

KENT SURREY SUSSEX  
ACADEMIC HEALTH  
SCIENCE NETWORK

STAKEHOLDER RESEARCH

LOCAL FINDINGS 2019

## BACKGROUND

During summer and autumn 2019, an independent survey was undertaken of England's 15 Academic Health Science Networks (AHSNs). This research was commissioned by NHS England and NHS Improvement, and the Office for Life Sciences (OLS) to explore and evaluate the views of AHSN stakeholders. The research will support commissioners in their reviews of AHSNs, and to provide independent feedback to AHSNs from their stakeholders that include NHS organisations, researchers, private companies, government organisations, patient and public groups and voluntary and community sector (VCS) organisations.

Savanta ComRes, an independent research organisation, undertook the evaluation. With input from AHSNs and commissioners, Savanta ComRes developed and ran a 10-minute online survey and subsequently conducted 30-minute telephone interviews with up to 10 stakeholders for each of the 15 AHSNs and for the National AHSN Network.

A national report collating the feedback and key themes from across all AHSNs, can be viewed on the AHSN Network website: [www.ahsnnetwork.com/ahsn-network-stakeholder-research](http://www.ahsnnetwork.com/ahsn-network-stakeholder-research)

This report summarises stakeholder feedback and themes specifically related to Kent Surrey Sussex (KSS) AHSN.

## KEY TAKEAWAYS

1. For the most part, KSS AHSN excels in the choice of format and frequency of its **communication with stakeholders**, exemplifying a professionalism that is considered both respectful and enthusiastic.
2. Stakeholders observe the steady increase in KSS AHSN's visibility generally, although they tend to have a relationship with the AHSN on an **individual level** rather than as an organisation.
3. One point to consider is ensuring **clear communication of local workstreams** and effective **streamlining the various work streams**, are suggested by stakeholders as possible areas for KSS AHSN to consider how they maintain.

## OVERVIEW

Generally, stakeholders speak very highly of KSS AHSN, reporting multiple examples of good practice, such as the NHSE AF and TCAM projects, which interviewees believe demonstrates KSS AHSN's enthusiasm for collaboration and dedication to the partnerships they have built with their stakeholders. A minority also provide suggestions for KSS AHSN's communication strategy. For instance, ensuring the AHSN is using more contemporary forms of communication and local meets with area leads. These are primarily found in the following two groups: health or social care providers and individual patients. The points they provide for consideration reflect this, circulating information on the current local projects and workstreams being developed in the region.

## WHO WE SPOKE TO

Nine stakeholder groups were identified, and across these, 636 stakeholders identified by KSS AHSN were invited to take part 107 completed the online survey from 21<sup>st</sup> August to 16<sup>th</sup> September 2019. This represents a response rate of 17%. In addition to the online surveys, Savanta ComRes conducted follow-up interviews with 9 stakeholders between 9<sup>th</sup> September and 13<sup>th</sup> November 2019, who put themselves forward to discuss their experiences further. Specific quotas were not set for the stakeholders interviewed as interviewees were self-selecting and interviews were dependent on the availability of stakeholders and the feasibility of bookings.

Type	# SURVEYED	% SURVEYED	# INTERVIEWED
Health or social care provider	53	50% (+13)	4
NHS Clinical Commissioning Group (CCG)	22	21% (+9)	2
Research body or university	11	10%	–
Private company or industry body	6	6% (-10)	–
Local government or Local Enterprise Partnership (LEP)	5	5%	–
Individual patient or member of the public	5	5%	2
National government, agency or Arms Length Body (ALB)	3	3%	–
Voluntary and Community Sector (VCS)	2	2%	1
Patients group or public group	0	0	–
<b>Total</b>	<b>107</b>	<b>100%</b>	<b>9</b>

Thinking about your role and organisation as it relates to your engagement with AHSNs, which of the following best describes your organisation? *Base: All stakeholders answering on behalf of KSS AHSN (n=107).*  
 Percentage point difference to the average survey response rate where difference is more than 5 (n=1,155)

