The AHSN Network

NIHR | National Institute for Health Research

SURVEY OF LOCAL RESEARCH AND INNOVATION NEEDS OF THE NHS

REGIONAL REPORT FOR SOUTH WEST AHSN

APRIL 2019

NHS England

REPORT OF FINDINGS

INTRODUCTION

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". This document 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).

Accordingly, the AHSN Network commissioned an independent research consultancy, ComRes, to design, implement and deliver a survey that provides a robust and detailed understanding of the innovation and research needs at regional level and across all AHSNs. The project gathered the views of regional health and social care applied research stakeholders between June and October 2018, with a total of 61 telephone interviews conducted, followed by a survey of 257 stakeholders. This exercise focused on the views of clinicians and managers rather than researchers and short to medium term priorities, so as to complement the recent *Future of Health* survey commissioned by NIHR (RAND 2017).

This report is for the use of South West AHSN stakeholders, to support the drafting of the statement of innovation and research priorities, and is not intended to be published. It summarises the key findings from the interviews and online survey, first at national level[1] for context and then in relation to the data generated by South West AHSN stakeholders. It also includes a methodology note as well as tables of the key survey questions in an appendix. Since the findings are based on a small sample size, they should be treated as indicative (see the methodology section on p. 13 for more).

The report provides an outline of the priority areas for innovation and research; however, these will require further refinement through consultation with stakeholders in order to develop specific innovation opportunities or research questions that are relevant to South West AHSN.

NATIONAL FINDINGS

Stakeholders were surveyed about priorities for innovation and research under three headings: system-level topics[2], medical treatment areas and specific patient groups. Each had between 11 and 14 options for them to choose from. The answers to these survey questions have been analysed alongside the topics that arose during the telephone interviews with stakeholders, and summarised in the table below. This sets out the themes around innovation and research and the specific priorities for each one.

Innovation and research theme	Specific priorities for innovation and research
Workforce	• Recruitment and retention of staff; • How staff perceive their roles and providing training and opportunities; • Use of alternative roles within the health service.
Mental Illness	• Mental health issues in children and young people; • Parity between mental and physical health; • Understanding and treating co-morbidities;

[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.

	• Diagnosis and treatment of dementia; • Community based support for those with mental illness.
Older People	• Care in the home and community support; • The social needs of the elderly population, and tackling social isolation; • Multi-morbidities within this demographic; • Frailty within this demographic.
Frailty	• Alternative integrated models of care; • Community care solutions; • Technology to support independent living.
Multi-morbidities	• Polypharmacy; • Parity between mental and physical health; • Integrated care pathways that promote holistic views of the patient.

When questioned about existing innovation and research, seven in ten (72%) stakeholders said that innovation and research taking place in their region partially addresses the areas they considered as a priority and one in ten (11%) said it at least mostly addresses the areas they considered as a priority. Just over half (55%) were at least reasonably confident in their ability to access current research and innovation, compared to three in ten (30%) who were at least reasonably confident about implementation of available research and innovation.

Stakeholders also emphasised the distinction between research and innovation, with research evidence published and then often left unapplied and unimplemented. In the course of the interviews and surveys, national stakeholders also made a number of suggestions to improve awareness and application of research and innovation. These included improving communications about it and increasing its profile, as well as turning research and innovation into part of day-to-day working.

REGIONAL PRIORITIES

OVERVIEW

This section presents the evidence from the survey responses and interviews with South West AHSN stakeholders. The survey was structured around asking stakeholders to identify their priority areas in terms of system-level topics or challenges; medical treatment areas; and specific patient groups. This section provides further detail around a number of the key themes that came up across these areas, including: mental health and social isolation, integrated care for patients with multi-morbidities, older people and frailty, improving the capacity and capability of primary care as well as optimising the use of digital technology and Artificial Intelligence. It also includes analysis of stakeholders' views about existing innovation and research in the South West AHSN region, including suggestions to increase awareness and implementation of innovation and research.

HOW DID THE SOUTH WEST AHSN PRIORITIES ALIGN WITH THE NATIONAL RESPONSES?

Priorities amongst South West AHSN stakeholders were largely aligned with the national findings. Top system-level challenges for South West AHSN stakeholders that were comparable to those at a national level included integrated care for those with multi-morbidities and/or complex social care needs as well as optimising the use of digital technology and Artificial Intelligence. Stakeholders also prioritised primary care, including the capacity and capability of GP services. This topic was emphasised particularly

strongly during the qualitative interviews. Based on the conversations with the South West AHSN stakeholders, these four challenges may be more highly prioritised than at a national level. On the other hand, workforce issues, such as recruitment, retention and skills were prioritised less in the survey results amongst South West AHSN stakeholders, compared to national results.

