

*The***AHSN***Network*

NIHR | National Institute
for Health Research

SURVEY OF LOCAL RESEARCH AND INNOVATION NEEDS OF THE NHS

REGIONAL STATEMENT FOR KENT SURREY
SUSSEX AHSN

APRIL 2019

KENT SURREY SUSSEX: DRAFT STATEMENT OF RESEARCH AND INNOVATION PRIORITIES

BACKGROUND

In November 2017, NHS England and the National Institute for Health Research (NIHR) published the paper “Twelve actions to support and apply research in the NHS”. The paper requested that, in order to articulate regional NHS needs the 15 Academic Health Science Networks (AHSNs) working with their regional NIHR infrastructure, each produce a statement of regional NHS innovation and research needs on behalf of their regional Sustainability and Transformation Partnership (STPs). The AHSN Network commissioned an independent research consultancy, ComRes, to design, implement and deliver a survey that would provide a detailed understanding of the innovation and research needs at regional level and across all AHSNs. A governance group was established to oversee the project, including representatives from NHS England, the AHSN network, and NIHR. The project gathered the views of regional health stakeholders between June and October 2018, with 61 qualitative telephone interviews conducted, followed by a quantitative survey of 257 stakeholders.

This exercise focused on the views of clinicians and managers rather than researchers, and short to medium term priorities.

RESEARCH AND INNOVATION PRIORITIES FOR KENT SURREY SUSSEX

In the Kent Surrey Sussex AHSN, 5 stakeholders were interviewed and 16 completed the survey about regional innovation and research needs. Given the size of the sample that the research draws upon, we have reported the results as indicative findings in the context of the larger set of national data, with many of the national findings reflected in the consultation with Kent Surrey Sussex stakeholders.¹

Key themes emerged in the national findings to do with mental health and an ageing population, with multi-morbidities and frailty frequently referenced in relation to both. Workforce issues and technological change were also considered to be both challenges and opportunities.

SYSTEM-LEVEL PRIORITIES:² Stakeholders were asked to select their top three innovation and research priorities from a series of topics that spanned a number of complex issues or multiple areas of the health system. When asked about system-level topics, national stakeholders identified their top three priorities as **workforce issues** (41% had in their top three), **integrated care** for those with multi-morbidity and/or complex social care needs (39%) and optimising use of **digital technology and Artificial Intelligence (AI)** (33%). Similarly, Kent Surrey Sussex stakeholders placed workforce issues and use of digital technology and AI high on their priority list, as well as primary care, but placed less emphasis on integrated care.

MEDICAL TREATMENT AREAS: National stakeholders were most likely to identify **mental illness, multi-morbidities** and **frailty** in their top three priority medical treatment areas for research and innovation (57%, 44% and 46% respectively). Among Kent Surrey Sussex AHSN stakeholders, mental illness was also chosen as a priority by many, with frailty and multi-morbidities being chosen often.

SPECIFIC GROUPS: Of a number of specific patient groups put to them, national stakeholders chose people with **mental health conditions, older people** and **socially-isolated people** as top three priorities for research and innovation (62%, 50% and 46%). Likewise, Kent Surrey Sussex AHSN stakeholders identified the first two of these groups as priorities.

¹ In this report, the term “national” is used to refer to the total population of stakeholders who participated in this project on the invitation of all AHSNs involved. This group incorporated the stakeholders of 14 AHSNs who completed the online survey and the stakeholders from 15 AHSNs who took part in a telephone interview.

² System-level priorities refer to any aspect of the processes, infrastructure and resources used in the delivery of public health services and care. By system-level we did not mean specific conditions/ diseases, or the functionality of individual organisations and practices.

NEXT STEPS

AHSNs will facilitate further discussions at regional level to refine the priorities identified through the project. These discussions will include the research community, health and social care partners, health care practitioners, as well as patients and the public. NHS England and NIHR will consider these findings and each AHSN's final list of research priorities.