

# Invitation to Tender

For:

Understanding Patient Data

Gypsy, Roma & Traveller communities: equitable data collection

Date:

4<sup>th</sup> March 2024

# Contents

About the NHS Confederation.....	3
Scope of work.....	4
Contract period .....	4
Tender submission.....	4
Company information .....	4
Proposal for services.....	4
Fee proposal .....	7
Proposal scoring.....	8
Access to Management during the preparation of the Proposal document.....	8
Tender interview Panel .....	8
Key dates .....	8
Instructions for the return of tenders .....	9
Appendix 1 – NHS Confederation Equalities questionnaire.....	10
Guidance in answering the equality questionnaire .....	13
Appendix 2 – NHS Confederation Values and their definitions for reference.....	15

## About the NHS Confederation

The NHS Confederation is the membership organisation that brings together, supports and speaks for the whole healthcare system in England, Wales and Northern Ireland. The members we represent employ over 1.5 million staff, care for more than 1 million patients a day and control £150 billion of public expenditure.

We support our members in three main ways:

- We represent organisations and sectors, to ensure local organisations and systems work in the best interests of service users, citizens and staff.
- We connect the whole healthcare system, to boost system working and develop solutions to shared challenges.
- We support leaders to develop and hone their leadership skills, equipping leaders with tools, ideas and insights and connecting them with a community of leaders.

Our work is underpinned and driven by our values, which help us to achieve our vision of a healthier population supported by high-quality health and care services that benefit everyone. We are respectful, inclusive, bold, collaborative and we act with integrity.

We represent the NHS as a whole and also have a number of networks to support our members in areas of specific concern to their part of the healthcare system.

We work closely with the Government, Parliament, and national stakeholders.

We provide an independent and robust critique of policy and act as an important conduit between policy makers and NHS leaders – helping to test proposals and assess their impact on front line services.

Understanding Patient Data (UPD) is a hosted organisation of the NHS Confederation in London, UK. It is funded by Wellcome, the Medical Research Council, the National Institute for Health and Care Research and NHS England. Our remit is across the UK, and we collaborate internationally too.

UPD aims to make the use of patient data in the UK more visible, understandable and trustworthy. We focus on data routinely collected by health and care services as part of providing healthcare, that can be used for research and planning without explicit consent. This data is used for patient benefit by NHS or health and care bodies, academics and sometimes commercial organisations, but its use can be controversial.

We provide objective information about how patient data is used and bring the views of patients and the public to policymakers and data holders to ensure data is being managed and used in ways that are worthy of public trust.

## Legal overview

The charity is a company limited by guarantee and was incorporated on 23 January 2002 (Charity number 1090329, Company Number 04358614).

The charity has a subsidiary called The NHS Confederation (Services) Company Limited incorporated as a company limited by guarantee (Company Number: 05252407).

## Scope of work

We are tendering for desk research, interviews or focus groups, and a findings and recommendations report relating to equitable data collection for Gypsy, Roma and Traveller communities in health services.

## Contract period

The contract period for this tender is three to six months starting 1<sup>st</sup> May 2024.

## Tender submission

Your tender submission should include the following:

### Company information

- Briefly outline your values, structure, size and capabilities in general
- Examples of similar tenders you have won and delivered
- List two not for profit clients that we can contact for reference purposes (references will be taken up for firms shortlisted)
- Completion of the equalities questionnaire at schedule 1 (refer to guidance provided) – please highlight or delete as applicable)
- How your organisation is aligned with the values of the NHS Confederation – see Appendix 2

## Proposal for services

### Project background

The Gypsy, Roma and Traveller communities are known to face some of the most severe health inequalities in the UK, likely due to the compounding and exacerbating effects of other inequalities they face in relation to accommodation, employment, and policing. [The Covid-19 pandemic drew much needed attention](#) to existing health inequalities faced by these communities; yet even then poor collection and quality of ethnicity data by healthcare services concealed the extent of the impact on the health of these communities.

