

# HEALTH INNOVATION MANCHESTER

## 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 Health Innovation Manchester (HIM).

## KEY TAKEAWAYS

- 1 A key positive for Health Innovation Manchester is that stakeholders have noticed significant **improvements in recent years**. Some specify that they have noticed a transformation in HIM's leadership and support provided, enabling them to deliver excellent pieces of work.
- 2 To maintain this momentum, stakeholders want to see Health Innovation Manchester having a significant **impact on the key issues** in the health sector moving forward. In addition, some suggested visibility could grow beyond their core group of stakeholders.
- 3 Stakeholders also express the importance of ensuring the **best use of the devolved health and social care budget** to focus on the priority areas for the region.

## OVERVIEW

Based on interviews, stakeholders have highly favourable impressions of HIM, particularly due to the recent changes in the way the AHSN has worked in the region over the last few years. They often praise the way they work collaboratively with them, using their expertise to develop successful partnerships. Areas for consideration noted are similar to those

affecting other regions, with HIM’s stakeholders referencing a need for wider visibility in the health and care sector and ensuring they have an impact on the major issues for the sector. Crucial opportunities for the future are highlighted in relation to how they can best use the devolved health and social care budget to focus on the priority areas for the region.

## WHO WE SPOKE TO

Nine stakeholder groups were identified, and across these, 170 stakeholders identified by HIM were invited to take part; 50 completed the online survey from 21st August to 16th September 2019. This represents a response rate of 29% which is in line with the industry average for this type of survey. In addition to the online surveys, Savanta ComRes conducted follow-up interviews with 9 stakeholders between 9th September and 13th 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 stakeholders’ availability and feasibility of bookings.

Type	# SURVEYED	% SURVEYED	# INTERVIEWED
Private company or industry body	12	24% (+8)	2
Research body or university	12	24% (+12)	2
Patients group or public group	7	14% (+10)	1
Health or social care provider	6	12% (-25)	1
NHS Clinical Commissioning Group (CCG)	5	10%	1
Individual patient or member of the public	3	6%	1
National government, agency or Arms Length Body (ALB)	2	4%	1
Local government or Local Enterprise Partnership (LEP)	2	4%	-
Voluntary and Community Sector (VCS)	1	2%	-
<b>Total</b>	<b>50</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 Health Innovation Manchester (n=50).

Percentage point difference to the average survey response rate where difference is more than 5 (n=1,155)

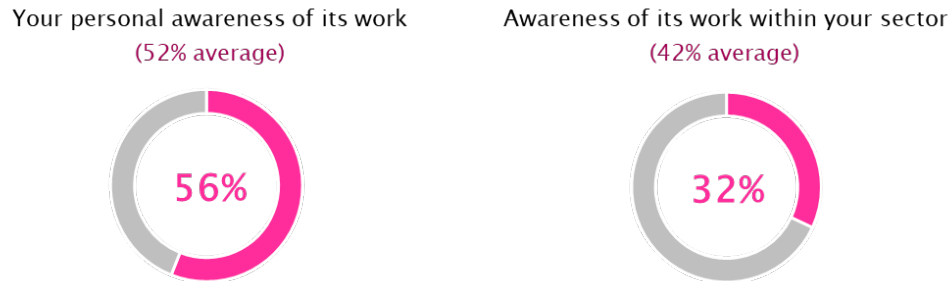
## INTERPRETING THE RESULTS

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 are based on an aggregated analysis of interviews with participating HIM 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 conducted with almost all stakeholder sub-types with the exception of local government or LEP stakeholders or those from a VCS.**

