

YORKSHIRE AND
HUMBER 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.

This report summarises stakeholder feedback and themes specifically related to Yorkshire and Humber AHSN.

KEY TAKEAWAYS

- 1 A key strength of the Yorkshire and Humber AHSN is its staff. They are viewed as **sector experts who achieve results quickly**, having built close relationships with stakeholders and being more likely on average to communicate through one-to-one meetings and telephone calls.
- 2 However, not all stakeholders are benefiting from this individualised approach with some expressing that they are **keen to work more with the Yorkshire and Humber AHSN** but have **struggled to get in regular contact**.
- 3 Stakeholders are keen to see Yorkshire and Humber AHSN build on its successes by sharing learnings with them and providing more **regular regional updates** on what they are working on.

OVERVIEW

Stakeholders have **broadly favourable impressions** of Yorkshire and Humber AHSN which is having a positive contribution in its local area. This is evidenced by clear examples provided of the AHSN's ability to make speedy and effective contributions to **businesses and projects within the region** including Healthy Hearts, ESCAPE-Pain and the MSK pathway. However, areas for consideration are discussed, commonly in relation to the

ensuring the AHSN is having a **significant, lasting impact** and is **consistent** in its communication approach. Opportunities for the future are highlighted in relation to supporting in **implementing the NHS’s long-term plan, developing new technologies and having greater public involvement** in their project planning. This is particularly pertinent considering no individual patient or patient group representatives in the Yorkshire and Humber region participated in the interviews or the online survey.

WHO WE SPOKE TO

Nine stakeholder groups were identified, and across these, 199 stakeholders identified by Yorkshire and Humber AHSN were invited to take part; 56 completed the online survey from 21st August to 16th September 2019. This represents a response rate of 28% 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 10 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	16	29% (-8)	–
NHS Clinical Commissioning Group (CCG)	13	23% (-11)	1
Private company or industry body	9	16%	5
National government, agency or Arms Length Body (ALB)	7	13% (+6)	–
Local government or Local Enterprise Partnership (LEP)	5	9%	3
Research body or university	4	7%	–
Voluntary and Community Sector (VCS)	2	4%	1
Individual patient or member of the public	0	0%	–
Patients group or public group	0	0%	–
Total	56	100%	10

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 Yorkshire and Humber AHSN (n=56).

Percentage point difference to the average survey response rate where difference is more than 5 (n=1,155)

INTERPRETING THE RESULTS

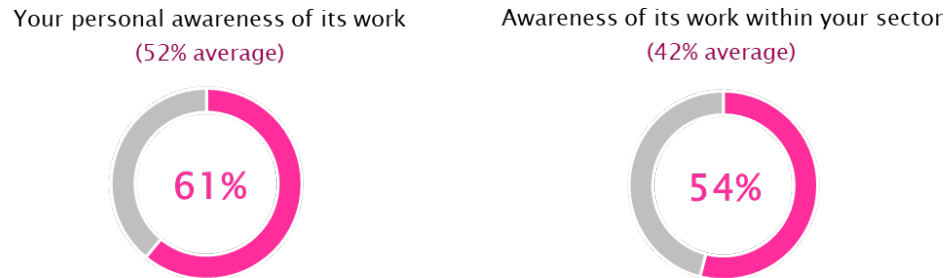
The report includes quantitative findings from the online survey and qualitative findings from interviews with local stakeholders. **The number of online survey respondents are too small to draw reliable conclusions from.** Additionally, comparisons between local survey data and the average across all 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 Yorkshire and Humber 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 individual patients or members of the public or with patient or public groups. It should also be noted that neither of these groups took part in the online survey.**

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.

