



2015 AHSN Stakeholder Survey

Submitted by:

Gavin Ellison

gavin.ellison@yougov.com

020 012 6008

Naomi Barber

naomi.barber@yougov.com

020 012 6211

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1 Management Summary

- 1.1.1 This report presents the aggregated national level findings from the first annual survey of Academic Health Science Network (AHSN) stakeholders. The survey was commissioned by NHS England to help AHSNs understand progress, highlight areas of good practice and identify areas for collective development.
- 1.1.2 The survey took place between 9th July and 7th August 2015 and gathered responses from 1,215 stakeholders across a wide range of sectors from universities to private industry, CCGs and health care providers to patients groups and the voluntary sector.
- 1.1.3 AHSNs work with a range of stakeholders groups, each with potentially different views and understanding about the role and purpose of AHSNs. The largest groups of respondents were Health and Social Care Providers (26%) and Private Industry (22%) and therefore the overall results reflect their experience more heavily. The results need to be considered in context, recognising that the views collected reflect a range of organisations with differing priorities and support requirements. In addition, it is important to remember that respondents to the survey will have varying levels of involvement in, and understanding of, the full range of AHSN activities.
- 1.1.4 Despite this diversity nearly three quarters (73%) would recommend working with an AHSN to others, with the majority of others (18%) unsure at the time of answering. Seven out of ten stakeholders describe their working relationship with AHSNs as 'good (35%) or very good (35%)'. Those that identify themselves as having a 'good understanding' of the role of AHSNs report a significantly stronger working relationship (88%). Again the direction of travel is positive with 55% believing that their working relationship has improved in the last 12 months.
- 1.1.5 Observed against the AHSNs' four key objectives, their work on 'building a culture of partnership and collaboration' and 'focusing on the needs of patients' stand out as being effective for 65% and 60% of those surveyed respectively. There is more uncertainty than disagreement as to whether or not AHSNs create wealth (38% are 'not sure' and 21% answer they are 'neither effective nor ineffective'). This uncertainty may indicate a lack of understanding of what the term 'creating wealth' means.

1.1.6 However at this early stage, the direction of travel in terms of understanding AHSNs is positive. Nearly two-thirds (64%) feel that the role of the AHSNs has become clearer in the last 12 months. Patients groups, government bodies and private industry were the most likely to feel that AHSNs role had become clearer.

1.1.7 The headline findings are presented under the following four headings:

Awareness, understanding and the working relationship

1.1.8 Eighty-three percent of stakeholders feel that they have a 'fair' or 'good' understanding of the role of AHSNs. Only two percent say they have no understanding and 14% 'a little.' Those with the strongest perceived understanding are Government / Arms-Length Bodies (ALB), Higher Education Institutes (HEIs) and private industry, whilst Voluntary & Community Sector (VCS), patients groups and Clinical Commissioning Groups (CCGs) have lower levels of understanding.

1.1.9 For nearly two-thirds of stakeholders (64%) the role of AHSNs has become clearer in the last 12 months. This particularly the case for patient groups, government / ALBs and private industry.

1.1.10 Seventy percent state that they have a 'good working relationship' with their AHSN, ranging from a high of 83% of government / ALBs to a low of 63% of CCGs.

1.1.11 AHSNs work on patient safety and medicines optimisation feature strongly when stakeholders are asked to identify programmes or initiatives.

Leadership, staffing and priorities

1.1.12 The vast majority (78%) acknowledge the helpfulness of AHSN staff and 71% agree that they are knowledgeable. Sixty-seven percent feel that they have 'clear and visible leadership', a perception that ranges from 84% among government / ALBs to 60% of CCGs and VCS.

1.1.13 Around three-fifths have confidence that AHSNs will deliver their plans and priorities (58%) and 60% that their priorities are aligned to local priorities.

Engagement and communication

- 1.1.14 Again about three-fifths feel involved in the AHSN and that their views have been listened to. This drops slightly to 52% who feel that the AHSN have engaged effectively on plans and priorities. The latter viewpoint ranging from a high of 67% (patients groups) and 66% (government / ALBs) to a lower end of 43% (VCS) and 45% (private industry).
- 1.1.15 The greatest value delivered so far has been in work such as 'facilitating collaboration' (84%), 'patient safety' (82%) and the 'identification, adoption and spread of innovation' (79%), and 'providing leadership to the local health economy (74%)'¹. There is less association between AHSNs and 'commercial development' (68%) and 'commissioning support' (63%) at this stage, although AHSN support in those areas is regarded as valuable by the majority of respondents.
- 1.1.16 Different stakeholders focus on different themes with, for example, 85% of health or social care providers rating the support received on patient safety as valuable, whilst the work on commercial development has been valuable for 73% of both HEIs and private industry. Eighty six percent of government / ALBs have appreciated AHSNs work to 'facilitate collaboration'.

Effectiveness and recommendation

- 1.1.17 Around two-thirds rate AHSNs as 'good' in regards to their knowledge of the local landscape and a similar proportion rate their accessibility, responsiveness and quality of advice.
- 1.1.18 Over half (55%) feel that AHSNs have helped their organisation to achieve its objectives in the last 12 months. Most likely to agree are government / ALBs (62%), HEIs (61%) and private industry (59%), less likely are CCGs (44%), local government (46%) and the VCS (50%).
- 1.1.19 Nearly three-quarters (73%) would recommend involvement in / working with the AHSN with 93% of government / ALBs agreeing compared to 67% of CCGs and health or social care providers.

¹ These figures exclude those stakeholders that believe those objectives are not applicable to their organisation.

1.1.20 Stakeholders would like AHSNs to keep working on the innovations agenda in particular and also continue to network effectively, so supporting collaboration. The most requested activities for them to do in the next 12 months were to raise their profile, become more visible and engage more with industry, partners and existing members.

2 Background and Method

2.1 Method

- 2.1.1 This report presents the findings from an online survey with AHSN stakeholders. Each of the 15 AHSNs had a bespoke online survey with stakeholders asked to provide feedback about the specific AHSN. A national level survey was also created for participants to comment about the network as a whole.
- 2.1.2 Some of the stakeholders were pre-identified by the AHSNs forming a targeted list of 2,019 potential respondents from nine categories. In addition, individuals who were not pre-identified as stakeholders were also given the chance to comment on the AHSNs of their choosing via open links posted on websites and disseminated by the AHSNs, NHS England and other stakeholders.
- 2.1.3 The survey was live between 9th July and 7th August 2015.

2.2 Response breakdown

- 2.2.1 In total 1,215 responses were received to the survey. Of those 115 were national level responses, 419 came through the targeted list and 681 through the open link. As the open link survey was also publicised widely it is likely that a number of open link responses would have been completed by stakeholders on the targeted lists.
- 2.2.2 The table below shows the breakdown by responses across the AHSNs and in terms of their background categorisation.

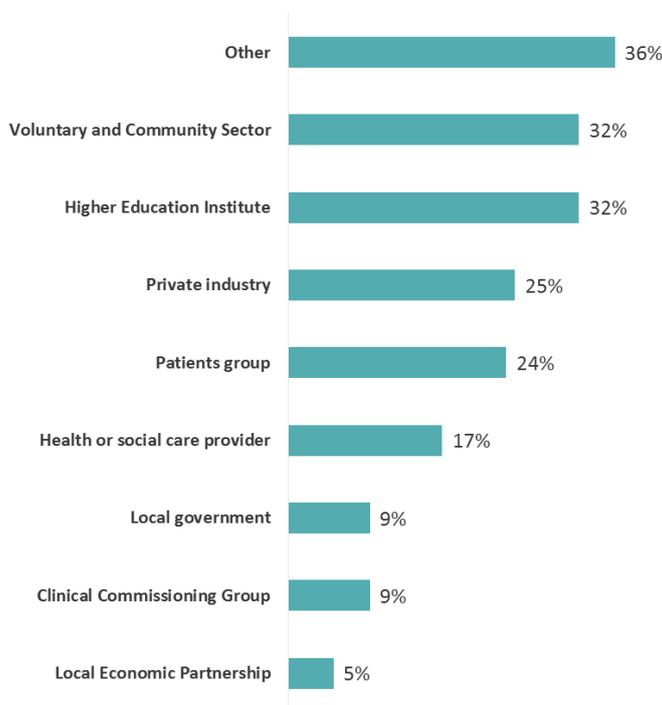
Figure 1: Response breakdown

		Number
Type	National	115
	UCL Partners	56
	Imperial College Health Partners	69
	HIN South London	35
	Kent, Surrey, Sussex	75
	South West	45
	Wessex	69
	Oxford	58

		Number
	Greater Manchester	49
	East Midlands	84
	West Midlands	65
	West of England	125
	Yorkshire & Humber	89
	Eastern	51
	North West Coast	166
	North East and North Cumbria	64
Stakeholder category	Clinical Commissioning Group (CCG)	136
	Health or social care provider	318
	Higher Education Institute (HEIs)	147
	Local Economic Partnership (LEP)	7
	Local government	41
	Patients group	60
	Private industry	265
	Voluntary and Community Sector (VCS)	48
	Strategic Clinical Network (SCN)	20
	Government / ALB	65
	Commissioning Support Unit (CSU)	9
	Other	97
Method	Targeted survey link	419
	National survey version	115
	Open link version	681

2.2.3 Because it likely that a) some pre-identified stakeholders would have completed the open link and b) the definitive total of all stakeholders is unknown; a true response rate is not possible to derive but by examining the unique link responses against the targeted sample list of 2,019 we can create an indicative response rate per category.

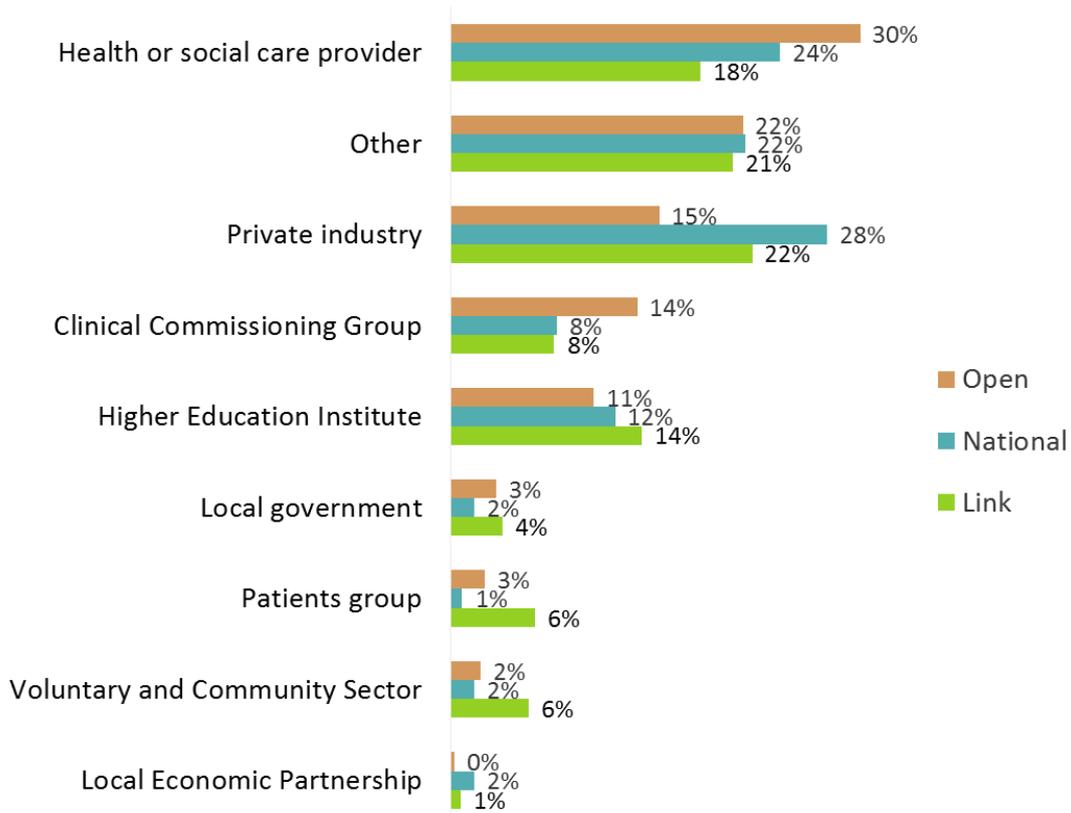
Figure 2: Indicative response rate by category



Base: all targeted link responses (n=417)

- 2.2.4 Further analysis of the pre-defined ‘other’ category placed many into a new category of ‘government / arms-length bodies (ALB)’ and others were later grouped into Strategic Clinical Networks (SCN) and Commissioning Support Units (CSUs).
- 2.2.5 The indicative response rates are useful in judging the relevance of the survey to the different types of organisation and the selection of the best placed individuals to answer the survey in each case. There is a case for examining both of the above for CCGs, local government and LEPs.
- 2.2.6 Many from CCGs were later picked up in the open link version of the survey (Figure 3) which was also a useful method for ‘health or social care providers.’ The national level link was taken up strongly by stakeholders from private industry and ‘health or social care providers.’ The open link method did not compensate for a lack of survey engagement on the part of LEPs or local government though.