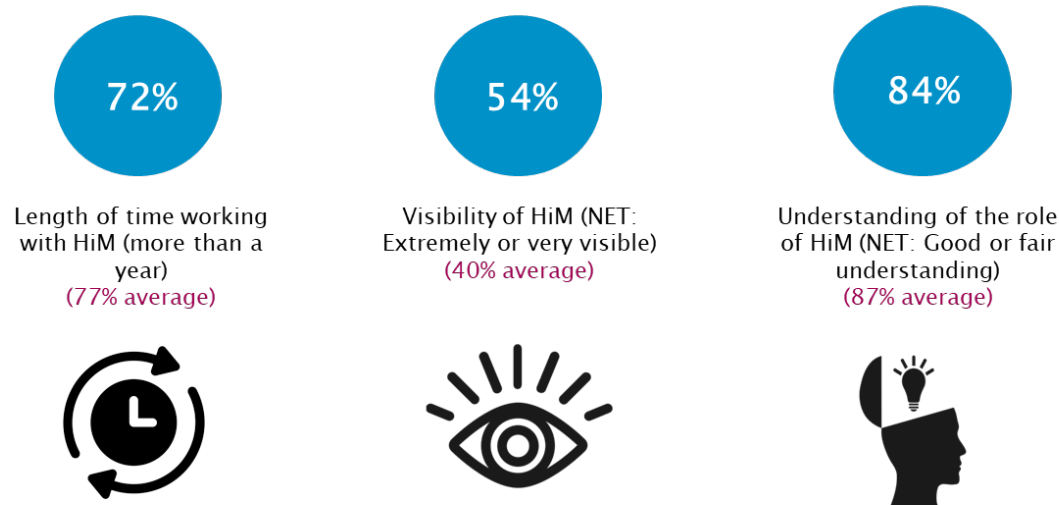
Each local AHSN report has been reviewed by a representative at the AHSN to verify the accuracy of insights and interpretations presented in each report. Savanta ComRes held **30-minute calls** with the representative to collect and incorporate such feedback. AHSNs only saw the findings in the report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

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

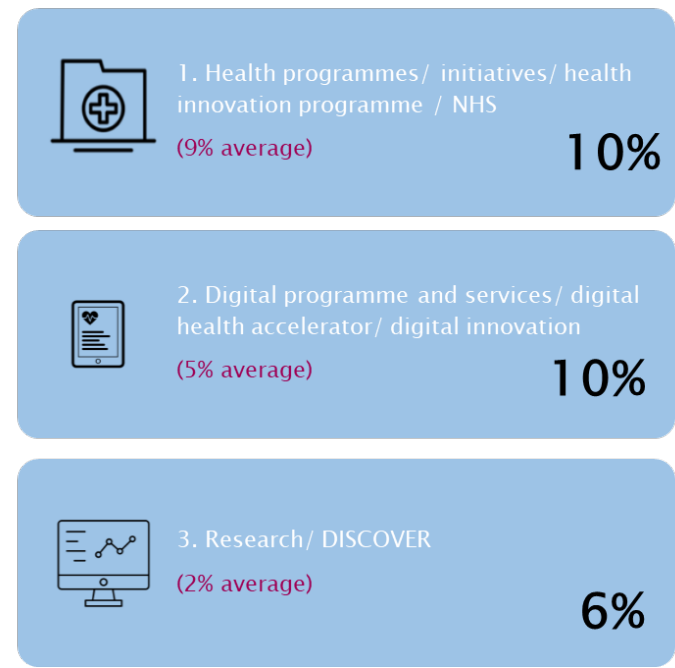


**KEY**  
'% average' indicates the average score across all AHSNs

**Knowledge and Visibility Figure 2**



**HiM's most impactful projects<sup>†</sup>**  
*Figure 5*



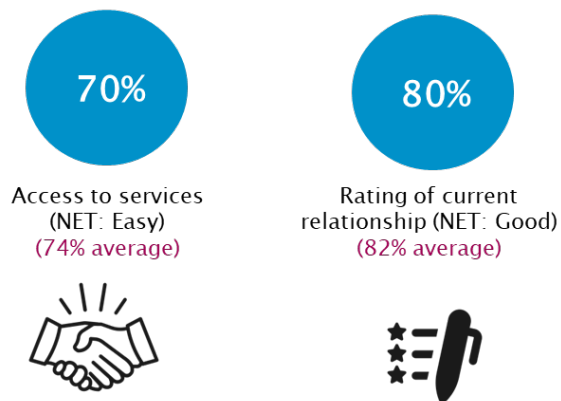
<sup>†</sup> Open text box question

**Figure 1** – Q. Overall, thinking about Health Innovation Manchester's work, how would you describe...? Base: Health Innovation Manchester stakeholders (n=50)