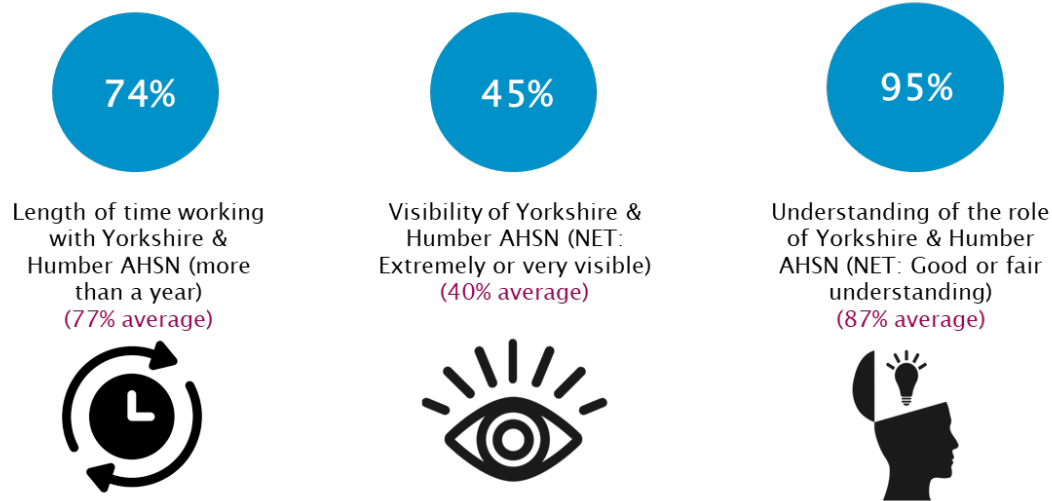
Awareness (NET: Extremely or very aware) Figure 1





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


 Yorkshire & Humber AHSN's most impactful projects[†] Figure 5

Knowledge and Visibility Figure 2



 1. Digital programme and services/ digital health accelerator/ digital
 (5% average) **13%**

 2. Health programmes/ initiatives/ health innovation programme/ NHS
 (9% average) **11%**

 3. Escape pain training programme
 (1% average) **9%**

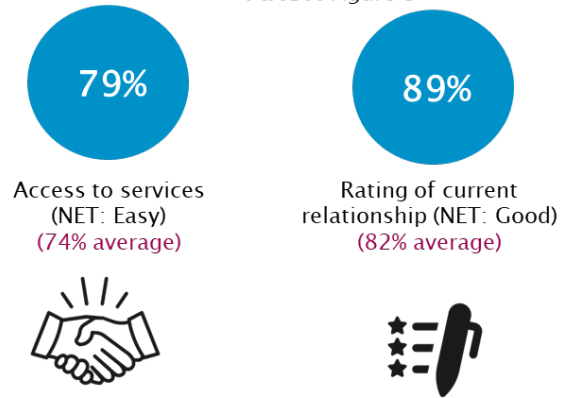
[†] Open text box question

Figure 1 – Q. Overall, thinking about Yorkshire and Humber AHSN's work, how would you describe...? Base: Yorkshire and Humber AHSN stakeholders (n=56)

