

Engaging clients in commissioning: what are the benefits?

Snapshot

- Commissioning is a structured approach to the design and delivery of services that focuses on the client outcomes that need to be achieved.
- An Evidence Check was conducted to understand what the best available research evidence says about how to involve clients in outcomes-based commissioning, and the impact this has on client outcomes.
- Existing research commonly highlights the perceived benefits and challenges of engaging clients in commissioning. However, empirical evidence of the effect of this involvement is extremely limited.
- Commissioning is a young field, and it is difficult to isolate and estimate the contribution of client involvement to its outcomes. It is not that client engagement *does not* impact outcomes, it is just that researchers cannot say with certainty what that impact is.
- Nonetheless, the Evidence Check offers some helpful guidance about client engagement that can be used to craft relevant approaches within particular contexts.

Introduction

The NSW Government has adopted an outcome-based commissioning approach to improve the effectiveness and efficiency of its services. Commissioning principles demand that clients' needs, aspirations and outcomes are central, and that clients are meaningfully engaged in policy development, implementation and evaluation.

To support the realisation of the [NSW Government Commissioning and Contestability Policy](#), in 2017 we contracted experts in the field to conduct a review of the existing research about human services commissioning. The review focused on two questions: *how* have clients been involved in outcome-based commissioning, and *what* effect has this involvement had on client outcomes?

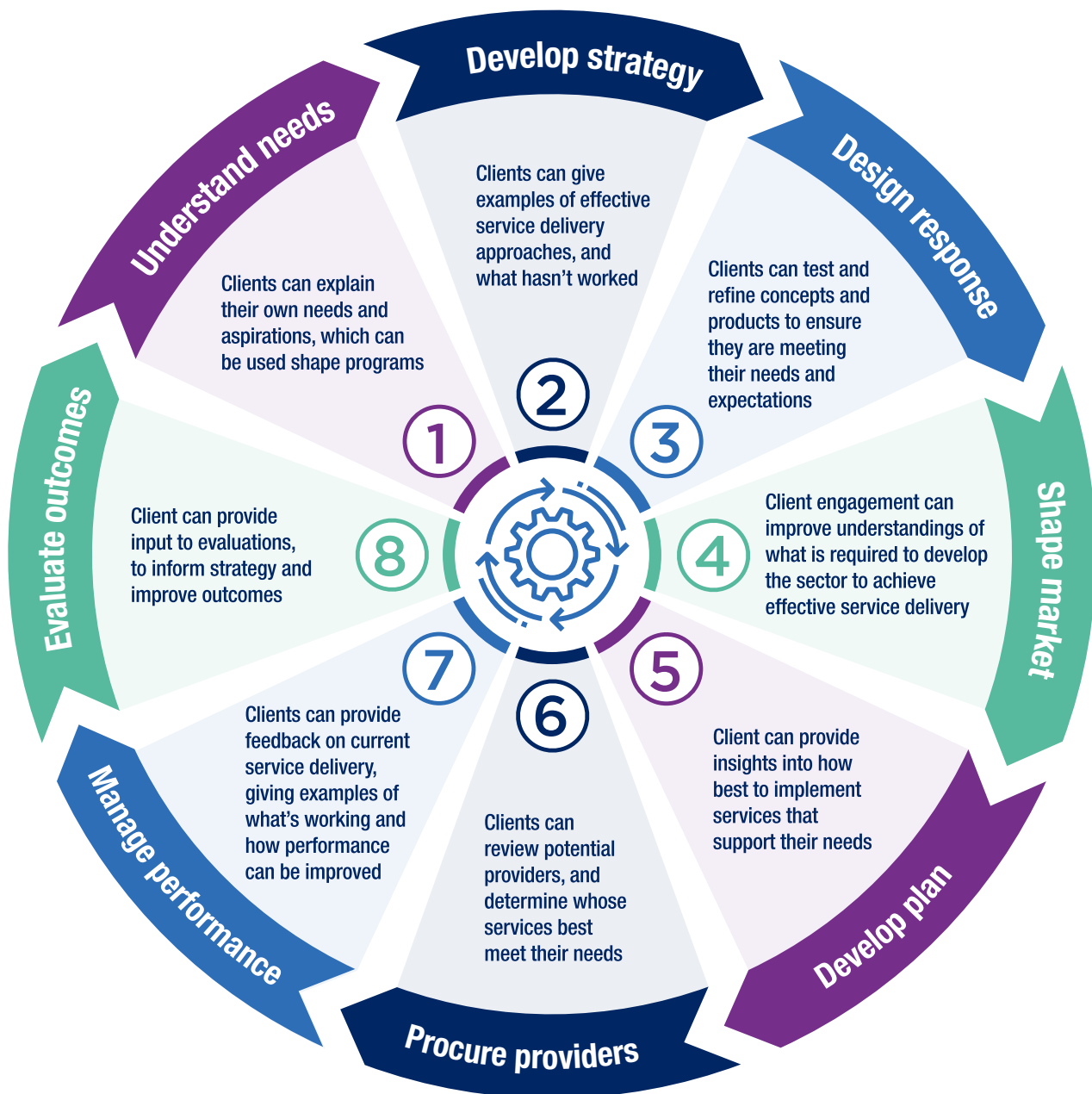
This Evidence to Action Note outlines the key findings of the [Evidence Check: Outcomes-based Commissioning and Consumers](#), which is available in full on the Sax Institute website.

