



Academic Health Science Networks -stakeholder research 2016

Overview



Survey details

This online survey was administered to stakeholders of the Academic Health Science Networks and covers the same areas as the first wave in 2015.

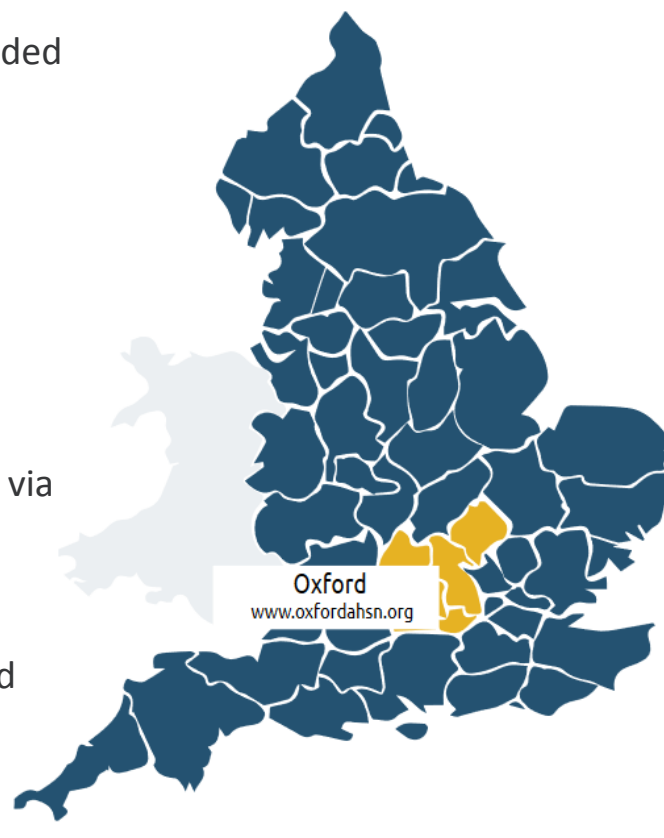
As with last year, stakeholders were initially pre-identified and provided with the opportunity to comment on any of the following:

- The AHSN which they are identified as having worked with/are associated with;
- Any other AHSN; and
- The entire AHSN network at a national level.

In addition, individuals who were not pre-identified as stakeholders were also given the chance to comment on AHSNs of their choosing via open links disseminated by NHS England, other stakeholders, and through AHSNs' own communication channels.

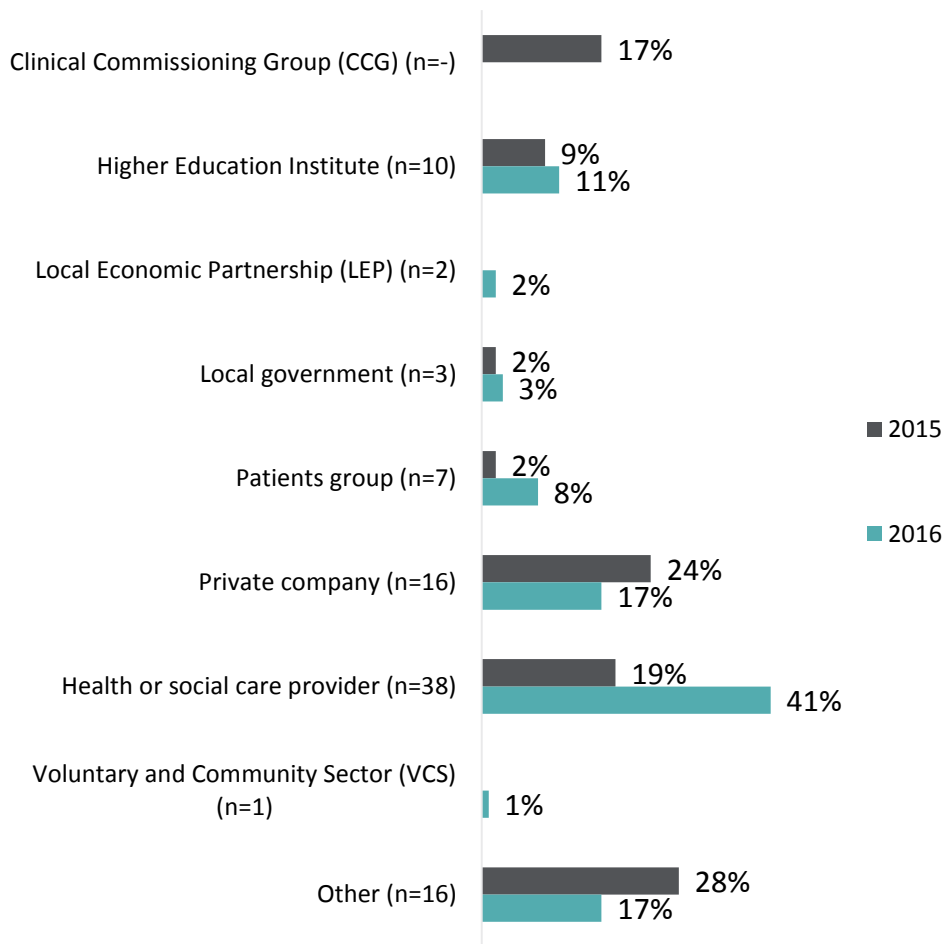
This report contains responses specifically given in relation to Oxford AHSN. This is based on 93 responses. In the report, the data is compared against the 2015 results for this AHSN, and also the total figure for all AHSNs for each specific question.

The survey ran between 17th August and 19th September 2016.

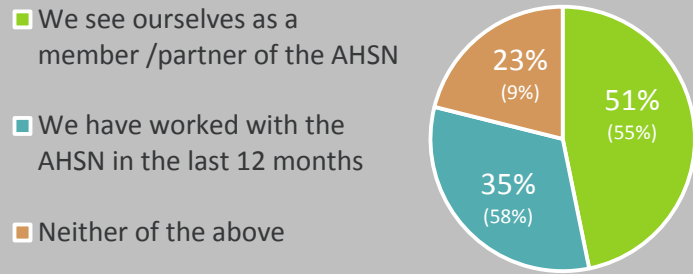


Who took part?

Stakeholder type

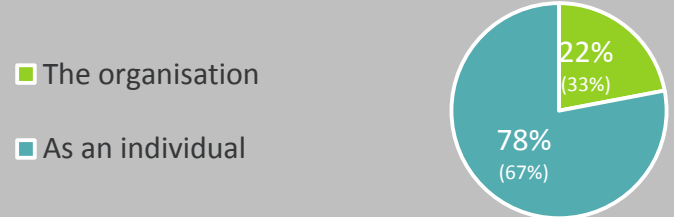


Working relationship



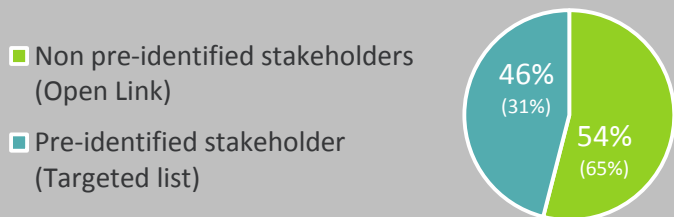
Note: All AHSN figures in brackets

Answering on behalf of their organisation or as an individual



Note: All AHSN figures in brackets

Sample source



Note: All AHSN figures in brackets



Understanding the results

A **sample of stakeholders** were surveyed, rather than the entire population of stakeholders. The percentage results are subject to **sampling tolerances** – which vary depending on the size of the sample and the percentage concerned.

Confidence levels say how ‘sure’ we are about the results. That is, at 95% confidence level we have 95% probability that the results didn’t happen by chance but are similar to what is real for the population. If the survey was rerun 100 times the results in 95 of those surveys would fall very closely to the first run.

For example, for a question where 50% of the stakeholders in a sample of 100 respond with a particular answer, **the chances are 95 in 100 that this result would not vary** more than one percentage point, plus or minus, from the result that would have been obtained from a census of the entire population of stakeholders (using the sample procedure).

However, **caution should be taken** where the sample is smaller than 100. When comparing an individual AHSN’s results to the national average, a difference must be of at least a certain size to be statistically significant. The table below illustrates the percentage difference needed based on example size sizes and percentage, in order to be at the 95% confidence level.

| Size of sample | Approximate sampling tolerances applicable to percentages at or near these levels (at the 95% confidence level) | | |
|----------------|---|------------|------------|
| | 90% | 70% | 50% |
| 100 | 6% points | 9% points | 10% points |
| 70 | 7% points | 11% points | 12% points |
| 50 | 8% points | 13% points | 14% points |

Also please note that sometimes the adding together of two percentages will not equal the net calculation because of rounding.



Summary



Executive summary (1)

- Nearly two thirds of stakeholders (61%) recommend working with the Oxford AHSN (slide 42). This is significantly lower (-15 percentage points (pp)) than 2015, but only 1 in 10 say they would not recommend working with the AHSN.
- In 2015, 6 in 10 stakeholders (57%) agreed that the AHSN helped them achieve their objectives in the previous year (slide 41). In the current period, 43% say the same. This is lower than the average for all AHSNs (62%).
- 32% have a 'good' understanding of its role (slide 10). A further 33% say that they have a fair understanding while 34% indicate that they either have little or no understanding of the AHSN's role. The number who say that they have a good understanding is 20pp lower than that recorded in 2015.
- Just under a fifth (17%) state that they have a good understanding of the Oxford AHSN's plans and priorities with another 42% having a fair understanding (slide 14). When compared to 2015, the number of those with a good understanding is 7pp lower while the number with a fair understanding is 8pp lower.

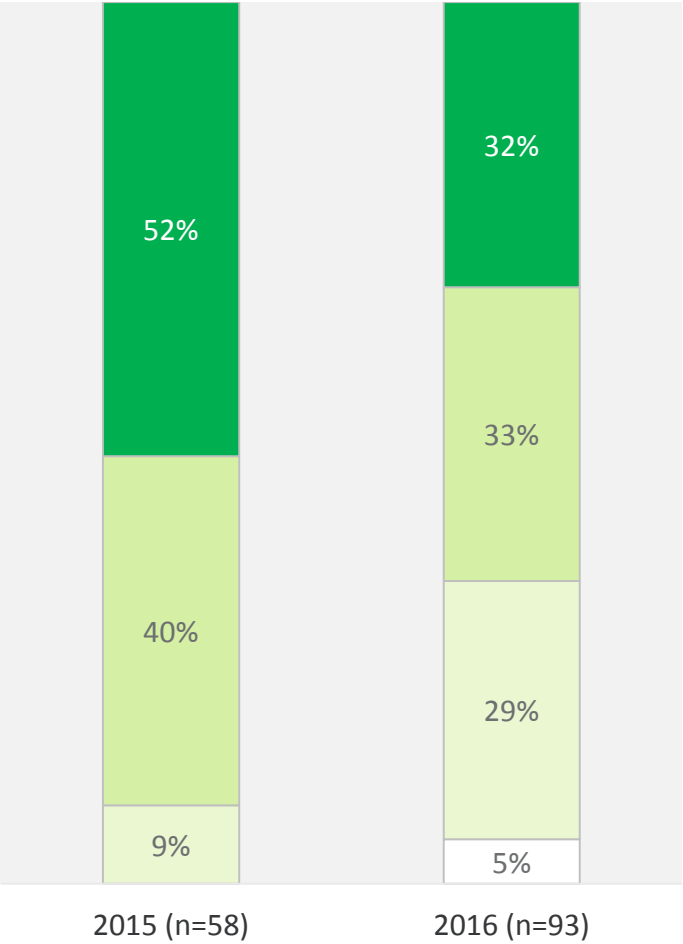
Executive summary (2)

- The proportion of stakeholders who say that they have a good working relationship with the AHSN has changed from 76% in 2015 to 50% in the current period (slide 16).
- 55% agree that the Oxford AHSN has a clear and visible leadership (slide 19). This is lower than in 2015 (75%).
- 46% agree that the AHSN's priorities are aligned to local priorities (slide 23).
- 60% value the Oxford AHSN's work in 'facilitating collaboration.' Furthermore, 59% find its work in the 'identification, adoption and spread of innovation' valuable. Both of these figures are 10pp lower than 2015 figures (slide 30).
- Over half (53%) consider the 'quality of support' provided by the Oxford AHSN as 'good' which is lower than the average of all AHSNs (69%) (slide 35).

