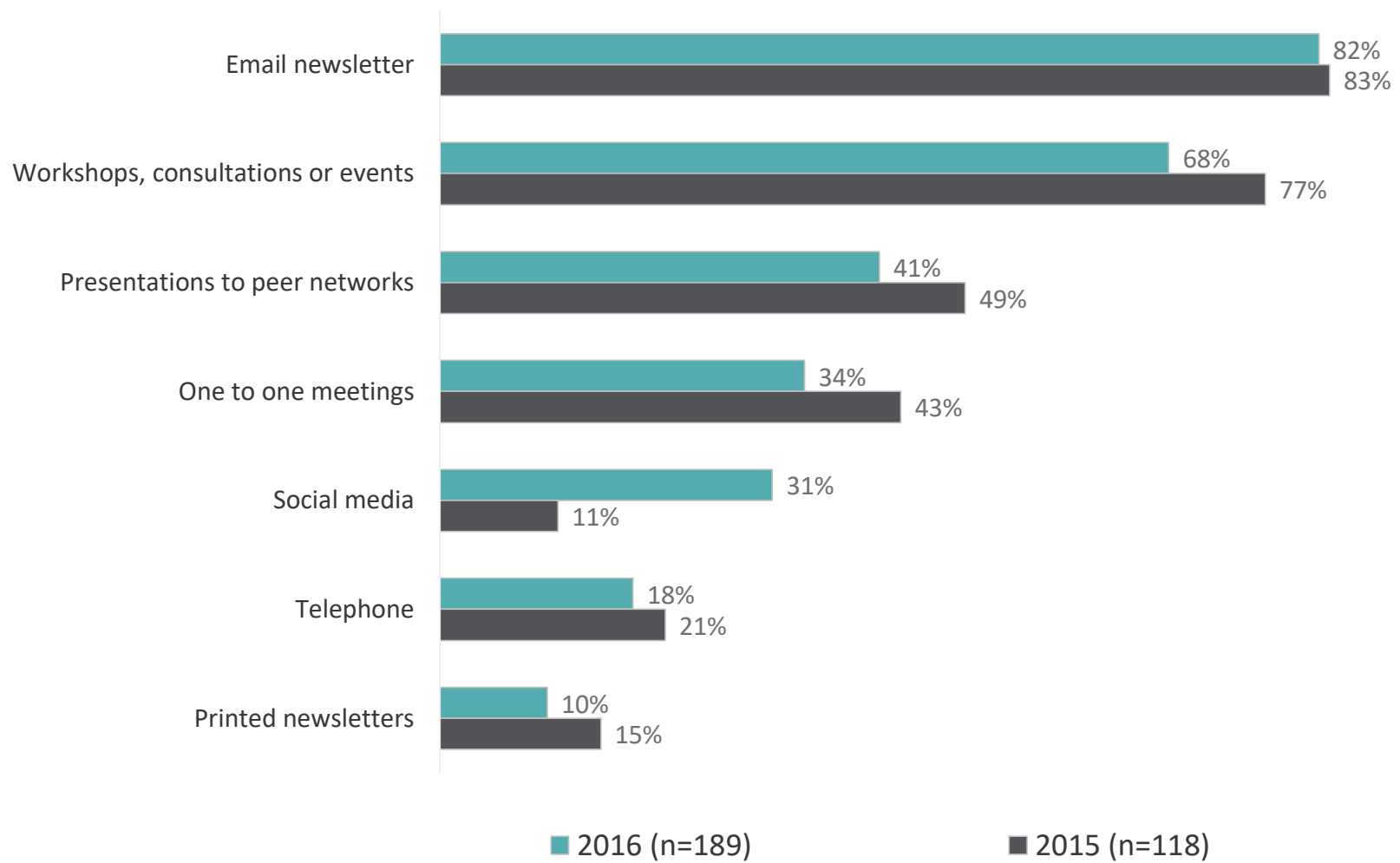
Q. The AHSN aims to work with organisations on the following themes. For each theme, how valuable or not has been the support from the AHSN in the last 12 months? *[continued from previous page]*



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?



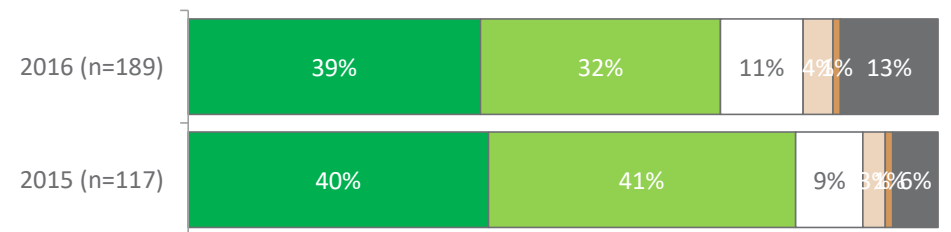
Impressions of AHSN performance & effectiveness



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

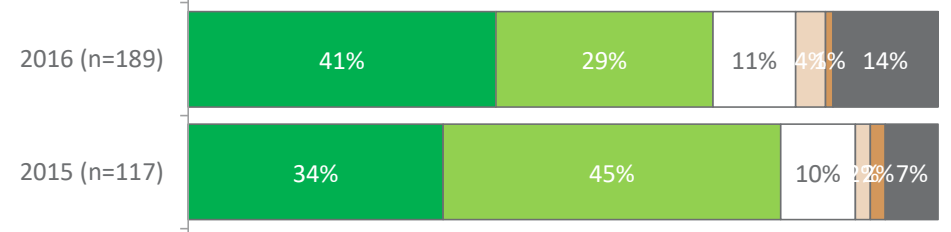
Position indicator:
% of those who rate the AHSN as very / quite good for...

