

Enhancing Services through Involvement

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Enhancing Services through Involvement

Introduction

What is this document about?

This document discusses user and carer involvement in the commissioning cycle and its main focus is on involvement in procurement. Page | 1

What does it set out to do?

It explores what works well and it is intended to support discussion about how to build on the involvement of service users and carers in the commissioning cycle and procurement. It is not a recipe or menu. This is because a flexible approach to involving service users and carers is most likely to meet the needs of service users and carers or commissioners.

Why is it important?

There is a strong belief that engagement and involvement of service users and carers in all aspects of commissioning is fundamental to delivering services that people want and value

This means that engagement and involvement should be central to the design, procurement, and monitoring of services.

Locally there is a record of working with people who use Adult Services - involving people in developing strategy and giving them a say (both on their experience of services and on how they want to see things in the future). There is also a commitment to build on progress.

The Richmond environment

Since 2012 service users and carers have been directly involved in commissioning some local health and social care services. These include procurement of primary mental health services, a carer's hub, an advocacy service, a home maintenance service, a housing support service, an employment support service, and a home support (domiciliary care) service. Service users and carers have also been involved in the research/market development phases of commissioning services. They have also been involved in the implementation of at least one of these services. Varying approaches have been taken to aspects of these commissioning exercises and useful information can therefore be gained from looking at what has worked well.

Support for the recruitment of Service Users and Carers for these exercises was provided through the Community Involvement function of Richmond CVS. In addition further support for the involvement of service users and carers was provided on a case-by-case basis in conjunction with the User and Carer group. This report is based on the experience and discussions of service users and carers as well as knowledge developed through providing support for involvement.

1) Basic Principles

The need to involve service users and carers in commissioning and procurement.

It is accepted that Service Users and carers are experts in their experience, often have good understandings of how services work, and know whether services meet their needs.

Service users and Carers also have their own perspective about the services they experience. This can help prompt re-evaluation of services, challenge traditional assumptions and highlight priorities.

Services are also more likely to be well regarded and decisions about services are more likely to be seen positively where service users have had an opportunity to contribute to their development.

Ultimately, involving service users and carers can help services to be; better designed, more customer focussed, more effective, and deliver better value for money with less waste.

Involving Service Users and carers is also consistent with a 21st century understanding of citizenship and an evidence base which shows that involving people in planning and developing health services contributes to service change. (e.g. 'Systematic review of involving patients in the planning and development of health care', Manley et al 2002)

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2) Developing Commissioning Priorities.

Whilst the main focus of this document is involvement in later stages of procurement there are interactions between involvement in earlier stages and with wider involvement.

As an example well before work on developing a service specification for a Richmond Carers Hub commenced there had been a need for a targeted financial and debt advice perceived by carers. This had been raised both by carers and organisations for carers in a range of fora.

The carers strategy reference group (CSRG) was able to contribute to the development of a mini commissioning exercise to develop a small number of time limited pilot projects that demonstrated innovation. There was carer involvement in the exercise and it was seen as positive because it provided an opportunity to innovate. Amongst the pilots that were funded was a financial and debt advice service. This helped to develop a sense of momentum. Ultimately finance and debt advice was included in the Carers Hub service specification -One carer later said *'I think we could all see that was needed'*

A further example is provided by the primary mental health service that was procured in 2011/12, (Richmond Wellbeing Service).

Service users and carers had consistently raised concerns about waiting times and other aspects of an existing psychological therapies service in a variety of settings including the Mental Health Joint Commissioning Group. The new service factored in those concerns and also met a need to develop a more coherent gateway to mental health services locally.

The employment support service for people with support needs also responded to user concerns.

Service users had concerns about the performance of an existing service for people with mental health support needs, (for example the number of people getting into work/sustaining their employment and the ability to track the total number of people helped). They and other stakeholders had discussed those concerns in informal and formal settings. (some reporting on the service for people with mental health needs had occurred through the Mental Health Joint Commissioning Group which included service users). Those concerns were fed into discussions about the development of a service specification for the new service. The service specification itself addressed those concerns by including challenging targets and a payment by results mechanism that should maximise the number of people worked with.

There is a common theme. These exercises tapped into pre-existing conversations that had relevance to developing service specifications. The fact that there was broad discussion about these services amongst service users and carers also heightened interest and made it easier to recruit participants for bid evaluations.

Service users and carer discussions in the community quite naturally focus on the areas which are of most immediate concern, so even where it is possible to tap into pre-existing discussions more exploration of service need and potential is needed.

