

# Involving service users and carers in a procurement

---

**How Bedfordshire Clinical Commissioning Group involved  
service users, carers and stakeholders in their procurement  
of mental health, learning disability and CAMH services**

**Anona Hoyle, Patient and Public Engagement Officer**

**19 December 2014**





# 1. Background

In order to transform their mental health, learning disability and CAMH services, Bedfordshire Clinical Commissioning Group (BCCG) and commissioning partners have conducted a comprehensive engagement programme with service users, carers and other stakeholders to develop new service models. Some of the early work was undertaken through the Mental Health and Learning Disability Change Board, and the Children and Maternity Programme Board and the work then moved forward by the Mental Health and Learning Disability Procurement Steering Group (referred to as steering group).

The commissioners decided that the services should be split into 4 different lots:

- Lot 1      Mental Health Services Steps 1-3
  - Low and high intensity counselling
  - Mental health management with GP support
  
- Lot 2      Mental Health Services Steps 4-5 - including Specialist Learning Disabilities and Section 75 services
  - Services provided by psychologists, psychiatrists, social workers and mental health nurses and other associated professionals on an inpatient or outpatient basis
  
- Lot 3      Rehabilitation and Recovery Services
  - Services for people with severe mental health needs or long term mental health who need support with employment, housing or living skills
  
- Lot 4      Child and Adolescent Mental Health – CAMH service
  - Services for children and young people

Members of the steering group wanted to continue in its commitment to listening and responding to people's experiences of local healthcare services and therefore involve service users and carers in the mental health procurement process. In order to do this the Patient and Public Engagement Officer (PPEO) was asked to join the steering group meetings and facilitate with the formation of stakeholder panels where a cohort of service users and carers could meet the shortlisted bidders and ask questions around the contents of the bid and how the bidders would deliver the new services.

The procurement BCCG and their commissioning partners were undertaking was one of the largest procurements taking place in the country, added to this the involvement of groups of service users and carers to independently score the providers as part of the procurement was completely new for BCCG so there was a lot on new territory to cover and a lot at stake.

This report has been produced by the Patient and Public Engagement Officer (PPEO), it tells the story of the processes and activities undertaken and more importantly the lessons learnt during the whole process which can be adopted in BCCG's work in the future.

## **2. Activities Undertaken**

### **1. Determining role and function of the stakeholder panels**

In order to recruit to the stakeholder panels, the PPEO needed a clear steer on what was expected of the stakeholder panels. It was confirmed by the steering group that panel members would be given the opportunity to meet the shortlisted bidders and ask them questions relating to patient and public experience. The scores the panels awarded would contribute towards the providers overall score (marked by officers in a separate process).

### **2. Scheduling dates for meetings**

Before asking service users and carers to register their interest in joining the stakeholder panels it was necessary to set the dates, times and venues for the training session and panel sessions for each lot. This enabled service users and carers to confirm their availability for both the training session and meeting with providers. Both sessions were held at the same venue enabling panel members to familiarise themselves with the venue prior to the meetings.

The training sessions were scheduled 2 weeks prior to the panel sessions to allow panel members time to reflect on their training, opportunity to withdraw from the panel and time to read through and familiarise the questions they agreed to ask.

The stakeholder panel meetings were scheduled to be held in the school holidays to enable children and young people to participate in the process.

The logistics for arranging the meetings were carefully considered to minimise the amount of time officers, bidders and panel members needed to spend or have waiting between members (see appendix 1)

### **3. Asking service users and carers to register their interest in joining the panels**

There were 5 stakeholder panels in total:

- |                 |   |
|-----------------|---|
| Lots 1, 2 and 3 | One panel per lot consisting of a mix of service users and carers plus a representative from each of the local Healthwatches  |
| Lot 4           | 2 panels <ul style="list-style-type: none"><li>– Parents and carers and representatives from Healthwatch</li><li>– Children and young people and young representatives from Healthwatch</li></ul> |

## Adult panels

A targeted approach was used to invite individuals to register their interest in joining the stakeholder panel. All people contacted were asked to complete a registration of interest form (see appendix 2). The following were contacted to ask them to register if they were interested:

- members of the CCGs public membership scheme with an interest in mental health
- members of the Experts by Experience Group (a group established by the Mental Health Team during the early engagement activity)
- organisations that currently provide mental health services by telephone initially, followed by email asking them to forward an invitation and registration form to individuals they thought might be suitable for the task.

This targeted approach ensured we reached a wide range of service users and carers who were keen to get involved, but that also ensured we were not inundated with a large number of people registering their interest, and therefore the potential for people to feel demotivated or rejected if they were not allocated a place on the panel.

A number of groups and organisations were contacted to ask for their support in identifying individuals who might be interested in joining the panel. These included some of the current service providers and the local authority diversity networks (a list of the organisations and groups contacted can be found in appendix 3.) This list was shared with members of the steering group who were asked to identify if there were any other groups or organisations that might be able to help identify additional service users and carers to be involved, these were then contacted for their support.

Individuals who were interested in joining the panels were asked to indicate on their registration forms which stakeholder panel they wanted to join (Lots 1 – 4), their experiences of the mental health services they had accessed and the reasons they want to join the stakeholder panels together with diversity monitoring information. This information enabled panels to be formed which had a mix of service users and carers who had experiences of different mental health services with a range of different genders, ages, ethnicities and from both local authority areas.

The registration forms were coded to help identify the source of the form – i.e. if the individual was a public member (which organisation/group had forwarded them the form). A copy of the letter and information sent can be found in appendix 4.

BCCG agreed to reimburse the transport costs for the individuals participating in the panels.

## Children and Young People Panels

Both local authorities have a team who are responsible for working with children and young people, supporting them to actively participate and effect community change across all service areas. Both authorities agreed to fully support and facilitate the development of a young person's panel; this panel was treated the same way as the adults panel.

### 4. Selecting panels

The registration forms were reviewed by the Head of Mental Health and Wellbeing (HMH&W), the Public and Patient Engagement Manager (PPEM) and PPEO who produced a short-list of people for each panel that included a mix of people and experiences

Letters and/or emails were sent to all the individuals who registered their interest in joining the panels letting them know whether or not they had been allocated a place on the panels. The letters confirmed the dates they needed to be available, gave them an opportunity to ring an officer if they had any questions or concerns and for individuals who had not been allocated a place on the panel suggestions of how they could get involved in future work (see copy of letters in appendix 5)

The panels consisted of:

Lot 1	3 x service users 1 x general representative 1 x carer 3 x Healthwatch
Lot 2	5 x service users (including person with learning disabilities and chair of the Autism Partnership Board) 1 x carer 2 x Healthwatch
Lot 3	2 x service users 2 x carers 2 x Healthwatch
Lot 4	1 x parent carer 1 x representative from parent carers forum 2 x Healthwatch

## Key learning points in recruitment

What worked well	What could be done to improve future activities
Using a targeted approach to recruit individuals and groups to join the stakeholder panels as this helped to manage the number of people registering their interest and therefore reduced the task of having to inform people that there was not a place available for them.	Allow more time for the stakeholder recruitment - this would enable more time to follow up enquiries and to conduct interviews if necessary and also time for supporting organisations to liaise with potential panel members.
Asking individuals to complete forms to register their interest in joining the stakeholder panels as this provided information about the services they had used and the reasons they wanted to join the panels.	Recruit more 'real-life' parent carers rather than organisations who represent parent carers.
Having forms coded so BCCG could identify which organisation or group had given the form to the individual.	To have a more representative panel – reflecting the diversity of Bedfordshire people of who use the service.
Working with local authorities to manage the children and young people panels as they regularly involve young people in decision making and have groups of young people who have the skills to do this.	To have people on 'reserve' as some people 'dropped' out late in the process which made some panel groups very small.
Running through the registration forms with the Patient and Public Engagement Manager (PPEM) and Head of Mental Health and Wellbeing (HMHWB) to agree the makeup panels as they had expert knowledge on the services that people were involved with	Limit the number of lots an individual can register/join, as there was a potential cause of conflict for two individuals when they had learnt some information from a previous meeting that had not been discussed in that particular meeting, they were also extremely tired at the end of the day after taking on too many roles
.	Provide alternative ways for individuals to register their interest in joining the panels – as some people may not like completing forms or the prospect of rejection if they are not allocated a place on the panel.
	Have an agreement for participants to sign up to and send it out in advance – that participants will: <ul style="list-style-type: none"> <li>- agree to do the task</li> </ul>

	<ul style="list-style-type: none"> <li>- be open to change</li> <li>- accept that change will happen</li> </ul>
Arranging for both the training session and the panel sessions to be held at the same venue – this enabled individuals to familiarise themselves with venue, journey route etc.	Reassure people in advance that their needs would be catered for – i.e. rest breaks, cigarette breaks etc.
At the time of registration, informing panel members of the dates and times of the meetings they would be required to attend so they commit to attend the meetings	Agree with both Healthwatches their specific role at the start of the project – whether they are involved in a scrutiny type role to a participatory role or given secured place(s) for their members on the panel
	Have petty-cash available so people’s travelling costs could be reimbursed if they were travelling using public transportation, as some of the individuals participating were on low incomes / benefits and had to submit their receipts for their taxi, bus or train journey and then wait for the payment to be paid into their bank accounts.
	Improve the process for working with children and young people as both local authorities held all the contact details for the young people participating and as a result BCCG were unable to liaise direct them. This was a hindrance at times i.e. when BCCG wanted to gather their feedback, wanted to involve a couple of them in a video about how BCCG involved service users and also sending them the outcome of the work.