Medical treatment areas that were identified as priorities for research and innovation included mental illness, multi-morbidities and frailty. These were the same in the South West AHSN region compared to those at a national level.

Similarly, the top three specific patient groups whose care could benefit from innovation and research were the same as the national findings: people with mental health conditions, older people and socially-isolated people. However, with mental health conditions were more of a priority within the South West AHSN survey responses than in the national findings.

DETAILED FINDINGS

MENTAL HEALTH

Mental illness stood out as the most highly prioritised medical treatment area for South West AHSN stakeholders. Additionally, those with mental health conditions were prioritised most highly among the specific patient groups tested. Several stakeholders flagged that suicide was a particular regional concern, with a need for more effective service models to address mental illness, especially when combined with other conditions. For example, in qualitative interviews, the importance of moving away from a narrow idea of mental health and a focus on pharmacological interventions and towards a whole-person approach to health and wellbeing was emphasised. For example, comparing the effectiveness of different types of interventions rather than using only traditional methods of comparing efficacy between two anti-psychotic drugs. Other stakeholders called for more evidence and guidance in how to identify particular signs of mental health problems; better implementation of screening, diagnosis and referrals of patients with mental health issues throughout the healthcare system to better work alongside physical heath treatments ; as well as more evidence on the role of the community in suicide prevention and mental health support.

> *"I'd say it's getting away from a very narrow idea of mental health, as being a specific issue, and moving as rapidly as possible towards an understanding of health and wellbeing, the role of that in particular. If you think about long-term conditions, you think that what the evidence says is if you've got two long-term conditions, you will get depression as well. You know, you're almost guaranteed that."*
>
> **CCG Long Term Conditions Commissioning Manager (Commissioner)**

> *"Developing effective service models, especially for common mental illnesses and dual diagnosis e.g. mental illness and substance misuse or mental illness and developmental disorders."*
>
> **Online survey respondent**

> *"Whilst there is good evidence for medication treatments and some evidence for psychological therapies, there is little robust evidence for service models, workforce models etc. We have only limited evidence about how to prevent suicides at a health service and a community level."*
>
> **Online survey respondent**

"We've got high rates of suicide in Cornwall. That's an area again that seems to be not well researched."

Consultant in Public Health (Social Care)[3]

When asked for the key challenges relating to people with mental health, South West AHSN stakeholders highlighted a number of ideas for future research and innovation. These included need to innovate to address capacity issues in mental health services; the need to evidence a divestment from physical healthcare to mental healthcare to address the disparity in funding; an accurate risk assessment of suicide and a need for a more comprehensive evaluation of interventions across a range of multi-morbidities.

"Currently lots of patients come into general services as access to mental health services is hard due to demand. Improving access for people [through innovation] would be the biggest challenge."

Online survey respondent

"We do need a lot more research and innovation in [the area of mental health]. We know we don't invest in mental health as much as we do in physical health. We need to, because there's no more money, disinvest in those physical healthcare settings and invest in those alternatives that will make a difference…being able to evidence that certain alternative interventions, either from a therapy treatment or social infrastructure point of view or lifestyle means there is a reduction in need for those physical healthcare settings is really important."

Anonymous stakeholder interview

"To date, there has been little implementation of evidence for primary and secondary prevention of mental illness. The topic presents a complex mixed aetiology of social determinants, adverse childhood experiences and life events. A more comprehensive evaluation of biopsychosocial interventions, including when treatment interventions can be harmful, would add significantly to progress."

Online survey respondent

"[Evidence gaps exist in relation to] accurate risk assessment of suicide – effective treatment for psychosis – effective treatment for disorders of personality and trait – borderline, anti-social, etc. – side effects reduction – novel effective models of intervention – multi-morbidity – LD [Learning Difficulties]/autism/MH [Mental Health] and challenging behaviour."

Online survey respondent

SOCIALLY-ISOLATED PEOPLE

Socially-isolated people were a group frequently raised in qualitative interviews and open-ended survey responses, frequently in relation to mental health and wellbeing. In particular, it was felt that the geography of the region leads to particular challenges in this respect and that there is a need for building more resilient community support networks. However, there were also cases where it was felt that this issue was a national problem rather than one specific to the South West.