Figure 3: Responses by method



Base: Open (n=681); Link (417); National (n=115).

2.2.7 Please note that some of the percentages in this report might not add to 100 because of rounding. This is particularly the case when adding together two percentages to recreate a net figure.

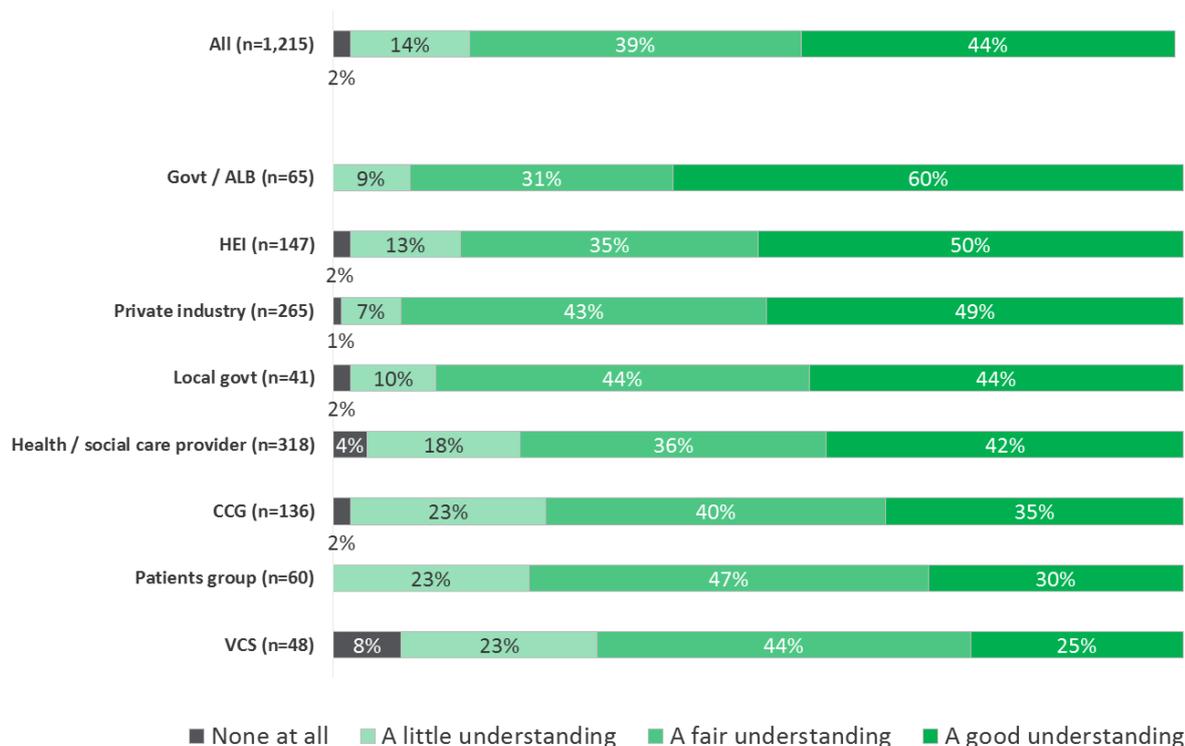
3 Awareness, understanding and the working relationship

3.1 Understanding AHSNs

3.1.1 Forty-four percent of stakeholders felt they have a ‘good understanding’ of the role of AHSNs and a further 39% rated their understanding as ‘fair.’ Fourteen percent felt that they only had a ‘little’ and two percent no understanding.

3.1.2 Those in government, HEIs and private industry are more likely to rate their understanding highly than the VCS and patients groups for example.

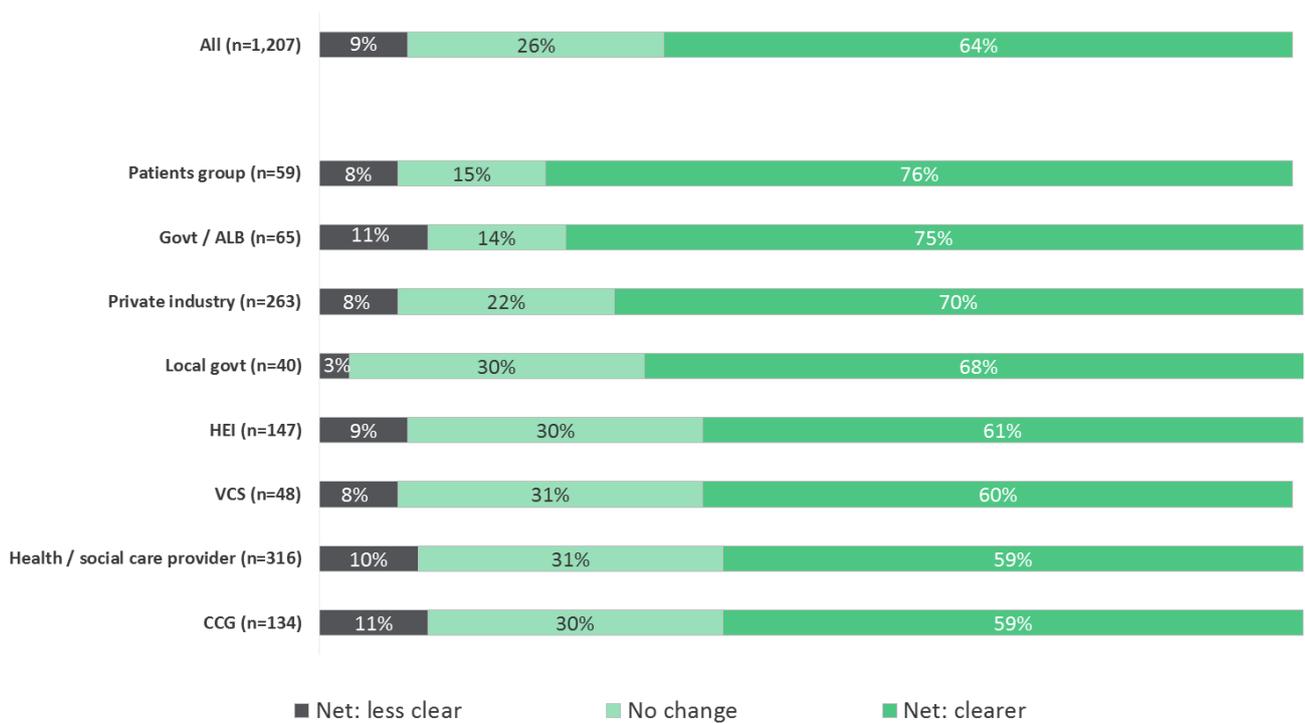
Figure 4: To what extent do you feel you understand the role of the AHSNs?



Base: all, as shown in ()

3.1.3 The direction of travel in terms of understanding is positive. Nearly two-thirds (64%) feel that the role of the AHSNs has become clearer in the last 12 months. One in ten (nine percent) felt that it has become less clear. Patients groups, government bodies and private industry were the most likely to feel that AHSNs role had become clearer. Given the lower levels of understanding among patients groups, the change over time trend is particularly welcome.

Figure 5: And thinking about the past 12 months, to what extent has the role of the AHSNs become more or less clear?



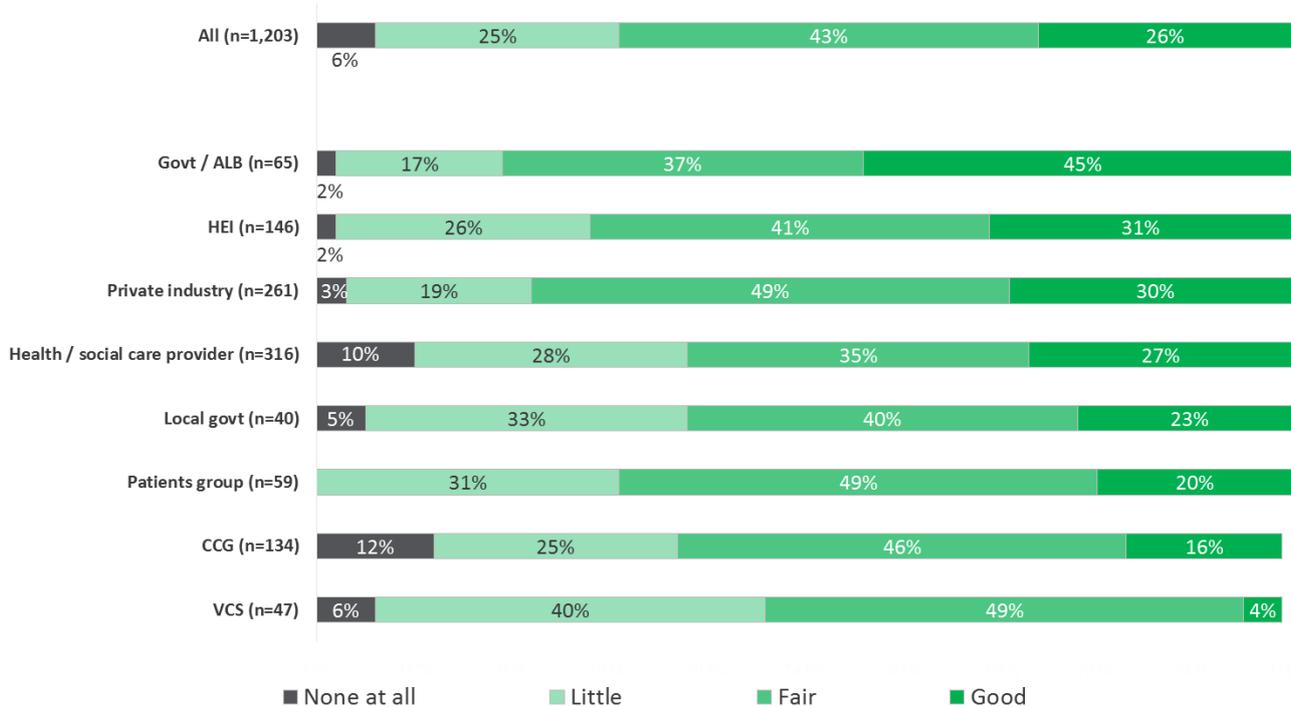
Base: all, as shown in ()

3.1.4 A quarter of stakeholders (26%) feel that they have a ‘good understanding’ of the AHSNs plans and priorities. Forty-three percent rate it as a ‘fair understanding,’ but nearly a third indicate that they have ‘little’ (25%) or no understanding (6%).

As with their assessment of the AHSNs role, government, HEIs and private industry feel they have the highest levels of understanding (

3.1.5 Figure 6). VCS, CCGs and patient groups have lower levels of understanding.

Figure 6: To what extent, if at all, do you understand the AHSNs plans and priorities?