The Carers Hub procurement exercise included a large market development event that included carers and other stakeholders. Some of those representing other stakeholders were also carers so there was a sufficient *proportion* of carers involved for those who attended to feel that they were not “*lone voices*”

Where there is broad community discussion or market development events that includes service users, this may lead to quicker service acceptance provided what is procured reflects discussions.

‘well yes, I think it does seem to do some of the things we were talking about’

(Carer)

The Richmond Wellbeing Service also highlights this because there had been more discussion about some areas of the existing service than others within the community.

There was widespread community discussion of psychological therapies services before commissioning a new service. On the other hand there was far less discussion of issues relating to accessing mental health services. It is likely that this has been a factor in the rapid acceptance of the new psychological therapies service, *'I think it's good'* as compared with the *'gateway'* function of the service. *'I'm not sure we signed up to that'*

Large events may not always be practical, approximately two years ago work to develop a new service specification for Self Directed Support brokerage was commencing. There was a need to get the views of service users and carers who were interested in Self Directed Support, but did not use the existing service. On that occasion where there was a very small target group, a focus group worked well.

Discussions with voluntary and community organisations that are user led or influenced can be helpful. Their usefulness in accessing a sense of what service users want depends partly on the extent to which organisations can look outside of their interests and the degree of connection they have to their community, (few if any local organisations, including user led groups have memberships that include the majority of service users within a service area). *'I'm not sure they always, you know, say what we want; they've got their own interests'*

Of course organisations that are delivering a service will have a good sense of the issues faced by their clients and of issues around service delivery. This can add to debate. *'It was useful, there were things I didn't know, kind of broadened it out a bit'*

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3) Procurement exercises

Recruitment of service users and carers for procurement panels and focus groups.

To provide initial information about procurement opportunities across 7 exercises, RCVS used a combination of web based information provision, mail-outs and (e)mail-outs by RCVS and LINK as well as word of mouth cascading of information.

What was important to consider when recruiting?

- Service users and carers needed to be able to plan well ahead.
- Sometimes only a small number of service users and carers had the experience, skills and desire to be involved in exercises,
- Over-recruitment was helpful because care responsibilities or health reasons prevented upwards of a quarter of potential participants from participating.

What was needed to recruit participants?

Whenever they were asked service users and carers wanted clear information more than anything else. Two types of information were wanted; Information about what was being procured and information about the evaluation process.

The type and amount of information and the way its flow is managed may need to vary for several reasons.

- Community understandings may or may not be high.
- What is being procured may or may not be easy to grasp.
- There may or may not be many potential participants.
- Timescales may vary.

All of these needed to be considered when undertaking recruitment and staging information flows from the point where interest is being attracted to the point where evaluation commences. Some of these can also influence how involvement can take place.

When the Richmond Wellbeing service was being procured, potential participants already had a strong understanding of the type of service being procured. It was therefore possible to move immediately to looking at the methods statement in detail with the potential participant so that they could consider which responses they would want to evaluate. The timescale for recruitment was sufficiently tight that it would have been very difficult to do this if the service user had less pre-existing knowledge.

Offering choice about what to look at worked well in the Richmond Wellbeing Service evaluation and the service user responded positively to that element of choice. This might however not work so well where a service is entirely new or radically different from existing services and as a consequence it is less clear how to judge what is needed for a good service.

Overall service users and carers have been most satisfied where they have felt that information was provided as early and fully as possible. *'I knew what was getting myself into.'*

Information about the evaluation process

Service users or carers needed to make an informed decision about whether to participate and to do so they needed as much information as possible about the scheduling of panels. Where plans changed that also needed to be communicated rapidly. The level of information provided about panel scheduling was seen as sufficient in the exercises mentioned here. Where there have been difficulties it was sometimes related to the task scale being greater than expected or very last-minute change. Fortunately some of this can be partly addressed by making tasks more predictable

Making evaluation more predictable

Whilst it may not be possible to predict the amount of work involved at a very early stage (e.g. the number of bidders may not be clear until shortly before evaluation is due to commence), it is possible to do some things to make tasks more predictable.