Q What is an Evidence Check?

An Evidence Check is a synthesis, summary and analysis of the best and most relevant research evidence to inform policy and program design.

Why is client involvement in commissioning important?

In the past, programmatic delivery of siloed human services has failed to achieve the best possible outcomes for vulnerable people. The NSW Department of Communities and Justice (DCJ) has adopted a more flexible, coordinated commissioning approach, which conceives of service delivery as a cycle of eight interdependent steps. To maintain the focus on client outcomes through this process, DCJ's commissioning principles specify that clients should be meaningfully engaged in each of the steps. The perceived benefits of capturing client voice are outlined in the following diagram based on the DCJ Commissioning Toolkit's Client Engagement tool:

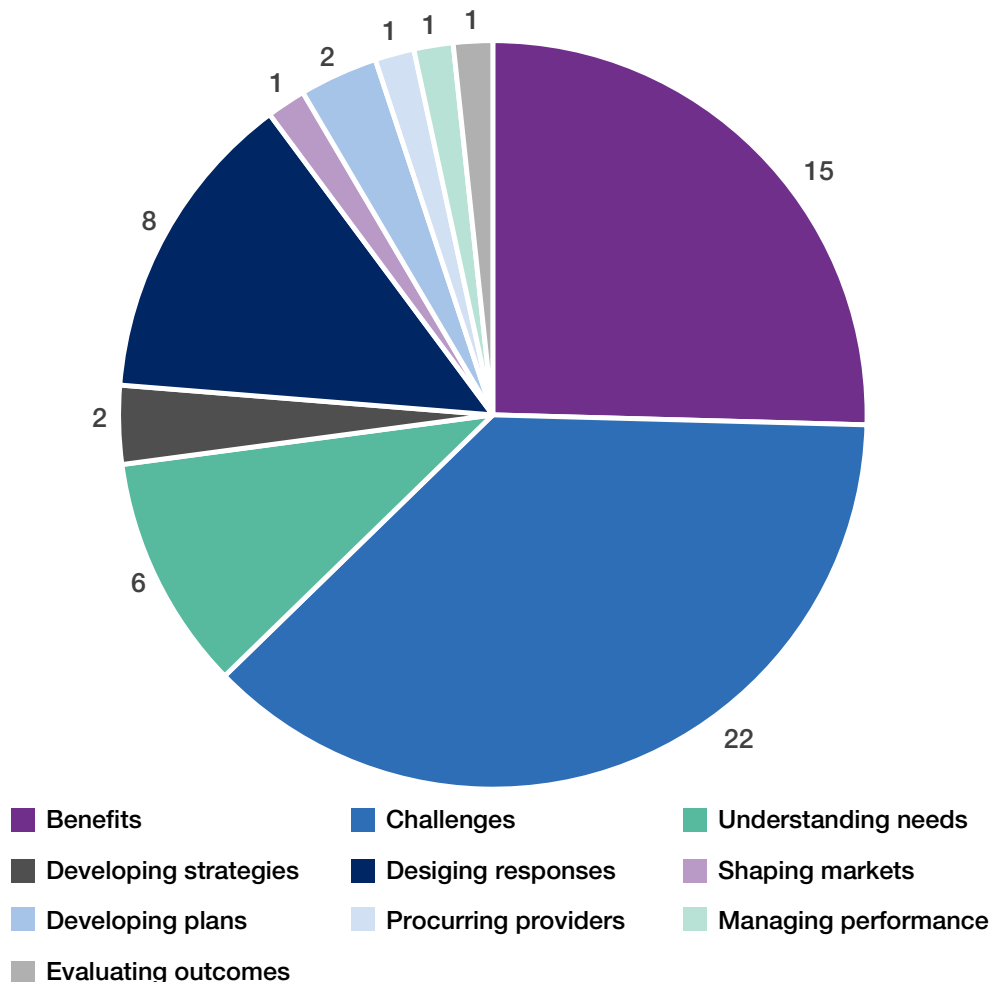


The Evidence Check sought to identify and review existing research about the effect of client engagement at each stage in the DCJ commissioning cycle. It also aimed to identify examples of best practice, to help DCJ engage clients in the most respectful, effective and efficient ways.

