

ACADEMIC HEALTH SCIENCE NETWORKS

STAKEHOLDER RESEARCH

NATIONAL FINDINGS 2019

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INTRODUCTION

BACKGROUND

There are 15 Academic Health Science Networks (AHSNs) across England. These organisations were established by NHS England in 2013 to spread innovation nationally at pace and scale across distinct geographies, with the aims of improving the health of the population in their regions and generating new economic growth. AHSNs were also identified as a key to delivering priorities on patient safety, research and innovation set out in the NHS Long Term Plan (published in January 2019).

AHSNs have three primary national commissions¹, two from NHS England and NHS Improvement, supporting the adoption and spread of innovation and each leading a Patient Safety Collaborative, and a third commission from the Office for Life Sciences (OLS) to support innovators. In addition to the national commissions each AHSN supports local NHS organisations in their area with innovation and improvement programmes, working alongside NHS England and NHS Improvement regional teams.

Whilst each AHSN supports a distinct geography, they also work collaboratively via the National AHSN Network to share best practice, efficiently use resources, align decision making and enable joined up communication on their work and impact.

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.

Areas of good practice and points that all AHSNs may wish to consider as areas for improvement are identified in this report.

EXECUTIVE SUMMARY

Savanta ComRes, an independent research organisation, was tasked with conducting this 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. Those taking part were stakeholders in private, health and social care and voluntary sectors, national and local governance bodies, research and academia, patient groups and the general public. Topics covered include familiarity with and perceptions of AHSNs, evaluations of AHSNs' communications, services, support, work programmes and cross-regional working, and perceived opportunities and challenges for AHSNs in the future.

An executive summary below presents stakeholder insights, containing a representative blend of:

- Positive evaluations regarding the perceived value and contribution of AHSNs; and
- Feedback, in which important areas are highlighted as issues for AHSNs to consider.

¹ Further information about the AHSN commission can be found [here](#).

AREAS IN WHICH AHSNs PERFORM WELL

1. There are high levels of satisfaction across all stakeholder groups related to strengthening partnerships across sector boundaries and facilitating the spread and adoption of innovation.

Many discussions with stakeholders pertain to their positive experiences with AHSNs, with most working with AHSNs for more than a year (77%) and rating their working relationship as being very or fairly good (82%). The bedrock of this are AHSNs' cross-sectional expertise in facilitating partnerships across research, industry and health systems and signposting stakeholders to valuable opportunities and resources. These support services are helping new ideas and innovations to be successfully adopted and scaled up in local areas. Examples of AHSNs' contribution to this process are provided by numerous stakeholders in interviews.

"There's an awful lot of people out there that have no idea of what goes on within the NHS, so an organisation that is actually for networking in order to give [them] an opportunity to present their ideas or technologies or innovations [is] great for everybody concerned."

VCS

2. AHSNs are effectively employing tailored models of communications and engagement with stakeholders

Stakeholders' engagement needs often vary on an individual, organisational and locational basis. AHSNs have developed a range of communication channels tailored to meet this requirement. A majority of all stakeholders surveyed say this currently consists of direct or group emails (64%), face-to-face workshops, consultations or events (61%), and via email newsletters (57%). The format of engagement can range from regular catch-ups, to simply reaching out as and when stakeholders have a question or requirement of AHSNs. This is positively evaluated by stakeholders and is playing a key role in driving high levels of satisfaction.

3. Staff within all AHSNs are seen by stakeholders as a significant asset, and are routinely described as approachable, helpful and responsive.

Almost all stakeholders describe positive experiences with AHSN staff. One of the primary associations made with AHSNs is that they have an open-door policy in which staff are flexible in the support they offer. This reflects the bespoke nature of relationships that AHSNs have with stakeholders. Many stakeholders consider this to be an influential factor in AHSNs' ability to bridge gaps in the system and drive the spread and adoption of innovation.

4. AHSNs are collaborating with a growing network of individuals and organisations across the health and care sector.

Stakeholders are most likely to say that they found out about AHSNs through work or colleagues (51%), networking events or conferences (27%). Most stakeholders describe how they were already aware of AHSNs when they first got involved with them, or had been referred to AHSNs through personal contacts within the health sector, including from CCGs, Strategic Clinical Networks, the Department of Health and Social Care and the Office for Life Sciences. This shows how engagement spreads organically across partners who often hear of AHSNs through joint ventures or third parties. It also demonstrates how AHSNs are facilitating system partnerships at a high level, as well as their ability to leverage existing relationships by cascading and signposting information to new stakeholders.

"They do a great deal; we are partners on numbers of projects, where they help us either with direct resources or by their staff working in partnership with our staff or by simply helping us to connect with local organisations."

Research body or university

POINTS AHSNs MAY WISH TO CONSIDER

1. There is currently a high degree of variability in how stakeholders describe their initial involvement with AHSNs.

The variety of initial touchpoints with AHSNs highlights the highly personalised engagement models that AHSNs use, and their ability to leverage local partnerships. Although this strategy is effective in growing AHSN networks organically, such an approach has prompted some stakeholders to question whether AHSNs are effectively reaching all the right people this way. A theme that emerged in interviews is that stakeholders would like AHSNs to consider their current outreach approach. Feedback is generally mixed on the degree to which this should be targeted or planned. Broadly, stakeholders think AHSNs could do more to ensure that they are initiating contact with a good mix of individuals across the local area and within organisations. Individual AHSNs may therefore wish to consider:

- The degree to which stakeholder outreach is planned or targeted to ensure positive relationships amongst local partners; and
- How this aligns with their objectives and priorities for future engagement.

2. Stakeholders would like to learn about the National AHSN Network and the innovations within other AHSN areas that could support their objectives.

Evaluations of AHSNs' effectiveness in connecting stakeholders to other regions is mixed. While some stakeholders interviewed report opportunities to learn of other AHSNs, many others express a lack of awareness of the work of the National AHSN Network. The National AHSN Network is considered a valuable resource by stakeholders that could be utilised further. Health and social care providers are particularly keen to further import and export the learnings across AHSNs to address local unmet needs and align workstreams. The National AHSN Network may therefore wish to consider:

- More consistent cascading of messaging about the National AHSN Network within local AHSN communications; and
- Developing a process to identify innovations which are capable of being exported or imported across other AHSNs and establishing a means to cascade this information in a coordinated way.

3. Whilst appearing strong in engaging industry and research stakeholders, AHSNs are less visible with local government, patients and VCS organisations.

The majority of stakeholders in private companies or industry bodies are extremely or very aware of the work of AHSNs (70%), as are research or university bodies (63%). However, this is only the case for around two in five local government or Local Enterprise Partnership (LEP) stakeholders (39%*) and individual patients or members of the public (38%). Similarly, when asked how visible they feel AHSNs are, sub-group analysis indicates this is lacking among the latter groups. In addition, a third (33%) of VCS stakeholders say AHSNs are slightly or not at all visible in their local area, which is higher than any other group. AHSNs may therefore wish to consider:

- Priorities regarding visibility among different levels of stakeholders; and
- The degree to which this is an issue that needs to be addressed.

4. Increasing visibility of innovation and best practice across AHSNs will help to demonstrate impact.

Stakeholders do not demonstrate a strong knowledge of innovation going on outside of their local area. Specifically, stakeholders cite that they have little to no engagement with AHSNs out of their region and limited understanding of how the model works on a larger scale. Therefore, knowledge sharing and collaborative partnerships across the network and innovation process are crucial to ensuring impact. AHSNs may wish to consider:

- The ways in which they can support national government, agencies and ALB stakeholders in collecting and interpreting evidence. This was identified as a key method of helping to demonstrate the impact of new innovations and system changes.

METHODOLOGY

10-minute online survey followed by 30-minute telephone interviews. Databases containing email addresses for each stakeholder were provided by the stakeholder engagement lead at each local AHSN. Savanta ComRes invited stakeholders to participate via an initial email containing a **personalised link** to the survey. This was followed by two email reminders during fieldwork to maximise response rates and encourage participation. Our aim was to collect approximately 1,000 responses, to mirror the previous wave of research. We then conducted 150 interviews with self-selecting stakeholders who opted in, aiming for an equal spread across regions, including a 'national' level group.

These two fieldwork phases were preceded by a detailed **set-up meeting and a subsequent project design workshop** to develop the questionnaire and interview discussion guide.

DESIGNING MATERIALS

Commissioners and AHSNs were involved in the initial design of all research materials and provided feedback that Savanta ComRes incorporated into the final version of these tools. The online survey was designed to incorporate **20 closed and 5 open-ended questions**.

The interview guide incorporated questions that aimed to provide greater depth of insight into the 'why' behind stakeholders' views in the survey (e.g. why do they have positive or negative impressions of AHSNs). In addition, detailed questions around topics such as evaluations of AHSNs' regional integration, perceptions of the role of AHSNs and recommendations for the future were included that were not part of the online survey material. Full materials can be found in the **APPENDIX** of this report.

PARTICIPATING STAKEHOLDERS

Savanta ComRes surveyed 1,115 stakeholders online between 21st August and 16th September 2019. The survey received responses from across the spectrum of stakeholder groups, although it should be noted that a plurality of survey responses were received from health or social care providers (37%) for whom AHSNs provided the highest number of contact details. A full breakdown of the proportion of survey respondents from each sub-group is provided in the **APPENDIX** of this report.

Note: Findings marked with an asterisk () indicate a base size lower than 50. These are highlighted throughout the report to raise where a data point should be treated as indicative only.*

Region	Database count	Survey count	Response rate
East Midlands AHSN	245	82	33%
Eastern AHSN	183	45	25%
Health Innovation Manchester	170	50	29%
Health Innovation Network South London	778	97	12%
Imperial College Health Partners (ICHP)	104	47	45%
Innovation Agency North West Coast (NWC)	246	58	24%
Kent Surrey Sussex AHSN	636	107	17%
North East and North Cumbria AHSN	219	84	38%
Oxford AHSN	280	59	21%
South West AHSN	523	138	26%
The National AHSN Network	117	54	46%
UCL Partners	264	51	19%
Wessex AHSN	280	86	31%
West Midlands AHSN	258	54	21%
West of England AHSN	503	87	17%

Yorkshire and Humber AHSN	199	56	28%
Grand total	5,005	1,155	23%

Savanta ComRes also conducted 30-minute in-depth, semi-structured telephone interviews with 150 self-selecting stakeholders across different regions and organisations between 9th September and 13th November 2019.

Region	Opt in count	Interview count
East Midlands AHSN	17	9
Eastern AHSN	14	8
Health Innovation Manchester	14	10
Health Innovation Network South London	19	9
Imperial College Health Partners	12	9
Innovation Agency North West Coast	17	10
Kent Surrey Sussex AHSN	17	10
North East and North Cumbria AHSN	21	9
Oxford AHSN	11	9
South West AHSN	33	10
The National AHSN Network	17	10
UCL Partners	8	7
Wessex AHSN	24	10
West Midlands AHSN	14	9
West of England AHSN	16	11
Yorkshire and Humber AHSN	12	10
Grand total	266	150

This report provides a national view of AHSNs taken from results across all the surveys and interviews conducted, looking at any key similarities or differences that can be teased out for each stakeholder group. Following this, an in-depth regional analysis of stakeholders' views took place, providing an individual report for each of the 15 AHSNs.

NATIONAL FINDINGS

1. KNOWLEDGE AND PERCEPTIONS OF AHSNs

KEY POINTS

- AHSNs are very positively regarded for their ability to **bring stakeholders from different parts of the system together** in the process of facilitating the adoption and spread of innovation.
- The above is especially true for **health and care providers and private companies or industry bodies** who strongly value the role AHSNs play in connecting them with one another.
- AHSNs are most visible in **commercial and research fields**; comparatively, VCS organisations and patient or public stakeholders report the lowest levels of awareness.
- Most stakeholders indicate they have a good or fair understanding of the role of AHSNs.
- AHSNs have built **strong personal relationships** with their stakeholders, as evidenced by numerous descriptions of the ‘supportive’ and ‘responsive’ staff helping to **broker new collaborations**.
- While most feedback for AHSNs is positive, some stakeholders mention that it would be helpful to have more insight into how their AHSN decides on its local priorities. This highlights an opportunity for AHSNs to further consider how this information is cascaded to stakeholders.
- Many stakeholders note that their **perceptions of AHSNs have improved over the course of time they have been aware of them**. This is considered to be a result of new partnerships and AHSNs’ **growing influence and visibility** in the health and care sector.

1.1. FAMILIARITY WITH AHSNs

This section covers stakeholders’ overall familiarity with AHSNs, the visibility of AHSNs, and their understanding of the role of AHSNs.

Stakeholders predominantly report being at least moderately aware of the work of their local AHSN or the National AHSN Network. A majority (60%) say they are extremely or very aware of AHSNs’ work within their organisation, although a lower proportion rate their personal awareness of AHSNs’ work or its work within their sector in the same way (52% and 42% respectively). This provides a view as to how stakeholders engage with AHSNs; it appears to be based mostly on individual work with AHSNs or organisational projects they are aware of.

Interviewees, for the most part, can be categorised into one of the following typologies in terms of their level of familiarity. The following quotes that accompany these three categories of awareness have been

implemented to demonstrate the point, and not to illustrate the type(s) of stakeholder symbolic of that group. A breakdown of these categories by stakeholder type are displayed at [Figure 6](#).

- **Extremely or very aware and regularly in touch with their AHSN**

This group make up a minority of stakeholders. They are most likely to describe a spontaneous yet regular working relationship with their local AHSN. Engagement often takes multiple forms, such as various workshops or events and board or strategy meetings.

Private companies and industry bodies are more likely than average to fall in this category, with 70% extremely or very aware of their local AHSN or the National AHSN Network, compared to 52% overall.

“We’ve worked with [our local AHSN] for at least two years, attending various events, working with [them] in different capacities; perhaps eight to ten different members of staff at AHSNs. Different capacities ranging from appearing on their panels or attending their panels, and staying in close touch, leading up to us being a commercialisation case study for them.”

Private company or industry body

- **Moderately aware of AHSNs but acknowledge that there are elements they do not know about**

Most stakeholders fall into this category. They often describe being familiar with the workstreams they have collaborated with AHSNs on, but also seem to understand that the remit spans far wider. They acknowledge that there are other services and support offered by AHSNs which they remain unaware of.

CCGs and health and social care providers are more likely than average to fall in this category, with 43% and 38% respectively who are moderately aware of their local AHSN or the National AHSN Network, compared to 35% overall.

“I’m reasonably familiar [as] to what their responsibilities are, how they help, where they’re funded from, a little bit, but I wouldn’t say I have a complete understanding of what they do.”

Health or social care provider

- **Slightly or not at all aware of AHSNs**

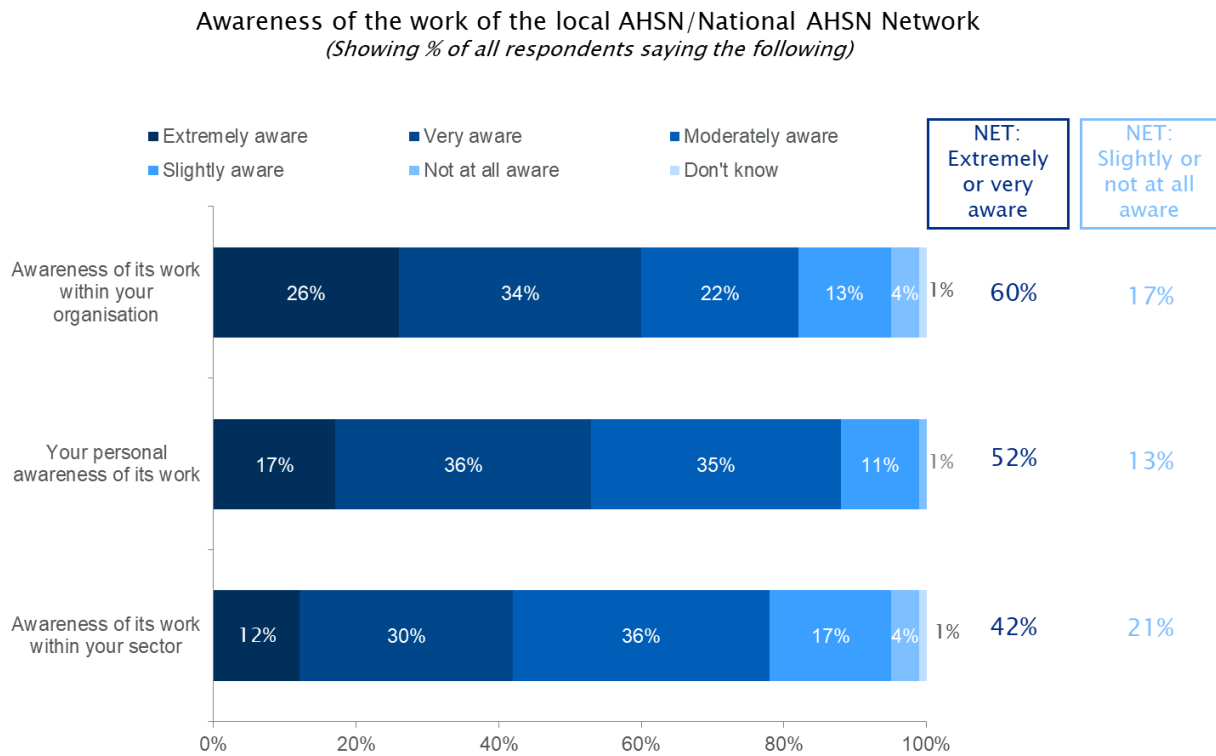
This group make up a small proportion of stakeholders. They do not have direct interaction with AHSNs which drive a general lack of familiarity with their work. However, some also suggest this is because the relationship is still in its infancy and that they are beginning to learn more about the ways in which AHSNs can support them.

Individual patients or members of the public are more likely than average to fall into this category, with 28% slightly or not at all aware of their local AHSN or the National AHSN Network, compared to 13% overall.

“My next step is I’m joining the [AHSN’s] public engagement group, so I’ve done bits, but I haven’t done loads.”

Individual patient or member of the public

Figure 1: Awareness of AHSNs



Q1. Overall, thinking about the [local AHSN / National AHSN Network]'s work, how would you describe...? Base: All respondents (n=1155)

LENGTH OF TIME WORKING WITH AHSNs

The reported length of time working with AHSNs varies considerably amongst stakeholders. More than three quarters (77%) of those surveyed say they have worked with their local AHSN or the National AHSN Network for over a year, and an eighth (12%) say it has been over five years. This shows that AHSNs have successfully maintained long-standing relationships with their stakeholders. Given that this period varies, those who have known of AHSNs the longest are more likely to claim to be familiar with it. In interviews, this is frequently suggested to be a result of working closely together and learning more about how the organisation functions. Indeed, 61% of those who have worked with AHSNs for four or more years consider themselves ‘extremely or very aware’ of its work compared with just 35% of those who have worked with AHSNs a year or less.