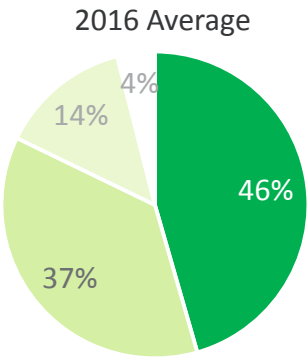
Understanding the role of the AHSN



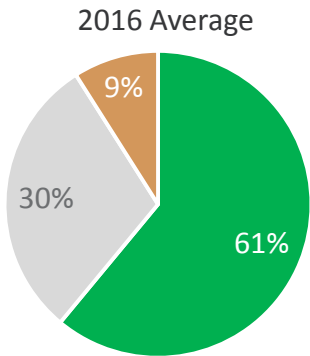
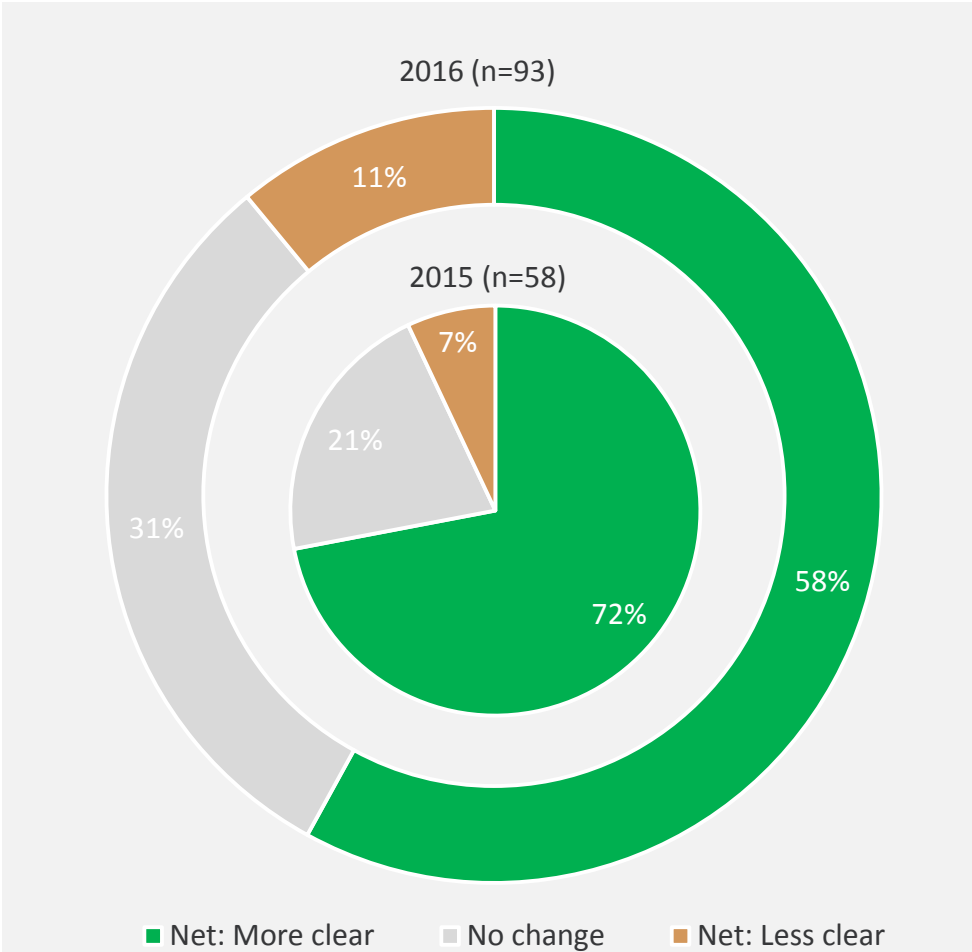
Q. To what extent do you feel you understand the role of the AHSN?



- A good understanding
- A fair understanding
- A little understanding
- None at all



Q. And thinking about the past 12 months, to what extent has the role of the AHSN become more or less clear?



Q. Which AHSN initiatives or programmes are you aware of?

Mental Health EIP

Leading Together



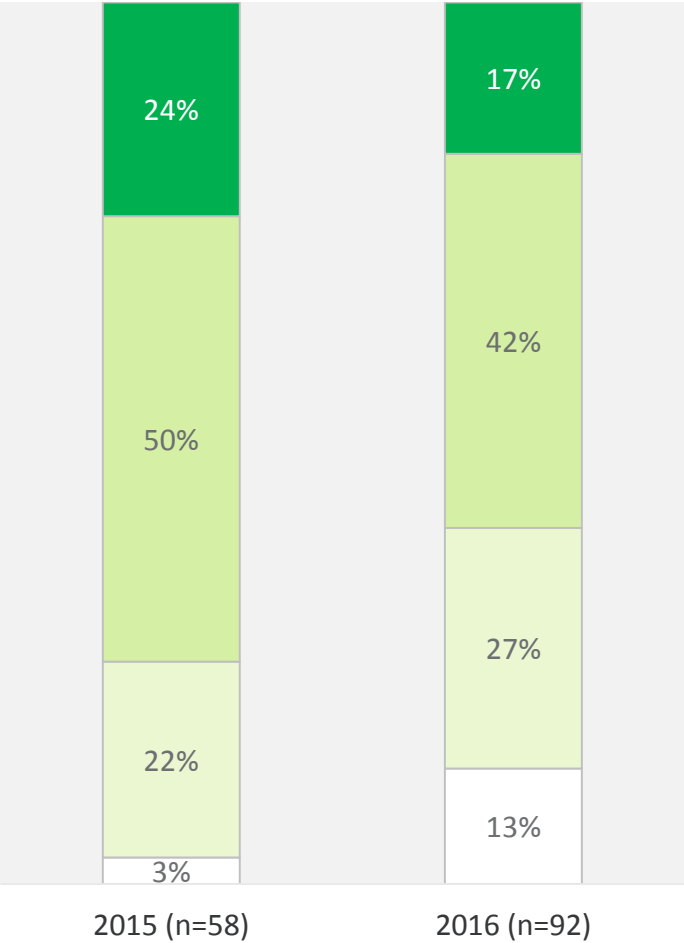
The Hill events

YouGov

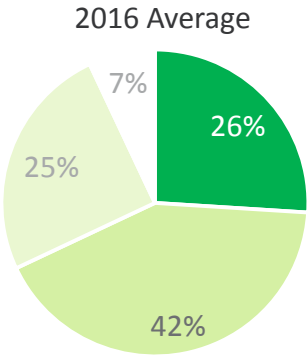
Understanding of AHSN plans and priorities



Q. To what extent, if at all, do you understand the AHSN's plans and priorities?



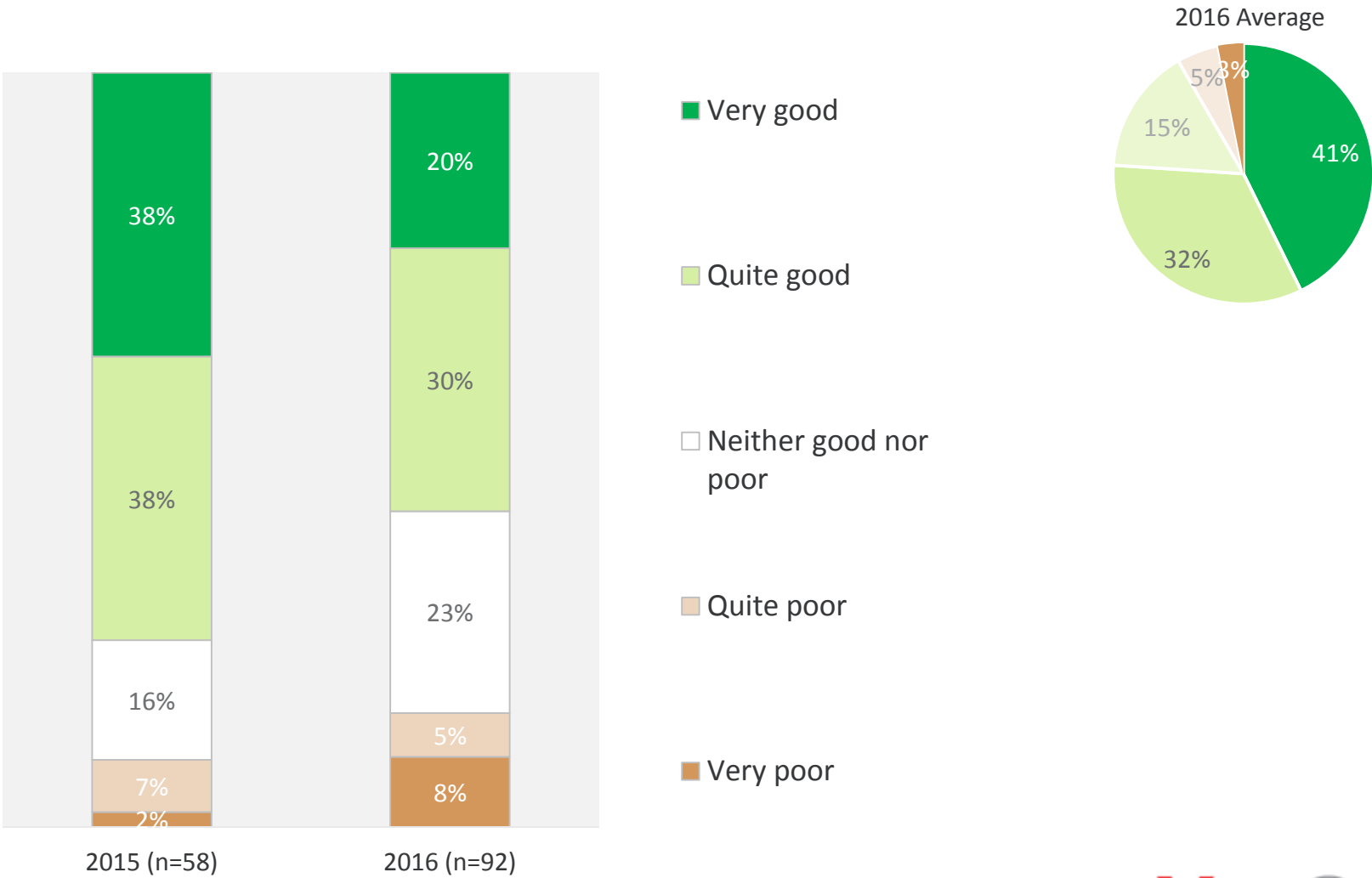
- A good understanding
- A fair understanding
- A little understanding
- None at all



