

WEST OF ENGLAND  
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](http://www.ahsnnetwork.com/ahsn-network-stakeholder-research).

This report summarises stakeholder feedback and themes specifically related to West of England (WoE) AHSN.

## KEY TAKEAWAYS

- 1 West of England AHSN is well regarded for its **engagement** with stakeholders and support in a variety of diverse projects.
- 2 West of England AHSN often **instigates communication with stakeholders**, which they feel generates an effective and efficient working partnership.
- 3 Stakeholders suggest **raising the profile** of WoE AHSN to encourage more potential partners to take advantage of this AHSN's support and expertise.

## OVERVIEW

WoE AHSN is predominantly viewed in a **very positive light**, with most stakeholders interviewed highlighting the collaborative nature of their working relationship. Across the various stakeholder groups interviewed, a **strong partnership** with WoE AHSN has been reported in virtue of their expertise and willingness to collaborate and offer support in a way that would best help the individual stakeholder. Mirroring the national picture, the central challenge to WoE AHSN, according to stakeholders, is uncertainty due to **scarcity of future funding**. Continuing to **increase their visibility** and publicly documenting the positive **impact** they have on population health outcomes is therefore considered to be important going forward.

## WHO WE SPOKE TO

Nine stakeholder groups were identified, and across these, 503 stakeholders identified by WoE AHSN were invited to take part; 87 completed the online survey from 21<sup>st</sup> August to 16<sup>th</sup>

September 2019. This represents a response rate of 17%. In addition to the online surveys, Savanta ComRes conducted follow-up interviews with 9 between 9<sup>th</sup> September and 13<sup>th</sup> November 2019, 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 the availability of stakeholders and the feasibility of bookings.

Type	# SURVEYED	% SURVEYED	# INTERVIEWED
Health or social care provider	37	43% (+6)	2
Research body or university	15	17%	1
Private company or industry body	12	14%	2
National government, agency or Arms Length Body (ALB)	5	6%	–
Voluntary and Community Sector (VCS)	5	6%	–
NHS Clinical Commissioning Group (CCG)	4	5% (+7)	–
Individual patient or member of the public	4	5%	2
Local government or Local Enterprise Partnership (LEP)	3	3%	1
Patients group or public group	2	2%	1
<b>Total</b>	<b>87</b>	<b>100%</b>	<b>9</b>

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 West of England AHSN (n=87).*  
 Percentage point difference to the average survey response rate where difference is more than 5 (n=1,155)

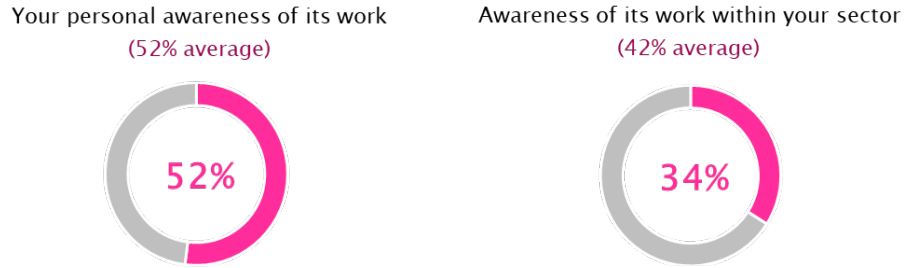
## INTERPRETING THE RESULTS

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 discussed in this section of the report are based on an aggregated analysis of discussions with participating West of England AHSN 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 CCGs, VCSs or national government, agency or ALB stakeholders.** Recommendations discussed are based on answering and are not tailored to specific types of stakeholders.

