

HEALTH INNOVATION 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: <https://www.ahsnnetwork.com/ahsn-network-stakeholder-research>.

This report summarises stakeholder feedback and themes specifically related to Health Innovation Network (HIN).

KEY TAKEAWAYS

- 1 Key strengths of Health Innovation Network cited across stakeholders are the quality of **partnerships** they develop and of the **training** courses they run.
- 2 However, there is a sense among some that HIN could be more **visible** by focusing resources on a smaller number of projects where they can make a significant impact.
- 3 Some stakeholders make suggestions for HIN around strengthening its ongoing communication with them, for instance by maintaining contact post-project or by targeting the most important individuals.

OVERVIEW

Stakeholders have **broadly favourable impressions** of HIN which is having a positive contribution the local area. Many interviewed mention the AHSN's ability to make **speedy and effective contributions** to businesses and projects within the region. Considerations discussed most often relate to ensuring **impact** and **consistency** in the AHSN's communication approach and implementing the NHS's long-term plan.

WHO WE SPOKE TO

Nine stakeholder groups were identified, and across these, 778 stakeholders identified by HIN were invited to take part; 97 completed the online survey from 21st August to 16th September 2019. This represents a response rate of 12% which is in line with the industry average for this type of survey. In addition to the online surveys, Savanta ComRes conducted follow-up interviews with 9 stakeholders between 9th September and 13th 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 stakeholders' availability and feasibility of bookings.

Type	# SURVEYED	% SURVEYED	# INTERVIEWED
Health or social care provider	40	41%	4
NHS Clinical Commissioning Group (CCG)	20	21% (+11)	1
Research body or university	9	9%	–
Voluntary and Community Sector (VCS)	7	7%	1
Private company or industry body	6	6% (-10)	2
National government, agency or Arms Length Body (ALB)	6	6%	1
Local government or Local Enterprise Partnership (LEP)	4	4%	–
Individual patient or member of the public	3	3%	–
Patients group or public group	2	2%	–
Total	97	100%	9

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 Health Innovation Network (ASHN for South London) (n=97). Percentage point difference to the average survey response rate where difference is more than 5 (n=1,155)

INTERPRETING THE RESULTS

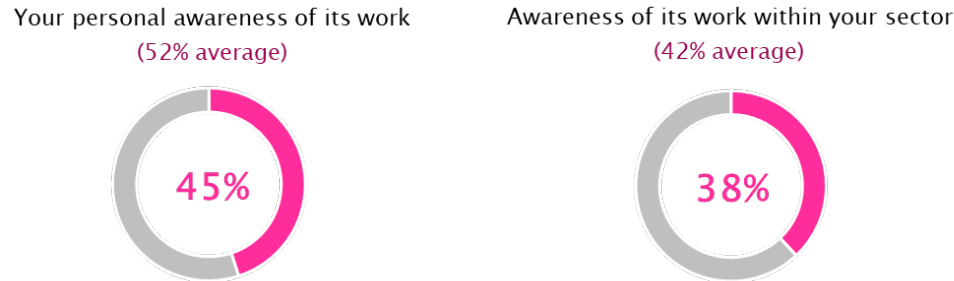
The report includes quantitative findings from the online survey and qualitative findings from interviews with local stakeholders. **The number of online survey respondents are too small to draw reliable conclusions from.** Additionally, comparisons between local survey data and the average across all 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 are based on an aggregated analysis of interviews with participating HIN 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 research bodies or universities, local government or LEPs, individual patients or members of the public, patient groups or public groups.