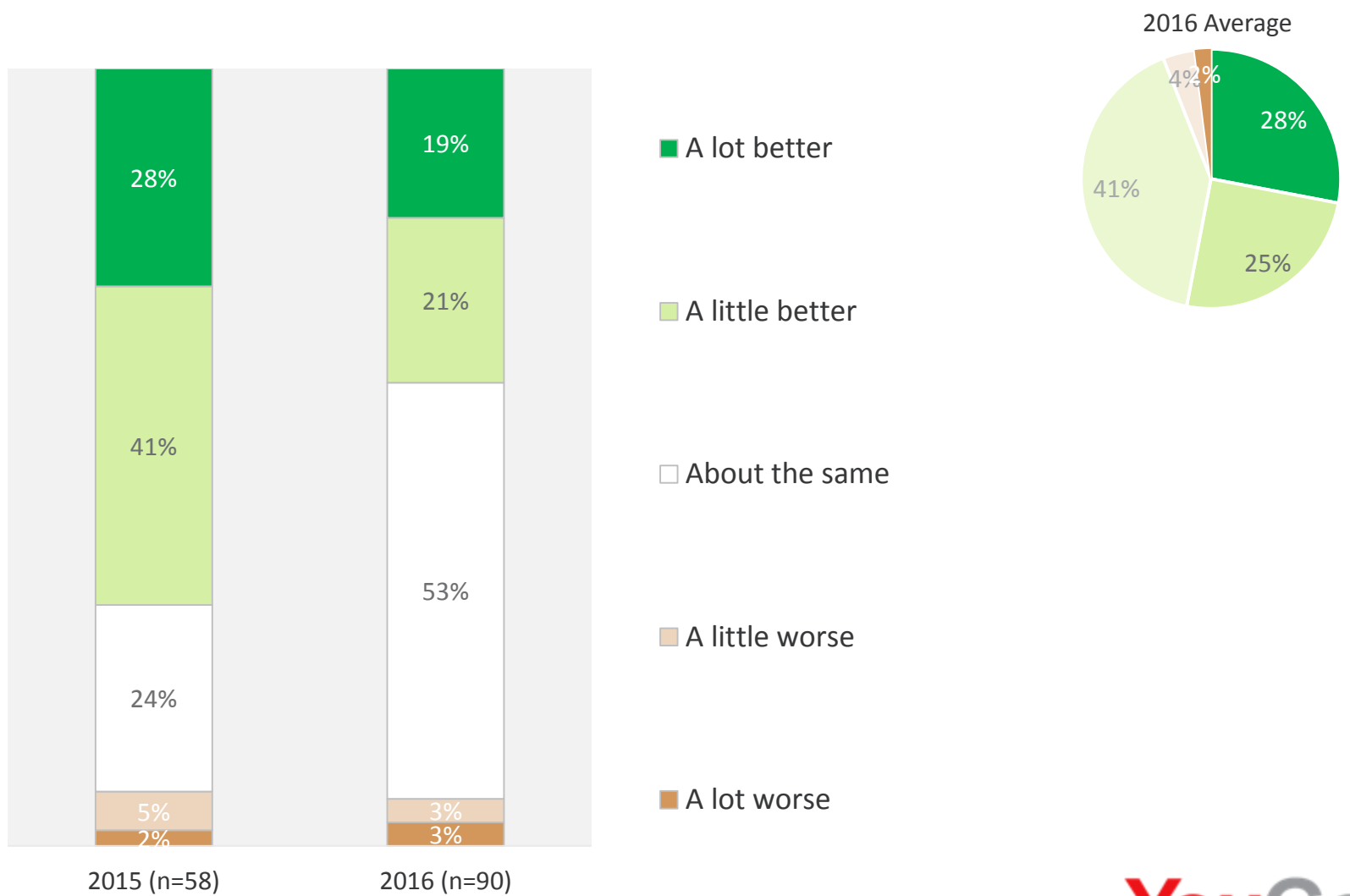
Stakeholder relationship with the AHSN



Q. Overall, how would you rate your working relationship with your AHSN?



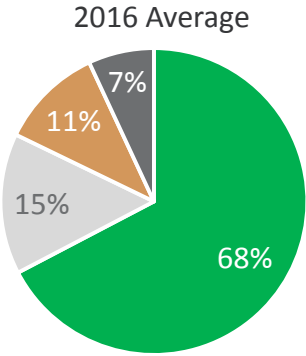
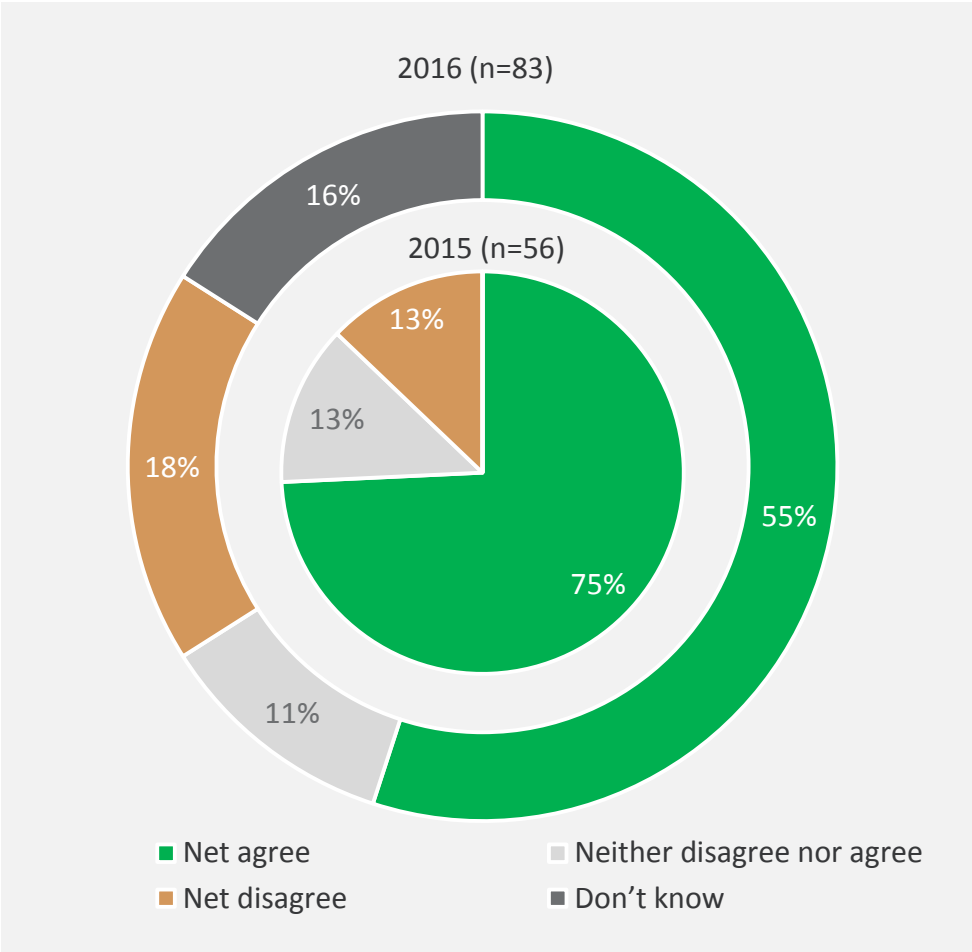
Q. Thinking back over the past 12 months, would you say your working relationship with the AHSN has got better, worse, or is about the same?



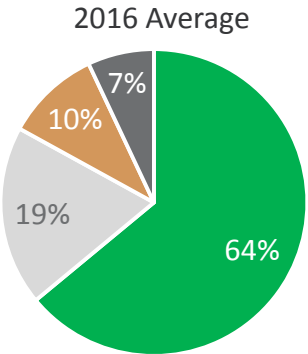
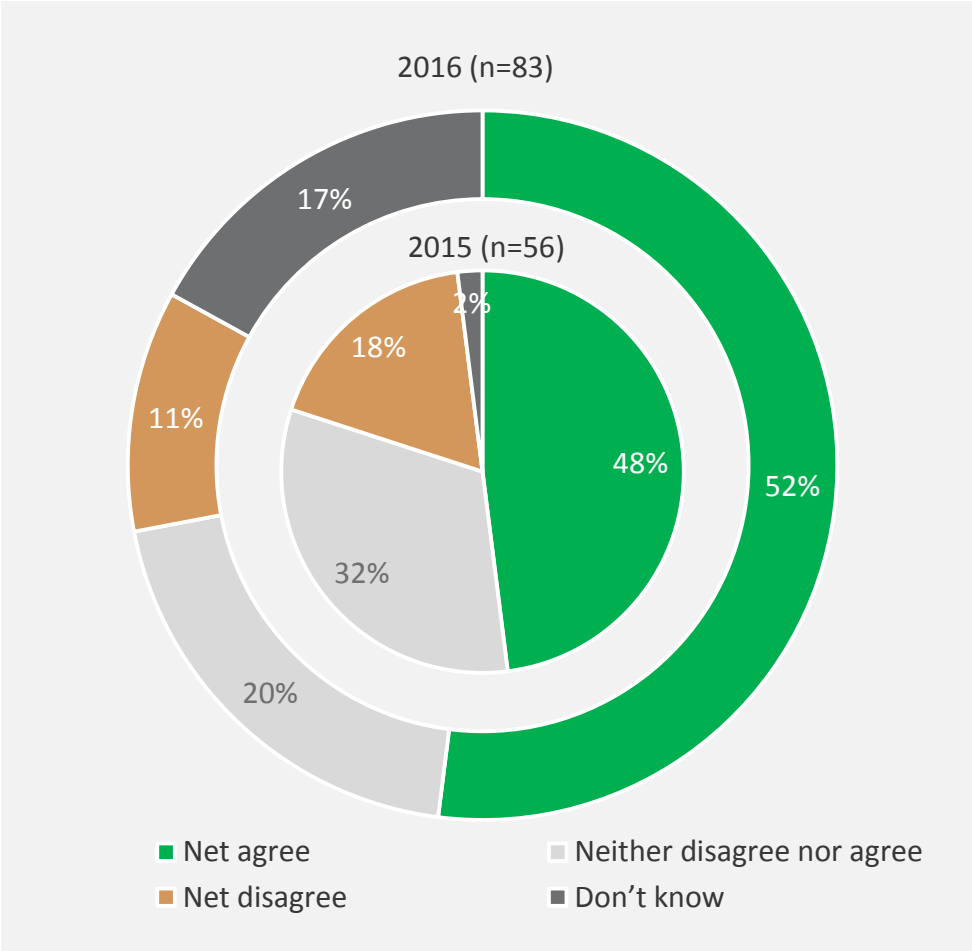
Stakeholder perceptions



Q. To what extent do you agree or disagree with the following?
The AHSN has clear and visible leadership

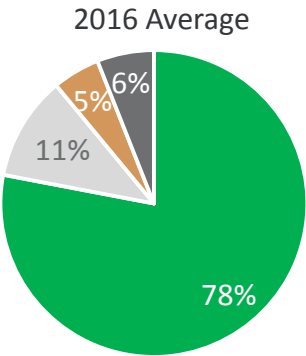
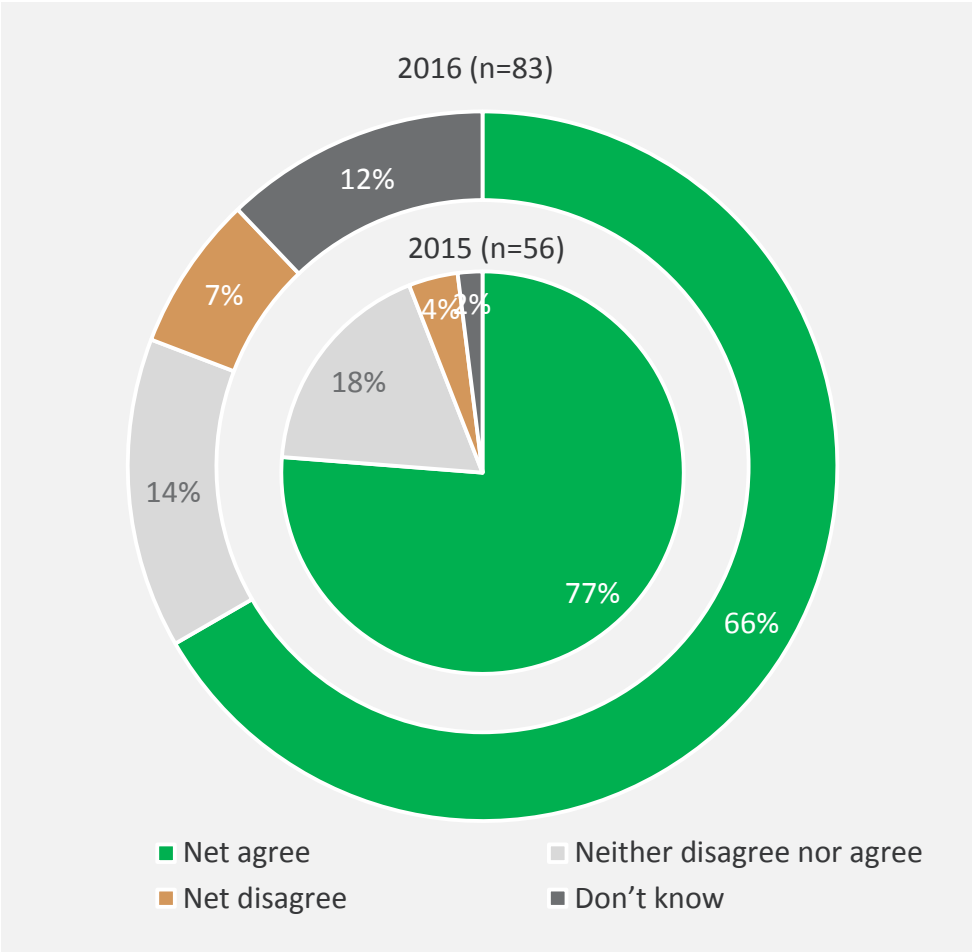