[3] Stakeholders fell into 11 broad categories based on the stakeholder's job title, organisation and specialisation: Acute, CCG (Clinical Commissioning Group), commissioner, community, ICS (Independent Clinical Services), mental health, NHSE, primary care, public health, social care and STP (Sustainability and Transformation Partnerships). Throughout the report, quotations are presented with the job title and role category of the stakeholder they belong to.

"We struggle to coordinate around communities that have clearly got a lot of people who are socially-isolated and I think people don't really know how to approach it. There are lots of approaches that the voluntary sector put in place but we're not really confident that those interventions have a good evidence base so they're not commissioned. So, I think there's a big gap and this is something I know is a growing issue. It's got a big impact on wellbeing, so that would be one."

Consultant in Public Health (Social Care)

"Loneliness and its impact on an individual's morbidity and mortality. Older people and younger people... challenge of how we connect people back into their social systems in a way that is meaningful to them. Not particularly specific to SW [South West], a national problem."

Online survey respondent

"For us in particular, we do have an issue with social isolation from a rural and networking point of view. So, a lot of our thinking more recently is about building strong and resilient communities and the impact that that has on health and wellbeing…that's, you know, a hypothesis we work on, that, actually, if you're a strong and resilient community with good support, network groups, voluntary sector, things that meaningfully occupy people's time and connects people with each other, that has an impact on their ability to stay independent and well at home and out of our hospitals."

Anonymous stakeholder interview

INTEGRATED CARE FOR PATIENTS WITH MULTI-MORBIDITIES

In line with national findings, South West AHSN stakeholders viewed integrated care for those with multi-morbidity and/or complex social care needs as a top priority for research and innovation, with over half placing it in their top three system-level topics. The challenge of multi-morbidities was also prioritised by most South West AHSN stakeholders as a top three medical treatment area. Whilst the topic of multi-morbidities was sometimes discussed in relation to a particular treatment area in the qualitative interviews (for example, heart and respiratory diseases, diabetes and cancer), it was mostly mentioned in relation to the idea of the development of a new system-level integrated approach. Discussions involved the need for a shift from traditional condition-specific interventions, in light of an ageing population with increasingly complex conditions.

"How do you account for a population that's increasingly sick and increasingly complex? I do think that I'm afraid that a lot of the urgent, emergency care policy stuff is still based on that episodic idea that people are basically well, and then they have an urgent care need which is resolved, then they go back to leading an ordinary life not needing any intervention… Often what you see is that complex condition hasn't been managed in an optimal way, and that leads to an urgent care presentation."

CCG Head of Primary Care Development (Commissioner)

"In general, I find that when I'm looking for evidence around social care interventions, thinking of us as a whole system, we'd like to be able to understand what works in terms of social care interventions to support people in terms of their health and care

needs. This seems to be that the NHS is focusing on those clinical interventions and even public health interventions at the exclusion really of a lot of social care approaches."

Consultant in Public Health (Social Care)

"Much of the evidence base and guidelines that are issued relate to single disease entities. However we know that with an increasingly elderly population many of these people are living with quite a number of long-term conditions. This results in polypharmacy and even within a single disease we know there is a resultant diminishing return for increasing number of prescriptions, with multi-morbidities the diminishing return is compounded by increasing interactions and safety concerns resulting from polypharmacy. However the quality of the evidence that underlies this is often poor."

Online survey respondent

In qualitative interviews and open-ended survey responses, South West AHSN stakeholders highlighted the need for nationally-recognised training programmes, focusing on how to best care for patients with multi-morbidities, as well as research and innovation into novel integrated care models and professional roles. Specific links were also made to filling evidence gaps about effective mental health support and suicide prevention into integrated care models.

"Novel and different approaches to integrated care... changing professional roles to adapt to integrated care…financial modelling for complexity health and social problems…moving beyond NICE [National Institute for Health and Care Excellence] and condition-specific RCTs [randomised control trials] for complex presentation of health and social care."

Online survey respondent

OLDER PEOPLE

Several South West AHSN stakeholders highlighted older people as a group that was a particular priority for the region as well as the challenges of an ageing population with multi-morbidities and health and social care needs. Stakeholders felt that innovation was required in particular to explore how to support older people at home, for example through the development of technological infrastructure, but that research was needed to evidence the effectiveness of interventions trialled. An online survey respondent warned that pharmaceutical research often excludes older people (e.g. from 80 or 85 years and above) and that evidence is needed to support the prescription or de-prescription of pharmaceutical treatments in elderly cohorts.