## INTERPRETING THE RESULTS

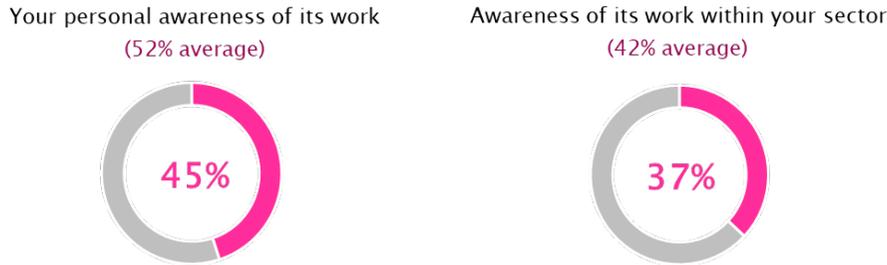
The report includes quantitative findings from the online survey and qualitative findings from interviews with local stakeholders. **The number of online survey respondents are too small to draw reliable conclusions from.** Additionally, comparisons between local survey data and the average across all AHSNs nationally are not necessarily statistically significant meaning higher or lower assessments of an individual AHSN in comparison to the national response rate may be due to the ‘play of chance’. Findings from the online survey at the level of an individual AHSN should therefore be **treated as indicative** only and used with caution.

Insights discussed in this section of the report are based on an aggregated analysis of discussions with participating KSS stakeholders. Therefore, themes described may not necessarily reflect the views of those answering and are not generalisable to all stakeholder types. For instance, **interviews were not conducted with private companies or industry bodies, research bodies or universities, local government or LEPs, national government, agencies or ALBs, or with patient or public groups.** It should also be noted that **no patient or public groups participated in the online survey, while health or social care providers make up half (50%) of**

**the participants responding to the survey for KSS AHSN.** Recommendations discussed are based on answering and are not tailored to specific types of stakeholders.

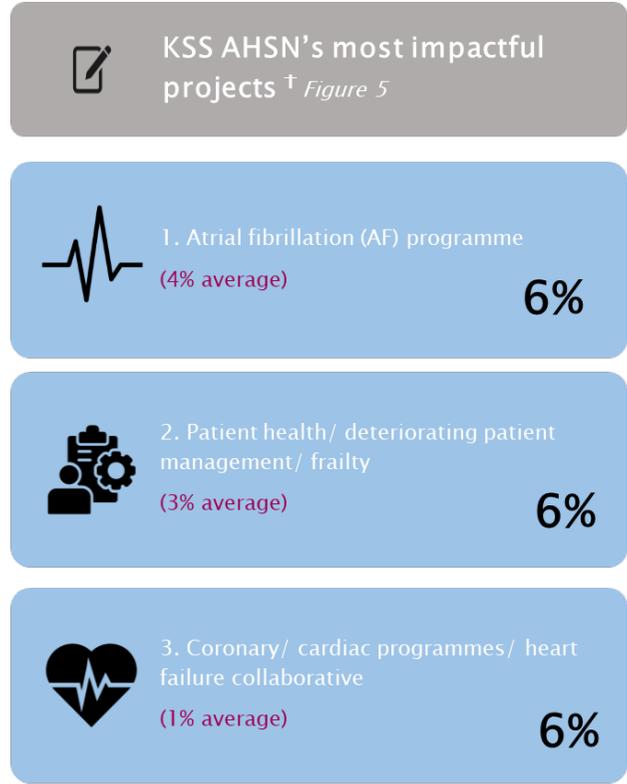
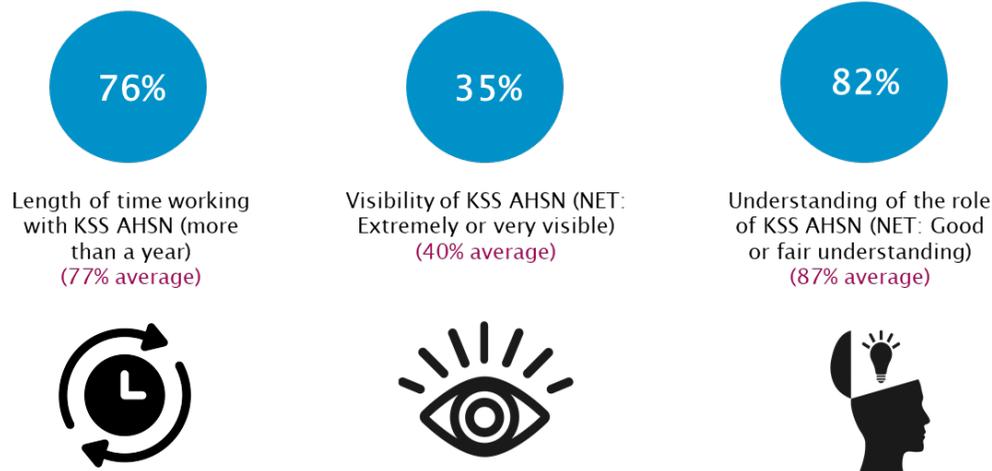
Each local AHSN report has been reviewed by a representative at the AHSN to verify the accuracy of insights and interpretations presented in each report. Savanta ComRes held **30-minute calls** with the representative to collect and incorporate such feedback. AHSNs only saw the findings in the report and not raw data collected in fieldwork.