Base: all, as shown in ()

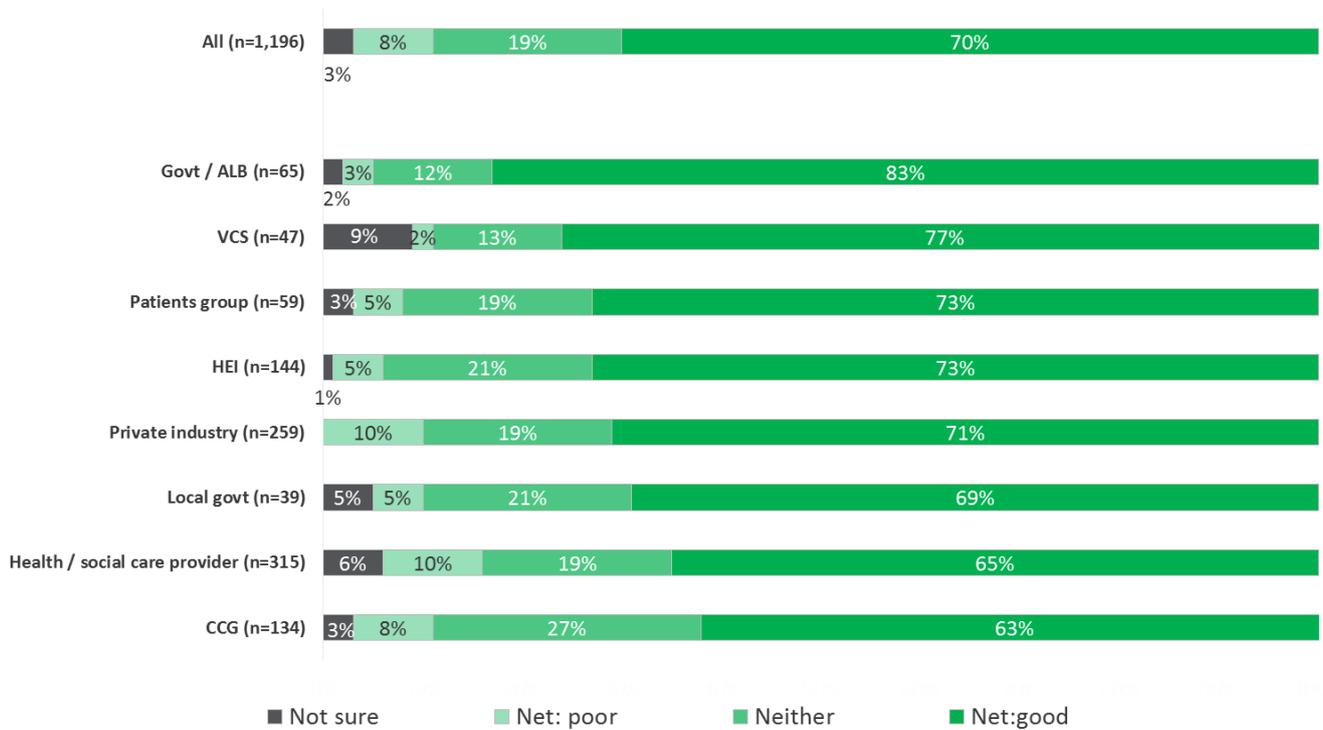
3.2 Working relationship

Seven out of ten stakeholders describe their working relationship with AHSNs as good (35%) or very good (35%). Nineteen percent were neutral and a minority of eight percent felt that it was poor or very poor. Some stakeholders are uncertain how to rate the relationship which may reflect their current proximity to the AHSN. For example, nine percent of VCS organisations are not sure and over a quarter of CCGs (27%) are neutral. The most positive are those in government / ALBs, VCS, patients groups and private industry (

3.2.1 Figure 7).

3.2.2 Those responding corporately on behalf of their organisation are significantly more positive (78%) than individuals (66%). Those with a 'good understanding' of the role of AHSNs tend to report a significantly stronger working relationship (88%) and if restricted to only those stakeholders with a 'good', 'fair' or 'a little' understanding then 72% feel they have a good working relationship.

Figure 7: Overall, how would you rate your working relationship with your AHSN?

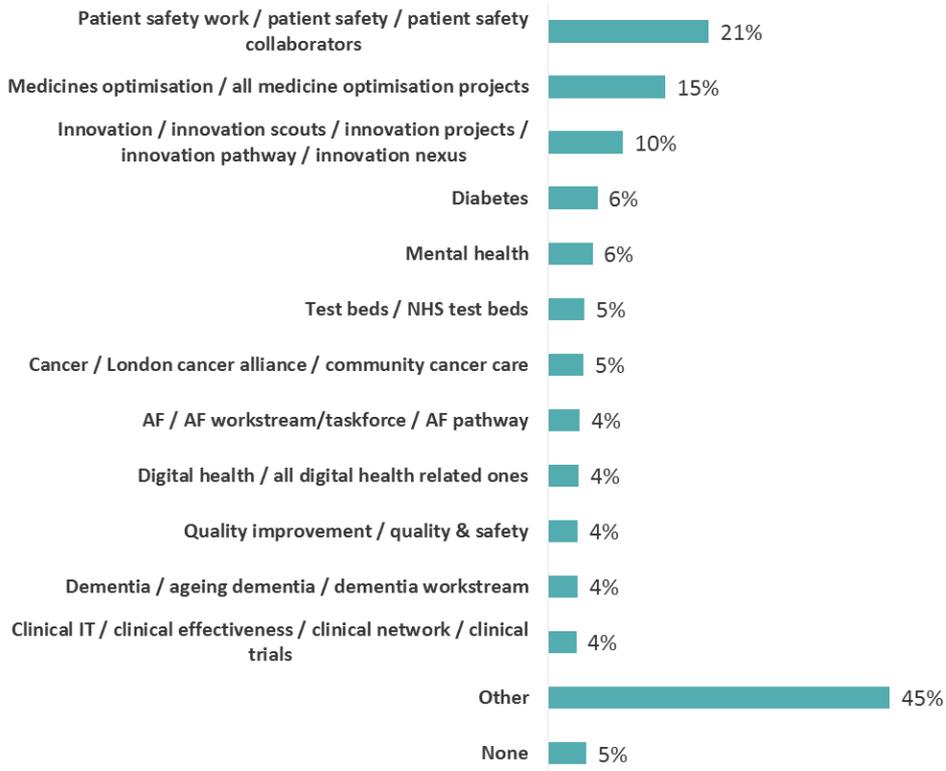


Base: all, as shown in ()

3.2.3 Again the direction of travel is positive with 55% believing that their working relationship has improved in the last 12 months and just seven percent seeing a worsening. Government / ALBs (68%) and local government (62%) sectors report the most positive levels of change over time.

3.2.4 Seventy percent of those with a 'good' working relationship feel that it has got better over the last 12 months. Of those who have a 'poor' working relationship, seven percent feel that there has been positive movement but 48% state that it has got worse in the last year.

Figure 9: Which AHSN initiatives or programmes are you aware of? (2)



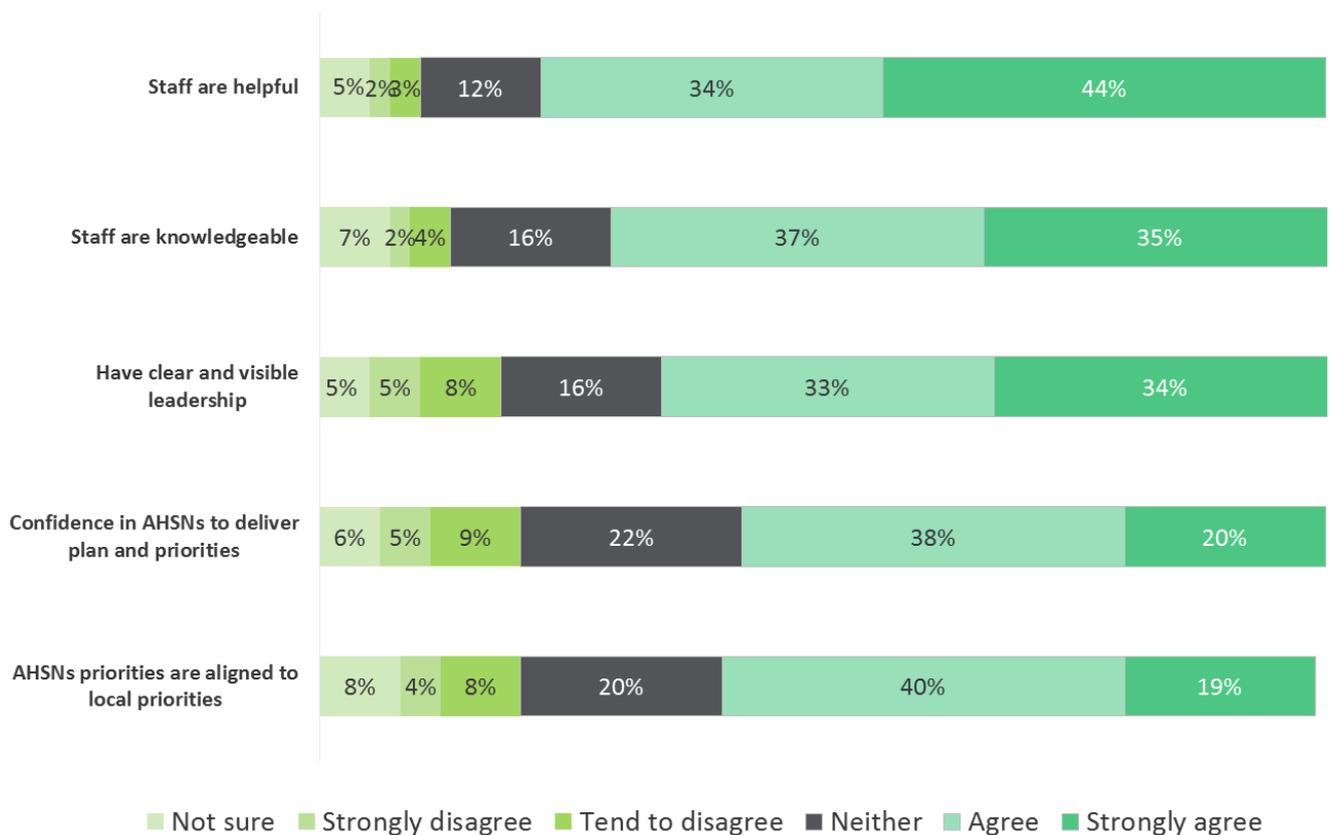
Base: displayed as a percentage of those leaving a comment and only those 4% or above are shown (651)

4 Leadership, staffing and priorities

4.1 Assessment of leadership, staff and priorities

4.1.1 Many stakeholders agree that AHSN staff demonstrate knowledge and are helpful, but are less certain about the delivery and alignment of plans and priorities to the local situation.

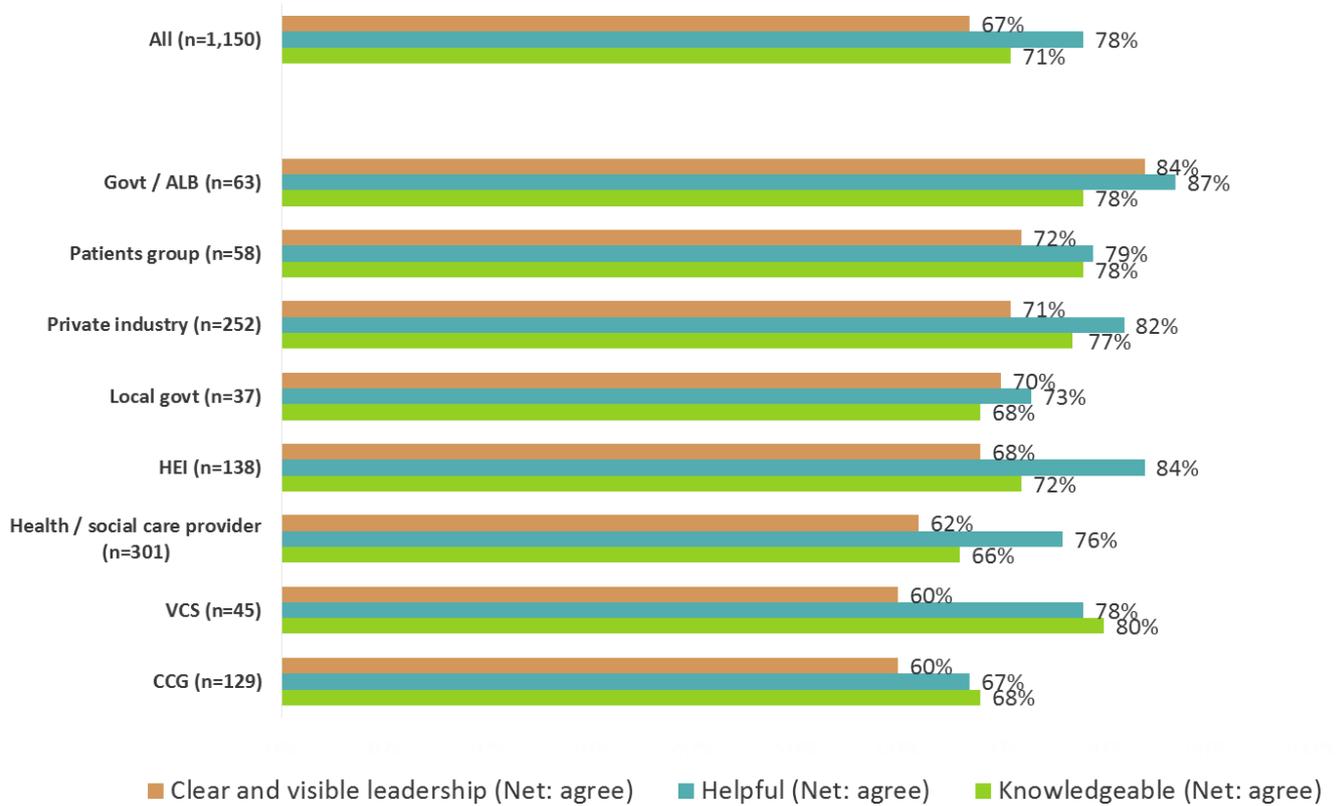
Figure 10: To what extent do you agree or disagree with the following?