"The housing position seems too binary: live at home until it becomes unsuitable, then (once the carer – usually the person's partner – can't cope) move to a retirement (usually expensive) home. How can technology allow both new build and retrofitted housing become places of 'health support…what's the right technology infrastructure to engage with older people? Is it smartphones/tablets (silver surfers vs technology ignorance) or smart TVs?'"

Online survey respondent

"I think there's a big evidence gap issued in relation to social isolation and loneliness, and what works in some interventions. I've not found enough evidence or programmes that seem to have good effectiveness that we could adopt here. There are just those sorts of issues for our ageing population and our larger amount of older people."

Consultant in Public Health (Social Care)

FRAILTY

Frailty was also raised as a top three specific medical priority requiring research and innovation, but to a lesser extent than mental illness and multi-morbidities. South West AHSN stakeholders focused their discussion on building a health and social care system that adopts a more preventative approach. Specific examples included more research and innovation into population analytics, for targeting patients at risk of frailty, as well as potential community care solutions for identifying and supporting those with current frailty issues. In particular, stakeholders stated how important it is that research and innovation recognises that frailty is not solely a problem for the elderly; it should focus on frailty of people at a younger age (e.g. aged 40+) in order to shift towards a more preventative system of care.

"So, we've done a lot of work in terms of linking up our data sets and being able to analyse, so the population health analytics stuff and being able to risk stratify our population in terms of frailty. I don't mean frailty as in being old and fragile, but frailty in the true definition, which can affect people in their 40s and 50s, because we know those people have a higher propensity to need acute care and emergency admissions and then working much more upstream."

Anonymous stakeholder interview

"Where are the gaps? Frailty, we know diagnosis of frailty can predate a crisis by up to ten years and it's about that there is a great opportunity here actually, because frailty is not just elderly, it's people who have started developing long term conditions and started to go a bit wobbly. [What are] the most effective and most impactful interventions, and who should be doing what? What is the evidence and value around some of the social prescribing models to support frailty at an earlier stage? Not when they're that severely in crisis and high level frailty, but more the mild to moderate, because that's where there's huge opportunity to impact around prevention."

CCG Long Term Conditions Commissioning Manager (Commissioner)

IMPROVING THE CAPACITY AND CAPABILITY OF PRIMARY CARE

Primary care, including the capacity and capability of GP services, was flagged as a top three system-level challenge by several South West AHSN stakeholders. Whilst identified as a top three priority to a lesser extent in the online survey compared to integrated care or digital technology, it became apparent during the qualitative interviews that stakeholders perceived there to be widespread primary care workforce issues in the South West AHSN region. On the other hand, it is worth noting that the high quality of the provision in the region despite these issues was emphasised, highlighting that all practices rated as good or outstanding in a national survey in 2018, which benchmarked the region well above the national average.

"The vulnerability is in the provision, and actually GPs on the ground. So, anything in terms of research that shows how we can, at pace, make those GPs' lives better, so that we can attract and keep people being GPs. 20, 30 years ago, that wasn't an issue, people wanted to be a GP and they were a GP for a certain reason. Now, we're really struggling, people are leaving the system well before they turn 60."

CCG Director of Strategy (Commissioner)

Stakeholders called for more research and innovation in a number of specific topics within primary care. These covered addressing workforce type challenges, including how to attract more people to primary care as a career; improve staff satisfaction, retention and training as well as assessing the future role of the GP, particularly in light of technological developments. Stakeholders also flagged the need to consider alternative and innovative service delivery to relieve pressure on GP services, for example other topics mentioned included evidencing the positive financial impact of social prescribing; the effectiveness of lifestyle and preventative advice in a primary care setting; addressing public concern around information sharing; as well as how to better engage more vulnerable patients who do not attend the practice (e.g. travellers, migrant workers or homeless people). Innovation was also mentioned in terms of better collaboration between practices and within the community, along with delivering services to rural areas. More specifically, one stakeholder highlighted a model of good practice in Israel, mentioning how it has transformed its primary care service through innovations and improvements to GPs' lives over the past twenty to thirty years.

"Need to understand the needs of primary care. What will retain staff? What ways are there to integrate the skill of AHPs (Assistant House Physicians)? What innovations will facilitate flexible working? How [do we] overcome public concern of information sharing? How does primary care / community care / locally based care work to [the] best affect? What is the future role of primary care? Is it the gateway to the rest of the system? How do we equip primary for the future? What diagnostics what IT will help this? How do we up-skill AHPs to undertake some of the work that GPs traditionally do? If the role of the GP is going to change in the future, what education will they need to equip them?"