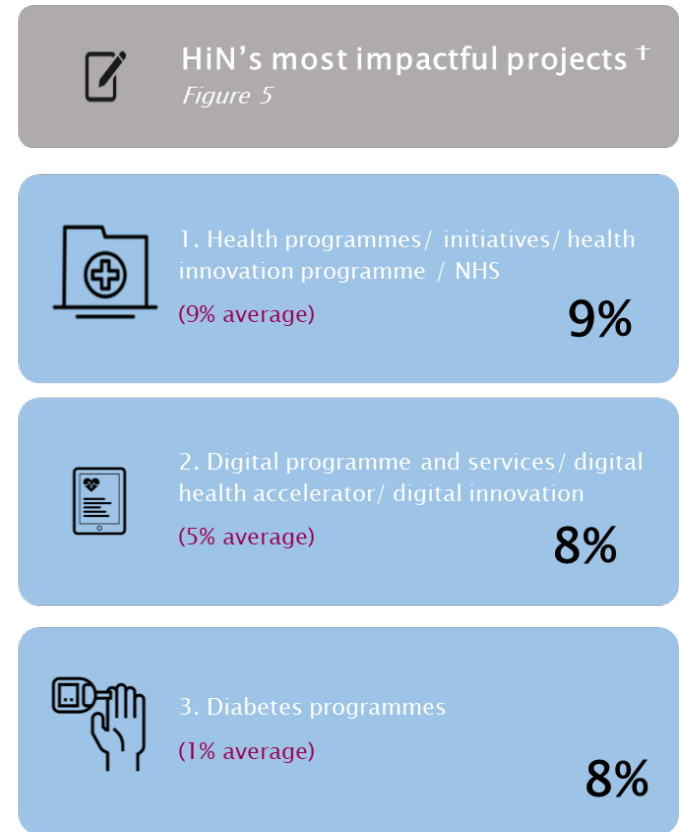
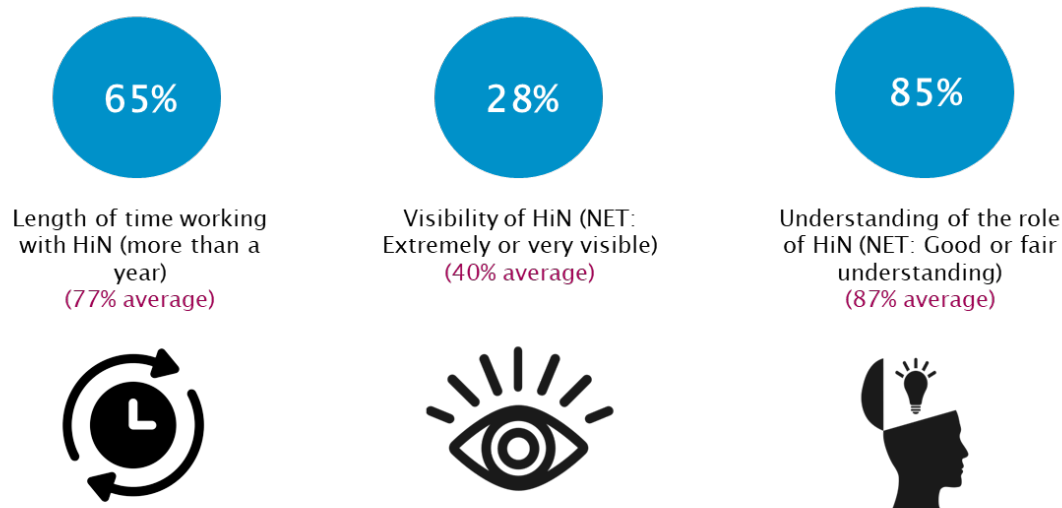
Each local AHSN report has been reviewed by a representative at the AHSN to verify the accuracy of insights and interpretations presented in each report. Savanta ComRes held **30-minute calls** with the representative to collect and incorporate such feedback. AHSNs only saw the findings in the report 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*



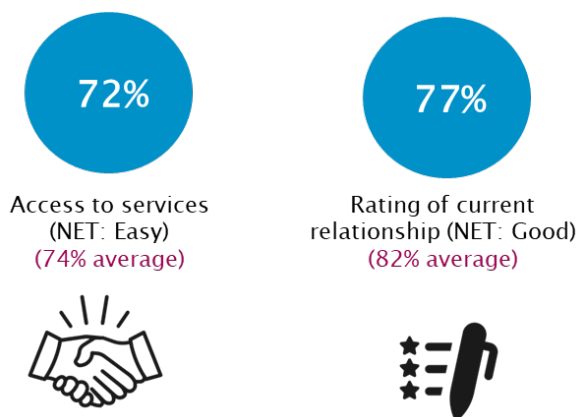
† Open text box question

Figure 1 – Q. Overall, thinking about Health Innovation Network’s work, how would you describe...? Base: Health Innovation Network stakeholders (n=97)