Accessibility



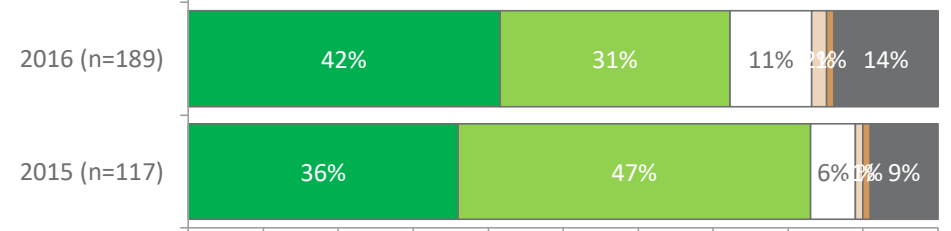
All: **70%**
West of England: **70%**

Responsiveness



All: **70%**
West of England: **70%**

Quality of advice



All: **70%**
West of England: **72%**

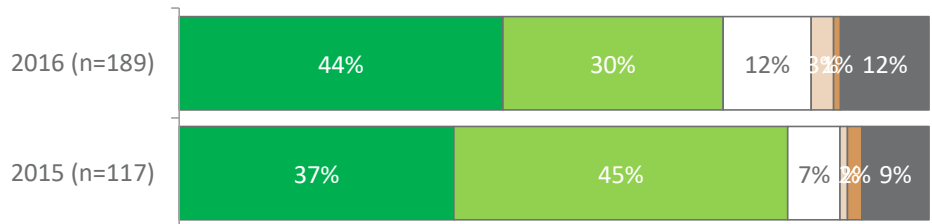
Very good Quite good Neither good nor poor Quite poor Very poor Don't know



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

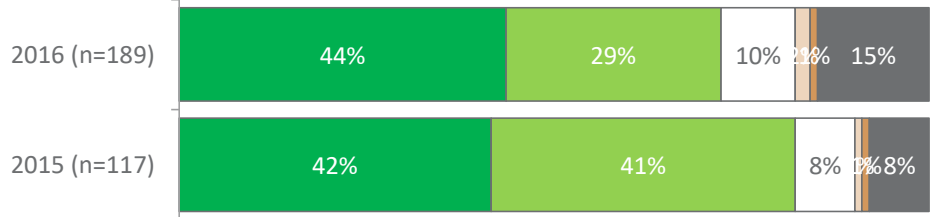
Position indicator:
% of those who rate the
AHSN as good for...