## **6. Preparation for training session**

It was a requirement that all panel members attend a half-day training and preparation session.

A week before the training session the trainer met with the mental health leads for each of the lots to run through the training programme and agree a format for providing information at the session about the services included in each lot.

The programme was agreed; it was agreed that the training session would provide opportunity for all panel members to:

- meet other panel members and feel able to talk to one another
- understand and appreciate that everyone has different likes and needs
- understand what is needed of them and how they can be an effective panel member and how to undertake their responsibilities effectively, without bias or influence.
- understand why the tender process was happening and how it worked
- develop the questions to ask the providers at the meetings
- meet and be comfortable in the presence of officers who would be present on the day ensuring that the process was in line with procurement legislation

A copy of the training and preparation agenda can be found in appendix 6.

## **7. Training sessions**

The training session for the adult panels was held in the Lockyer Suite at the Rufus Centre. This large venue was selected to enable everyone to fit comfortably into the same room.

Attendees were split into 4 groups (lots 1 – 4) and positioned with other members of their panel, the mental health 'expert' and a facilitator – this enabled all people to familiarise themselves with others in their group.

Also attending the training session was the GP Clinical lead for mental health services and a representative from procurement to ensure that the whole process adhered to procurement legislation

The session was scheduled to last 3 ½ hours, 95 minutes training on how to be an effective panel member and 90 minutes for the groups to prepare the questions they would ask the providers for each lot. There was at least one 5 minute break scheduled every hour for comfort and cigarette breaks as recommended if following good practice when working with people with mental health needs. Please see copy of the training/preparation workbooks (panel members, facilitators and presentation slides in appendix 7).

After the first part of the training was complete (see section 6 for what was included), the panel members were advised that would be interviewing 2 organisations that had been shortlisted as part of the procurement process to provide services in that lot.

They were not informed who the shortlisted bidders were going to be, but were asked to complete a declaration of interest and confidentiality statement declaring any interests they may have in any potential providers and confirming any information they learnt would be kept confidential.

One stakeholder was concerned that they were not eligible to be involved in the process as they knew some of the current mental health providers personally; the individual was asked to list the organisations they had connections with and were assured by the procurement lead that they were not one of the short-listed bidders and were therefore able to continue with the panel.

The second part of the session involved each group forming a set of question relating to patient experience and agreeing what a good answer may look like. This involved:

- A member of the mental health team telling each group what services were included in each of the lots 20 mins
- Each group identifying the priority ideas they wanted to form their questions around 10 mins
- Each group developing a set of 6 questions they wanted to ask around their agreed priority areas 25 mins
- Developing scope for what a 'good answer' may look like 10mins
- Agreeing what the panels would look like and agreeing who would ask each of the questions on the day 15 mins
- Recap of the day

One of the groups did not manage to agree all of their questions at the training session and met the following week with the Head of Mental Health and Wellbeing and Patient and Public Engagement Officer to finalise their questions and suggested good responses.

All the panel members were encouraged to contact the PPEO after the training if they had any concerns or questions relating to their training or the forthcoming meetings with the providers

## Key learning points for the training/preparation session

What worked well	What could be done to improve future activities
Pre-meeting with representatives from the mental health teams to agree agenda and outcomes for the training and preparation session and run through the proposed agenda	If there is group work to have a number of break-out rooms for the various groups as it was very noisy and difficult for people to hear what was being said in their group – it was also extremely uncomfortable for an individual with Autism.
Inviting the people who needed to be present in the meetings with the providers to attend the training/preparation sessions so members of the panel were familiar with them. This included the trainer/facilitator, mental health representative and procurement lead.	Produce a 'jargon free' declaration of interest form and distribute it in advance so stakeholders have the opportunity to read the form and digest the contents prior to the meeting
For the mental health leads to prepare information on areas that the steering group may wish to explore to give focus on such large subject areas	For officers involved in the meeting to have a better understanding of the procurement process and how it relates to declaration of interest if a bidder plans to outsource some the services included in the lot
Following 'good practice guidance' for engaging with the service user group – i.e. the guidance recommends scheduling regular tea and cigarette breaks	Include training and activity on agreeing scores by group consensus to prepare panel members
Including a range of ice-breakers and activities to help demonstrate the key learning points the training was to deliver	Ensure that all staff involved in process fully understand their role and that they are present purely to facilitate and answer queries - at times some individuals would try and lead or steer the participants discussions and answers.
Producing a work-book that panel members could complete during the session and take away with them afterwards	Allocate more time to advising how the panels will run and focus more on how to make decisions by consensus.
Holding the training session two weeks prior to the event to enable panel members the opportunity to contact staff if they had any questions or queries relating to the training and session	Run a separate briefing session with the chair persons to clearly define their role and responsibilities and provide them with skills to help prepare them for the task - include topics such as time keeping and setting of protocols.

Having an agreed time to formulate the questions	
Providing the opportunity for one panel group to meet again after the session to prepare and agree their questions	
Having an agreed scoring method so all panel members apply the same criteria (see appendix 8)	

## 8. Meetings with the providers

Each stakeholder panel was scheduled initially to meet with the 2 providers that had been shortlisted during the procurement process to provide services in the specified lot. The meetings were scheduled to run consecutively (therefore 2 interviews per session).

All panel members were emailed prior to the meeting to remind them of the importance of keeping everything confidential and adhering to the procurement legislation. The email also reinforced the dates and times of the meetings.

Each session lasted approximately 3 hours, which included:

15 mins	Welcome and refresher with facilitator and refreshments
1 hour 5 mins	Stakeholder questions with bidder 1
5 mins	Comfort break
50 mins	Scoring for bidder 1
15 mins	Break for refreshments
1 hour 5 mins	Stakeholder questions with bidder 2
5 mins	Comfort break
50 mins	Scoring of bidder 2

All panel members were given:

- a sheet with all the questions and responses they had agreed at the training preparation session
- a score book which had the question printed at the top of each page and plenty of space to write notes and their initial scores.
- a copy of the scoring criteria
- an agenda, so they could all adhere to the agreed timings

A representative from Healthwatch agreed to chair the meetings. They were responsible for welcoming the bidders, asking each panel member to introduce themselves.

The panel members took it in turns to ask their agreed questions to the bidders, if any panel members wanted to ask a clarifying question they could do so following approval from the chair.

Each panel representative was asked to make notes in their score books throughout the session and to score each question accordingly.

At the end of the meeting after the bidders had left the room, the panels agreed the score for each of the questions asked. To do this the procurement lead asked each member of the panel what they had scored each question and then asked a couple of individuals the reasons for their scores. This was followed by the procurement lead facilitating a discussion to try to reach a score by consensus.

All the scores and comments were recorded electronically on a spreadsheet by the procurement lead.

Two of the short-listed bidders chose to withdraw from the process prior to the meeting which meant for lots 2 and 4 the panel members only met one provider. The panel members were informed that the bidders had withdrawn, the email said:

*"We've received news that one of the lot 2 bidders has withdrawn from the process, therefore as a result your panel will be interviewing one potential provider instead of two. Please be reassured that your contribution is still crucial to the process, because we must ensure that the remaining bidder meets certain criteria and expectation. They must receive a score of over 60% to be an acceptable provider for our mental health services. We have therefore revised the morning schedule to allow more time for dialogue and opportunity for the provider to provide more in depth responses to your panel"*

## Key learning points from the panel sessions

What worked well	What could be done to improve future activities
Having 20 minutes or so before meeting the providers to meet and recap, providing a refresh of what will happen during the session, checking through the questions etc	Streamline the process for recording the scores and narratives associated with the scores, as the process was time consuming for procurement lead to record electronically on different spreadsheet and tabulations within the sheets
Marking the responses on the content of the bidders answers only, no organisations were permitted to bring videos and additional 'glitzy' materials that could sway the scores awarded	
Having an agenda which included timings so everyone understood and adhered to the timescales involved	Agree the role of the Healthwatch representatives and the number of representatives required
Having 2 consecutive meetings in a morning or afternoon so the majority of panel members would only be required for a morning or afternoon session	Clearly define the role of the chairperson and role the lead from procurement
Having an unscored question that the panel asked each of the bidders at the start of the session which gave the bidders the opportunity to tell the panel about their organisation	Determine beforehand whether the chairperson of the panel should be totally independent (i.e. a representative from Healthwatch) and therefore not have voting capacity
<p>Keeping the number of 'officers' in the room to a minimum so panel members did not feel they were being 'watched'. For the majority of panels there were 3 officers present</p> <ul style="list-style-type: none"> <li>- Facilitator - this was the same person who delivered the training</li> <li>- A mental health expert – this was either the Head of Mental Health or the GP clinical lead as they had expert knowledge of the whole lot</li> </ul>	Improve scoring mechanism as it was fairly time consuming for the procurement lead to capture and record the scores and points in both computerised spreadsheets

<p>– Representative from procurement</p> <p>The mental health lead and ‘expert’ took notes so when the panel agreed their score by consensus at the end of the session, they could check / clarify what some of the answers were</p>	
<p>Restricting the number of people each bidding organisation could send as their representative to 4 people.</p>	
<p>Having scoring work books with one question printed on each page and a box for the panel member to write their initial score and plenty of space to write notes.</p>	
<p>Have an officer present who was responsible for organising the logistics, knowing who should be where and at what time</p>	
<p>Reminding panel members of the need to keep all information about what they learnt about the procurement confidential</p>	

### 3. Life after the panels

There was a positive vibe following the stakeholder panels, with both the staff and individuals participating providing positive comments. In order to capture this, a feedback form was sent out to all panel members.