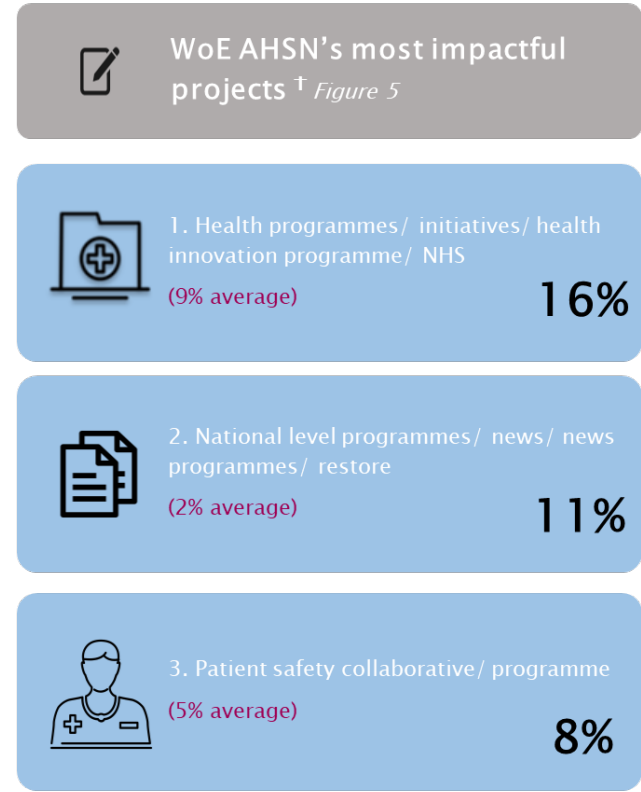
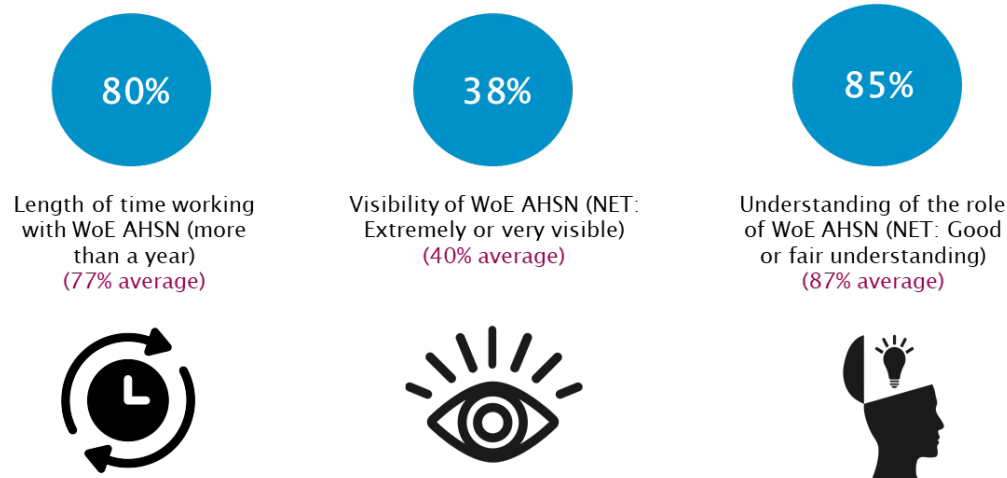
Each local AHSN report has been reviewed by a representative at the AHSN to verify the accuracy of insights and interpretations presented in each report. Savanta ComRes held **30-minute calls** with the representative to collect and incorporate such feedback. AHSNs only saw the findings in the report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

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



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

### Knowledge and Visibility *Figure 2*



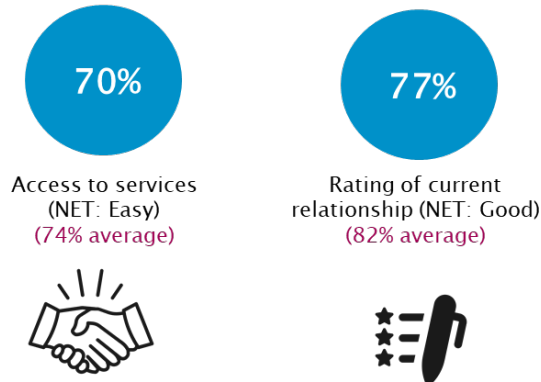
† Open text box question

**Figure 1** – Q. Overall, thinking about West of England AHSN’s work, how would you describe...? Base: West of England AHSN stakeholders (n=87)

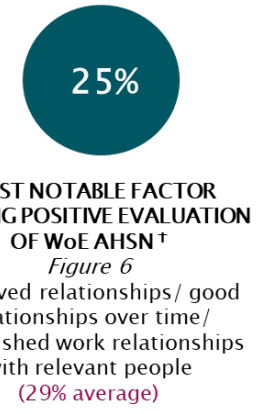
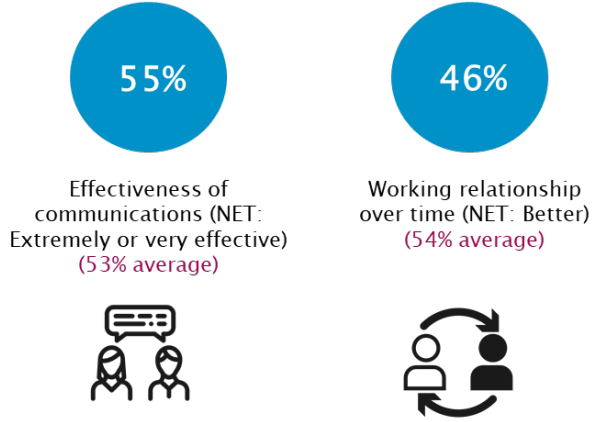
**Figure 2** – Q. And approximately how long have you worked with West of England AHSN? Q. Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of West of England AHSN in its local area? Q. How would you rate your understanding of the role of West of England AHSN? Base: West of England AHSN stakeholders (n=87)