Quality of support



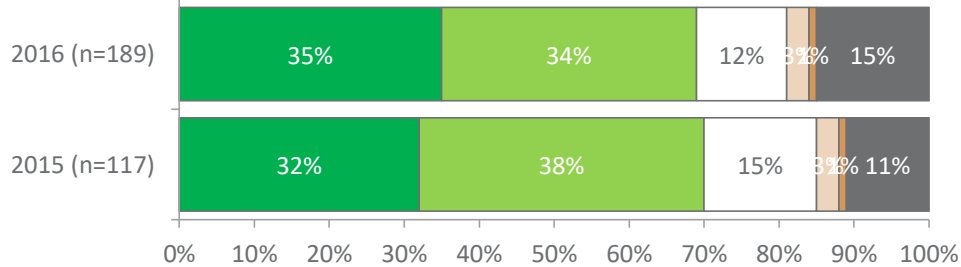
All: **69%**
West of England: **74%**

Knowledge of the local landscape



All: **74%**
West of England: **73%**

Promoting change in the local health economy

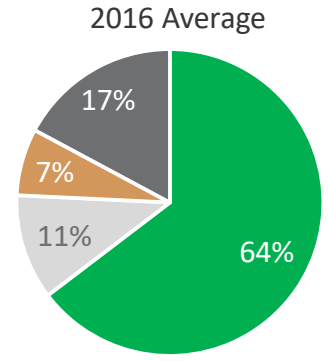
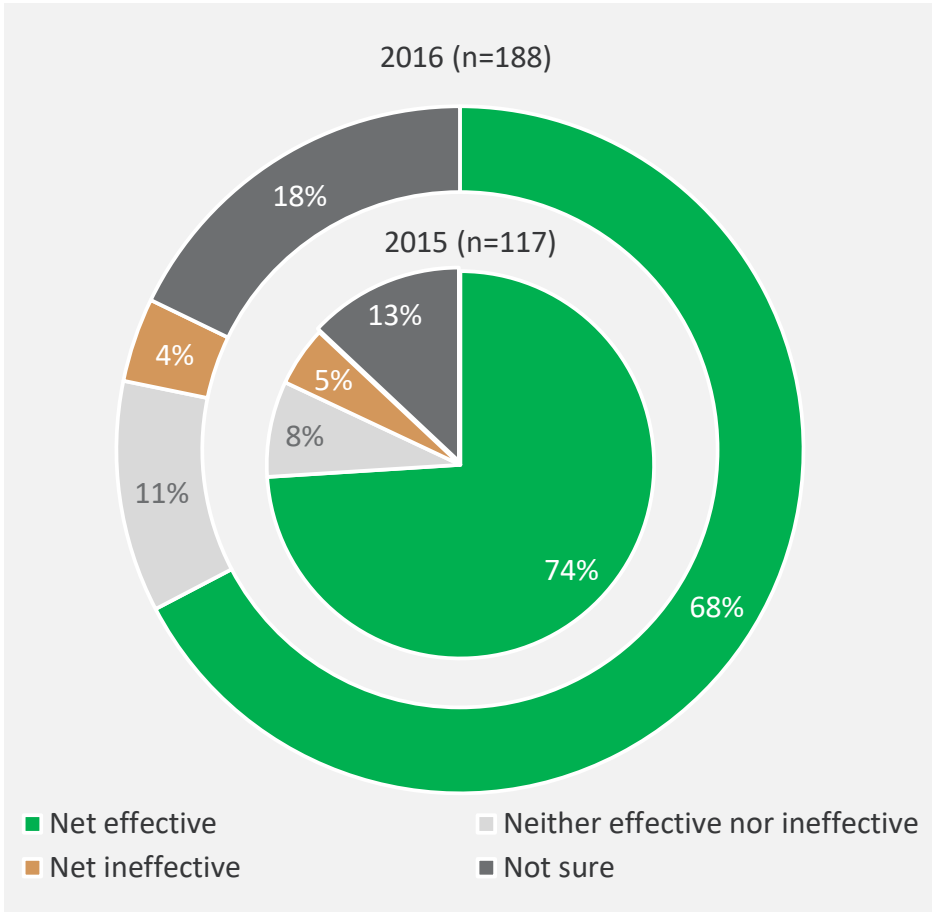


All: **64%**
West of England: **70%**

Legend: Very good (dark green), Quite good (light green), Neither good nor poor (white), Quite poor (light orange), Very poor (dark orange), Don't know (grey)



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

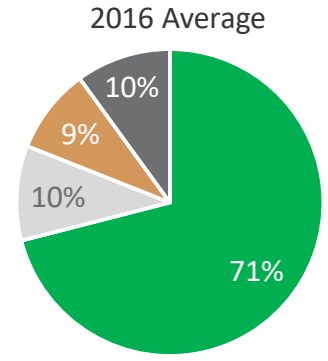
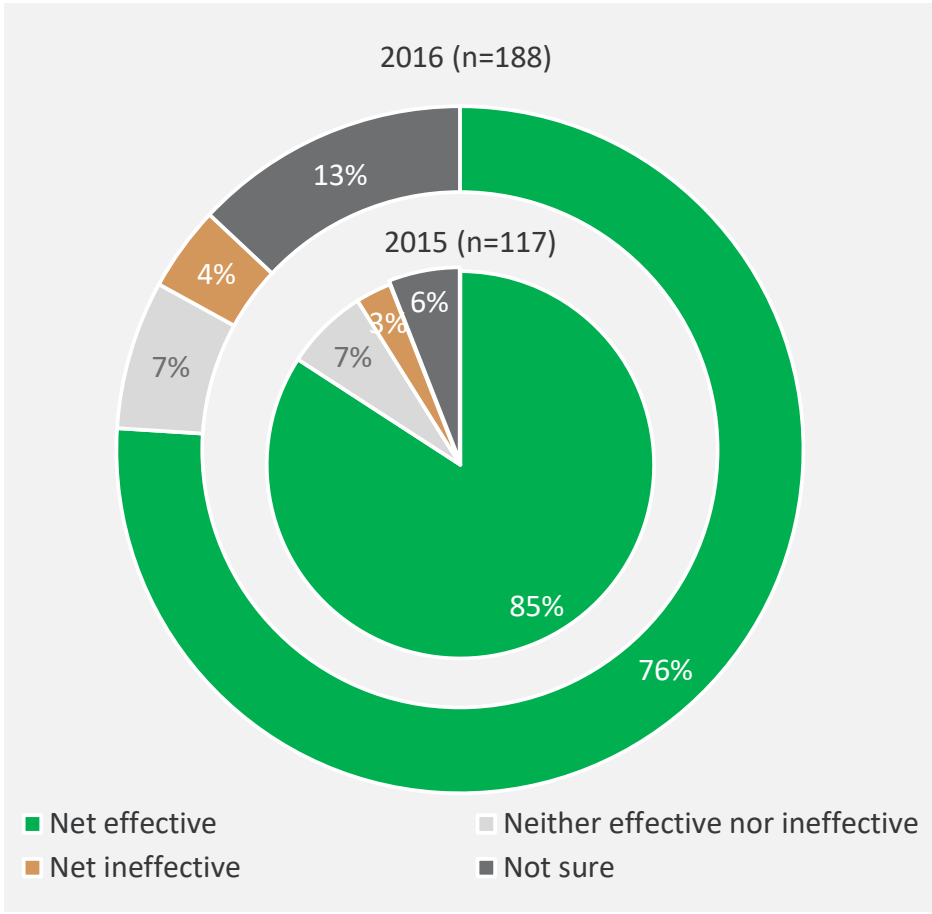