### Awareness (NET: Extremely or very aware) *Figure 1*



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

### Knowledge and Visibility *Figure 2*



† Open text box question

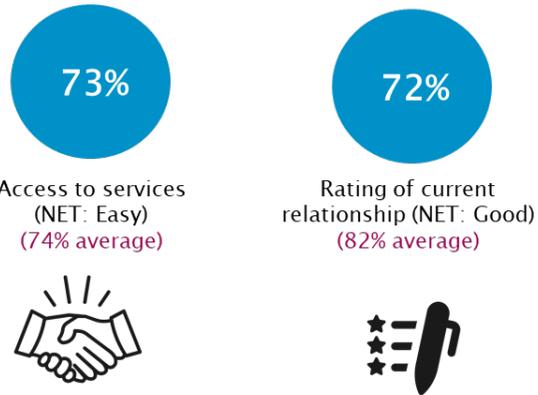
**Figure 3** – Q. Overall, how easy did you find it to access KSS AHSN services? Q. Overall, how would you rate your working relationship with KSS AHSN? How did you first find out about KSS AHSN? Base: Kent Surrey Sussex stakeholders (n=107)

**Figure 4** – Q. Thinking back over the period of time you have been working with KSS AHSN, would you say your working relationship has gotten better, worse, or is about the same? Q. Which, if any, of the following ways does KSS AHSN currently communicate with you? Q. How would you rate the effectiveness of KSS AHSN’s communications? Base: Kent Surrey Sussex stakeholders (n=107)

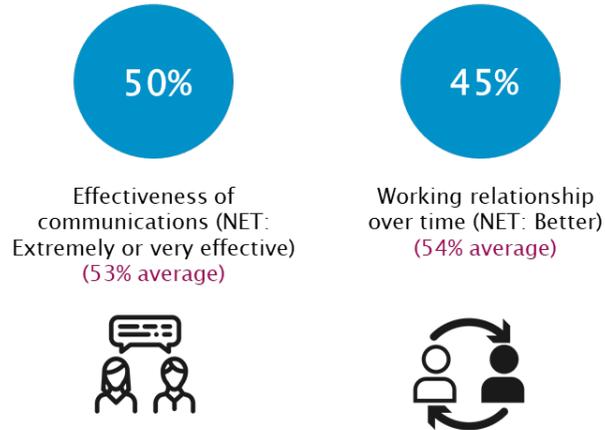
**5 Figure 6** – Q. You indicated that you have a good working relationship with KSS AHSN and/or your working relationship has gotten better over the period of time you have been working with them. Why do you say this? Base: Kent Surrey Sussex stakeholders who say this (n=79)

**Figure 7** – Q. If you could make one recommendation for improvement for the local AHSN or the National AHSN Network to focus on in the next three years, what would this be? For example, is there a service you think should be expanded, or a new offering that should be explored or delivered? Base: Kent Surrey Sussex stakeholders (n=107)

**Working with KSS AHSN** *Figure 3*



**Communication with KSS AHSN** *Figure 4*



**MOST NOTABLE FACTOR DRIVING POSITIVE EVALUATION OF KSS AHSN<sup>†</sup>**  
*Figure 6*  
Improved relationships/ good relationships over time/ established work relationships with relevant people (29% average)

<sup>†</sup> Open text box question



**TOP RECOMMENDATION FOR KSS AHSN<sup>†</sup>**  
*Figure 7*  
Coordinated/ collaborative approach towards learning, sharing, evaluation and roll-out of products/ services (13% average)

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# AREAS OF STRENGTH AND GOOD PRACTICE

## PROVIDING PRACTICAL SUPPORT WITH FUNDING AND TRAINING

Stakeholders interviewed provide accounts of positive experiences working with KSS AHSN in virtue of their high-quality practical support. Types of support mentioned by stakeholders include training, funding, and sourcing relevant contacts or information. For instance, a successful yet small scale project was able to up-scale and target a wider audience after KSS AHSN coordinated with and connected local areas within Kent, Surrey and Sussex. One health or social provider mentioned in their interview that KSS AHSN helped evaluate the work they were doing and provided practical support by initiating a launch meeting for regional community pharmacists to attend, opening channels of communication locally between pharmacists. All of these amalgamate to form a holistic and practical approach that is perceived by stakeholders to be inherently collaborative, especially since they are described as being true to their word, striving to do what they said they would.

