



NHS England Patient and Public Voice Partners Policy

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The National Health Service Commissioning Board was established on 1 October 2012 as an executive non-departmental public body. Since 1 April 2013, the National Health Service Commissioning Board has used the name NHS England for operational purposes.

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Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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SUMMARY OF KEY POINTS AND ACTIONS

- Patient and public participation is an essential part of NHS England’s way of working. We want to build strong and supportive relationships with our Patient and Public Voice (PPV) partners to get the very best from our participation activity.
- The term ‘patients and public voice (PPV) partners’ includes patients, service users, carers and families and the general public.
- This policy relates to individual PPV partners and does not apply to our work with patient and public organisations (such as national charities or voluntary and community organisations).
- PPV partners get involved in a wide range of activities with NHS England. An individual might get involved in a range of different programmes of work and may take on a number of different types of role while involved in that work.
- NHS England has identified four different types of PPV role and has detailed the characteristics of each role fully at Appendix 1. The role descriptions include:
 - ✓ A description of each role
 - ✓ Examples of the type of engagement for each role
 - ✓ What expenses/involvement payment category applies for each role
 - ✓ Information about different involvement approaches, including where an application process and/or references are required.
 - ✓ Information about when confidentiality agreements or declaration of interests are required.
 - ✓ Our management of personal information
 - ✓ Where there are training requirements that apply to the role
- Staff should consider the best approach to participation for our varied and different programmes of work. It is important to identify what involvement activities are needed for different situations and involve people early on in the process, not as an afterthought. Plan ahead for any involvement events or the recruitment of PPV partners to roles on committees or working groups
- There are a number of other NHS England policies that help support its work with PPV partners, including ensuring that reasonable expenses are reimbursed and that information is accessible. For information about related policies, please see section 18.
- People involved in working with NHS England may face barriers to engagement. NHS England’s patient and public voice (PPV) partners may have long term conditions or be part of diverse communities that are seldom heard including people with a lived experience. It is important to involve people in ways that are appropriate to their needs and values diversity.

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For PPV partners who join our committees/working groups:

- The flow chart at figure 2 summarises the actions and support to involve PPV partners throughout the 'lifecycle' of their involvement with us.
- Use a proportionate approach for identifying and involving PPV partners who will sit on committees/groups. Not everyone will need to complete a lengthy application process or will need to provide references, but some NHS England PPV roles will need this.
- Ensure that all of our participation activity has a named lead contact; someone who a PPV partner can contact with any queries or support needs. A lead contact is particularly important where PPV partners are joining events or workshops, or where they are taking part in regular meetings.
- The lead contact should provide PPV partners with the NHS England PPV [welcome pack](#) and highlight the corporate induction process for PPV partners.
- Training and development opportunities are available to both staff and PPV partners to support them in their participation activities. The [Involvement hub](#) contains case studies, toolkits, resources, e-learning and information about other support opportunities.
- Keep good records of your approach to participation including securely storing PPV partner personal data in line with our [Information Governance Policy](#).
- Consider any safeguarding arrangements, for both PPV partners and staff, which may be required in relation to involvement activities. Refer to the corporate safeguarding policy for further information.
- In the event of concerns raised by PPV partners or staff, these should be resolved locally where possible, through discussion. If necessary, contact the central Public Participation team for support.

The Public Participation team can be contacted for advice or support:
england.nhs.participation@nhs.net

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1 Introduction

This policy sets out how NHS England supports patient and public voice (PPV) partners to be involved in our work.

Patient and public voice partners *are people who are willing to share their perspective and experience with NHS England to inform health services in a range of different ways*. PPV partners include patients, service users, carers, families and other members of the public.

Patients and the public and staff have been involved in the development of this policy.

1.1 Why involve PPV partners?

*“...the health service needs to change, arguing for a **more engaged relationship with patients, carers and citizens** so that we can promote wellbeing and prevent ill-health. We need to **ensure that patients and the public are an integral part** of our governance, decision making forums, service improvement, re-design and assurance. **It is vital that the patient and public voice (PPV) is embedded in all of our commissioning process.**”*

Five Year Forward View, NHS England, October 2014

NHS England is committed to involving diverse groups of patients and the public in its work. This involvement brings a wealth of insight, perspectives, expertise and experience to its programmes. NHS England's experience of working with PPV partners is that they can bring unique perspectives and insights into its work, perhaps through their lived experience as a patient/carer or as a member of a community with particular health and care needs. They can challenge thinking, help innovate and improve what NHS England does, ultimately making services more responsive to people's needs, improving access to services as well as improving health outcomes. NHS England strongly values the significant contribution that patients and the public make towards improving the NHS for all groups of people.