■ Net effective ■ Neither effective nor ineffective
■ Net ineffective ■ Not sure



Net effective = % very effective + % quite effective
 Net ineffective = % quite ineffective + % very ineffective

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

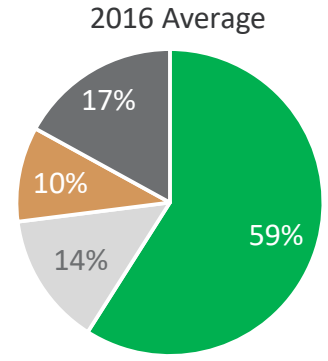
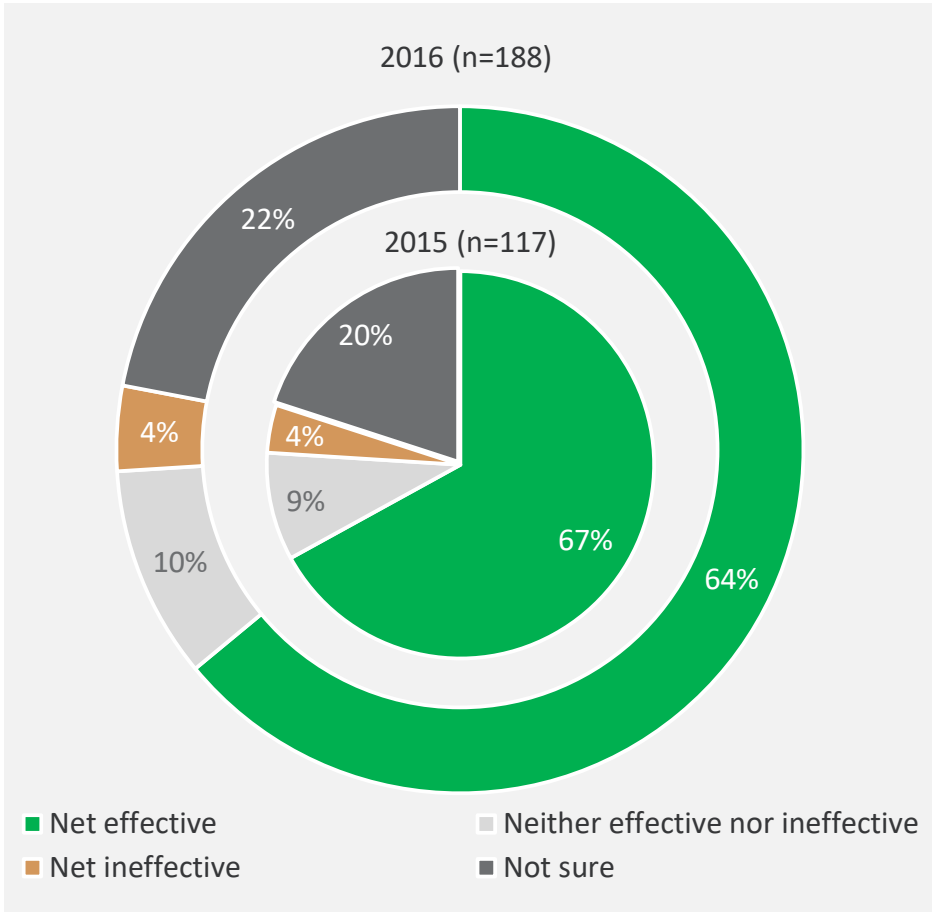