The results of the feedback are shown in appendix 9, in a nutshell the individuals involved was that they were very pleased for having been given the opportunity to participate in the shaping and that the commissioners were really listening and taking on board their views.

*“It was so good to know that service users and carers opinions were valued. We also seemed to gel as a group. Together with the considerate, pleasant and helpful CCG staff which put me at ease.”*

*“I sensed this was due to how well the evaluation process had gone and that people truly welcomed the involvement they had had. In part this also flowed from the CCG emphasis on the independent decision making role of the panel members – people welcomed the responsibility they were given.”*

*“As a carer, I was overwhelmed by the enthusiasm and ardent passion portrayed by all the participants, to try and help improve Mental Health in this area.”*

*“We were really impressed how passionate the providers were about the service they provide now and want to have something similar in Bedford.”*

*“I think the main thing was that as a service user I felt valued as I was involved with the process. As service users we are the ones using the service or who have used the service that the potential providers will be delivering, it really affects us as to who is providing it. I personally very much appreciated being part of the process.”*

*“Having a direct say, by a well chosen panel.”*

One individual felt positive about the whole process that he attended BCCGs Governing Body on 5 November. The minutes report:

“█████ wanted to appraise the Governing Body and give some feedback. █████ has been part of the Mental Health procurement process as a member of the stakeholder panels. He wanted to feedback how well the sessions were both organised managed and executed. Having worked for the largest telecommunications company in the world in various management positions on both sides of the Atlantic he felt he was in a good position to judge. He particularly wanted to name Dr Judy Baxter, Michelle Bradley, Anona Hoyle, Lucy Appleby and Sarah Frisby.”

BCCG wishes to learn from this whole experience and to be able to put what it has learnt into future practice. Working in partnership with the Directorate that deliver the media training courses, it is going to produce a short video to capture how it involved service users, carers and other stakeholder in the shaping and procuring its services. The video will include members of the Mental Health Team, Lay member for Patient and Public Engagement and service users and carers who were involved in the process. This video can be shown at the start of other projects to inspire both staff and stakeholders at the start of a project.

## Mental Health Stakeholder Panels – 28<sup>th</sup> and 29<sup>th</sup> October

- All meetings are taking place at the Rufus Centre
- We have asked stakeholders to arrive 10 minutes before the session start time for Lots 1 & 2 and 5 minutes before start time for Lots 3 & 4.
- It would be beneficial if officers could arrive by 8:30 for morning sessions in order to de-brief and get organised before panel members arrive.
- Anona’s mobile number for day is 07768 482 866
- Fingers crossed the day will run swimmingly smoothly

<b>Katharine Parker</b>	<b>Arrival Time</b>	<b>Actual time of session</b>	<b>Role in session</b>	<b>Room</b>	<b>Lot number</b>
Tuesday 28 October	<b>8:30am</b>	9:00 – 12:30	Facilitator	Davis Suite	Lot 2
		1:00 – 5:30	Facilitator	Davis Suite	Lot 3
Wednesday 29 October	<b>8:30am</b>	9:00 – 1:30	Facilitator	Moorfield Room	Lot 1
		3:15 – 5:45	Facilitator	Moorfield Room	Lot 4

<b>Rod Skinner</b>	<b>Arrival Time</b>	<b>Actual time of session</b>	<b>Role in session</b>	<b>Room</b>	<b>Lot number</b>
Tuesday 28 October	<b>8:30am</b>	9:00 – 12:30	Procurement	Davis Suite	Lot 2
		1:00 – 5:30	Procurement	Davis Suite	Lot 3
Wednesday 29 October	<b>8:30am</b>	9:00 – 1:30	Procurement	Moorfield Room	Lot 1
		1:00 – 3:30 <small>(see p3)</small>	Procurement	Davis Suite	Lot 4 (CYP)
		3:30 – 5:45 <small>(see p 3)</small>	Procurement	Moorfield Room	Lot 4 (Adults)

<b>Michelle Bradley</b>	<b>Arrival Time</b>	<b>Actual time of session</b>	<b>Role in session</b>	<b>Room</b>	<b>Lot number</b>
Tuesday 28 October	<b>8:30am</b>	9:00 – 12:30	Note taker and mental health lead	Davis Suite	Lot 2
		1:00 – 5:30	Note taker and mental health lead	Davis Suite	Lot 3

<b>Judy Baxter</b>	<b>Arrival Time</b>	<b>Actual time of session</b>	<b>Role in session</b>	<b>Room</b>	<b>Lot number</b>
Wednesday 29 October	<b>8:30am</b>	9:00 – 1:30	Mental health lead	Moorfield Room	Lot 1

<b>Lucy Appleby</b>	<b>Arrival Time</b>	<b>Actual time of session</b>	<b>Role in session</b>	<b>Room</b>	<b>Lot number</b>
Wednesday 29 October	<b>8:30am</b>	9:00 – 1:30	Note-taker	Moorfield Room	Lot 1
TBC		3:30 – 5:45	<i>Note taker (tbc)?</i>	Moorfield Room	Lot 4 (Adults)

<b>Sharon Simpson</b>	<b>Arrival Time</b>	<b>Actual time of session</b>	<b>Role in session</b>	<b>Room</b>	<b>Lot number</b>
Wednesday 29 October	<b>In time for setting up CYP session</b>	1:00 – 3:30	Facilitator and mental health lead	Davis Suite	Lot 4 (CYP)
		3:15 – 5:45 <small>(see p 3)</small>	Mental health lead and note taker (tbc)?	Moorfield Room	Lot 4 (Adults)

## Summary of Logistics and Roles

	Time	Lot number		Room
Tuesday 28 October	9:00 – 12:30 <i>(Introduction and brief 9:00 – 9:15)</i>	Lot 2	Facilitator – Katharine Mental health lead – Michelle Note-taker - Michelle Procurement – Rod	Davis Suite
	1:00 – 5:30 <i>(Introduction and brief 1:00 – 1:15)</i>	Lot 3	Facilitator – Katharine Mental health lead – Michelle Note-taker - Michelle Procurement – Rod	Davis Suite
Wednesday 29 October	9:00 – 1:30 <i>(Introduction and brief 9:00 – 9:15)</i>	Lot 1	Facilitator – Katharine Mental health lead – Judy Note-taker - Lucy Procurement – Rod	Moorfield Room
	1:00 – 3:30 <i>(Introduction and brief 1:00 – 2:00)</i>	Lot 4 (CYP)	Facilitator – Sharon Mental health lead – Sharon Note taker – TBC (Lucy – please can you advise) Procurement - Rod Local authority representative <i>NB – Sharon to start session, Rod to join after Lot 1 session has ended and lunch</i>	Davis Suite
	3:15 – 5:45 <i>(Introduction and brief 3:15 – 3:45)</i>	Lot 4 (Adults)	Facilitator – Katharine Mental health lead – Sharon Note-taker - Sharon Procurement – Rod <i>NB – Katharine to start session, Sharon and Rod to join when CYP panel finishes</i>	Moorfield Room



**Stakeholder Panel - Mental Health Procurement**  
**Registration form for people who want to be involved**  
 Please return form before Friday 26 September 2014 to Anona Hoyle  
 (contact details on page 3)

**Your details**

Family name	
First name	
Title	

Address	
Postcode	

Email	
Telephone (day time)	
Telephone (mobile)	

**1. How would you prefer us to contact you? (tick one box only)**

- Telephone - day time     
  Telephone - mobile     
  Email

**2. Please tell us in what capacity you would like to join a stakeholder panel (tick one box only)**

- I am a mental health service user     
  I used to be a mental health service user  
 I care for someone with mental health needs (unpaid carer)     
  I used to care for someone with mental health needs (unpaid carer)  
 Other (please specify here) .....

**3. What service(s) do you use or have used in the past?** Please include details of the mental health services or organisations you or your family are currently involved with or have been involved with in the past.

**4. Please indicate which lot (stakeholder panel) you would like to join. If you are interested in more than one lot, tick all that apply and indicate your preference (where 1 is your favourite and 4 is your least favourite). A full explanation of the services included in each lot is detailed in the 'Additional Information'.**

Lot 1 (preference .....)

Lot 2 (preference .....)

Lot 3 (preference .....)

Lot 4 (preference .....)

