



2016 AHSN Stakeholder Survey

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1 Management Summary

- 1.1.1 This report presents the aggregated national level findings from the second annual survey of Academic Health Science Network (AHSN) stakeholders. The survey was commissioned by NHS England to help AHSNs understand progress over time, highlight areas of good practice and identify areas for collective development.
- 1.1.2 The survey took place between 17th August and 19th September 2016 and gathered responses from 2,119 stakeholders across a wide range of sectors from universities to private industry, Clinical Commissioning Groups (CCGs) and health care providers to patients groups and the voluntary sector.
- 1.1.3 This study matched the method of the first wave held in 2015. Where appropriate, comparisons are made to 2015 in order to gauge any trends that may emerge.
- 1.1.4 AHSNs work with a range of stakeholders groups, each with potentially different views and understanding about the role and purpose of AHSNs. The largest groups of respondents were Health and Social Care Providers (28%) and Private Industry (21%) and therefore the overall results reflect their experience more heavily. The results need to be considered in context, recognising that the views collected reflect a range of organisations with differing priorities and support requirements. In addition, it is important to remember that respondents to the survey will have varying levels of involvement in, and understanding of, the full range of AHSN activities.
- 1.1.5 Despite this diversity, nearly three quarters (78%) would recommend working with an AHSN to others, an increase of seven percentage points compared to 2015. Seven out of ten stakeholders describe their working relationship with AHSNs as 'good (32%) or very good (41%)'. Those that identify themselves as having a 'good understanding' of the role of AHSNs report a significantly stronger working relationship (91%). Again the direction of travel is positive with 53% believing that their working relationship has improved in the last 12 months.

- 1.1.6 Observed against the AHSNs' four key objectives, their work on 'building a culture of partnership and collaboration' and 'focusing on the needs of patients' stand out as being effective for 71% and 64% of those surveyed respectively. There are many signs of significantly improved experiences and perceptions of working with the AHSNs, their impact on the local health landscape and the value of support they provide.
- 1.1.7 Across many aspects of the relationship with stakeholders the positive changes in the last were driven by the perceptions of CCGs and private companies. For example, 92% of CCGs rated the support received on patient safety as 'very or quite valuable,' compared to 78% in 2015, whilst their 'confidence in AHSNs to deliver plans and priorities' rose from 49% to 61%.
- 1.1.8 Only on the subject of 'stakeholder involvement' and 'listening and engagement' was there no significant change over time. Sixty-one percent 'feel involved,' 63% agree that 'their views are listened to' and just over half (54%) that the AHSN had engaged effectively with them when developing its plans and priorities.
- 1.1.9 The key findings are presented under the following four headings:

Awareness, understanding and the working relationship

- 1.1.10 Forty-six percent of stakeholders felt they have a 'good understanding' of the role of AHSNs and a further 37% rated their understanding as 'fair.' Those with the strongest perceived understanding are in private companies, Higher Education Institutes (HEIs) and Voluntary and Community Services (VCS) are more likely to rate their understanding higher than the local government and patients groups for example.
- 1.1.11 Sixty-one percent feel that the role of the AHSNs has become clearer. One in ten (nine percent) felt that it has become less clear. Although patients groups understanding was relatively low, it is encouraging that they were among the most likely (along with private companies and the VCS) to feel that AHSNs role had become clearer to them in the last year.
- 1.1.12 Seven out of ten stakeholders describe their working relationship with AHSNs as good (32%) or very good (41%). Fifteen percent were neutral and a minority of twelve percent felt that it was poor or very poor.

Leadership, staffing and priorities

- 1.1.13 The majority of stakeholders agree that AHSN staff are helpful and that the AHSN has clear and visible leadership (82% and 68%). However, stakeholders are less certain about the knowledge the organisation holds and whether their priorities are aligned to local contexts.
- 1.1.14 Confidence in the AHSN to deliver its plans and priorities has improved since 2015 within many stakeholder groups, significantly so overall (58% to 64%) and particularly with private industries (60% to 68%) and healthcare providers (52% to 60%).

Engagement and communication

- 1.1.15 Sixty-three percent feel that AHSNs listen to their views, 12% disagree. A similar proportion (61%) have felt 'involved' though stakeholders are slightly more likely to disagree with this (18%).
- 1.1.16 The survey responses show that 'facilitating collaboration' is considered a key aspect of the AHSNs work. Those most valuing collaboration support include VCS (93%), CCG and local government (both 92%).
- 1.1.17 Stakeholders particularly value the AHSNs work in 'quality improvement' (88%) and 'facilitating collaboration' (87%). Based on the number of people answering the question these themes have the greatest relevance to the highest number of stakeholders.
- 1.1.18 Ninety-two percent of CCGs rated the support received on patient safety as 'very valuable' or 'quite valuable' as did 86% of healthcare or social care providers. 'Quality improvement' was a key feature for these same groups as 93% of CCGs and 88% of healthcare and social care providers found this support area valuable.

Effectiveness and recommendation

- 1.1.19 Overall, stakeholders view the AHSN positively on their effectiveness in delivery across a range of areas. Over three quarters give a good rating to the AHSN's knowledge of the local landscape (83%), quality of advice (81%), responsiveness (77%), quality of support (77%) and accessibility (76%).

1.1.20 Local knowledge is significantly higher among VCS (92%) and private industry (87%). VCS is also particularly positive about responsiveness (87%), local government along with (86%). Over three quarters (78%) would recommend working with AHSNs to others. Recommendation is relatively consistent among all stakeholder groups, the highest being among local government (89%) and lowest amongst health or social care providers, with 73% saying they would recommend the AHSN to others.

2 Background and Method

2.1 Method

- 2.1.1 This report presents the findings from an online survey with AHSN stakeholders. Each of the 15 AHSNs had a bespoke online survey with stakeholders asked to provide feedback about the specific AHSN. A national level survey was also created for participants to comment about the network as a whole.
- 2.1.2 The survey and report covers the same areas the first wave in 2015. Where possible, results are compared to the previous wave.
- 2.1.3 As with the first wave in 2015, some of the stakeholders were pre-identified by the AHSNs forming a targeted list of 4,751 potential respondents from nine categories. In addition, individuals who were not pre-identified as stakeholders were also given the chance to comment on the AHSNs of their choosing via open links posted on websites and disseminated by the AHSNs, NHS England and other stakeholders.
- 2.1.4 The survey ran between 17th August and the 19th September 2016.

2.2 Response breakdown

- 2.2.1 In total 2,119 responses were received to the survey. Of those 89 were national level responses, 659 came through the targeted list and 1,371 through the open link. As the open link survey was also publicised widely it is likely that a number of open link responses would have been completed by stakeholders on the targeted lists.
- 2.2.2 The table below shows the breakdown by responses across the AHSNs and in terms of their background categorisation.

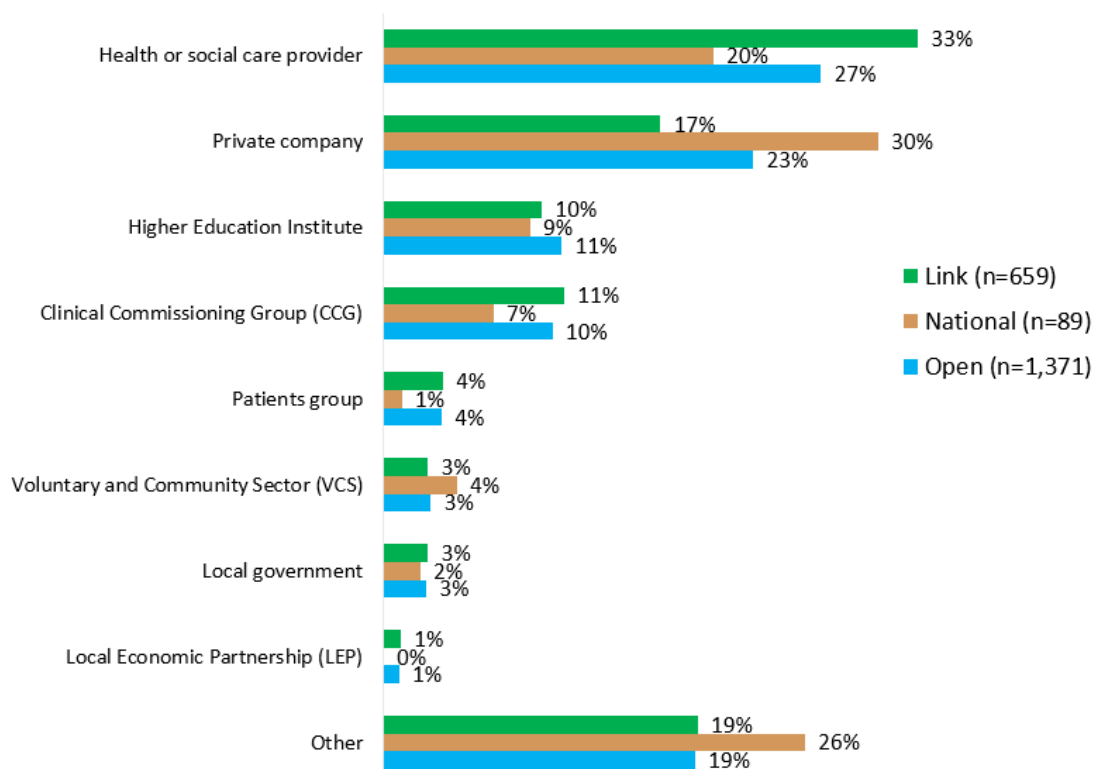
Figure 1: Response breakdown

		Number of responses
Region	National	74
	East Midlands	154
	Eastern	116
	Greater Manchester	117
	HIN South London	69
	Imperial	144

		Number of responses
	KSS	86
	NENC	202
	Innovation Agency	153
	Oxford	93
	South West	150
	UCLPartners	159
	Wessex	116
	West Midlands	172
	West of England	212
	Yorkshire and the Humber	102
Stakeholder category	Clinical Commissioning Group (CCG)	221
	Health or social care provider	602
	Higher Education Institute	222
	Local Economic Partnership (LEP)	20
	Local government	56
	Patients group	74
	Private company	450
	Voluntary and Community Sector (VCS)	62
	Other	412
Method	Link	659
	Open	1386

2.2.3 The emailed link method was a useful method for ‘health or social care providers.’ The national level link was taken up strongly by stakeholders from private industry and ‘health or social care providers.’ The open link method did not compensate for a lack of survey engagement on the part of LEPs or local government though.

Figure 2: Responses by method



S1 Which of the following best describes your organisation? Bases in brackets above

2.2.4 Finally, please note that some of the percentages in this report might not add to 100 due to rounding. This is particularly the case when adding together two percentages to try and recreate a net figure (e.g. the net percentage for very and quite effective).