- Service users and carers can determine how many and which responses to evaluate as occurred with the Richmond Wellbeing Service evaluation.
- Some elements of co-design of questions can assist in making responses more focussed and relevant as happened in the employment support exercise. *'I think it really tested them'.*
- Challenging Word limits for bidders can help deliver easier to assess bids as happened in the housing support and employment support exercises. *'Fixed word counts really help as it means bidders can't waffle but have to be concise'.*

Motivation

In addition to weighing up information about costs in terms of time, effort and task scale, service users and carers wanted to judge whether the benefit, in terms of impact, outweighed the costs. It is therefore essential that there is clear information about the impact of the involvement of service users and carers at the outset. As one carer put it *'I want to know how much say we will have'.*

An optional financial reward is also a good motivator and can help to make the benefits of participating outweigh the physical and mental costs to the service user or carer.

'... the amount of time and effort required when you're not well, ... Unless you know you are going to make a real, tangible difference, payment remains the only incentive for many people.'

(service user)

In addition good practice (Reward and Recognition Department Of Health 2006) requires optional financial rewards for work such as procurement panel involvement by service users and carers.

Where rewards have been offered and administered through the RCVS Community Involvement function (in four of seven exercises) the process has been unproblematic.

Removing barriers to participation

The recruitment process also provided an opportunity to check whether service users or carers have any needs that could prevent participation and need to be addressed.

'Needs assessments of assessors should always take place, i.e. do they need special equipment'.... 'Also not everyone can drink tea and coffee e.g. (if anxiety problems) other alternatives like chamomile, peppermint or hot chocolate.'

(service user)

It is not possible to predict what might be needed in future evaluations, but in the procurement evaluations carried out in 2012 a reading stand was needed in the employment support, housing support and Richmond Wellbeing Service exercises. In addition caffeine free refreshments were used by just under half of those participating in the employment support evaluation

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The Evaluation Process

The evaluation process itself typically took place over a number of days, and included one or more initial briefings and time set aside where individual assessments of bids can take place,. Some included interviews of bidders, and group discussion of scoring. From a service user and carer perspective it seemed to be important that there was an adequate period allocated to this phase to avoid it becoming overwhelming.

'Having too much work in one week means some people choosing not to participate. It would be better to allow more time for long exercises, so people can spread the workload out rather than risk making themselves ill.'

(service user)

As mentioned earlier, tasks can be made more predictable and focussed through applying word limits to responses and designing questions carefully. It is also important that briefings immediately prior to the evaluation are as clear as possible about the task being undertaken. This is because as service users and carers have pointed out, the process of grading responses is not a common task in everyday life so good briefing helps to develop greater efficiency and confidence.

Information flows

So that information could be provided as early as possible to participants basic elements of the evaluation process were covered as part of RCVS' initial recruitment support. Where possible, service users and carers also had early access to service specifications and methods statements.

More detailed final briefings were led by whoever would supervise service user/carer evaluation. In one of the exercises (employment support) this was an RCVS Officer. The quality of briefing across all exercises was seen as sufficient. Typically it included specific information on evaluation methodology and process, confidentiality and Information about known timescale uncertainties.

Confidentiality

Service users and Carers had no difficulty in understanding the importance of confidentiality and there have been no known breaches of confidentiality in relation to any of the procurement exercises mentioned here. It is worth mentioning that confidentiality is a two way process. On the one hand service users deal with commercially confidential material, but on the other hand participants are put in a position of vulnerability. For example, they may use the services of bidders, they may be held as accountable to their communities should a procurement decision lead to a poor service, or they just do not want to be the centre of attention.

'service users should be told that their identities will remain anonymous to providers bidding and to the public, since many service users are afraid of involvement because of lack of anonymity, particularly when it comes to assessing services by a provider they currently use. They worry it will affect the standard of care they receive.'

Service user

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What might a good procurement process look like?

No single way of organising a procurement exercise is likely to fit all situations. There are some general principles worth bearing in mind however. For example it is important that the evaluation phase has the flexibility to fit in with the constraints on service users and carers' time, and not impact on their health and well-being. Where possible it should be part of a continuum of involvement, i.e. flow seamlessly from the recruitment process and earlier briefings. The Richmond Wellbeing service and employment service procurement exercises illustrate some other potentially useful elements.

The Richmond Wellbeing Service Procurement exercise.

- Much of the service specification addressed issues already being raised by service users in various fora.
- Initial briefing on information in the invitation to tender was provided in a face to face meeting as part of the RCVS recruitment work. The process of thinking about which question responses would be evaluated was started. Information about physical needs was also gathered and appropriate arrangements made. This was followed by a briefing by a commissioning officer on a fixed day and subsequently there was a period of days during which a room that had been checked for accessibility and adequate lighting was permanently available for evaluators to undertake their individual evaluations at times of their choosing. In addition to this there was a fixed interview and group stage.