Base: all (1,150)

4.1.2 Government / ALBs, patients groups and private industry tend to be most positive about helpfulness, leadership and knowledge. Ratings are lower from health / social care providers and CCGs (Figure 11).

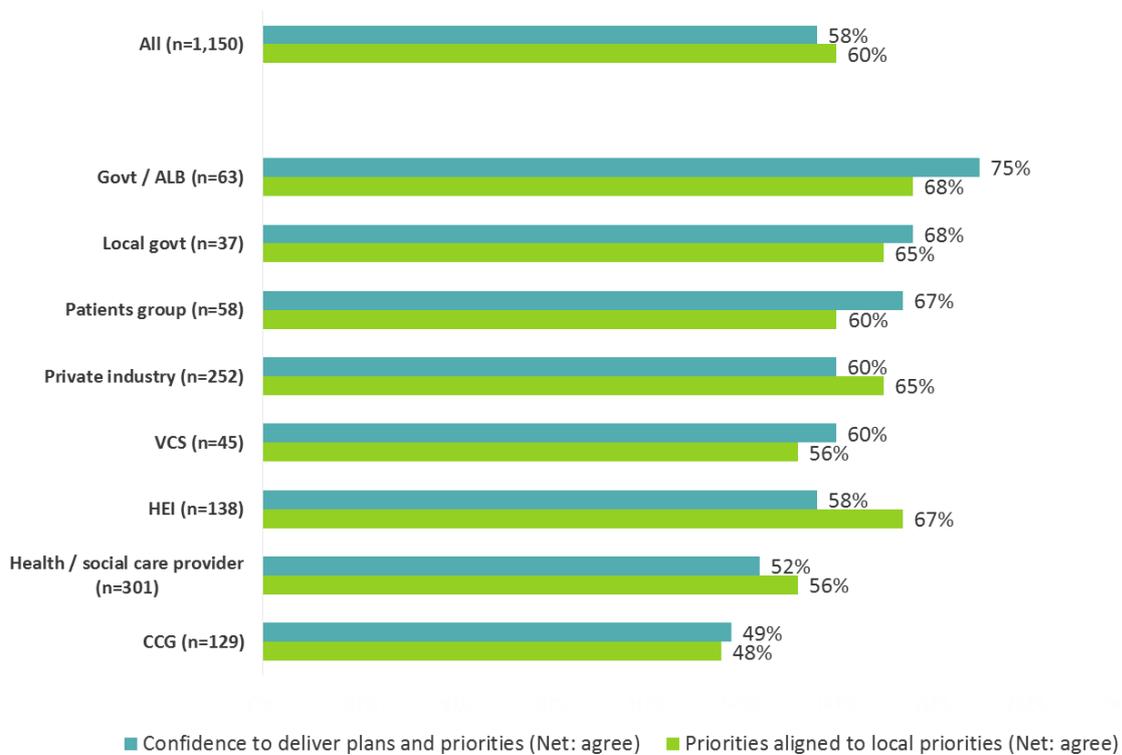
Figure 11: To what extent do you agree or disagree with the following? (net: agree)



Base: all, as shown in ()

4.1.3 It is notable that ratings of helpfulness are stronger among HEIs, VCS and health or social care providers. Government / ALBs strongly recognise the presence of clear and visible leadership (84%), less so 62% of health or social care providers and 60% for both CCGs and VCS. In general, confidence that plans and priorities can be delivered and that those priorities are aligned with local priorities is slightly lower (Figure 12). Seventy-five percent of Government / ALBs have confidence in delivery and 68% are sure that priorities are aligned locally.

Figure 12: To what extent do you agree or disagree with the following? (net: agree)



Base: all, as shown in ()

- 4.1.5 Confidence to deliver is more diverse across the stakeholder groups than alignment of priorities on which there greater consensus.
- 4.1.6 The vast majority of those leaving comments about AHSN leadership and priorities are positive in nature. Eighteen percent of the comments focused on ‘good leadership’ in the AHSNs. This equates to seven percent of all those surveyed. Many others wrote about their helpfulness and how they had been collaborative (Figure 13)

“Good leadership sound people, hard for them to deliver at pace on wide footprint with others looking like they have similar priority. They are working to simplify this.”

(CCG)

“They are a fantastic team. Professional, focused and delivery driven. The engagement is clear and the level of knowledge high.”

(HEI)

“I have recently had the pleasure of meeting and working closely with a small number of highly motivated and expert individuals within the AHSNs with whom we have engaged. I have found the national focus on AF and Stroke Prevention to be very valuable as all the AHSNs are working collaboratively towards one extremely important objective rather than all going off in different directions.”

(Private industry)

4.1.7 A few wrote about a lack of organisation or disunity, lack of alignment and (sometimes) competing priorities.

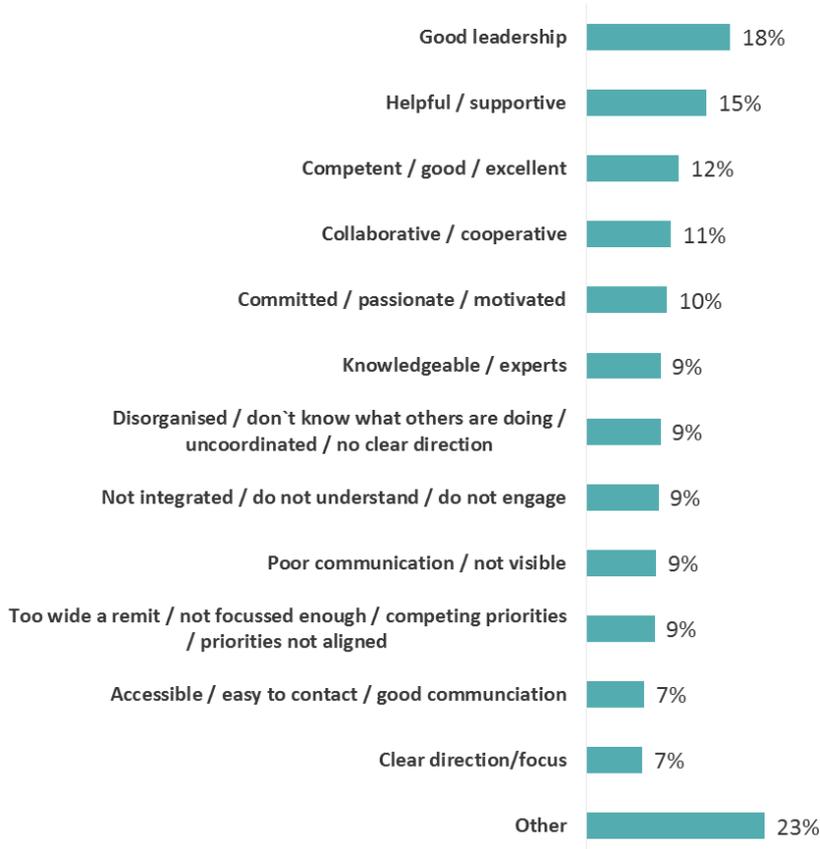
“I have concerns that the AHSN strategy seems to be influenced unduly as a result of NHS England pressure. I have concerns that the responsibility now for the AHSN to generate its own income and become 'sustainable' is deflecting them from their key priorities- adoption and spread of innovative products and services to benefit health and wealth. I am concerned that industry is still not encouraged to make enough contribution to strategy and programmes - there is much more focus (and resources dedicated) to 'health' rather than 'wealth’”

(Private industry)

“As usual with these networks the core staff try their best to be helpful and influential with a limited resource and with partner organisations that have a lot of major priorities to address.”

(Local Government)

Figure 13: If you have any comments about the AHSNs staff, leadership and priorities, please type in below



Base: displayed as a percentage of those leaving a comment and only those 7% or above are shown (390).

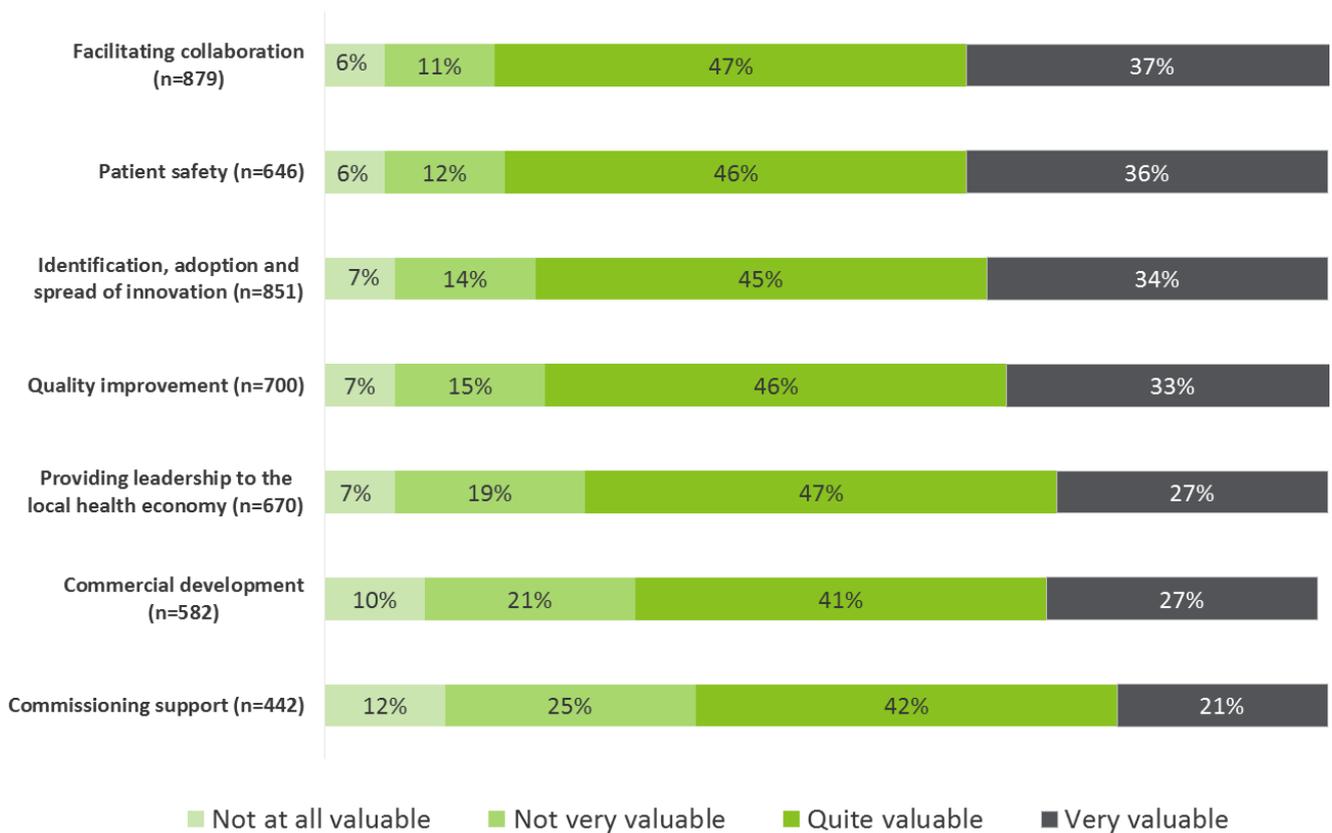
4.1.8 'Health or social care providers' are more likely to describe AHSN leadership as good (22%) compared to 14% of those in private industry. Whilst 13% in private industry recognised the 'committed / passionate / motivated' and 'knowledgeable / experts' nature of staff, 15% also identified problems with integration and engagement, a viewpoint that was supported by CCGs (17%) but not shared by 'health or social care providers' or HEIs.