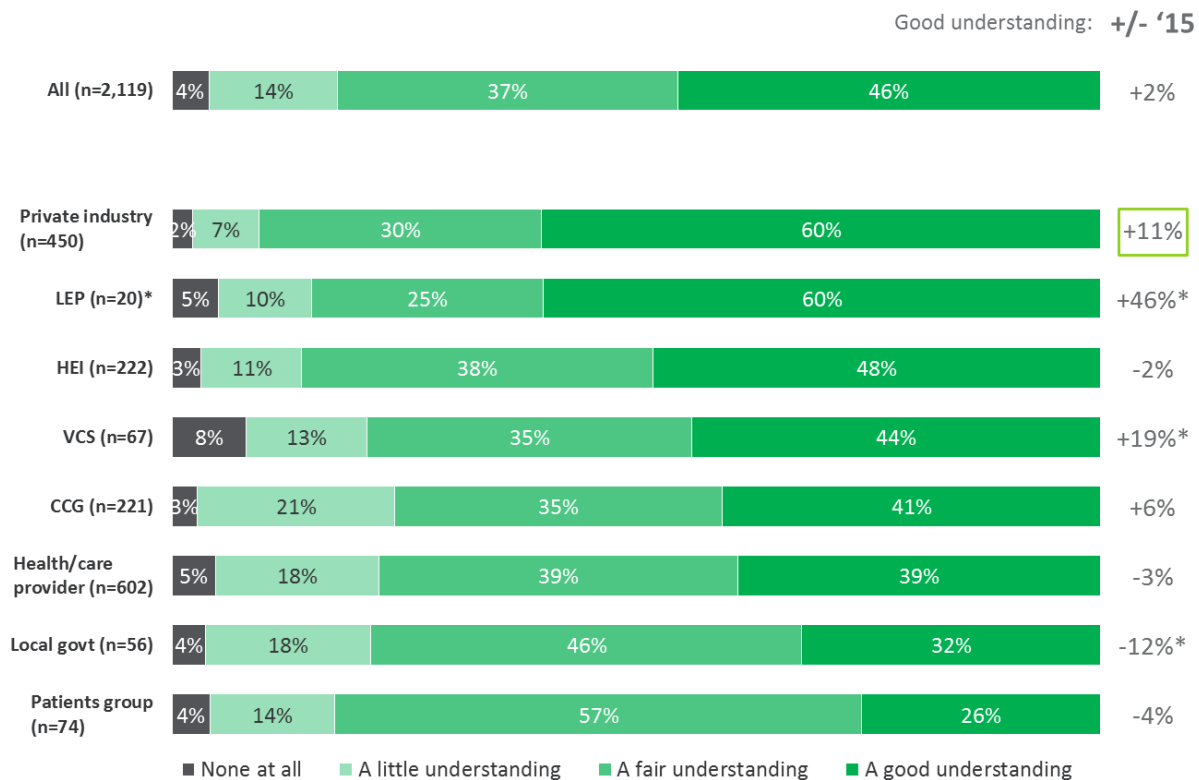
3 Awareness, understanding and the working relationship

3.1 Understanding AHSNs

3.1.1 Forty-six percent of stakeholders felt they have a 'good understanding' of the role of AHSNs and a further 37% rated their understanding as 'fair.' Fourteen percent felt that they only had a 'little' and four percent no understanding. Those in private companies, HEIs and VCS are more likely to rate their understanding highly than the local government and patients groups for example.

3.1.2 The level understanding among private companies was significantly higher than 2015 with a rise of 11 percentage points from just 49% to 60% feeling they have a 'good' understanding.

Figure 3: To what extent do you feel you understand the role of the AHSNs?

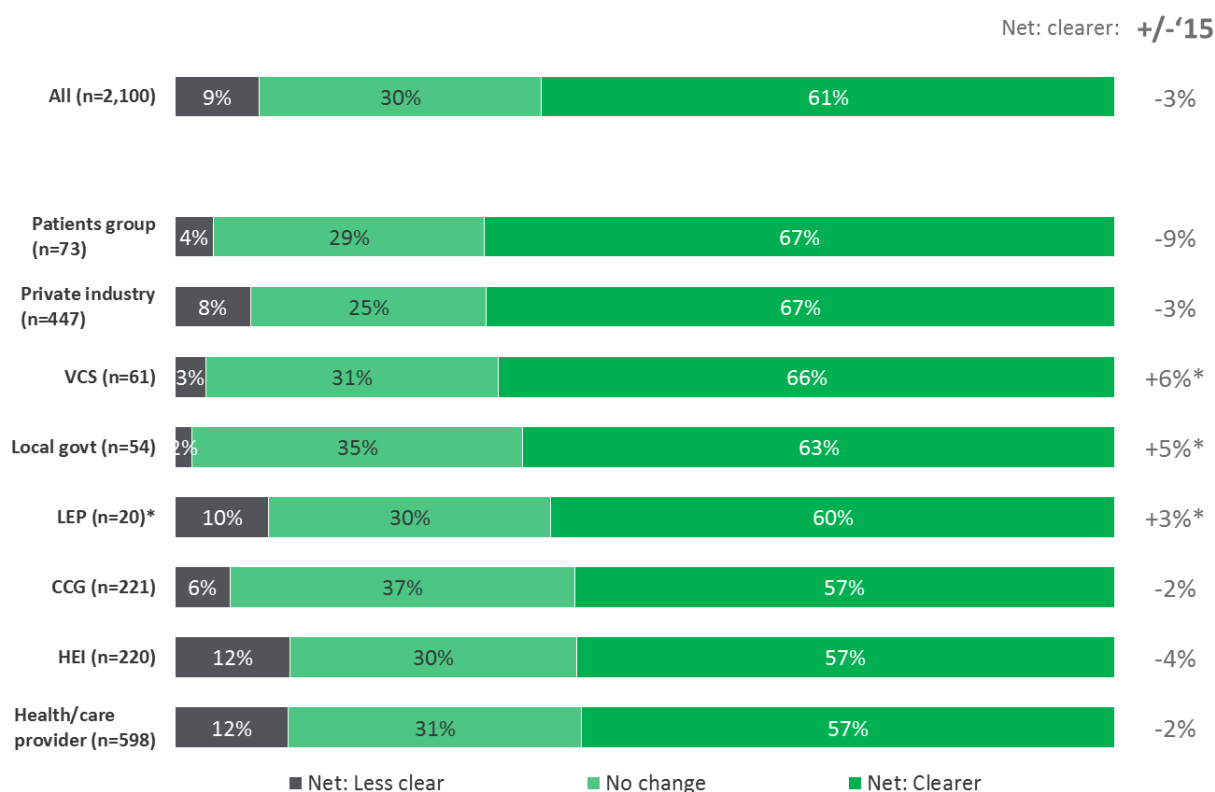


Q1 To what extent do you feel you understand the role of the AHSN? Bases in brackets above

Significantly higher than 2015 * Indicates a low base size

3.1.3 The majority feel that the role of the AHSN has become clearer in the last 12 months. Sixty-one percent feel that the role of the AHSNs has become clearer. One in ten (nine percent) felt that it has become less clear. Patients groups, private industry and VCS were the most likely to feel that AHSNs role had become clearer. Given the lower levels of understanding among patients groups, the change over time trend is particularly welcome, though their overall understanding has not changed significantly since 2015.

Figure 4: And thinking about the past 12 months, to what extent has the role of the AHSNs become more or less clear?



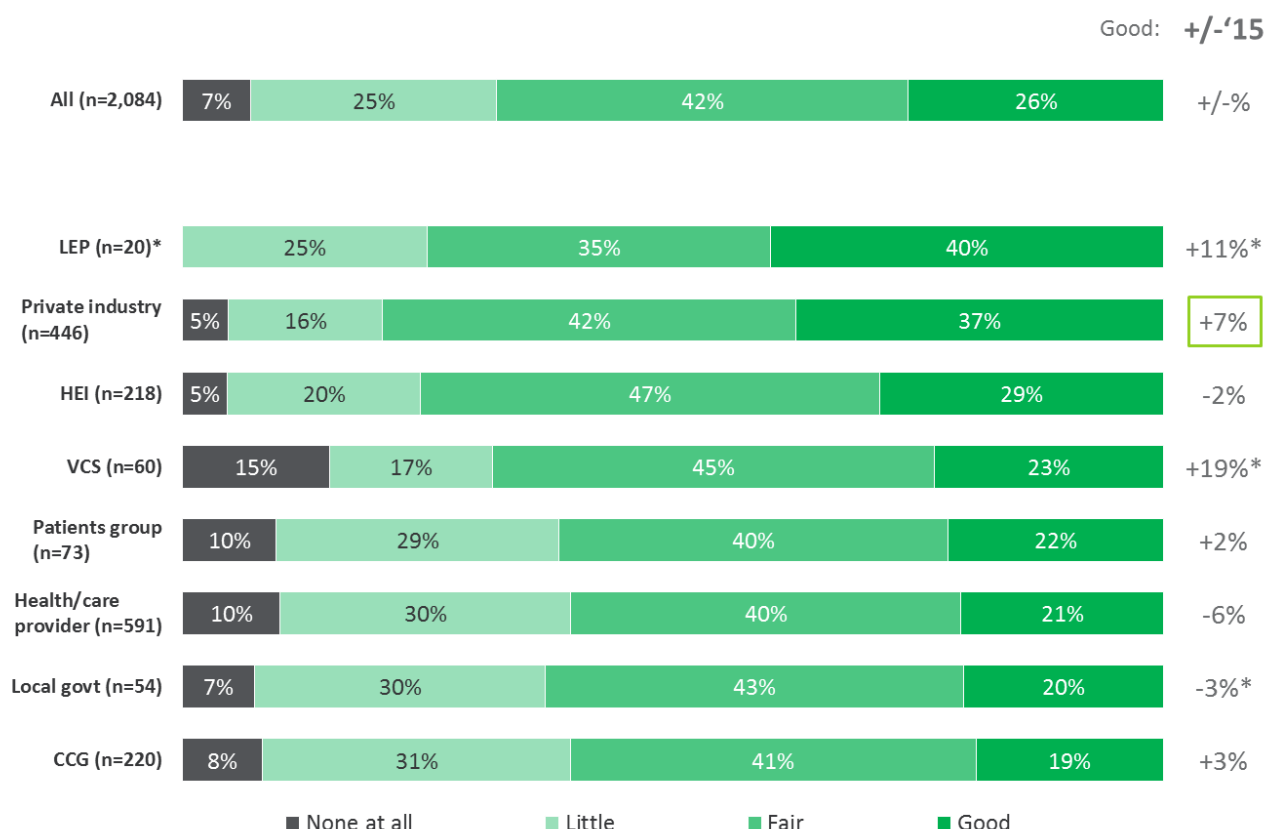
Q2 And thinking about the past 12 months, to what extent has the role of the AHSN become more or less clear? Bases in brackets above

No significant differences with 2015 * Indicates a low base size

3.1.4 A quarter of stakeholders (26%) feel that they have a 'good understanding' of the AHSNs plans and priorities; this has not changed since 2015. Forty-two percent rate it as a 'fair understanding,' but nearly a third indicate that they have 'little' (25%) or no understanding (7%).