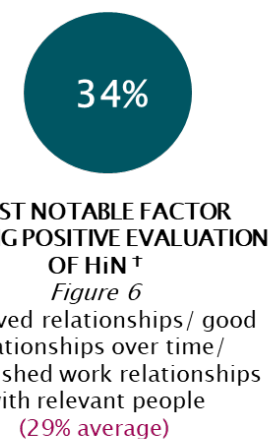
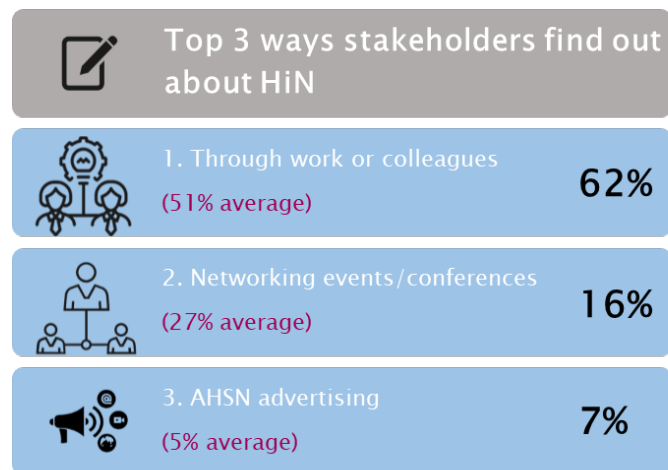
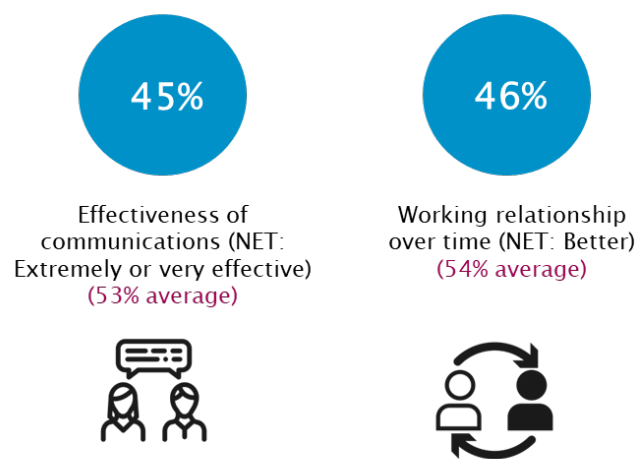
Figure 2 – Q. And approximately how long have you worked with Health Innovation Network? Q. Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of Health Innovation Network in its local area? Q. How would you rate your understanding of the role of Health Innovation Network? Base: Health Innovation Network stakeholders (n=97)

Figure 5 – Q. Which Health Innovation Network 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: Health Innovation Network stakeholders (n=97)

Working with HiN *Figure 3*



Communication with HiN *Figure 4*



[†] Open text box question

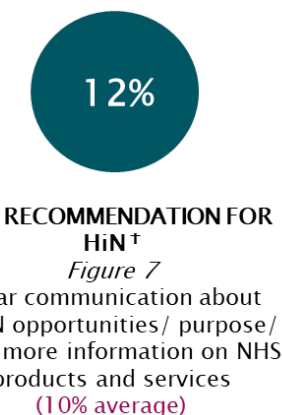


Figure 3 – Q. Overall, how easy did you find it to access Health Innovation Network services? Q. Overall, how would you rate your working relationship with Health Innovation Network? How did you first find out about Health Innovation Network? Base: Health Innovation Network stakeholders (n=97)

Figure 4 – Q. Thinking back over the period of time you have been working with Health Innovation Network, would you say your working relationship has gotten better, worse, or is about the same? Q. Which, if any, of the following ways does Health Innovation Network currently communicate with you? Q. How would you rate the effectiveness of Health Innovation Network’s communications? Base: Health Innovation Network stakeholders (n=97)

Figure 6 – Q. You indicated that you have a good working relationship with Health Innovation Network 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: Health Innovation Network stakeholders who say this (n=76)

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: Health Innovation Network stakeholders (n=97)

AREAS OF STRENGTH AND GOOD PRACTICE

BEING A PARTNER

A key strength of Health Innovation Network mentioned in the interviews is the partnerships they have developed with their stakeholders, mirroring the sentiments more widely about all AHSNs . HIN is often commended across various stakeholder groups for adding value to projects with including ESCAPE–pain, the Accelerator programme and quality improvement initiatives.