**Figure 5** – Q. Which West of England AHSN 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: West of England AHSN stakeholders (n=87)

**Working with WoE AHSN** *Figure 3*



**Communication with WoE AHSN** *Figure 4*



<sup>†</sup> Open text box question



**Figure 3** – Q. Overall, how easy did you find it to access West of England AHSN services? Q. Overall, how would you rate your working relationship with West of England AHSN? How did you first find out about West of England AHSN? Base: West of England AHSN stakeholders (n=87)

**Figure 4** – Q. Thinking back over the period of time you have been working with West of England AHSN, would you say your working relationship has gotten better, worse, or is about the same? Q. Which, if any, of the following ways does West of England AHSN currently communicate with you? Q. How would you rate the effectiveness of West of England AHSN’s communications? Base: West of England AHSN stakeholders (n=87)

**5** **Figure 6** – Q. You indicated that you have a good working relationship with West of England AHSN 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: West of England AHSN stakeholders who say this (n=72)

**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: West of England AHSN stakeholders (n=87)

# AREAS OF STRENGTH AND GOOD PRACTICE

## ESTABLISHING POSITIVE RELATIONSHIPS WITH CURRENT STAKEHOLDERS

For the most part WoE AHSN seems to be keeping its stakeholders satisfied by ensuring they are well-informed with the latest information, supporting in any way they can. Various examples of this are provided by interviewees where the AHSN has gone above and beyond to personalise its response to their individual needs. Additionally, a few different stakeholders who have been interviewed point out WoE AHSN's proactive approach to communication; being the first to reach out with current, topical information. As a result, stakeholders report an accelerated rate of progression with their innovations and projects, successfully achieving their objectives in virtue of their partnership with WoE AHSN.

*"There's a couple of times where they've really hit the nail on the head where they've specifically said we think this would be something that could help you, and they've been right. They do a very good job."*

Private company or industry body

*"They're open minded, they're progressive, they're just a real, safe pair of hands, and they've got quite a relaxed, pragmatic attitude to getting things done and moving projects forward [...] They've just been really supportive and very understanding of the way I want to run my business."*

Private company or industry body

*"They respond to needs. That isn't just always being responsive, they can foresee [problems] and act proactively to head things off at the pass."*

Individual patient or public group

Three in four (77%) WoE AHSN stakeholders report having a good working relationship with their AHSN in the online survey, reinforcing the positive relationships described in interviews. In addition, a particularly high proportion stakeholders surveyed who have a good relationship with WoE AHSN or whose relationship has gotten better say this is because WoE AHSN has effective and responsive communication; 17% vs. 11% nationally across all AHSNs.

## EXPERTISE TO BRIDGE THE GAP IN KNOWLEDGE

WoE AHSN's broad favourability among stakeholders is also in part due to their perception of it as a source of knowledge in areas where they themselves lack that expertise. This is particularly useful among private company or industry body stakeholders who describe wanting to enter the healthcare sphere but having no knowledge of how to market their product inside the NHS without the support of the AHSN.

*“If you're going to bridge the gap between the community and the academic world and healthcare world, then you need to be very open and very responsive to that. That's the first thing I would say, they were **genuinely interested** in the work I was doing and **genuinely able to support** me to understand what I need to know.”*

Private company or industry body

### VALUABLE RESOURCE THAT HAS A DEMONSTRABLE IMPACT

WoE AHSN is regarded by stakeholders as a useful and valuable resource. Many of those interviewed describe its capability to connect stakeholders to relevant people and information and practical tools and materials for training, such as video clips and paperwork, to help standardise products, as one health or social care provider reports. These resources benefit stakeholders in a variety of ways, from increasing productivity of new innovations to updating training materials. A few descriptions are given of the crucial role the AHSN has played in improving health outcomes for the population.

*“We offer grant awards to SMEs to help them to grow and innovate new products to the market. We also offer as part of that a **business support framework**, so the AHSNs have been running as part of that hub, something they call the **Health Innovation Program**, or HIP [...] So, we've granted half a dozen or so new products, which start off locally, but some of those will go on to actually sell to the wider NHS, and indeed other customers.”*

LEP

*“When I've gone to them recently for the **HTAP scheme**, I said, ‘I know that this technology we've got will be useful in mainstream classrooms as well as ELT’, they were totally open to that, and [name of AHSN contact] **advised me on business plans** across all three of those sectors which I think is brilliant, you can't ask for more really.”*

Private company or industry body

*“They do provide quite a lot of tools and access to material and resources. If you want to put on training you can ask them for, you know, video clips, paperwork, and things like that. That's very useful because that helps to get product standardised. So, whatever type of provider you are, you don't go off and do your own thing.”*

Health or social care provider

## POINTS FOR WOE AHSN TO CONSIDER

### VISIBILITY

Limited visibility across various stakeholder groups was a common theme throughout discussions with WoE AHSN stakeholders. Perceived visibility of WoE AHSN is generally low,

with some stakeholders saying that this can be a barrier to engagement between other potential partners and the AHSN.