5 Engagement and communication

5.1 Value of support received

5.1.1 Many stakeholders are not receiving support on some particular AHSN themes or felt that those themes are not relevant to them. If we exclude those responses from the analysis we find that stakeholders particularly value the AHSNs work in ‘facilitating collaboration’ (84%) and patient safety (82%). Based on the number of people answering the question the themes of the ‘identification, adoption and spread of innovation’ and ‘facilitating collaboration’ have the greatest relevance to the highest number of stakeholders (Figure 14).

Figure 14: 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?



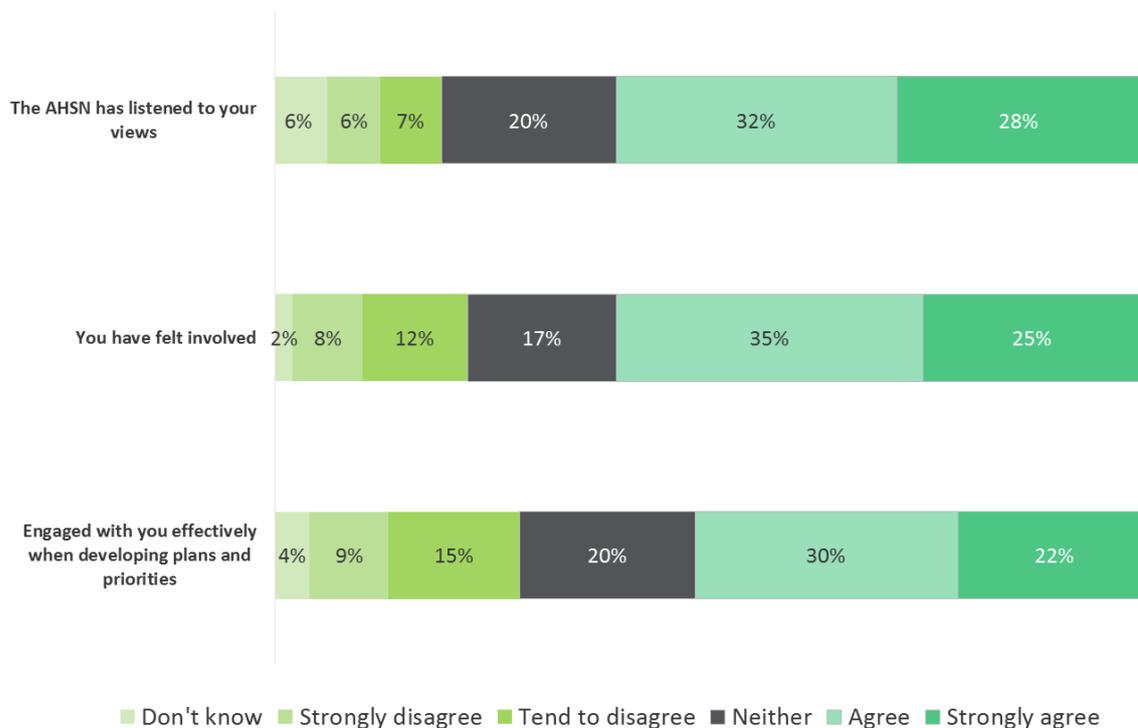
Base: excludes those answering ‘not applicable’ and no support received’, as indicated

- 5.1.2 Eighty-five percent of 'health or social care providers' rated the support received on patient safety as 'valuable,' as did 83% of government / ALBs and 86% of patient groups. 'Quality improvement' was a key feature for 85% of 'health or social care providers', 81% of HEIs and 79% of government / ALBs whilst the work on commercial development was notable for 73% of both HEIs and private industry.
- 5.1.3 Private industry appreciated commissioning support with 71% finding it valuable. For government / ALBs the work on 'identification, adoption and spread of innovation' was notable for 90% of those surveyed, although over a quarter (27%) of CCGs and 24% of those from private industry disagreed.
- 5.1.4 The survey responses show that 'facilitating collaboration' is considered a key aspect of the AHSNs work. It is most favourably received by government / ALBs (86%), HEIs (85%), 'health or social care providers' (84%) and private industry (83%), perhaps less so by CCGs (77%), with 23% stating that they had not found it valuable.

5.2 Views on engagement

- 5.2.1 Over half of stakeholders (52%) feel that the AHSN had effectively engaged with them when developing plans and priorities and a quarter (24%) disagreed. Three out of five (61%) have felt 'involved' and a very similar proportion believe their views have been listened to. This rises to 66% of those answering on behalf of their organisation and compares to 57% of individuals.

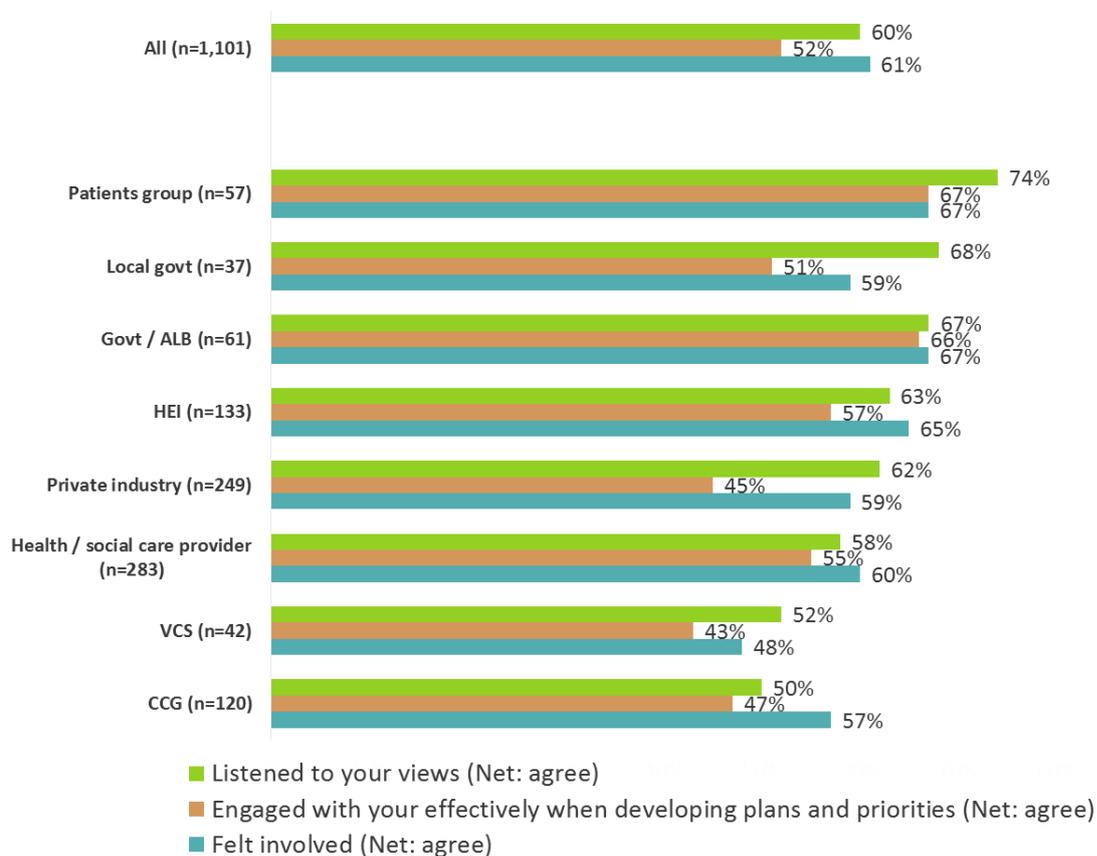
Figure 15: To what extent do you agree or disagree that in the last 12 months?



Base: all (1,101)

5.2.2 Patients groups are the most likely to have felt listened to (74%), as do local government (68%) and government / ALBs (67%), 50% of CCGs and 52% from the VCS. The belief that they had been ‘listened to’ and ‘felt involved’ was higher than the next step of ‘effective engagement in the development of plans and priorities.’ Again patients groups (67%) and government / ALBs (66%) were most likely to agree that this had taken place but fewer in local government (51%) shared that view. Forty-seven percent of CCGs report effective engagement in planning and prioritisation, but this figure was lower for private industry (45%) and the VCS (43%).

Figure 16: To what extent do you agree or disagree with the following? (net: agree)



Base: all, as shown in ()

5.2.3 Stakeholders were asked for feedback about involvement in planning and prioritisation. The diversity of comments relating to specific AHSNs has meant that no categorisation could be formed but some broad themes expressed how many had been satisfied with the extent of their involvement, whilst others felt that this was improving after a period without significant engagement.

“Establishment of an industry advisory group has created a good forum for identifying local clinical priorities which may enable collaborative partnerships to work at seeking useful solutions aligned with the local priorities.”

(Private industry)

“My experience of the AHSN is that they have been very responsive to listening to all parties involved from patients, to the NHS providers to businesses. They fill such an important gap in the system and make a difficult role of facilitating change much smoother.”

(Health or social care provider)

“Good at involving local businesses in planning and discussion. Less obvious how much of an influence the AHSN actually has for adoption of healthcare innovation.”

(Private industry)

5.2.4 Others are uncertain of their place in the AHSNs plans:

“I am aware of an event being held a few months ago that I could not attend. I have no idea who the network’s main stakeholders are or what it does to get users/beneficiaries involved in co-designing its work.”

(VCS)

“I am sure AHSNs are a good idea, but are completely invisible in the part of the NHS in which I work.”

(Health or social care provider)

“The mechanism for involving CCGs in planning and prioritisation are not very clear. There have been engagement events but there is a lack of clarity beyond these engagement events.”

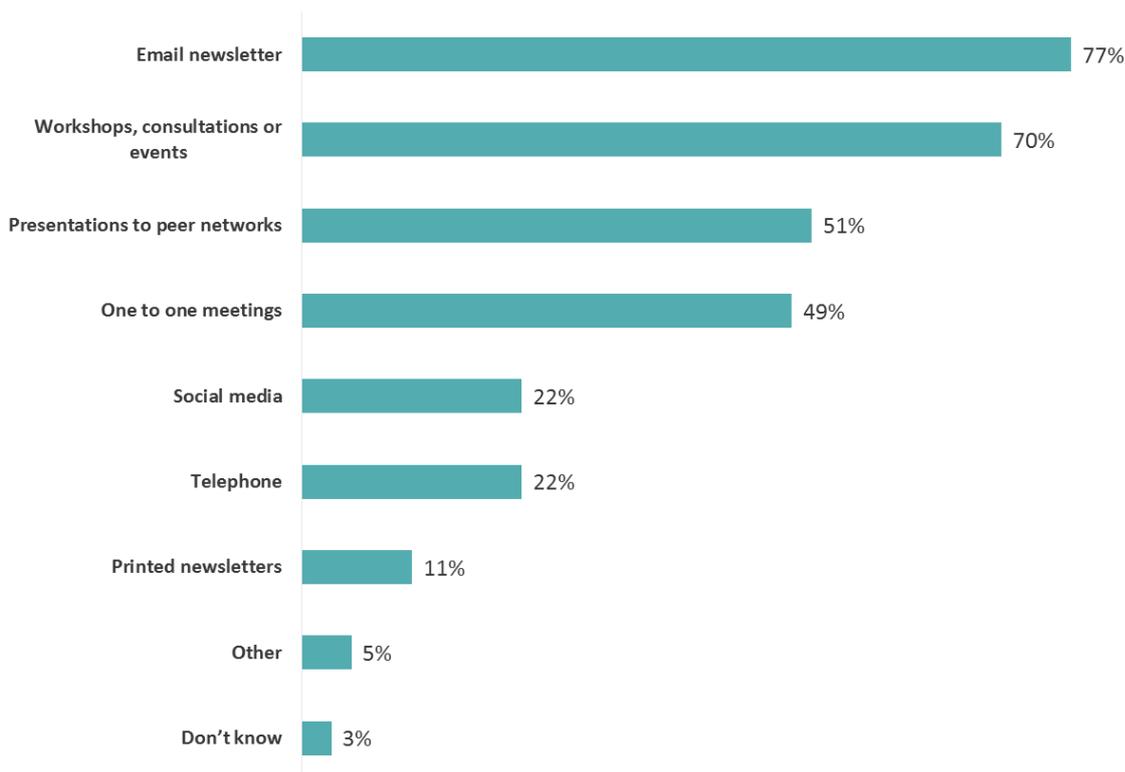
(CCG)

5.3 Preferred methods of communication

5.3.1 Email newsletters (77%) and workshops, consultations or events (70%) are the preferred methods of keeping in touch with AHSNs (Figure 17). There are some variations by stakeholder type, with requests for one-to-one meetings high among private industry (68%, compared to 49% of all). Patients groups tend to favour workshops, consultations or events (79%) and printed newsletters (19%) more than others. Presentations to peer networks are a more popular option for local government (65%) than all (51%).