Q. To what extent do you agree or disagree with the following?
I have confidence in the AHSN to deliver its plans and priorities

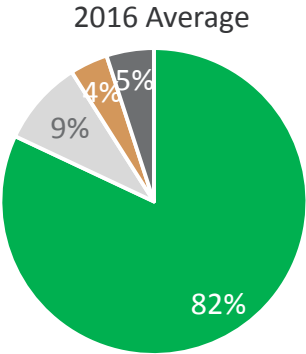
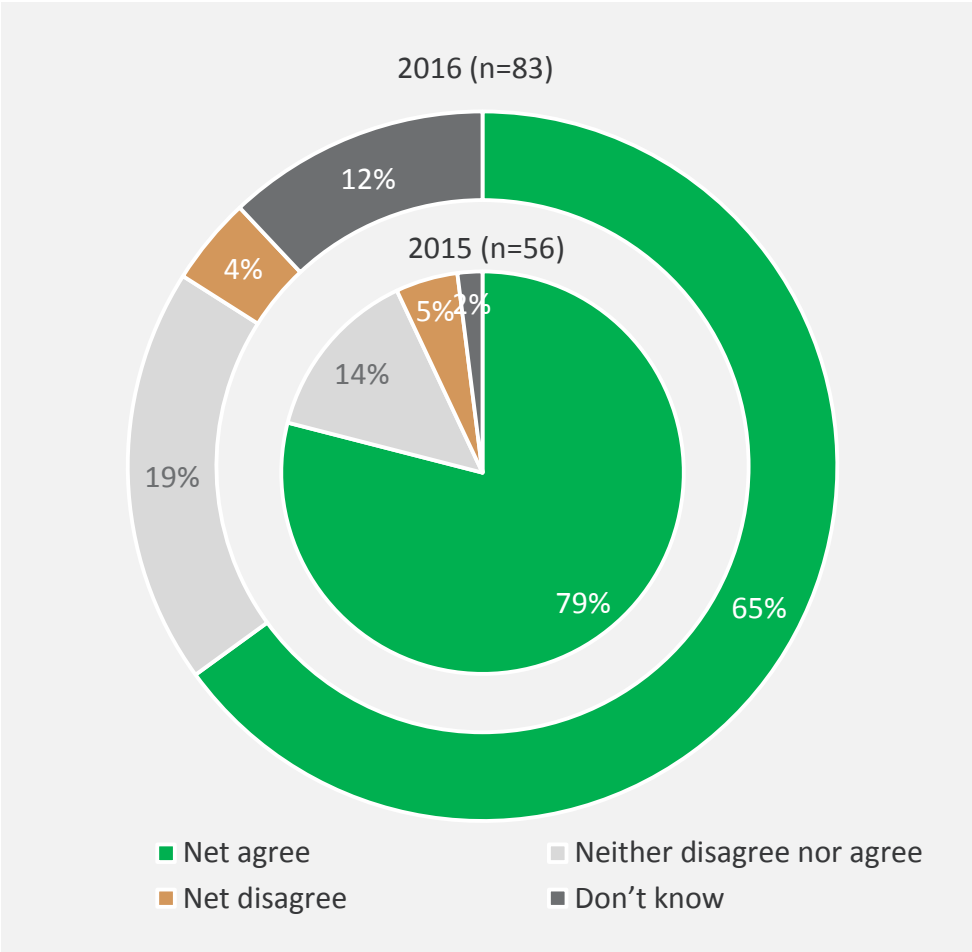


Net agree = % strongly agree + % tend to agree
Net disagree = % strongly disagree + % tend to disagree

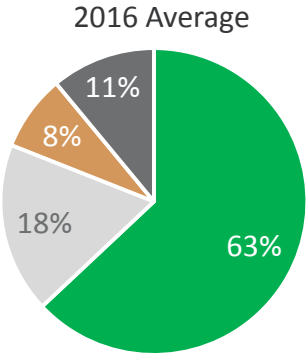
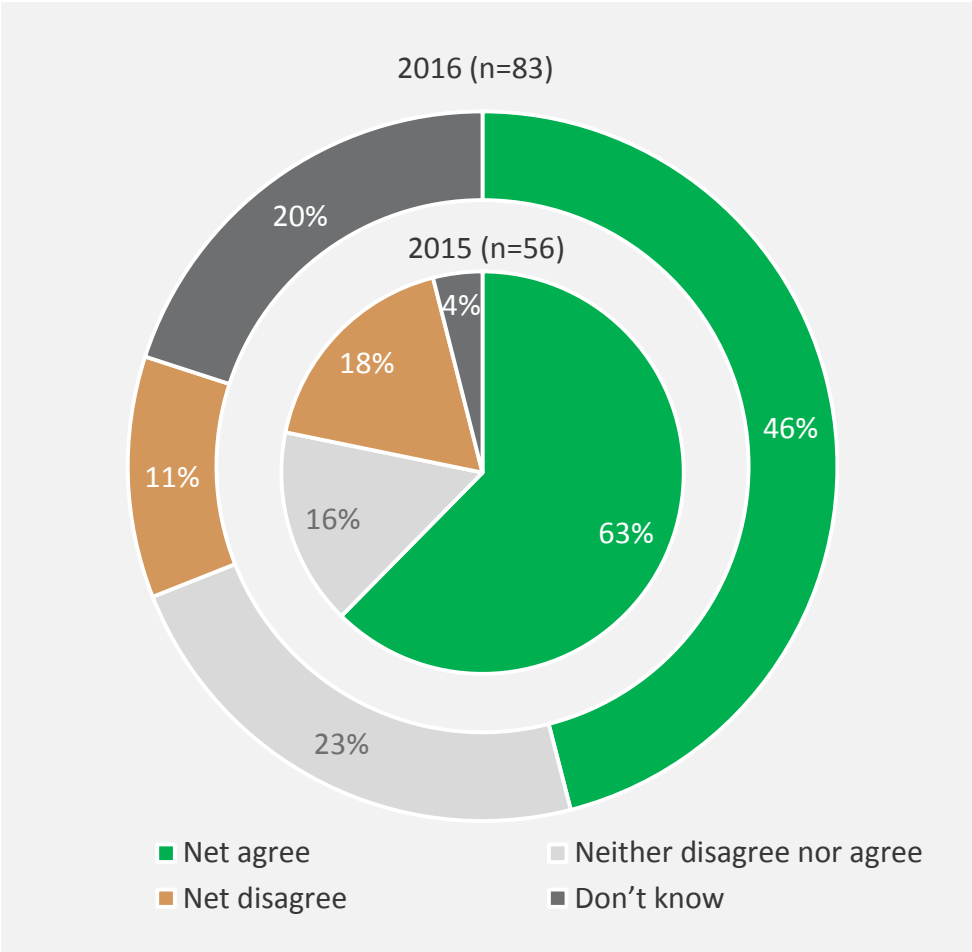
Q. To what extent do you agree or disagree with the following?
AHSN staff are knowledgeable



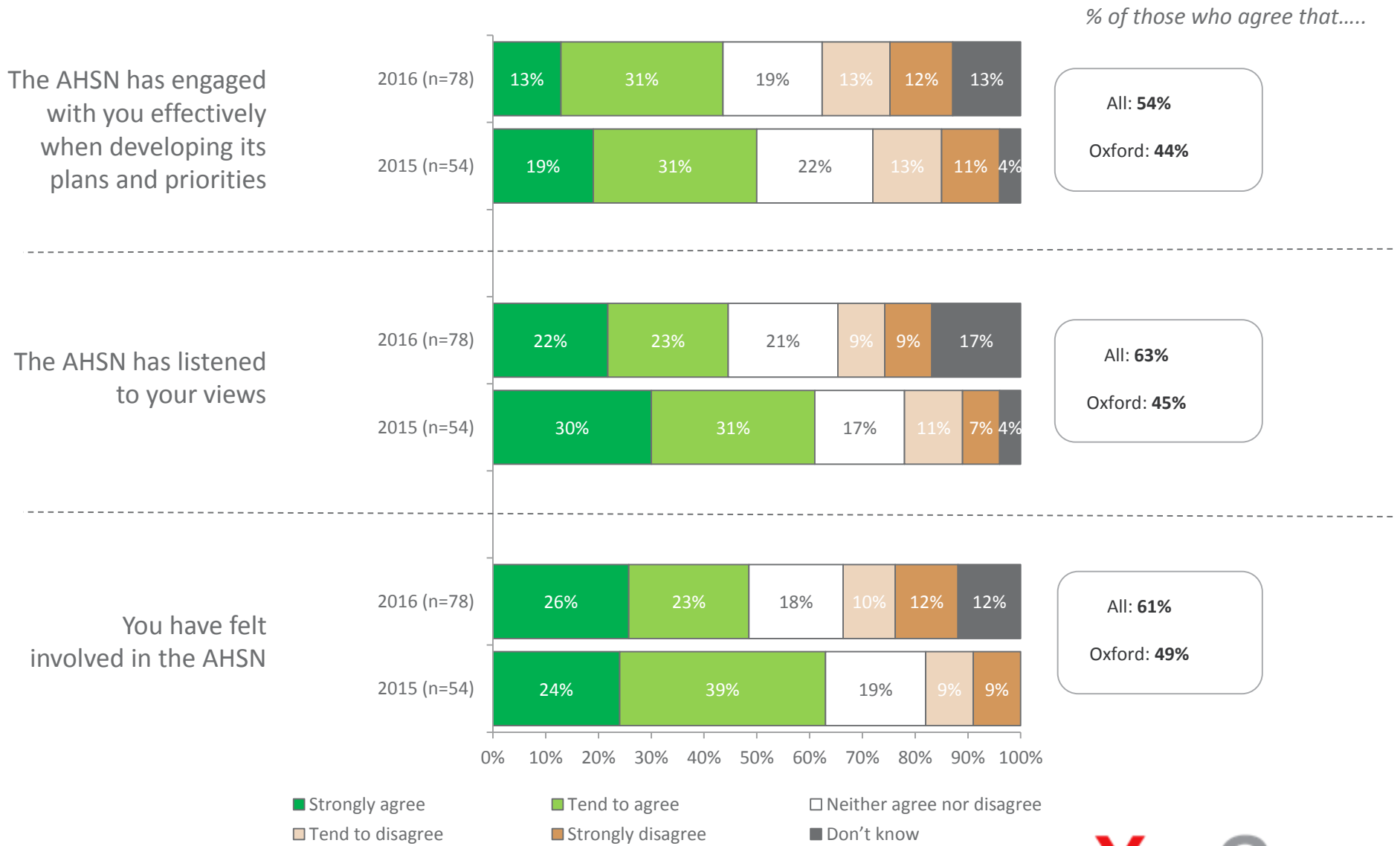
Q. To what extent do you agree or disagree with the following?
AHSN staff are helpful



Q. To what extent do you agree or disagree with the following?
AHSN priorities are aligned to local priorities



Q. To what extent do you agree or disagree that in the last 12 months?



Attitudes towards AHSN staff



Q. If you have any comments about the AHSN’s staff, leadership and priorities, please type in below

Common words used to describe Oxford AHSN are “excellent” and “busy”...