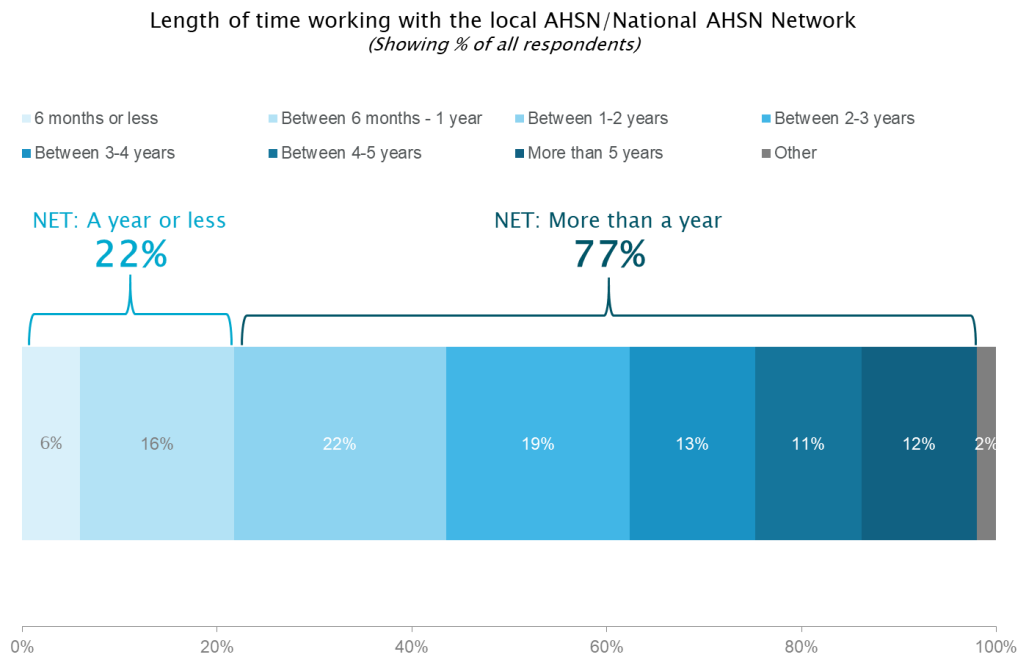
“I’ve got a far better understanding now than I had beforehand, because before doing the project, I wasn’t even aware they existed.”

Health or social care provider

“I think we’re more familiar than we were about two or three years ago, before we started working with them.”

Local government or LEP

Figure 2: Length of relationship



D7. And approximately how long have you worked with the [local AHSN / National AHSN Network]? Base: All respondents (n=1155)

VISIBILITY OF AHSNs

The extent to which stakeholders consider individual AHSNs to be visible in their local area (or nationally in the case of the National AHSN Network) varies considerably. Around a fifth (19%) answering on behalf of a local AHSN say that the AHSN is only slightly visible in their local area or not at all, while two fifths (40%) say that the AHSN is extremely or very visible, and a third (35%) say it is moderately visible. A breakdown of how this compares across stakeholder groups is shown at Figure 4.

Those who have worked with AHSNs longer are also more likely to perceive them as extremely or very visible locally (47%; four or more years) compared to those with more recent relationships (30%; one year or less). This demonstrates two things: firstly, a connection between familiarity with AHSNs work and perceptions of how visible they are locally, perhaps reflecting the natural progression of brand growth. Secondly, it shows that maintaining relationships over time is key to building the cross-sector reach of AHSNs.

Although some stakeholders feel that AHSNs are growing their reach across their local health and care sector, many of those interviewed, when asked to consider ways in which AHSNs could improve their impact, suggest increasing visibility is an area to focus on going forward.

“I’ve been in the CCG for, about, six, seven years now. In all that time I don’t think they’ve been particularly visible.”

CCG

Discussions with various stakeholders across academia, industry and service provision suggest AHSNs take a relatively targeted approach to engagement where they are seen fostering relationships with specific individuals. With regards to increasing visibility, several stakeholders point out that growing the reach of AHSNs may require a considered strategy of engagement based on what organisations they want to connect with. This highlights an area for consideration around AHSNs around their objectives and the priority audiences they want to be visible with.

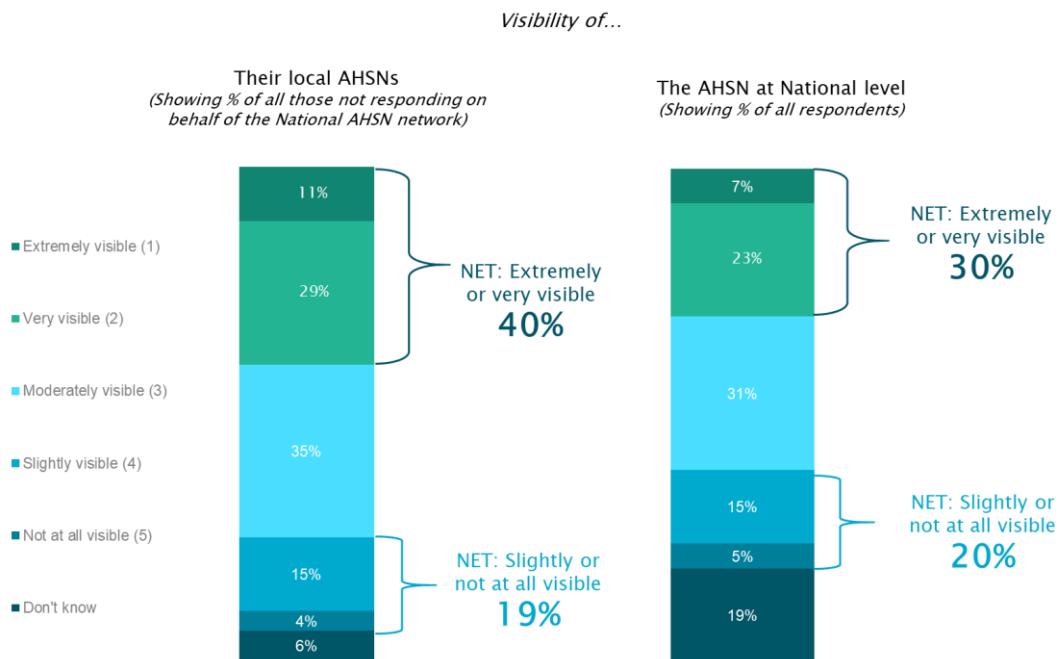
“I think that could be improved and I think it’s something about filtering it to the right people within the organisation.”

Health or social care provider

"I think [my local AHSN is] very visible to a relatively small group of very engaged individuals. In terms of the realities of the resource and the time and everything else that they've got, I don't think it's a reasonable expectation that everybody in an organisation is going to know about them who needs to."

Research body or university

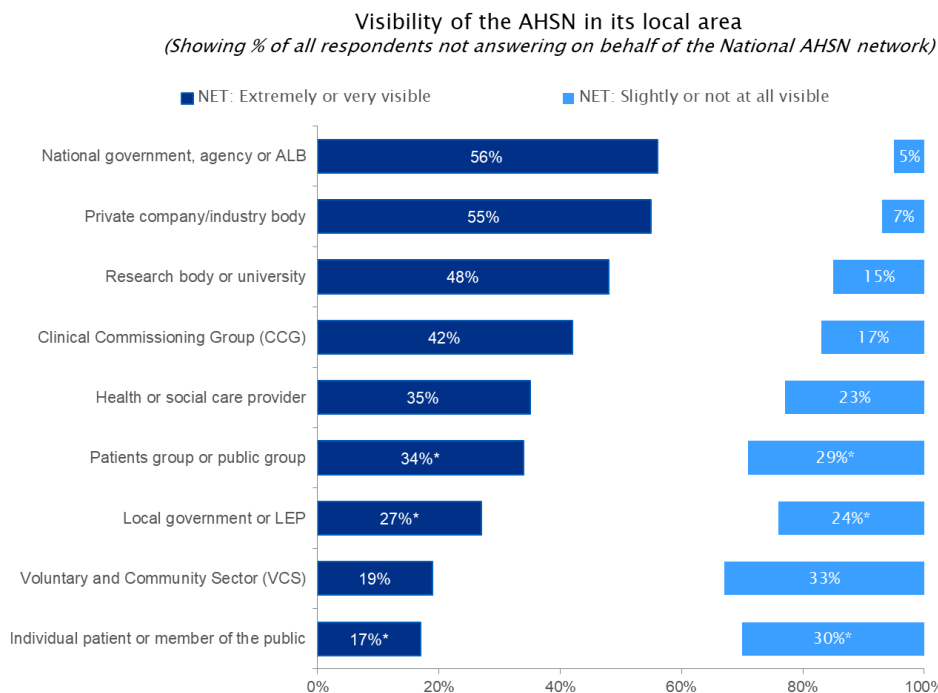
Figure 3: Rating visibility



Q21. Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of the [local AHSN / National AHSN Network] at the national level? Base: All respondents (n=1155)

Q22. Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of the [local AHSN] in its local area? Base: All those not responding on behalf of the National AHSN network (n=1101)

Figure 4: Rating local visibility by stakeholder type



Q22. Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of the [local AHSN] in its local area? Base: Those respondents not answering on behalf of the National AHSN Network - CCG (n=144), Research body or university (n=141), Local government or LEP (n=45*), National government, agency or ALB (n=59), Patient or public group (n=38*), Individual patient or member of the public (n=53), Private company or industry body (n=164), Health or social care provider (n=415), VCS (n=42*)

UNDERSTANDING THE ROLE OF AHSNs

Interview and survey feedback tend to suggest that stakeholders largely understand their local AHSN’s role. For instance, almost nine in ten (87%) stakeholders answering the survey about a local AHSN say they have a good or fair understanding of its role, and eight in ten (79%) say the same about the National AHSN Network.

On the whole, this finding mirrors interview discussions. For the most part, interviewees are able to provide a description of at least one key function of AHSNs when asked to describe what they consider their role to be. References are commonly made to their AHSN’s role as a middle agent that facilitates different parts of the system working together, helping to identify and scale-up innovations and share best practice within their region.

“To facilitate the spread of innovation.”

CCG

“Their core role is to drive improvement for patient populations, but specifically focussing on improvement practices that can be delivered by harnessing the power of industry and research and the NHS working together.”

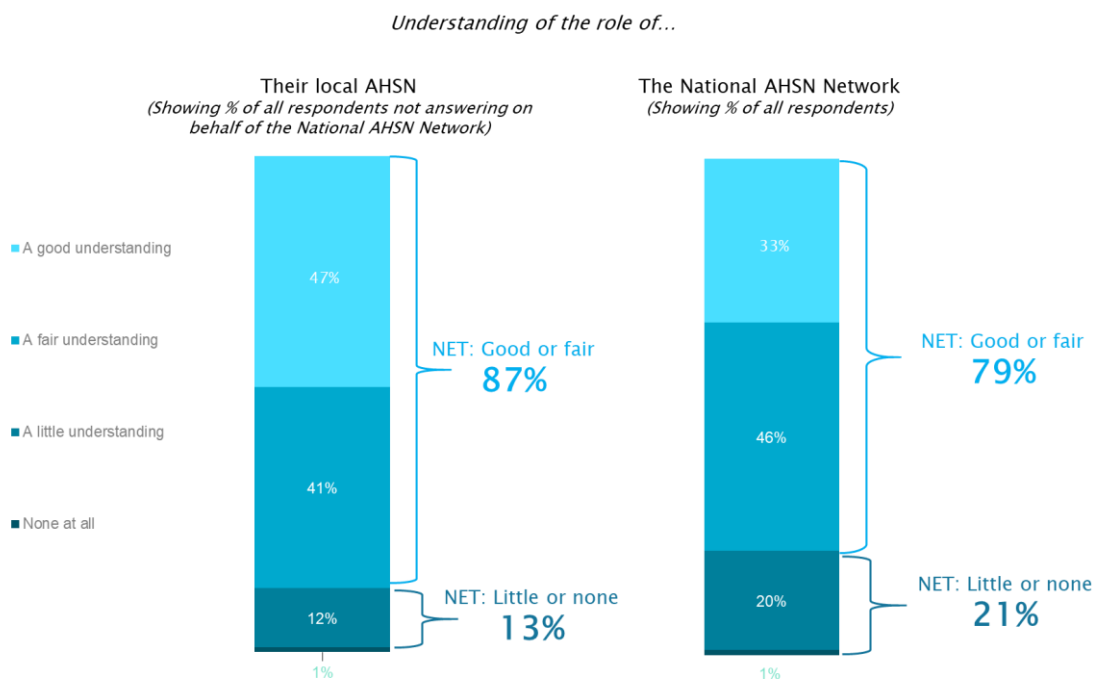
Health or social care provider

While these findings suggest that stakeholders broadly understand the role of AHSNs, it could be argued that the lack of awareness of its work in other areas risks building inconsistent expectations that rely on constantly moulding to fit the needs of each individual or organisation. In some ways, this is to be expected of a role that facilitates partnerships between different parties and requires a high degree of flexibility in its activities. This topic will be examined later in the report in relation to an evaluation of the bespoke engagement models that AHSNs employ within the health system.

“I think there’s a lack of clarity on what roles and purpose are in a system that is very difficult to navigate.”

Research body or university

Figure 5: Understanding of role



D5. How would you rate your understanding of the role of the National AHSN Network? Base: All respondents (n=1155)

D6. How would you rate your understanding of the role of the [local AHSN]? Base: All those not responding on behalf of the National AHSN Network (n=1101)

1.2. PERCEPTIONS OF AHSNs

This section explores perceptions of AHSNs, particularly around stakeholder views on how AHSNs connect, i signpost, and develop personal relationships. The prospective area for development is cited as clarity around how AHSNs set priorities.

Most stakeholders hold a positive impression of AHSNs. When asked to describe what factors drive these views, stakeholders commonly use words that mirror AHSNs' role as facilitators, including 'collaborative', 'networking', 'coordinate', 'facilitate', 'bridge' and 'broker'. Other valued characteristics include AHSNs' expertise and knowledge base. A small number of interviewees who cite negative or disappointing experiences with AHSNs use words such as 'distant', 'complicated' and 'ineffective'. The key themes from this verbatim analysis are explored in the diagram below.



CONNECTING AND SIGNPOSTING

As previously discussed, stakeholders commonly cite AHSNs' role in bringing together different parts of the system as key in facilitating the spread and adoption of innovation in the health and care system. Networking and generation of meaningful connections is **one of the most prominent stakeholder associations with AHSNs**. Consequently, this is identified by stakeholders as a unique purpose of AHSNs and is thus highly valuable to stakeholders on a number of accounts.

Firstly, it appears to aid in the **sharing of knowledge and resources**.

*"[AHSNs'] USP [is] the fact that it **brings different organisations together**. We're a big, acute trust, so in a way we're less needy, but I know certainly colleagues who work in the community, perhaps in small GP practices, it's an absolute Godsend being able to access the training and the resources. It's quite difficult for them otherwise."*

Health or social care provider

*"For us it's about **accessing expertise and knowledge** about what's going on outside the NHS that we can think about bringing into the NHS. So, that bit for me is absolutely their USP and where they can add most value to cancer pathways."*

Health or social care provider

Secondly, the **allocated time and resource investment that** AHSNs can contribute towards building partnerships is useful, especially for stakeholders with limited spare time away from day-to-day duties to think strategically about innovation.

"We can do the system engagement but them helping with some of the programme management and the relationships with external partners [is] really valuable."

National government, agency or ALB

Finally, **signposting effectively**, including to funding streams, new initiatives or opportunities, is at the core of AHSNs' work and appears to play a vital role in supporting stakeholders' various needs and requirements.

*"When working with them, they have been very supportive, certainly in the last few months, in the digital agenda. Supporting me in finding partners, new partners, to work with, and very much **help signpost a lot of ideas and thinking from other people** that they're aware of that I'm not. So, they've been hugely helpful in that partnership building piece."*

Local government or LEP

DEVELOPING PERSONAL RELATIONSHIPS

A key factor driving favourable impressions of AHSNs is their ability to build a strong rapport with most stakeholders. Staff at AHSNs are frequently referred to as 'friendly' or 'approachable'. Often, such observations are made with reference to the responsiveness of AHSNs and an 'open door policy' when it comes to communication.

"I've been really happy with the way that they've worked with us as partners, I will say. We've had no issues with them at all in terms of collaborating and working together. There's no tension, it's a very friendly relationship."

Local government or LEP

"What they've done is just been very supportive within what was needed with the new setting up project, so they have been helpful. They were really, really helpful when we needed to fairly quickly turn around a project and get a bid into the Health Foundation, and they were very, very responsive."

CCG

A minority of stakeholders report weaker personal relationships and describe AHSNs as ‘distant’ due to a lack of consistent communication. It should be noted that these are few and far between, and do not appear to be associated with any one AHSN which suggests the issue is not regional.

“They often come to some of our NHS meetings, or our CCG or collaborative meetings. They’ll come with nice flyers and talk the talk about [how] they’re here to support us, but then you never see them unless there’s specific targeted pieces of work where you can get some help.”

CCG

CONFUSING STRATEGY

Stakeholders consistently discussed their reservations around how AHSNs set priorities locally; namely, they are unclear how this is done. Its approach to prioritising areas of work can sometimes be viewed as slightly disordered, although this may be a consequence of a lack of understanding on the stakeholders’ part rather than being a true depiction of how AHSNs work. As such, a greater exploration of this theme will be discussed later in the report, with regards to how stakeholders feel priorities should be defined locally and nationally.

“Slightly confusing about how they establish what areas of care to work on, so perhaps a little bit scattershot.”

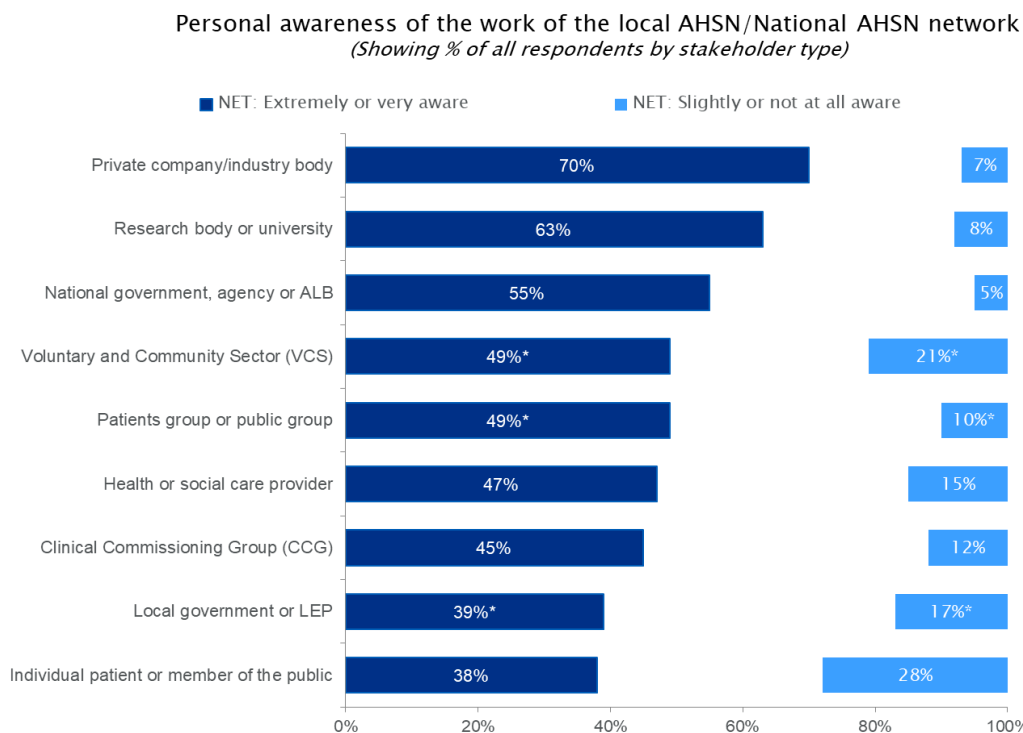
Research body or university

1.3. EVALUATIONS BY SUB-GROUP

This section draws out the key themes using qualitative and quantitative data on how various stakeholder groups view AHSNs. Themes include historical vs new relationships, low awareness in the community, links to the National AHSN Network, and links between the NHS and industry.