3.1.5 As with their understanding of the AHSNs role, we see similar groups: private companies, HEIs and VCS feel they have the highest levels of understanding of the plans and priorities of AHSN (Figure 5). Indeed private industry's understanding on plans and priorities has risen seven percentage points since 2015. Healthcare and social care providers, local government and CCGs report a lower understanding.

Figure 5: To what extent, if at all, do you understand the AHSNs plans and priorities?



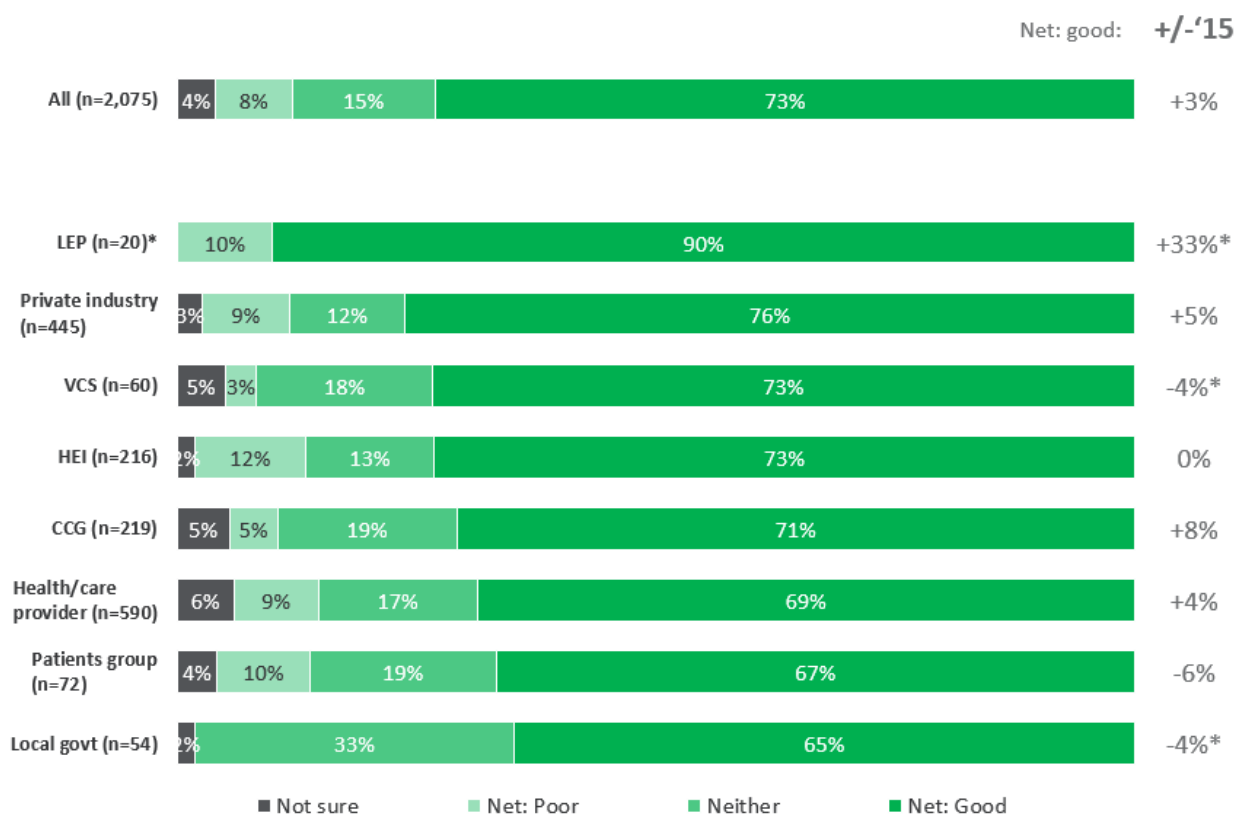
Q3 To what extent, if at all, do you understand the AHSN's plans and priorities? Bases in brackets above

 significant differences with 2015 * Indicates a low base size

3.2 Working relationship

- 3.2.1 Seven out of ten stakeholders describe their working relationship with AHSNs as good (32%) or very good (41%). Fifteen percent were neutral and a minority of twelve percent felt that it was poor or very poor. As with 2015, some stakeholders are uncertain how to rate the relationship which may reflect their current proximity to the AHSN. For example, a third (33%) of those from local government and 19% of those from patient groups are unsure about their working relationships with the AHSN.
- 3.2.2 Those responding corporately on behalf of their organisation are significantly more positive (78%) than individuals (70%). As could be expected, those with a 'good understanding' of the role of AHSNs tend to report a significantly stronger working relationship (91%) and if restricted to only those stakeholders with a 'good', 'fair' or 'a little' understanding then 75% feel they have a good working relationship.

Figure 6: Overall, how would you rate your working relationship with your AHSN?



Q4 Overall, how would you rate your working relationship with your AHSN? Bases in brackets above

No significant differences with 2015 * Indicates a low base size

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- 3.2.3 Again the direction of travel is positive with 53% believing that their working relationship has improved in the last 12 months and just six percent seeing it worsening. Private companies (59%), patient groups and local government (both 58%) stakeholders report the most positive levels of change over time.
- 3.2.4 Sixty-seven percent of those with a 'good' working relationship feel that it has got better over the last 12 months. Of those who have a 'poor' working relationship, nine percent feel that there has been positive movement but 45% state that it has got worse in the last year.

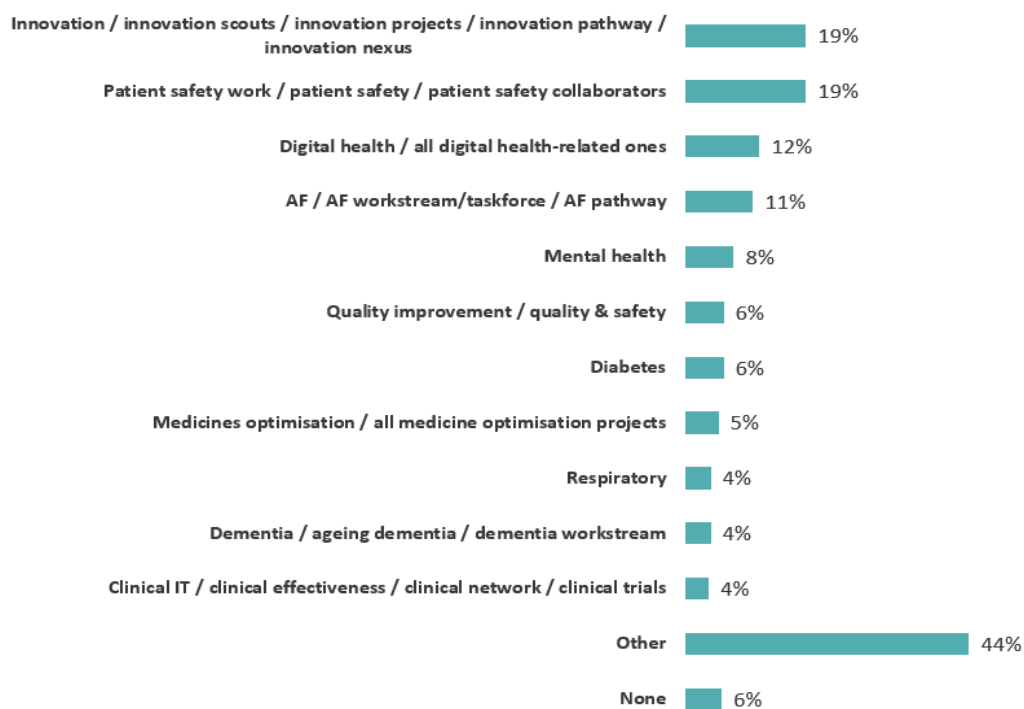
3.3 Awareness of programmes or initiatives

- 3.3.1 When asked which AHSN initiatives respondents were aware of, the majority cited AHSN specific examples. There were, however, some common themes were present (Figure 7). Most notable were patient safety and innovation programmes.

Figure 7: Which AHSN initiatives or programmes are you aware of? (1)



Figure 8: Which AHSN initiatives or programmes are you aware of? (2)



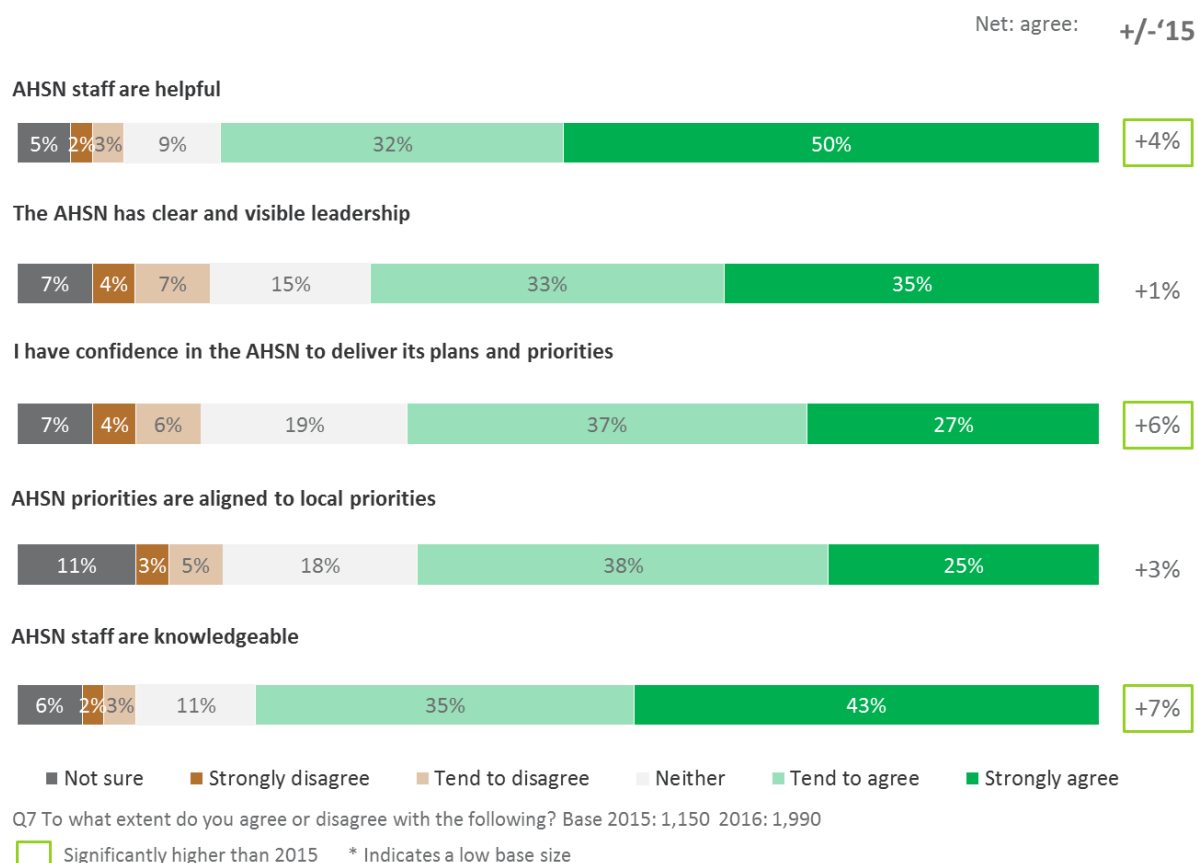
Q6 Which AHSN initiatives or programmes are you aware of? Base : 1,128