Online survey respondent

"Understanding how to maximise the benefits of increased at scale working and broader skill mix in GP primary care without increasing the volume of contacts and complexity/cost of the service delivery model."

Online survey respondent

"There needs to be an understanding of how to match (possibly reduce demand) demand vs. capacity and consider how to utilise other means of delivering treatment. This may include non-medical interventions and more peer support and social prescribing. [There is a need for] evidence of successful QI programmes with good metrics and evidence of the importance of local context on the success or otherwise of projects. Evidence on wellbeing and health of the community rather than on specific aspects of care or disease processes. Evidence of improved collaboration

between primary care, acute trusts and mental health alongside non-medical support."

Online survey respondent

OPTIMISING THE USE OF DIGITAL TECHNOLOGY AND ARTIFICIAL INTELLIGENCE

South West AHSN stakeholders also acknowledged the need for research and innovation in order to optimise the use of digital technology and Artificial Intelligence, with stakeholders ranking it as their second highest system-level priority. It was also raised as an area of focus in qualitative interviews and open-ended survey responses, with stakeholders highlighting the many opportunities that technology may offer to improve information sharing, productivity, diagnosis and patient caseload management as well as to overcome geographic barriers specific to the South West region.

Stakeholders provided a range of research and innovation topics specific to digital technology. Whilst some mentioned the need for technological innovation in order to better resource primary care services, another mentioned the need for evidence in a secondary care setting. For example, the effectiveness of digital interventions among people suffering from physical disabilities, mental disabilities, severe mental health conditions and/or long-term conditions. One stakeholder also warned that the introduction of emerging technologies into healthcare services will need to be conducted in partnership with staff and patients, in order to ensure that potential cultural barriers are overcome. Examples mentioned included the mitigation of potentially negative public perceptions towards Artificial Intelligence as well as the need for tailoring it for elderly patients, those with complex needs or those who are not tech-savvy.

"In relation to technology, we really are missing a trick. So, if you think about the way that the rest of our lives have transformed in the last one year, five years, ten years, and generation, the way we deliver care in both health and social care, the way that people stay well and connect is nothing like the rest of their lives. If you think about our rural geography; is expecting people to travel still appropriate if we have the right technology to do something different?"

CCG Director of Strategy (Commissioner)

"Digital: sharing of information across providers including primary care and social care; interfaces between different systems; joined up, strategic approach to system procurement across the Sustainability and Transformation Partnership (STP) area. Artificial intelligence: the logical benefits for improving productivity and quality (particularly in relation to supporting workforce challenges) is clear to most people from an introduction of this type of technology, but there are large cultural issues to overcome which may represent significant barriers to the introduction of this technology… how staff feel about using the technology is as important as the physical existence of the emerging technology."

Online survey respondent

EXISTING INNOVATION AND RESEARCH

All stakeholders said that existing innovation and research at least partially addressed the areas they considered a priority and that they were aware of existing innovation or research activity taking place in the region. These results should be treated as indicative but could encourage South West AHSN to engage further with their stakeholders about innovation and research priorities. This was reflected in at least one stakeholder's qualitative interview:

"Locally, well, we've got a strong AHSN who has been really mobilising and growing …which all demonstrates really good work. [However], is it strategically aligned to what we're trying to do as a system? As a Sustainability and Transformation Partnership (STP)? And [is it aligned] to what our national mandate is as well as our local demographic? I think there's probably still a gap."

CCG Director of Strategy (Commissioner)

When asked about areas of research that could be cut to make room for others, the majority of stakeholders said either that there were none that they could think of or that they didn't feel qualified to answer. The remaining stakeholders thought that there was an imbalance in the funding that cancer research received in comparison to mental health and dementia research. Another felt that the emphasis on introducing new technology should be rebalanced with that given to developing innovation capability to organisations' systems and processes. On the other hand, one respondent felt that some condition-specific research could not reasonably be applied to the real world.

More than half of the stakeholders said they were at least reasonably confident that they could access innovation and research, with a similar number saying the same of implementation. During the qualitative interviews, stakeholders felt that innovation and research could be used in a more strategic way. Many said that it was important to ensure NHS staff are aware of and engage with relevant innovation and research. For example, through better communication; improved integration into the health and social care infrastructure; improved training; better support to facilitate knowledge transfer; better sharing of the evidence behind the benefits from adoption of new research and/or innovation. One stakeholder felt that a cultural change is important to ensure that innovation and research is always focussed on areas likely to have greatest impact, and avoids duplicating efforts in different regions.