**5. Please tell us why you want to join one of the stakeholder panels**

**6. Please let us know if you have any access requirements or if there is anything else we can do to help you take participate fully, please also let us know if you will be bringing a key-worker or advocate to support you.**

## **Declaration**

Please tick all that apply

- I confirm that I will be able to attend the training/preparation meeting on Wednesday 8 October (10:00am – 1:30pm)

I confirm that I am able to attend the following stakeholder panels

- Lot 1 – Wednesday 29 October (9:00am – 1:30pm)
- Lot 2 – Tuesday 28 October (9:00am – 1:30pm)
- Lot 3 – Tuesday 28 October (2:00pm – 6:30pm)
- Lot 4 – Wednesday 29 October (1:45pm – 5:45pm)
- I feel I am at a point in my recovery where I can participate effectively
- I confirm that I have declared any 'interests' I have in mental health services by completing section 3 of this form

**I declare that all the information given above is correct**

**Signature:** .....

**Date:** .....

### **Completing this form**

If you have any queries about the stakeholder panel or how to complete this form, please contact Anona Hoyle on 01525 864430 (extn. 5955) or email [anona.hoyle@bedfordshireccg.nhs.uk](mailto:anona.hoyle@bedfordshireccg.nhs.uk)

Please return this form by sending it to our freepost address (no stamp needed):

Freepost RTHL – GRGS-ZGCH  
Suite 1- Bedfordshire Clinical Commissioning Group  
Capability House, Wrest Park  
Bedford MK45 4HR

**Please return before Friday 26 September 2014**

*Thank you for completing this form and wanting to get involved. Please remember, there are only a certain number of places on the panel so not everyone will be able to join. We'll contact you and let you know if there is a place for you on the panel. If there isn't, we'll let you know about the other ways you can get involved.*

**Continued overleaf**

**We want the panels to be representative of the Bedfordshire community, it would therefore help us if you can provide some further information about yourself.**

Please tick appropriate boxes

**1. What is your ethnic group?**

<input type="checkbox"/> White	<i>British, Northern Irish, Gypsy and other white background (please specify).....</i>
<input type="checkbox"/> Asian / Asian British	<i>Indian, Pakistani, Bangladeshi, Chinese and any other Asian background (please specify) .....</i>
<input type="checkbox"/> Black / African/ Caribbean/ Black British	<i>Caribbean, African, and any other Black/African/Caribbean background (please specify) .....</i>
<input type="checkbox"/> Mixed / Multiple ethnic groups	<i>White and Black Caribbean, White and Black African, White and Asian any other mixed multiple background (please specify).....</i>
<input type="checkbox"/> Other ethnic groups	<i>Please specify .....</i>

**2. What is your age?**

<input type="checkbox"/> 18 - 29	<input type="checkbox"/> 30 - 39	<input type="checkbox"/> 40 - 49
<input type="checkbox"/> 50 - 59	<input type="checkbox"/> 60 - 69	<input type="checkbox"/> 70+

**3. What is your gender?**

Male  Female

**4. Do you consider yourself to have a disability?**

Yes (if yes, please specify nature below)  No

<input type="checkbox"/> Long term mental health condition	<input type="checkbox"/> Sensory Impairment (sight / hearing)
<input type="checkbox"/> Learning Disability	<input type="checkbox"/> Other long term condition (please specify) .....
<input type="checkbox"/> Physical Disability (mobility)	

**5. Are you a carer?**

Yes  No

**6. What is your sexual orientation?**

<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Gay woman	<input type="checkbox"/> Gay man
<input type="checkbox"/> Rather not say	

Contact made to ask if people want to register interest for MH stakeholder panels

Activity	Notes	Date actioned
Experts by Experience group - letters posted	4 letters posted 10/09/14	
Experts by Experience group - emails sent	12 Emails sent (form ref 001) on 10/09/14 and resent 11/09/14	
BCCG members with interest in MH (BB) - letters posted	10 letters posted 11/09/14 (ref 012)	
BCCG members with interest in MH (CB) - emails sent	46 emails sent (ref 012) 11/09/14	
BCCG members with interest in MH (BB) - letters posted	1 letter posted 11/09/14 (ref 012)	
BCCG members with interest in MH (CB) - emails sent	12 emails sent (ref 012) 11/09/14	
MIND BLMK (Caroline Holman)- email	ref 002 - emails sent 10/09/14 and 11/09/14	
Impact (Deanne) - email	ref 003 - emails sent 10/09/14 and 11/09/14	
Carers in Bedfordshire (Sharon Rogers) - email	ref 004 - emails sent 10/09/14 and 11/09/14	
Parents and Carers Forum (Lynn Hoppenbrowsers) - email	ref 006 - emails sent 10/09/14 and 11/09/14	
Healthwatch Central Bedfordshire - email	ref 007 - emails sent 10/09/14 and 11/09/14	
Healthwatch Bedford Borough - email	ref 008 - emails sent 10/09/14 and 11/09/14	

Contact made to ask if people want to register interest for MH stakeholder panels

Bedford African and Caribbean Forum / SHEP	ref 010 - emails sent 10/09/14 and 11/09/14	
POhWER	ref 005 - emails sent 10/09/14 and 11/09/14	
Equality and Diversity network -	ref 013 - email 15/0914	
Sept	ref 014 - emails 15/09/14 and 16/09/14 and phone call to clarify very few places	
Healthwatch (Young reps)	Email 12/09/14	
Steve Minchington	Email 12/09/14	
CAMH	email sent	
CHUMS	email sent	
Foster Services	email sent	

9 September 2014

Communications and Engagement  
Bedfordshire Clinical Commissioning Group  
Suite 1 - Capability House  
Wrest Park  
Silsoe  
Bedford  
MK45 4HR

Tel: 01525 864430 (extn. 5955)  
Email: [anona.hoyle@bedfordshireccg.nhs.uk](mailto:anona.hoyle@bedfordshireccg.nhs.uk)  
Website: [www.bedfordshireccg.nhs.uk](http://www.bedfordshireccg.nhs.uk)

Dear Sir / Madam

**Re: Mental health services - opportunity to help decide who delivers local mental health services**

Over the past 2 years we (Bedfordshire Clinical Commissioning Group) have been working in partnership with Bedford Borough Council and Central Bedfordshire Council to develop a model for mental health and learning disability services.

We are now at the stage where we are meeting the organisations (potential providers) who have applied to deliver mental health services from April 2015 and who we think may be suitable.

Part of this whole process (which is called a dialogue) will involve the selected organisations answering a range of questions on patient experience. We want the questions to be formed and asked by people who have used or have experience of the different services or who may use them in the future, these people are called stakeholders. We are forming stakeholder panels to meet the selected organisations and ask them questions relating to their services. The answers provided by the organisations will be scored and the score will be added to the marks awarded in the other part of the process to help decide which organisations will deliver these services in the future



## Does this sound interesting to you?

If you are interested in joining this stakeholder panel, we would love to hear from you.

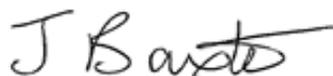
Please read the attached additional information sheet which tells you more about it, and if you would like to join the panel complete the enclosed registration form.

Please return the completed form to **Anona Hoyle** by **Friday 26 September 2014** to the address shown on the form.

It's a very exciting opportunity to get involved in helping select the future providers of mental health services in Bedfordshire.

If you have any queries, please feel free to contact Anona Hoyle (Patient and Public Engagement Officer) on telephone number 01525 864430 extn. 5955 or email [anona.hoyle@bedfordshireccg.nhs.uk](mailto:anona.hoyle@bedfordshireccg.nhs.uk)

Yours faithfully



Judy Baxter  
GP, Clinical Director, responsible for Mental Health

## Additional Information

### **Mental health services - opportunity to help decide who delivers local mental health services**

1. This is an exciting opportunity for people to get involved in helping select the future providers of mental health services.
2. The stakeholder panels will include service users, carers and people with an interest in mental health services in Bedfordshire.
3. The panel members will have the opportunity to meet potential service providers and ask them questions relating to patient and carer experience. The panel members will then score the answers which will be added to the other marks they have been awarded in the process.
4. People on the panel should be well enough and at a point in their recovery where they can participate effectively; if you don't think you're well enough to be involved in these panels you can get involved in other ways like joining our experts by experience group, membership scheme or a patient participation or reference group.
5. You must be available to come to a training / preparation meeting on **Wednesday 8 October 2014**. At this meeting we will explain what's happened so far to shortlist potential service providers, what will happen on the day and what is expected of panel members.
6. You will have an opportunity to meet the other people on the stakeholder panels and in a group agree what questions regarding patient experience you will ask the potential providers and what you think good answers look like.
7. There are four different service types (Lots 1 – 4). For each service type we are forming a stakeholder panel. When you complete your form you will need to tell us which stakeholder panel you would like to join. The services included in each lot are detailed on pages 3 and 4.
8. All meetings will take place at the Rufus Centre in Flitwick, BCCG will be able to reimburse your travelling costs.



## If you would like to be considered to sit on one of the Stakeholder Panels

1. Please complete the enclosed form and return to **Anona Hoyle** by **Friday 26 September 2014**
2. Remember - you must be able to attend **both** the training/preparation meeting and the meeting with the service provider (see below for dates).
3. Please tell us briefly
  - Why you would like to join the panel
  - What services you use or have experience of
4. We only have a certain number of places, so not everyone can join the panel. We'll contact you and tell you if there is a place for you on the panel. If there isn't, there will be other ways you can get involved and we will tell you how.

If you have any questions regarding the stakeholder panels or stakeholder training, please feel free to contact **Anona Hoyle** on **01525 864430 extn. 5955** or email [anona.hoyle@bedfordshireccg.nhs.uk](mailto:anona.hoyle@bedfordshireccg.nhs.uk)

**Remember, you must be available to attend both the training/preparation meeting and the meeting with the potential provider (dates and times below).**

1.	Training/Preparation	Wednesday 8 October	10:00am – 1:30pm
2	Lot 1 potential providers	Wednesday 29 October	9:00am – 1:30pm
	Lot 2 potential providers	Tuesday 28 October	9:00am – 1:30pm
	Lot 3 potential providers	Tuesday 28 October	2:00pm – 6:30pm
	Lot 4 potential providers	Wednesday 29 October	1:45pm – 5:45pm

## Services included in each Lot

### **Lot 1** (*Mental Health Services Steps 1-3*)

Low and high intensity counselling  
Mental health management with GP support

- GP practice-based counsellors
- IAPT services
- Single Point of Access and Triage
- Pilot delivering specialist therapeutic intervention for victims of domestic or sexual abuse who are 18 years of age and over
- Domiciliary counselling services.