*“The support that the AHSN have given with the training locally and the people they’ve brought in to talk to us and support on a weekly basis [has] really helped with getting that research into the pharmacists practice. Then, in turn, they’ve gone back and been asked to do that in their surgeries with the patients.”*

CCG

*“We’re currently running a project to deliver something called TCAM, Transfer of Care Around Medicines, which is a scheme where we electronically transmit information about a patient’s medicines that they are using at the time of discharge from the hospital, to a designated local community pharmacy. We started building the project up ourselves and then it became clear that they (KSS AHSN) could help us with some practical support with that project, then that learning from our experience could be cascaded to the other trusts within our area.”*

Health or social care provider

This theme is reinforced via findings from the online survey. For instance, of the stakeholders who report a good relationship with KSS AHSN, one in five (22%) attribute their good relationship with KSS AHSN to its ‘supportive and collaborative’ nature. This was the most commonly cited explanation for why stakeholders have a good relationship with KSS AHSN of those who expressed having a good relationship.

## FURTHERING STAKEHOLDER PROJECTS THROUGH EVIDENCE PROVISION

Stakeholders perceive KSS AHSN to have had a local impact in terms of implementing new innovations in the area. For example, the funding support mentioned previously is reported by the same CCG interviewee to have helped scale up this new product in the area. Another example, provided by a VCS interviewee is, KSS AHSN’s ability to compile useful and practical

evidence across the network in reference to effectiveness and impact. Thus, KSS AHSN is perceived as a reliable support network that can drive projects forward.

*“I think that they have been very effective at supporting others to get those [patient and population health] outcomes. They have secured funding for the project we’re doing, as an aspect of that for the whole of East Kent, which started off just as funding for key surgeries to use a tool called Oberoi. They initially came to us with a little bit of funding to give it a go and then this week have said that they’ve managed to get funding for every surgery in East Kent. So, that’s really positive.”*

CCG

*“I think they’re very effective. The essence is it’s just not verbal, they do provide very good evidence [of improving patient and population health outcomes] and it doesn’t mean just stats. I’m talking about evidence within the network and proving what works and encourage other people, so it’s not done in silos. So, some people will do something, and [if] it’s good, particularly on orthopaedics, they will ensure it goes right across KSS [AHSN].”*

VCS

## **ENSURING A TWO-WAY CONVERSATION WITH STAKEHOLDERS**

KSS AHSN’s approach to communicating and engaging with stakeholders is perceived to be respectful, collaborative, and always professional. Stakeholders feel heard by KSS AHSN during joint discussions, evidenced in interviews where they provide examples of KSS AHSN’s regularity in communication and ability to listen and empathise to the unique needs of each stakeholder.

*“I think it’s the collaboration and how they work with us as well. They’re always open to listen where the NHS is quite a closed shop [...] I regularly get emails from the Communications Manager. I also have one-to-ones with the Chief Executive and the Chairman as well. So, it’s a two-way conversation.”*

VCS

*“One of the things we agreed, when they took it over, is that at regular intervals, they have an opportunity to have a slot on the agenda, to highlight a particular piece of work that they are working on. The first session they did a session on bringing us up to speed with all the work they were doing in relation to medicines across the southeast. That is always useful.”*

Health or social care provider

Half (50%) of stakeholders consider their communication with KSS AHSN to be extremely or very effective. Additionally, the most cited reason for having a good relationship with AHSN staff (of the stakeholders who say they have a good or improved relationship with KSS AHSN) is established work relationships with relevant people (25%).

## POINTS FOR KSS AHSN TO CONSIDER

### CONTINUING TO GROW VISIBILITY LOCALLY

In interviews, a few stakeholders mention that they became aware of KSS AHSN fairly recently or that their relationship with the AHSN is at more of an individual than organisational level. It is in this context that interviewees suggest there is an opportunity for the AHSN to improve its reach locally. It appears that this is something KSS AHSN are already working on, with a few stakeholders interviewed saying they have noticed visibility increase since they initially started to collaborate with their local AHSN.