The need to better capture data on these communities is generally beginning to be better recognised, such as ‘Roma’ being added as a recognised ethnicity category on the 2021 census following the addition of ‘Gypsy or Traveller’ in 2011. However, a [2023 ONS report](#) showed that, when linking ethnicity data recorded by different NHS

data sources in England, the Traveller ethnic group consistently showed the lowest levels of agreement. This is likely because NHS hospital data sets in England continue to rely on 2001 census categories, forcing people in these communities to opt for inaccurate categories such as ‘Other White’ or ‘Any Other Ethnic Group’, which subsequently also show poor agreement across sources. Conversely, according to the most recent evidence we’re aware of, [NHS Wales](#) include a category for ‘Gypsy or Irish Traveller’, [NHS Scotland](#) include categories for ‘Gypsy/Traveller’, ‘Roma’, and ‘Showman/Showwoman’, and [Northern Ireland Health and Social Care](#) include categories for ‘Irish Traveller’ and ‘Roma Traveller’.

However, resolving administrative issues does not resolve other reasons for data inaccuracy and incompleteness for these communities, namely [social exclusion and barriers in access to health and care services](#). These barriers can include:

- mistrust in declaring ethnicity due to longstanding discrimination and lack of cultural awareness from services or the system
- differences in language and communication needs
- digital exclusion and unreliability of internet access
- nomadic lifestyles that don’t fit with expectations of registered addresses and practices

Therefore, even where the option to self-identify as Gypsy, Roma or Traveller is available, people may not want to due to a [lack of trust in the intention behind this data collection and fear of discrimination](#). These factors - and how to address them - should be meaningfully explored through public engagement with people from these communities, led by people with strong connections with them.

UPD advocates for the voices of seldom heard communities. In 2021, UPD commissioned [a project focusing specifically on Black and South Asian communities](#)’ experiences and perceptions of health data collection due to the disproportionate impact of the pandemic on their health. Now, UPD is commissioning a similar public engagement project to learn from members of the Gypsy, Roma and Traveller communities about the barriers to ethnicity data collection and explore recommendations to support improvement.

## **Relevant existing work**

[Gypsy Roma and Traveller History and Culture](#)

[Developing the Cultural Competence of Health Professionals Working with Gypsy Travellers](#)

[Inequalities in Mental Health Care for Gypsy, Roma, and Traveller Communities](#)

[Quality of ethnicity data recorded in health-related administrative data sources, England: November 2023](#)

[Making sense of the Census 2021 for the outcomes and experiences of Gypsy, Roma and Traveller people](#)

[Ethnicity coding in English health service datasets](#)

[The Importance of accurate ethnic monitoring and data inclusion for GRT communities](#)

## **Project specification**

### **Objective**

UPD would like to undertake a project to understand the attitudes and perspectives of Gypsy, Roma and Traveller communities on the collection of ethnicity data in health services, and develop recommendations to ensure these groups are better represented in healthcare data. We envisage that this will be achieved by undertaking qualitative research namely through focus groups or interviews, followed by a write-up of the findings and recommendations.

### **Supplier**

It is very important that the supplier has a trusted relationship with the range of communities that we want to engage. This is so that participants feel comfortable taking part in the conversation, express their honest views and are reassured that their insights will be valued. We are open to receiving collaborative bids, in which organisations would partner with each other to deliver this work.

### **Methodology**

We are open to suggestions from applicants on how best to achieve the aims of the project, but envisage the following key activities:

- Desk research exploring the context and existing policy and research work on this topic
- Develop a research methodology that prioritises leadership and involvement from the communities themselves where possible
- Design an interview or focus group structure that acknowledges the specific needs of these communities in terms of mode or frequency of attendance
- Develop a pre-brief for participants to engage with prior to the interviews or focus groups so that they feel prepared and involved
- Draft interview or focus group content, preferably with input from those in or close to these communities for guidance
- Source participants from across these communities to partake in interviews or focus groups
- Run interviews or focus groups in a way that best suits these communities
- Write-up of findings and recommendations, working with UPD to develop final outputs

### **Participants**

We welcome consideration in the proposals of the diversity that is most important for this project and that can be best achieved within the budget, timeline, logistics etc. Though many of our projects aim to be widely representative and generalisable, we recognise that this may not be the case in this project. There should at least be diversity across the Gypsy, Roma and Traveller communities.