Meetings with potential providers (Lot 1) on Wednesday 29 October in the morning

### **Lot 2** (*Mental Health Services Steps 4-5 - including Specialist Learning Disabilities and Section 75 services*)

Services provided by psychologists, psychiatrists, social workers and mental health nurses and other associated professionals on an inpatient or outpatient basis

- Inpatient services (assessment and treatment, adults, and older people)
- Outpatient services (assessment and treatment, adults and older people)
- Five locality based Mental Health Teams, which include Social Care. (These CMHTs incorporate the outcomes of Assertive Outreach, Early Intervention and Psychosis.)
- Primary Care Link Workers
- All age Crisis Resolution and Home Treatment Service
- Complex Needs Service
- Eating Disorder Service
- Direct Access to Psychology
- Community Forensic Team
- Approved Mental Health Professionals
- Liaison Psychiatry
- Memory Assessment and Post Diagnostic Support Services
- Autism Service (Assessment, diagnosis and long term support)
- In-patient beds for people with a learning disability

- Specialist Learning Disability Locality Teams that include Primary Health Facilitation Teams, Occupational Therapy, Psychology and Specialist Medical Teams
- Crisis service (Intensive Support Team) for people with a learning disability
- Acute Health Facilitation Teams
- Speech and Language Therapy and Sensory Impairment Therapy

Meetings with potential providers (Lot 2) on Tuesday 28 October in the morning

**Lot 3** (*Rehabilitation and Recovery Services*)

Services for people with severe mental health needs or long term mental health who need support with employment, housing or living skills

- Community team providing therapeutic intervention
- Day services
- Employment services
- Supported employment
- Day centre services
- Tenancy Sustainment ( Bedford Borough locality only )

Meetings with potential providers (Lot 3) on Tuesday 28 October in the afternoon

**Lot 4** (*Child and Adolescent Mental Health (CAMH) Service*)

Services for children and young people

- CAMH Learning Disability
- CAMH TIER 2 Early Intervention
- CAMH TIER 3
- CAMH Home treatment
- CAMH Looked After Children and Young Offenders

Meetings with potential providers (Lot 4) on Wednesday 29 October in the afternoon

# Appendix 5

**From:** Hoyle Anona (06F) NHS Bedfordshire CCG

**Sent:** 03 October 2014 10:02

**Subject:** Confirmation that you've been selected to join the Stakeholder Panels

## **Confirmation that you've been selected to join the Stakeholder Panels (lot 3)**

Thank you for completing an application form to register your interest to join one of the mental health stakeholder panels and confirming you are available to attend the training/planning session on Wednesday 8 October and the meeting with the potential providers on **Tuesday 28 October**.

I am very pleased to be able to let you know that we would like to offer you a place on the stakeholder panel for **lot 3**.

### **Training session**

We really look forward to meeting you at the training session, details as follows:

Date: Wednesday 8 October  
Time: 10:00am – 1:30pm (tea and coffee will be available from 9:30)  
Venue: The Rufus Centre (in the Davis Suite,  
Steppingley Road,  
Flitwick  
Beds MK45 1AH

Anona and/or a colleague will be in the reception area of the Rufus Centre from 9:30 wearing their blue NHS badges and will be able to direct you to the room. Anona will also have her mobile with her and will be contactable on 07768482866.

At the training / planning session we will explain what has happened so far to shortlist potential service providers, what will happen on the day and what is expected of panel members. You will have an opportunity to meet the other people in your stakeholder panel and agree what questions regarding patient experience you will ask the potential providers and what you think good answers look like.

There will be a couple of comfort breaks and a tea break in the morning, we will also provide you with some lunch at 1:30 as soon as the session has finished.

### **Transport**

You will be able to claim for your travelling expenses and we will give you a form to do this when you come to the training session.

- If you are travelling by car, we will reimburse your mileage at a rate of 45p per mile and you will be able to park for free in the car park at the Rufus Centre

- If you are travelling by taxi or public transport, please keep your bus ticket and/or get a receipt from the taxi driver as you will need to send the receipt to us with your travel expenses form.

Please be aware that this process can take a few weeks.

### **What happens next?**

We are so pleased that you have volunteered to be involved in this process and look forward to seeing you next week.

*It would be appreciated if you can let us know that you have seen this email and are still able to attend both meetings, please can you either respond to this email or ring Anona on 01525 864430 (Ext. 5955), if you leave a voice mail message please remember to say what your name is when you leave the message.*

If you have any questions, queries or concerns about the day or anything else included this letter (or not included in this letter), please feel free to contact Anona Hoyle (Patient and Public Engagement Officer) on telephone number 01525 864430 extn. 5955 or email [anona.hoyle@bedfordshireccg.nhs.uk](mailto:anona.hoyle@bedfordshireccg.nhs.uk)

**Anona Hoyle** (on behalf of Judy Baxter - GP, Clinical Director responsible for Mental Health)  
Patient and Public Engagement Officer  
Bedfordshire Clinical Commissioning Group  
Suite 1, Capability House  
Wrest Park  
Silsoe  
Beds MK45 4HR

Tel: 01525 864430 (Extn. 5955)  
[anona.hoyle@bedfordshireccg.nhs.uk](mailto:anona.hoyle@bedfordshireccg.nhs.uk)



Follow BCCG on Twitter



Find us on Facebook

**From:** Hoyle Anona (06F) NHS Bedfordshire CCG  
**Sent:** 03 October 2014 10:07  
**To:**  
**Subject:** Mental Health Stakeholder Panels

Dear

Thank you for your application to join the mental health stakeholder panels.

Due to the high level of interest from service users and carers and the limited places available, we are very sorry to inform you that we have not been able to allocate you a place on the panel on this occasion. We have taken great care to ensure that the panels are balanced representing service users and carers who have accessed mental health services.

We would like to thank you for your interest and will keep your details on file so we can contact you once a decision has been made regarding who will provide mental health services from April 2015.

It is extremely important that we continue to listen to patients and involve them in the planning and purchasing of health services in the future, and would encourage you to join our membership scheme <https://www.bedfordshireccg.nhs.uk/page/?id=3246> so we can keep you up to date with our work and invite you to get involved in other work or projects.

Kind regards

**Anona Hoyle** (on behalf of Judy Baxter - GP, Clinical Director responsible for Mental Health)  
Patient and Public Engagement Officer  
Bedfordshire Clinical Commissioning Group  
Suite 1, Capability House  
Wrest Park  
Silsoe  
Beds MK45 4HR

Tel: 01525 864430 (Extn. 5955)  
[anona.hoyle@bedfordshireccg.nhs.uk](mailto:anona.hoyle@bedfordshireccg.nhs.uk)



Follow BCCG on Twitter



Find us on Facebook



## Stakeholder Panel Training

1 x 3.5 hour sessions

Time	Agenda Item	Description	Outputs	Lead
10am (10 min)	Welcome & introduction	<ol style="list-style-type: none"> <li>1. Mental health team to welcome people and say thank you for coming (stress importance of patient / public involvement)</li> <li>2. Event facilitator to run through housekeeping, agenda, objectives &amp; ground rules</li> </ol>	Group to feel welcome and know what the session entails.	Mental health team / trainer
10.10am (15 min)	Background information	<p>Mental health team to explain</p> <ol style="list-style-type: none"> <li>1. What commissioning is and who involved e.g. NHS &amp; LAs (1 slide only)</li> <li>2. What BCCG is tendering for (4 lots) – explain more detailed information will be given when split into 4 groups</li> <li>3. How patients &amp; public have been involved so far and why</li> <li>4. What will happen on day</li> </ol>	Group to understand why the tender process is happening and how it works	Mental health team
10.25am (15 min)	Ice-breaker My favourite...	<ol style="list-style-type: none"> <li>1. Group to split into smaller groups of 3-4</li> <li>2. Participants to answer 'my favourite...' questions individually (3 minutes) and then share with group (7 minutes)</li> <li>3. Facilitator to review activity and explain purpose of exercise</li> </ol>	<p>Group to feel able to talk to one another</p> <p>Group to understand we all have different likes / needs and so it's important when sitting on a panel to remember this – use further examples e.g. we all like to sleep but for how long and when do we get up</p>	Trainer
10.40am (5 min)	<b>Break</b>			

Agenda for stakeholder training session - DRAFT v3 0

10.45am (55 mins)	Being an effective panel member	<p>Training session to include:</p> <ol style="list-style-type: none"> <li>1. Re-cap what involved in panel day (1 slide)</li> <li>2. Group discussion – what makes an effective panel member</li> <li>3. Effective panel skills: Focus on 6 C's <ul style="list-style-type: none"> <li>• <b>Confidence</b></li> <li>• <b>Communicate</b> (ask question / start discussion)</li> <li>• <b>Concentrate</b> (listen)</li> <li>• <b>Consider</b> (think about what has been said)</li> <li>• <b>Clarify</b> (ask questions if you don't understand)</li> <li>• <b>Conclude</b> (form your opinion)</li> </ul> <p><i>Exercise: Communication conundrum</i></p> <p>Two scenarios to focus participants on the importance of the 5C's</p> </li> <li>4. Effective skills for meetings (1 slide)</li> <li>5. Effective representation: <p>Group discussion – what do we mean by being representative</p> <p><i>Exercise: Let's eat cake!</i></p> <p>Split group into lots groups. Two scenarios to focus on the importance of being representative</p> </li> <li>6. Confidentiality (1 slide)</li> </ol>	Group to understand what is needed of them and how they can be an effective panel member.	Trainer
11.40 (10 min)	<b>Break</b>			
	<b>Groups work (by Lot)</b>			
11.50am (25 mins)	What's in your lot?	<ul style="list-style-type: none"> <li>• Brief overview of what services are included in the lot</li> <li>• Information on areas that steering group would like panel to explore</li> </ul>	To help inform what questions will look like	4 'lot leads'

		<ul style="list-style-type: none"> <li>• Opportunity for any questions</li> <li>• Possible examples of questions used in other tender processes (careful not too leading).</li> </ul>		
12.15pm (40 min)	Developing your questions	<ol style="list-style-type: none"> <li>1. Identify with group priority areas that they would like to form questions around – complete priorities sheet provided</li> <li>2. Look to develop questions around identified priority areas</li> <li>3. Discuss as a group - what would make a good response</li> </ol>	Panel questions to be agreed	Table facilitator & 4 'lot leads'
12.55 (5 mins)	Break			
12.55pm (15 min)	Planning your session	<ol style="list-style-type: none"> <li>1. Agree format of session</li> <li>2. Agree who will ask questions on the day</li> </ol>	Outline of panel session to be agreed	Group
	<b>Whole group</b>			
1.10pm (10 min)	Recap on the panel day	<p>Recap of what will happen on the day (1 slide)</p> <p>Importance of keeping to agreed timings, questions and scoring</p> <p>Key contact for any questions</p>	Panels will know what they are doing on the day	Trainer



# Mental Health Procurement

## Panel training day

**8 October 2014**

# Ground rules

Today we will be working as a whole group and then later on in the session we will be breaking into smaller groups.