“Excellent and committed partnership focus in Oxford Projects”
Local Government

“Staff are under resourced and 'busy' most of the time. Leadership is very 'busy' and not visible or accessible.”
Patients Group

“Extremely helpful and very focused on understanding local customer needs and priorities.”
Private Company

“Excellent at high level”
Higher Education Institute



Q. If you have any comments about the AHSN’s staff, leadership and priorities, please type in below *[continued from previous page]*

Themes identified within the answers provided by specific stakeholder groups include:

Theme #1: Engagement

Patients Groups

“Invisible. Unaccountable to patients, governors, volunteers, NEDs etc.”

Other

“The Leading Together programmes which I attended was on the whole well run and informative. We were the first cohort and as such, the leaders of the programme took on board that some adjustment to the structure would be in place.

Voluntary and Community Sector

“People are busy, It took a month to get an appointment. Principles are not aligned to budget for public engagement”

Health or Social Care Provider

“The liaison with local trusts has been haphazard in my opinion”

Theme #2: Strong leadership

Private Companies

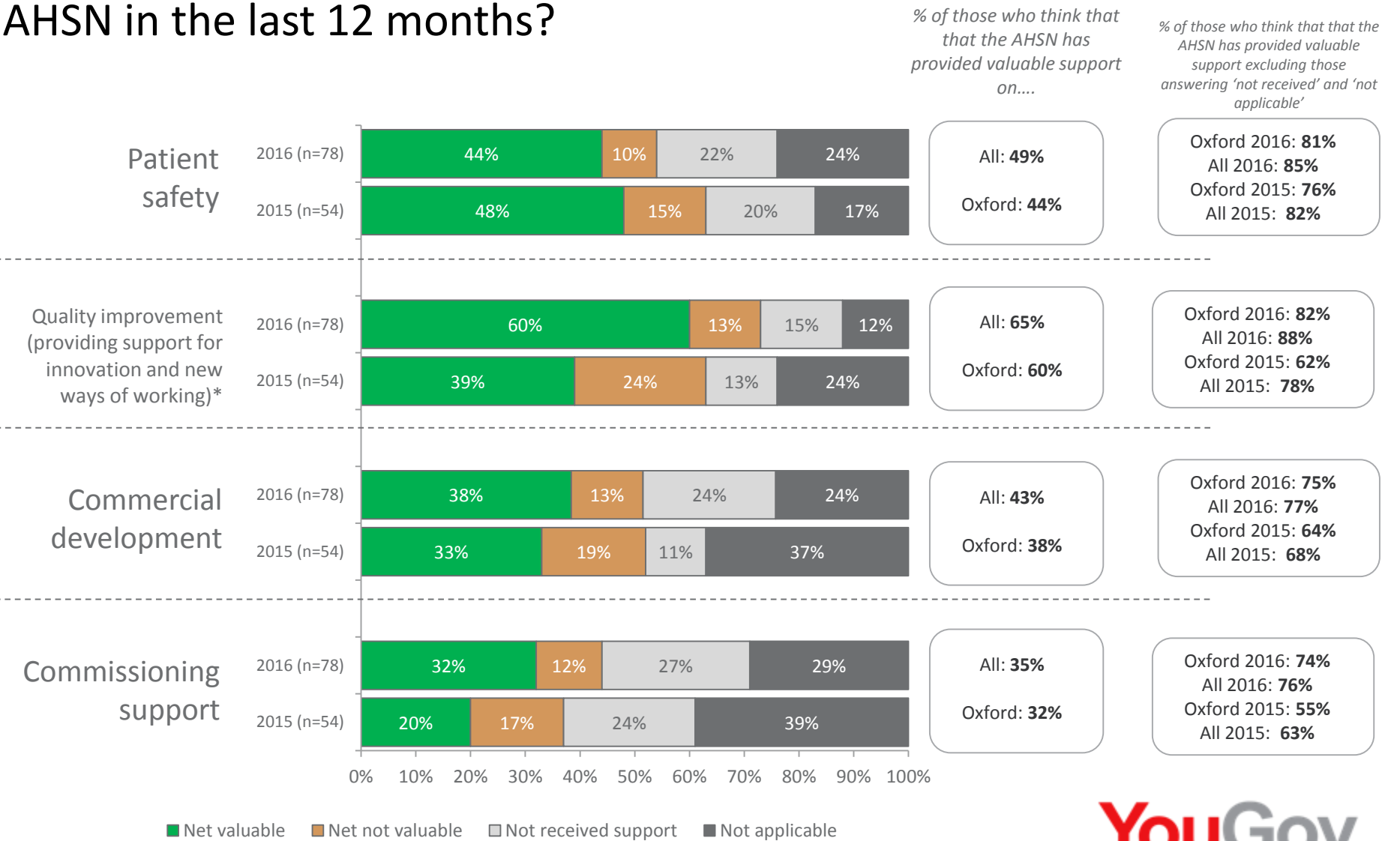
“Oxford is a leading UK AHSN - I'm looking forward to seeing what can be achieved with sustainable support.”

“Oxford has an extremely strong, articulate and visionary leadership team with demonstrable influence and oversight for a better health environment and the AHSN's pivotal position in delivering this.”

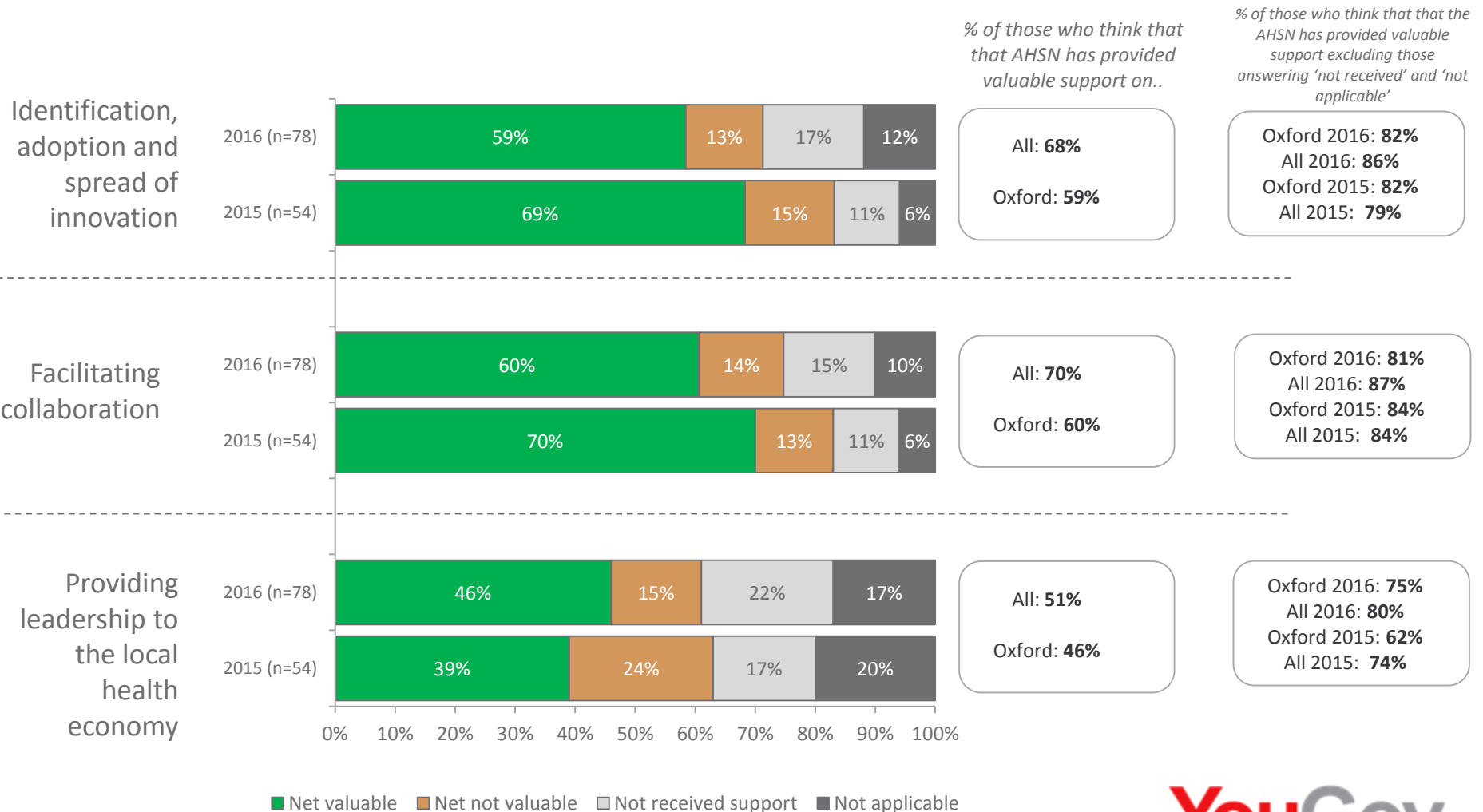
Value associated with the level of support provided



Q. The AHSN aims to work with organisations on the following themes. For each theme, how valuable or not has been the support from the AHSN in the last 12 months?



