The AHSN Network

NIHR | National Institute for Health Research

SURVEY OF LOCAL RESEARCH AND INNOVATION NEEDS OF THE NHS

REGIONAL REPORT FOR WEST MIDLANDS 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 West Midlands 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 West Midlands AHSN's 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. 10 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 West Midlands 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; • Diagnosis and treatment of dementia; • Community based support for those with mental illness.

[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.

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 West Midlands 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 some of the key themes that came up across these areas, including: integrated care and multi-morbidities, mental illness, frailty and the socially-isolated. It also includes analysis of stakeholders' views about existing innovation and research in the West Midlands AHSN region, including suggestions to increase awareness and implementation of innovation and research.

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

In West Midlands AHSN, stakeholders place high priority on integrated care for those with multi-morbidity and/or complex social care needs, similar to the national findings. However, West Midlands AHSN stakeholders place less emphasis on workforce issues, but more emphasis on social determinants of health and health inequalities and on demographic changes.

Similarly to the national findings, West Midlands AHSN stakeholders prioritise the medical treatment areas of multi-morbidities, mental illness and frailty, placing a similar emphasis on each option as found when considering the national level findings.

West Midlands AHSN stakeholders are most likely to prioritise older people, people with mental health condition and socially-isolated people, in line with the national findings.

DETAILED FINDINGS

INTEGRATED CARE AND MULTI-MORBIDITY

In line with national findings, West Midlands AHSN stakeholders viewed integrated care for those with multi-morbidity and/or complex social care needs as a particular priority. In both qualitative interviews and open-ended survey responses, several stakeholders raised the need to improve integrated care, through innovation and research, and generate more evidence in this area.

> *"The evidence in integrated care is limited in the NHS at present. This is because we have limited truly integrated care being delivered."*
>
> **Online survey respondent**

This was sometimes viewed in relation to a particular treatment area, such as diabetes, but stakeholders also highlighted the need for a new approach at a system level in order to manage increasing demand and capacity issues.

> *"If I've got a longer-term condition, that then has a number of potential, kind of, secondary effects which need me to access different bits of service at different times. Diabetes would be an example of that, wouldn't it? Where we need to be thinking, I think, is about how we use technologies and innovation to manage people with multi-morbidity longer term conditions who don't need to be in contact with health services all the time."*
>
> **Mental Health and Community Trust Medical Director (Mental Health)[3]**

> *"Need to look at how we better manage [the] increasing number of medical conditionals patients are developing. The current process is not working leading to increasing demands and capacity issues within general practice. These patients use a significant amount of NHS resource and need to see how we better manage these problems with primary and secondary care."*
>
> **Online survey respondent**

Some stakeholders also thought multi-morbidities as a specific medical treatment area were of relatively high priority. In qualitative interviews, stakeholders generally raised multi-morbidities as a priority in relation to other conditions, such as frailty, or with respect to managing longer-term health issues more generally, and identified particular research questions that they felt might help address these challenges.

> *"People with longer term conditions - potential for secondary effects which need access to different bits of service: how do we use technologies and innovation to manage people with multi-morbidity longer term conditions who don't need to be in contact with health services all the time."*
>
> **Mental Health and Community Trust Medical Director (Mental Health)**

> *"Need to look at process to manage patients with frailty.... this encompasses - prescribing, co-morbid conditions and preventing decline."*

[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.

Online survey respondent

MENTAL ILLNESS

Reflecting the national findings, West Midlands stakeholders prioritised research and innovation into mental illness, with several highlighting this as a clear priority. Stakeholders felt that there was a need for innovation and research to examine joined-up care approaches for patients, linking to their prioritisation of integrated care model. The also saw a need for innovation and research to focus on prevention, especially in early years, in order to avoid long-term mental health problems in later life.

> *"[A challenge is] the implementation of the Mental Health Five Year Forward View … delivering care in a system that is collaborating and is joined up around the pathways for the patient. It requires a number of shifts, I think, in the way that things are done… for example, they've done this in America, where they would co-locate services that tend to work together. So that they can, using a care navigation approach, bring the patient in once instead of the patient having to go three times to three different places… by using technology and co-location you can actually reduce the overall cost of providing the care."*
>
> Mental Health and Community Trust Medical Director (Mental Health)