■ Net effective ■ Neither effective nor ineffective
■ Net ineffective ■ Not sure



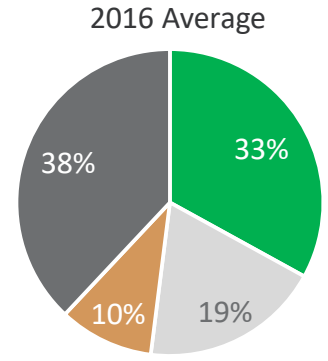
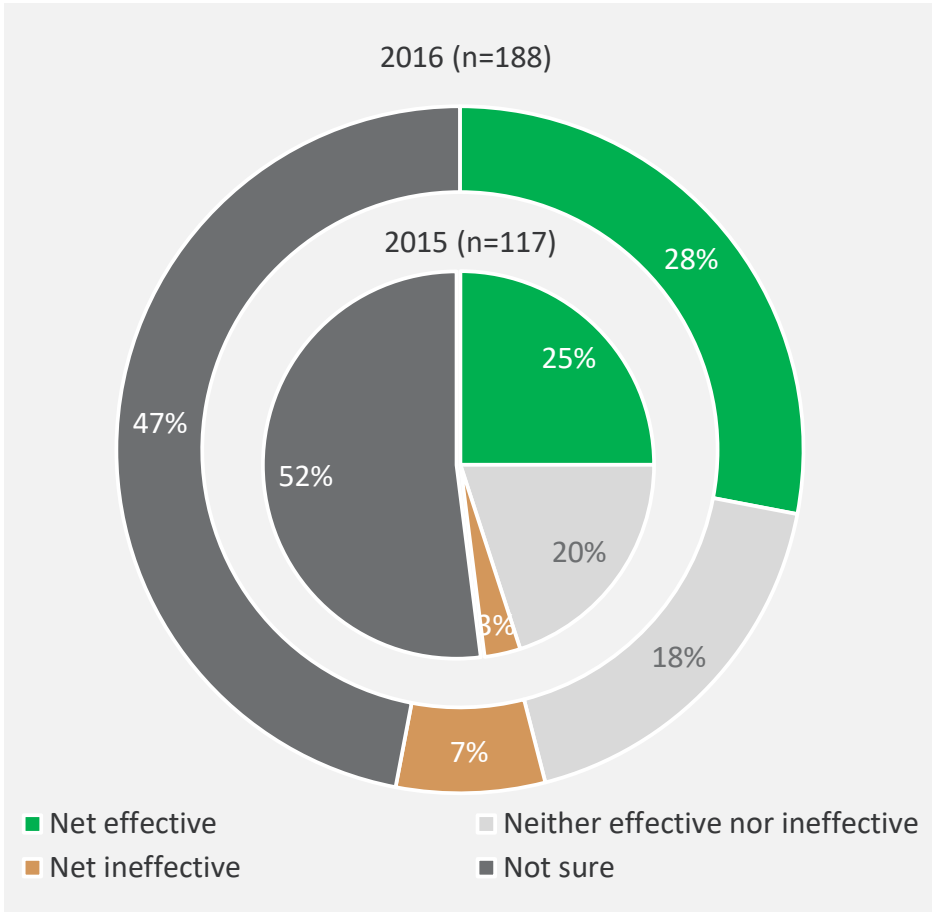
Net effective = % very effective + % quite effective
 Net ineffective = % quite ineffective + % very ineffective

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



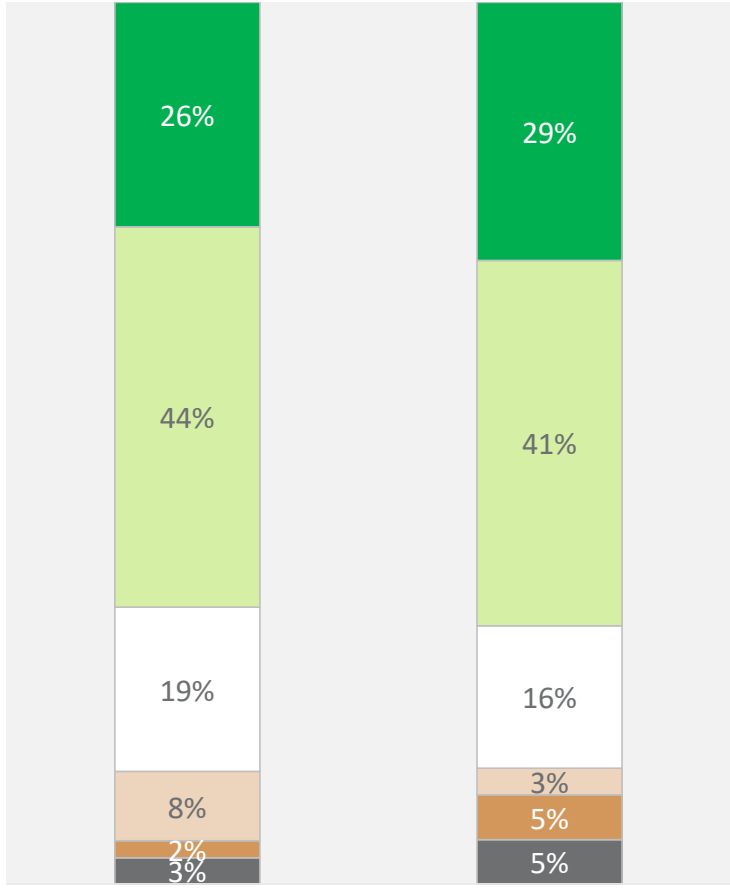
Net effective = % very effective + % quite effective
 Net ineffective = % quite ineffective + % very ineffective

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

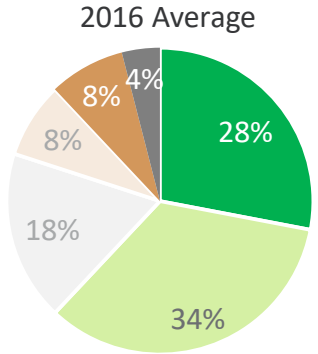


Net effective = % very effective + % quite effective
 Net ineffective = % quite ineffective + % very ineffective