*“We didn’t have all the jigsaw pieces in our team. Things like a **communication strategy**, we didn’t have anyone with **communication skills**. We were writing these guides. The content was good but we didn’t have the **graphic design skills**. [HIN] were responsive to what we needed. It felt that they were walking alongside us as a partner. ”*

CCG

*“ [HIN] reached out to my organisation and invited us to take part in their board. They’re very motivated, very outcome–oriented and **very good at providing connections and support to their local organisations** and very focussed on the challenges of innovation and improvements in the NHS. The **accelerator programme**, for example, has done very well. Their selection of **core projects** to work on which we’ve done very well. So, the **Escape–pain**, for example, is one of the things I did. It’s a very strong programme.”*

Private company or industry body

*“I was working with the NHS and we were doing **QI projects** with them with the help of the London based division. They had a key stakeholder in South London that was driving that particular project and **he was quite vocal and he was giving more information out regarding what they do and the work they do**. [The communication] was very good.”*

Health or social care provider

When asked to name HiN’s most impactful initiative, programme or support service in the online survey, stakeholders were more likely to name specific programmes such as the digital health accelerator (8% vs. 5% across all AHSNs) and diabetes programmes (8% vs. 1% across all AHSNs).

TRAINING

Health Innovation Network is praised by a number of interviewees in service provider roles for the quality of their training, in particular for the ESCAPE–pain project. These were considered well–run, specific, relevant and thought–provoking by those attending.

“The pioneer leadership program. It was very much designed for managers working in the health and social care environment so that was a great benefit, it wasn’t just a general leadership program, it was very specific to the areas we are working in so that we are able to bring information back to the organisation. I would actually pay that for the quality of the training I received.”

Health or social care provider

*“[I am] very favourable because I’ve seen people bringing ideas which one wouldn’t have thought of. One which I attended was for the **Older Person Fellowship, one was working in a dementia unit** and this was a dementia home. She was showing how **the mural made a difference in terms of behaviours of the staff and the residents**. That was quite empowering and also made me think of how we can also improve on the behaviours of our residents.”*

VCS

This evidence is supported in the survey where Health Innovation Network’s stakeholders are more likely than the national average to name the ESCAPE–pain training programme as an initiative that has had the greatest impact on their ability to meet their objectives (5% vs. 1% across all AHSNs).

POINTS FOR HEALTH INNOVATION NETWORK TO CONSIDER

VISIBILITY

Some stakeholders interviewed, including health and care providers, felt Health Innovation Network could be more visible in the health and social care sector in their local area. They suggest that the AHSN could do more to differentiate itself from other organisations in London to be more present in the minds of health care professionals in the region when they are looking for an organisation to support them with innovation.

*“I’m worried about my patients, myself, my organisation. I have to know about NHSEI, I have to worry about the CQC, we have this research network, CRN. **Where do I worry about the HIN? Or think about it? Nowhere in that list. I just cannot imagine anybody saying, ‘Oh, is there anything in the HIN that could help us with this?’ We sometimes get nice infographics and information, but it’s just another bit of stuff. In South West London, it’s not an organisation that we think of, in terms of our daily work, or even our improvement activities. It may be that in London there’re just too many organisations that are in the same space? Maybe,***

because they're South London, and we're South West London, so maybe South East London feel more connected?

Health or social care provider

"If you went and asked the average GP they wouldn't be able to separate them from other people doing other initiatives. The NHS and particularly primary care is a crowded space, and I think they struggle to identify themselves as separate from other initiatives going on. They were going to the Practice Nurse Forum to talk about this project. If you interviewed those nurses afterwards they wouldn't say, 'Oh, we recognise that part was HIN, that part was Clinical Effectiveness Southwark, and that part was run by the CCG.' I think they'd just say, 'Some bloke came and was quite sensible about taking pulses.'