The Employment Support Procurement exercise.

- RCVS talked with service users to find out what they would think about when looking at whether a service was worthwhile. This was then fed into the construction of a question for bidders to respond to that related to the service pathway.
- Bidders were also required to submit an easy read response to the question and include a flow chart.
- Subsequently service users and carers evaluated the responses in a panel that was supervised by an RCVS officer so they worked throughout with someone seen as impartial. In order to facilitate focussed group discussions a spread sheet was used to track marking. Additionally an easy read version of the responses was evaluated by a separate panel of people who use services for people with a learning disability.

Service users and carers also saw very basic things as being of importance to their involvement. Things like *sufficient* refreshments, and where the evaluation was likely to span mealtimes, food was also valued: ‘there was plenty of tea that time’; ‘they actually took us out to get something’.

It is not surprising that this is so, because although some aspect of involvement in evaluation will be unfamiliar; in these types of areas they have experience that they can use for comparison and they will already have expectations about how they should be treated.

What service users and carers say is important.

A personal approach

A ‘genuine desire to include and listen to the participating service users and carers. Honesty, genuineness and transparency are very important’

A good environment to work in

‘Comfortable and private place to sit while working, easy car parking , easy access to clean wash rooms, lifts in case the meeting rooms are a few floors up, easy access for wheel chair users’

Sufficient time and flexibility

‘Some people cannot concentrate for too long etc...they need to allow plenty of time therefore for reading bids. Hurrying people along can make them anxious.’

Ensuring service user and carer priorities are met during the evaluation itself can also help to make the relationship with service users and carers more equal and counterbalance the fact that participation may take place against a backdrop of health, or care responsibility that makes participation a challenge.

Employment support service procurement exercise

Participants start and finish times fitted in as far as possible with service user and carer lifestyles e.g. not starting too early. They could also leave when they completed their individual evaluations but be recalled to take part in group discussion when other participants had finished their evaluation.

Some elements of the procurement process are less flexible than others, for example any interview stage. It is always worth thinking about whether they are really necessary because it can be difficult to involve service users or carers in a large number of interviews. It may also place service users in a difficult position if they use providers who are being interviewed. *'Can be very embarrassing if you know the person you are interviewing'* was how one service user put it.

There were no interviews for either the employment or housing support exercises and service most users and carers did *not* think that interviews would have affected their evaluation significantly.

Equally however some service users may welcome the opportunity to be involved in interviews, *'Actually it was quite useful'*

Perhaps where there is an interview stage service user or carers could be offered the option of participating, but not be required to do so. Where they cannot participate it may also be worth exploring whether they could contribute to framing questions to put to organisations and perhaps also observe during an interview. Of course where service users or carers do decide to participate in the interview stage, they should be treated equally with all other panel members.

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Feedback

Once the evaluation has been completed, involvement should not cease there. Sometimes in the past involvement has been carried out as if it were a means to an immediate end rather than being a process that reflects a culture that values involvement and is designed to encourage participation. In practical terms things to think about in providing feedback include thanking participants for their involvement as soon as possible and advising when the contract award can be notified.

Once the contract has been awarded and the standstill period has concluded, service users and carers need to be told who has been awarded the contract. In addition service development or procurement staff can give any positive feedback that they think is helpful. This can help to reinforce an understanding of genuine inclusion.

Housing support exercise response to feedback.

'I very much appreciate that they have let us know the outcome and also their kind comments. I will let them know too!'

It is also important that service users and carers have the opportunity to discuss their experience of involvement so that any necessary learning can take place. This may be particularly important if service users or carers preferred option differs from the actual award.

Feedback sessions can help to highlight (to Local Authority, CCG and other staff who are involved in processes) the value service users and carers placed upon involvement and officer's work to support it. For example it would be difficult *not* to respond positively to the enthusiasm of one participant who said (*'Yes like a shot, when'*) when asked in a feedback session about whether they would be interested in taking part in future procurements.

There may also be further opportunities for involvement that develop from procurement decisions, for example in any work streams or boards set up to help the development of a new service. For example work connected with the Richmond Wellbeing Service has involved a four service users or carers since the service was commissioned.