Private company and industry body stakeholders are the most likely to say they are extremely or very aware of the work of their local AHSN or the National AHSN Network (70%), followed by research body or university stakeholders (63%) and national government, agency or ALB stakeholders (55%). However, less than half of all other sub-groups report the same (38–49%). Similarly, it is these same three sub-groups that are most likely to rate AHSNs as extremely or very visible (48–56%), while only a minority of others do the same (17–42%). This is understandable, as awareness and visibility tend to go hand in hand. This also indicates **varying exposure in different parts of the system** which is perhaps surprising given that almost nine in ten (87%) stakeholders report a good or fair understanding of the role of their local AHSN.

Figure 6: Rating awareness by stakeholder type



Q1. Overall, thinking about [your local AHSN/the National AHSN network] how would you describe... [Your personal awareness of its work]? Base: CCG (n=144), Research body or university (n=143), Local government or LEP (n=46*), National government, agency or ALB (n=77), Patient or public group (n=41*), Individual patient or member of the public (n=53), Private company or industry body (n=186), Health or social care provider (n=422), VCS (n=43*)

HISTORICAL VS. NEW RELATIONSHIPS

Stakeholders from **research bodies or universities** appear to have the longest standing relationships with AHSNs. More than two fifths report working with AHSNs for approximately five years (22%) or between four and five years (21%) which, combined, is a higher proportion than any other stakeholder group who have known AHSNs for a similar amount of time. Despite the length of relationships being reportedly mixed among other stakeholder groups, a **majority of VCS stakeholders report only having worked with AHSNs for approximately two years or less** (67%*). This result may also be a factor in why VCS stakeholders are less likely than other groups to say they are aware of AHSN’s work, given their relationships are likely to be newer.

LIMITED UNDERSTANDING OF AHSNs’ REMIT AMONGST VCS AND PUBLIC STAKEHOLDERS

Patients or members of the public and VCS stakeholders who have answered the survey on behalf of a local AHSN are the least likely to report an understanding of their AHSN’s role. 34%* and 31%* respectively report little or no understanding compared to less than a fifth of other stakeholder groups. This is likely linked to low exposure among these groups; around a third of VCS and individual patient or public stakeholders answering on behalf of a local AHSN rate it as slightly or not at all visible (33%* and 30% respectively). Asterisks against these data points indicate a low base size and a weaker response to the survey; perhaps a further demonstration of the low levels of engagement among these groups.

Awareness and understanding of the relationship of AHSNs to the public is low. In interviews, those in VCS organisations who represent patients are **unsure whether or not AHSNs have a role in engaging with patients and the public directly**. In addition, members of the public who are involved with AHSNs’ work through consultations are also unclear as to the extent AHSNs engage with them directly. This group comment on the use of jargon and complex medical terminology as confusing to them and think that this will prevent further engagement with the public more widely. AHSNs could consider how clearly their remit is explained to these groups and review the ways in which they explain why they are involving VCS organisations and the public and patient representatives in their work.

"I think that it is not easily branded for people like me, members of the public who are involved to understand what is AHSN [...] there are loads of acronyms."

Individual patient or member of the public

LINKS TO THE NATIONAL AHSN NETWORK

Nine in ten (90%) national government, agency or ALB stakeholders say they have a good or fair understanding of the role of the National AHSN Network; significantly higher than many stakeholders in other organisations including CCGs (76%), local government or LEPs (78%), and health and social care providers (77%). Similarly, around nine in ten (88%) private company or industry body stakeholders also report a good or fair understanding of the National AHSN Networks' role.

CONNECTING THE NHS AND INDUSTRY

As discussed earlier in this chapter of the report, AHSNs are reported as being regularly successful at brokering relationships between different stakeholder groups. A theme that has emerged strongly among relevant stakeholder interviews is the unique role AHSNs play in connecting health and social care providers and private company or industry body stakeholders. According to stakeholders from both parties, these connections have proved exceptionally valuable in forging new partnerships, bridging knowledge gaps and facilitating the adoption of new emerging innovations. The next chapter of this report will highlight key examples of these partnerships and the impact that has had.

1.4. POINTS FOR CONSIDERATION ON KNOWLEDGE AND PERCEPTIONS OF AHSNs

The points for consideration raised below are based on stakeholder feedback.

- ✓ Ensure **consistent and responsive communication** across all stakeholder groups while continuing to encourage staff to **maintain positive personal relationships with individuals**.
- ✓ Be **proactive** in involving relevant parties in new initiatives when connecting different parts of the health and social care sector together and consider new ways of encouraging these connections.
- ✓ Consider **AHSNs' unique purpose** in the health and social care sector alongside organisations conducting similar work in an effort to **reduce duplication** and **add further value** to its contributions.
- ✓ **Promote** ways in which AHSNs are **already providing value** to stakeholders through its networking and signposting functions to help engage those who are unclear of how AHSNs fit into their individual or organisational needs.

In addition to this, the research findings suggest that to maintain positive perceptions of AHSNs and grow knowledge and understanding of the AHSN Network, they should:

- ✓ Continue to **build connections between health systems and industry** as these are considered highly valuable and play a key role in AHSNs' visibility among these groups.
- ✓ **Continue to provide signposting facilities** for stakeholders and consider ways in which this process can be **further streamlined**.
- ✓ Continue to ensure that those with **positive experiences** of working with AHSNs **act or continue to act as advocates** on their behalf, perhaps through speaking at events or hosting internal talks within their organisation.

2. EVALUATING AHSNS' SERVICES, SUPPORT AND WORK PROGRAMMES

This section examines AHSNs' effectiveness in different areas amongst each stakeholder group, such as where particular strengths lie and suggestions for building on these.

To conduct this assessment, each stakeholder was shown a list of statements and asked to **rate AHSNs' effectiveness against each area**. They were then asked to **select and rank their top three priority areas** of those listed. This enabled a second layer of analysis to identify areas that AHSNs may wish to consider putting further focus on going forward, based on both effectiveness and demand.

Stakeholders were **only tested on relevant areas** to ensure the content was appropriate for each respondent, to maximise participation, and encourage engagement in the research. Subsequently, **analysis has been sub-sectioned by stakeholder type and will not draw out comparisons between stakeholders**.

Likewise, the 'Key Points' below have been organised by stakeholder type to summarise the overall sentiment amongst each group, and potential areas for further consideration in the future.

KEY POINTS

CCGs AND HEALTH AND SOCIAL CARE PROVIDERS

Across the areas tested, AHSNs are considered **most effective in bringing different parts of the health and care system together**. AHSNs are also effectively supporting this group with the **assessment and spread of evidence-based improvements and innovation**. Both of these are priority areas for this group which suggests AHSNs are effectively meeting their requirements in terms of support. Going forward, AHSNs may further build on their successes by considering ways to improve awareness and access to evaluation support and to ensure close alignment with local priorities.

NATIONAL GOVERNMENT, AGENCIES AND ALBs

AHSNs are **considered effective in all areas tested** by a majority of stakeholders in this group. This is particularly so with regards to **fostering high level system partnerships** that involve these stakeholders in ongoing workstreams and **supporting the delivery of national initiatives and programmes**. Looking ahead, this group expresses a desire for further support from AHSNs in terms of practical evidence, for example the impact of new technology and innovation on patient outcomes.

PRIVATE COMPANIES AND INDUSTRY BODIES

The provision of **sector knowledge and signposting to resources** are considered highly valuable and effective to this stakeholder group. As with many other groups, the role of AHSNs in the **brokering of relationships across different professions** is also considered to be **highly effective**. AHSN effectiveness ratings provided by this group suggest an area of focus should be on providing support in developing robust business cases that have an impact and provide value for money. Some stakeholders suggest that this will support in converting a higher ratio of bids to wins, although they do acknowledge that AHSNs may have a limited capacity to influence this process.

RESEARCH BODIES AND UNIVERSITIES

Positive evaluations are given to AHSNs by this group **across all areas of support** tested, which provides evidence of effective work being done with stakeholders in research and academia. Stakeholders are most likely to say AHSNs are **effective in forging links between academia and other parts of the system**. Looking ahead, interviewees offer suggestions for AHSNs based on areas they believe are of increasing need, such as innovation that can be employed by community health and care providers, and further evaluation support for CCGs and health or social care providers.

LOCAL GOVERNMENT AND LEPS

A **mix of views** exist in this group regarding AHSNs' effectiveness **across the areas tested**. This may be in part due to low engagement levels among local government and LEPS generally. However, those that have worked with AHSNs report **positive contributions**, particularly in **identifying evidence-based improvements and innovations** and building bridges to industry and the health system. Continued efforts by AHSNs to attract investment and growth opportunities in the local economy may help to support engagement with this group.

INDIVIDUAL PATIENTS OR PUBLIC, PATIENT OR PUBLIC GROUPS AND VCS ORGANISATIONS

This group provide **varied reviews** on the effectiveness of AHSNs, depending on the specific area of focus. For instance, these stakeholders consider AHSNs to be **most effective in listening to and accommodating the views of those involved** in feedback opportunities. For VCS stakeholders, **resources and training** are cited as **particularly valuable and effective**. Looking ahead, there are some patient and public stakeholders who demonstrate limited understanding of their direct relationship to AHSNs. This highlights an opportunity to build understanding of patients' and the public's role into AHSN activities.

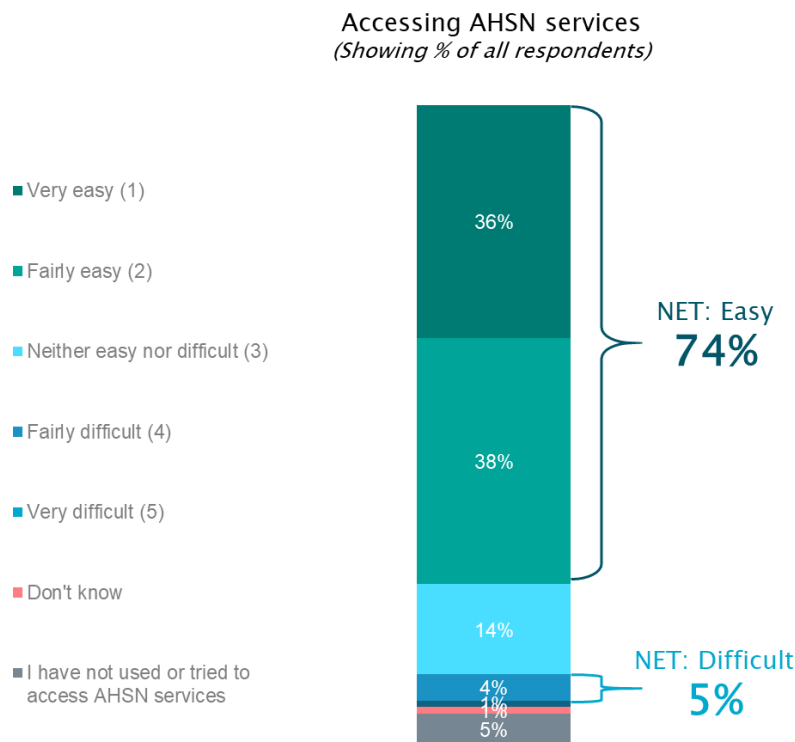
2.1 EASE OF ACCESSING AHSNS' SERVICES

Prior to discussing evaluations of AHSNs' effectiveness, this sub-section considers the extent to which stakeholders feel able to reach AHSN services.

Overall, **three quarters (74%) of stakeholders say they find accessing AHSN services to be easy**. Furthermore, over a third (36%) find it to be very easy, while only a small minority find it difficult (5%) or report never having used or tried to access AHSN services (5%). Those most likely to rate access to AHSN services as **very easy** include **national government, agency or ALBs (44%) and private company or industry bodies (46%)**. As a body that has been established by the health sector itself, it is encouraging to see that access for organisations outside of this sector is being facilitated.

Patient or public groups are more likely to find access to be **difficult** (12% vs. 5% average), while **individual patients or members of the public** are more likely to report **not using the services at all** (19% vs. 5% average) and **VCS organisations** more often rate them as **neither easy or difficult to access** (33% vs. 14% average). These stakeholders also tend to be less aware of AHSNs than other groups. Altogether this suggests that similar conclusions can be drawn to those discussed in **Section 1.1. AHSNs may wish to consider how important it is for these groups to engage with AHSNs' services directly, and ways in which awareness and access could be improved**. In addition, these groups have slightly more mixed reviews of AHSNs' effectiveness in patient and public engagement, often due to a lack of awareness, which will be discussed in the following sections. It should be noted that AHSNs do not provide services to patients and the public directly, and so those answering could be interpreting the question as encompassing any engagement with AHSNs.

Figure 7: Rating ease of accessing services



Q14. Overall, how easy did you find it to access [local AHSN / National AHSN Network] services?
Base: All respondents (n=1155)

2.2. CCGs AND HEALTH AND SOCIAL CARE PROVIDERS

AREAS OF PARTICULAR STRENGTH AND IMPACT

The survey findings strongly suggest that CCGs and health and social care providers consider **bringing health care professionals together across regional systems to support knowledge sharing and collaboration** a key part of the AHSN support offer. More than a third (37%) rank this as their number one priority and three quarters (75%) rank it as one of their top three priorities. **The vast majority (78%) of CCGs and health and social care providers rate AHSNs as effective in this.** This aligns with discussions in [Section 1.2](#) where it is highlighted that stakeholders consider collaboration and networking as key characteristics of AHSNs, and many gave examples of cross-sector projects they are involved in with AHSNs. This provides further qualitative evidence for AHSNs' effectiveness in supporting these activities.

While **less of a priority for this group**, with only 36% ranking it in their top three, AHSNs are also considered by a majority (61%) to be **effective at making connections with industry and academia** to match solutions to NHS needs. Again, this is discussed at length in [Section 1.2](#) and is a key strength in AHSNs' national workstreams.

Finally, one of the **biggest priorities** identified by this group is **identifying, testing and spreading evidence-based innovations and improvements** to patient care. CCGs and health and social care providers are more likely to rank this in their top three than any other area of work (82%). On the whole, **AHSNs are successfully delivering this**; a majority (72%) rate them as effective, and numerous examples are cited in interviews on the positive progression of new initiatives as a result of AHSNs' support.

Nationally, common examples given are **PINCER safety indicators, quality improvement teaching, and electronic transfers of care** from hospitals to GP practices and local pharmacies. These are highly valued by stakeholders in **improving patient safety.**

*“We have a number of patients now who are **not on potential risky drug combinations because we’ve been able to identify them and manage them appropriately**. So, those patients are safer as a result.”*

CCG

AREAS FOR FURTHER POTENTIAL FOCUS

AHSNs are considered effective in providing support for the evaluation of innovation by a majority (60%) of CCGs and health and social care providers, however 10% say that it is ineffective, 12% that it is neither, and a fifth (18%) say they do not know. As one of the three areas most often ranked as a top priority by this group, and to further support the pathway of innovation spread, **AHSNs may wish to consider ways to build on provider and commissioner access to evaluation support**. The importance of AHSNs continuing this work, particularly for CCGs, is further evidenced by interviews with CCGs who cite time constraints as barriers to doing the evaluations themselves.

*“We do a lot of things in the NHS and [have] **lots of projects, but no-one has the time to properly assess or evaluate them**, unless we have to for contractual reasons. We’re all working more than full time, and we’re not an academic, so you need someone with the academic means to write up an evaluation paper properly.”*

CCG

In addition, only half (48%) of this group consider AHSNs to be effective in helping providers articulate and promote their clinical or system needs to industry leaders. Whilst this is not considered one of the highest priorities (only 2% ranking it first and 19% in their top three) **a few mention in interviews that they would like AHSNs to be better aligned with their local priorities**, rather than being driven by national system needs. The latter point highlights an opportunity for AHSNs to consider how best to facilitate discussions about local priorities, with the aim of seeing effectiveness scores in this area improve over time.

Figure 8: Table showing AHSN effectiveness vs. priority level for CCGs and health or social care providers

ACTIVITY (ranked by NET effectiveness)	NET: EFFECTIVE	#123 PRIORITY
Bringing health care professionals together across regional systems to support knowledge sharing and collaboration	78%	75%
Identifying, testing, and spreading evidence-based innovations and improvements to patient care	72%	82%
Making connections with industry and academia to match solutions to NHS needs	61%	36%
Providing innovation evaluation support to providers and commissioners	60%	43%
Supporting the integration of new products or interventions into everyday care	60%	40%
Helping providers articulate and promote their clinical / system needs to industry leaders	48%	19%

Three most commonly selected options

Q2. How effective or not is the [local AHSN / National AHSN Network] in doing each of the following? Q8. Thinking about the support provided by the [local AHSN / National AHSN Network] as it relates to [your organisation's ability to meet its objectives / your ability to meet your own objectives], which aspects of this support are most important and should be prioritised? Base: All CCG or health or social care provider respondents (n=566).

2.3. NATIONAL GOVERNMENT, AGENCIES AND ALBs

AREAS OF PARTICULAR STRENGTH AND IMPACT

A majority of these stakeholders consider **AHSNs to be effective across all areas tested** (68–90%). This is a strong indication that AHSNs are successful in meeting the needs of this group in terms of support. Of particular regard is AHSNs' **success in fostering system partnerships and collaborations** which nine in ten (90%) rate as effective. This is encouraging for two reasons; firstly, as this is ranked as one of the top three priorities by 70% of this group in terms of AHSN support and, secondly, as it indicates that AHSNs are **bringing national partners into the fold** alongside local partners. This is also evident in interviews where a few stakeholders give specific examples of how AHSNs have achieved this through the **sharing and disseminating of robust data**.

*"I'm not a data person, but they gave me the confidence to look at it in a different way using different graphs to make it understandable for people who don't do data. They talked about the narrative onto the local picture. That **made a big difference to how I approached looking at the national data** and how I translate that into what I needed to implement locally in my work programme."*

National government, agency or ALB

Mirroring the sentiments of other stakeholders, **identifying, testing and spreading evidence-based improvements** to support the care and wellbeing of patients and the public is considered one of the most important areas of work; almost a third (31%) of stakeholders in this group rank it first. Three quarters (74%) consider AHSNs to be effective in this and the previous example involving data further reinforces this point. Examples are given by interviewees of how **early involvement in innovation supports their own work and objectives**.

