The AHSN Network



SURVEY OF LOCAL RESEARCH AND INNOVATION NEEDS OF THE NHS

REGIONAL STATEMENT FOR HEALTH INNOVATION MANCHESTER (AHSN FOR GREATER MANCHESTER)

APRIL 2019



HEALTH INNOVATION MANCHESTER: 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 HEALTH INNOVATION MANCHESTER

Of the stakeholders identified by Health Innovation Manchester, 5 stakeholders were interviewed and 11 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 Health Innovation Manchester stakeholders.¹

Key themes emerged in the national findings to do with workforce issues, mental health, an aging population, multi-morbidities, and frailty. Within these high-level issues, challenges around new models for organisational and service delivery, and use and application of digital technology are areas where participants felt innovation and research could help.

SYSTEM-LEVEL PRIORITIES²: When asked about system-level challenges, 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 the use of **digital technology and Artificial Intelligence (AI)** (33%). Health Innovation Manchester stakeholders considered the same system-level challenges to be the top priorities, and also mentioned evaluation of the impact of health and social care service developments and initiatives, and earlier diagnosis and intervention as important.

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 innovation and research (57%, 46% and 44% respectively). Findings from Health Innovation Manchester also reported the same medical treatment areas as a priority, and dementia also emerges as a top priority.

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

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 do not mean specific conditions/ diseases, or the functionality of individual organisations and practices.

for research and innovation (62%, 50% and 46%). Again, the national findings were supported by this small sample from Health Innovation Manchester, with mental health and socially-isolated people mentioned as top priorities, as well as children and young people and those from lower income backgrounds.

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.