Case study – Embedding Patient Voice in the West Yorkshire Prisons Procurement Project

Background to the project:

NHS England has direct commissioning responsibility for healthcare for people detained in prisons and prescribed places of detention which for this project includes a high security prison, two adult male prisons, two female prisons and a young offenders' institution (YOI) and a secure children's home (SCH). Historically, these services were commissioned by PCTs for prisons in their locality. As a result a range of different commissioning and contracting models were inherited resulting in variability of provision and service quality and insufficient value for money. This was never a sustainable position and this procurement represents a critical milestone of the overall strategy to correct this.

Historically it has been challenging to fully embed the patient voice into health and justice commissioning due to the access issues with service users. Therefore for this project the Health and Justice team saw this as an opportunity to improve patient engagement and to ensure it was a central part of the procurement.

What did we do and when?

To ensure that the patient voice was truly embedded into the full lifecycle of the prison procurement project we decided to implement the following:

Pre -procurement

- NHS England Health and Justice Team conducted an initial patient engagement workshop with local criminal justice providers and stakeholders to understand how we can better access the patient voice across prison settings.
- NHS England conducted a systematic review of already existing PPE mechanisms across Yorkshire and Humber which have fed into public domain reports for each of the institutions affected by the procurement e.g. NOMs prison service level agreements, Independent Monitoring Board Reports and Prison Inspection Reports.
- An Equality Impact Assessment was carried out to ensure that any equality and diversity issues were considered when accessing the patient group.
- Based on the outputs from the workshop and review of public domain patient voice work, the procurement project team decided on a clear strategy for patient engagement and how and where it will impact on the outputs of the procurement including targeted patient workshops and patients included as part of the bid evaluation team.
- The WY procurement project then outlined a communications plan which defined the key patient groups and how they will be communicated with (and when) – considering factors such as access issues (to those 'in prison' and those 'experts in the community'), literacy issues and impartiality.
- NHS England then sought advice on accessing the patient voice from WY-FI (West Yorkshire Finding Independence) – a third sector partnership of organisations (lead organisation: DISC) and funded by the Big Lottery Fund- who are experienced in involving 'experts by experience' in coproduction and as peer mentors (a clear service level agreement was set up around roles and responsibilities for all organisations involved).

Mid-procurement

- Team delivered 'targeted' patient workshops (based on outputs from previous patient voice reports) at all seven institutions affected by the procurement on behalf of NHS England, when possible, without the presence of the establishment healthcare staff in order that patients can speak openly and with impartiality.

- Project team established a clear audit trail identifying where patient feedback from workshops impacted on the procurement including specification design, bid evaluation question design, presentation question design and health service model (patient voice work stream was an ongoing agenda item at project board meetings).
- In collaboration with WY-FI we expanded our bid evaluation project team to include an expert for each procurement lot:
    - A male expert by experience to work on the lot one (male high security prisons) and lot two (male adult prisons).
    - A female expert by experience to work on lot two (female estate).
    - Two young people (from Wakefield Youth Offending Service) to work on lot four (young person's estate).
- Project team decided to ask a specific question to providers around their approach to engaging with the patient – to be evaluated and scored by the experts by experience (alongside prison governors as peer evaluators).

Post procurement

- Lessons learnt session conducted with the experts involved in the procurement process (as well as WY-FI).
- Project team will deliver second workshops (in the affected establishments) to ensure that the patients are given feedback with a focus on outcomes of the initial feedback e.g. 'you said AND we did..'.
- Project team re-reviewed their approach to embedding the patient voice in a lessons learnt session – it was decided that for lot three (women's estate) we would expand our use of the experts by experience to involve the expert on the presentation evaluation panel (this lot was not awarded during the first stage of this project).
- During the contract mobilisation process the Commissioners will ensure that the promises made around patient engagement as part of the bid submissions by providers are upheld and added to the NHS standard contract.

Project Benefits of the embedded patient voice approach

- In line with the 5 year forward view objectives this process is helping to 'break down the barriers' between patients and professionals, to support the agenda of 'patients will gain far greater control of their own care' and also allows the H&J team to 'become better partners with voluntary orgs and local community' i.e. WY-FI.
- There has been a clear impact on project outputs such as scoring of the bid evaluations, specification design and healthcare model discussions – which were specific to the demographic of each procurement lot.
- Process forced project team to challenge their personal professional perspectives on the value the patient voice can add to the procurement process.
- There were clear benefits for the 'experts by experience' who fed back that the process was 'empowering', 'confidence building', 'interesting' and enjoyable'. They also felt that their role had 'made a difference'.
- The viewpoints of the experts with 'lived experience' really pushed the bid evaluation panel to consider alternative viewpoints e.g. for lot 4 around young people the experts pushed for increased consideration the role of the 'family unit' surrounding patient rather than just individual patient.
- We were able to communicate the 'experts' feedback from bid evaluation process directly to providers using the In-Tend Consensus portal - this ensured the experts saw how their inputs were used.
- Working with the third sector to access the patient voice has added an additional dimension which has encouraged Commissioners to think about how we engage with experts and service users in wider commissioning and other work streams (WY-FI also felt the process contributed to systems change and facilitated empowerment of experts).

- This process allowed project team to develop a fit for purpose service level agreement between all parties and a procurement training pack for Experts which can be used in future work with experts.

Challenges of the embedded patient voice approach

- Due to the nature of the service users it was challenging to facilitate workshops and consultations in prisons (in particular access issues in high security prison.)
- There was nervousness from professionals (and the experts) around how much value this process would add to the procurement which was thoroughly debated amongst project team.
- There was a fear from WY-FI that the process would not be fully embedded and potentially tokenistic which again was thoroughly debated.
- There were fears from project team that the 'experts' may not be ready to be involved in such a complex process (there were huge misconceptions around abilities of experts i.e. IT and literacy skills which was challenged by WY-FI who provided support and governance). Any needs the experts had were addressed by project team preparing them and supporting them throughout the process.
- The process can be time consuming (for example requirement for lots of agencies having to liaise together regularly) but in terms of 'adding value' this was immeasurable.
- There were some difficulties in engaging young people as a group of experts. This process was eventually supported by a Youth Offending Service which helped us to access young people.
- Initially there were no formal funding streams to allow us to pay the expense of the 'experts'.
- Changes in project timescales resulted in losing an expert due to new timescales (common in procurements) – perhaps in the future a bank of experts which we can tap into over a long term project may be useful.

What would we do differently?

- Be braver - involve the experts in even more work streams of the project (e.g. presentation evaluation, running their own consultations/ workshops, bid question design, reviewing specifications etc.).
- At start of process look at project plan and consider what they cannot do rather than what they can do – change of mentality.
- Try to engage experts from more of a diverse minority ethnic background.
- Minimal jargon- from other professional (train professionals how to work with experts around transparency rather than just training the experts).
- Ensure Commissioners are in same room as experts more often to evidence the value added to the process from the start.

Where will this case study be shared?

- Internally to all stakeholders involved in the process (the experts by experience, NHS England, Yorkshire and Humber Commissioning Support, North England Commissioning Support, WY-FI, governors, regional Health and Justice teams and central Health and Justice team)
- Presented at WY-FI conference- 21st April 2016
- Academy for Heath and Justice Commissioning
- Clinks – case study within the national guide to Health and Justice Commissioning
- Submission to the World Procurement Leaders Awards (NECs)