5.3.2 Telephone contact and one-to-one meetings are preferred methods for those responding on behalf of their organisation (61% for one-to-one meetings, compared to 42% of individual responses) and 28% for telephone contact, compared to 19% of individuals.

Figure 17: Which, if any, of the following are or would be your preferred ways for the AHSN to communicate with you?



Base: all (1,095)

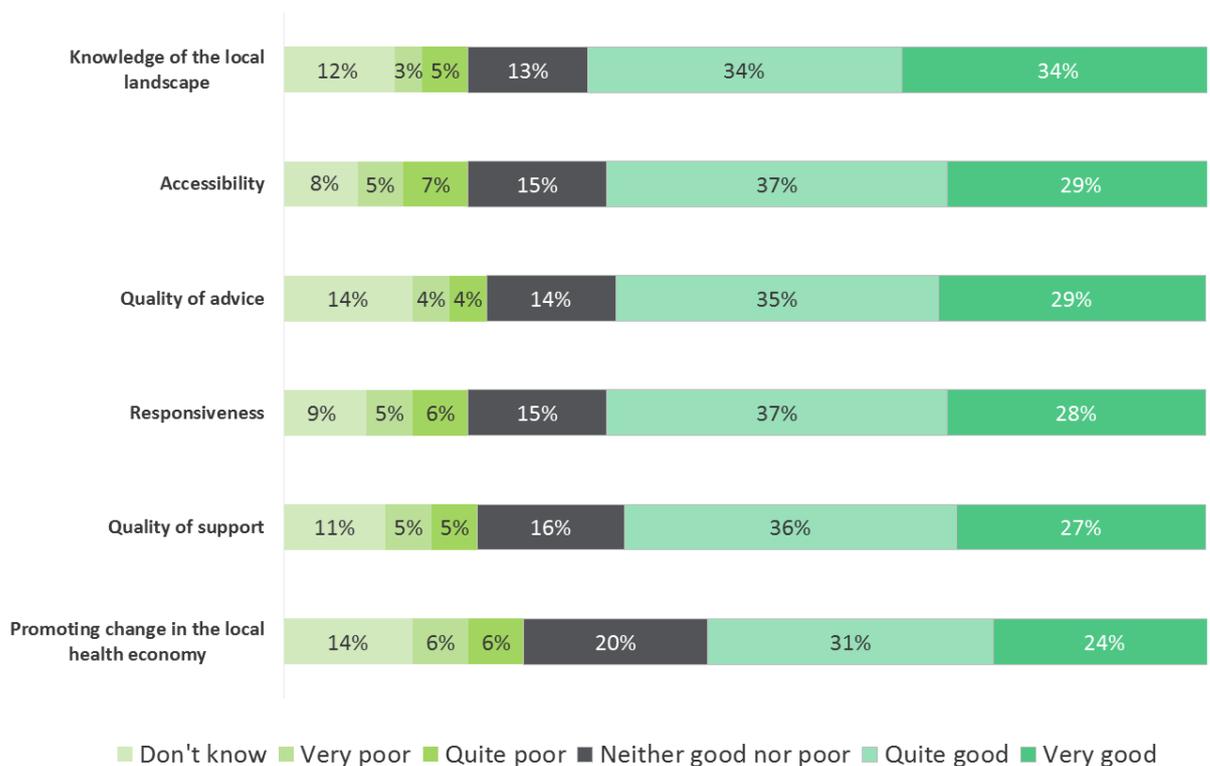
6 Effectiveness and recommendation

6.1 Views on effectiveness

6.1.1 Around two thirds rate AHSNs as 'good' in regard to their knowledge of the landscape (68%), quality of advice they give (64%), responsiveness (65%), accessibility (66%) and quality of support (63%). In relation to how they promote change in the local health economy, 54% rate AHSNs as good.

6.1.2 There is a relatively consistent proportion who are indifferent to each of these factors, answering 'neither good nor poor', between 13% and 16% for each factor.

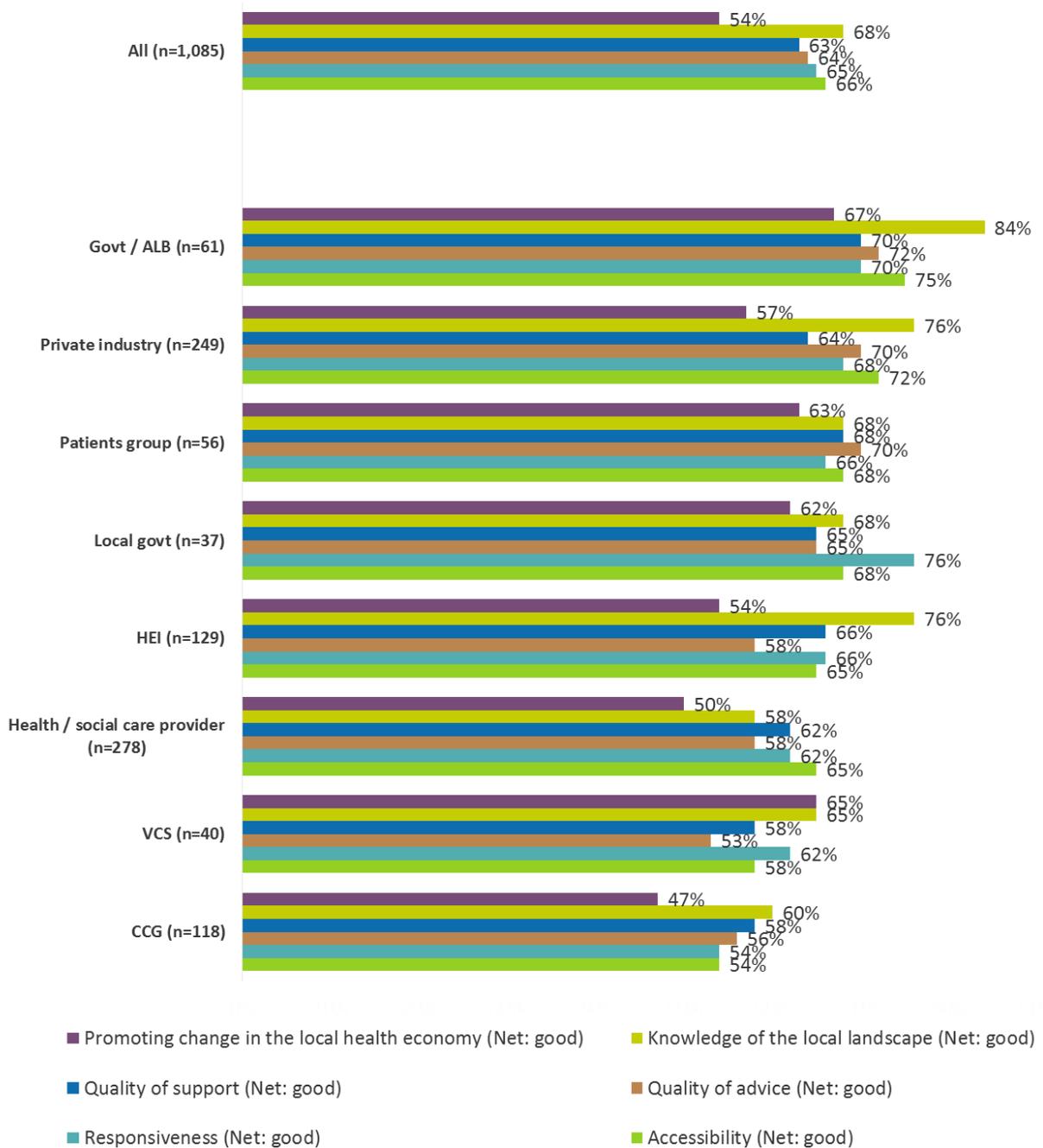
Figure 18: Overall, how would you rate the AHSNs...



Base: all (1,085)

- 6.1.3 There are some standout figures, particularly regarding AHSNs knowledge of the local landscape (Figure 19). Overall 68% rate AHSNs as good on their local knowledge, with this significantly higher among local government (84%), HEIs and private industry (76% each). Government is also particularly positive about responsiveness (76% from local government and 70% among government/ ALB).
- 6.1.4 Promoting change in the local health economy is a lower aspect overall (54%). It is lowest among CCGs (47%) and highest among government (67% government/ ALB, 62% local government) and patients groups (63%). At least half of all other stakeholder groups charted rate AHSNs as 'good' in relation to promoting change.

Figure 19: Overall, how would you rate the AHSNs... (net: agree)



Base: all (1,085)

6.1.5 Around three in five stakeholders believe AHSNs are effective in building a culture of partnership and collaboration (65%) and focusing on the needs of patients and local populations (60%). Half (50%) agree they are effective in speeding up adoption of innovation into practice, while fewer (28%) agree they create wealth. There is more uncertainty than disagreement about whether or not AHSNs create wealth (38% are not sure and 21% answer they are ‘neither effective nor ineffective’). Indeed as much as one in five are unsure or undecided how effective AHSNs are on focusing on the needs of patients and local populations (18% not sure, 12% neither effective / ineffective), and in speeding up adoption of innovation (19% not sure, 17% neither effective / ineffective).

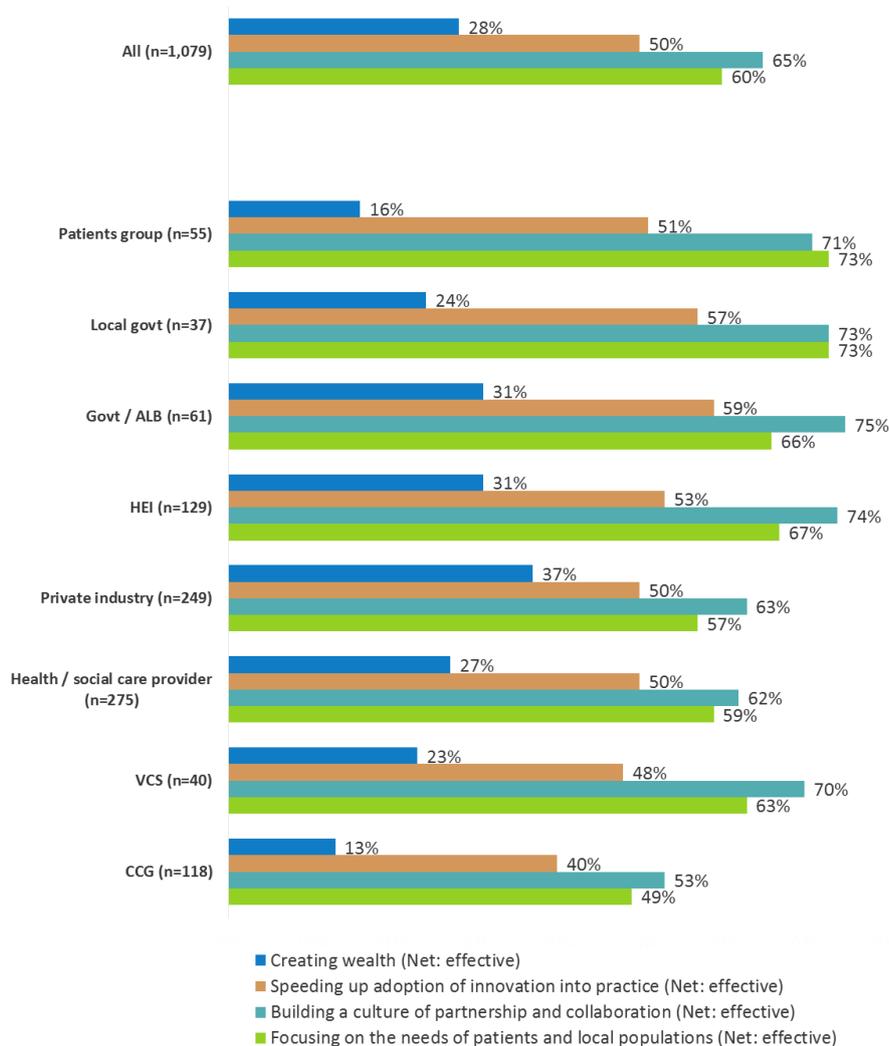
Figure 20: How effective or ineffective is the AHSN in doing each of the following?