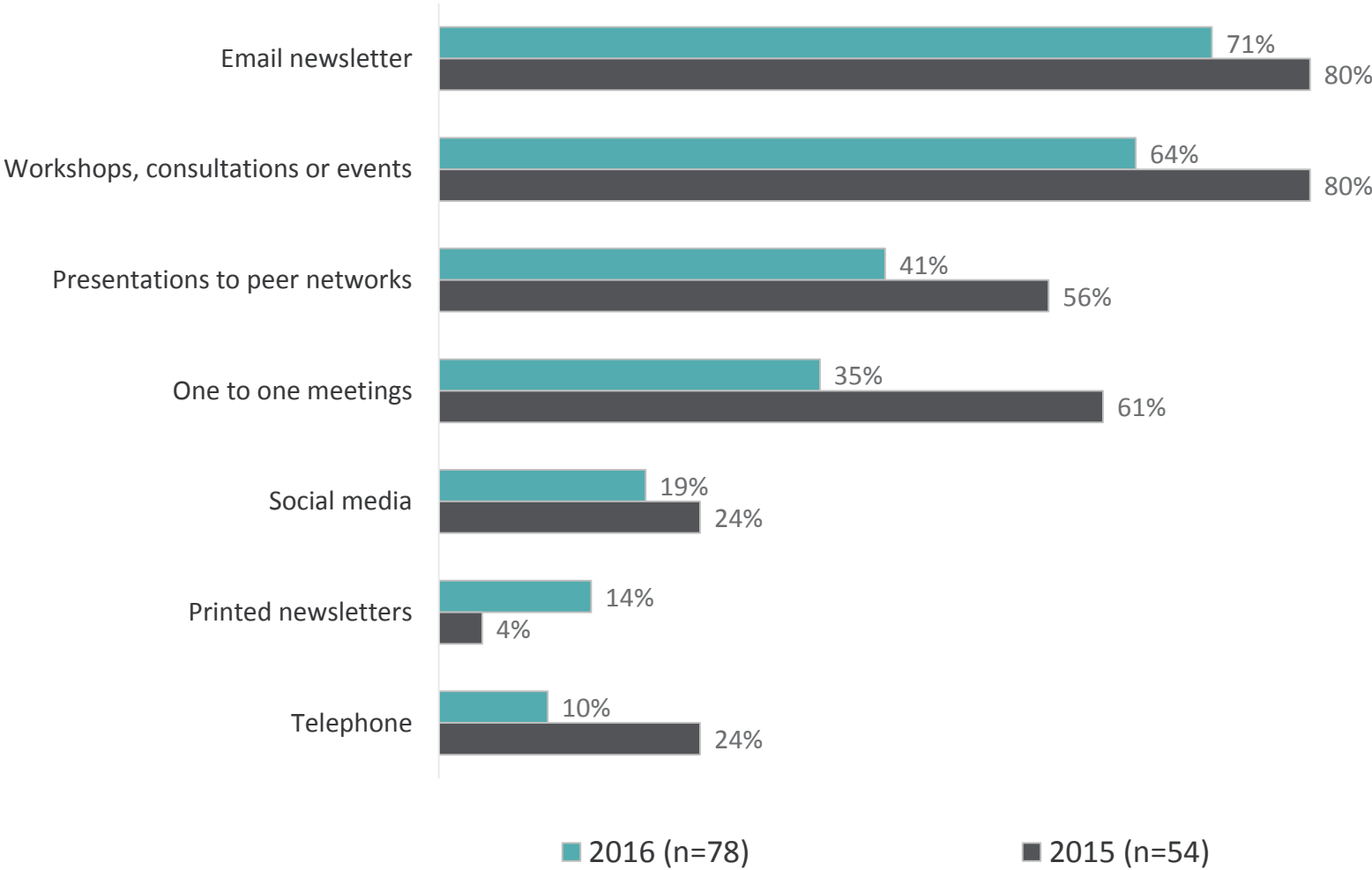
Q. The AHSN aims to work with organisations on the following themes. For each theme, how valuable or not has been the support from the AHSN in the last 12 months? *[continued from previous page]*



Preferred methods of communication between AHSN and stakeholders



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



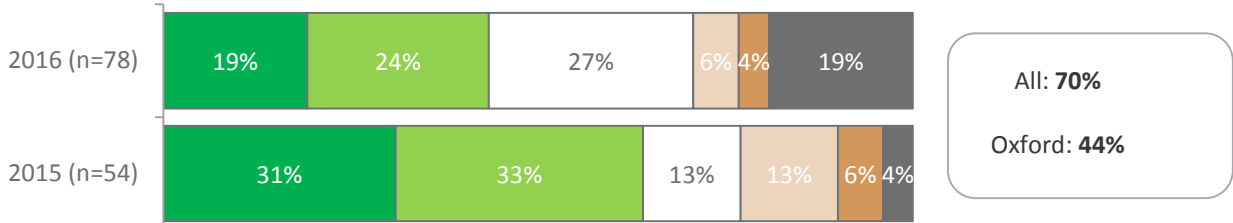
Impressions of AHSN performance & effectiveness



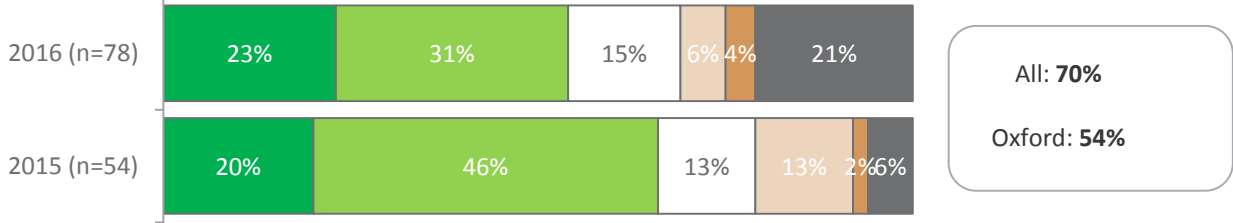
Q. Overall, how would you rate the AHSN's...

Position indicator:
% of those who rate the AHSN as
very / quite good for...

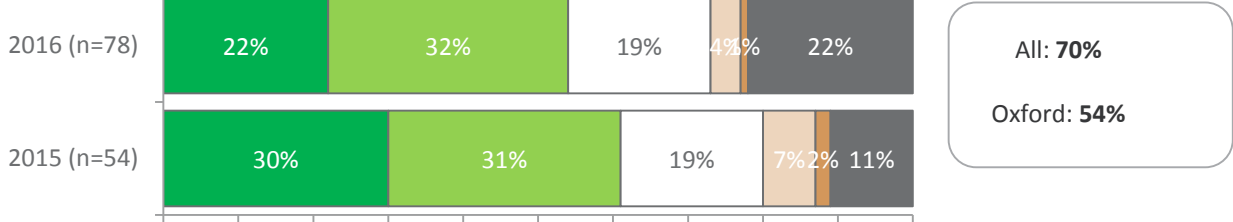
Accessibility



Responsiveness



Quality of advice

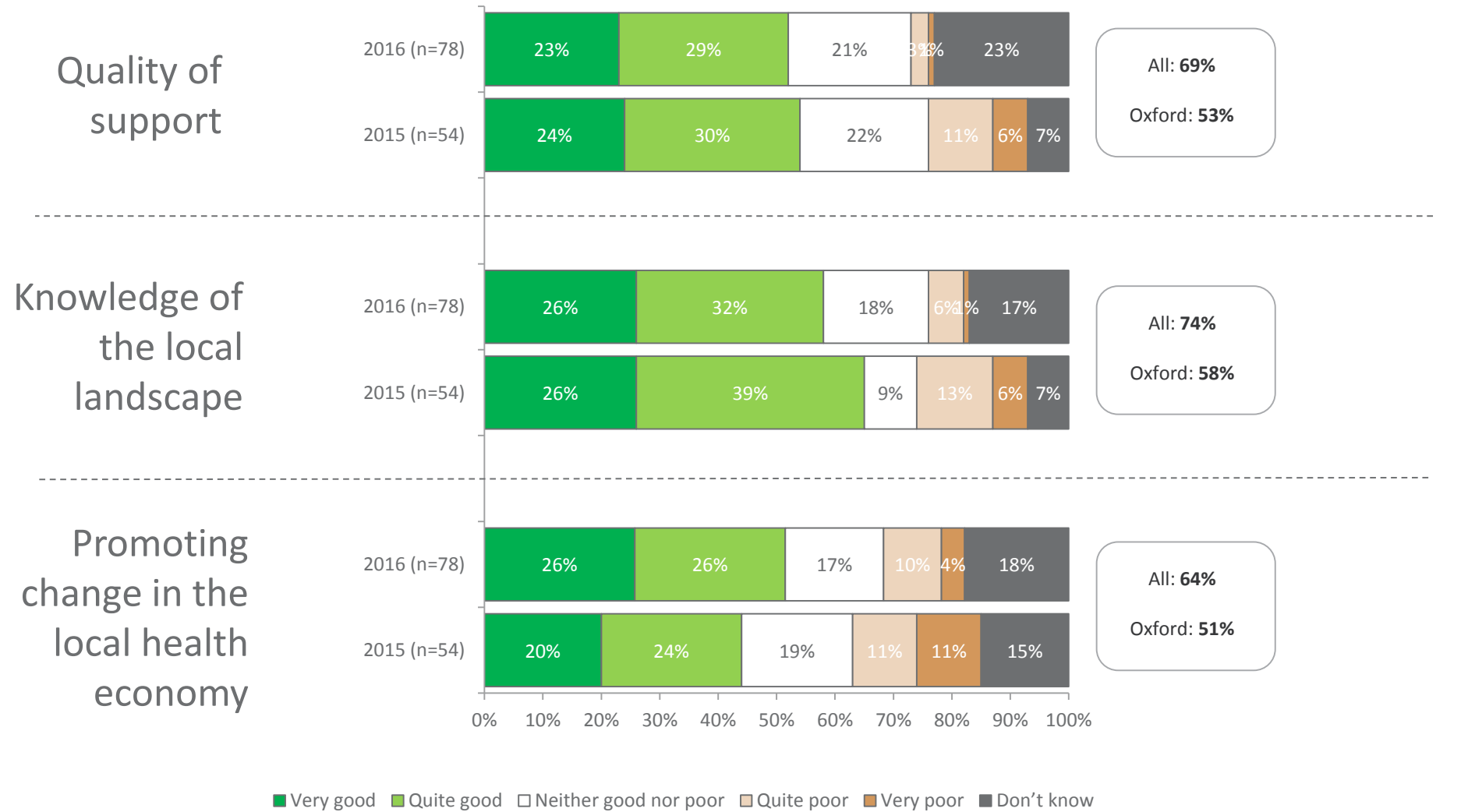


Very good Quite good Neither good nor poor Quite poor Very poor Don't know

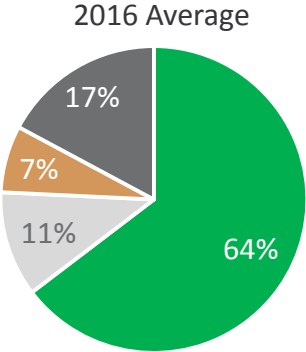
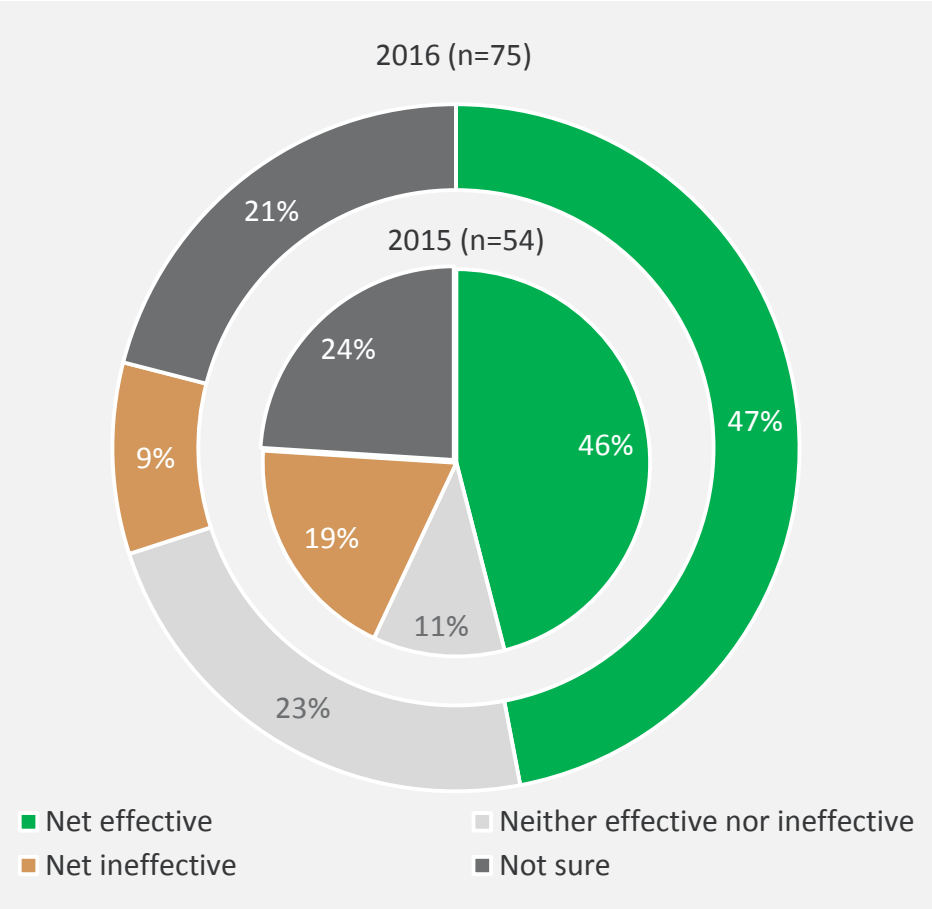