> *"It's one specific area really, about mental health but it is an exemplar of where we're not doing enough, early enough in people's experience and we're accepting that by not doing so we create long-term problems… A lot of homeless people, if you look back at their early years, have had a significant number of adverse childhood events, you know, so alcoholic parents, divorced parents, domestic violence, drinking, their parents. That has a consequence on the child, which they never shake off … It goes back to the lack of a joined-up strategy about early years and prevention. One of the other things that I think we are more accepting of now from a health perspective is we've got to do more with our health money in the prevention area."*
>
> STP Clinical Lead (STP)

> *"'Focus on the fact that childhood [mental health] services receive only 10% of adult [mental health] services – despite the evidence clearly showing mental illness is predominantly an issue of childhood and early adulthood."*
>
> Online survey respondent

People with mental health conditions were flagged as a particular priority by West Midlands AHSN stakeholders, as a specific patient group. When asked for key areas where innovation and research was required relating to people with mental health conditions, stakeholders tended to highlight specific groups of people who are most likely to be vulnerable to mental heath issues such as the elderly or teenagers and young people. Again, prevention was a particular focus.

> *"With the exception of dementia, which clearly comes later, most other mental health antecedents are already in place by the time the person reaches the age of about 25. So, if we were taking a population prevention approach then actually really putting something into, 'How do we work with teenagers and young people?' would actually, in twenty years' time, mean we should, in theory, see fewer mental health issues coming forward at all across the board."*
>
> Mental Health and Community Trust Medical Director (Mental Health)

"The kinds of issues that seem to me to be particularly problematic in mental health that we're trying to work hard on at the moment, there's obviously a whole pile of stuff around dementia, and there's a role for innovation, and there are some examples of it locally in terms of supporting and managing dementia. So, this can range from innovation in the design of physical spaces, and we've seen plenty of dementia-friendly physical design, colour-coding, safety systems. Something as simple as making sure exit doors are one colour, it can often be very simple things but there are some great examples, actually locally, that I've seen around."

CCG Accountable Officer (Commissioner)

"'Mental ill health also needs to be wider that clinically diagnosed issues - we need to be addressing particularly within children and building resilience."

Online survey respondent

FRAILTY

In relation to frailty, West Midlands stakeholders overwhelmingly felt that a priority for innovation and research was in-home care, whether in relation to developing technology to support independent living, or greater evidence for and evaluation of intervention of new approaches in this area.

"Things like panic alarms, the use of remote monitoring for raising alarms or reminding, can be quite useful with things like dementia. So, there's quite a lot of innovation around relatively simple technologies, things like Alexa and those kinds of assistants. So, ways of setting up reminders to help people with their medication regimes, ways of using Alexa to support people in their independent living by, for example, using automated shopping arrangements so stuff's delivered to their home."

CCG Accountable Officer (Commissioner)

"Delivering some of the things that we currently deliver in hospital settings, much closer to home in the community as taking an older person into hospital is almost the worst thing you can do: will improve their health and reduce their need for services. This is being done not because it has a strong evidence base but because intuitively we think it is the right thing to do…I would want us to be innovating, evaluating and failing fast in those areas and then really getting to scale and spread about the things that are making a difference."

Mental Health and Community Trust Medical Director (Mental Health)

OLDER PEOPLE

Older people were a further group highlighted as a priority by West Midlands stakeholders. Whilst often this group were discussed in relation to specific conditions – such as frailty, or dementia – stakeholders also emphasised the need for more innovation and research around ensuring quality of later life.

"But the biggest challenge, which I think research and evidence would help significantly, is the cost of futility, as one of my colleagues calls it. How much do we spend? How much do we put patients through in their last 1000 days of life that is of absolutely no benefit? I think, anecdotally, we know that patients do endure investigations that potentially are of no benefit to them at all, and I think we've lost

our way a bit there… A lot of those tests are of absolutely no benefit in the frail elderly, and we haven't explained that very well, and that's maybe evidence or research could highlight that."

STP Clinical Lead (STP)

"I think it's about, in frailty and old age, it's about independence, dignity, self-reliance. These are concepts that seem particularly, I think, and where innovation can play quite a big role, actually."

Accountable Officer

"'The wider population evidence shows we are living longer but not living better, much more work has to be done in regard to ensuring older living is better provided for and that quality is at the front of the agenda."

Online survey respondent

SOCIALLY-ISOLATED PEOPLE

The socially isolated were also viewed as a priority for stakeholders, when asked about particular patient groups. In particular, several highlighted the difficulty of quantifying the scale and impact of the problem, as well as the challenges of effectively evaluating the success of interventions amongst this patient group.