Base: all (1,079)

6.1.6 All stakeholders tend to be positive about the culture of partnership and collaboration, and that AHSNs are focusing on the needs of patients and local populations. CCGs are slightly less positive than other stakeholder groups, particularly in relation to speeding up innovation and creating wealth. While at least half of other stakeholders think AHSNs are effective at speeding up innovation, 40% of CCGs think so. In addition, CCGs are the least positive in relation to how effective AHSNs are in creating wealth; 13% think them effective, compared with 31% of government/ ALB responses and those working in HEIs (Figure 21).

Figure 21: How effective or ineffective is the AHSN in doing each of the following? (net: effective)

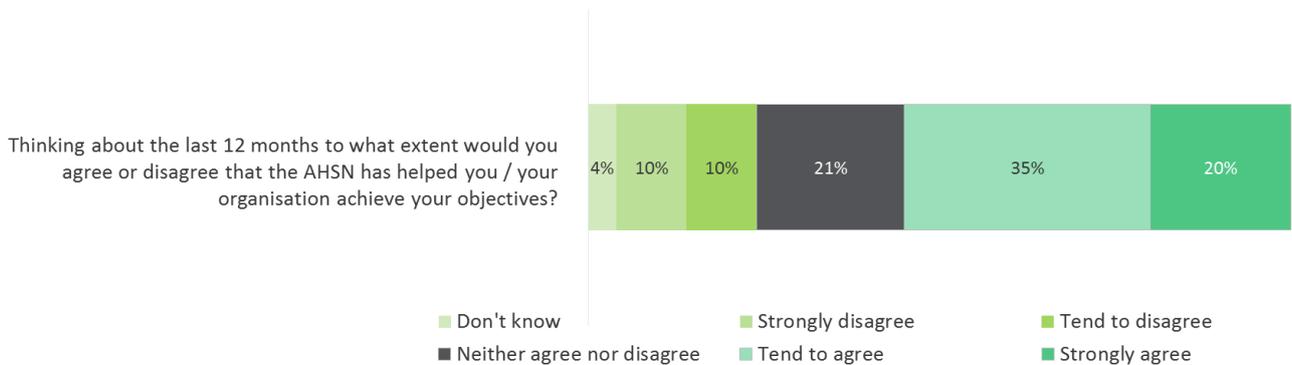


Base: all (1,079)

6.2 How AHSNs have helped in the last twelve months

6.2.1 Over half (55%) of stakeholders agree that AHSNs have helped their organisation achieve its objectives last 12 months. One in five (20%) do not agree with this at this stage, with a similar proportion (21%) neither agreeing nor disagreeing and the remainder being not sure. Significantly more who are answering on behalf of their organisation (59%) agree that AHSNs have helped their organisation achieve its goals, when compared with 53% who are answering as an individual.

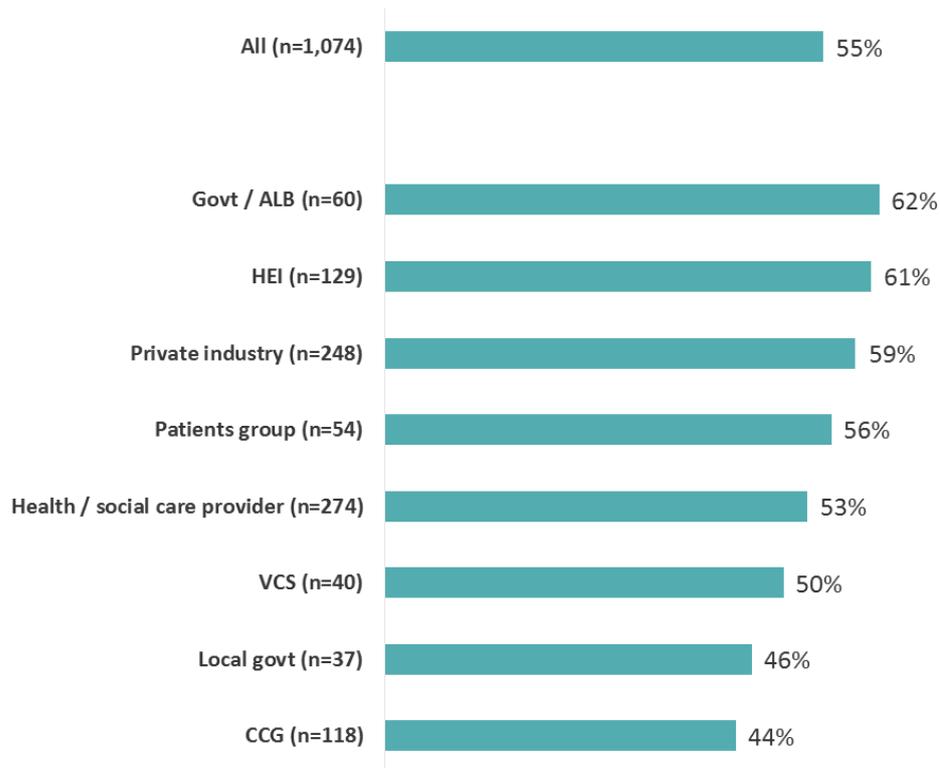
Figure 22: Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives?



Base: all (1,074)

6.2.2 Government / ALB are the most likely to agree AHSNs have helped them achieve their objectives (62%), while CCGs are the least likely to agree (44%) (Figure 23). Furthermore around three in five (59%) from private industry agree AHSNs have helped with their objectives, however this group also have a significant proportion who actively disagree (23%).

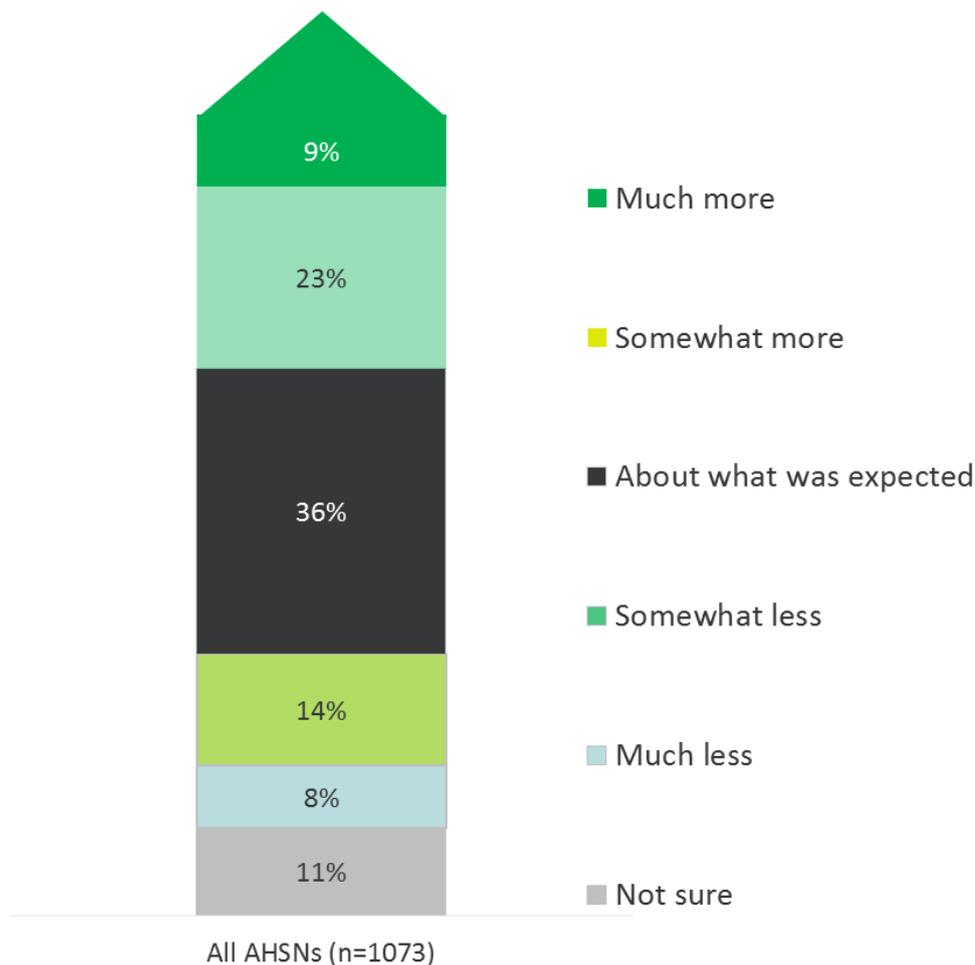
Figure 23: Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives? (net: agree)



Base: all (1,074)

6.2.3 Around three in ten (31%) report that AHSNs have achieved more in the last twelve months than they had expected they would. Two in ten (22%) believe AHSNs have achieved less than expected. The most common response is that AHSNs have achieved about what was expected (36%), with 11% not sure. Stakeholders answering on behalf of an organisation are significantly more likely to think AHSNs have achieved more than expected (36%), compared with those answering the survey as an individual (28%). Those answering as an individual are also more likely to say they are unsure (14%, compared with 5% answering on behalf of an organisation).

Figure 24: Has the AHSN achieved more or less than you expected in the last 12 months?

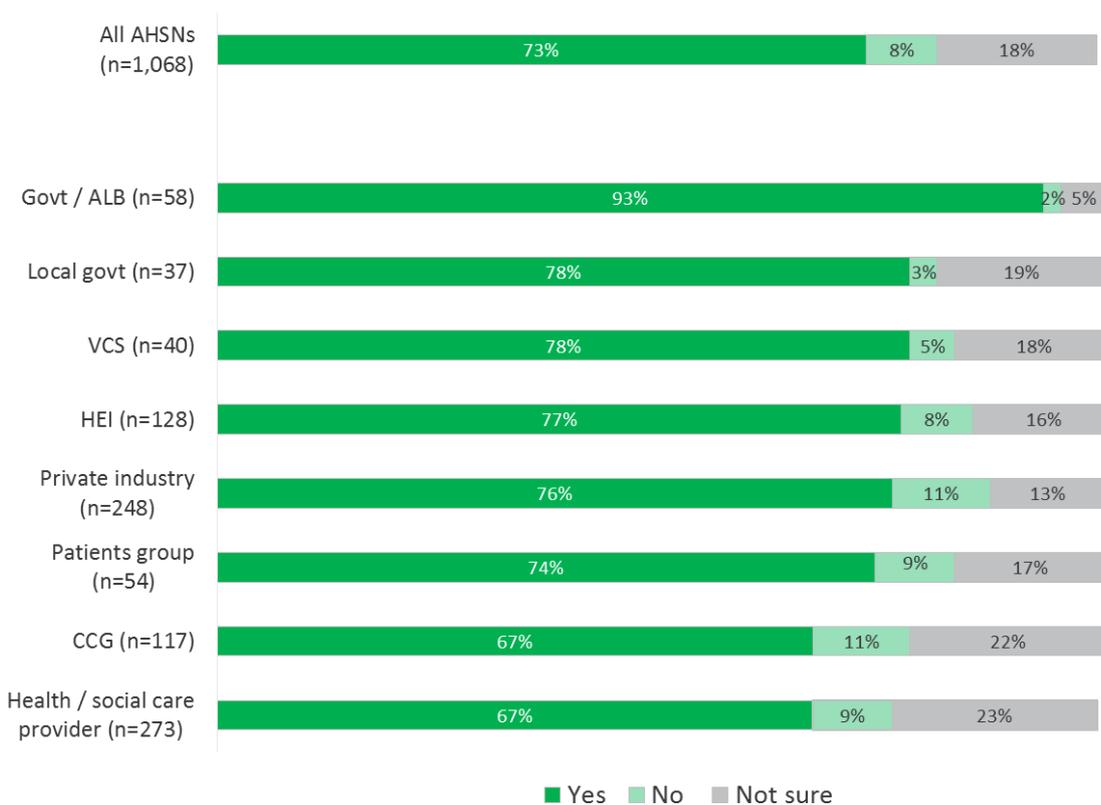


Base: all (1,073)

6.2.4 Patients groups, HEIs and private industry are the most likely to think AHSNs have achieved more than they expected in the last twelve months (39%, 38% and 36% respectively) (Figure 25). However there is some uncertainty, with a quarter of those from private industry also reporting that AHSNs have achieved less than they expected (25%). A quarter of CCGs report that AHSNs have achieved more than expected, while a further quarter report less than expected (25% each).