4 Leadership, staffing and priorities

4.1 Assessment of leadership, staff and priorities

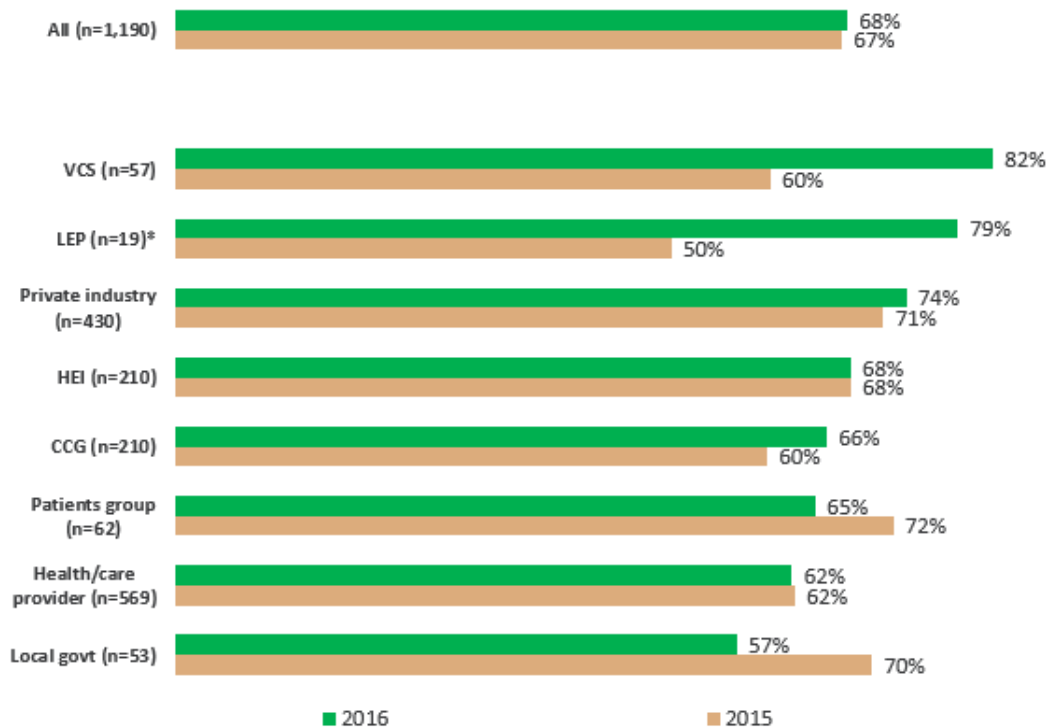
4.1.1 Many stakeholders agree that AHSN staff are helpful and that the AHSN has clear and visible leadership. However, stakeholders are less certain about the knowledge the organisation holds and whether their priorities are aligned to local contexts. There are significant positive changes compared to 2015 particularly on confidence in plans and priorities and the knowledge of AHSN staff.

Figure 9: To what extent do you agree or disagree with the following?



4.1.2 VCS, private organisations and local economic partnerships tend to be most positive about helpfulness, leadership and knowledge. Health / social care providers and patient groups are less positive.

Figure 10: The AHSN has clear and visible leadership (net: agree)



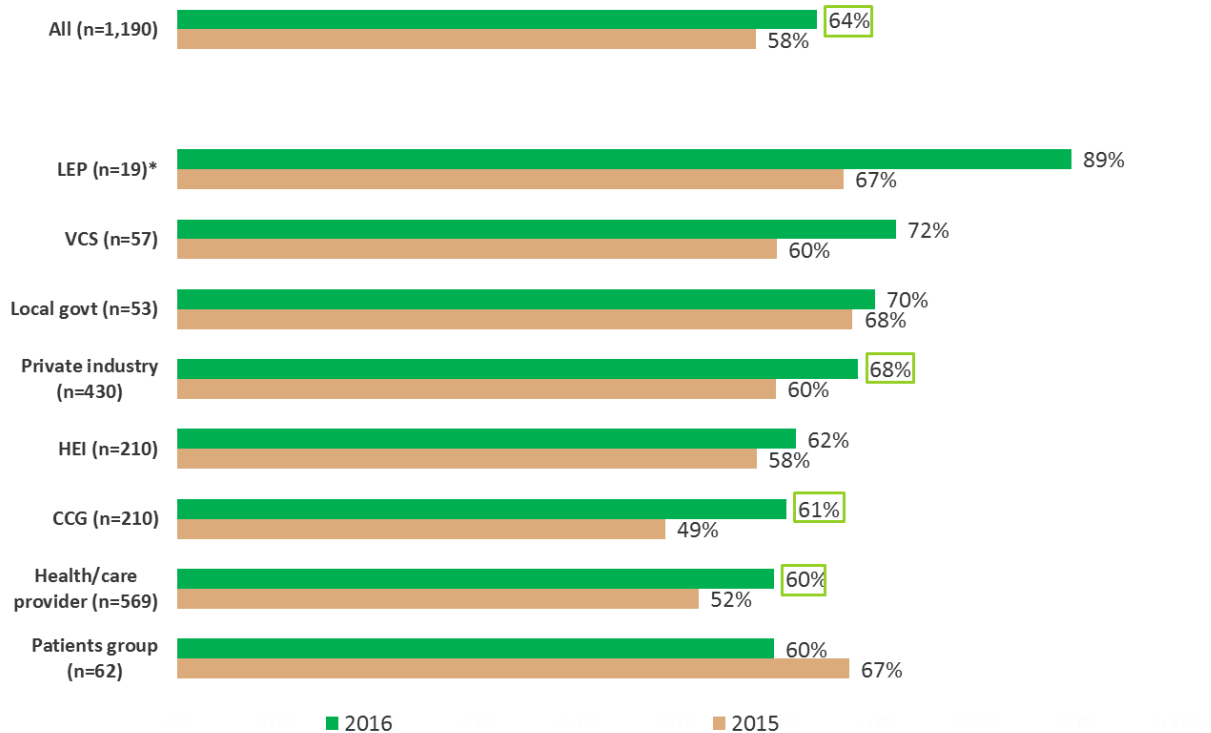
Q7 To what extent do you agree or disagree with the following? The AHSN has clear and visible leadership

Base 2015: 1,150 2016: 1,990

No significant differences with 2015 * Indicates a low base size

- 4.1.3 Though the majority of stakeholders from all organisation types are likely to agree that the AHSN has a clear and visible leadership, VCS are more likely to agree (82%); a change from 2015 where they were among the least likely out of the groups to do so (60%).
- 4.1.4 Local government (57%) and healthcare providers (62%) are the least likely to agree the AHSN has clear and visible leadership.

Figure 11: I have confidence in the AHSN to deliver its plans and priorities (net: agree)

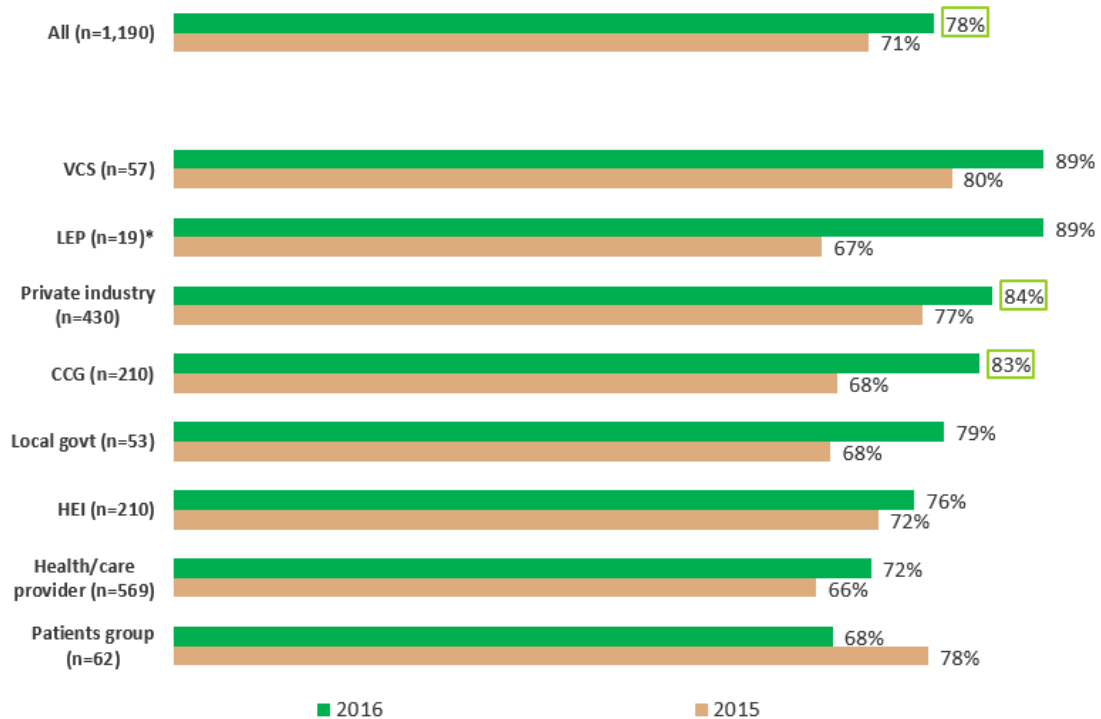


Q7 To what extent do you agree or disagree with the following? I have confidence in the AHSN to deliver its plans and priorities
Base 2015: 1,150 2016: 1,990

Significantly higher than 2015 * Indicates a low base size

4.1.5 Confidence in the AHSN to deliver its plans and priorities has improved since 2015 within many stakeholder groups, significantly so overall (58% to 64%) and particularly with private companies, CCGs and healthcare providers.