What did the Evidence Check find?

The Evidence Check identified 36 relevant articles. Most of these focused on the health sector in Britain, where commissioning has been part of the agenda for about 20 years. As shown in Figure 1, the primary subject of discussion in these articles were the perceived benefits and challenges of engaging clients in commissioning:

Figure 1: Number of articles found describing the benefits and challenges of engagement, and engagement in each stage of the commissioning cycle



Perceived benefits and challenges of client engagement

Researchers identified both ‘instrumental’ benefits of engaging clients in commissioning (such as the improvements to service delivery described above), as well as ‘development’ benefits (such as the new knowledge, skills, increased confidence and improved relationships that clients may gain from participating in the policy process).¹ But they also warned of difficulties arising from both the client and commissioner side. Clients may be undergoing a difficult period in their life (e.g. suffering from cancer), have limited knowledge of the particular professional service being offered (e.g. dermatology²), may not see the value of the engagement activity, or could find the activity inaccessible and feel overwhelmed by the demand on their time³.

Service providers may also feel overwhelmed by the demand on their time, be attached to the current service model or concerned about losing their control over organisational priorities.⁴ In some cases, professionals saw client input as a challenge to their expert opinion.⁵ In others, the service providers lacked the kind of skills and competencies necessary for effective engagement. This was particularly true for service providers with a high staff-turnover, who lack long-term stakeholder relationships.⁶

Evidence of the effect of client engagement

The Evidence Check found many innovative examples of client engagement for each stage in the commissioning cycle, but the effect of this engagement on client outcomes was not often measured.

One study reported on UK commissioners of health services who employed a number of innovative strategies to capture client voice, for example [Experience-Based Design](#), which aims to understand users 'journeys' and 'experience maps'. In one organisation, this involved listening to stroke patients describing their day-to-day experiences, and walking through a typical stroke care pathway with a GP. Commissioners also introduced [ASPECT](#) (A Staff and Patient Environment Calibration Tool) into their [Achieving Excellence Design Evaluation Toolkit](#), to facilitate evaluation from the client perspective. However the impact of these initiatives was not reported. Another study described the [ImproveCareNow](#) initiative in the US (a network of patients, families, clinicians and researchers developed to improve outcomes for children suffering from inflammatory bowel disease), but did not assess its impact.⁷

When impacts were considered, such as in the handful of studies identified in the table below, the focus was generally in service outputs (such as the way a program is delivered) rather than client outcomes (changes in their attitudes, values, behaviours or conditions).

Client Engagement	Effect
Commissioners of disability services in the UK engaged clients and carers using a 'traffic light tool', which enabled them to identify issues and rate symptoms in terms of severity. ⁸	Led to the addition of 83 new terms to the Disabilities Terminology Set
Australian commissioners of mental health services adopted a 'value co-creation' approach - engaging clients and their families/carers in workshops to design a new Partners in Recovery service model for Brisbane North. Stakeholders were updated on the progress of the new model through social media, electronic newsletters and an interactive website. ⁹	Ninety per cent of the 1500 clients interviewed reported a reduction in unmet need and 85% reported improvements in connecting with services
Commissioners of cancer services in the UK engaged patients using various methods, most notably by establishing cancer network partnership groups. ¹	Patients reported improvements in the information, access to cancer care and care environments
Commissioners of day care services in the UK engaged clients of Somalian background to assess the cultural sensitivity of bidding organisations. ¹⁰	One bidding organisation was rejected as not being culturally competent
Twenty-seven commissioners of health services in the UK engaged young people with physical disabilities and chronic illnesses using various methods, including group chats, drawing, drama and video-making. ¹¹	Service changes in 17 out of 27 cases, including changes to hospital environment (ward décor and recreational facilities), food, clinic times and ward routines

Gaps in the Evidence

The Evidence Check highlights the sparsity of literature about the practice of engaging clients in commissioning. While the review revealed examples of client engagement for each stage in the commissioning cycle, few of these studies offered detailed descriptions of the method and impact of engagement. When impacts were considered, the focus was generally on operational issues rather than client outcomes.