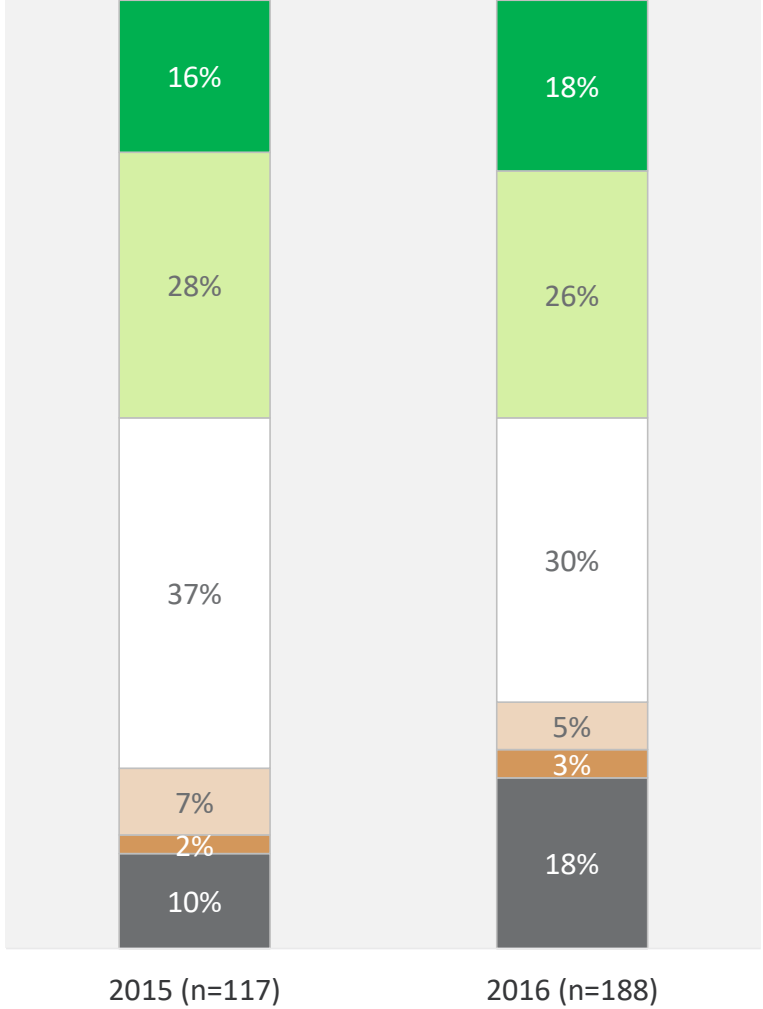
Q. Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives?



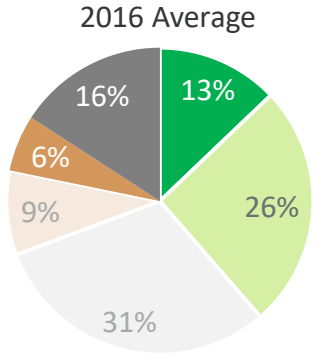
- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know



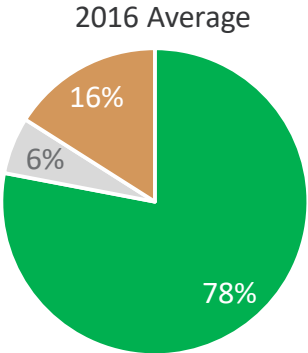
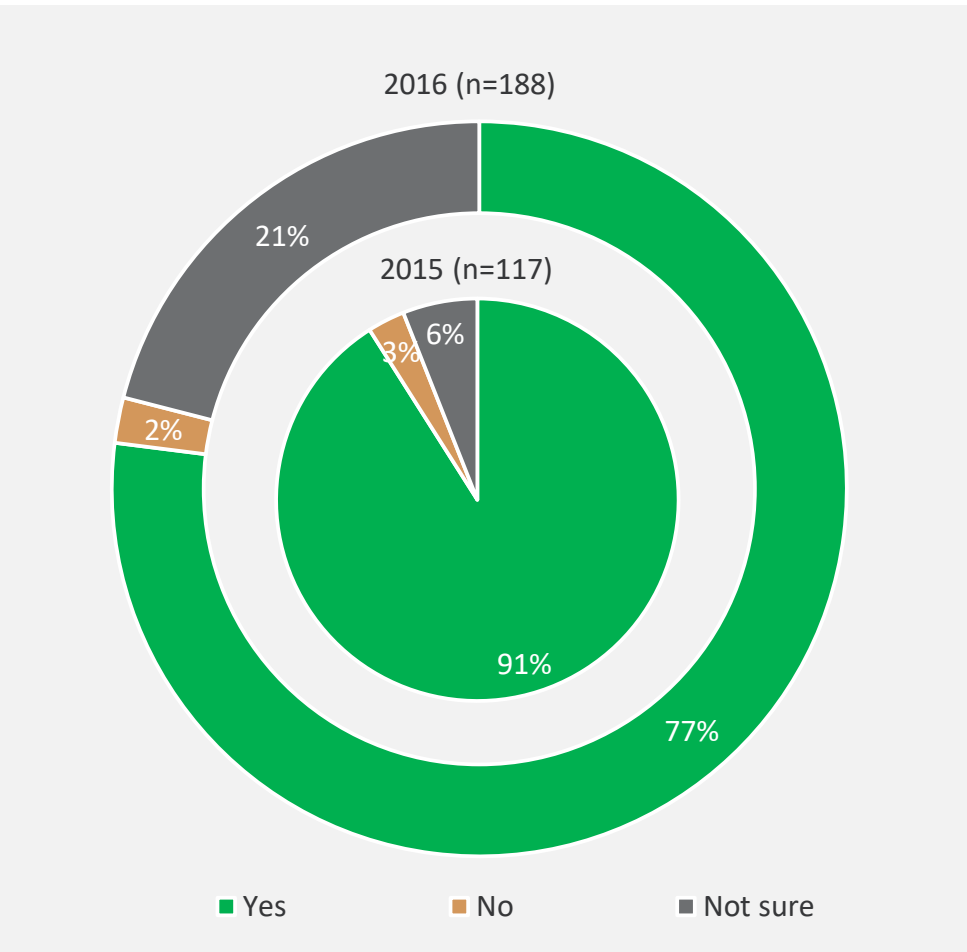
Q. Has the AHSN achieved more or less than you expected in the last 12 months?