We welcome suggestions from the proposals as to the suitability of approaches like interviews or focus groups for these communities. Individual interviews may be easier to organise and conduct and could be less formal. Conversely, focus groups would likely contain only a small number of participants per group (<10) and the mutual engagement may encourage more openness.

## Topics

As mentioned, different nations across the UK offer different options for ethnicity coding for these communities. Depending on the geography covered in the project, the topics may vary with the differing inclusion or otherwise of Gypsy, Roma and Traveller ethnicities across the healthcare landscape. The final topics and questions will be agreed between the chosen supplier and UPD, but we anticipate this will include:

- Perspectives on ethnicity and health data collection, governance and use, their questions and concerns
- Their experience of and response to being asked to report their ethnicity in health care settings
- Perspectives on the consequences of reporting their ethnicity in health care settings
- Perspectives on the importance of health care settings having accurate ethnicity data for patients
- Ideas on how the experience of reporting ethnicity in health care settings could be improved
- Perspectives on the impact of administrative factors (e.g. not having accurate ethnicity categories listed to choose from) as compared to societal factors (e.g. not reporting ethnicity accurately for fear of discrimination or judgement)
- Perspectives on remote and mobile technological access to healthcare, considering the role personal data sharing must play in this

## Output

The chosen supplier would produce a report that sets out the findings of the engagement exercise. This should include: executive summary; introduction, context and methodology; overview of key findings; full breakdown and discussion of themes arising from workshops; conclusions and recommendations. We expect the prospective supplier to work with UPD during the drafting process to inform the structure of the report/deck and incorporate comments and edits ahead of finalising the outputs.

## Budget

The total budget for this work is **£35k excluding VAT**, and value for money will be considered as part of the selection process.

We anticipate that this project should take approximately 3-6 months to complete; we anticipate the project would start in early Summer 2024. Proposals should include a timeline with justification for milestone delivery times.

## **Fee proposal**

Your tender should include a detailed cost breakdown, including at least the number and seniority of staff, the number of hours they expect to work, and any outsourced costs. This should be exclusive of VAT.

## Proposal scoring

We will rank tenders on the basis of:

Criteria
Fit to requirements of the brief
Quality and experience of the team
Value for money
Alignment with values
Quality of engagement with management and the tender process

## Access to Management during the preparation of the Proposal document

Please send any questions to [hello@understandingpatientdata.org.uk](mailto:hello@understandingpatientdata.org.uk).

## Tender interview Panel

The formal tender interview panel will consist of two individuals from Understanding Patient Data.

## Key dates

*\*We're aware that the Easter holidays fall within this timetable and so we are prepared to be flexible around this time if people are on leave*

Action	Date
Invitation to Tender (ITT) sent out	4 <sup>th</sup> March 2024
Opportunity to ask UPD questions via email: <a href="mailto:hello@understandingpatientdata.org.uk">hello@understandingpatientdata.org.uk</a>	4 <sup>th</sup> –25 <sup>th</sup> March 2024
<b>Deadline for tender response documents to be submitted</b>	<b>10am on 25<sup>th</sup> March 2024</b>
Shortlist finalised	29 <sup>th</sup> March 2024
Formal tender interviews	w/c 8 <sup>th</sup> April 2024*
Preferred Supplier notified	w/c 15 <sup>th</sup> April 2024
Contract negotiation	15 <sup>th</sup> April-30 <sup>th</sup> April 2024
Work commences	1 <sup>st</sup> May 2024



## Instructions for the return of tenders

**Tenders should be submitted by email to [hello@understandingpatientdata.org.uk](mailto:hello@understandingpatientdata.org.uk) and copy in [contracting@nhsconfed.org](mailto:contracting@nhsconfed.org)**

Tenders must be received by 10am on Monday 25<sup>th</sup> March 2024. Tenders received after this date will not be considered.