"'Understanding and agreeing the link between loneliness and urgent care demand, quantifying the number of lonely people. Making sure risk strategy takes this into account."

Online survey respondent

"Reliable, and commonly agreed/understood, measurements of the more subjective states that are validated against future health/ability states e.g. difficult to enumerate loneliness, happiness and community-level health indicators. This makes identification of differences and impact of interventions difficult to measure."

Online survey respondent

EXISTING INNOVATION AND RESEARCH

Most stakeholders said that existing innovation and research in their region partially addressed the areas they considered a priority. None said that they were not aware of existing innovation or research activity taking place in their local area. While these results should be treated as indicative, they could also suggest that the West Midlands AHSN is already engaging well with their stakeholders about innovation and research priorities. In addition, stakeholders had positive examples of innovation and research in the region addressing priority areas.

> *"We've got lots of evidence of some of the innovations we've taken in, the way we've developed and worked on 111 services. Even just innovations in practice, like some of the stuff around mental health where we simply put groups of professionals together and they've gone out to support people on an outreach basis, so a policeman, and a CPN, and a social worker in a car responding to mental health crises in the community."*
>
> **CCG Accountable Officer (Commissioner)**

More stakeholders said they were at least reasonably confident they could access innovation and research, than said the same of implementation. In qualitative interviews and open-ended survey responses, stakeholders noted this gap between access and implementation, suggesting that whilst innovation and research is increasingly happening, there is a need to improve dissemination and adoption.

> *"Nothing gets people as excited, in my experience, as new ideas and the opportunities to improve things, generally, if we can unleash it. It's also true, having said that, and slightly paradoxically, that we're often very slow to adopt the innovations... So, we've got lots and lots of examples of innovation as a, kind of, a spontaneous event, it's harder to point to the systematic industrialisation, if you like, or broad dissemination of innovative ideas. We're often quite rightly accused of having to reinvent the same thing over and over again, rather than do it once and scale it. There is something about how we develop a framework for mainstreaming, quickly disseminating innovation, that's a big challenge, I think."*
>
> **CCG Accountable Officer (Commissioner)**

When asked about how awareness of innovation and research could be improved, stakeholders talked more about involving local partners, and addressing 'grass-roots' issues, rather than focusing on 'cinderella' specialities. Disseminating information was again discussed as an important way to improve awareness.

> *"Encouraging a higher proportion of funded applied research to have to focus on regional community driven health and social care priorities."*
>
> **Online survey respondent**

> *"By having wider access to services to do literature searches for front line clinicians and managers."*
>
> **Online survey respondent**

Then when asked about implementation of innovation and research, similar themes emerged, around time for research to take place, and about capacity to make change. However, others noted that there is

the need for implementation to be adopted more readily, and that the drive for that can come in both top-down and bottom-up forms.

> *"Higher level power within Trusts from board perspective to drive R&I (research and innovation) strategy and allow operational implementation quicker."*
>
> **Online survey respondent**

> *"Proven case studies, with implementation plans that can be readily adopted. Grass roots encourage and empowerment of staff to make small, considered changes."*
>
> **Online survey respondent**

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 West Midlands AHSN, four stakeholders agreed to take part in a 45 minute telephone interview. These stakeholders all agreed to waive their anonymity and have their comments attributed to them in the report. Their role titles were: CCG Accountable Officer (Commissioner), STP Clinical Lead (STP), Mental Health and Community Trust Medical Director (Mental Health) and Acute and Community Trust Chief Officer (Acute).

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 West Midlands AHSN, 20 answered the online survey, a response rate of 20% from the 99 stakeholders approached to participate. When asked to select the label that best described their current role, compared to all AHSN stakeholders a higher proportion of West Midlands AHSN stakeholders selected the role of clinical leaders, managers or directors. No stakeholder – of West Midlands or any other AHSN – selected the title of social care practitioner as one that best described their current role.

Role title	West Midlands AHSN	All AHSNs
Clinical practitioner in the NHS	1 (5%)	43 (17%)
Clinical leader/manager/director	9 (45%)	87 (34%)
Non-clinical leader/manager/director	6 (30%)	63 (25%)
Director	3 (15%)	40 (16%)
Social care practitioner	0 (0%)	0 (0%)
Other	1 (5%)	24 (9%)

Table 2: Role titles of stakeholders responding to online survey – West Midlands 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 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' (Jan 2019).