Remember:

- » Be honest
- » Be open to ideas and suggestions from others
- » Listen to others and give people time to have their say
- » Respect confidentiality
- » Speak your mind
- » Tell us if you don't understand

Are there any we've missed?

# Exercise 1

My favourite.....

Take 3 minutes to answer these questions and then spend the next 7 minutes sharing the answers with your group.

My favourite...	Your answer
...fruit is	
...soft drink is	
...TV show is	
...place to visit is	
...item of clothing is	
...song is	
...colour is	

# Being an effective panel member

**Confidence**

**Communicate** (ask question / start discussion)

**Concentrate** (listen)

**Consider** (think about what has been said)

**Clarify** (ask questions if you don't understand or need more information)

**Conclude** (form your opinion)

# Exercise 2

Communication conundrum.....

As a group spend ten minutes looking at these two scenarios and filling in the blank boxes – how would you make sure that you are using **The five C's**?

## Scenario 1: The dish of the day

You are in a restaurant and would like to have the dish of the day....what information will you need before you decide if you want to order this dish?

<b>Communicate</b> (ask question / start discussion)	What is the dish of the day?
<b>Concentrate</b> (listen)	“This wonderful Italian dish is great eaten on its own or with a side of fresh green leaves and shaves of parmesan”
<b>Consider</b> (think about what has been said)  What are your initial thoughts?	
<b>Clarify</b> (ask questions if you don't understand or need further info)  What further information do you think that you need before deciding upon whether you want to order the dish of the day?	
<b>Conclude</b> (form your opinion)  Would you order the dish as a group?	<b>DON'T COMPLETE AS PART OF GROUP EXERCISE</b>

## Scenario 2: Holiday choices

You are at a travel agent looking to book a week's holiday....what information will you need before you decide if you want to go to Iznate?

<p><b>Communicate</b> (ask question / start discussion)</p>	<p>Where would you recommend that I go on holiday this year? I'm looking for somewhere warm to relax and enjoy a taste of the real Spain.</p>
<p><b>Concentrate</b> (listen)</p>	<p>"Iznate offers the real rural Spain, the real traditional Andalucia and the real unspoilt Malaga, still the beach, golf courses, shopping malls and towns like Rincón de la Victoria, Torre del Mar and Vélez-Málaga are only minutes away."</p>
<p><b>Consider</b> (think about what has been said)</p> <p>What are your initial thoughts?</p>	
<p><b>Clarify</b> (ask questions if you don't understand or need further info)</p> <p>What further information do you think that you need before deciding upon whether you want to go on holiday?</p>	
<p><b>Conclude</b> (form your opinion)</p> <p>Would you go on holiday to Iznate?</p>	<p><b>DON'T COMPLETE AS PART OF GROUP EXERCISE</b></p>

# Effective meeting skills

## Remember our ground rules?

- » Be honest
- » Be open to ideas and suggestions from others
- » Listen to others and give people time to have their say
- » Respect confidentiality
- » Speak your mind
- » Tell us if you don't understand

## In the scoring discussions, also remember:

- » Don't interrupt other people
- » Don't talk amongst yourselves
- » Keep on the subject track
- » Try to keep your contributions short and to the point
- » Work as a team
- » **BE REPRESENTATIVE**

Are there any we've missed?

# Effective representation

## Dictionary definition:

(A legislative assembly or deliberative body) consisting of people chosen to **act and speak on behalf of a wider group**

## We need our panel to:

**Represent** the perspective of a broad group of patients, caregivers, or other stakeholders, and **see beyond specific individual experience**.

# Exercise 3

Let's eat cake...

Take a look at the four cakes on the table, which one would you choose?

Cake	Make your choice ( ✓ )
Chocolate cake	
Fruit cake	
Lemon drizzle cake	
Flapjack	

Find out on your table who chose what and why. As a representative of your table, which one would you choose now?

Cake	Make your choice ( ✓ )
Chocolate cake	
Fruit cake	
Lemon drizzle cake	
Flapjack	

# Timings for the panels

## Lot 1 – Wednesday 29 October 2014

Lot 1	Moorfield Room, Rufus Centre
9:00	Welcome, tea and coffee
9:15	Dialogue with Bidder B 1 hour 5 mins for questions <b>5 minute comfort break</b> 50 minutes for scoring
11:15	Tea break
11:30	Dialogue with Bidder A 1 hour 5 mins for questions <b>5 minute comfort break</b> 50 minutes for scoring
1:30	Have lunch and go home

## Lot 4 – Wednesday 29 October 2014

Lot 4	Moorfield Room, Rufus Centre
3:15	Welcome, tea, coffee and cake
3:45	Dialogue with Bidder 1 hour 5 mins for questions <b>5 minute comfort break</b> 50 minutes for scoring
5:45	Finish and go home

## Lot 2 – Tuesday 28 October 2014

Lot 2	Davis Suite, Rufus Centre
9:00	Welcome, tea and coffee
9:15	Dialogue with Bidder B 1 hour 5 mins for questions <b>5 minute comfort break</b> 50 minutes for scoring
11:15	Tea break
11:30	Dialogue with Bidder A 1 hour 5 mins for questions <b>5 minute comfort break</b> 50 minutes for scoring
1:30	Have lunch and go home

## Lot 3 – Tuesday 28 October 2014

Lot 3	Davis Suite, Rufus Centre
1:30	Have lunch and start session
2:00	Welcome, tea and coffee
2:15	Dialogue with Bidder A 1 hour 5 mins for questions <b>5 minute comfort break</b> 50 minutes for scoring
4:15	Tea break
4:30	Dialogue with Bidder B 1 hour 5 mins for questions <b>5 minute comfort break</b> 50 minutes for scoring
6:30	Finish and go home

# Key contact

If you have any questions, queries or concerns please feel free to contact **Anona Hoyle** (Patient and Public Engagement Officer)

Telephone: 01525 864430 extn. 5955

Email: [anona.hoyle@bedfordshireccg.nhs.uk](mailto:anona.hoyle@bedfordshireccg.nhs.uk)

On the day, Anona will be contactable on her mobile: 07768 482 866

Bedfordshire Mental health procurement,  
stakeholder panel training session.

Wednesday 8 October 2014

# Question development exercise

Facilitator workbook

Lot number.....

By Katharine Parker

---

# Session plan

Time	Agenda Item	Description	Outputs	Lead
11.50am (20 mins)	What's in your lot?	<ul style="list-style-type: none"> <li>Brief overview of what services are included in the lot</li> <li>Information on areas that steering group would like panel to explore</li> <li>Opportunity for any questions</li> </ul>	To help inform what questions will look like	4 'lot leads'
12.10pm (10 min)		Identify with group priority areas that they would like to form questions around (complete priorities sheets provided on pages 2 &3)		Table facilitator & 4 'lot leads'
12.20 (25 min)		<p>Look to develop questions around identified priority areas. (Rough notes to be recorded on pages 4 – 6. Final questions to be recorded on page 7).</p> <p><b>Remember to advise the group that there is 1hr10 for questions. First question is a non-scored question Would recommend developing six questions (10 mins per question on the day). Can develop more than that but would of course reduce amount of time per question.</b></p>	Panel questions to be agreed	Table facilitator & 4 'lot leads'
12.45 (10 min)	Developing your questions	Discuss as a group - what would make a good response	Panel to develop 'standards'	Table facilitator & 4 'lot leads'
12.55 (5 mins)	Break			
1pm (15 min)	Planning your session	<ol style="list-style-type: none"> <li>Agree format of session</li> <li>Agree who will ask questions on the day</li> </ol>	Outline of panel session to be agreed	Group
	<b>Whole group</b>			
1.15pm (10 min)	Recap on the panel day	<p>Recap of what will happen on the day (1 slide)</p> <p>Importance of keeping to agreed timings, questions and scoring</p> <p>Key contact for any questions</p>	Panels will know what they are doing on the day	Trainer

# Priorities (as individuals)

Participants to tell the facilitator what they think the priority areas are that should be explored on panel day – facilitators to ensure that all panel members contribute.