CCG

"I think they could do better in terms of visibility because if I ask another care home provider 'Would you know about HIN?' they probably wouldn't be able to tell me."

Health or social care provider

This is also evidenced in the survey which found only 28% of Health Innovation Network stakeholders rate the organisation as extremely or very visible in the local area (compared to 40% of stakeholders on average who said this of their local AHSN). There is also evidence to suggest that HIN is working on improving its visibility, with 40% rating it in the online survey as moderately visible and few mentions in interviews about the progress it has made.

"They are reaching more homes and making a difference in more homes, so yes, I can say they are becoming more and more visible. And also, once you are in one of their projects, they will email you and inform you of events and so forth. So that's also part of how visible they are trying to be."

VCS

"I think individually, individuals have become much more visible. So, that might pull the whole organisation."

Health or social care provider

REFOCUSING THEIR METRICS ON PATIENT OUTCOMES

Although stakeholders reference a variety of successful projects they have worked on with HIN, some share the impression that patient and population health outcomes are not measured in the most effective way. To mitigate against these impressions, HIN could consider looking at how they current measure and communicate impact.

“I do feel that the metrics and the focus is not particularly on patient and population health outcomes. I keep asking for a metric on local health and wellbeing. If we’re not improving the local health and wellbeing of our population, then we’re not doing our jobs.”

Health or social care provider

“I think too many of their metrics are based on activity and not on results for the health care system. A lot of what they’ve been measured on is how many organisations they interact with and how many events they have, who turns up and how much research has taken place on the back of what they’ve done but so much of this is actually being done by the organisations, not by the AHSN themselves.

National government, agency or ALB

CHALLENGES AND OPPORTUNITIES AHEAD

COORDINATION NATIONALLY TO AVOID DUPLICATING WORK

A few stakeholders interviewed mention that Health Innovation Network could do more moving forward to communicate with other AHSNs to avoid duplicating similar projects across the country.

“Some work we were doing at the last Board I thought was possibly duplicating some of the work we’re doing at the Accelerated Access Collaborative.”

Health or social care provider

“I have a positive relationship with the HIN as it’s come out of Digital Health London because I have more of a sense of who’s there and what they’re doing but my suspicion is that in every other AHSN around the country, there’s a huge amount of replication of the same things. I mean, why are there over 40 companies offering digital diabetes programmes?”

National government, agency or ALB

HAVING AN IMPACT ON A SMALLER NUMBER OF PRIORITY AREAS

Linked to feedback around metrics for impact, stakeholders also want to see HIN have a greater impact on improving patient and population health outcomes. They want to see a greater indication of the AHSNs long-term plans, perhaps citing specific focus areas, believing the HIN could be more ambitious, targeting major health challenges rather than smaller projects.

*“They need to have a long-term objective to transform a particular area rather than to improve lots of things in the short-term. With a longer-term and a bigger goal, bigger outcome. **Change the quality of life indicator for a significant proportion of the older population by a number of years**, for example. My experience of working with the HIN, the people are fantastic, very dedicated but they could have a bigger and stronger bolder mission, they’d be able to do it because they look like good people.”*

Private company/industry body

*“They haven’t got a huge amount of resources, so I think it’s **prioritising and working where they could have the most impact** and not getting involved into really small jobs.”*

Health or social care provider

SUMMARY OF POINTS TO CONSIDER

Across interviews conducted, the following points emerged for Health Innovation Network to consider:

- ✓ Consider how they **measure and communicate the impact** of their work on wider population health outcomes.
- ✓ Ensure communication with stakeholders about **how work is coordinated** across AHSNs nationally.
- ✓ Clarifying to stakeholders, especially to health care professionals, **what their role is**, how they want to work and how they differ from other organisations in London.
- ✓ Being **more proactive** in communicating their plans to their stakeholders.
- ✓ Targeting their efforts at the **most important stakeholders** to help make efficient use of their resources.
- ✓ **Maintaining communication** with stakeholders after their initial projects with the AHSN has finished in order to keep them involved.