*"I just think that level of rigour around understanding how [the AHSN] is **contributing at different points in the innovation pipeline** – we didn't have that two years ago [and] I think that's an excellent piece of work. It allows us to start asking questions of whether we've got sufficient work across the whole pipeline, so we've got that balance portfolio where we're not just trying to foster the early stage ideas."*

National government, agency or ALB

AREAS FOR FURTHER POTENTIAL FOCUS

National government, agency or ALB stakeholders tend to evaluate the visibility of AHSNs nationally more highly than any other stakeholder type (40% vs. 30% average rating it as extremely or very visible) and have positive experiences of the support they received. Therefore, AHSNs are likely to benefit from **continuing to provide practical, evidential support to this group and involving them in early conversations**.

In two of the six interviews with this group, stakeholders commented on the contents of AHSN communication, suggesting that they were not completely satisfied with this. These stakeholders say they would like to see **more examples of changes that are happening on the ground as a result of new improvements and innovations**. AHSNs may therefore wish to consider how communication is framed with this group and the process for ensuring new developments are fed back to them.

*"[AHSNs] should be **focussing on making changes, and then the purpose of communicating how good they are at those changes** is just to then encourage other people that they can help them do changes in their area."*

National government, agency or ALB

Figure 9: Table showing AHSN effectiveness vs. priority level for national government, agencies and ALBs

ACTIVITY (ranked by NET effectiveness)	NET: EFFECTIVE	#123 PRIORITY
Fostering system partnerships and collaborations	90%	70%
Supporting the delivery of national initiatives and programmes	86%	57%
Identifying, testing, and spreading evidence-based improvements to the care and wellbeing of patients and the public	74%	71%
Providing innovation evaluation support to health and care organisations	68%	51%
Helping national partners understand local barriers and supporting the development of system improvements	68%	44%

Three most commonly selected options

Q5. How effective or not is the [local AHSN / National AHSN Network] in doing each of the following? Q11. Thinking about the support provided by the [local AHSN / National AHSN Network] as it relates to [your organisation's ability to meet its objectives / your ability to meet your own objectives], which aspects of this support are most important and should be prioritised? Base: All national government, agency or ALB respondents (n=77)

2.4. PRIVATE COMPANIES AND INDUSTRY BODIES

AREAS OF PARTICULAR STRENGTH AND IMPACT

AHSNs are considered most effective by this group at **providing knowledge and understanding of the health and care system**. For instance, taking **signposting to NHS decision-making, delivery systems and market access opportunities**; more than half of the private company and industry body stakeholders surveyed (55%) consider this one of the top three priorities in terms of AHSN support, and **70% say that AHSNs are effective at this**. Findings from the online survey align strongly with discussions had in interviews with this group, and with analysis of their perceptions of AHSNs which are often positive due to their ability to provide links to the health and care system.

AREAS FOR FURTHER POTENTIAL FOCUS

In considering areas for development, it should be noted that some of the areas in which AHSNs are performing best do not always align with this group's priorities for support. For instance, **supporting the adoption of proven products across health and care systems** and **helping to develop robust business cases that demonstrate clinical benefit and value for money** are often ranked in stakeholders' top three priorities (70% and 52% respectively). A majority consider AHSNs to be effective in each (67% and 65% respectively), which suggests that AHSNs are broadly meeting this requirement. There is also an opportunity to improve perceptions amongst a minority that do not think AHSNs are effective. Interviews highlight **examples of how AHSNs have successfully supported this group with tenders and bid submissions**; this could be a valuable area for all AHSNs to consistently focus on if they are not already.

"There are a lot of programmes that only the NHS can bid [for], but often the NHS can't be [bothered], or are too busy [...] the AHSN provides a useful agency through which we can put NHS bids together collaboratively."

Private company or industry body

Linked to this, just over half (54%) view AHSNs to be effective in attracting inward investment or national or local growth opportunities. Based on interviews, requirements may vary based on the type of organisation. For instance, **smaller entrepreneurs are positive about the value in receiving early support in getting their business off the ground**, whereas larger organisations more often describe challenges in scaling up their products within the NHS, because of the perceived complexity of the healthcare system.

“Their focus seems to be much smaller projects, much more pilot kind of focused rather than looking at a longer-term bigger picture.”

Private company or industry body

Nevertheless, it is likely to be a challenge to fit all needs. Some stakeholders interviewed acknowledge that **AHSNs may not always be able to provide solutions to every foreseeable problem**. This is perhaps where the bespoke model of engagement works best, as it allows AHSNs the flexibility to respond and adapt to the best of its ability.

Figure 10: Table showing AHSN effectiveness vs. priority level for private companies and industry bodies

ACTIVITY (ranked by NET effectiveness)	NET: EFFECTIVE	#123 PRIORITY
Helping to support understanding of local and national clinical / system needs	73%	24%
Helping support understanding of UK health and care system e.g. procurement routes, national funding programme, key organisations	71%	30%
Providing signposting to NHS decision-making, delivery systems, and market access opportunities	70%	55%
Helping to advise on evidence generation and evaluation, including health economics	68%	33%
Supporting the adoption of proven products across health and social care systems	67%	70%
Helping to develop robust business cases that demonstrate clinical benefit and value for money	65%	52%
Helping to attract inward investment or national / local growth opportunities	54%	24%

Three most commonly selected options

Q7. How effective or not is the [local AHSN / National AHSN Network] in doing each of the following? Q13. Thinking about the support provided by the [local AHSN / National AHSN Network] as it relates to [your organisation's ability to meet its objectives / your ability to meet your own objectives], which aspects of this support are most important and should be prioritised? Base: All private company or industry body respondents (n=186)

2.5. RESEARCH BODIES AND UNIVERSITIES

AREAS OF PARTICULAR STRENGTH AND IMPACT

Overall, AHSNs are held in high regard by research body or university stakeholders; this is evidenced by at least seven in ten (71–78%) who rate each area of AHSNs’ work to be effective. It highlights that AHSNs are making a noticeable contribution to the work of these stakeholders. This group are also one of the most likely to consider AHSNs to be visible, as discussed in Section 1.1 of the report. A **perceived strength** is their effectiveness in **bringing research professionals, the NHS and health and care sector leaders together across regional systems** (78%). This area is considered the greatest priority by these stakeholders with 70% ranking it in their top three, therefore it can be argued that AHSNs are highly successful at meeting this group’s needs. Interviews with these stakeholders suggest that engaging with academia is something that has **improved over time**.

“We are now regularly invited to meetings when [AHSNs] are setting up a project or initiative, so that we can give our input on how it might be structured [and] can do some evaluation work in the early stages; what kind of data they may want to collect, so that we can conduct an evaluation much further on. The whole process is starting much earlier now, in terms of collaboration.”

AREAS FOR FURTHER POTENTIAL FOCUS

Given the positive evaluations of AHSNs among this group, suggestions for the future generally focus on developing current successes and **continuing to utilise research bodies and universities to gather evidence for new improvements and innovations**. This links to the sentiments of CCGs and health and social care providers who suggest further evaluation support would be useful, and further emphasises the importance of maintaining links between these two groups. In addition to this, research body and university stakeholders most often offer suggestions for AHSNs based on areas of work they believe are of **increasing need**, namely **innovation that can be employed by community providers**. This is something that AHSNs may wish to focus on going forward; for instance, by continuing to engage with VCS stakeholders who, as seen previously, hold some of the lowest levels of personal awareness of AHSNs’ work. A handful of stakeholders in this group note this, one of which is highlighted in the statement below.

*“Across the AHSNs, we need to get much **better at serving** not just medicine, not just acute medicine but **innovations that community nurses can deploy**, social care, and so on.”*

Research body or university

Figure 11: Table showing AHSN effectiveness vs. priority level for research bodies and universities

ACTIVITY (ranked by NET effectiveness)	NET: EFFECTIVE	#123 PRIORITY
Bringing research professionals, the NHS and health and care sector leaders together across regional systems	78%	70%
Supporting collaborations between researchers and relevant regional structures / networks	75%	64%
Helping to identify and drive adoption of research outputs that have a high value and positive impact on NHS patients	73%	69%
Evaluating promising innovation across the health and care system	71%	43%
Working with the local and national research infrastructure to facilitate evaluation and adoption strategies	71%	53%

Three most commonly selected options

Q3. How effective or not is the [local AHSN / National AHSN Network] in doing each of the following? Q9. Thinking about the support provided by the [local AHSN / National AHSN Network] as it relates to [your organisation’s ability to meet its objectives / your ability to meet your own objectives], which aspects of this support are most important and should be prioritised? Base: All research body or university respondents (n=143)

2.6. LOCAL GOVERNMENT AND LEPs

Compared to other groups discussed so far, local government or LEP stakeholders tend to have **mixed perceptions of AHSNs’ effectiveness across different areas** (78–46%*). However, it should be noted that due to the small number of stakeholders in this group participating in the research, the **results provide a rough indication of their experiences but may not accurately represent the views of all local government or LEP stakeholders** that engage with AHSNs. In addition, in **Section 1.1** it is noted that only a minority (39%*) describe themselves as extremely or very aware of AHSNs’ work, so perceptions of effectiveness may not be truly reflective of the work that is being done by AHSNs. Altogether, this indicates that **further engagement work is likely to be necessary among local government or LEPs** to robustly evaluate AHSNs’ effectiveness in supporting this group.

AREAS OF PARTICULAR STRENGTH AND IMPACT

As with other groups, AHSNs are most often considered **effective in identifying, testing and spreading evidence-based improvements to the care and wellbeing of patients and the public** (78%*). This area is also the most prominent priority for local government or LEP stakeholders in terms of AHSN support, with two thirds (67%*) ranking it in their top three. Another way in which AHSNs appear to be supporting these stakeholders is through **connecting different professions and making links to other sectors**; examples of which are given in interviews.

*“The close link that a lot of the AHSNs have with the NHS in the contact within some of the **higher up within the local NHS trust** [has] really benefitted us in making sure that we can knock down all the right doors.”*

Local government or LEP

AREAS FOR FURTHER POTENTIAL FOCUS

AHSNs may wish to **consider how they can best provide support for attracting investment to benefit this group going forward**. Less than half of those surveyed (46%*) consider AHSNs effective in helping to attract inward investment or national or local growth opportunities, while almost a third (30%) say they do not know about this. However, with only 9%* rating AHSNs as ineffective in this, a lack of awareness is perhaps the driver for this impression rather than ineffective work practices.

Whilst not one of the top priorities for this group, attracting inward investment or growth opportunities is still deemed to be the most important area of AHSNs’ work by around one in eight (13%*) local government and LEP stakeholders. One example of the benefit of doing this is highlighted in discussions with a stakeholder who has worked with AHSNs for three years and has developed a close partnership through the facilitation of financial support to life science companies. This is **an example of best practice** where the approach to engaging with this group is working. It further **highlights a possible way to help AHSNs become more prominent** among similar stakeholders in this group who are less aware of their work.

*“We’ve been working for three years with [AHSNs] providing business support tailored to life sciences companies [...] 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. Essentially these are three-day bootcamp workshops for businesses ranging from new entrepreneurs [to] more established SMEs [and] that’s been really helpful. I think we’ve had about 100 or so businesses attend over the three-year period. Many of those have **gone on to secure business support or grant from us to, beyond that bootcamp**, to help them work out their ideas and establish a business. So, that’s leading to job growth outcomes, as well as new product markets [...] those are the ways in which the AHSNs helped me deliver my role.”*

Local government or LEP

Figure 12: Table showing AHSN effectiveness vs priority level for local government and LEPs

ACTIVITY (ranked by NET effectiveness)	NET: EFFECTIVE	#123 PRIORITY
Identifying, testing, and spreading evidence-based improvements to the care and wellbeing of patients and the public	78%*	67%*
Bringing professionals together across regional systems to support integration of health and social care	74%*	50%*
Making connections with industry to match solutions to the health and care needs of patients and the public	70%*	48%*
Providing innovation evaluation support to health and care organisations	67%*	39%*
Being a source of knowledge on local health and care systems	65%*	22%*
Providing signposting to NHS decision-making, national programmes and initiatives	57%*	15%*
Supporting the involvement of service users in its work	52%*	15%*
Helping to attract inward investment or national / local growth opportunities	46%*	37%*

Q4. How effective or not is the [local AHSN / National AHSN Network] in doing each of the following? Q10. Thinking about the support provided by the [local AHSN / National AHSN Network] as it relates to [your organisation's ability to meet its objectives / your ability to meet your own objectives], which aspects of this support are most important and should be prioritised? Base: All local government or LEP respondents (n=46*)

2.7. INDIVIDUAL PATIENTS OR MEMBERS OF THE PUBLIC, PATIENT OR PUBLIC GROUPS AND VCS ORGANISATIONS

Evaluations of AHSNs' effectiveness across different areas are mixed according to this group (47–68%). As with local government and LEPs, it could be argued that this result reflects the comparatively smaller number of responses from each of these groups compared to other stakeholder groups – and low awareness levels discussed in Section 1.1. Therefore, an initial consideration for AHSNs may be the extent to which this is an issue for them and whether a further focus on engagement with this group is a necessary action.

AREAS OF PARTICULAR STRENGTH AND IMPACT

One of the main priorities for this group of stakeholders is the identification of the needs and priorities of patients and the public; two fifths (41%) rank this first. These stakeholders also consider AHSNs to be effective in this area with more than two thirds (68%) rating it as such. Evidence for this is often given in interviews where public and patient stakeholders reference examples of AHSNs' willingness to listen to and encourage involvement.

"I have been along to quite [a] few meetings and even the healthcare professionals treat us with respect and are always there to give us guidance and help and listen to what we've got to say."

Individual patient or public

Whilst delivering training and development to support patient and public involvement is ranked as a top priority by only 8% of VCS stakeholders, a majority (60%) consider AHSNs to be effective in this area.

AREAS FOR FURTHER POTENTIAL FOCUS

The data gathered suggests two key areas AHSNs may wish to place greater emphasis on going forward; involving patients and the public in designing the work AHSNs carry out and in decision-making relating to the work AHSNs carry out (56% and 50% rank these as one of their top three priorities respectively). A majority (58%) consider involvement in designing work to be effective and slightly less (55%) say the same for involvement in decision-making. Judging from discussions about this in interviews, and mixed evaluations generally, it appears that experiences of patient and public involvement activities can vary greatly by region. These examples are drawn out in individual AHSN reports, however as a national network AHSNs may wish to consider how to ensure positive experiences across the board and maintain the involvement of willing participants. Whilst a few patient or public groups cite a lack of consistent communication, others have not experienced this issue. This suggests the standardisation of communications with these groups nationally could be considered by AHSNs to address this issue.

"If you don't have some sort of regular contact, then you do feel as if you've been pushed to the wayside until you're wanted again, as if you're being used [...] Some of the things which I've seen over the last year or two from the AHSN, they do struggle to get people involved, and I keep, sort of, thinking to myself, 'Well, I'm not surprised.'"

Patient or public group

Some VCS stakeholders indicate that they do not know how to evaluate many of the areas tested (23–35%*). This, combined with the finding that low levels of awareness and understanding of AHSNs exist, highlights an

opportunity for AHSNs to **consider what effective engagement looks like with this group**, as those that have worked with AHSNs tend to have positive experiences.

*“A lot of the people that I mix with have no idea who [AHSNs] are but I don’t know if that’s terribly surprising in a way because they probably are engaging well with the more statutory providers. I’m mostly, day to day, rubbing shoulders with people who are more in the community and voluntary sector and **we probably aren’t as well aware of them as a whole group**, so that’s something that I’m busy trying to change.”*

VCS

Figure 13: Table showing AHSN effectiveness vs. priority level for individual patients or public, patient or public groups and VCS organisations

ACTIVITY (ranked by NET effectiveness)	NET: EFFECTIVE	#123 PRIORITY
Identifying the needs and priorities of patients and the public	68%	58%
Enabling patients and the public to be more effective when working on AHSN programmes within health and care systems	60%	30%
Training and development to support patient and public involvement in its work	60%	39%
Involving patients and the public in designing the work it carries out	58%	56%
Involving patients and the public in decision-making relating to the work it carries out	55%	50%
Signposting opportunities for patients and public to get involved in AHSN decision-making, day-to-day activities, governance structures	54%	33%
Raising awareness of relevant market-ready products	47%	18%
<i>Three most commonly selected options</i>		

Q6. How effective or not is the [local AHSN / National AHSN Network] in doing each of the following? Q12. Thinking about the support provided by the [local AHSN / National AHSN Network] as it relates to [your organisation’s ability to meet its objectives / your ability to meet your own objectives], which aspects of this support are most important and should be prioritised? Base: All individual patient or public, patient group or public group or VCS respondents (n=137)

2.8. SUMMARY OF KEY STAKEHOLDER NEEDS

In the evaluation of AHSN services, support and work programmes, **prominent needs amongst each stakeholder group are apparent** and may be valuable for AHSNs to consider.

CCGs AND HEALTH AND SOCIAL CARE PROVIDERS: Access to evaluation support for new technologies and innovations, for example through signposting to local research organisations.

NATIONAL GOVERNMENT, AGENCIES AND ALBs: Support in collecting and interpreting evidence to demonstrate the impact of new innovations and system changes.

PRIVATE COMPANIES AND INDUSTRY BODIES: Support in building bid submissions for funding new innovation through collaborative tenders and focussed guidance.

RESEARCH BODIES AND UNIVERSITIES: Continuous involvement in the identification and sharing of new local innovations, and promotion among CCGs and health and social care providers particularly.

LEPs: Support with attracting new opportunities for inward investment.

INDIVIDUAL PATIENTS, MEMBERS OF THE PUBLIC AND VCS ORGANISATIONS: Continuous and timely inclusion of patients and members of the public in the co-production of new technologies and products.