- Much more
- Somewhat more
- About what was expected
- Somewhat less
- Much less
- Not sure



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



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:

Private company

Theme: Commercial

“Commercial development of new innovations”

“Commissioning and procurement support”

“Helping with route to market to NHS”

Higher Education Institute

Theme: Innovation and promotion

“Innovation - identification, adoption and spread”

“Improving patient safety”

“Promoting patient leadership”

CCGs

Theme: Support and STP transition

“Supporting STP leadership to develop collaborative style (and move away from an institutional focus)”

“A role in supporting delivery of STP”

YouGov

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:

Health or social care providers

Theme: Best practice and collaboration

“identifying innovations and best practice including patient safety initiatives”

“Facilitating collaboration across the region and the rest of the UK”

“Sharing networks and communications”

Theme: Patient safety

“identifying innovations and best practice including patient safety initiatives”

“Patient safety projects”

AHSN specific questions



Q. How would you like to see West of England AHSN support work on innovation, improvement and the use of evidence over the next five years? (1)

- Align with STP; enable adoption of learning from Vanguard sites
- Be more inclusive of innovative ideas and commercial partners.
- Better spread to clinicians on the ground and into Primary care
- Can you look at Demand Management. We are supposed to form GP practice into MCPs that 'risk share' and 'bend the demand curve'?! Many of us have taken to GP triage in a desperate attempt to manage demand only to find it is stoked further. All the noise about skype and email is likely to lower the threshold of every anxiety being shared with a GP. Navigators to re-direct patients seem to be the next idea but maybe like 111 it won't work either. Self Care resources on line are pretty fantastic now but societal anxiety just gets worse. This is the most pressing issue in GP. There is emerging evidence I think. Can you help put it together?
- Clinical audit
- Collaboration with Clinical Research Networks.
- continue supporting collaboration across boundaries
- Continue to co-ordinate and enable cross discussion between the research world, the commissioning world and the clinical coalface. To help in the development of novel clinical pathways and services.
- Continue to work and engage clinical leaders in specific areas to help bring about change
- Continued support and involvement
- Developing local shared guidance

Q. How would you like to see West of England AHSN support work on innovation, improvement and the use of evidence over the next five years? (2)

- Embedding of innovation to support QI across health priorities / Build effective tool kits to support adoption of innovation /
- facilitating collaboration
- Focus on cross-organisational pathway change, aligned to STPs
- Follow the same plan of trying to understand our priorities and challenges and helping us make a better use of our scarce resources.
- Get involved in programmes that align to this work. Be the leader in innovation and practice for the region and bring the NHS up to speed and collaborate more to avoid duplication and improve quality of life for people.
- Help to embed evidence-based approaches to care across STP footprints
- Increase citizen / patient / public involvement in innovation; help to accelerate innovation access to NHS market
- It is difficult to answer these questions when my knowledge of what AHSN provides support on is limited
- It is very difficult for innovators to find the real decision makers in NHS organisations and to get to them. AHSNs can help here. Evaluation is important.
- Maybe additional funding could be provided to support projects aiming to develop bespoke technology for specific areas of interest.
- More assessment of market readiness

Q. How would you like to see West of England AHSN support work on innovation, improvement and the use of evidence over the next five years? (3)

- More face to face engagement with academics perhaps?
- More spreading of best practice. Work on stopping doing things that are ineffective.
- Produce evidence
- review sustainability of new QIs - revisit / re-audit & lessons learnt
- See my previous comment re ring-fenced time for health professional project leads
- Spread of innovation and learning across STPs
- Supporting locally devised/driven innovations from the idea/research stage to the 'market'. Having a role or team who take on responsibility for supporting the post-research stage of IP development. The RDS help to design the research, the CRN help to deliver the research, currently no one really helps the implementation of the research findings. We support NIHR funded research, and I think the AHSN is well placed to maximise impact of these innovations, whether that be through a product, collaboration with commercial partners, or influence on clinical guidelines. The AHSN would be ideal to help as it covers several Universities, CCGs and Trusts - all of whom need this support.
- The strength seems to be in organising events that bring people/organisations together
- Through STP settings involving multi organisations. Developing the new models of care
- To align to organisation objectives and STP
- To help better integration of all interested parties to produce more effective and responsive health teams using best evidence and evaluation to help meet increased clinical demand and help manage clinical workload.
- Transparent steps on moving from academia (or development) into practice.
- Use the collaboration to start to standardise other paperwork- drug charts
- Wider influence across the system - many areas need improvement
- Work with organisations to prioritise, cluster, promote and share