It is incumbent on tenders to ensure they have all of the information required for the preparation of their tenders.

**For further information about this tender please contact:**

Name	Emma Morgan
Title	Policy & Engagement Manager
Email address	<a href="mailto:emma.morgan@understandingpatientdata.org.uk">emma.morgan@understandingpatientdata.org.uk</a>

# Appendix 1 – NHS Confederation Equalities questionnaire

This questionnaire must be completed satisfactorily in order for any company to be considered to tender for this NHS Confederation contract. The NHS Confederation wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010.

**1. Is it your policy as an employer and as a service provider to comply with your statutory obligations under the equality legislation, which applies to Great Britain, or equivalent legislation in the countries in which your firm employs staff?**

Yes  No

**2. Accordingly, is it your practice not to discriminate directly or indirectly in breach of equality legislation which applies in Great Britain and legislation in the countries in which your firm employs staff:**

- In relation to decisions to recruit, select, remunerate, train, transfer and promote employees?

Yes  No

- In relation to delivering services?

Yes  No

**3. Do you have a written equality policy?**

Yes  No

**4. Does your equality policy cover:**

- Recruitment, selection, training, promotion, discipline and dismissal.

Yes  No

- Victimisation, discrimination and harassment making it clear that these are disciplinary offences.

Yes  No

- Identify the senior position for responsibility for the policy and its effective implementation.

Yes  No

**5. Is your policy on equality set out**

- In documents available and communicated to employees, managers, recognised trade unions or other representative groups?

Yes  No

- In recruitment advertisements or other literature?

Yes  No

- In materials promoting your services?

Yes  No

**If the answer is NO to any part of questions 4 or 5, please provide other evidence to show how you promote equalities in employment and service delivery.**

**6. In the last three years, has any findings of unlawful discrimination been made against your firm by the Employment Tribunal, the Employment Appeal Tribunal or any other court or in comparable proceedings in any other jurisdiction?**

Yes  No

**7. In the last three years, has any contract with your firm been terminated on grounds of your failure to comply with:**

- Legislation prohibiting discrimination?

Yes  No

- Contract conditions relating to equality in the provision of services?

Yes  No

**8. In the last three years, has your firm been the subject of formal investigations by the Commission for Racial Equality, the Disability Rights Commission, The Equal Opportunities Commission or a comparable body, on grounds of alleged unlawful discrimination?**

Yes  No

**If the answer to question 6 and 7 is YES, or, in relation to question 8, a finding adverse to your firm has been made, what steps have you taken as a result of that finding? Please summarise the details below and provide full details as an attachment.**

**9. If you are not currently subject to UK employment law, please supply details of your experience in complying with equivalent legislation that is designed to eliminate discrimination and to promote equality of opportunity. List any attached documents.**

# Guidance in answering the equality questionnaire

When completing the questionnaire, all companies must answer each question fully and supply any documentary evidence requested. Failure to fully answer each question or failure to submit any documentary evidence required may lead the NHS Confederation to consider the answer unsatisfactory.

## **Question 1 and 2**

If your firm has implemented an effective equality policy, you will be able to answer yes to these questions. You will be able to confirm your answers by submitting your equality policy and supporting evidence as for as part of this section.

## **Question 3 and 4**

You will need to submit a copy of your firm's equality policy. You will need to ensure that your policy covers:

- recruitment, selection, training, promotion, discipline and dismissal
- victimisation, discrimination and harassment
- identifies the senior position responsibly for the policy.

## **Question 5**

Documents available and method of communication to staff. You will be required to submit examples of any documents, which explain your firm's policies in respect of recruitment, selection, remuneration, training and promotion outside of the equality policy asked for in Question 3 and 4.