3. EVALUATING WAYS OF WORKING

KEY POINTS

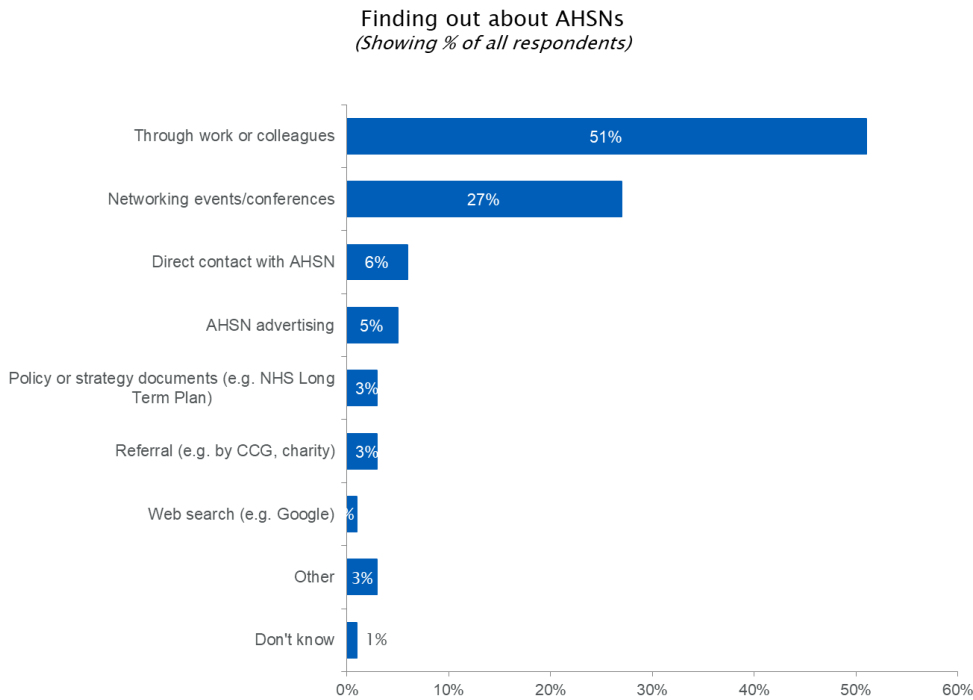
- Stakeholders cite a vast **array of routes** to finding out about AHSNs, most often **through work or colleagues**, facilitated by **personal connections** and **general experience** in the health sector.
- The health sector is a **network within itself**; most of those in senior positions tend to **know one another**, and AHSNs are **facilitating these relationships further** through collaboration on joint ventures.
- The cascading and organic way in which AHSNs appear to be growing their network of stakeholders, such as through referrals, demonstrates the **network’s ability to leverage local partnerships** – although this can be perceived by stakeholders as ‘accidental’.
- AHSNs’ **networking events and conferences** appear to provide stakeholders with ample opportunity to **forge new partnerships** and are therefore considered a **valuable asset**.
- Relationships are **very positively evaluated across all stakeholder groups**, both in terms of day-to-day and the effectiveness of communications.
- These **relationships have improved over time**; reflecting the work AHSNs are doing in building and sustaining personal relationships, which appears to be linked to generally positive perceptions of AHSNs.
- A **bespoke and targeted communication approach** is often employed, judging from descriptions of how stakeholders communicate with AHSNs day-to-day; ranging from **ad-hoc emails and calls to regular meetings or face-to-face events**.
- While direct communication with individuals is satisfying the needs of most stakeholders, a minority say that contact received from their local AHSN has been **inconsistent**.

3.1. THE ONSET OF THE RELATIONSHIP

This section covers the ways in which stakeholders are finding out about AHSNs. Personal connections, previous experience in the health sector, networking events and shared workstreams are all helping to facilitate relationships with AHSNs.

Surveys and interviews with stakeholders highlight that there are a **variety of pathways** that lead stakeholders to work with AHSNs. Quantitatively speaking, around half of all stakeholders say they first found out about their local AHSN through **work or colleagues** (51%), making this the most common pathway, followed by **networking events and conferences** (27%). While this range of initial touchpoints highlights AHSNs’ **ability to leverage local partnerships**, stakeholders can consequently **view these encounters as unplanned or accidental rather than strategic**. AHSNs may therefore wish to consider how this aligns with their local engagement strategies.

Figure 14: First form of contact



Q16. How did you first find out about the [local AHSN / National AHSN Network]? Base: All respondents (n=1155)

EVERYONE KNOWS EVERYONE

In interviews, stakeholders describe first getting involved with AHSNs via **referrals, often through personal contacts within the health sector**. They name CCGs, Strategic Clinical Networks, the Department of Health and Social Care and the Office for Life Sciences as some of the bodies commonly providing these referrals. This reflects **work by AHSNs to increase their visibility in the health sector** and their ability to foster system partnerships at a high level.

“We were working with, at the time, the Office for Life Sciences, in driving our innovation through. The AHSNs were coming through the furore. Then, we were put in contact with [a local AHSN], which led to our early discussions and our early chain of, or my, certainly, early interactions with the AHSNs and that spread like wildfire over the time.”

Private company or industry body

Often these stakeholders tend to describe having **known about AHSNs for a while** due to their knowledge and experience of working within the health sector. It should also be noted that **CCGs and research body or university stakeholders** are more likely than average to report first finding out about their local AHSN through work or colleagues (62% and 66% vs. 51% av.). This is perhaps reflective of the connections organically formed as part of their professions.

The 36% who have worked with AHSNs for more than three years have the greatest knowledge and most positive perceptions of AHSNs (as discussed in **Section 1.1**). This signals the importance of maintaining positive relationships with stakeholders in the long term.

SHARED WORKSTREAMS

Another common theme in how stakeholders describe the onset of their relationship with AHSNs, is that they **bump shoulders through collaborative projects or workstreams**. Projects relating to **atrial fibrillation** are mentioned a few times by stakeholders who work in the health and social care sector, as are **joint partnerships for grants or funding bid submissions** by private companies or industry bodies. In fact, a third (34%) of the latter group say they found out about their local AHSN through networking conferences or events; the

Innovation Exchange is mentioned several times, alongside other initiatives hosted for the purpose of helping small businesses.

“We were granted a SBRI, amount of money from our initial funding. Like, the small business initiative through NHS funding, and so we went to an event [for] SBRI alumni, and all of the AHSNs were there.”

Private company or industry body

PATIENTS AND PUBLIC ARE RECEPTIVE TO EVENTS AND ADVERTISING

Overall, this group are **less likely than average to find out about the AHSN through the usual routes**; granted they may not have the same professional networks to do so. For instance, only a quarter (26%) of individual patients or members of the public found out about their AHSN through work or colleagues (compared to 51% overall), while 28% cite **networking events or conferences**. They are also more likely to find out about the AHSN through **advertising** (13% vs.5% overall). In interviews, a few also **perceive their involvement to be highly accidental**, further emphasising the bespoke nature in which AHSNs currently appear to be engaging with this group, and others more widely.

“[It was] through a fluke really, rather than by design, by actually sending a fax and receipt to the wrong place. The lady on the end of the phone rang me and said, ‘oh you’re interested in...’ and we got chatting, and since then I’ve been involved with them.”

Individual patient or public

3.2. THE CURRENT WORKING RELATIONSHIP

This section examines stakeholders’ evaluations of working with AHSNs. Specifically, the analysis covers how relationships have changed over time and role of the bespoke engagement model in facilitating this.

Overall, stakeholders are positive about their relationship with AHSNs. Four in five (82%) perceive their working relationship to be good and **more than half (52%) say it is ‘very’ good**. In addition, a very small minority (6%) say this has become worse over time; in fact, stakeholders most commonly say their working relationship is better (54%) and **almost a third (30%) say it is ‘a lot’ better**.

STRONGER RELATIONSHIPS OVER TIME

The finding that AHSNs considered to have good working relationships and are **visibly improving how they engage with most of their stakeholders**, is one of the key factors in improved perceptions of AHSNs. This is evidenced in interviews where stakeholders frequently note their **good personal relationships with AHSN staff**.

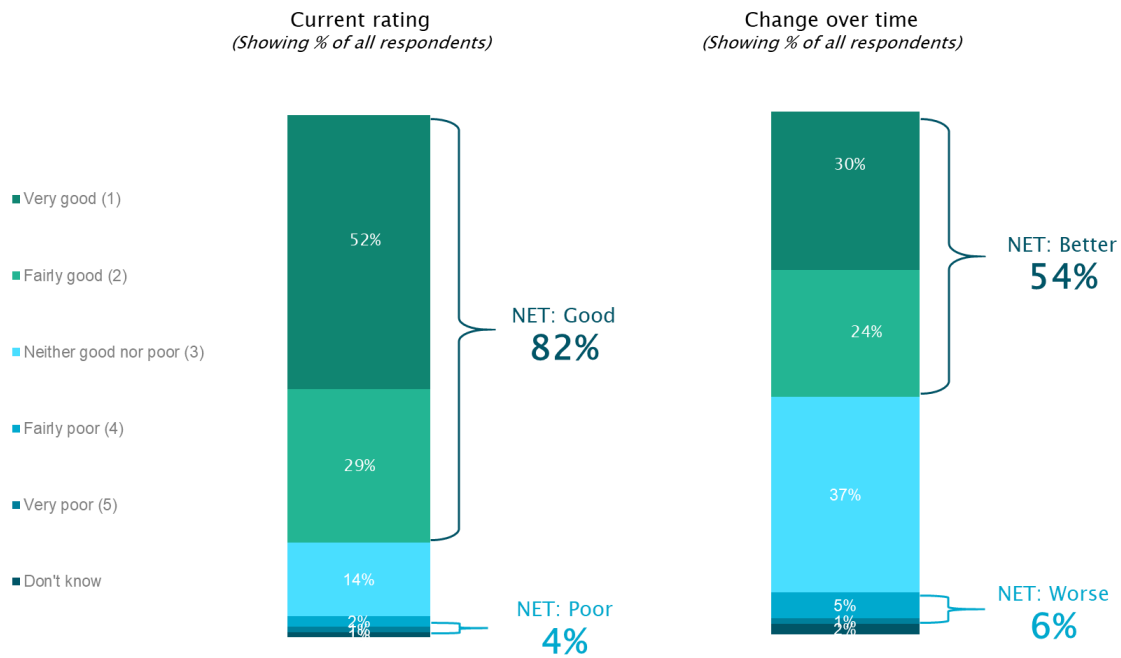
*“I was a little **bit sceptical** when I first joined the group, but I **continue to really enjoy working with them**.”*

Health or social care provider

The main factors driving these impressions are discussed in **Section 1.1**, namely positive perceptions of AHSNs’ **staff**. This further emphasises the valuable role staff are playing in building stronger relationships with stakeholders. For example, AHSNs’ **responsiveness to queries, collaborative nature, approachability and helpfulness**. When asked in the survey to describe why they gave positive ratings regarding their working relationship with AHSNs, reasons most commonly reference ‘helpful staff, management, supportive and collaborative team, accessible, more involved in support’ (26%). This is **consistent across all stakeholder groups** and is a testament to AHSN staff’s ability to maintain positive relationships.

Figure 15: Rating working relationship

Working relationship with the AHSN...



Q17. Overall, how would you rate your working relationship with the [local AHSN / National AHSN Network]? Base: All respondents (n=1155)

Q18. Thinking back over the period of time you have been working with [local AHSN / National AHSN Network], would you say your working relationship has gotten better, worse, or is about the same? Base: All respondents (n=1155)

A BESPOKE ENGAGEMENT MODEL IS LARGELY EFFECTIVE

Much like initial involvement with AHSNs, ongoing engagement is highly targeted based on the individual, organisational and localised need of each stakeholder. This is apparent in interviews where numerous stakeholders praise their AHSNs’ adaptability. This also indicates that this approach is working for them.

A few examples across different groups of stakeholders are presented below to demonstrate the variety of ways in which this model is working in practice. The string that appears to tie these different approaches together is staff’s responsiveness, flexibility and collaborative nature. This in turn appears to have merged with the overall image of AHSNs’ brand.

“Within an acute care hospital, every day is a different day. So, if I just take today, so I haven’t had lunch yet, that is the norm. I can go from dealing with patients clinically to sorting out an urgent HR issue to attending a meeting, to being called to see the CEO. So, it’s extremely variable. So, to be able to either think to myself, ‘I need to ask the AHSN about something because it popped up in a meeting’, I can either send them a text or when I come back to the office, I can drop them an email or I could pick up the telephone, or if I need to set time aside to make sure that I can work on something, I could call them in and make an appointment so that they could come in and support me. So, having that variety and that flexibility is really helpful.”

Health or social care provider

“I don’t need [the AHSN’s] support all the time, I mean, that’s, again, what really is great from my point of view about the way they operate is, it’s quite relaxed [and] my experience is that their door is always open.”

Private company or industry body

“I don’t make a special effort to try and find out what meetings they’re doing. I tend to let them come to me and that’s simply because I’ve got a lot of other things that I’m doing.”

Patient or public group

Of the minority that cite **poor or worsening relationships**, the most common reason is **less contact and lack of communication** (26%). Although this only represents a small minority of all stakeholders, it suggests that communication strategies employed by AHSNs may not always be consistent across the country. A few examples of this are given by stakeholders in interviews, one of which is provided below.

*“A couple of times [the AHSN have] come and met with me and we’ve talked about setting up regular meetings or regular forums to talk about – so, for the last one – the adoption of some of the innovations they were trying to spread, which never really happened. I think the person that was coming to speak to me changed twice or three times and then **it was never followed up.**”*

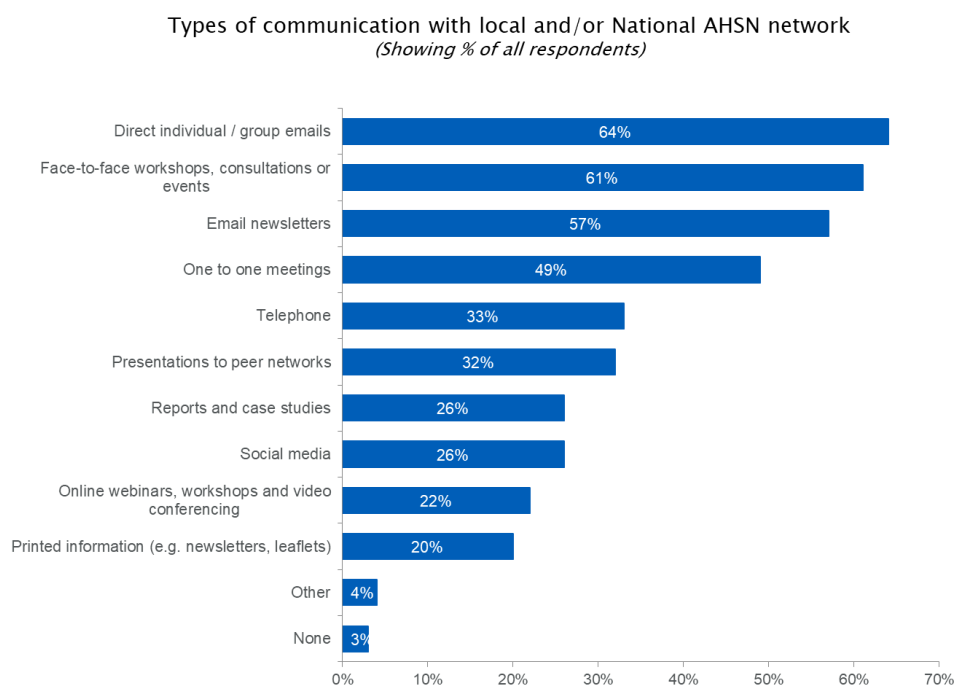
Health or social care provider

3.3. COMMUNICATION

This section covers the most common forms of communication stakeholders have with AHSNs and examines the effectiveness of the current communication strategy.

Stakeholders most commonly hear from their AHSN through **direct individual or group emails** (64%) or **face-to-face workshops, consultations or events** (61%). This provides further evidence that communication is often on an individual level, and the **onset of involvement** with AHSNs is often **facilitated by networking events or collaborative project workstreams**. However, it is interesting to note that only half (49%) of stakeholders say AHSNs have one-to-one meetings with them, which suggests **contact mostly occurs remotely**. **Communication is considered extremely or very effective by just over half (53%) of stakeholders.**

Figure 16: Forms of communication



Q23. Which, if any, of the following ways does the [local AHSN / National AHSN Network] currently communicate with you? Base: All respondents (n=1155)

MULTI-CHANNEL COMMUNICATION

A mixture of different communication channels works well in meeting stakeholders’ requirements. After those already discussed, **email newsletters** are the next most common channel of communication between AHSNs and stakeholders; a majority (57%) cite receiving these. Interviewees also mention the newsletters

spontaneously when they describe what day-to-day communication looks like with AHSNs, amidst emails and **regularly scheduled meetings or catch-ups**. This indicates that **regular updates are memorable alongside occasional direct communication** when there is something of relevance to both parties.

*“The touchpoints I’ve had with them – which has generally been **once or twice a year** [if] there’s been something fairly significant that we’ve done together, either I’ve gone to them for some support or they’ve invited me to, consider getting involved in a particular programme – those have always benefited my business and helped my business to grow.*

*“They send out like a **monthly newsletter** and there [are] quite often things in there that pique my interest; by email, which works really well for me. Then there might be, for example, a call for a particular funding application or a scheme, but they’ve also **reached out to me directly to tell me about schemes**, so they’re obviously managing their database of local businesses and entrepreneurs.”*

Private company or industry body

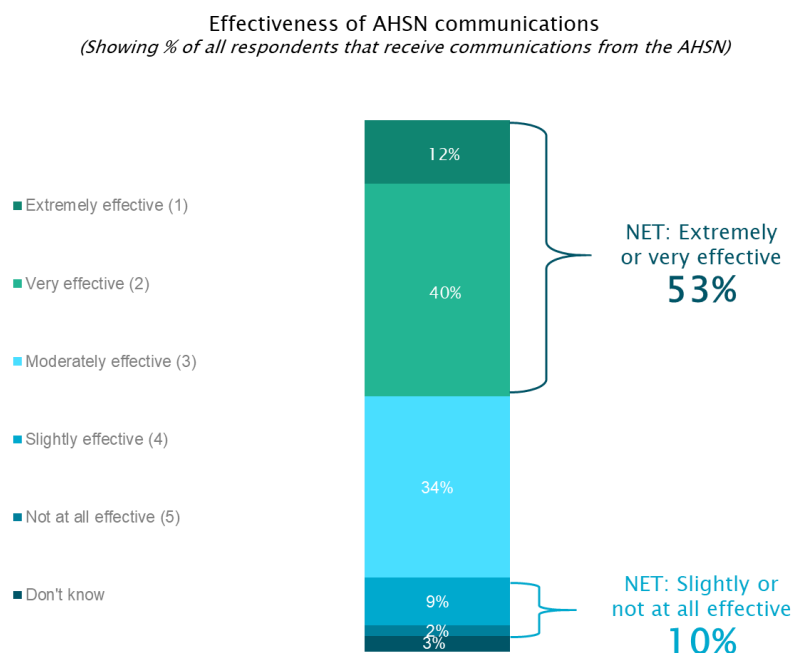
CONFERENCES AND NETWORKING EVENTS ARE VERY POSITIVE

The **value of face-to-face engagement** is evidenced by stakeholders’ positive evaluations of AHSNs’ communication with them. **Events** are strongly supporting this aspect of their work; 11% of those who were asked why they rated their working relationship with the AHSN to be good or better cite **‘useful events, workshops, meetings for networking and learning’** without prompting.