Figure 12: AHSN staff are knowledgeable (net: agree)



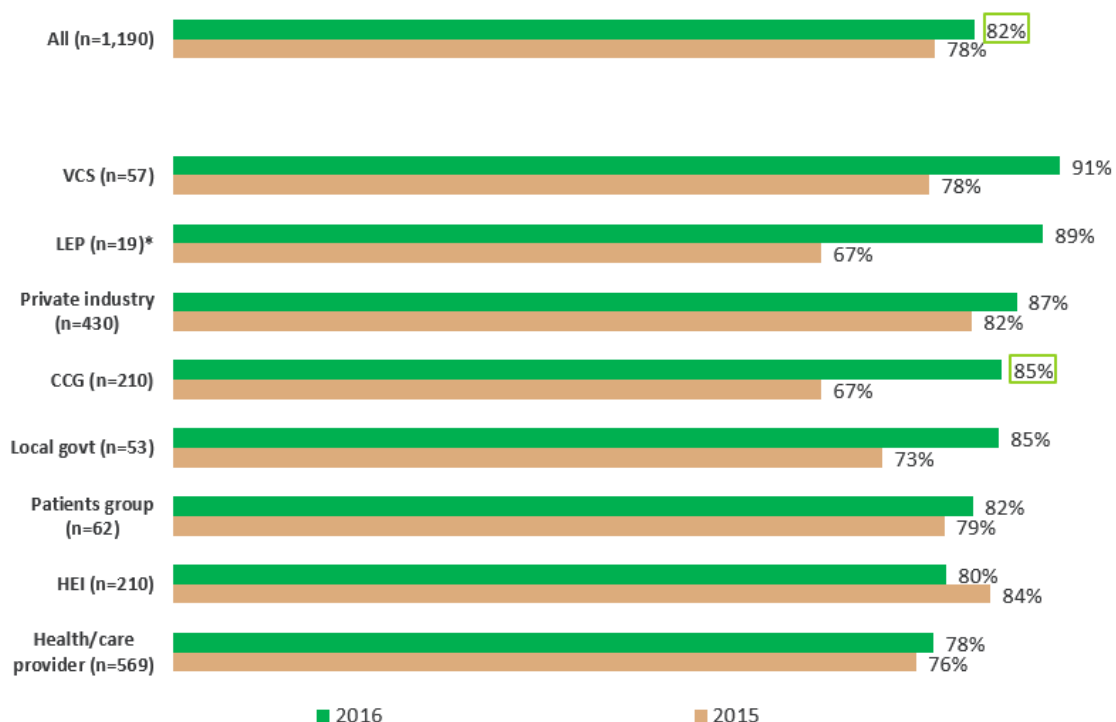
Q7 To what extent do you agree or disagree with the following? AHSN staff are knowledgeable

Base 2015: 1,150 2016: 1,990

□ Significantly higher than 2015 * Indicates a low base size

- 4.1.6 Similarly, we see an increase overall since 2015 of the proportion agreeing AHSN staff are knowledgeable. Seventy-eight percent now agree; a significant increase of seven percentage points since 2015.
- 4.1.7 VCS and LEPs are most likely to agree that AHSN staff are knowledgeable (89%). Whilst a high proportion of patients groups agree also, they are the least likely to (68%). Those in CCGs or in private companies are significantly more likely to agree that AHSN staff are knowledgeable this year compared to 2015. Agreement increased for private companies from 77% to 84%, and from 68% to 83% for CCGs.

Figure 13: AHSN staff are helpful (net: agree)

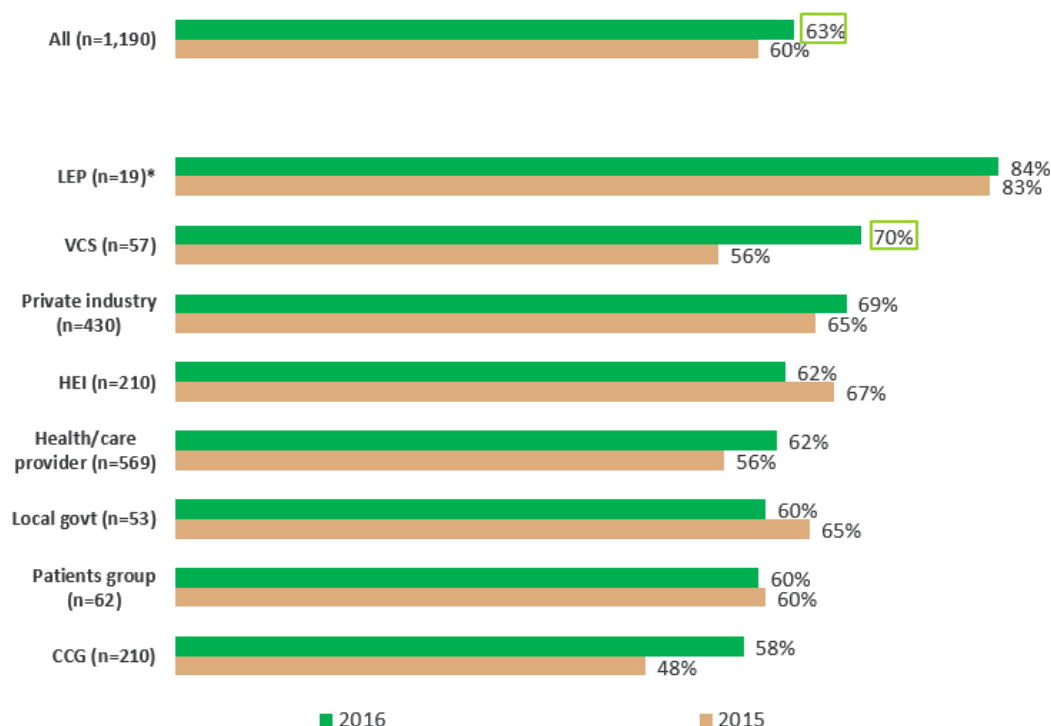


Q7 To what extent do you agree or disagree with the following? AHSN staff are helpful
Base 2015: 1,150 2016: 1,990

Significantly higher than 2015 * Indicates a low base size

4.1.8 The proportion of stakeholders agreeing that AHSN staff are helpful has improved since 2015, significantly so overall (78% to 82%) and particularly with CCGs (67% to 85%).

Figure 14: AHSN priorities are aligned to local priorities (net: agree)

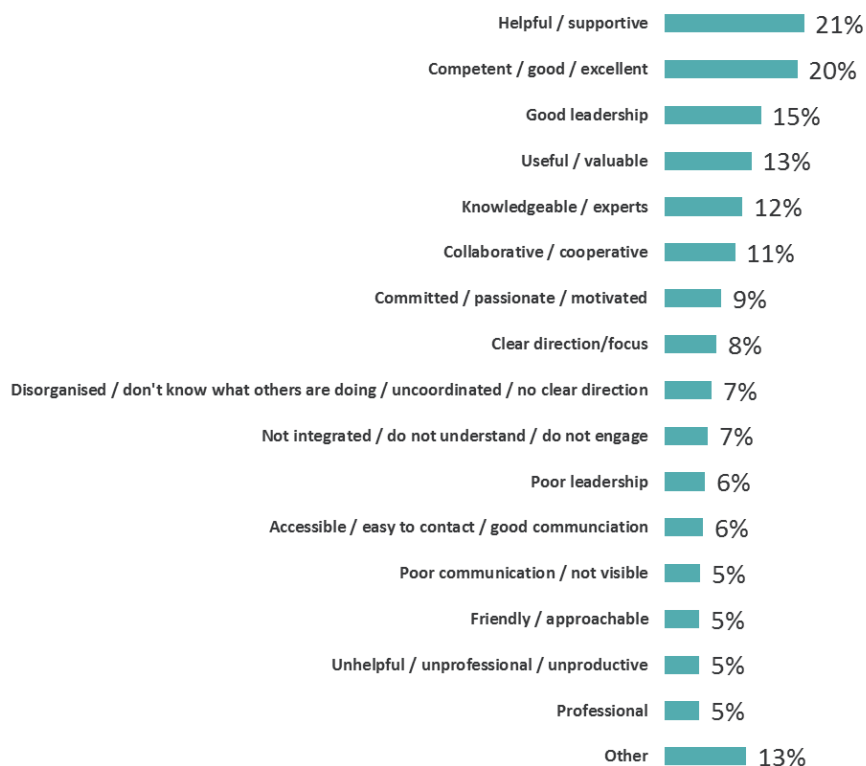


Q7 To what extent do you agree or disagree with the following? AHSN priorities are aligned to local priorities
Base 2015: 1,150 2016: 1,990

□ Significantly higher than 2015 * Indicates a low base size

- 4.1.9 Compared to some other activities, stakeholders are less likely to agree that 'AHSN priorities are aligned to local contexts' (63%). The proportion agreeing with this statement has significantly increased three percent from 60% since 2015. The proportion agreeing from the VCS has also increased significantly compared to 2015 (56% to 70%).
- 4.1.10 The majority of those leaving comments about AHSN leadership and priorities are positive in nature. Twenty-one percent of the comments focused on the AHSN being helpful or supportive. This equates to seven percent of all those surveyed. Many others wrote about their helpfulness and how they had been collaborative (Figure 15).

Figure 15: If you have any comments about the AHSNs staff, leadership and priorities, please type in below



Q8 If you have any comments about the AHSN's staff, leadership and priorities, please type in below. Base : 620

“Excellent system leadership behaviours demonstrated. Engaged with local providers to lead on different programmes. Highly supportive of provider organisations. Strategic approach, proactively engaging in STP development.”

(Health or social care provider)

“We have had excellent and continual support, from highly competent, knowledgeable, and very helpful, staff for the two services that we have had help from AHSN in the last year. They have helped us get where we are with more clarity and speed.”

(CCG)

"I find all AHSN staff to be approachable and helpful. In particular, I feel the leadership team are visible and contactable. Working with our AHSN is fun and productive."

(HEI)

4.1.11 A few wrote about a lack of organisation or effective communication. At times misaligned priorities were mentioned.