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4) Final thoughts

From a service user and carer perspective Involvement in commissioning and procurement should leave three enduring impressions. Firstly that they have been supported in defining how they want to see services develop and how they should be involved. Secondly that their involvement has given them a real say in what the local authority or clinical commissioning group purchase. Finally they should feel that their contribution has been valued.

Helping service users and carers to achieve these sounds straightforward, but ensuring that this happens each and every time requires a whole systems approach that integrates culture, structure and processes that impact upon involvement, and factors involvement into planning at all stages.

Overall however, as can be seen from some of the examples mentioned here, there is good work that can be built on to achieve the key objectives of ensuring that service users are supported to define how they wish to see services develop, to guarantee that they have a real say in what is procured, and to ensure that they understand the impact their involvement and feel valued.

Thanks

Thanks are due all those service users and carers who have been involved in procurement exercises and whose experience and advice has contributed to this report. Thanks are also due the service development and procurement officers and other staff who helped to make their involvement in a range of procurement exercises possible during 2012.

5) Useful links:

Systematic review of involving patients in the planning and development of health care 2002

<http://www.bmj.com/content/325/7375/1263>

Reward and Recognition, Department of Health 2006

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4138523

Code of recommended practice for local authorities on data transparency, DCLG 2011 and associated practice guidelines

<http://localtransparency.readandcomment.com/>

Data protection and Freedom of Information

No information is included that could identify individual service users and carers or the exercises in which they participated. Access should not be restricted under the Data Protection Act.

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On behalf of User and Carer Group

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Appendix:

6) Factors to consider

Overall

Is it all joined up? E.g Is a whole systems approach to service user and carer involvement which encompasses culture, structure, and practice in order to embed good practice being applied?

Planning

Is involvement going to be explicitly factored into planning at the earliest possible stage of the procurement cycle?

Is there going to be a budget that permits reward for involvement that is significant in terms of either time, or intensity of involvement?

Will frameworks have been accessed in which service users and carers explain how they wish to see services develop?

Do all those involved in the commissioning and procurement understand the constraints upon Service Users and Carers time and that the commitment that they will be making?

Procurement evaluations

Is there clarity about the required skills, knowledge and experience that will be sought of service user and carer participants?

Is there clarity about the scale of the task service users or carers would be undertaking?

Will recruitment start early?

Who will lead on briefing service users and carers? Will external organisations be involved?

Is clear information about all aspects of the exercise that could impact on involvement available as well as an outline of any uncertainties?

Are mechanisms in place that ensure there can be good information flows?

Will Service user and Carer participants be treated equally and have access to the full tender documentation including the service specification at the earliest possible date?

Will the weighting that will be given to service user or carer involvement be clear from the start?

Where there are a range of questions that could be evaluated and service users or carers have not contributed to framing questions, will they be able to choose which to evaluate and how many?

Have mechanisms such as fixed response format (e.g. Fixed word lengths) been considered to increase the predictability of what will require assessing?

Will guidance to bidders be clear enough to ensure that they do not take approaches towards responding to questions that substantially alter the evaluation task nature or scale?

Has the possibility of Service users or carers being involved framing questions been considered?

If appropriate, has consideration been given to requiring additional responses to questions in an easy read format to facilitate involvement of people who use services for people with a learning disability?

Have evaluation locations been viewed before use to assess accessibility and general suitability?

Individual evaluation:

Will at least two service users or carers participate in order to reduce a sense of isolation?

Have possibilities like arranging a period of days during which evaluators can access bids at any time been considered to enhance flexibility?

If there will be interviews will their timing take into account the limitations service users or carers may have in planning their day so far as possible (for example starting late enough)?

Will potential participants be able to self-assess the support they need to participate?

Are there mechanisms to provide support (e.g. examples; any specific aids or adaptations, sign language translation or particular transport requirements)?

If there will be an interview stage, will service users or carers be offered the option of participating, but not be required to participate?

If there is a group stage where overall marks are compiled, will service users and carers who have been involved in marking be included in any group discussions?

Are refreshments available? Is food available with an element of choice?

Will a reward payment consistent with Department Of Health good practice guidance be offered?

Will feedback be provided afterwards to service users and carers who have participated?

Will service users and carers be notified of the contract award at the same time as it can be publically announced?

Will there be an opportunity for those who have been involved to discuss their experience of the process with commissioners or those who have coordinated their involvement and to have any discrepancies between contract award and service user and carer recommendations or marking explained?

Will there opportunities for involvement in mechanisms set-up to support the initial development of services that service users and carers have helped to procure?