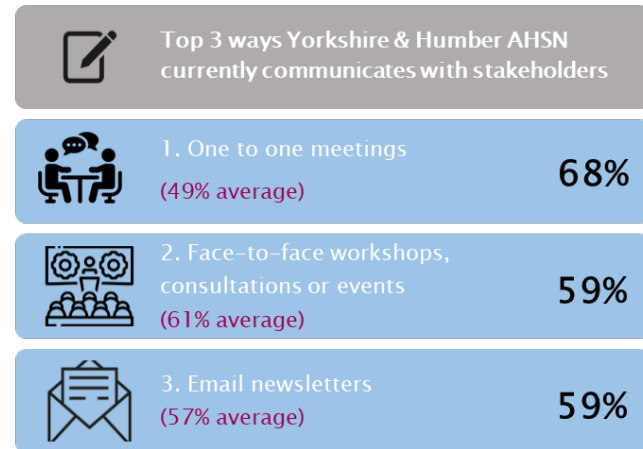
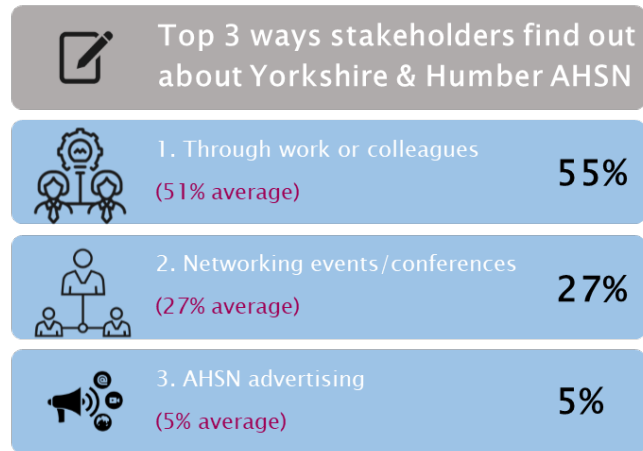
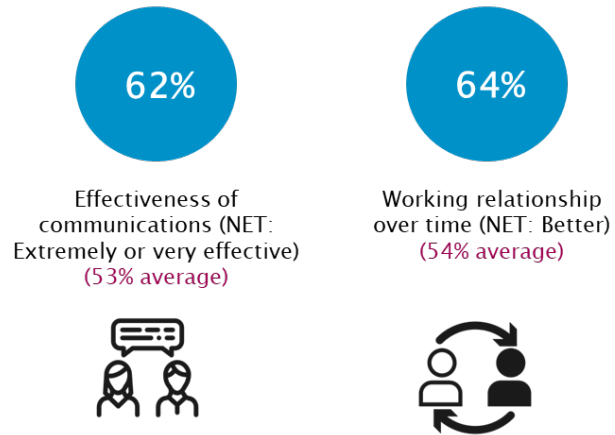
Figure 2 – Q. And approximately how long have you worked with Yorkshire and Humber AHSN? Q. Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of Yorkshire and Humber AHSN in its local area? Q. How would you rate your understanding of the role of Yorkshire and Humber AHSN? Base: Yorkshire and Humber AHSN stakeholders (n=56)

Figure 5 – Q. Which Yorkshire and Humber 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: Yorkshire and Humber AHSN stakeholders (n=56)

Working with Yorkshire & Humber AHSN *Figure 3*



Communication with Yorkshire & Humber AHSN *Figure 4*



MOST NOTABLE FACTOR DRIVING POSITIVE EVALUATION OF YORKSHIRE & HUMBER AHSN[†]
Figure 6
Improved relationships/ good relationships over time/ established work relationships with relevant people
(29% average)

[†] Open text box question



TOP RECOMMENDATION FOR YORKSHIRE & HUMBER AHSN[†]
Figure 7
Coordinated/ collaborative approach towards learning, sharing, evaluation and roll-out of products/ services
(13% average)

Figure 3 – Q. Overall, how easy did you find it to access Yorkshire and Humber AHSN services? Q. Overall, how would you rate your working relationship with Yorkshire and Humber AHSN? How did you first find out about Yorkshire and Humber AHSN? Base: Yorkshire and Humber AHSN stakeholders (n=56)

Figure 4 – Q. Thinking back over the period of time you have been working with Yorkshire and Humber 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 Yorkshire and Humber AHSN currently communicate with you? Q. How would you rate the effectiveness of Yorkshire and Humber AHSN's communications? Base: Yorkshire and Humber AHSN stakeholders (n=56)

Figure 6 – Q. You indicated that you have a good working relationship with Yorkshire and Humber 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: Yorkshire and Humber AHSN stakeholders who say this (n=50)

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: Yorkshire and Humber AHSN stakeholders (n=56)

AREAS OF STRENGTH AND GOOD PRACTICE

SPEED IN WHICH THEY WORK AND ACHIEVE RESULTS

A key strength of the Yorkshire and Humber AHSN, according to stakeholders, is the speed in which they work, and the training offered. Stakeholders in the interviews describe how this has had a significant impact on projects, their business in a short period of time. Projects that have moved faster as a result of Yorkshire and Humber AHSN that were referenced by stakeholders include Healthy Hearts and ESCAPE–pain.

“The Healthy Hearts project from West Yorkshire and Harrogate is managed by the Yorkshire and Humber AHSN. By providing project management expertise, it’s enabling that project to move a bit faster. They’ve got somebody who’s not as close to the detail in terms of the clinical side of things but is more focussed on the delivery of the project. I’m impressed by their way of working.”