"This needs much clearer and widespread communication beyond R&D leads/teams. The AHSN should focus on 4-5 key deliverables that engage stakeholders e.g. by releasing money in a bidding process for stakeholders to contribute to these deliverables, rather than broader objectives of cultural change etc. This would engage hard pressed providers."

(Health or social care provider)

"I have felt that AHSN staff are not helpful to smaller private companies. The focus tends to be more on supporting innovation arising within the NHS than on adopting innovations that have been developed in the private sector."

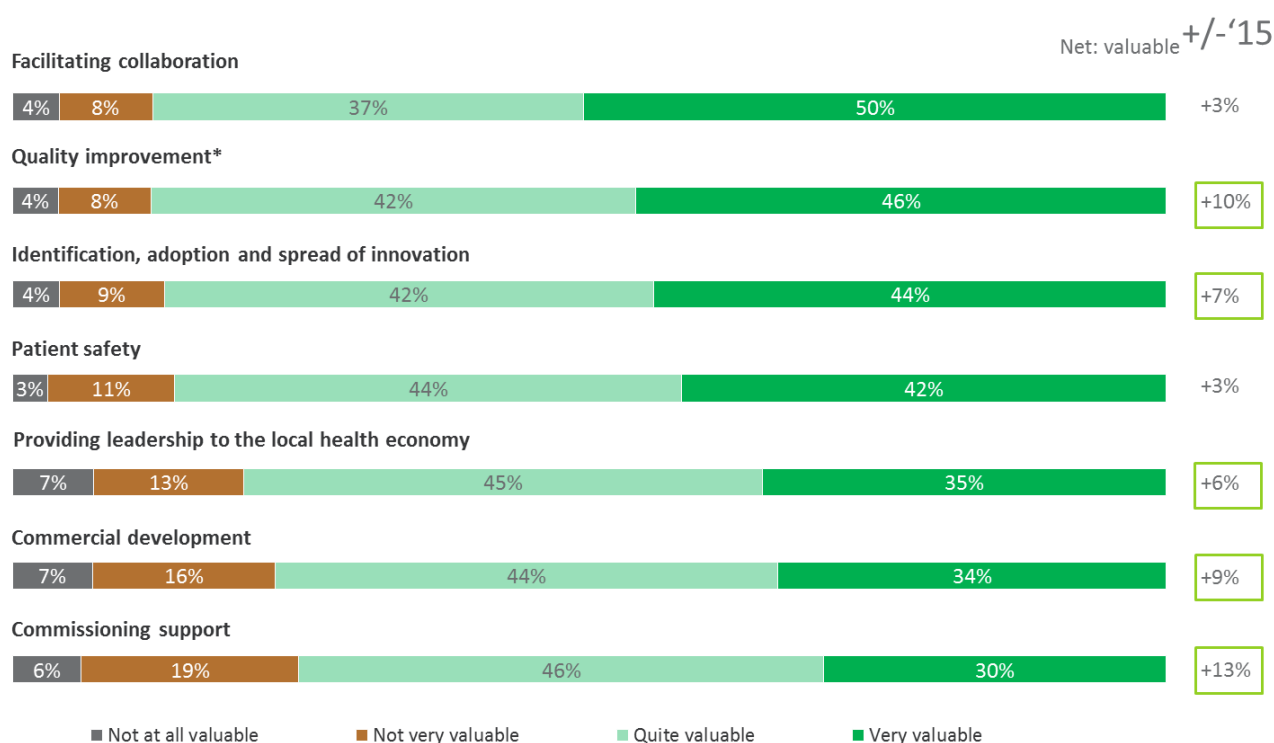
(Private company)

5 Engagement and communication

5.1 Value of support received

5.1.1 Many stakeholders are not receiving support on some particular AHSN themes or felt that those themes are not relevant to them. If we exclude those responses from the analysis we find that stakeholders particularly value the AHSNs work in 'quality improvement' (88%) and 'facilitating collaboration' (87%). Based on the number of people answering the question these themes have the greatest relevance to the highest number of stakeholders (Figure 16).

Figure 16: 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?



Q9 How valuable or not has been the support received? Base: excludes no support received and not applicable

Significantly higher than 2015 * Question changed in 2016 to include "(providing support for innovation and new ways of working)"

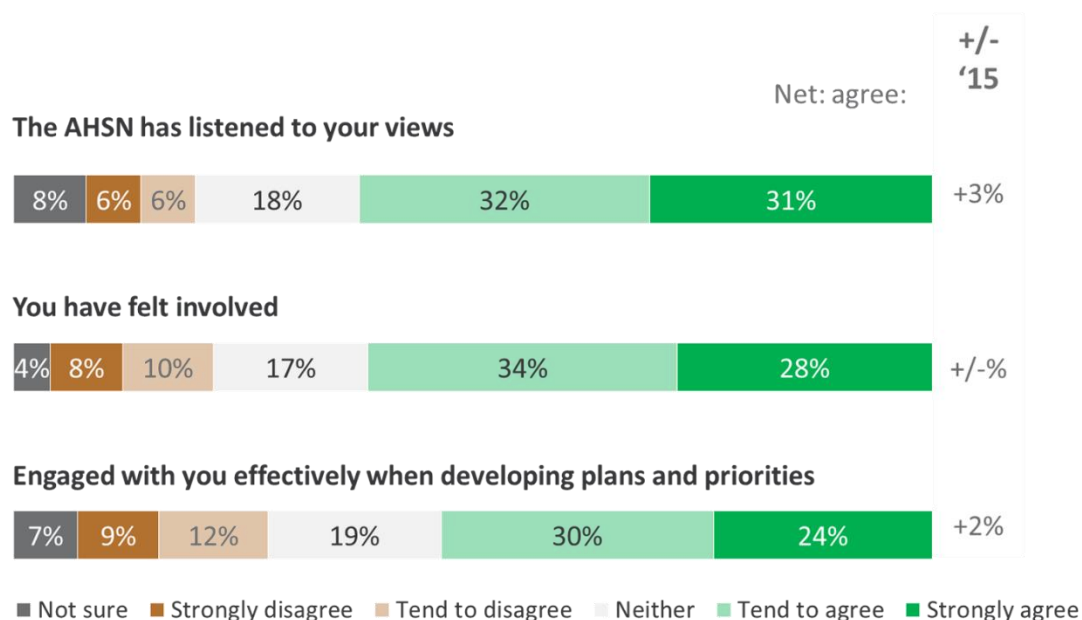
5.1.2 Ninety-two percent of CCGs rated the support received on patient safety as 'very valuable' or 'quite valuable' (78% in 2015) as did 86% of healthcare or social care providers. 'Quality improvement' was a key feature for these same groups as 93% of CCGs (75% in 2015) and 88% of healthcare and social care providers found this support area valuable.

- 5.1.3 Private industry particularly appreciated commercial development support with 81% finding this valuable, compared to just 75% in 2015. VCS and CCGs were the most likely to say the work on 'identification, adoption and spread of innovation' was valuable (96% and 91%).
- 5.1.4 The survey responses also show that 'facilitating collaboration' is considered a key aspect of the AHSNs work. It is most favourably received by VCS (93%), CCG (92%) and local government (92%).

5.2 Views on engagement

- 5.2.1 Sixty-three percent feel that the AHSN listened to their views, 12% disagree. A similar proportion (61%) have felt 'involved' though stakeholders are slightly more likely to disagree with this (18%). This rises to 66% of those answering on behalf of their organisation and compares to 59% of individuals. Stakeholders are slightly more divided when asked if the AHSN has engaged with them effectively when developing plans and priorities, over half (54%) agree but 21% disagree.
- 5.2.2 In comparison with 2015 there has not been any significant movement in perceptions of engagement.

Figure 17: To what extent do you agree or disagree that in the last 12 months?



Q10 To what extent do you agree or disagree with the following? Base 2015: 1,101 2016: 1,905

Significantly higher than 2015 * Indicates a low base size

- 5.2.3 VCS and private industries are the most likely to have felt listened to (73% and 67%), though stakeholders from healthcare providers or higher education institutes are significantly less likely to feel listened to (58% and 59%).
- 5.2.4 Stakeholders were asked for feedback about involvement in planning and prioritisation. The diversity of comments relating to specific AHSNs has meant that no categorisation could be formed but some broad themes expressed how many had been satisfied with the extent of their involvement, whilst others felt that this was improving after a period without significant engagement.

“Without a body like the AHSNs, the spread of good practice and the engagement of private sector/ academia/ NHS in a collaborative manner would not happen...it would be spasmodic and piecemeal rather than coordinated and integral”

(Other stakeholder)

“As a commercial organisation, being able to be involved in the planning of events such as the Digital Health and Wellbeing Ecosystem as well as being invited to speak has provided a valuable insight into the NHS, and how we can best serve public health needs with our digital innovations. Through digital and personal contact with the AHSN, I always feel like I am informed about the work they are carrying out and potentially how we can get involved.”

(Private company)

“I feel like our organisation dovetails with the AHSN. Always great to work with them. We feel very well supported and prioritised.”

(Health or social care provider)

- 5.2.5 Others are uncertain of their place in the AHSNs plans and given the lack of positive change over time on listening, engagement and involvement, it was evident that some stakeholders have frustrations with this aspects of the relationship:

“I sometimes have the sense that the AHSN sets its strategic direction around what it wants to or can do and presents this to the healthcare community, rather than being led by it. However, I appreciate that the healthcare community is becoming so diffuse and fragmented that some elements of it may no longer be in a position to know and need to be told.”

(Higher education institute)

“Communication from the AHSN is sparse, inconsistent and I have no idea what their priorities are. I have never been asked for input or feedback.”

(Private company)

“A key role of the AHSN is to drive innovation and adoption of technologies - with different projects, it's been like walking in treacle, with no progress after 12 months. Business has a sense of urgency and risk-taking that the AHSN needs to embrace.”

