

Improving Accessibility and Fairness in NHS Procurement: A VCFSE Perspective

Introduction

There has been a growing concern within the voluntary, community, faith and social enterprise (VCFSE) sector that smaller or newer providers are disadvantaged in NHS procurement processes, particularly when commissioning children and young people's mental health services.

In recognition of this, Somerset Integrated Care Board (SICB) invited the Partnership Manager for Children and Young People's Mental Health (CYPMH) to participate in a subsequent procurement exercise. This collaboration aimed to increase transparency and offer the VCFSE sector a clearer understanding of how NHS procurement operates, while also identifying opportunities for improvement.

This report, written by the Partnership Manager, summarises their insights and provides a summary and analysis of the procurement process through a VCFSE lens. It also highlights some of the key challenges faced by smaller organisations, outlines proposed solutions and offers recommendations to improve accessibility and fairness in future procurement activities.

Procurement Process Perspective

"This was an enlightening process that helped me to address misconceptions held by both me and the VCFSE sector. It was thorough and rigorous, requiring me to form my own views and scores independently before the ratification stage. Whilst the ratification process was time-consuming, it generated important and challenging discussions to ensure each score was fully justified and agreed.

I quickly learnt the importance of clearly evidencing my reasoning for each score; where I had not done so, it led to longer discussions to clarify my thinking. Being assigned a set of questions aligned with my knowledge and experience gave me greater confidence to challenge scores where there was disagreement and to support consensus-building within the panel.

The way the process was structured promoted constructive professional discussion and reasoning for each score, which was further tested by the independent chair who oversaw proceedings".

Recommendations

The following recommendations are proposed to improve the accessibility, fairness and transparency of procurement processes, particularly for smaller and VCFSE organisations, by addressing key barriers identified through recent feedback and experience.

Recommendation 1: Simplify and clarify application requirements

Simplify the language and clarify the level of detail required in application questions to reduce unnecessary complexity. Provide earlier notice of upcoming opportunities, longer lead-in times and offer optional briefing sessions to support effective preparation. Consider introducing a simplified application process for smaller or less-resourced VCFSE organisations to ensure fairer access to commissioning opportunities.

NHS ICB and Procurement Response:

We endorse this recommendation. A procurement process should be proportionate to the service and financial budget. The ICB will review procurement pipeline transparency and undertake market engagement activities where it deems it is appropriate to do so.

Recommendation 2: Review rigid 'must include' criteria

Reassess the use of strict 'must include' elements in scoring to ensure they do not disproportionately penalise otherwise strong responses. Explore more flexible approaches that still emphasise key information but allow for minor omissions, recognising the capacity challenges faced by smaller organisations.

NHS ICB and Procurement Response:

We endorse this recommendation. A procurement should be proportionate to the service requirements. The ICB will review the use of 'must include' to where it is necessary to do so.

Recommendation 3: Provide clearer scoring guidance and capacity-building support

Ensure that scoring frameworks are supported by accessible guidance and, where appropriate, include examples of strong and weak responses to help clarify expectations. Consider offering optional training or written guidance to support capacity building across sectors, particularly for newer or smaller providers.

NHS ICB and Procurement Response:

We recognise the intention behind this recommendation but cannot endorse it. Bid evaluations are undertaken by multiple panel members, and inevitably there is an element of subjectivity when assessing what constitutes a 'strong' or 'weak' response. To mitigate this, moderation processes are in place to ensure consistency

and fairness. While it would not be feasible to provide examples of responses in advance, NHS South, Central and West (SCW) Procurement colleagues could provide a training session for VCFSE organisations on the procurement process, which can support provider capacity building, particularly for those less familiar with bidding.

Recommendation 4: Improve consistency in supporting information

Standardise the provision of supporting information across all questions, particularly where bidders are expected to identify relevant partners or agencies. Clearly listing potential stakeholders can support less-established organisations and improve the overall quality and confidence of responses.

NHS ICB and Procurement Response:

We are unable to endorse this recommendation. While we recognise the value of strong local networks, it would not be appropriate for the NHS ICB or procurement team to influence or prescribe which partners or agencies bidders should reference, as this remains the responsibility of each organisation. Part of the assessment is to understand how providers identify and engage with relevant stakeholders, and this can vary depending on the service model and community connections.

Recommendation 5: Strengthen transparency and communication

Promote all commissioning opportunities through consistent and accessible channels. Publish a forward calendar of upcoming tenders where possible and avoid reliance on informal networks for early awareness. Ensuring sufficient lead-in time will enable more equitable participation across all provider types.

NHS ICB and Procurement Response:

We endorse this recommendation. Commissioning opportunities are required to be advertised on the Find a Tender (FTS) portal for all Healthcare Procurements – organisations can set up searches on Common Procurement Vocabulary (CPV) codes which are appropriate for that organisation. In addition, there is a programme of work currently being undertaken at the ICB that may result in more transparency of procurement pipelines in the future.

Recommendation 6: Enable space for innovation

Introduce flexibility within application formats to allow organisations to propose creative or alternative approaches. This could include optional narrative sections or prompts that invite innovation, enabling bidders to demonstrate added value beyond standardised criteria.

NHS ICB and Procurement Response:

We agree in principle with this recommendation and recognise that innovation can add significant value. Application formats already allow for flexibility through narrative

responses, and innovation is something that naturally strengthens a bidder's case rather than requiring separate criteria. Where we are able to do so, we will be clearer in our guidance about where innovative approaches would be particularly welcome, to help providers understand how this could enhance their submissions.

Recommendation 7: Involve the VCFSE sector in procurement design

Involve representatives from the VCFSE sector in the development of tender questions and evaluation frameworks. Co-designing elements of the process can help ensure language, expectations and approaches are inclusive, proportionate and reflective of the full provider landscape.

NHS ICB and Procurement Response:

We endorse this recommendation. We would welcome VCFSE involvement in procurement design where it is appropriate to do so.

Recommendation 8: Strengthen collaboration and continuous improvement

Collaborate with internal quality teams and VCFSE partners to identify, share and embed best practice in procurement. Establishing feedback loops after tender processes can support transparency, learning and ongoing improvements to the commissioning experience.

NHS ICB and Procurement Response:

We would not support this recommendation in its current form. A debrief letter is always issued at the end of each procurement to the successful and unsuccessful bidders. This report sets out what was done well and where responses could have been stronger, which supports learning and continuous improvement. This process already provides transparency and a feedback loop for organisations. While we remain committed to constructive feedback and building provider confidence in future bids, we do not feel that additional consultation with internal quality teams is required.

Conclusion

This report has highlighted both the challenges and opportunities involved in making NHS procurement processes more accessible and inclusive for smaller and VCFSE organisations. Through direct involvement in a recent procurement exercise, valuable insights have been gained into how processes can unintentionally disadvantage certain providers, despite best intentions.

The recommendations outlined are practical, achievable steps that commissioners and procurement leads can take to reduce barriers, improve transparency and support a more diverse provider landscape.

By embedding these changes, there is real potential to strengthen the commissioning system – ensuring it not only upholds fairness and rigour but also

reflects the breadth of innovation and value that the VCFSE sector can bring to children and young people's mental health services.

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