"The development of 'innovation' centres that influence and can practically support the development of research and innovation. AHSN can fit some of the bill but this requires co-opting the approach into clinical practice at the organization level. More academic / clinical or academic / leadership tie-ups to both spread research as well as evidence and inform research topics."

Online survey respondent

"The other thing is, and this is probably not unique to us in Devon, accessing other people's evidence base, [so] that you don't have to create your local one. So, I think we need to be more, as a philosophy, adapting and adopting, rather than trying to constantly research our own to build our own evidence base."

CCG Director of Strategy (Commissioner)

METHODOLOGY

The project was designed with the intention of capturing the views of senior health and social care stakeholders who work in a range of roles and practice areas, allowing for the variation in views to be observed while also arriving at an overview of the top priority innovation and research needs of a robust sample of regional stakeholders. The project consisted of two stages, a programme of qualitative telephone interviews with senior health and social care stakeholders followed by an online quantitative survey amongst a broader range of regional stakeholders.

The project was conducted with NHS stakeholders from all 15 AHSN regions. Where 'national' findings are referred to in this report and in the individual AHSN statements this refers to the results of the survey of 14 sets of AHSN regions' stakeholders and evidence from interviews for all 15 AHSNs.

STAGE 1: QUALITATIVE TELEPHONE INTERVIEWS

61 regional healthcare stakeholders were recruited to take part in semi-structured audio-recorded interviews. Each in-depth interview lasted 45 minutes and was conducted over the telephone. Stakeholders were identified by individual AHSNs based on a set of criteria determined by the project governance group. All stakeholders were required to be key systems leaders who could provide insight into regional innovation and research needs, but without responsibility for research in their role, and with a range of knowledge to reflect the diversity of the medical practices areas covered by the NHS. All stakeholders submitted by the individual AHSN regions were reviewed and approved by the governance group before being formally invited for interview.

Stakeholders held a range of job titles, including Chief Executives, Directors of Strategy, Medical Directors and other senior stakeholders across health and social care systems. Stakeholders fell into 11 broad categories based on the stakeholder's job title, organisation and specialisation: Acute, Clinical Commissioning Group (CCG), commissioner, community, Independent Clinical Services (ICS), mental health, NHSE, primary care, public health, social care and Sustainability and Transformation Partnerships (STP).

Role category	All AHSNs
Sustainability and Transformation Partnerships (STP)	20 (33%)
Acute	15 (25%)
Social Care	7 (11%)
Primary Care	1 (2%)
NHS England	1 (2%)
Mental Health	7 (11%)
Clinical Commissioning Group (CCG)	1 (2%)
Public Health	2 (3%)
Commissioner	6 (10%)
Community	1 (2%)

Independent Clinical Services (ICS)	1 (2%)

Table 1: Role category of stakeholders taking part in interviews

For South West AHSN, five stakeholders agreed to take part in a 45 minute telephone interview. Four stakeholders agreed to waive their anonymity and have their comments attributed to them in the report. Their role titles were: CCG Head of Primary Care Development (Commissioner), CCG Long Term Conditions Commissioning Manager (Commissioner), Consultant Colorectal Surgeon (Acute), CCG Director of Strategy (Commissioner) and Consultant in Public Health (Social Care).

All interviews were conducted by members of the core project team, and before each interview consultants ensured they were familiar with the context of the interview and the stakeholder being interviewed, and were aware of the most relevant parts of the interview to the project objectives. The interviews followed a discussion guide which was developed in collaboration with the governance group and had an open format to allow for stakeholders to answer priority questions while also having the opportunity to express unprompted views on NHS innovations and research needs. The interviews covered three key topic areas:

- Uncertainties and challenges in health and social care at a regional level, including around national priorities, clinical practice, commissioning and organisation of services;
- What innovation and research is required to address these challenges;
- Opportunities and ideas for approaches to innovation and research in the future.

In terms of the analysis of data, each interview was transcribed, with the permission of the stakeholder, and was then reviewed by a member of the project team, other than the moderator. Members of the project team then met to discuss the research findings, analysis and direction of the report, identifying themes within regions and across them. All qualitative reports were proofed and checked by a ComRes consultant not involved in the project to provide a fresh perspective and objective point of view.

ComRes used the data from the qualitative interviews to develop an online survey for stakeholders. Throughout this report, quotations and key points from the interviews have also been used alongside the evidence from the online survey to illustrate or contextualise commonly-held opinions.