6.2.5 Nearly three quarters (73%) would recommend working with AHSNs to others. Recommendations are highest among government/ ALB (93%) and relatively consistent among other groups. CCGs and private industry are more likely to recommend working with AHSNs than not.

Figure 25: Would you recommend involvement in /working with the AHSN to others? By stakeholder



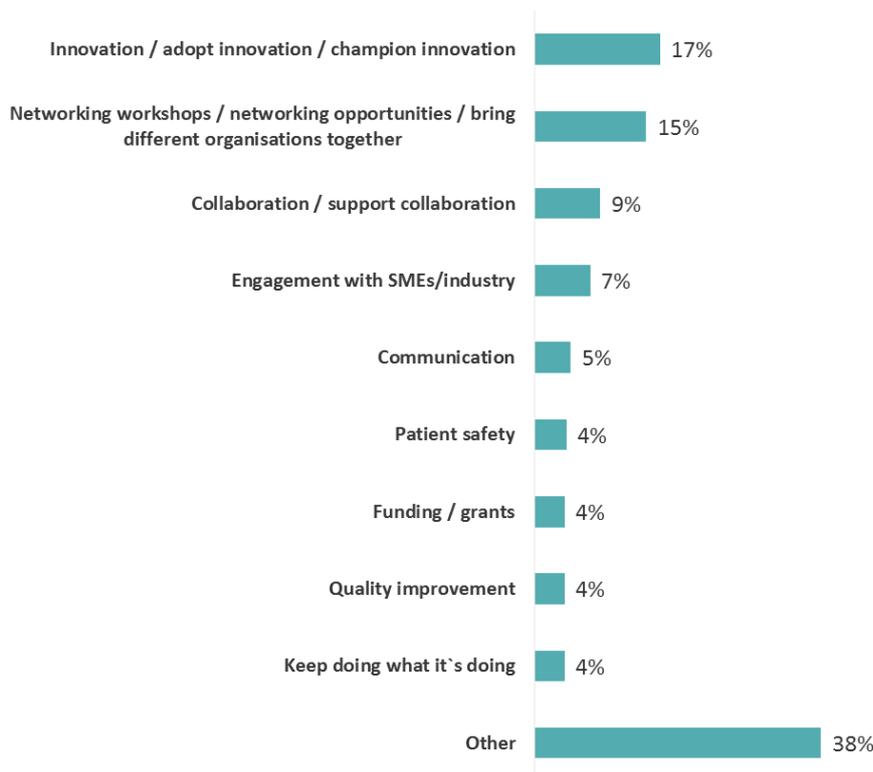
Base: all, as shown in ()

6.3 What should AHSNs keep doing and do better?

6.3.1 The theme of 'innovation' features strongly when stakeholders consider what the AHSNs should keep doing in the next 12 months.

6.3.3 The call for networking was especially high among private industry (23%). Health or social care providers picked out patient safety (12%) and quality improvement (11%) and are consequently lower in terms of networking (10%) but consistent with other stakeholders on the innovation role (16%).

Figure 27: What would you like the AHSN to keep doing? (2)



Base: 380 respondents leaving a comment, only those with 4 percent or higher shown

6.3.4 When asked what the AHSN should be doing in the next 12 months many comments focused on increasing visibility and engaging with more organisations.

Figure 28: What improvements could the AHSN make over the next 12 months?



Base: 400 respondents leaving a comment, only those with 4 percent or higher shown

6.3.5 Those from private industry are particularly likely to want AHSNs to ‘complete / deliver projects’ (10%), to do more networking (12%) and, understandably, engage more with engagement with SMEs / industry (28%). Health or social care providers highlighted more engagement with members / partners (21%) which was notable among CCGs as well.

“They probably need to be able to reach a wider circulation for communicating their priorities. I am sure they do lots of good work but this seems to be hidden unless you are directly involved. The concept is absolutely the way to spread innovation but perhaps it has a little development to do to maximise this and increase uptake of new technologies and examples of best practice.”

(CCG)

“Make a LinkedIn Group, find out what companies are offering and facilitate meetings with possible collaborators to find out if their service is needed in the Healthcare Sector.”

(Private industry)

“Increase pace of introductions and visibility across the Trust and ensure we are clear re state of readiness; engage with a wider group of clinicians, in particular those whom are most likely to utilise or benefit from the new innovations, e.g. via focused workshops with clearly articulated benefits for attending (individual clinician, patient and practice/department/organisation/NHS).”

(Health or social care provider)

Annex A: Questionnaire

[s1] Which of the following best describes your organisation?

- <1> Clinical Commissioning Group (CCG)
- <2> Health or social care provider
- <3> Higher Education Institute
- <4> Local Economic Partnership (LEP)
- <5> Local government
- <6> Patients group
- <7> Private industry
- <8> Voluntary and Community Sector (VCS)
- <96> Other [s1_open] {open}

[s2] {multiple} Which, if any, of the following applies to your organisation....? Please tick all that apply.

- <1> We see ourselves as a member /partner of AHSNs
- <2> We have worked with AHSNs in the last 12 months
- <3 xor> Neither of the above
- <99 xor> Not sure

[s3] {single} Is this response on behalf of your entire organisation or you as an individual?

- <1> The organisation
- <2> As an individual

[q1] {single} To what extent do you feel you understand the role of AHSNs?

- <1> A good understanding
- <2> A fair understanding
- <3> A little understanding
- <4> None at all

[q2] {single} And thinking about the past 12 months, to what extent has the role of AHSNs become more or less clear?

- <1> Much more clear
- <2> More clear
- <3> No change
- <4> Less clear
- <5> Much less clear

[q3] {single} To what extent, if at all, do you understand AHSNs' plans and priorities?

- <1> A good understanding
- <2> A fair understanding
- <3> A little understanding
- <4> None at all

[q4] {single} Overall, how would you rate your working relationship with AHSNs?

- <1> Very good
- <2> Quite good
- <3> Neither good nor poor
- <4> Quite poor
- <5> Very poor
- <99> Not sure

[q5] {single} Thinking back over the past 12 months, would you say your working relationship with AHSNs has got better, worse, or is about the same?

- <1> A lot better
- <2> A little better
- <3> About the same
- <4> A little worse
- <5> A lot worse

[q6] {open} Which AHSN initiatives or programmes are you aware of? (optional)

[q7] {grid roworder=randomize} To what extent do you agree or disagree with the following?

- [q7_1] AHSNs have clear and visible leadership
- [q7_2] I have confidence in AHSNs to deliver on their plans and priorities
- [q7_3] AHSN staff are knowledgeable
- [q7_4] AHSN staff are helpful
- [q7_5] Each AHSNs priorities are aligned to local priorities

- <1> Strongly agree
- <2> Tend to agree
- <3> Neither agree nor disagree
- <4> Tend to disagree
- <5> Strongly disagree
- <99> Don't know

[q8] {open} If you have any comments about AHSNs' staff, leadership and priorities, please type in below (optional)

[q9_alt] {grid roworder=randomize displaymax=4} AHSNs aim to work with organisations on the following themes. For each theme, how valuable or not has been the support from AHSNs in the last 12 months? If you haven't received any support or a theme is not applicable to you or your organisation please tick those boxes.

- [q9_1] Patient safety
- [q9_2] Quality improvement
- [q9_3] Commercial development
- [q9_4] Commissioning support
- [q9_5] Identification, adoption and spread of innovation
- [q9_6] Facilitating collaboration
- [q9_7] Providing leadership to the local health economy

- <1> Very valuable
- <2> Quite valuable
- <3> Not very valuable
- <4> Not at all valuable
- <98> No support received on this
- <97> Not applicable to our organisation

[q10] {grid roworder=randomize} To what extent do you agree or disagree that in the last 12 months?

- [q10_1] AHSNs have engaged with you effectively when developing their plans and priorities
- [q10_2] AHSNs have listened to your views
- [q10_3] You have felt involved in AHSNs

- <1> Strongly agree

- <2> Tend to agree
- <3> Neither agree nor disagree
- <4> Tend to disagree
- <5> Strongly disagree
- <99> Don't know

[q11] {open} If you have any comments about how AHSNs do or do not involve you in planning, prioritising and/or taking forward their work, please type in below (optional)

[q12] {multiple order=randomize} Which, if any, of the following are or would be your preferred ways for AHSNs to communicate with you? Please tick all that apply

- <1> Email newsletter
- <2> Telephone
- <3> One to one meetings
- <4> Workshops, consultations or events
- <5> Social media
- <6> Presentations to peer networks
- <7> Printed newsletters
- <96 fixed> Other [q12_open] {open}
- <99 fixed xor> Don't know

[q13] {grid roworder=randomize} Overall, how would you rate AHSNs' ...?

- [q13_1] Accessibility
- [q13_2] Responsiveness
- [q13_3] Quality of advice
- [q13_4] Quality of support
- [q13_5] Knowledge of the local landscape
- [q13_6] Promoting change in the local health economy

- <1> Very good
- <2> Quite good
- <3> Neither good nor poor
- <4> Quite poor
- <5> Very poor
- <99> Don't know

[q14a] {grid roworder=randomize} How effective or ineffective are AHSNs in doing each of the following? You can hover over each to see more information.

- [q14a_1] **Focusing on the needs of patients and local populations** <Support and work in partnership with commissioners, providers and other health bodies to identify and address health needs and improve the quality of services, whilst promoting health equality and best practice>
- [q14a_2] **Building a culture of partnership and collaboration** < Promote inclusivity, partnership and collaboration to consider and address local, regional and national health and care priorities.>
- [q14a_3] **Speeding up adoption of innovation into practice** <Support the identification and more rapid spread of research and innovation at pace and scale to improve patient care and local population health.>
- [q14a_4] **Creating wealth** < Facilitating collaboration between health services and industry to improve the quality of and outcomes of health and care, and in doing so supporting economic growth.>

- <1> Very effective
- <2> Quite effective

<3> Neither effective nor ineffective
<4> Quite ineffective
<5> Very ineffective
<99> Not sure

[q15] Thinking about the last 12 months to what extent would you agree or disagree that AHSNs have **helped you / your organisation achieve your objectives?**

<1> Strongly agree
<2> Tend to agree
<3> Neither agree nor disagree
<4> Tend to disagree
<5> Strongly disagree
<99> Don't know

[q16] Have the AHSNs achieved more or less than you expected in the last 12 months?

<1> Much more
<2> Somewhat more
<3> About what was expected
<4> Somewhat less
<5> Much less
<99> Not sure

#base: if more or less than expected

[q16b] {open} Why do you feel that AHSNs have achieved <more / less> in the last 12 months? (optional)

[q17] Would you recommend involvement in /working with AHSNs to others?

<1> Yes
<2> No
<99> Not sure

[q18] {open} What would you like AHSNs to keep doing? (optional)

[q19] {open} What improvements could the AHSNs make over the next 12 months? (optional)