# Agreed group priorities

Group to review all listed priorities and agree top 6 – 8 priorities to address

1)

2)

3)

4)

5)

6)

7)

8)

# Questions to ask – notes page

# Questions to ask – notes page

# Questions to ask – notes page

# Agreed group questions

Group to agree six questions to ask (more than six questions can be asked) and later on agree what a good response would look like.

Group to also agree who will be asking each question

Question	What does a good response look like?	Who will ask the question?
1) (not scored) Can you please introduce yourselves and tell us about your organisation.		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

# Welcome >>>

## Mental Health Procurement

## Panel training day



## Housekeeping

» Please turn off mobile phones

» Toilets

» Fire exits

» Coffee breaks

» Workbooks available to take away



## Agenda

Time	Activity
10am	Welcome & introduction
10.10am	Background information
10.25am	Ice-breaker
10.40am	Break
10.45am	Being an effective panel member
11.40	Break
11.50am	What's in your lot?
12.10pm	Developing your questions
12.55	Break
1pm	Planning your session
1.15pm	Recap on the panel day

## WELCOME

Dr Judy Baxter  
GP and Clinical Director  
Mental Health Procurement Lead

## Background:

- » What have we been doing?
- » Why?
- » Who is involved?
- » Where have we got to?

## How is it split?

<b>LOT 1</b> Community Talking Therapies	<b>LOT 2</b> Specialist Services
<b>LOT 3</b> Rehabilitation and Recovery Services	<b>LOT 4</b> CAMHS Children and Young People

## Patient & public involvement so far:

- » Suggesting what improvements are needed (our **Strategy**)
- » Agreeing how services might be organised in future (our new **Models**)
- » Telling us what is important to them (our **Outcomes**)

## Stakeholder interview meetings:

- » Why are these important?
- » What is going to happen on the day?

# THANK YOU



## Ground rules



- » Today we will be working as a whole group and then later on in the session we will be breaking into smaller groups.
- » Remember:
  - > Be honest
  - > Be open to ideas and suggestions from others
  - > Listen to others and give people time to have their say
  - > Respect confidentiality
  - > Speak your mind
  - > Tell us if you don't understand



## Exercise 1: Ice-breaker

- Turn to page 2 of your workbooks...
- Complete exercise 1
- My favourite.....



Take 3 minutes to answer these questions and then spend the next 7 minutes sharing the answers with your group.



## Go and grab a coffee



## What is involved in your panel day...a recap

- » Arrival & coffee
- » Dialogue with first Bidder
  - > 1 hour 5 mins for questions
  - > **5 minute comfort break**
  - > 50 minutes for scoring
- » 15 minute tea break
- » Dialogue with second Bidder
  - > 1 hour 5 mins for questions
  - > **5 minute comfort break**
  - > 50 minutes for scoring

## Group discussion:

“What makes an effective panel member?”

## Being an effective panel member:

### The five C's

- » **Communicate** (ask question / start discussion)
- » **Concentrate** (listen)
- » **Consider** (think about what has been said)
- » **Clarify** (ask questions if you don't understand or need more information)
- » **Conclude** (form your opinion)

## Putting the five C's into practice:

You want to buy a new, red armchair for the lounge, size is not an issue...what information will you need before you decide if you want to buy the armchair the shop recommends?

<b>Communicate</b> (ask question / start discussion)	I would like to buy a red armchair for my lounge, which one would you recommend?
<b>Concentrate</b> (listen)	Part of our luxurious Kingsston Collection, this cosy red seat has slightly splayed arms with small square feet and soft, plump cushions to create an inviting look for your decor. Perfect for settling down to enjoy your favourite television programmes, or reading a book, this supportive lounge chair provides outstanding comfort to help you relax
<b>Consider</b> (think about what has been said) What are your initial thoughts?	Sounds good but will it be fit for purpose?
<b>Clarify</b> (ask questions if you don't understand or need further info) What further information do you think that you need before deciding upon whether you want to buy the chair?	How firm is the seat? What sort of red is the chair? What fabric is the chair made from? How high is the chair seat? Can you remove the seat covers?

## Exercise 2: Communication conundrum

Turn to pages 4 & 5 of your workbooks.

As a group spend ten minutes looking at these two scenarios and filling in the blank boxes – how would you make sure that you are using **The five C's**?



## Exercise 2: Communication conundrum

# Would you???



## Effective meeting skills

### Remember our ground rules?

- » Be honest
- » Be open to ideas and suggestions from others
- » Listen to others and give people time to have their say
- » Respect confidentiality
- » Speak your mind
- » Tell us if you don't understand

### In the scoring discussions, also remember:

- » Don't interrupt other people
- » Don't talk amongst yourselves
- » Keep on the subject track
- » Try to keep your contributions short and to the point
- » Work as a team
- » **BE REPRESENTATIVE**



## Group discussion:

“What do we mean when by the phrase  
**BEING REPRESENTATIVE?**”



## Effective representation:

### Dictionary definition:

(A legislative assembly or deliberative body) consisting of people chosen to **act and speak on behalf of a wider group**

### We need our panel to:

**Represent** the perspective of a broad group of patients, caregivers, or other stakeholders, and **see beyond specific individual experience.**



## Exercise 3: Let's eat cake!



Turn to page 8 of your workbooks.

Which cake would you choose?

What did everybody else choose on your table?

Being **representative**, which cake would you now choose?



## Go and grab a coffee

And a piece of cake too!



## Introducing your lots:

At your table you have a commissioning expert who will talk to you about your particular 'lot' and answer any questions that you may have.

We will then be asking you as a group to agree a set of questions that you can ask as a panel on the panel day, and discuss what a good response would look like.

We would also like you to agree who will be asking the questions on the day.

You also have a facilitator on your table to help you.

**There will be a five minute coffee break at 12.55**



## What will happen on the day:

Turn to pages 9 & 10 of your workbooks for detailed information on timings for the two panel days

## Key points to remember

- » Remember our ground rules
- » Be an effective panel member
- » Be representative
- » Stick to agreed timings, questions and scoring
- » This is a great opportunity – use it!

## Your contact



01525 864430 extn. 5955



[anona.hoyle@bedfordshireccg.nhs.uk](mailto:anona.hoyle@bedfordshireccg.nhs.uk)

On the panel days, Anona will be contactable on her mobile: 07768 482 866

Any questions, issues or concerns please feel free to contact us.

# Thank you so much for coming

Don't forget to complete your feedback forms!



## Evaluation Criteria

Assessment	Score	Interpretation
<u>Excellent</u> ★★★★★	5	<b>Exceeds the requirement.</b> Exceptional demonstration by the Bidder of the understanding and skills required to provide the supplies / services. Response identifies factors that will offer potential added value, with evidence to support the response.
<u>Good</u> ★★★☆☆	4	<b>Satisfies the requirement with minor additional benefits.</b> Above average demonstration by the Bidder of the understanding and skills required to provide the supplies / services. Response identifies factors that will offer potential added value, with evidence to support the response.
<u>Acceptable</u> ★★★☆☆	3	<b>Satisfies the requirement.</b> Demonstration by the Bidder of the understanding and skills required to provide the supplies / services, with evidence to support the response.
<u>Minor Reservations</u> ★★☆☆☆	2	<b>Satisfies the requirement with minor reservations.</b> Some minor reservations of the Bidder's understanding and skills required to provide the supplies / services, with little or no evidence to support the response.
<u>Serious Reservations</u> ★☆☆☆☆	1	<b>Satisfies the requirement with major reservations.</b> Considerable reservations of the Bidder's understanding and skills required to provide the supplies / services, with little or no evidence to support the response.
<u>Unacceptable</u>	0	<b>Does not meet the requirement.</b> Does not comply and/or insufficient information provided to demonstrate that the Bidder has the understanding and skills required to provide the supplies / services, with little or no evidence to support the response.

**NHS – Add Protective Marking Category Here**



# Appendix 9

Feedback received from representatives from the adult panels lots 1 – 4

<p>1</p>	<p><b>Was asking people to register their interest by completing a form the most appropriate way to recruit service users and carers to the panels?</b></p> <p>Yes            10 No              0</p> <p><b>What else could we have done?</b></p> <ul style="list-style-type: none"><li>- Was fine for me</li><li>- I was not involved in the panel selection but please see other comments</li><li>- Put up really bold posters in places where service users go.</li><li>- Yes because it gave a chance to explain why it was important for us service users to be involved, which I felt was a good idea, rather than just saying yes I would like to join. I felt it worked very well</li><li>- Ask who advised them to apply, this would help in making sure that as this was a serious process you're not having anyone who heard about it applying.</li><li>- It might also have been useful to provide more accessible ways for people to express interest, perhaps an opportunity to talk through the process and provide guidance and clarity when needed. Might be too resource intensive however.</li></ul>
<p>2</p>	<p><b>Was the form easy to complete?</b></p> <p>Yes            8 No              0</p> <ul style="list-style-type: none"><li>- Clear and precise format to follow.</li><li>- It gave space for us to really express our experiences in various situations, which gave you the opportunity to select as broad as possible the final panels.</li><li>- Yes, it seemed very straight forward</li><li>- It was confusing</li><li>- Fairly self-explanatory</li><li>- Clear and straightforward</li></ul>