STAGE 2: ONLINE SURVEY

Using the emerging findings from the telephone interviews, a survey was designed to test the views of a wider set of stakeholders from across AHSNs, but within similar roles within the NHS. This survey was conducted throughout September and October 2018. 1240 stakeholders were approached to complete the survey and 257 completed it, resulting in a response rate of 21%. The survey consisted of 22 questions in total, and a copy of the questionnaire can be found in the appendix.

As with the telephone interviews, stakeholders for the survey were identified by individual AHSNs, based on the same set of criteria provided by the project governance group, but allowing for a wider range of seniority of role to capture a broader set of views from senior health and social care stakeholders. A breakdown of the job roles can be found in Table 2 below.

Of the stakeholders who were put forward by South West AHSN, 13 answered the online survey, a response rate of 15% from the 85 stakeholders approached to participate. When asked to select the label that best described their current role, very similar proportions of South West AHSN stakeholders selected the same role titles compared to all AHSN stakeholders. No stakeholder – of South West or any other AHSN – selected the title of social care practitioner as one that best described their current role.

Role title	South West AHSN	All AHSNs
Clinical practitioner in the NHS	2 (15%)	43 (17%)

Clinical leader/manager/director	5 (38%)	87 (34%)
Non-clinical leader/manager/director	3 (23%)	63 (25%)
Director	3 (23%)	40 (16%)
Social care practitioner	-	0 (0%)
Other	-	24 (9%)

Table 2: Role titles of stakeholders responding to online survey – South West AHSN compared to all AHSNs

ComRes are specialists in conducting stakeholder surveys and followed a process designed to maximise response rates while guarding these stakeholder relationships and complying with ethical and GDPR survey requirements. Survey stakeholders were notified by their respective AHSN regions in advance of the survey invitations being sent. All those identified as appropriate to participate were then invited by ComRes to participate in the research, with subsequent follow-ups by individual AHSN regions, in order to encourage stakeholder support for the project. Each stakeholder was sent unique link in order for ComRes to track completes across the different AHSN regions.

PROJECT DESIGN LIMITATIONS

As with any project, a few limitations in the project design and/or process were encountered which are useful to document.

- There are relatively small sample sizes across the different regions for the quantitative survey, meaning that little regional analysis could be done, as it would not be statistically robust.
- North East and North Cumbria had fieldwork dates that were two weeks shorter than all other regions; however their response rate is still comparable to other regions.
- Some AHSNs achieved fewer interviews than others. This meant that different levels of qualitative data were available to triangulate the quantitative findings at individual AHSN-level, making detailed analysis more challenging.
- The sample was a purposive one, identified by the AHSNs themselves; therefore, in terms of interpretation, it is possible that some viewpoints may have been excluded from this research, and that some other perspectives on innovation and research may be missing.
- Whilst social care practitioners were included in the sample, none responded to the survey, resulting in their specific views not being represented across both elements of this project.
- For the quantitative survey, only 14 AHSNs have data available, as Imperial College AHSN did not have enough respondents to provide a survey list, meaning their report is based on only the qualitative data.
- Several questions on the survey were closed-answer, which may have influenced the way in which respondents answered the questions; however, an 'other' option, which asked them to specify any other priority area they had, would have helped in minimising the impact of this.
- At an overall national level, the quantitative survey findings are robust enough to be considered alone, and the qualitative survey offers an overall picture of stakeholders needs across different AHSN regions. However, deeper analysis based on crossbreaks of the data has been limited by the low sample sizes that are observed when looking in detail on this level.

A copy of the full questionnaire wording for the online survey is available as an Annex to the national report 'National Survey of Local Innovation and Research Needs of the NHS: Full Report' (January 2019).

APPENDIX: TABLES

Table 3: System-level Challenges

	Top 3 Highest priority: South West AHSN	Top 3 Highest priority: National
Integrated care for those with multi-morbidity and/or complex social care needs	7 (54%)	99 (39%)
Optimising use of digital technology and Artificial Intelligence	6 (46%)	86 (33%)
Primary care, including capacity and capability of GP services	5 (38%)	69 (27%)
Community care, such as social prescribing and patient self-management	4 (31%)	58 (23%)
Earlier diagnosis and intervention	3 (23%)	46 (18%)
Evaluation of the impact of health and social care service developments and initiatives	2 (15%)	47 (18%)
Workforce issues, such as recruitment, retention and skills	2 (15%)	106 (41%)
Improving quality and efficiency within organisations	2 (15%)	64 (25%)
Education amongst patients and the public on health conditions or encouraging healthy behaviours	2 (23%)	55 (21%)
Social determinants of health and health inequalities	2 (15%)	33 (13%)
Demographic changes, such as an ageing population or ethnic profile of a population	1 (8%)	28 (11%)
Geographic variation such as urban and rural differences	1 (8%)	3 (1%)
Urgent and emergency care, such as demand on capacity and decision making	1 (8%)	51 (20%)
Personalising treatment and interventions	-	26 (10%)