(Private company)

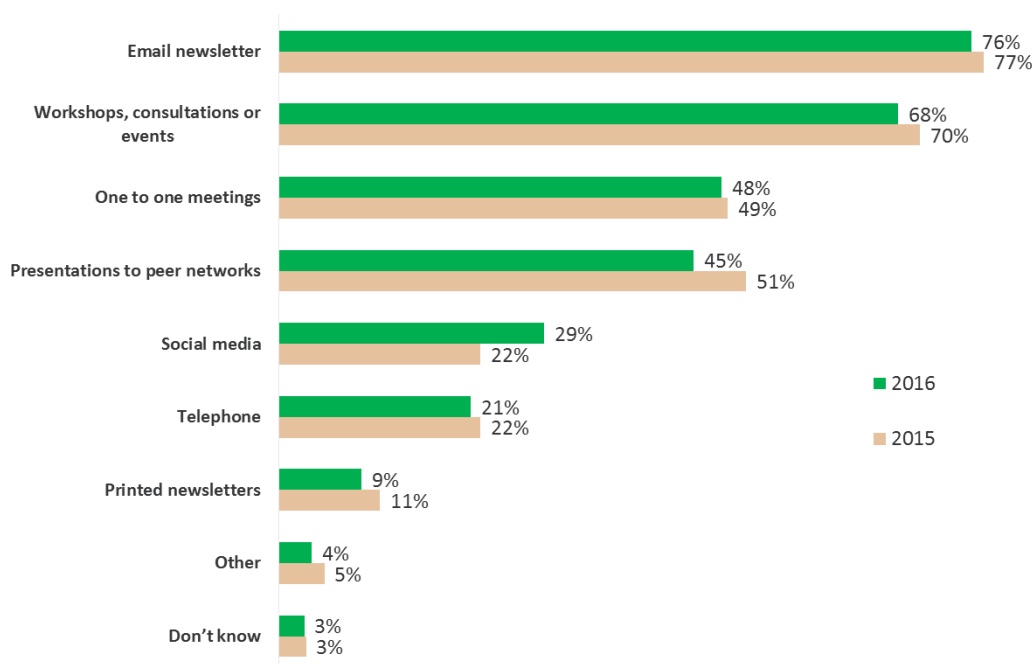
- 5.2.6 Other comments about planning and prioritisation offer another explanation for the relatively lower figures on this aspect of the relationship. In some cases stakeholders feel that their own structural or resources limitations prevent them from becoming more involved. Others feel they lack the wider knowledge of the health landscape to help and do not necessarily expect or want to engage with AHSNs on planning and priorities.

5.3 Preferred methods of communication

5.3.1 Email newsletters (76%) and workshops, consultations or events (68%) are the preferred methods of keeping in touch with AHSNs (Figure 18). There are some variations by stakeholder type, with requests for one-to-one meetings (66%, compared to 48% of all) and telephone calls higher among private industry (33%, compared to 21% of all). Patients groups tend to favour workshops, consultations or events (80%) and printed newsletters (15%) more than others. Presentations to peer networks are a more popular option for local government (60%) than all (45%).

5.3.2 In comparison with 2015 there are increases in preference for social media communication and a decline in presentations to peer networks. Otherwise workshops and email newsletters remain well regarded channels.

Figure 18: Which, if any, of the following are or would be your preferred ways for the AHSN to communicate with you?



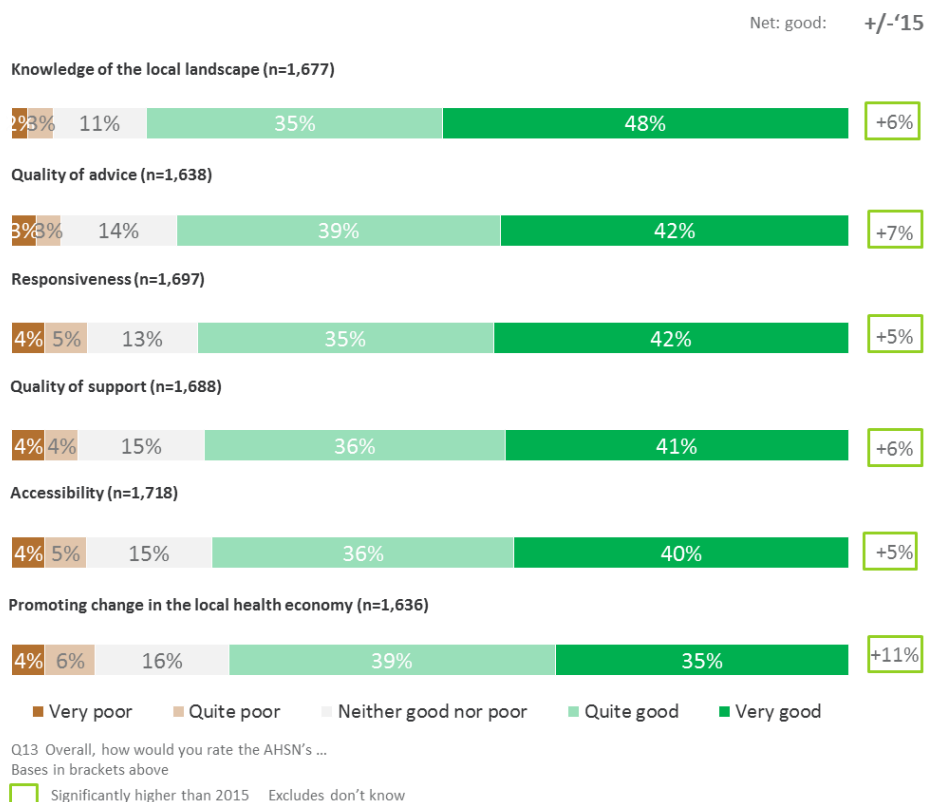
q12. Which, if any, of the following are or would be your preferred ways for the AHSN to communicate with you? Please tick all that apply
Base 2016: 1,895, 2015: 1,095.

6 Effectiveness and recommendation

6.1 Views on effectiveness

- 6.1.1 Overall, stakeholders view the AHSN positively on effectiveness across a range of aspects and activities. Over three quarters give a good rating to the AHSN's knowledge of the local landscape (83%), quality of advice (81%), responsiveness (77%), quality of support (77%) and accessibility (76%). In all areas there has been increases in comparison to 2015 with the largest in 'promoting change in the local health economy.'
- 6.1.2 There is a relatively consistent proportion who are indifferent to each of these factors, answering 'neither good nor poor', between 11% and 16% for each factor.

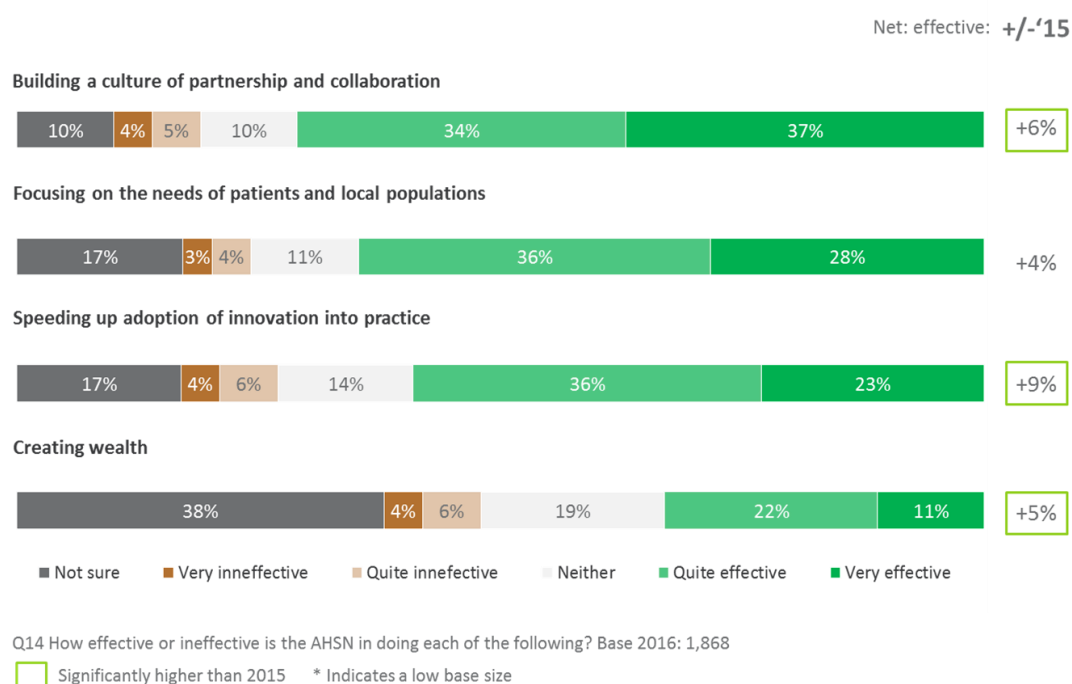
Figure 19: Overall, how would you rate the AHSNs...



6.1.3 There are some other standout figures, particularly regarding AHSNs knowledge of the local landscape (Figure 19). Overall 83% rate AHSNs as good on their local knowledge, with this significantly higher among VCS (92%) and private industry (87%), less so for health / social care (79%).

6.1.4 Seven in ten (71%) believe AHSNs are effective in building a culture of partnership and collaboration, a significant increase of six percentage points compared with 2015 (65%). Around three in five think AHSNs are effective in focusing on the needs of patients and local populations (64%) and in speeding up adoption of innovation into practice (59%). As with 2015, fewer agree AHSNs create wealth (33%), though this has significantly improved since 2015 (28%).

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



6.1.5 There is more uncertainty than disagreement about whether or not AHSNs create wealth (38% are not sure and just 10% answer they are 'neither effective nor ineffective'). Forty-two percent of private companies agreed they are being effective in that regard, compared to 37% in 2015.

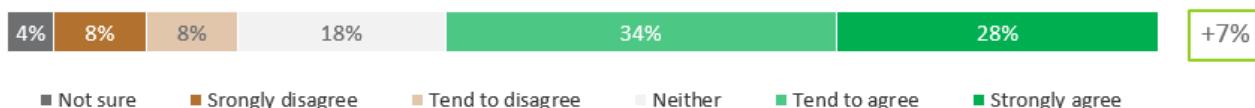
6.1.6 All stakeholders tend to be positive about the culture of partnership and collaboration, and that AHSNs are focusing on the needs of patients and local populations. Sixty-two percent of health / social care providers felt that AHSN were effective in doing that, 64% of CCGs agreed as did 59% of patients groups, however 19% of the latter disagreed.

6.2 How AHSNs have helped in the last twelve months

6.2.1 Three in five (62%) of stakeholders agree that AHSNs have helped their organisation achieve its objectives last 12 months, a significant increase of seven percentage points compared with 2015 (55%). Less than one in five (16% - 20% in 2015) do not agree, with a similar proportion (18%) neither agreeing nor disagreeing and the remainder being not sure. Significantly more who are answering on behalf of their organisation (66%) agree that AHSNs have helped their organisation achieve its goals, when compared with 60% who are answering as an individual.

Figure 21: Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives?