Local government or LEP

“[Yorkshire and Humber AHSN have] massively accelerated us. There was no way we were going to scale up beyond a couple of neighbouring practices very easily, and then over a twelve-week period of time, we became an SME digital company, because of the size of the scale, we got through. So, we then got 35 practices using it [a digital application system reception] and that’s been over six months.”

Private company or industry body

“ESCAPE–pain is the main work stream that we have worked with [Yorkshire and Humber AHSN] on. They have provided the training and the evaluation aspect that we get from that as well, which is great. They’ve been so accommodating. I couldn’t believe how quickly things progressed. I think within a matter of weeks we had somebody on their course and fully trained. So, it was brilliant.”

Local government or LEP

This finding is supported by the survey where Yorkshire and Humber AHSN’s stakeholders were 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 (9% vs. 1% nationally).

BEING PERSONAL AND OPEN IN THEIR COMMUNICATIONS

In addition to working efficiently, Yorkshire and Humber AHSN are considered effective in their communication, with stakeholders in interviews describing the approach they positively, using words such as “personal” and “open”. Many also report having established

close relationships with staff at Yorkshire and Humber AHSN and that they feel comfortable getting in touch with them regarding any queries they have.

*"We were written into a recent bid for the MSK pathway in North Lincs, and [a member of staff at the AHSN] supported us and helped us with that. As soon as I needed help, I would reach out to her [and] **she'd just make herself available, get back to me really, really promptly to make sure things went smoothly.**"*

Local government or LEP

*"I talk to a number of individuals at Yorkshire & Humber by telephone [and] email. We've **written a press release together so we work with their marketing people.** It's on a very much a personal level."*

Private company or industry body

*"We **pick up the phone or Skype** to each other. We email. I'd say that they're pretty responsive. I think it's very good. It's open communication."*

Local government or LEP

These findings correlate with results from the quantitative survey and further emphasises the AHSN's particular strength in building a personal communication model. For instance, stakeholders answering on behalf of Yorkshire and Humber AHSN are **significantly more likely than the national average** to say they communicate with their local AHSN through **personal communication methods** such as one-to-one meetings (68% vs. 49% overall) and by telephone (57% vs. 33% overall). Stakeholders in Yorkshire and Humber are also twice as likely to rate their local AHSN's communication as extremely effective than the national average (24% vs. 12% overall).

KNOWLEDGEABLE STAFF

In addition to being seen as responsive and personal in their approach, Yorkshire and Humber AHSN staff are praised by stakeholders for their high-level sector knowledge. This is evidenced in interviews where the AHSN has added value to projects such as TCAM and Pincer through their support. For instance, where they have proactively anticipating potential barriers ahead. As a result of this good work, they are already being considered by a CCG for involvement in future initiatives such as the transformation of outpatient services.

*"The calibre of their people. At Yorkshire and Humber, they haven't just hired well-meaning signposting or marketing people, there are some **people with some real insight and expertise in the MedTech sector.**"*

They really know their stuff and, because of that, they're able to see the problems that we're about to have before we even know it."

Private company or industry body

*"[Yorkshire and Humber AHSN] support us in a lot of our programmes. We've started to get involved with them now with TCAM, transfer of care around medicines, PINCER, the arterial fibrillation work. They've obviously **got a wealth of knowledge and expertise**. So [for example], I know they're always looking towards innovation. With a lot of the work we're doing now towards outpatient transformation programmes, I'm sure there is scope for them to be involved in that way."*

CCG

POINTS FOR YORKSHIRE AND HUMBER AHSN TO CONSIDER

ENSURING CONSISTENCY IN THE COMMUNICATION APPROACH

Whilst most stakeholders interviewed are very positive about their experiences with Yorkshire and Humber AHSN, some have shared more negative experiences. The latter express frustration about the speed in which the AHSN has responded to their queries in the past. While one respondent recognises this may be primarily due to resource prioritisation, another had better experiences with another AHSN and therefore felt let down by the lack of engagement with Yorkshire and Humber as their local AHSN.