Q. Overall, how would you rate the AHSN's... [continued from previous page]

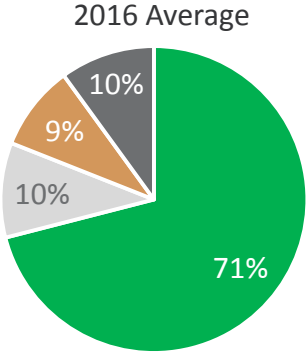
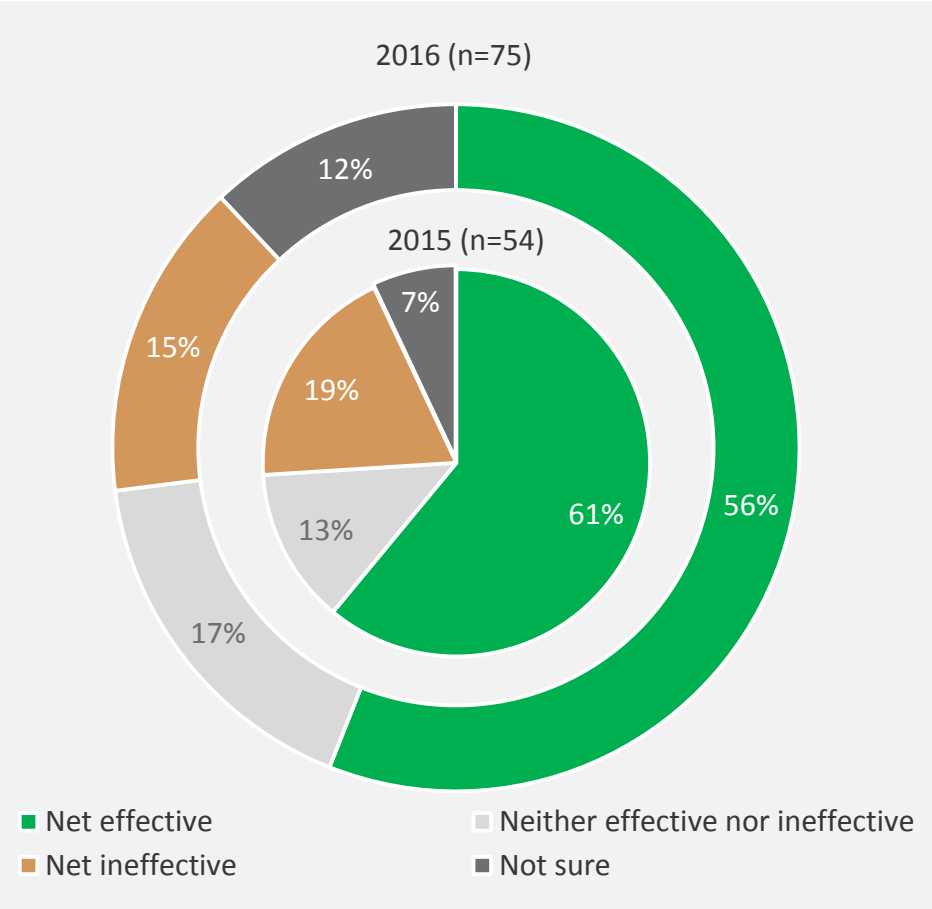
Position indicator:
% of those who rate the
AHSN as good for...



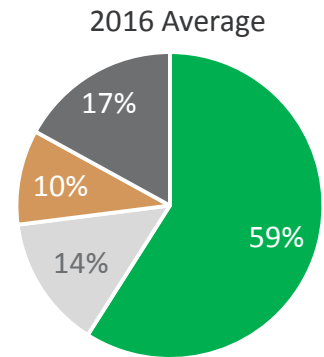
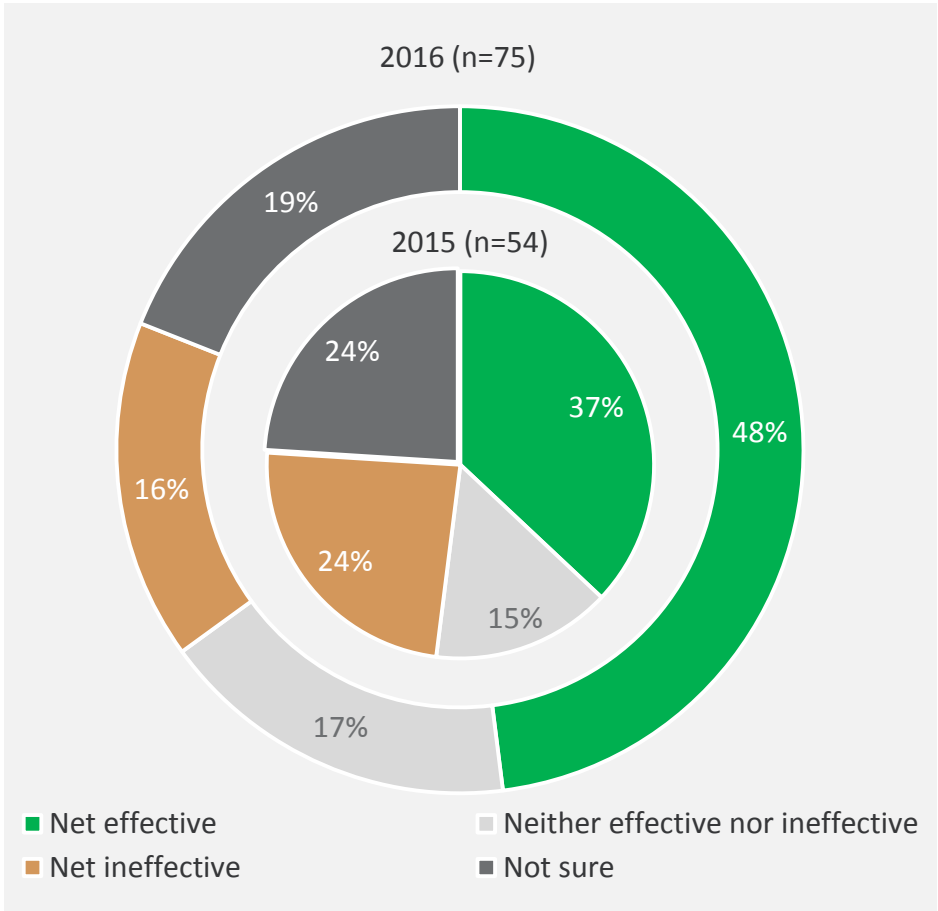
Q. How effective or ineffective is the AHSN in doing each of the following? *Focusing on the needs of patients and local populations*



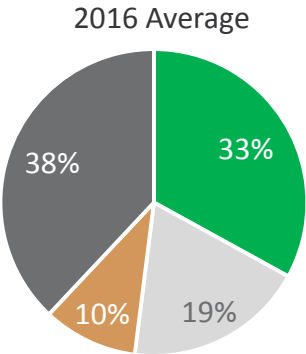
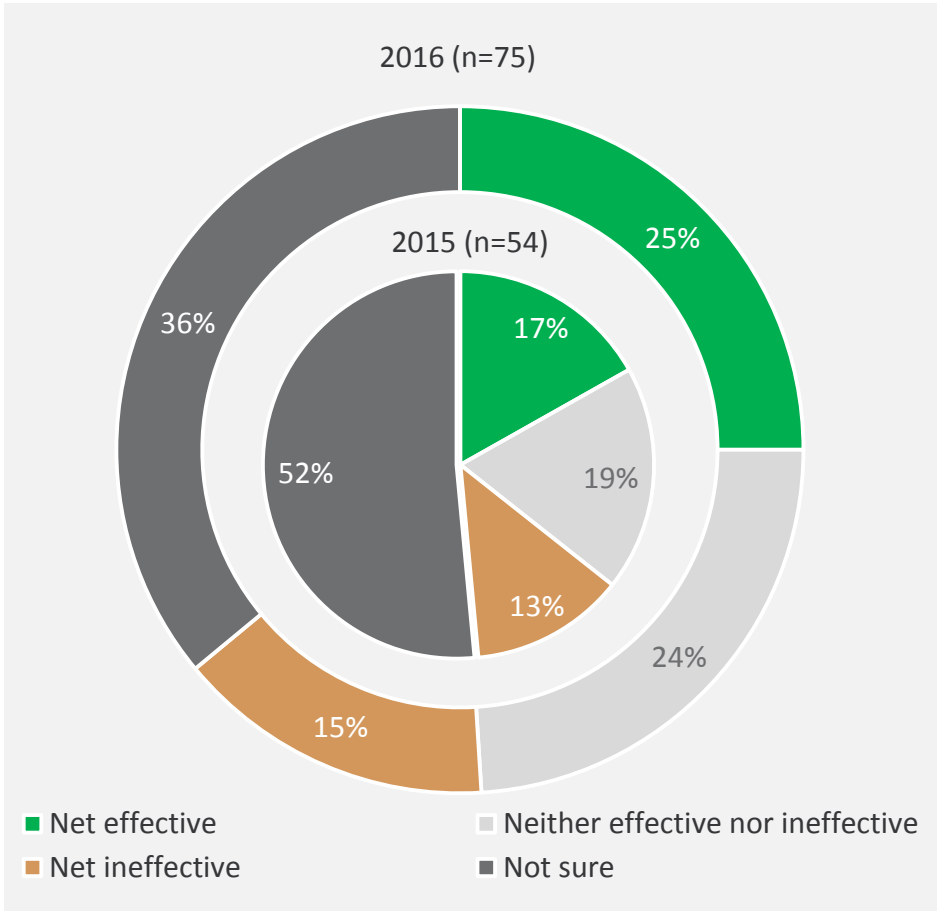
Q. How effective or ineffective is the AHSN in doing each of the following? *Building a culture of partnership and collaboration*