The authors of the Evidence Check offered a number of explanations for these gaps, noting that:

- Governments and NGOs have only recently adopted a commissioning approach to service provision
- It is difficult to isolate and accurately estimate the particular contribution that client involvement has on outcomes
- Given the limited time frames of most research projects, it is difficult to evaluate long-term impacts.

They also stress that this does not mean that other client engagement initiatives do not impact on client outcomes. It just means that we cannot yet say with certainty what the impact of such initiatives has been.

Where to from here?

The main finding to come out of this Evidence Check is that further research is required about the real-world impact of commissioning approaches on clients. While limited, the existing literature also offers helpful guidance about client engagement that can be used to craft relevant approaches within particular contexts. It suggests that commissioners should:

- Be clear about who they are seeking to engage, and for what reason, so as not to set up false expectations of what can be achieved
- Not exceed their authority or fail to carry through on any promised commitments, as this can lead to distrust in the commissioning process
- Give careful consideration to how the confidentiality of clients can be maintained, and how best to tackle issues of stigma, fear and lack of appropriate skills
- Pay attention to who is engaged, and ensure this group is broadly representative of the client population (taking into account gender, age, ethnicity, language, socioeconomic status etc.)
- Consider how inequality will be addressed as part of the involvement process
- Think about how client engagement can be embedded within the entire organisational change agenda
- Commit appropriate resources to any client engagement activities.

More Information

- Dickinson, H, Gardner, K & Moon, K 2017, [Outcomes based commissioning and consumers: an Evidence Check rapid review brokered by the Sax Institute for the NSW Department of Family and Community Services](#).
- Dickinson, H 2015, [Commissioning public services evidence review: lessons for Australian public services](#), The University of Melbourne School of Government, Melbourne.
- Mason, J 2018, [Commissioning for outcomes in NSW – an NGO perspective](#), ACWA, Sydney.

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Endnotes

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- ² Carr, V, Sangiorgi, D, Büscher, M, Junginger, S & Cooper, R 2011, 'Integrating evidence-based design and experience-based approaches in healthcare service design', *Health Environments Research and Design Journal*, vol. 4, no. 4, pp. 12-33.
- ³ Watt, S, Higgins, C & Kendrink, A 2000, 'Community participation in the development of services: a move towards community empowerment', *Community Development Journal*, vol. 35, no. 2, pp.120-32.
- ⁴ Katterl, R, Jackson Bowers, E, Hagger, C & Bywood, P 2011, *Regionally-based needs assessment in Australian primary health care*, Primary Health Care Research & Information Service, Adelaide.
- ⁵ Bradshaw, P 2008, 'Service user involvement in the NHS in England: genuine user participation or a dogma-driven folly?' *Journal Nursing Management*, vol. 16, no. 6 pp. 673-81.
- ⁶ Gardner, K, Davies, G, Edwards, K, McDonald, J, Findlay, T, Kearns, R, Joshi, C & Harris, M 2016, 'A rapid review of the impact of commissioning on service use, quality, outcomes and value for money: implications for Australian policy', *Australian Journal of Primary Health*, vol. 22, no. 1, pp. 40-49.
- ⁷ Batalden, P, Margolis, P, Seid, M, Armstrong, G, Opiari-Arrigan, L, & Hartung, H 2016, 'Coproduction of healthcare service', *British Medical Journal*, vol. 25, no. 7, pp. 509-17.
- ⁸ Horridge, K, Harvey, C, McGarry, K, Williams, J, Whitlingum, G, Busk, M, Fox, S, Baird, G & Spencer, A 2016, 'Quantifying multifaceted needs captured at the point of care: development of a disabilities terminology set and disabilities complexity scale', *Developmental Medicine & Child Neurology*, vol. 58, no. 6, pp. 570-80.
- ⁹ Cheverton, J & Janamian, T 2016, 'Partners in Recovery Program: mental health commissioning using value co-creation', *Medical Journal of Australia*, vol. 204, no. 7, pp. 38-40.
- ¹⁰ Schehrer, S & Sexton, S 2010, *Involving users in commissioning local services*, Joseph Rowntree Foundation, New York.
- ¹¹ Sloper, P & Lightfoot, J 2003, 'Involving disabled and chronically ill children and young people in health service development', *Child Care Health Development*, vol. 29, no. 1, pp.15-20.