You will also need evidence of how your firm has communicated this document to staff, i.e. notice boards or issue individual employees with a copy. There is no prescribed evidence here. You will need to submit whatever documents your firm uses for these purposes.

In recruitment advertisements or other literature, you will need to submit evidence that makes public your firm's commitment to equality in employment and service delivery.

Small firms may not have detailed procedures, but you must ensure that evidence is provided which demonstrates that personnel operate in accordance with a written equality policy that includes:

- open recruitment practices such as using job centres and local newspapers
- to advertise vacancies
- instructions about how the firm ensures that all job applicants are treated fairly.

In material promoting your services. This relates to how your firm provides information in materials promoting your services, e.g. in different languages, making information accessible to people with hearing and visual impairment and physical access for disabled users.

### **Question 6**

This question's concern is whether any court or industrial tribunal has found your firm guilty of unlawful discrimination in the last three years. It is important to be honest with your answers. The NHS Confederation may check your responses. If the answer is yes, you may wish to insert additional information which details the actions your firm has undertaken to prevent a repeat occurrence.

Answering yes will not automatically mean that you do not get the contract; you need to ensure that the NHS Confederation feels confident that you have sufficient measures put in place to prevent a re-occurrence.

### **Question 7**

This question's concern is whether your firm has ever had a contract terminated for noncompliance with equality legislation or equality contract conditions. If the answer is yes, your firm may wish to submit additional information will details the actions they have taken to prevent a repeat occurrence.

### **Question 8**

This question asks whether your firm has had any investigation carried out, whatever the outcome. The NHS Confederation can check a contractor's answer from lists that the CRE and EOC produce, so please be honest. The NHS Confederation is aware that because a firm has been investigated does not mean that it is guilty of discrimination. The result of the investigation will be taken into account when assessing your firm's answers to the questionnaire.

### **Question 9**

If your firm has been found guilty of unlawful discrimination, you will need to provide evidence that details the steps your firm has taken to correct the situation. The Court, Industrial Tribunal or CRE will have made recommendations about steps your firm should take to eliminate the discrimination. If no action or inadequate action has been taken in this respect, only then will your firm be considered refusal onto the tender list.

### **Question 10**

If your firm is not subject to UK employment law, you must ensure that you supply details of equivalent legislation that you adhere to.

# Appendix 2 – NHS Confederation Values and their definitions for reference

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## **Respect**

We treat people with respect.

We recognise the diversity of views, and we listen to understand.

We believe in fairness and support one another to achieve our goals.

We demonstrate trust, respect and fairness at all levels of the organisation.

We have fair and respectful employment practices that provide individual support and nurture talent.

## **Inclusivity**

We continuously strive to be a diverse organisation - we encourage different ideas, strengths, interests and experiences.

We have a genuine commitment to being an inclusive and welcoming employer and organisation.

Our staff should represent the NHS and wider population in terms of diversity.

All our staff feel they have a voice, are listened to and valued. We value everyone's contribution.

We respect different views and show this by listening and being authentic. We respectfully challenge back when needed.

## **Bold**

We are innovative and creative, always striving to be our best.

We are courageous and confident when we need to respectfully challenge.

We are ambitious, aspiring to be the best in our work and encouraging it in others.

We are leading, influencing and represent our stakeholders and the NHS.

We speak for members and lead on their behalf.

## **Integrity**

We are open in everything we do, say and role model.

We are honest with ourselves about where we need to improve.

We have pride in the work that we do, and we are proud to represent the NHS.

We are all accountable for our work and learn from our mistakes.

We have an honest and open culture.

## **Collaboration**

We are all part of one organisation and work collaboratively with other teams.

We are a diverse organisation with a diverse membership and recognise and value each other's strengths.

We encourage internal collaboration to share ideas across teams and external collaboration to have impact across the wider NHS and our stakeholders.

We communicate respectfully and listen to the needs of our members and stakeholders.

We work together with our members and stakeholders to improve patient care.