Q. What do you value about the West of England AHSN that you'd like to see continue? (1)

- Accessibility and continued willingness to support member organisations
- Bright people with time to do things properly.
- Bringing groups of people together to create a movement for change
- Can do, positive attitude.
- collaborative workshops re subjects of regional importance
- Continue its support of culture of best practice and the value of critical appraisal of evidence. Continue to encourage innovation.
- facilitating collaboration
- Facilitating partnership and collaboration across the patch.
- Facilitation role
- Highly Respected organisation that has cross community engagement
- I really value the PPI in Practice meeting
- I think the development of a network of QI coaches has been very valuable and should continue. Not just training people how to do it but enabling the development of a network and sharing of ideas has been very useful.
- Identification of funding opportunities; promotion of funded regional challenges
- information to patients
- It works across organisations and improves communication and collaboration, has expertise in QI, is refreshingly innovative and forward thinking, and is intent on being agile.
- It's an organisation that believes in itself.
- It's 'can do' attitude and improvement work grounded in realistic foundations
- Its dynamic ability to be an agent for change. It's a 'can-do' organisation that welcomes challenges.
- Leadership to the local health economy
- Linkage with local NHS
- Model system leadership; collaborative working across health community
- Outreach and connectivity across all of England
- Patient safety and QI work
- Personal contact and hands-on help to deliver projects (additional skilled resource)

Q. What do you value about the West of England AHSN that you'd like to see continue? (2)

- PPI network and learning group
- Pretty much all the bits I have seen.
- QI / flexibility to respond to learning / speed of action and informed decision making to respond to need / health priorities supported
- Quality improvement work, patient safety collaborative
- resource to access expert support
- Responsiveness and access to personal support
- spreading of good practice.
- Support for patient safety
- support for technology
- The efficiency and helpfulness
- The event collaboration
- The level of collaboration, networking and support to the local community
- The partnership between citizens, academics and the NHS
- The people are highly talented and knowledgeable
- The staff are superbly supportive and accessible, our relationship with the enterprise team has improved substantially. I think we would all like to see a better, more rounded approach developed for quickly assessing our solutions and finding ways to do business with the NHS over a shorter timeframe. It would be interesting to have leadership development training and strategic support to help us make the right decisions when it comes to developing new health innovations
- The website and e-newsletters are helpful.
- Very collaborative and responsive
- Well established networks of contacts in a wide variety of organisations
- working with the West of England AHSN has been instrumental in the development of our not for profit organization's strategic plan which is based on the adoption of a quality improvement approach to wound care management and will hopefully serve to expand our portfolio into other regions with the aim of reducing harm, waste and variation in the prevention and treatment of wounds. Opportunities for further work to include education and training and research are welcomed.
- workshops

Q. West of England AHSN would value feedback from those who have knowledge of or involvement in the patient safety programme. What are your thoughts on our work to date? (1)

- Absolute commitment and passion to improve safety for patients has been inspiring
- Already engaged in a little of this work
- Aware this goes on, not sure of the volumes or the value of this programme just yet.
- No visibility of this programme.
- Enjoyed study day
- Excellent involvement of all parties / very good work to embed this across practice
- Excellent promoting true collaboration
- Excellent vision and we have started to see real changes
- falls appears to have stopped- it was poorly led- not enough knowledge or understanding on what people wanted
- Fantastic programme of works which continues to deliver brilliant changes for the benefits of the patients. A dedicated and professional team who deliver at all levels.
- Good but keep patients informed
- Good re NEWS (and sepsis)
- I have no personal dealings with this programme, so am unable to comment
- Involvement work is beginning to help the organisation become more visible
- Needs to produce audit tools and facilitate the publishing of the evidence from research.
- Patient safety is only just reaching primary care and the continued work of the inspiring team will make sure that this important area continues to grow in influence.

Q. West of England AHSN would value feedback from those who have knowledge of or involvement in the patient safety programme. What are your thoughts on our work to date? (2)

- Starting to deliver real changes that are likely to become embedded in practice
- Supportive
- The NEWS day last year was one of the most empowering events for me. As someone whose close relative died of sepsis, I was able to hear all that has been and is going on to increase the life chances for a deteriorating patient. My story was listened to and I was able to contribute in a 'think-tank' setting. I know that WEAHSN does much more than this, but it is an indicator of how much impact it has. I am now seeing service developments we discussed being introduced. and within a year.
- The strands of work on managing the deteriorating patient is fantastic, with progressive development over the months.
- The work has been very good up to date
- Very good re sepsis and news implementation
- Very patient focused. High quality staff and teaching. Very good web resources.
- Vital work in which I am involved and which requires more time and effort than I can commit. Really valuable to enable organisations to work across the health community and take a long term view to improve patient safety. More to do to get this embedded in practice although some really good progress made.
- We are making a real change across the system-something that has not been done before in this region, linking with research and innovation
- Would find it beneficial if AHSN were involved with health organisations sign up to safety work within the local communities.