"I contacted Yorkshire and Humber, but I've not got a response. They're very relevant to our work [because] we work locally; we do medical trials in Yorkshire."

Private company or industry body

*"[The AHSN is] **not always as rapidly responsive as I would like**. Part of it I suspect is bandwidth; their availability of time to answer my questions and come back to me."*

Local government or LEP

Whilst this theme came through in the interviews, the online survey found that stakeholders in Yorkshire and Humber AHSN are twice as likely as the national average to rate their local AHSN's communications as extremely effective (24% vs. 12%). However, while this suggests these instances of poor communication are in the minority, they may still be a useful area for the AHSN to address.

SCALING UP PROJECTS TO HAVE A SIGNIFICANT AND LONG-TERM IMPACT

Some of the stakeholders interviewed question whether the projects Yorkshire and Humber AHSN is working on are on a large enough scale to make a significant difference. Similarly,

some reflect on whether the AHSN are driving the work or whether the progress can be sustained once the initial AHSN support has been withdrawn.

"I'm seeing NHS projects at a PCM locality level, federation level, and they're almost always small scale, it doesn't get anywhere 99.9%."

Private company or industry body

"I can't give you an example of something that's gone all the way through from an introduction where they've ended taking it forward themselves as opposed to referring to other organisations. So, you could say that there's still more work to be done."

Local government or LEP

"I do have worries sometimes about the sustainability of things. When the AHSN pull out from giving that intense support to the practices, will they slip back into old ways or is it really instilling, the best ways of working? I don't know how much practices just, step back and go, 'Yes, the AHSN are here, they'll do that part for us,' and then they move on. I don't know."

Local government or LEP

CHALLENGES AND OPPORTUNITIES AHEAD

A range of areas to focus on in the future are cited by Yorkshire and Humber AHSN stakeholders, which tended to mirror some of the national priorities that stakeholders want to see the AHSN deliver on.

SUPPORTING IN IMPLEMENTING THE NHS LONG-TERM PLAN

One such focus is the NHS long-term plan, which Yorkshire and Humber AHSN stakeholders view as a challenge *and* an opportunity for the AHSN.

"I think the opportunity is that we have got the NHS long-term plan, so they can capitalise on that and potentially some of the doors that open to partnerships that need to be forged. Partnerships that need to grow."

Local government or LEP

DIGITAL HEALTH

Another focus for the AHSN over the next few years, as mentioned by numerous stakeholders interviewed, is digital health. They express enthusiasm about the potential impact of new technologies, for instance, on freeing up resource within the NHS by allowing patients to self-care, and see the AHSN as central to driving this innovation.

"I think the biggest challenge will be digitising and de-medicalising certain services, and I think that will be the biggest opportunity as

*well. There's massive potential for digitisation [and] app use to **allow patients to self-care better, which frees up capital and resource for expenditure in other areas that is desperately needed within the NHS.***

CCG

*"It's about technologies and digital technologies. They can benefit from the disruptive technology but, you know, they can impact on the current supply chain. So, they must be open to that, they must invest in that. In digitisation, I think **one of the challenging issues must be adapting to NHS and AHSN can support this.**"*

Private company or industry body

*"Digital health is the greatest opportunity because it allows **streamlining of resource again, with the use of artificial intelligence.** There is an opportunity to have economies of scale at national level and with access to healthcare professionals as a resource. But the budget structure which is at regional level means that I think **the UK will not be able to benefit from it from the economy of scale that is available for digital health simply because their structure prevents that.**"*

Local government or LEP

SUMMARY OF POINTS FOR THE AHSN TO CONSIDER

Across interviews conducted, the following points emerged for Yorkshire and Humber AHSN to consider:

- ✓ Continue to **utilise staff to leverage new local partnerships** as they are seen as a major asset.
- ✓ Consider how to best contribute to **digital health innovations** as an area of interest to its stakeholders.
- ✓ Consider how they can **communicate and engage with all stakeholders effectively.**
- ✓ Ensure it is getting involved in bigger, **more ambitious** projects.
- ✓ Provide stakeholders with **more regular updates** on work Yorkshire and Humber AHSN are involved in.