Q4. There are a number of challenges currently facing England's health and social care system. We are particularly interested in challenges that innovation and research could help to solve, rather than funding or resource pressures. With this in mind, of the following system-level topics listed below, which three would you prioritise for innovation and/or research in the next 3 years to address challenges in your local health and social care system? Base: all respondents nationally (n=257); all respondents from South West AHSN (n=13)

Table 4: Medical Treatment Areas

	Top 3 Highest priority: South West AHSN	Top 3 Highest priority: National
Mental illness	11 (85%)	147 (57%)
Multi-morbidities	8 (62%)	118 (46%)
Frailty	6 (46%)	112 (44%)
Obesity	4 (31%)	77 (30%)
Palliative and end of life care	3 (23%)	46 (18%)
Dementia	3 (23%)	79 (31%)
Respiratory diseases, including asthma	1 (8%)	25 (10%)
Cancer	1 (8%)	30 (12%)
Cardiovascular and stroke	1 (8%)	38 (15%)
Musculoskeletal	1 (8%)	20 (8%)
Sexual health	-	8 (3%)
Diabetes	-	42 (16%)
Maternity and peri-natal care	-	29 (11%)

Q8. Of the following medical treatment areas listed below, which three would you prioritise for innovation and/or research in the next 3 years to address challenges associated with them in your local health and social care system? Base: all respondents nationally (n=257); all respondents from South West AHSN (n=13)

Table 5: Specific Patient Groups

	Top 3 Highest priority: South West AHSN	Top 3 Highest priority: National
People with mental health conditions	12 (92%)	160 (62%)
Older people	8 (62%)	129 (50%)
Socially-isolated people	7 (54%)	117 (46%)
Children and young people	4 (31%)	84 (33%)
People with alcohol and/or substance dependency and misuse	3 (23%)	56 (22%)
Those from lower income backgrounds	2 (15%)	80 (31%)
People with learning disabilities	2 (15%)	46 (18%)
Lesbian Gay Bisexual Trans+ (LGBT+) people	1 (8%)	9 (4%)
Black Asian and Minority Ethnic (BAME) people	-	31 (12%)
People with physical disabilities	-	18 (7%)
Homeless people	-	41 (16%)

Q13. There may be specific challenges in providing health and social care for the groups of people listed below. Where should innovation and or/research be focused in order to address the specific challenges associated with these groups in your region? Base: all respondents nationally (n=257); all respondents from South West AHSN (n=13)

Table 6: Research Priorities

	Total: South West AHSN	Total: National
It fully addresses the areas I consider a priority	-	3 (1%)
It mostly addresses the areas I consider a priority	1 (8%)	24 (9%)
It partially addresses the areas I consider a priority	12 (92%)	158 (61%)
Research and innovation does not address the areas I consider a priority	-	36 (14%)
I am not aware of the innovation and/or research activity taking place in my local area	-	36 (14%)
NET: At least mostly addresses	**1 (8%)**	**27 (11%)**
NET: At least partially addresses	**13 (100%)**	**185 (72%)**

Q18. To what extent does the innovation and research taking place in your region currently address the areas you consider a priority, as outlined in your answers so far? Base: all respondents nationally (n=257); all respondents from South West AHSN (n=13)

Table 7: Confidence in ability to access and implement available innovation and research

	Access (South West AHSN)	Access (National)	Implement (South West AHSN)	Implement (National)
Very confident	1 (8%)	21 (8%)	-	7 (3%)
Reasonably confident	7 (54%)	121 (47%)	6 (46%)	70 (27%)
Slightly confident	4 (31%)	84 (33%)	6 (46%)	124 (48%)
Not at all confident	1 (8%)	31 (12%)	1 (8%)	56 (22%)
NET: At least reasonably confident	**8 (62%)**	**142 (55%)**	**6 (46%)**	**77 (30%)**
NET: At least slightly confident	**12 (92%)**	**226 (88%)**	**12 (92%)**	**201 (78%)**

Q20. How confident are you that you can access and implement available innovation and research in your region? Base: all respondents nationally (n=257); all respondents from South West AHSN (n=13)