APPENDIX: TABLES

Table 3: System-level topics

	Top 3 Highest priority: West Midlands AHSN	Top 3 Highest priority: National
Integrated care for those with multi-morbidity and/or complex social care needs	8 (40%)	99 (39%)
Improving quality and efficiency within organisations	7 (35%)	64 (25%)
Demographic changes, such as an ageing population or ethnic profile of a population	7 (35%)	28 (11%)
Social determinants of health and health inequalities	6 (30%)	33 (13%)
Workforce issues, such as recruitment, retention and skills	6 (30%)	106 (41%)
Optimising use of digital technology and Artificial Intelligence	5 (25%)	86 (33%)
Urgent and emergency care, such as demand on capacity and decision making	4 (20%)	51 (20%)
Education amongst patients and the public on health conditions or encouraging healthy behaviours	4 (20%)	55 (21%)
Community care, such as social prescribing and patient self-management	4 (20%)	58 (23%)
Primary care, including capacity and capability of GP services	3 (15%)	69 (27%)
Earlier diagnosis and intervention	2 (10%)	46 (18%)
Evaluation of the impact of health and social care service developments and initiatives	2 (10%)	47 (18%)
Personalising treatment and interventions	2 (10%)	26 (10%)
Geographic variation such as urban and rural differences	-	3 (1%)

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 for West Midlands AHSN (n=20), all respondents nationally (n=257).

Table 4: Medical treatment areas

	Top 3 Highest priority: West Midlands AHSN	Top 3 Highest priority: National
Multi-morbidities	11 (55%)	118 (46%)
Mental illness	11 (55%)	147 (57%)
Frailty	9 (46%)	112 (44%)
Dementia	7 (35%)	79 (31%)
Maternity and peri-natal care	5 (25%)	29 (11%)
Obesity	5 (25%)	77 (30%)
Musculoskeletal	4 (20%)	20 (8%)
Cancer	2 (10%)	30 (12%)
Cardiovascular and stroke	2 (10%)	38 (15%)
Palliative and end of life care	2 (10%)	46 (18%)
Diabetes	1 (5%)	42 (16%)
Sexual health	1 (5%)	8 (3%)
Respiratory diseases, including asthma	-	25 (10%)

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 for West Midlands AHSN (n=20), all respondents nationally (n=257).

Table 5: Specific patient groups

	Top 3 Highest priority: West Midlands AHSN	Top 3 Highest priority: National
People with mental health conditions	13 (65%)	160 (62%)
Socially-isolated people	10 (50%)	117 (46%)
Older people	9 (45%)	129 (50%)
Children and young people	6 (30%)	84 (33%)
Those from lower income backgrounds	6 (30%)	80 (31%)
People with learning disabilities	5 (25%)	46 (18%)
Black Asian and Minority Ethnic (BAME) people	4 (20%)	31 (12%)
Homeless people	3 (15%)	41 (16%)
People with alcohol and/or substance dependency and misuse	2 (10%)	56 (22%)
People with physical disabilities	2 (10%)	18 (7%)
Lesbian Gay Bisexual Trans+ (LGBT+) people	-	9 (4%)

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 for West Midlands AHSN (n=20), all respondents nationally (n=257).

Table 6: Extent to which innovation and research currently addresses stakeholders' priorities

	Total: West Midlands AHSN	Total: National
It fully addresses the areas I consider a priority	1 (5%)	3 (1%)
It mostly addresses the areas I consider a priority	-	24 (9%)
It partially addresses the areas I consider a priority	17 (85%)	158 (61%)
Research and innovation does not address the areas I consider a priority	2 (10%)	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 (5%)**	**27 (11%)**
NET: At least partially addresses	**18 (90%)**	**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 for West Midlands AHSN (n=20), all respondents nationally (n=257).

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

	Access (West Midlands)	Access (National)	Implement (West Midlands)	Implement (National)
Very confident	1 (5%)	21 (8%)	-	7 (3%)
Reasonably confident	10 (50%)	121 (47%)	5 (25%)	70 (27%)
Slightly confident	8 (40%)	84 (33%)	11 (55%)	124 (48%)
Not at all confident	1 (5%)	31 (12%)	4 (20%)	56 (22%)
NET: At least reasonably confident	**11 (55%)**	**142 (55%)**	**5 (25%)**	**77 (30%)**
NET: At least slightly confident	**19 (95%)**	**226 (88%)**	**16 (80%)**	**201 (78%)**

Q20. How confident are you that you can access and implement available innovation and research in your region? Base: all respondents for West Midlands AHSN (n=20), all respondents nationally (n=257).