<p><b>3</b></p>	<p><b>If we repeated the exercise how could we improve the process or make it easier?</b></p> <ul style="list-style-type: none"> <li>- Worked well but the response time was only a week longer might have enable more people to respond</li> <li>- I don't think you could have simplified it any more.</li> <li>- I'm not sure as if you asked more direct questions people may not think more "out of the box" and then show less of their experiences.</li> <li>- I think it worked well, maybe having an online form like this one, which is easy to fill out and tick boxes could be an option.</li> <li>- Would have liked to visit trust and had informal talks with staff in their location</li> <li>- A better explanation of what is expected of the group.</li> <li>- I came in at a late phase in the process, however I had been involved in the Luton Process, and I would like to think that maybe looking at some of the pre-requisites and pre conditions as a SU/Carer may spot something that could be tweaked a bit.</li> <li>- I very much valued the opportunity to be part of this important work. I would like to see panels like this involved much earlier in the process as well as in all areas of service design and development. I do recognise that this is a challenging thing to do but I think that genuine user and stakeholder involvement, working in practical partnership with commissioners and service providers is the most effective way to build responsive and sustainable services I would also like to see the weight of the panel's views continue to increase as trust in the process grows over time</li> </ul>
<p><b>4</b></p>	<p><b>Please feel free to make any other comments about the recruitment process?</b></p> <ul style="list-style-type: none"> <li>- The key aim is to secure an appropriate balance of interests and experiences in relation to the delivery requirements of the contract/lot – i.e. as fully representational as possible. This raises questions about how to reach out to all potential user panel members; what interests represent the appropriate balance; and what selection method should be employed to secure that balance. I'm sorry, but I don't know how this was done in this case.</li> <li>- An excellent idea to recruit carers and service users, alongside the professional organisations.</li> <li>- All good</li> <li>- Feel it was well done, the only thing that sort of could have been an issue was we were never told who the bidders were, that could have caused conflict issues, so if the process was run again, a list of bidders with the main ones in may or the bidders that did not make the shortlist as technically no one should have known, which we did not anyway. help as if you did have any connections</li> </ul>

	<p>with any of the organisations you would not have found out until the interview process.</p> <ul style="list-style-type: none"> <li>- Thank you for the opportunity</li> </ul>
<p><b>5</b></p>	<p><b>Do you think the training/preparation session was the right amount of time?</b></p> <p>Yes            5 No              4</p> <ul style="list-style-type: none"> <li>- 1 hour for the training and 90 minutes for the preparation.</li> <li>- I think it would be better if it took place over a whole day as it did feel rather rushed. The Setting of appropriate questions was quite difficult to sort out in the time when we were trying to get the most out of the Providers. I do not think it should be done over 2 half days as we would have wasted time going over the training element again.</li> <li>- No I feel we were rushed and should have had a longer initial day.</li> <li>- Yes it was the reasonable amount of time except within the MH panel there was a teething point and we needed more time, that was allocated, for the future though it maybe worth saying to any panel that there maybe a need to take longer if necessary.</li> </ul>
<p><b>6</b></p>	<p><b>Do you think the training element of the session covered everything needed to prepare you for the meeting with the providers?</b></p> <p>Yes            8 No              0</p> <ul style="list-style-type: none"> <li>- I was surprised how effective it was considering we were unknown to the trainer and came from a variety of situations.</li> </ul>
<p><b>7</b></p>	<p><b>When forming the questions to ask the providers, were you given enough information (written and spoken) about the different services included in the lot by the mental health lead?</b></p> <p>Yes            7 No              2</p> <ul style="list-style-type: none"> <li>- We got a lot of really helpful information while we were forming the questions but I think it might have been helpful if we had had a session with the people from the CCG so that we could understand the details of the contract for our particular lot. This could have happened if we had had the longer training day.</li> </ul>

8

**If we ran a similar exercise how could we improve the training and preparation session?**

- Was fine, the frequent short breaks was a good idea as a lot to absorb
- The formulating of the questions seemed to be rushed at the end, so maybe more time should allocated to the preparation section.
- Have the longer day as suggested above.
- When we were working as our groups discussing the questions it was very beneficial to have a separate room to have our discussions with out hearing other groups talking. We (Lot 2) went to a separate room which was very helpful, but whilst getting to know each other in the group (Lot 2) it was quite distracting being in the same room as all the other Lot's and to hear other members of the group talking was difficult with a lot of other people talking at the same time in the same room.
- Ensure all legal documentation is completed before the session
- Possibly by doing a service user led simulation of some of the questions from the previous exercise within the training package
- I found it well balanced and informative

9

**Please feel free to make any other comments about the training and preparation process**

- I was pleasantly surprised by its effectiveness and the people from CCG were very helpful.
- It might be worth considering training each panel separately in both the general prep and question formulation. This would allow the trainers and topic leads to ensure that gaps in understanding were plugged, and any problems related to the dynamics of the panel were addressed. Above all, the CCG leads could provide clear direction about the need for questions to cover the principle services being tendered in the specific lot. Some people were members of more than one panel which does not seem appropriate and suggests not enough panel members were recruited to cover the range of matters involved in the process overall.
- I really liked the ideas of getting people to be more aware of others opinions/views/that we all have different views by the exercises we did, as it was a fun way to make people realize an important factor in working with each other. Describing what our favourite things were, then sharing it as a group made it clear that we are all different.
- I was comfortable about it

**10 Was there anything that was not included or anything that could have been provided in a better way in the welcome and introduction briefing at the start of the meeting?**

- The potential to alter your score in light of what others had put.
- In 'my' panel, the two providers seemed to have a different understanding of the process between a) giving full and detailed answers to a limited number of set questions; and b) starting a two way conversational / dialogue process. This might be inherent in the provider panel but subsequently I wished that the introduction had been clearer e.g we have 6 questions so we have about 10 mins to listen to your response and we will have few follow up or clarification points.
- Clear explanation of what was expected of the panel by the facilitator.
- I feel that all ran smoothly and was enough time to get settled before the panel took place
- It was good enough
- no - it was very well organised and delivered

**11 Do you think the question and answer element of your meeting with the provider ran smoothly?**

Yes            8  
No             0

- Went well. The providers were relaxed and responded well to questions which helped me to relax.
- Seemed OK to me.
- Not really! However, I thought it was a good idea to have each member of the group asking a question, so that there was joint ownership of the proceedings. Also, having a strong and efficient spokesperson for the group helped to facilitate the smooth running of the session.
- I was glad we had extra time for questions as we were able to understand the broader aspects which the providers were wanting to deliver.
- One of the providers needed prompting, clearly this was a indication that they were unprepared, would it not have been helpful to have service user/carer involvement right at the start maybe as a advisory capacity, I obviously came in at a late phase so I don't know whether you did or did not

**12 Do you think that the scoring element of the session which was held after the providers had left the room ran smoothly?**

- Only a reminder by CCG staff at the outset of the evaluation standards.
- It was remarkable that we all scored similarly for all the questions.
- Yes for Lot 2 and Yes and No for Lot 3. Yes for Lot 2 because the group was very respectful of each other and we worked as a group to do the scoring. Seeing our scores on the screen made it easy and the process worked efficiently. Yes and No for Lot 3 One panel member unfortunately wasn't too aware that we were there representing the community/service users/carers not just ourselves and because we were working as a group not every question needed everyone to speak out as it was a group decision and this did seem to slow the process a bit with him consistently questioning this.
- it went well even when there were sort of differences in scoring and the prompting from the assessors did sort of make me think had a I given a right score on some of the bids and I did in one case feel that there was an element of uncertainty and changed my scoring appropriately

**13 Please feel free to make any other comments about the meeting with the providers**

- An enjoyable experience which made me feel I was playing a small part in, hopefully, contributing to improved mental health provision in the near future.
- The only thing I feel would be to have slightly longer per question with the providers, just to get more dialogue going with them.
- One lot had done their homework and the other well it was pretty clear they had not, they even knew it as well as towards the end they sort of gave up, clearly to have got that far they must have done well somewhere and should a process arise again, this may need to be taken into the pre-requisites, hence why I said perhaps have service users sitting on the early part of the panel as observers and picking up on points based on experience or maybe going through some of the paperwork in the early stages not necessarily knowing who the bidders are but to get a feel for what there about.
- The only concern was the presence of an organisation which had previously been highlighted as presenting a potential conflict of interest and which the panel had been informed was not one of the two potential providers. In the event that organisation would be sub-contracting from the main provider and so had a presence at the interview. Although it was decided that no conflict existed, this did cause consternation for two panel members

**14 The general enthusiasm following the sessions was really clear – please can you explain to us what it was that made you feel that way?**

- It was so good to know that service users and carers opinions were valued. We also seemed to gel as a group. Together with the considerate, pleasant and helpful CCG staff which put me at ease.
- I sensed this was due to how well the evaluation process had gone and that people truly welcomed the involvement they had had. In part this also flowed from the CCG emphasis on the independent decision making role of the panel members – people welcomed the responsibility they were given.
- As a carer, I was overwhelmed by the enthusiasm and ardent passion portrayed by all the participants, to try and help improve Mental Health in this area.
- We were really impressed how passionate the providers were about the service they provide now and want to have something similar in Bedford.
- I think the main thing was that as a service user I felt valued as I was involved with the process. As service users we are the ones using the service or who have used the service that the potential providers will be delivering, it really effects us as to who is providing it. I personally very much appreciated being part of the process.
- Having a direct say, by a well chosen panel.
- It the group I was in we bonded from the initial meeting and this was maintained through the sessions.
- The session ran on rails, even when it was clear that there was marked differences in the presentations by bidders, this was done professionally, everyone had a input and the justification as to why or why not you marked your scoring was important, to show that you was not doing it for the sake of it.
- I think we really bonded as a group - almost as a team - in the very short time we were together. Mutual respect was clear but we also felt able to express different views robustly. We also felt that our questions had been effective and that we had been able to add some real value to the process