*“The events they run are so **well ran**, from pre-information you get, the arrival on the day [to] the event itself. I’ve always **come away with things that I’ve been able to list and implement**. So, for me, it’s not a case of you have to go to an event, I’ve always looked towards the involvement. I think they always give me something I can take away and implement which is a big buy in for us, because obviously time is effort and money to get there. So, I always think **when they do have events, they are very worthy events**.”*

National government, agency or ALB

Figure 17: Rating effectiveness of communications



Q24. How would you rate the effectiveness of the [local AHSN / National AHSN Network]’s communications? Base: All respondents that receive communications from the AHSN (n=1123)

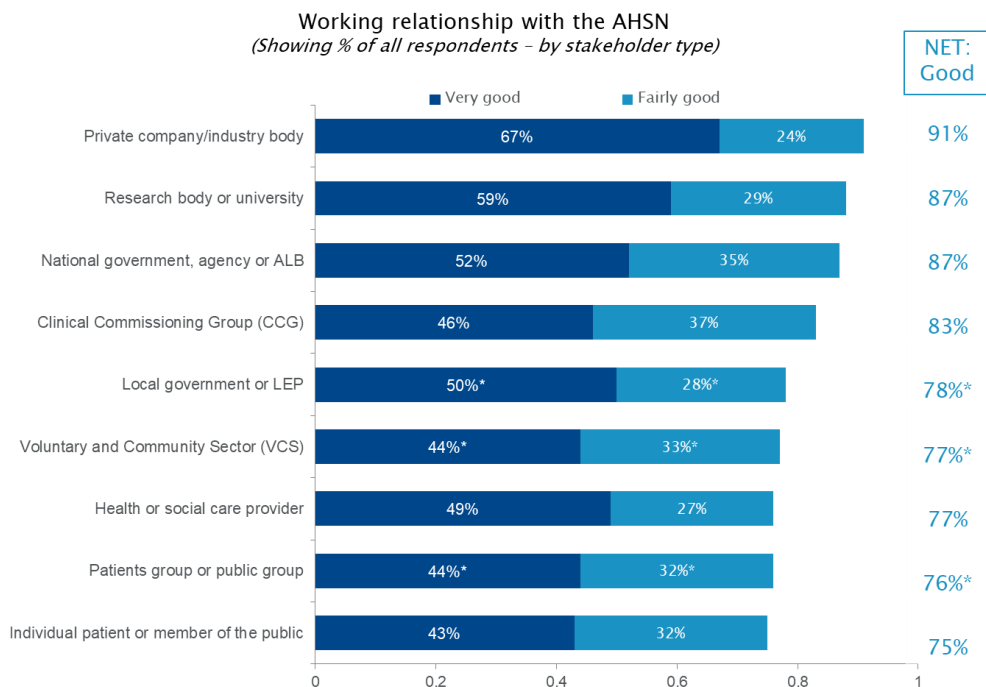
3.4. WORKING RELATIONSHIP BY SUB-GROUP

This final section highlights key similarities and differences in evaluations of stakeholders' working relationship with AHSNs.

Across different stakeholder groups, private company or industry body stakeholders are the most likely to report being satisfied with their working relationships with their local AHSN; a majority (67%) rate it as 'very good' and nine in ten (91%) rate it as good. The majority of all other stakeholder groups also rate their working relationship with their local AHSN as good. This indicates that most stakeholders are happy with AHSNs' ways of working and see little need to change the overall engagement model significantly.

The stakeholder groups most likely to rate their working relationship as good also tend to demonstrate the greatest awareness of their AHSNs' work. The fact that these two areas align reinforces the link between understanding what AHSNs do and feeling satisfied with their relationship. This may be an area for reflection for AHSNs, particularly with regards to supporting groups like local government or LEPs, VCS stakeholders, patients and the public where awareness of AHSNs' work is lower.

Figure 18: Rating working relationship by stakeholder type



Q17. Overall, how would you rate your working relationship with the [local AHSN / National AHSN Network]? Base: All respondents 0 CCG (n=144), Research body or university (n=143), Local government or LEP (n=46*), National government, agency or ALB (n=77), Patient or public group (n=41*), Individual patient or member of the public (n=53), Private company or industry body (n=186), Health or social care provider (n=422), VCS (n=43*)

3.5. POINTS FOR CONSIDERATION ON AHSNs' WAYS OF WORKING

The points raised below are based on stakeholders' feedback and have been modified into considerations for AHSNs that are drawn from conclusions across the analysis in this section.

- ✓ Assessing if a change of emphasis is needed across available resource to effectively coordinate communication across different parts of system, whilst avoiding duplication.
- ✓ Ensuring targeted engagement with key stakeholders while considering how to effectively balance this with generally building awareness of AHSNs.
- ✓ Considering how to ensure consistency in communication across all stakeholder groups.

- ✓ Reviewing whether there is a need to **improve reach** to ensure AHSNs are engaging with all parts of the local area and different levels of seniority within an organisation.

In addition to this, the findings suggest value in taking the following actions to maintain positive and productive relationships with stakeholders:

- ✓ Supporting with the use of **visuals to disseminate complex ideas** into simple terms for the public and patients.
- ✓ Continuing to **utilise newsletters** to reach different stakeholders with relevant pieces of information and signpost them to relevant resources.
- ✓ Maintaining an **open-door policy and utilising events** to build networks as this is considered to be highly valuable and an effective way to engage stakeholders.

4. EVALUATING INTEGRATION

In interviews, stakeholders were asked to describe their **level of understanding** of AHSNs' local and national responsibilities, to **what extent it is important** that their local AHSN is connecting them to other regions and **how effective it is** in doing this.

KEY POINTS

- AHSNs, while understood and visible locally, are **less understood at a national level**.
- The assumption held by most stakeholders is that **each region has a local agenda**, however a more detailed understanding of the balance between local and national priority setting is limited.
- Stakeholders who are more aware of how AHSNs set priorities nationally and locally identify potential **tensions between the national agenda and what local providers can deliver**.
- Some stakeholders note they would like for **workstreams locally to be triaged** and for the AHSN to facilitate this coordination to **effectively target their resources**.
- Evidence is provided of **AHSNs signposting stakeholders to other local AHSNs and hosting collaborative events**, with many stakeholders holding relationships with multiple AHSNs.
- There are a minority of stakeholders who have relationships with multiple AHSNs that think that **communication across AHSNs could be better**.
- All in all, regional signposting is considered **highly valuable** and many stakeholders indicate that they would like to see **more of this occurring**, and for this to be **consistent across the country**.
- Knowing about other AHSNs is considered unnecessary by a **minority of stakeholders who tend to function at a local level**.

4.1. UNDERSTANDING LOCAL AND NATIONAL RESPONSIBILITIES

This section explores the extent to which stakeholders understand local and national AHSN responsibilities and differences in national visibility by stakeholder type. In addition, it will cover the perceptions around how local priorities are set against the national agenda and regional strengths.

At Figure 3 in **Section 1.1**, it is noted that stakeholders think AHSNs are **more visible locally than nationally**. 40% of stakeholders answering on behalf of a local AHSN say it is 'extremely or very visible' compared to 30% of all stakeholders who say this about the National AHSN Network. For reasons which will be discussed below, stakeholders say there is a need **for further promotion of the National AHSN Network** by individual AHSNs in their local communications and engagement. Based on qualitative interviews this represents an opportunity for National AHSN Network stakeholders to play a greater role in **triaging workstreams and communication across the 15 AHSNs**.

THE IMPORTANCE OF A VISIBLE NATIONAL NETWORK

Interviews with stakeholders mostly highlight a limited awareness of the different responsibilities of local AHSNs and the National AHSN Network. Most stakeholders say they are aware **that AHSNs have their own priorities, strengths and way of working**, while at a national level, they understand that there is some form of coordinated oversight. However, awareness of the National AHSN Network and its role is limited as most stakeholders tend to work predominantly with their local AHSN. There are many who have relationships with more than one AHSN and describe how their experiences vary in interviews.

“There’s a big variation between the different AHSNs, in terms of the level of investment and resources that [they] seem to get from where I’m sitting.”

Health or social care provider

In **Section 1.2**, it is noted that many stakeholders, particularly health and social care providers, would like to better understand how AHSNs set priorities locally and **the strategy behind decision-making** on what priority areas AHSNs focus on. The sentiment most stakeholders express in interviews is that **understanding the role of the National AHSN Network in overseeing this would be valuable for effectively triaging their various innovation workstreams**.

“I don’t know that you can identify the same innovations [sic] for digital innovations and surgical innovations, for instance, and I wonder if there are other networks the AHSN has, that are operating in parallel in our organisation, so it would be useful to know how the AHSN approaches the whole organisation and puts us in touch with each other.”

Health or social care provider

LOCAL PRIORITIES VS. NATIONAL AGENDA

As mentioned above, stakeholders generally assume that local AHSNs work somewhat independently, but there is an overarching **responsibility to ensure the national agenda is met**. For instance, a few stakeholders, when asked about this in interviews, reference the **NHS Long-Term Plan** and have the expectation that AHSN workstreams should be governed by this. Many also indicate that each region will have its own local priorities.

*“We have an expectation that we meet the national directives but we have a local responsibility to ensure that those aspects that we desire to meet, **meet the needs of our local stakeholders** as well.”*

Health or social care provider

Most stakeholders appear to be unclear about how AHSNs agree **the balance between local and national priorities**. This links to the feedback regarding a lack of clarity around AHSNs’ strategy. Such communication is considered valuable, particularly among health and social care providers, for importing and exporting the learnings across AHSNs to address local unmet needs, and in aligning workstreams. Therefore, in addressing this, AHSNs may need to **consider more consistent cascading of messaging about the national Network within their local communications**. This may involve ensuring that stakeholders understand how AHSNs develop their strategy to balance local and national priorities.

UNDERSTANDING THE BIGGER PICTURE

For the most part, stakeholders work with their local AHSN and do not demonstrate a strong knowledge of innovation going on outside of their local area. Specifically, stakeholders cite that they have **little to no engagement with AHSNs out of their region and limited understanding of how the model works on a larger scale**.

*“My guess is that they are probably doing very much the same on a broader scale, nationally, in terms of linking up the picture across the country, and I know they’re working on some projects that have had a national basis rather than a local one. But, beyond that, I’d probably **struggle to give you a sensible answer** because, obviously, I’m **very much sighted on what we’re doing within our area**.”*

Health or social care provider

“I’ve always seen them as these regional entities, so, I’ve no real knowledge of the national body.”

Health or social care provider

Some stakeholders who hold senior positions in the health sector, or whose role requires them to **work across multiple regions, tend to have a better understanding of how AHSNs function nationally.** This tends to be because they have worked with multiple AHSNs. These stakeholders make the observation that further coordination across AHSNs may be beneficial in **helping national leaders to assess the impact of AHSNs on a wider scale.**

“What you [have] got is fifteen different organisations very much rooted in the history heritage and the way things are done around here. Reporting into a National Network that has no real command [...]; that tends to listen to little things that are being done in the region rather than the collective impacts of the network.”

Private company or industry body

4.2. INTER-REGIONAL CONNECTIVITY

This section will look at how stakeholders evaluate AHSNs’ effectiveness in connecting them with other AHSNs outside their local area. The benefits of connectivity will be discussed, followed by the extent to which this is a priority for stakeholders.

The **integrated model is perceived to function predominantly through events** that give stakeholders the opportunity to meet contacts from the various AHSNs who attend. Sometimes, but less often, **stakeholders also recall their local AHSN signposting them to another AHSN** conducting work that may be relevant, but this tends to be variable and inconsistent across the regions.

“They seem to have those links. So, obviously, I’m one person in one organisation but they seem to have a ‘me’ everywhere, so there’s almost somebody that they can link with and get the information they need and put you in touch with, everywhere, which is great.”

Health or social care provider

BENEFITS OF CONNECTIVITY

This is considered the aspect of integrated work that is **most valuable to stakeholders** as it contributes to the **brokering of new relationships, sharing best practice, spearheading of new ideas and a greater understanding of the opportunities that lie outside the local area.** Certain topic areas are considered to be highly complex and require the input of senior AHSN leaders across the national Network.

“[Being connected to other local AHSNs] is important; my main benefit was what I got out of doing all the Breakthrough series, the conferences, the deteriorating patient network, and Scale Up. That’s exactly what it’s done.”

Private company or industry body

“It’s important that what we do also interlaces with what is done out in the community and that not only community hospitals but at care homes, we have the ambulance service, the GPs. It’s a very large remit that they have actually, very complex, bring all those people to a room together to talk about one subject.”

Health or social care provider

Stakeholders find it valuable to receive support in shared learning across different regions. These are most often **health or social care providers and CCG stakeholders** due to their interest in acute care, particularly when it comes to the AHSN supporting delivering initiatives that straddle boundary lines.

There are examples of neighbouring AHSNs organising collective events and engagements across regions as groups. The potential to build on this approach could be an area AHSNs may wish to consider.

NOT A PRIORITY FOR ALL

In some interviews, stakeholders express that inter-regional connectivity is not a priority for them. This tends to be because their local AHSN is already successful in meeting their needs.

*“We’ve got **enough organisational maturity and enough inroads into the local NHS and social care providers** that we could still operate and do what we needed to do.”*

Research body or university

However, the other points covered demonstrate that there is an argument to offer opportunities to connect stakeholders to AHSNs outside the locality.

COMPLICATED BOUNDARIES

Looking ahead, a few stakeholders note that in addressing the flow of communication between different AHSNs, regional AHSN and CCG boundaries may need consideration. For instance, one stakeholder cites an instance where they have felt confused knowing which AHSN to go to for support; the one closest to them or the one that they have been directed to.

Ultimately, the health and social care system is subject to change; something that is beyond AHSNs control. It is therefore within this context that integration may provide a crucial opportunity for AHSNs to stay ahead of the curve and proactively manage potential challenges that occur as a result of restructuring or changing regional boundaries.

4.3. POINTS FOR CONSIDERATION AROUND INTEGRATION

The points raised below are based on stakeholder feedback and have been modified into considerations for AHSNs that draw on conclusions made across the analysis in this section.

- ✓ Consider the best ways to **facilitate the flow of communication between local AHSNs and the National AHSN Network**; such as more consistent cascading of messaging.
- ✓ Linked to the above, **promote awareness and understanding of role and responsibility of National AHSN Network** in overseeing and coordinating workstreams across local AHSNs.
- ✓ Develop a **process to identify innovations from within local AHSN areas** capable of being exported or imported across AHSNs and establishing a means to cascade this information in a coordinated way.
- ✓ Consider further cross-AHSN **networking events and conferences** to bring stakeholders across neighbouring regions together to share best practice.

In addition to this, the research findings demonstrate some good examples of AHSNs collaborating and suggests that they:

- ✓ Continue to **showcase and promote examples of best practice in local areas** that that can be **replicated or scaled up** more widely across different parts of the country.
- ✓ **Maintain strong partnerships with locally-based stakeholders** whose requirements do not include inter-regional connectivity.

CONCLUSIONS AND FUTURE CONSIDERATIONS

Insights gathered from stakeholders demonstrate that AHSNs are playing a key role in the adoption and spread of new innovation and improvements. They are **building their reputation and impact in the health and social care system** as a result. Examples of positive contributions are provided by stakeholders working with all local AHSNs. Saying this, each AHSN has particular strengths and examples of best practice to share, that can be utilised by other regions to build on their successes. Indeed, what this research has demonstrated is that **knowledge sharing and collaborative partnerships across the network and innovation process are crucial to ensuring impact**. The resounding message, therefore, is for AHSNs to keep doing what they are doing because it is considered valuable and successful.

In addition to this, stakeholders expect to see AHSNs **learn from their successes and consider elements of the model where improvements can still be made**. Looking ahead, the environment in which AHSNs are working in means that capability relies on contextual considerations. Stakeholders note that **key ‘environmental’ considerations** include:

- Ensuring adequate resources and funding;
- Linked to the above, communicating and demonstrating impact;
- Population health e.g. mental health, housing, community and social care;
- Structural changes to the health and care system e.g. transfer of duties from CCG to PCN;
- Appropriate prioritisation and cataloguing of improvements and innovation;
- Meeting the commitments outlined in the NHS Long-Term Plan; and
- Ensuring adequate integration across the AHSN Network.

“They [have] got to be cognizant to the change in political landscapes”

Private company or industry body

“We’ve got some struggles about mental health provision, we’ve got some struggles to recruit workforce, we’ve got big population growth [...] As we go forward, we need to jointly tackle those.”

CCG

The sub-sections below group conclusions by the four key areas covered in the report; 1) knowledge and perceptions, 2) services, support and work programmes, 3) ways of working and 4) integration.

KNOWLEDGE AND PERCEPTIONS OF AHSNs

Across all AHSNs, staff are a crucial asset. To stakeholders they represent a bank of knowledge and expertise that facilitate connections and signposting across the health and social care system. In addition, one of the USPs is the link AHSNs provide between industry and the NHS. AHSNs are demonstrating a strong sense of commercial awareness. In addition to supporting new businesses, value is found in their promotion of new innovations and improvements to local and national decision-makers, commissioners and funding bodies. Stakeholders value this across the board, with some health and social care providers suggesting this is due to their own limited understanding of the commercial aspects to innovation.

Limited reports of engagement with AHSNs among VCS organisations and patients or members of the public signifying a need for continued considerations of ways to support these groups. Meanwhile other stakeholders indicate a lack of clarity of AHSNs’ strategy with regards to priority setting, which could be improved upon. Considerations for AHSNs therefore include to:

- ✓ **Maintain bridges across systems** while balancing signposting duties against resources;
- ✓ **Review the priority audiences** to engage with and target resource accordingly;
- ✓ **Continue to listen and engage** with the evolving needs of the health sector;
- ✓ **Utilise networking events and conferences** to further engage priority audiences;
- ✓ **Consolidate clear strategy goals** and communicate these within local networks.

“Does everybody need to know that that’s their brand, or do they just need to be known by system leaders and be in the background if the system needed support? Do they want to be reactive or proactive? Do they want to respond to the system leaders who say, ‘This is what we need’? Do they want to go out more and shape and steer the system leaders in a different direction?”

CCG

“Unless you align those strategic plans, it will stay peripheral.”

Health or social care provider

PROVISION OF SERVICES, SUPPORT AND WORK PROGRAMMES

AHSNs are fulfilling their role in connecting professionals across the system and solidifying other areas of strength. This includes sharing evidence for new improvements and innovations, supporting bids and securing funding. In terms of impact, these areas are considered particularly valuable and effective due to the subsequent scaling up of new programmes within localities. The progression of national programmes such as ESCAPE–Pain and Atrial Fibrillation in local areas are prominent examples of the wide–ranging impact AHSNs are having collectively.

Going forward, challenges to be mindful of include barriers to procurement and ensuring the national adoption and spread of priority innovations. Some of these requirements are likely to require an integrated knowledge of similar initiatives across the country and a clear process for prioritising workstreams. Considerations for AHSNs therefore include to:

- ✓ **Continue to input into funding bids** with promotion of local and national funding streams;
- ✓ **Focus on following through after pilot studies**, providing guidance on further upscaling;
- ✓ **Continue to build strong ties with industry and academia** to facilitate evaluation of new innovations;
- ✓ **Ensure regular and advance notice** of opportunities for patient and public involvement;
- ✓ **Continue to involve stakeholders in developing and testing innovations**;
- ✓ **Continue to identify barriers to implementation** on the ground by establishing clear feedback process;
- ✓ **Build a catalogue for new innovations** to aid prioritisation processes nationally;
- ✓ **Continue to share case studies of impact** with a direct focus on patient outcomes.