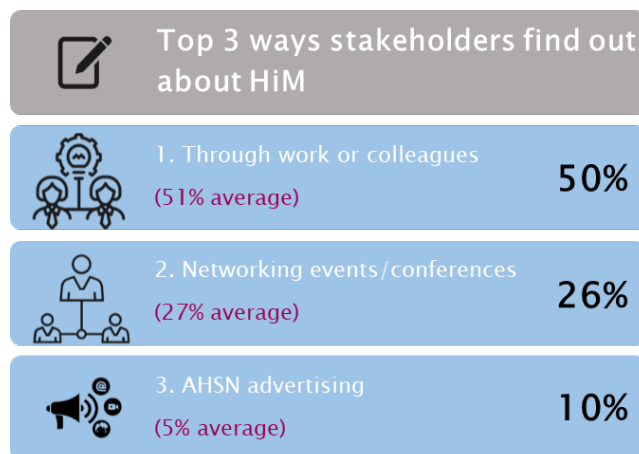
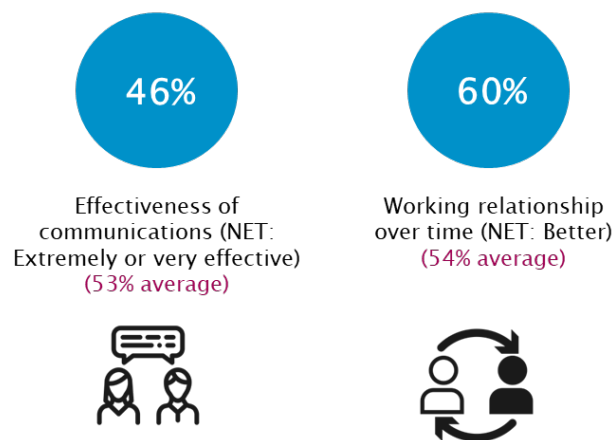
**Figure 2** – Q. And approximately how long have you worked with Health Innovation Manchester? Q. Thinking about its overall visibility and any engagement you may have had, how would you rate the visibility of Health Innovation Manchester in its local area? Q. How would you rate your understanding of the role of Health Innovation Manchester? Base: Health Innovation Manchester stakeholders (n=50)

**Figure 5** – Q. Which Health Innovation Manchester initiative, programme or support service would you say has had the greatest impact on your organisation's ability to meet its objectives or your ability to meet your own objectives? Base: Health Innovation Manchester stakeholders (n=50)

### Working with HiM *Figure 3*



### Communication with HiM *Figure 4*



**MOST NOTABLE FACTOR DRIVING POSITIVE EVALUATION OF HiM<sup>†</sup>**  
*Figure 6*  
Helpful staff/management/ supportive and collaborative team/ accessible/ more involved to support  
(26% average)

<sup>†</sup> Open text box question



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

**Figure 3** – Q. Overall, how easy did you find it to access Health Innovation Manchester services? Q. Overall, how would you rate your working relationship with Health Innovation Manchester? How did you first find out about Health Innovation Manchester? Base: Health Innovation Manchester stakeholders (n=50)

**Figure 4** – Q. Thinking back over the period of time you have been working with Health Innovation Manchester, would you say your working relationship has gotten better, worse, or is about the same? Q. Which, if any, of the following ways does Health Innovation Manchester currently communicate with you? Q. How would you rate the effectiveness of Health Innovation Manchester's communications? Base: Health Innovation Manchester stakeholders (n=50)

**Figure 6** – Q. You indicated that you have a good working relationship with Health Innovation Manchester 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: Health Innovation Manchester stakeholders who say this (n=43\*)

**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: Health Innovation Manchester stakeholders (n=50)

# AREAS OF STRENGTH AND GOOD PRACTICE

## RECENT CHANGES HAVE BEEN EFFECTIVE

Stakeholders across all organisations interviewed praise the changes that have been implemented over the last couple of years since the creation of Health Innovation Manchester. They describe a previously “fragmented” health and social care sector in the region, with the AHSN unable to clarify their role. However, many stakeholders interviewed are positive about the “transformation” that has taken place thanks to the new structure, with the AHSN now able to offer effective support for their stakeholders and starting to deliver “excellent pieces of work”.