Net: agree: **+/-'15**

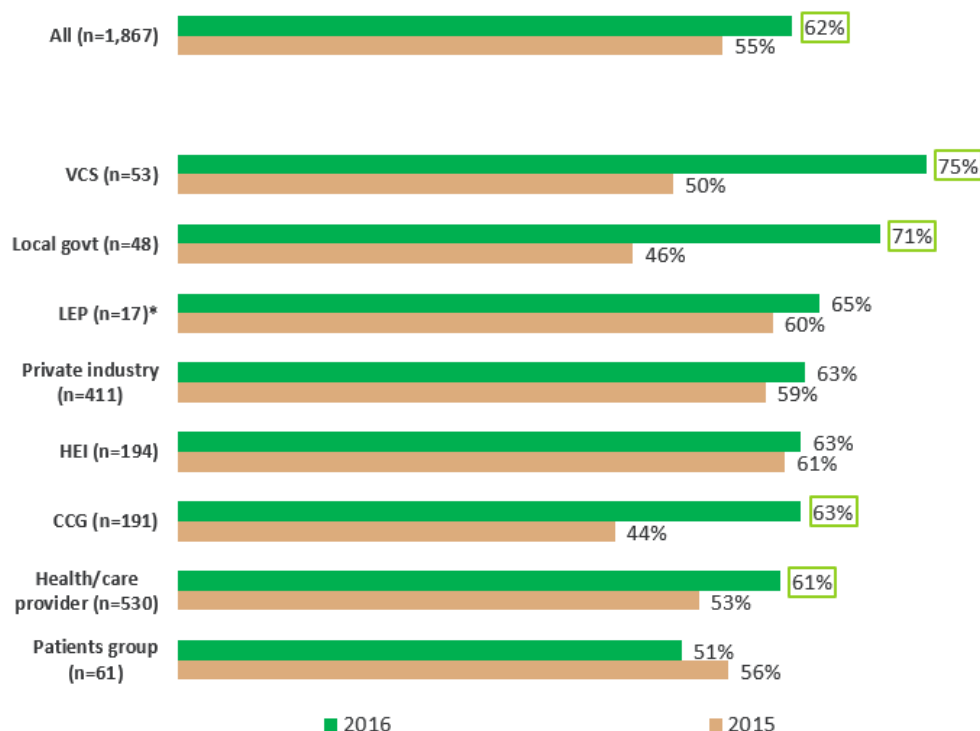


Q15 Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives? Base 2016: 1,867

+7% Significantly higher than 2015 * Indicates a low base size

6.2.2 VCS and local government are the most likely to agree AHSNs have helped them achieve their objectives (75% and 71%), while patient groups are the least likely to agree (51%) (Figure 22). Furthermore around three in five (63%) from private industry agree AHSNs have helped with their objectives.

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



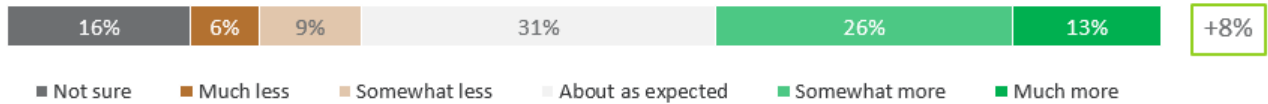
Q15 Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives? Bases in brackets above

Significantly higher than 2015 * Indicates a low base size

6.2.3 Around four in ten (39%) report that AHSNs have achieved more in the last twelve months than they had expected they would. This has significantly improved by eight percentage points since 2015 (31%). Fifteen percent believe AHSNs have achieved less than expected. Under a third (31%) say AHSNs have achieved about what was expected, with 11% not sure. Stakeholders answering on behalf of an organisation are significantly more likely to think AHSNs have achieved more than expected (44%), compared with those answering the survey as an individual (36%).

Figure 23: Has the AHSN achieved more or less than you expected in the last 12 months?

Net: more: **+/-'15**

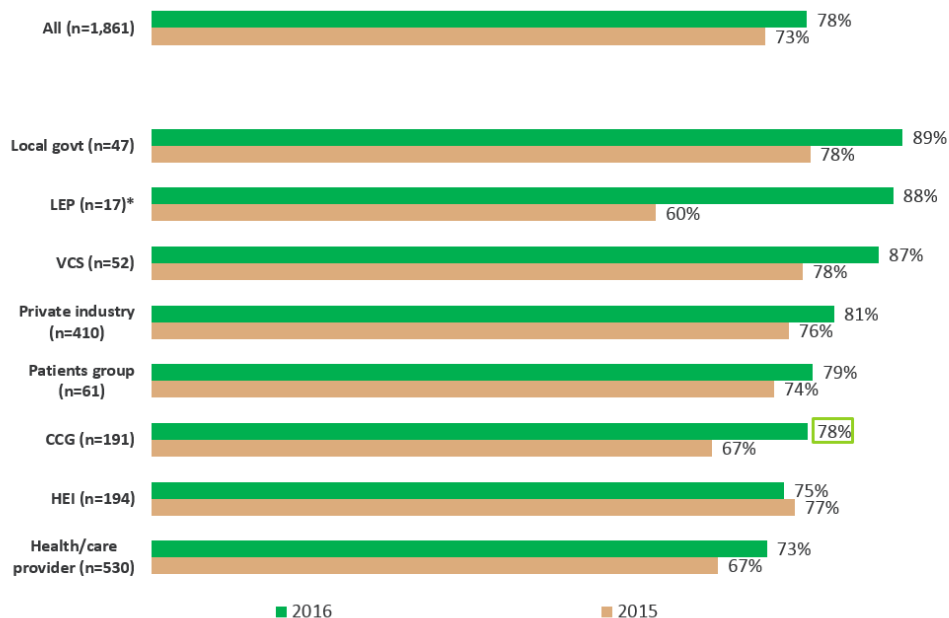


Q16 Has the AHSN achieved more or less than you expected in the last 12 months? Base 2015: 1,079 2016: 1,863

+8% Significantly higher than 2015 * Indicates a low base size

6.2.4 Over three quarters (78%) would recommend working with AHSNs to others. Recommendations relatively consistent among all stakeholder groups, the highest being among local government (89%) and lowest amongst healthcare providers, with 73% saying they would recommend the AHSN to others. The proportion of those recommending has increased for all stakeholder groups, though it has increased significantly for CCGs from 67% in 2015 to 78% in 2016.

Figure 24: Would you recommend involvement in /working with the AHSN to others? By stakeholder (net: yes)



Q17 Would you recommend involvement in /working with the AHSN to others? Bases in brackets above

78% Significantly higher than 2015 * Indicates a low base size

6.3 The next 12 months and the next five years

6.3.1 Innovation dominates the wishes of stakeholders asked to consider what they would find most valuable over the next five years. Other aspects such as networking, partnership, commercial development and best practice are also significant.

Figure 25: To help your organisation meets its objectives over the next 5 years, what are the most valuable areas of support AHSNs could offer? For example, identifying innovations and best practice, providing leadership to the local health economy, understanding markets/commercial development, improving patient safety.



Q20. To help your organisation meets its objectives over the next 5 years, what are the most valuable areas of support AHSNs could offer? For example, identifying innovations and best practice, providing leadership to the local health economy, understanding markets/commercial development, improving patient safety. Please type in up to 3.
As a % of all stakeholders commenting (1,328). Only those 2% and above are shown.

6.3.2 On the prominence of innovation there are no significant variations between the main stakeholder groups – 47% of CCGs, 45% of private companies, 43% of both health or social care providers and HEIs.

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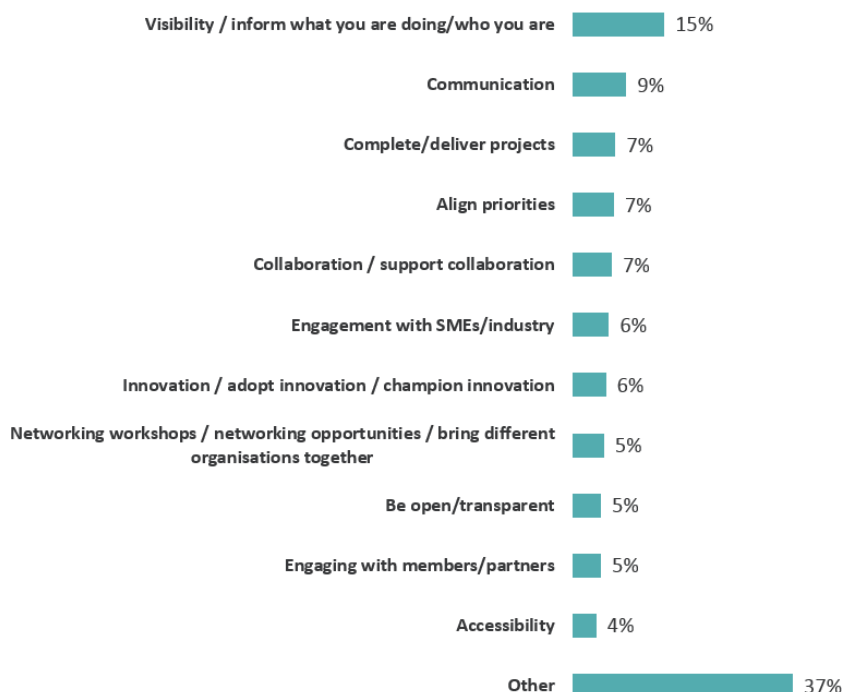
- 6.3.3 Both HEIs and private companies gave more attention to ‘networking / introductions / partnerships’ – 32% of private companies and 26% of HEIs. In contrast CCGs (27%) and health or social care providers (23%) were relatively more likely to focus on ‘best practice.’ Commercial development was understandably of greater concern for private companies (23%), but still recognised by health or social care providers (14%). Sustainability and Transformation Plans (STP) were often cited by CCGs (18%) as an area where support might be valuable.
- 6.3.4 The themes of ‘innovation’ and ‘engagement’ also feature strongly when stakeholders consider what the AHSNs could do to improve over the next 12 months.

Figure 26: What improvements could the AHSN make over the next 12 months? (1)



- 6.3.5 When stakeholders were asked what improvements the AHSN could make in the next 12 months, the call for more visibility and information was the top response (15%). Communication and an increase in project work were the next top areas for improvements the AHSN could make over the next year (9% and 7%).

Figure 27: What improvements could the AHSN make over the next 12 months? (2)



Q19 What improvements could the AHSN make over the next 12 months? Base : 380

6.3.6 When making further comments about improvements that can be made by the AHSN over the next 12 months, themes of visibility, communication and transparency were popular for improving aligned priorities...

“Perhaps a frontline “reception” service where initial attempts to engage can be supported. On occasions when I have attempted to engage it has felt a little bewildering, and even silo-like. Perhaps there needs to be greater clarity as to the functions of different elements within the AHSN, to facilitate engagement. Perhaps an “open day” might help”

(CCG)

“Scale their work to engage with more companies. Run more networking and information events. Access more funding mechanisms.”

(Private industry)