“They’re supporting businesses that can grow; generating things that are going to support the local economy and help people with healthcare issues [...] an expert team who’ve been pulled together to do a job that is helping society and making good use of public money.”

Private company or industry body

“The NHS and healthcare system in the UK are big and complex, so anything that they do is going to be mitigated by change within that healthcare system [through] the brokering of successful technology ought to be a big opportunity. So, continuing to do that well, and maybe even doing it better, is where the positive future comes from.”

Private company or industry body

WAYS OF WORKING

Much of the initial involvement and introductions to AHSNs take place either directly via AHSNs or through referrals by colleagues or project partners. There appears to be no single route to access AHSNs and this open-door policy is clearly considered effective. Similarly, a bespoke model of engagement that evolves to fit the needs of each individual is highly effective and links back to stakeholders' perceptions of AHSNs as collaborative. Particular features that are appreciated include responsiveness and signposting, whether that be to people and organisations, knowledge and resources, or events and external opportunities.

The flip side to this is that stakeholders, particularly those within health and social care circles, may find out about AHSNs through hearsay, by meeting them or within the context of a specific workstream they are supporting. Hence AHSNs may wish to balance the relative merits of:

- ✓ A **highly targeted and personalised approach**, focusing most effort on those who are currently, or need to be working with AHSNs.
- ✓ A **wider approach that seeks to raise awareness** of people not currently involved in AHSNs' work but who may benefit in future.

"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."

CCG

Alongside this:

- ✓ **Continue to maintain strong personal relationships** with current stakeholders and partners;
- ✓ **Continue to maintain an open-door policy** while establishing early outlines for ongoing communication;
- ✓ **Continue to develop community service links**, by engaging sectors which need further help;
- ✓ **Continue to use networking events** as a means of creating more connections across the system.

INTEGRATION

Mixed awareness exists amongst stakeholders around how AHSNs' communicate with each other. In addition, the process for integration at a national level and how this is all impacted by national priorities compared to the individual needs and priorities of each region is relatively unclear to stakeholders. Generally speaking the National AHSN Network is not largely visible as its own entity. Those stakeholders working with multiple AHSNs note variation in the strengths, priorities and outputs across them. In addition, stakeholders assume that AHSNs locally must relate their work back to align with the national priorities as set out in the NHS Long-Term Plan. However, there is also a concern around the balance to be struck in doing this. Ensuring that the strengths of each AHSN are utilised and cataloguing innovations to create a national picture is also a key area stakeholder would like to see progressed. This is felt to be an effective approach to streamlining workflow and reducing duplication across the system. Finally, it is important to share efforts to coordinate innovation across the AHSN network, allowing AHSNs to effectively signpost stakeholders and provide opportunities that may be outside their particular region. Considerations for AHSNs therefore include to:

- ✓ **Build awareness of the National AHSN Network** by using individual AHSNs to cascade messaging to local stakeholders;
- ✓ Ensure stakeholders are aware how AHSNs set their local priorities;
- ✓ **Communicate the strategy** involved in balancing local and national priorities;
- ✓ **Continue to signpost** stakeholders to opportunities and events outside their local area;
- ✓ **Catalogue local innovations** to help integrate workstreams nationally.

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APPENDIX

ONLINE SURVEY QUESTIONS

WELCOME PAGE

Welcome to the 2019 AHSN Evaluation Survey.

The aim of this survey is to provide the opportunity for individuals and organisations who are members of, or who have worked with the AHSN network to give feedback on this experience. This information will be used to understand how AHSNs can most effectively service those they collaborate with and how they can best deliver on their organisational goals.

You will be asked a few initial questions to establish your position and level of interaction with AHSNs. We will then explore your experiences of AHSNs including how you currently work together, the quality and value of support given, examples of best practice and any areas for improvement.

The entire survey should take no longer 10–15 minutes. At the end you will also have the opportunity to opt in to taking part in further discussions around this topic if this is of interest to you.

Thank you very much for your participation. Please click next to continue.

DEMOGRAPHICS

D1. [ASK ALL, SINGLE CODE, RANDOMISE] You were nominated to participate in this survey on behalf of <name of AHSN(s), include “and “as separator if multiple AHSNs>. We recognise that you may have worked with other local AHSNs or may have only interacted with the National AHSN Network.

Please select the local AHSN you would like your survey responses to relate to, or alternatively you may select the National AHSN Network.

- a. National AHSN Network [FIX]
- b. East Midlands AHSN
- c. Eastern AHSN
- d. Health Innovation Manchester (HiM)
- e. Health Innovation Network (AHSN for South London)
- f. Imperial College Health Partners
- g. Kent Surrey Sussex AHSN
- h. North East and North Cumbria AHSN
- i. Oxford AHSN
- j. South West AHSN
- k. Innovation Agency, the AHSN for the North West Coast
- l. UCL Partners
- m. Wessex AHSN
- n. West Midlands AHSN
- o. West of England AHSN
- p. Yorkshire and Humber AHSN

D2. [ASK ALL, SINGLE CODE, RANDOMISE, GROUP OPTIONS E AND F] Thinking about your role and organisation as it relates to your engagement with AHSNs, which of the following best describes your organisation?

- a. Clinical Commissioning Group (CCG)
- b. Research body or university
- c. Local government or Local Economic Partnership (LEP)
- d. National government, agency or arm's length body (ALB)
- e. Patients group or public group *[group with f]*
- f. I am an individual patient or member of the public, not participating on behalf of an organisation *[group with e]*
- g. Private company / industry body
- h. Health or social care provider
- i. Voluntary and Community Sector (VCS)

D3. [ASK UNLESS D2=f, SINGLE CODE] Is this response on behalf of your entire organisation or you as an individual?

- a. The organisation
- b. As an individual

D4. [ASK ALL, SINGLE CODE] In which region [DISPLAY IF D3=a: "is your organisation" / DISPLAY IF D2=f OR D3=b: "are you"] based? [NEW]

- a. North East
- b. North West
- c. Yorkshire and Humberside
- d. West Midlands
- e. East Midlands
- f. Eastern
- g. London
- h. South East
- i. South West
- j. Outside of England (please specify where) *[open, do not code, fix position]*

D5. [ASK ALL, SINGLE CODE] How would you rate your understanding of the role of the National AHSN Network? [NEW]

- a. A good understanding
- b. A fair understanding
- c. A little understanding
- d. None at all

D6. [ASK UNLESS D1=a, SINGLE CODE] How would you rate your understanding of the role of the [DISPLAY OPTION SELECTED IN D1]? [NEW]

- a. A good understanding
- b. A fair understanding
- c. A little understanding
- d. None at all

D7. [ASK ALL] And approximately how long have you worked with [DISPLAY OPTION SELECTED IN D1]? [NEW]

- a. Less than 6 months
- b. 6 months – 1 year
- c. 1–2 years
- d. 2–3 years
- e. 3–4 years
- f. 4–5 years
- g. 5 years or more
- h. Other (please specify) *[open, do not code]*

SURVEY QUESTIONS

EFFECTIVENESS AND LEVEL OF UNDERSTANDING OF AHSN PRIORITIES

1. [ASK ALL, SINGLE CODE GRID, RANDOMISE ROWS] Overall, thinking about the [DISPLAY OPTION SELECTED IN D1]'s work, how would you describe ...?
 - i. Extremely aware
 - ii. Very aware
 - iii. Moderately aware
 - iv. Slightly aware
 - v. Not at all aware
 - vi. Don't know
 - a. Your personal awareness of its work
 - b. Awareness of its work within your organisation [DISPLAY UNLESS D2=f OR D3=b]
 - c. Awareness of its work within your sector

2. [ASK IF D2= a or h (Clinical Commissioning Group (CCG) or Health or social care provider), SINGLE CODE GRID, RANDOMISE ROWS] How effective or not is the [DISPLAY OPTION SELECTED IN D1] in doing each of the following?
 - i. Very effective
 - ii. Fairly effective
 - iii. Neither effective nor ineffective
 - iv. Fairly ineffective
 - v. Very ineffective
 - vi. Don't know
 - a. Identifying, testing, and spreading evidence-based innovations and improvements to patient care
 - b. Making connections with industry and academia to match solutions to NHS needs
 - c. Bringing health care professionals together across regional systems to support knowledge sharing and collaboration
 - d. Providing innovation evaluation support to providers and commissioners
 - e. Supporting the integration of new products or interventions into everyday care
 - f. Helping providers articulate and promote their clinical / system needs to industry leaders

3. [ASK IF D2=b (Research body or university), SINGLE CODE GRID, RANDOMISE ROWS] How effective or not is the [DISPLAY OPTION SELECTED IN D1] in doing each of the following?
 - i. Very effective
 - ii. Fairly effective
 - iii. Neither effective nor ineffective
 - iv. Fairly ineffective
 - v. Very ineffective
 - vi. Don't know
 - a. Helping to identify and drive adoption of research outputs that have a high value and positive impact on NHS patients
 - b. Supporting collaborations between researchers and relevant regional structures / networks
 - c. Evaluating promising innovation across the health and care system
 - d. Bringing research professionals, the NHS and health and care sector leaders together across regional systems
 - e. Working with the local and national research infrastructure to facilitate evaluation and adoption strategies

4. [ASK IF D2=c (*Local government or Local Economic Partnership (LEP)*), SINGLE CODE GRID, RANDOMISE ROWS] How effective or not is the [DISPLAY OPTION SELECTED IN D1] in doing each of the following?
[NEW]

- i. Very effective
 - ii. Fairly effective
 - iii. Neither effective nor ineffective
 - iv. Fairly ineffective
 - v. Very ineffective
 - vi. Don't know
- a. Identifying, testing, and spreading evidence-based improvements to the care and wellbeing of patients and the public
 - b. Providing innovation evaluation support to health and care organisations
 - c. Being a source of knowledge on local health and care systems
 - d. Making connections with industry to match solutions to the health and care needs of patients and the public
 - e. Bringing professionals together across regional systems to support integration of health and social care
 - f. Providing signposting to NHS decision-making, national programmes and initiatives
 - g. Supporting the involvement of service users in its work
 - h. Helping to attract inward investment or national / local growth opportunities

5. [ASK IF D2=d (*National government, agency or arm's length body (ALB)*), SINGLE CODE GRID, RANDOMISE ROWS] How effective or not is the [DISPLAY OPTION SELECTED IN D1] in doing each of the following?

- i. Very effective
 - ii. Fairly effective
 - iii. Neither effective nor ineffective
 - iv. Fairly ineffective
 - v. Very ineffective
 - vi. Don't know
- a. Identifying, testing, and spreading evidence-based improvements to the care and wellbeing of patients and the public
 - b. Providing innovation evaluation support to health and care organisations
 - c. Helping national partners understand local barriers and supporting the development of system improvements
 - d. Supporting the delivery of national initiatives and programmes
 - e. Fostering system partnerships and collaborations

6. [ASK IF D2=e, f, or i (*Patients group or public group, Voluntary and Community Sector (VCS), or an individual patient or member of the public*), SINGLE CODE GRID, RANDOMISE ROWS, GROUP OPTIONS B AND C] How effective or not is the [DISPLAY OPTION SELECTED IN D1] in doing each of the following?
[NEW]

- i. Very effective
 - ii. Fairly effective
 - iii. Neither effective nor ineffective
 - iv. Fairly ineffective
 - v. Very ineffective
 - vi. Don't know
- a. Identifying the needs and priorities of patients and the public
 - ...b... Involving patients and the public in designing the work it carries out. [group with a].....

- c. Involving patients and the public in decision-making relating to the work it carries out *[group with b]*
- d. Signposting opportunities for patients and the public to get involved in AHSN decision-making, day-to-day activities and governance structures
- e. Enabling patients and the public to be more effective when working on AHSN programmes within health and care systems
- f. Training and development to support patient and public involvement in its work
- g. Raising awareness of relevant market-ready products

7. [ASK IF D2=g (*Private company / industry body*), SINGLE CODE GRID, RANDOMISE ROWS] How effective or not is the [DISPLAY OPTION SELECTED IN D1] in doing each of the following?

- i. Very effective
 - ii. Fairly effective
 - iii. Neither effective nor ineffective
 - iv. Fairly ineffective
 - v. Very ineffective
 - vi. Don't know
- a. Helping to support understanding of the UK health and care system, including procurement routes, national funding programmes and key organisations
 - b. Helping to support understanding of local and national clinical / system needs
 - c. Providing signposting to NHS decision-making, delivery systems, and market access opportunities
 - d. Helping to develop robust business cases that demonstrate clinical benefit and value for money
 - e. Supporting the adoption of proven products across health and social care systems
 - f. Helping to advise on evidence generation and evaluation, including health economics
 - g. Helping to attract inward investment or national / local growth opportunities

EVALUATING AHSN INITIATIVES OR PROGRAMMES

8. [ASK IF D2=a or h (*Clinical Commissioning Group (CCG) or Health or social care provider*), RANK CHOICES, RANDOMISE] Thinking about the support provided by the [DISPLAY OPTION SELECTED IN D1] as it relates to [DISPLAY IF D3=a: "your organisation's ability to meet its objectives" / DISPLAY IF D2=f OR D3=b: "your ability to meet your own objectives"], which aspects of this support are most important and should be prioritised? *Please rank your top three below in order of priority.*

- a. Identifying, testing, and spreading evidence-based innovations and improvements to patient care
- b. Making connections with industry and academia to match solutions to NHS needs
- c. Bringing health care professionals together across regional systems to support knowledge sharing and collaboration
- d. Providing innovation evaluation support to providers and commissioners
- e. Supporting the integration of new products or interventions into everyday care
- f. Helping providers articulate and promote their clinical / system needs to industry leaders
- g. Other *[open, do not code, fix position]*
- h. Don't know *[fix position, exclusive]*

9. [ASK IF D2=b (*Research body or university*), RANK CHOICES, RANDOMISE] Thinking about the support provided by the [DISPLAY OPTION SELECTED IN D1] as it relates to [DISPLAY IF D3=a: "your organisation's ability to meet its objectives" / DISPLAY IF D2=f OR D3=b: "your ability to meet your own objectives"], which aspects of this support are most important and should be prioritised? *Please rank your top three below in order of priority.*

- a. Helping to identify and drive adoption of research outputs that have a high value and positive impact on NHS patients
- b. Supporting collaborations between researchers and relevant regional structures / networks
- ...c... ~~Evaluating promising innovation across the health and care system~~

- d. Bringing research professionals, the NHS and health and care sector leaders together across regional systems
- e. Working with the local and national research infrastructure to facilitate evaluation and adoption strategies
- f. Other *[open, do not code, fix position]*
- g. Don't know *[fix position, exclusive]*

10. [ASK IF D2=c (*Local government or Local Economic Partnership (LEP)*), RANK CHOICES, RANDOMISE]
 Thinking about the support provided by the [DISPLAY OPTION SELECTED IN D1] as it relates to [DISPLAY IF D3=a: "your organisation's ability to meet its objectives" / DISPLAY IF D2=f OR D3=b: "your ability to meet your own objectives"], which aspects of this support are most important and should be prioritised?
Please rank your top three below in order of priority.

- a. Identifying, testing, and spreading evidence-based improvements to the care and wellbeing of patients and the public
- b. Providing innovation evaluation support to health and care organisations
- c. Being a source of knowledge on local health and care systems
- d. Making connections with industry to match solutions to the health and care needs of patients and the public
- e. Bringing professionals together across regional systems to support integration of health and social care
- f. Providing signposting to NHS decision-making, national programmes and initiatives
- g. Supporting the involvement of service users in its work
- h. Helping to attract inward investment or national / local growth opportunities
- i. Other *[open, do not code, fix position]*
- j. Don't know *[fix position, exclusive]*

11. [ASK IF D2=d (*National government, agency or arm's length body (ALB)*), RANK CHOICES, RANDOMISE]
 Thinking about the support provided by the [DISPLAY OPTION SELECTED IN D1] as it relates to [DISPLAY IF D3=a: "your organisation's ability to meet its objectives" / DISPLAY IF D2=f OR D3=b: "your ability to meet your own objectives"], which aspects of this support are most important and should be prioritised?
Please rank your top three below in order of priority.

- a. Identifying, testing, and spreading evidence-based improvements to the care and wellbeing of patients and the public
- b. Providing innovation evaluation support to health and care organisations
- c. Helping national partners understand local barriers and supporting the development of system improvements
- d. Supporting the delivery of national initiatives and programmes
- e. Fostering system partnerships and collaborations
- f. Other *[open, do not code, fix position]*
- g. Don't know *[fix position, exclusive]*

12. [ASK IF D2=e, f, or i (*Patients group or public group, Voluntary and Community Sector (VCS), or an individual patient or member of the public*), RANK CHOICES, RANDOMISE, GROUP OPTIONS B AND C]
 Thinking about the support provided by the [DISPLAY OPTION SELECTED IN D1] as it relates to [DISPLAY IF D3=a: "your organisation's ability to meet its objectives" / DISPLAY IF D2=f OR D3=b: "your ability to meet your own objectives"], which aspects of this support are most important and should be prioritised?
Please rank your top three below in order of priority. [NEW]

- a. Identifying the needs and priorities of patients and the public
- b. Involving patients and the public in designing the work it carries out *[group with c]*
- c. Involving patients and the public in decision-making relating to the work it carries out *[group with b]*
- d. Signposting opportunities for patients and the public to get involved in AHSN decision-making, day-to-day activities and governance structures
- e. Enabling patients and the public to be more effective when working on AHSN programmes within health and care systems

- f. Training and development to support patient and public involvement in its work
- g. Raising awareness of relevant market-ready products
- h. Other *[open, do not code, fix position]*
- i. Don't know *[fix position, exclusive]*

13. [ASK IF D2=g (*Private company / industry body*), RANK CHOICES, RANDOMISE] Thinking about the support provided by the [DISPLAY OPTION SELECTED IN D1] as it relates to [DISPLAY IF D3=a: "your organisation's ability to meet its objectives" / DISPLAY IF D2=f OR D3=b: "your ability to meet your own objectives"], which aspects of this support are most important and should be prioritised? *Please rank your top three below in order of priority.*

- a. Helping to support understanding of the UK health and care system, including procurement routes, national funding programmes and key organisations
- b. Helping to support understanding of local and national clinical / system needs
- c. Providing signposting to NHS decision-making, delivery systems, and market access opportunities
- d. Helping to develop robust business cases that demonstrate clinical benefit and value for money
- e. Supporting the adoption of proven products across health and social care systems
- f. Helping to advise on evidence generation and evaluation, including health economics
- g. Helping to attract inward investment or national / local growth opportunities
- h. Other *[open, do not code, fix position]*
- i. Don't know *[fix position, exclusive]*

14. [ASK ALL, SINGLE CODE] Overall, how easy did you find it to access [DISPLAY OPTION SELECTED IN D1] services?