*“Since Health Innovation Manchester was created to bring together our Academic Health Science Centre and our Academic Health Science Network it’s been **transformed** and now it feels really effective, **it feels joined up**. It’s reaching out to all four universities in Greater Manchester and we’ve tried to create a good partnership. We’ve created new structures in Greater Manchester because we’ve got the devolved health and social care budget, so we’re trying to create a **“one Manchester” approach** that streamlines everything. I think that’s working. They created a space for us to create our Applied Research Collaboration within the AHSN. They’ve accommodated that with a view to ensuring that not only can we roll out effective research findings, but they’re supporting loads of our activities, our communications requirements, our finance. They’re actually helping us to achieve, traction in Greater Manchester as a researching organisation.*

Research body or university

*“I can be much more enthusiastic about the work that’s being done by Health Innovation Manchester than I could have been two years ago. I see good prioritisation, great project management, much more clarity about their ideas, better governance. It feels now like it’s really starting to deliver some excellent pieces of work. They are now fully embedded from the maternity work into the maternity transformation board which I chair. We have a **completely joined up maternity safety programme** now. We have **continual conversations** about how that work within the AHSN is joined together with other aspects of the maternity programme.”*

National government or ALB

This feedback from the interviews is reflected in the online survey where a majority (60%) of Health Innovation Manchester’s stakeholders say their working relationship with the organisation has got better over the period of time they have been working together. This figure is 6 percentage points higher than the national average (54%).

## UTILISING THE EXPERTISE OF THEIR STAKEHOLDERS

A mixture of interviewees praise Health Innovation Manchester for effectively utilising the individual knowledge of its stakeholders. For instance, asking them questions in relation to their expertise, ensuring a relationship that works “two ways”. This has helped create partnerships where stakeholders report feeling valued and are therefore more willing to engage with HIM in the future.

*“Something came through the National AHSN Network recently that was a wound innovation that AHSNs were being expected to implement. Knowing about my expertise in wounds our senior programme manager [at HIM] came straight to me and asked me for an opinion on this technology. That fed directly into the material that will be considered as to whether they adopt and deploy this innovation or not.”*

Research body or university

*“I do feel valued and I feel like I’m listened to, I feel encouraged to join in as much as I can. After the first statins meeting, we gave a little presentation to the higher up people in Health Innovation Manchester, a couple of professors there and what have you. And the head of PPE received a letter afterwards thanking us for our contribution and I had a couple of professors come and shake my hand and say ‘thank you, really appreciate your time you make some good points’.”*

Individual patient/public

This finding is also mirrored in the survey. Health Innovation Manchester stakeholders that have a good relationship with the AHSN or whose working relationship has gotten better, are most likely to say this is because of helpful staff (28%) and the supportive and collaborative (26%) nature of the organisation.

## POINTS FOR HIM TO CONSIDER

### DETERMINING THE BEST WAY TO HAVE AN IMPACT

Whilst acknowledging impact on patient and population health outcomes is a long-term goal, a few stakeholders have observed that Health Innovation Manchester has had “mixed results” and can “overegg” the economic impact of their projects. There was also some disagreement among stakeholders about the best approach for having an impact. Some stakeholders feel the AHSN should prioritise “quick wins” over issues relating to social care and workforce. This is potentially an area for HIM to consider in terms of, both, balancing different types of impact and communicating this back to stakeholders.

*“They have tendency to scale things up and present things back to you based on modelling. So, a project will happen in an area and if you model that up and the projected savings for you in your area might*



*equate to £1m. Sceptical finance directors will look at that, proposal and say, 'Where on earth is that saving coming from?.'*"

Clinical Commissioning Group (CCG)

*"I'd say mixed results [on improving patient and population health outcomes]. There are things that you can do now which make an immediate difference. Some of the **more challenging things take a little bit longer** and I think it's quite difficult to demonstrate how much difference has been made there yet. How do we **identify innovation that's really going to help in social care**, for example, where it is more tricky. Too often, we find small enterprises trying to sell a product and then define the problem that it's solving rather than actually trying to do stuff which will make the critical things in social care."*