*“If you mention to other primary practices the AHSN, it doesn’t appear that people know much about them [...] There may be more public information about their role but it’s a problem for all these sorts of organisations, there are so many of them and people glaze over.”*

**Individual patient or public group**

*“I would just say more publicity, get out there and tell people that you’re there and exist and what you do. I found it by accident, whereas, if I’d have been aware at an earlier stage, it’d probably been an even earlier engagement.”*

**LEP**

This is supported by evidence from the online survey where a quarter (24%) of stakeholders rate WoE AHSN as ‘slightly or not at all visible’ in its local area. The national average is 19%, which shows a 5–percentage point difference. To add to this, WoE AHSN stakeholders have little awareness of the AHSN in their sector, particularly in comparison to the national average (34% vs. 42% respectively).

### **PROVIDING CONTINUOUSLY RELEVANT SUPPORT TO PATIENTS**

Both health or social care providers interviewed hold positive opinions of West of England AHSN, as evidenced in the earlier mentions of successful training and resources provided. When asked about ways to have more of an impact, they highlight it is important for West of England AHSN to stay abreast of, and contribute to, work that is relevant to patients and their evolving needs. They provide various suggestions for this, including more support to initiatives that help keep patients at home and continued supply of unique resources that are not provided by the NHS.

*“Our patients are fluid and there has to be fluidity alongside that, [West of England AHSN’s] continuous input, continuous support, and access to resources [is] quite important because, in the NHS it can be very limited in relation to the access to the resources and they help us with that a lot. So for that to continue for us would be really important.”*

**Health or social care provider**

*“Having programmes of work that can keep patients at home that are relevant across the patient pathway.”*

**Health or social care provider**



# CHALLENGES AND OPPORTUNITIES AHEAD

## ENSURING THE BALANCE OF DEMAND AND RESOURCE ARE MET

Mirroring the national sentiment, a few WoE AHSN stakeholders mention in interviews that balancing demand with resources and funding is likely to be a challenge. These stakeholders also correspondingly suggest WoE AHSN is a worthwhile investment of public spending; it fills a gap in the market to benefit society and makes good use of public money.

*“I think probably some of the biggest challenges they will face will be around availability and access to resources that is going to be about funding and that’s going to be about their connection to the NHS, their connection to various trusts, their connection to the people that work within those trusts and a lot of that is going to be dictated basically by governments.”*

Health or social care provider

*“I very much hope that we’ll continue to work collaboratively together on new projects and secure other sources of funding and do other interesting things in our area. I’d like to think [WoE] AHSN feel the same way.”*

LEP

## IDENTIFY INNOVATION AREAS THAT ARE CURRENTLY UNDERUTILISED

An opportunity identified by stakeholders interviewed is potential innovation that could arise if WoE AHSN focuses on areas currently under-researched, such as mental health, and even looking into areas that are not directly related to healthcare but may benefit patient population health if applied to areas within the NHS. They suggest this would require a flexible outlook on what will be worth investing time in.

*“So MOD is funding research into how we improve our practices of healthcare on the fields of battle to try and make sure we’re not just saving the veteran’s life, but that they’re also going to enjoy a better quality of life when they come out of the army [...] That’s just one example where I see the potential for the AHSNs to actually branch out and broaden horizons into other sectors of the economy which also have a direct relationship with healthcare.”*

LEP

*“Oh, there are massive opportunities in catering to account [for] the changes that have been made when we look at the patient safety planning going forward, particularly mental health, the five-year forward plan and the ten-year forward plan. There’s so many opportunities, there’s so much more that they can get involved in.”*

Health or social care provider

## SUMMARY OF POINTS FOR THE AHSN TO CONSIDER

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

- ✓ Expand its visibility locally by **increasing amount of publicity** to encourage further networking with local providers, academics, businesses and other stakeholders WoE AHSN may not have previously considered.
- ✓ Consider variation in how the AHSN approaches **primary care practitioners, providers and community providers** and ways to support and promote this distinction.
- ✓ Consider **expanding partnerships** to underrepresented areas in health and social care, and areas outside of healthcare that have the potential to be applied with the NHS.