*“I hadn’t heard of my AHSN before the beginning of this year. I had no real knowledge of who they were or what they did. You sometimes saw their name on something, or you’d meet someone who was doing a project, but we’ve never seen any evidence of that.”*

CCG

*“I would say more visible, yes, I think there’s it’s cropping up in more discussions, more forums, more conversations [...] given that a few years back I probably wasn’t even aware that they existed and we’ve gone from that to a point where they’re actively involved in two very practical ways locally. Clearly, there is more visibility and when I talk to senior members of the trust management team about the work that we’re doing now, they are familiar with the AHSN and they are, I suspect, familiar with other projects that they’re engaged with in other sectors.”*

Health or social care provider

There is also survey evidence to suggest this a potential area for maintained focus. In comparison to the national average, KSS have a relatively low visibility to its stakeholders. On average, one in five (19%) stakeholders say their AHSN is slightly or not at all visible. However, for KSS AHSN, this rises to one in four (25%).

### COMMUNICATING BACK THE VARIOUS WORKSTREAMS ONGOING LOCALLY

Linked to the visibility point discussed, while most stakeholders are satisfied with engagement (72% surveyed rate their relationship as effective), a minority of those interviewed, particularly health or social care providers, suggest regular local meetings or remote updates to help build a holistic picture of all the different workstreams in progress in the area.

*“It would be good to have local meetings with our area leads, so we could think about that in context of what areas we should be connected to across all the AHSN workstreams, as opposed to just the workstreams that we’ve currently got involved in. It would be helpful if we had a local rep that we could meet in person with.”*

Health or social care provider

*“Using more contemporary approaches like webinars, dial-ins, where a bit of work or research is published, or has quite a far-reaching impact. Or podcasts, I think that would be helpful, so people could really understand what the work priorities are and how it fits everything else that we’re doing in the health landscape.”*

Health or social care provider

## CHALLENGES AND OPPORTUNITIES AHEAD

### ENSURING KSS AHSN MANAGES ITS RESOURCE EFFECTIVELY

Some stakeholders interviewed wonder whether KSS AHSN will have the capacity to continue providing support in all its various forms. This is especially pertinent given the opportunities stakeholders cite regarding building visibility across different groups and sharing workstreams across the local area. These stakeholders acknowledge that KSS AHSN has a finite amount of resources and time to spend on backing different stakeholder projects, and so reinforce the importance of a careful and thorough approach to deciding where the money should be spent.

*“As we evolve our practice around medicine’s optimisation, and there’s new and innovative work starting to come through, I think there’s real value in having the head room to be able to come onboard with those things as they start to emerge.”*

Health or social care provider

*“The biggest problem I see is resources. The agenda is vast, it’s exciting but the difficulty is choosing which ones to go for because everybody has something that is important to them, particularly in COPD [...] But if you can only spend that money once, you must spend it wisely to get an end product out of it, something innovative and fairly sustainable – that’s the most important.”*

VCS

### WORKING IN ‘FERTILE’ AREAS, SUCH AS MENTAL HEALTH AND MEDICINE SAFETY

Several health or social care providers and VCS stakeholders interviewed highlight the importance of AHSN support in under-funded areas of primary care, such as mental health and medicine safety. They indicate that supporting these care pathways could have a big impact on improving the lives of patients and communities alike. An interviewee in Surrey, for

example, notes that it could increase overall health and wellbeing of the population, and therefore go some way to reduce the increasing suicide rate for men and women.

*“I think there needs to be almost some sort of bespoke workstreams for mental health. I think that would really benefit us and benefit the AHSN. I think it does seem very acute-orientated. A lot of the work, or community teams, I think it would benefit, perhaps having some more consideration for how mental health providers join all these workstreams.”*

Health or social care provider

*“I think there’s a huge amount of work to do with medicines in the future and I think, if you look at the total value of medicines used by the NHS, there’s a huge amount of money there [...] If you look at the number of patients who suffer unintentional harm as a result of medicines and the impact of that on them and their families, then that is a hugely fertile ground to work in.”*

Health or social care provider

## SUMMARY OF POINTS FOR THE AHSN TO CONSIDER

Across interviews conducted, the following points emerged for KSS AHSN to consider:

- ✓ **Hosting regular local meetings** for different types of stakeholder to update them on other local workstreams going on.
- ✓ Ensuring a **variety of communicative methods** to communicate with stakeholders, ensuring they are flexible and suit the stakeholder.
- ✓ **Increasing transparency** around who to contact in case new stakeholders wish to get involved.
- ✓ Retaining an honest and open approach to collaboration.
- ✓ **Share information** concerning various workstreams between different stakeholders at a local level to grow visibility of KSS AHSN across the region and among a greater variety of individuals in organisations locally.