National government or ALB

*"I think sometimes it's the small changes [like] **moving from a face to face clinic to a telephone clinic or a virtual clinic**. If you do that across system level you are reducing travelling, emissions, reducing time off work, you're reducing capacity. Those **little things can have a big impact** and they're in a situation to be able to measure that."*

Private company or industry

#### **WIDER AWARENESS OF THEIR WORK**

As seen in other AHSNs, some interviewees feel that awareness of Health Innovation Manchester is relatively low, especially among front line staff. They suggest that to be aware of the AHSN's work you must be a "*knowledgeable insider*" or part of the group of people they "*automatically go to*". While they indicate HIM could widen their engagement to a larger group of stakeholders, there was also an acknowledgement that local awareness is likely to be linked to the level of impact being had.

*"I'm a relatively knowledgeable insider in a way, I don't quite know what the level of awareness is in the ordinary, NHS and social care sectors. I think so **front line people should know about the AHSN**, if they're the targets to deployment."*

Research body or university

*"There's a lot of people I speak to and tell them what I've done, have never heard of it. So, it needs to get more visible, but I think it's probably chicken and egg sort of thing, **it'll only become more visible as people become more aware of the results.**"*

Individual patient/public

Variable levels of awareness can also be seen in the quantitative survey, where despite a quarter (24%) of Health Innovation Manchester’s stakeholders rating it as extremely visible in its local area, a similar proportion (22%) say they are only slightly or not at all visible.

## CHALLENGES AND OPPORTUNITIES AHEAD

A range of areas to focus on in the future were cited by Health Innovation Manchester stakeholders, which tend to mirror national challenges for the AHSN such as navigating the complex health and care system and ensuring sufficient resources are in place. In addition to this, region-specific focal areas cited by stakeholders also include:

### **DETERMINING WHERE DEVOLVED BUDGETS SHOULD BE BEST SPENT WITHIN THE REGION**

The budgets devolved from central government are viewed as a real opportunity for this AHSN to have a “real impact” in the region. For instance, public and patient stakeholders mention prevalent issues of poverty and homelessness in the region.

*“It’s looking at what areas should be prioritised within Manchester because of the devolution of the budgets. It’s looking at **how it could be best spent**. And I think that could have a real impact on Manchester.”*

**Individual patient/public**

*“It’s a challenge for Manchester because it’s a poor area. The Mental Health Review could have big impact, on Manchester in particular, just because of the amount of homeless people you see on the streets, and the mental health issues involved with a lot of those people that could make a really big difference.”*

**Individual patient/public**

### **FOCUSING ON A SMALLER NUMBER OF PROJECTS THAT MEET THE STRATEGIC PRIORITIES FOR GREATER MANCHESTER**

There was also a sense that whilst devolved budgets represent an opportunity, stakeholders in the interviews conducted feel it is important for Health Innovation Manchester to focus on a smaller number of projects in line with their strategic goals, rather than commit to several different initiatives.

*“It’s **hard to keep too many projects ongoing**. That is something that I’ve spoken to our local stakeholder manager about that there’s only so many projects that we can throw at anyone. It is really making sure that they’re relaying what the strategic priorities are in Greater Manchester and how they can help to achieve some of those strategic goals.”*

**Clinical Commissioning Group (CCG)**

*“Pick a thing that is a real challenge for the Greater Manchester system; respiratory or industry or whatever it might be, or digital, and whilst you have all the other bits going on, you **direct all of your energy into that.**”*

Health or social care provider

## SUMMARY OF POINTS FOR THE AHSN TO CONSIDER

Across interviews conducted, the following points emerged for Health Innovation Manchester to consider:

- ✓ Utilising **case studies** in their reports to demonstrate their local impact.
- ✓ Running **workshops in hospitals** to raise awareness of the AHSN among service providers and staff.
- ✓ Supporting patient and public involvement by **simplifying technical language** for those without clinical knowledge and **covering expenses** incurred.
- ✓ Continuing to focus on **local needs** and considering how to allocate resource when determining which projects to promote.