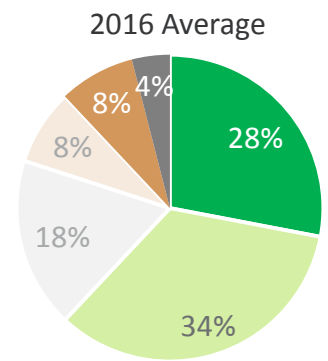
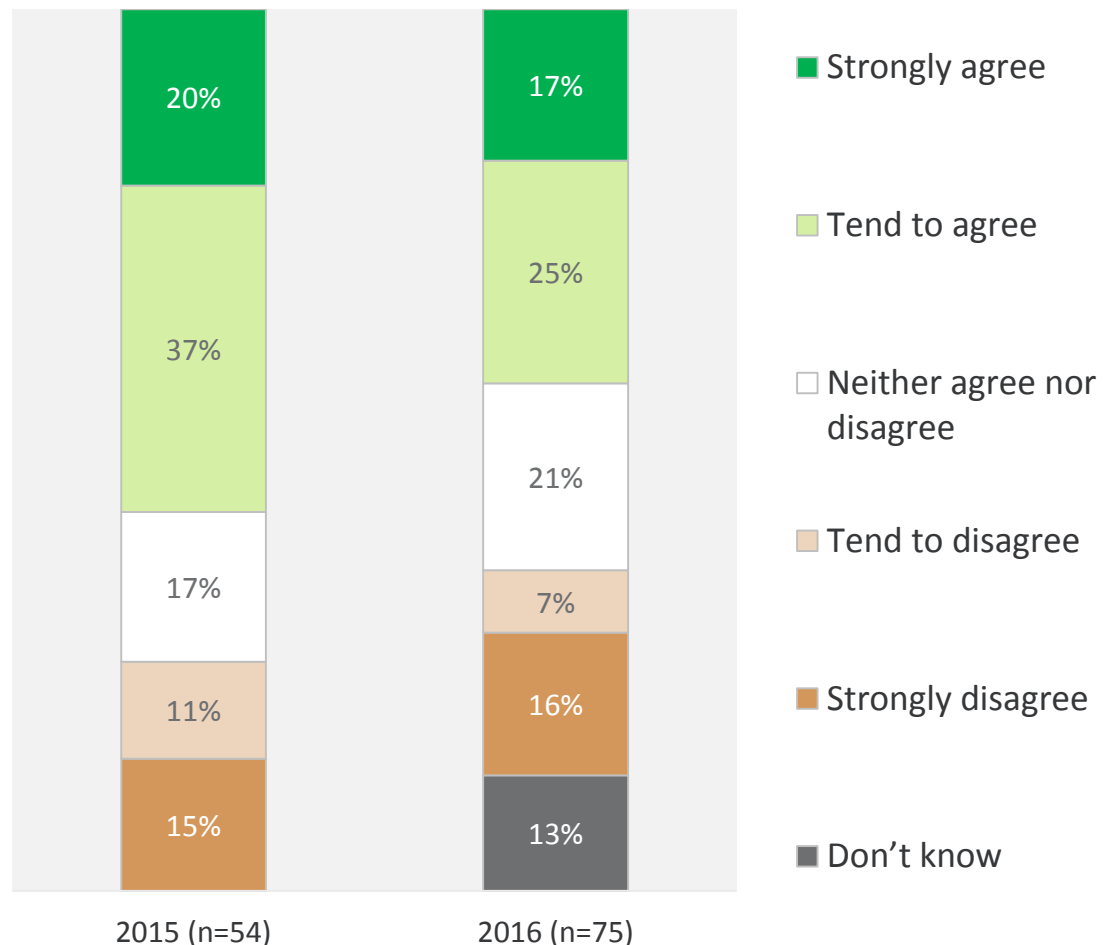
Q. How effective or ineffective is the AHSN in doing each of the following? *Speeding up adoption of innovation into practice*



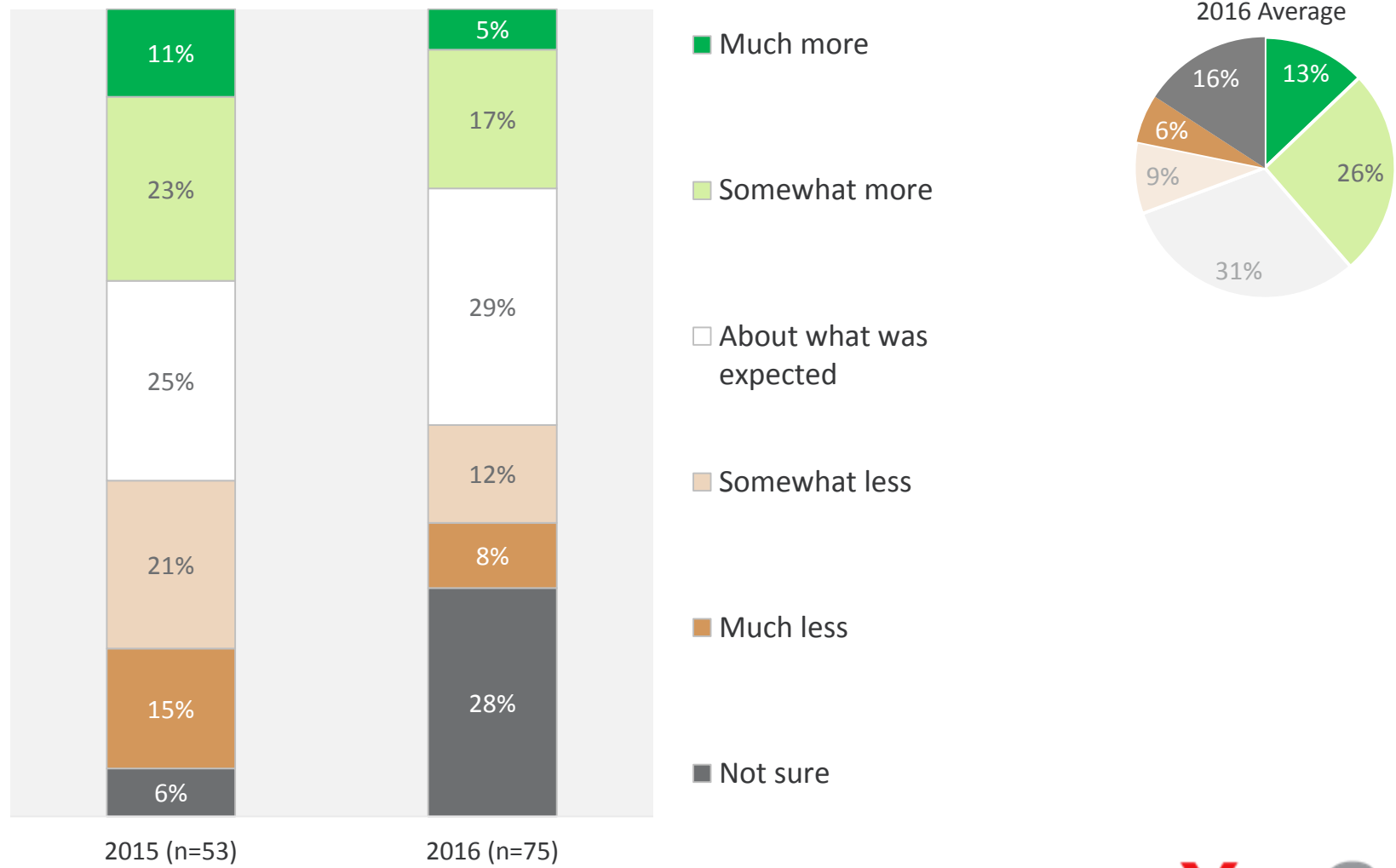
Q. How effective or ineffective is the AHSN in doing each of the following? *Creating wealth*



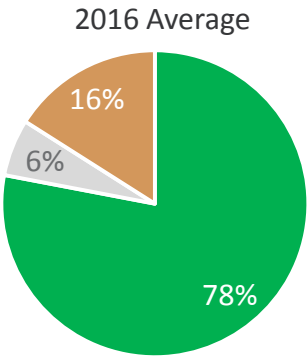
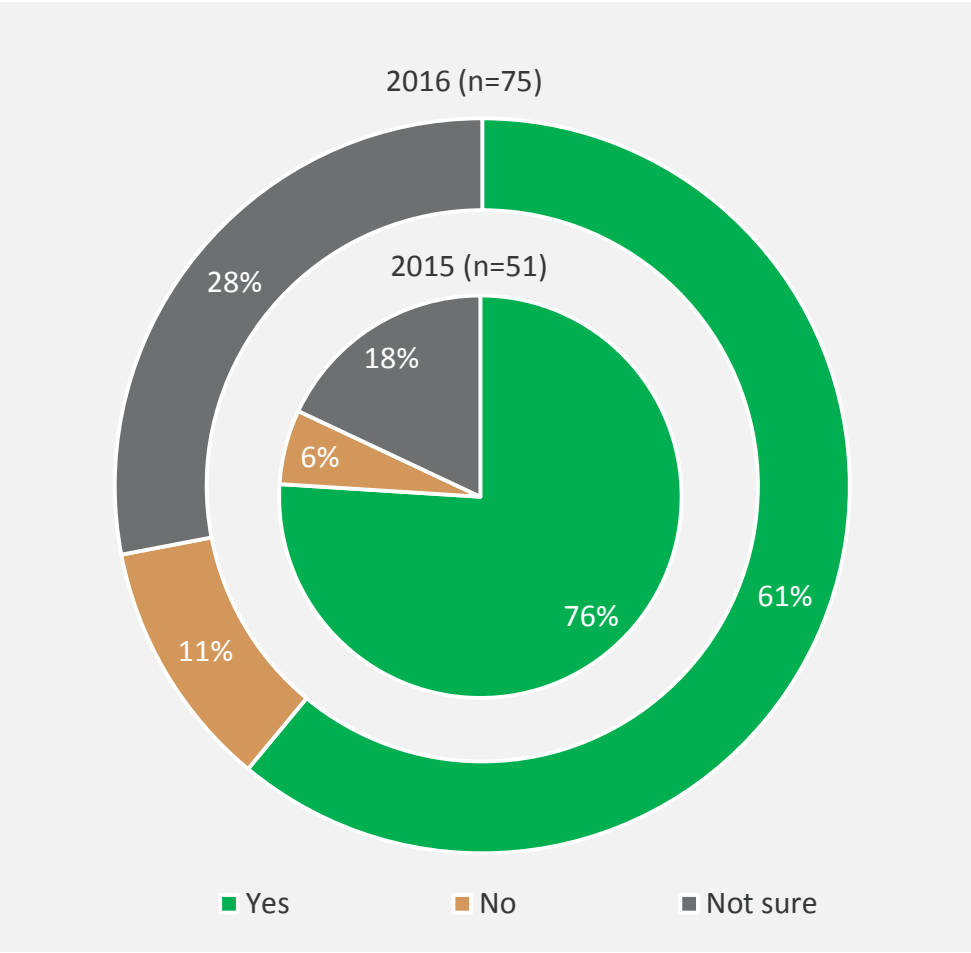
Q. Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives?



Q. Has the AHSN achieved more or less than you expected in the last 12 months?



Q. Would you recommend involvement in /working with the AHSN to others?



Q. To help your organisation meets its objectives over the next 5 years, what are the most valuable areas of support AHSNs could offer?

Theme(s) identified within the answers provided by specific stakeholder groups include:

**Health and Social Care
Provider**

Patient Groups

Private Companies

Theme #1: Identifying and implementing innovation

“Identifying and supporting the adoption of innovation”

“Supporting innovation”

“Investment in Innovation”

“Developing industry links for the dissemination of innovations”

“Adoption of innovation into the patient pathway”

Theme #2: Patient focus

“Improving patient safety”

“Developing a model of patient leadership (particularly in young people)”

“Outcome-based healthcare”

“improving patient experience”

YouGov

Q. What improvements could the AHSNs make over the next 12 months?

Theme(s) identified within the answers provided by specific stakeholder groups include:

Theme #1: Focus more upon the wider area

Health or Social Care Provider

“Not be Oxford centric”

“Revise the Oxford AHSN name and marketing what it does across the locality other than Oxford”

Theme #2: Public and Patient Involvement (PPI)

Higher Education Institute

“PPI and listening to AHP professionals”

Patients Groups

“More Communication”

“Promoting patient and professional collaboration”

“Best measure of AHSN effectiveness are health outcomes for innovation. Best test of this is PPI. Best way of doing this is REAL coproduction. “

AHSN specific questions



What work should the Oxford AHSN prioritise over the next 18 months? (optional)

Theme #1: Collaboration and Engagement

| Health or Social Care Provider | Patients Groups | Other |
|--|---|--|
| "More collaborative working at national and local level" | "Firming relationships with CCGs" | "Across sector collaboration" |
| "Collaboration with local trusts" | "Engaging with younger people to set priorities which mean something to them. Proactively encouraging access to and use of technology in healthcare." | "Support with collaborative working in the region to meet the objectives of NHS England five year forward view." |

What should the Oxford AHSN do to facilitate collaborative working across partner organisations in the Oxford AHSN region? (optional)

Theme #1: Bring People Together

Theme #2: Combat Oxford-centrism

| Private Companies | Patients Groups | Other |
|---|--|---|
| "Advertise Networking events and seminars widely." | "Get them to meet each other." | "Bringing people together, brokering" |
| "Continue to host events to allow networking opportunities" | "Be pro-active about letting people across the Thames Valley know what the AHSN can offer" | "Continue to do roadshows and get out and about to combat the oxford centric thoughts some people have" |