- a. Very easy
- b. Fairly easy
- c. Neither easy nor difficult
- d. Fairly difficult
- e. Very difficult
- f. Don't know
- g. I have not used or tried to access AHSN services

15. [ASK ALL, OPEN TEXT] Which [DISPLAY OPTION SELECTED IN D1] initiative, programme or support service would you say has had the greatest impact on [DISPLAY IF D3=a: "your organisation's ability to meet its objectives" / DISPLAY IF D2=f OR D3=b: "your ability to meet your own objectives"], and why?

- a. Which _____ *[open, code, fix position]*
- b. Why _____ *[open, code, fix position]*
- c. Don't know *[exclusive]*

AWARENESS, COLLABORATION AND ENGAGEMENT MODELS

16. [ASK ALL, SINGLE CODE] How did you first find out about the [DISPLAY OPTION SELECTED IN D1]?

- a. Through colleagues
- b. Networking events/conferences
- c. Web search (e.g. Google)
- d. AHSN advertising
- e. Policy or strategy documents eg NHS Long Term Plan
- f. Other *[open, do not code, fix position]*
- g. Don't know

17. [ASK ALL, SINGLE CODE] Overall, how would you rate your working relationship with the [DISPLAY OPTION SELECTED IN D1]?

- a. Very good
-

- b. Fairly good
- c. Neither good nor poor
- d. Fairly poor
- e. Very poor
- f. Don't know

18. [ASK ALL, SINGLE CODE] Thinking back over the period of time you have been working with [DISPLAY OPTION SELECTED IN D1], would you say your working relationship has gotten better, worse, or is about the same?

- a. A lot better
- b. A little better
- c. About the same
- d. A little worse
- e. A lot worse
- f. Don't know

19. [ASK IF Q17=a or b OR IF Q18=a or b, OPEN TEXT] You indicated that [DISPLAY IF Q17=a or b: "you have a very / fairly good working relationship with the [DISPLAY OPTION SELECTED IN D1]."] | DISPLAY IF Q18=a or b: "your working relationship with the [DISPLAY OPTION SELECTED IN D1] has gotten better over the period of time you have been working with them." | DISPLAY IF Q17=a or b AND Q18=a or b: "you have a very / fairly good working relationship with the [DISPLAY OPTION SELECTED IN D1] and that your working relationship has gotten a lot / little better over the period of time you have been working with them." Why do you say this? *Please provide specific examples, where possible.*

- a. *[open, code, fix position]*

20. [ASK IF Q17=d or e OR IF Q18=d or e, OPEN TEXT] You indicated that [DISPLAY IF Q17=d or e: "you have a very / fairly poor working relationship with the [DISPLAY OPTION SELECTED IN D1]."] | DISPLAY IF Q18=d or e: "your working relationship with the [DISPLAY OPTION SELECTED IN D1] has gotten a lot / little worse over the period of time you have been working with them." | DISPLAY IF Q17=d or e AND Q18=d or e: "you have a very / fairly poor working relationship with the [DISPLAY OPTION SELECTED IN D1] and that your working relationship has gotten a lot / little worse over the period of time you have been working with them." Why do you say this? *Please provide specific examples, where possible.*

- a. *[open, code, fix position]*

21. [ASK ALL, SINGLE CODE] Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of the [DISPLAY OPTION SELECTED IN D1] at the national level?

- a. Extremely visible
- b. Very visible
- c. Moderately visible
- d. Slightly visible
- e. Not at all visible
- f. Don't know

22. [ASK UNLESS D1=a, SINGLE CODE] Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of the [DISPLAY OPTION SELECTED IN D1] in its local area?

- a. Extremely visible
- b. Very visible
- c. Moderately visible
- d. Slightly visible
- e. Not at all visible
- f. Don't know

23. [ASK ALL, MULTI CODE, RANDOMISE ROWS] Which, if any, of the following ways does the [DISPLAY OPTION SELECTED IN D1] currently communicate with you? *Please select all that apply.*
- Email newsletters
 - Telephone
 - One to one meetings
 - Face-to-face workshops, consultations or events
 - Social media
 - Presentations to peer networks
 - Printed information (e.g. newsletters, leaflets)
 - Direct individual / group emails
 - Online webinars, workshops and video conferencing
 - Reports and case studies
 - Other *[open, do not code, fix position]*
 - None *[exclusive, fix position]*

24. [ASK UNLESS Q23=I, SINGLE CODE] How would you rate the effectiveness of the [DISPLAY OPTION SELECTED IN D1]'s communications?
- Extremely effective
 - Very effective
 - Moderately effective
 - Slightly effective
 - Not at all effective
 - Don't know

LOCAL STRATEGY ON ADOPTION AND SPREAD

25. [ASK ALL, OPEN TEXT] If you could make one recommendation for improvement for [DISPLAY UNLESS D1=a: "the [DISPLAY OPTION SELECTED IN D1] or the National AHSN Network" | DISPLAY IF D1=a: "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? *Please answer in the space below.*
- *[open, code, fix position]*
 - Don't know *[exclusive]*

FOLLOW-UP

Thank you for taking the time to participate. You have now reached the end of the survey.

Before you go, we would like to offer you the opportunity to participate in a 30-minute telephone interview to discuss your experiences with the [DISPLAY OPTION SELECTED IN D1] in more detail and play a key role in ensuring that your or your organisation's views are represented in this research.

Should you wish to participate, it will involve:

- A member of ComRes emailing you next week to arrange a suitable time to speak.
- A 30-minute interview with an experienced health-sector interviewer at ComRes.
- Completely anonymous participation so that your participation is private.
- Opting out at any point if you change your mind.
- Any personal details securely stored in line with General Data Protection Regulations and permanently deleted on completion of the research project in November.

..... a..... I am not interested in participating in a follow-up interview. *[end]*.....

- b. I am interested in participating in a follow-up interview *[open box for email address]*

Thank you again for taking the time to complete this important survey. If you have any further queries or concerns about the research, please enter these below.

- a. _____ *[open box, non-compulsory]*

INTERVIEW DISCUSSION GUIDE

1. To start with, could you tell me briefly a little bit about “yourself and what you tend to do in your professional role about” / “your role in relation to the AHSN”?
 - What is your relationship to the AHSN?
 - How does it work?
 -
2. Would you prefer to have a discussion about one particular AHSN, multiple AHSNs or the National AHSN network?
 - Which one(s)?
 - Why have you chosen this?

2b. Are your answers today on behalf of an organisation or for yourself?

3. How familiar or unfamiliar would you say you are with the AHSN in your current role?
 - Which AHSN are you most/least familiar with? In what way?
 - How often do you interact with the AHSN?
 - How does your role relate to the AHSN?
4. How did you first find out about the AHSN?
 - How long ago was this?
 - How did you first get involved?
5. Please describe what you consider the AHSN’s core role to be?

Thank you very much for your comments so far, your feedback has been really useful. I’d like to move on now to talk in more detail about how you find working with the AHSN.

7. To start with, what are the first words or phrases that spring to mind when you think of the AHSN?
 - What makes you think about that/those word(s)/phrase(s) in particular?
 8. Broadly speaking, how favourable or unfavourable are your impressions of the AHSN?
 - What, if anything, drives this impression?
 - Do you have any examples that have led you to speak of them favourably/unfavourably?
 9. Has your opinion of the AHSN changed over the course of the time you’ve been aware of them?
 - a. [if yes] What makes you say that?
 10. What, if anything, does the AHSN currently do to support you in your professional role?
 - What services, support or work programmes are you aware of that the AHSN is involved with?
 - Are there any particular issues or topics you are aware the AHSN has worked on?
-What do you see as the AHSN’s USP?.....

22. What support, if any, does the AHSN provide to patient representatives? *[probe: pay you expenses to attend meetings/events etc.]*

11. Thinking about all of the services, support and work programmes “the AHSN provides, which are the most important to you or your organisation” / you have contributed to, which ones are the most memorable?”

- Why do you say this?
- What services, support or work programmes should it provide that it doesn't already?
- What services, support or work programmes would you be interested in working on, that you don't already?

12. How easy, or not, did you find it to access AHSN services, support and work programmes?

- Why do you say that?
- Do you have any recommendations for the AHSN to make it easier to access these?

11b. ***public/patient only*** To what extent do you feel your contributions are valued by the AHSN?

- What makes you say that?
- Why is this work important to you?

13. Could you tell me briefly about your ongoing communication with the AHSN and what this tends to look like?

- Are there any designated AHSN personnel or do you have a personal point of contact?
- How frequent is this communication?
- Did you choose this model of engagement or not?
-

14. And how effectively or ineffectively would you say this approach works for you?

- What makes you say that?
- What is particularly useful or not useful?
- Is it frequent enough or not?
- How relevant, if at all, are the communications you receive from the AHSN?
- How, if at all, could the AHSN improve their engagement with you? *[probe on channels]*
-

15. To what extent would you say you trust the opinions and advice of the AHSN?

- Why do you say this? *[probe for examples e.g. sharing good innovation]*
- At what stage of your work is the input of the AHSN most helpful?

16. A core part of the AHSN's role is to help local areas work together in a coordinated way to support the spread of adoption, build alliances across networks and connecting local partners with opportunities outside of their immediate area.

- How important or not is this to the work that you do?
- And in your view, how effective or ineffective is AHSN in doing this? Why/why not? *[probe for examples – specifically tease out how they were connected e.g. signposting via a local AHSN]*
- Do you have any recommendations for the AHSN to help with this?
- Have you seen partnerships working elsewhere in the country you would like to see replicated in your area through your local AHSN?
- How good or not is the AHSN at involving a diverse range of people in the work they do?

17. How has working with the AHSN helped you to achieve your organisation's objectives [add 'locally' if only answering on behalf of one AHSN]? Has it made an impact or difference in your work?

- Why do you say that?
- What aspect has been most valuable to you or your organisation?

18. What, if any, other ways could AHSN help support your work?

- Why is that?

19. *{less relevant if they only have local knowledge}* How effective or not is the AHSN at making difference in improving patient and population health outcomes?

- Why do you say this?
- *[if effective]* Can you give any examples of where it has done this well?
- Do you have any recommendations for the AHSN to help further improve health outcomes?

20. How effective or not is the AHSN at translating research into practice?

- Why do you say this?
- *[if effective]* Can you give any examples of where it has done this well?
- Do you have any recommendations for the AHSN to improve upon this?

21. } How effectively or not is the AHSN promoting health system needs?

- Why do you say this?
- *[if effective]* Can you give any examples of where it has done this well?
- Which, if any, system needs do you feel it needs to promote more or less?
- Do you have any recommendations for the AHSN to improve upon this?

23. How would you describe the AHSN's visibility in the health and care sector in the last few years?

- Would you say the AHSN has become more or less visible as an organisation over the last few years? In what ways?

24. *{if known for at least a few years}* Have you seen any change over the way the AHSN has worked over the past few years?

- **[IF YES]** What in particular? Can you provide any examples?

25. Going forward, what do you think are the biggest challenges for the AHSN over the next few years? And what do you think are the biggest opportunities for the AHSN over the next few years?

- a. What, if anything, would you suggest in terms of how the AHSN might want to respond to these challenges?

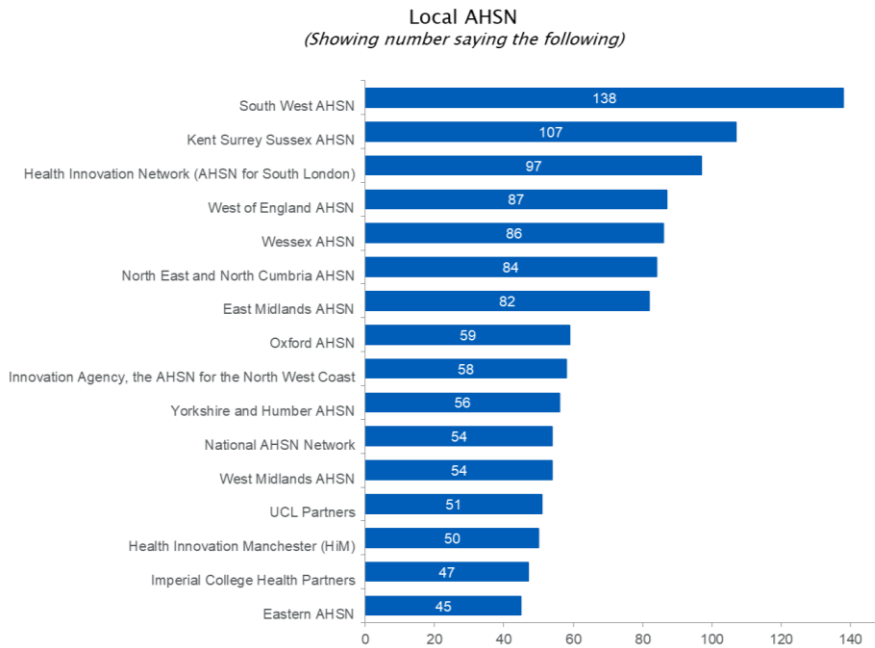
26. Do you have any specific recommendations for the AHSN in terms of how it can achieve its aims?

27. Do you have any final comments or advice for the AHSN? *[ONLY IF NOT NATIONAL AHSN: or the National AHSN Network]*?

THANK & CLOSE

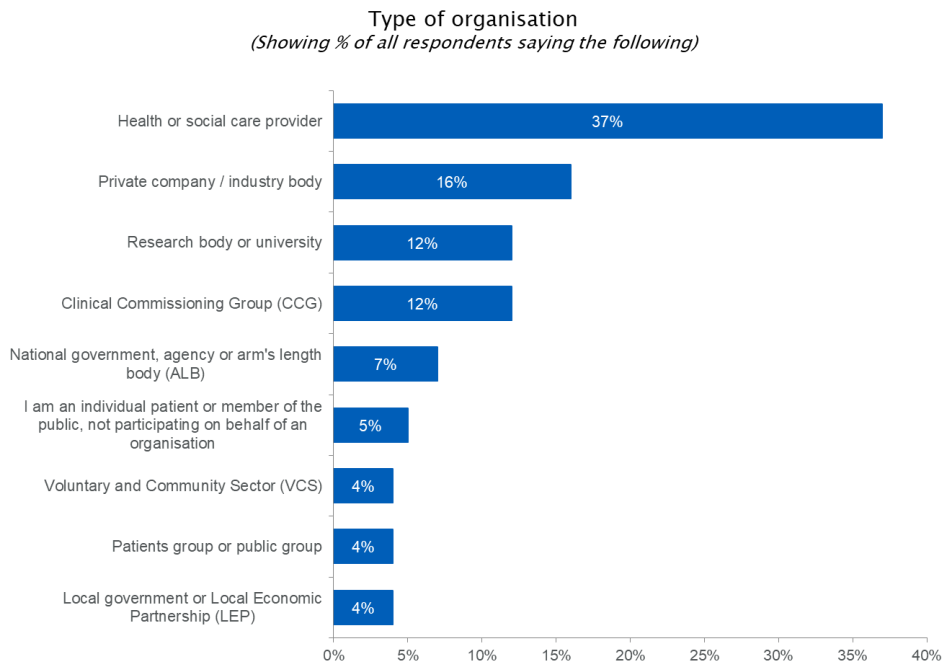
PARTICIPANT PROFILES

Figure 19: Survey breakdown by local AHSN



D1. Please select the local AHSN you would like your survey responses to relate to, or alternatively you may select the National AHSN Network. Base: All respondents (n=1155)

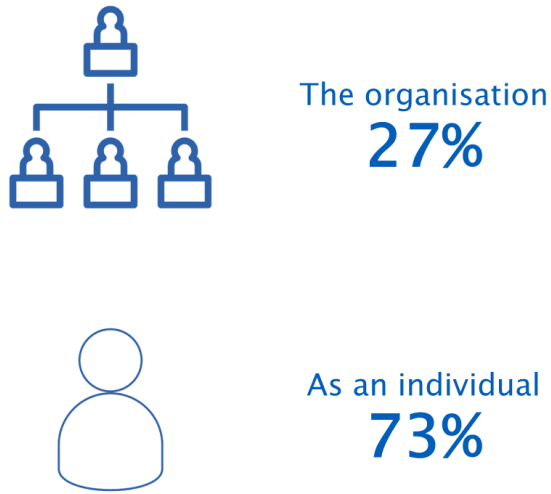
Figure 20: Survey breakdown by type of organisation



D2. Thinking about your role and organisation as it relates to your engagement with AHSNs, which of the following best describes your organisation? Base: All respondents (n=1155)

Figure 21: Survey breakdown by individual vs organisation perspective

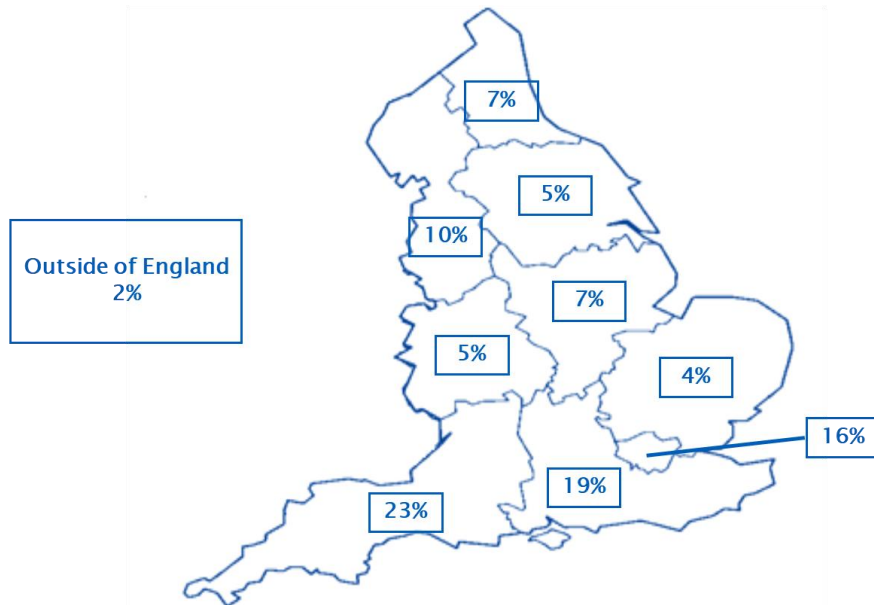
Responding on behalf of their entire organisation or themselves
 (Showing % of all respondents saying the following)



D3. Is this response on behalf of your entire organisation or you as an individual? Base: All respondents (n=1155)

Figure 22: Survey breakdown by organisation region

Region their organisation is based
 (Showing % of all respondents saying the following)



D4. In which region is your organisation / are you based? Base: All respondents (n=1155)

GLOSSARY

AHSN: Academic Health Science Network

AF: Atrial Fibrillation

ALB: Arm's Length Body

CCG: Clinical Commissioning Group

ESCAPE-pain: Enabling Self-management and Coping with Arthritic Pain using Exercise

LEP: Local Enterprise Partnership

PINCER: Pharmacist-led Information technology intervention for the reduction of clinically important errors

SME Small or Medium-sized Enterprise

TCAM: Transfer of Care around Medicines

VCS: Voluntary and Community Sector