This commitment is reiterated in the [Next Steps on the Five Year Forward View](#), published in March 2017.

*“Making progress on our priorities and addressing the challenges the NHS faces over the next two years cannot be done without **genuine involvement of patients and communities**. Nationally, we will continue to work with our partners, including patient groups and the voluntary sector, to make further progress on our key priorities.”*

- ✓ Every element of our commissioning system needs to be informed by insightful **listening and acting on the views of those who use and care about our services**. Their views should inform service development; this helps us get services right for patients and supports continuous improvement.
- ✓ Involving patients and the public is a legal requirement in our commissioning arrangements and brings a range of benefits for better healthcare services.

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This is described under Section 13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

NHS England's work with PPV partners is part of a wider approach to patient and public involvement and complements other approaches; for example, working with the voluntary and community sector; digital engagement; review and analysis of patient insight and feedback data and social research.

This policy supports our guidance; [Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England](#) and our overarching [Patient and Public Participation Policy](#) which describes our ambition to embed participation within the way we do business and sets out the ways in which NHS England meets its legal duty to involve the public in commissioning.

2 Purpose

NHS England involves diverse groups of patients and the public in a range of ways, from seeking input to our public consultations, jointly designing service improvements and involving people as members of working groups and strategic committees. NHS England is committed to enabling our PPV partners to be effective in their diverse roles. A single approach will not be appropriate to every PPV role. This policy sets out clear and consistent support and governance arrangements for the 'lifecycle' of a PPV partner's involvement with NHS England.

The aim is that:

1. PPV partners are valued and supported to maximise their contribution to the work of NHS England.
2. PPV partners have a positive experience of involvement with NHS England.
3. NHS England works with a diverse range of PPV partners, and supports them in ways that are effective and proportionate to their roles and their individual needs.
4. NHS England minimises corporate risks and applies robust governance arrangements in involving PPV partners in its work.

Individual teams in NHS England have responsibility for engaging PPV partners in their work. This means consistently applying a set of standards and ways of working with our PPV partners. This will ensure PPV partners know what to expect when participating in NHS England's work programmes, and staff will understand how best to support our PPV partners.

NHS England also works with patients and the public through partnership arrangements with other organisations, we also commission engagement activities through other organisations. This policy also describes (see section 14) how working with third party providers can help us engage meaningfully with patients and the public. These arrangements can be particularly useful to reach out to seldom heard communities.

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This policy focuses on the engagement of patients and the public, however before planning engagement activities, NHS England staff should take time to review any existing insight and research that may have been recently published. Using existing insight data brings a useful perspective, is an efficient use of resources and helps to avoid duplication of any engagement work that has recently been carried out.

3 Scope

This policy applies throughout NHS England; i.e. to all national and regional teams and across all of our business functions, including hosted organisations such as the clinical senates and strategic clinical networks.

This policy relates to individual PPV partners and does not apply to our work with patient and public organisations (such as national charities or voluntary and community organisations). It is recognised that working with patient organisations and the voluntary and community sector also brings valuable insight and input to our work. PPV partners are not employees, workers or agents of NHS England.

This policy does not apply to people working with NHS England who are not PPV partners, such as expert advisers for example ethicists, clinicians, scientific advisers, contractors or people working in other consultancy roles.

The policy and associated documents are available to NHS England staff on the staff intranet and from the Public Participation team (by emailing england.nhs.participation@nhs.net)

4 A summary of PPV roles

It is recognised that patients and the public support the work of NHS England in a variety of ways. We have developed a detailed description of a number of different roles that PPV partners undertake and how each of these contributes to our work, from one-off participation activities, to regular involvement roles. All types of involvement and roles are valuable, however the support and governance arrangements for different roles will vary.

The role descriptions are summarised in table 1 below. Role description information is described in detail at appendix 1 and includes:

- ✓ A description of each role.
- ✓ Examples of the type of engagement for each role.
- ✓ How each role contributes to our work.
- ✓ What expenses/involvement payment category applies for each role.
- ✓ Information about different involvement approaches, included where an application process and/or references are required.
- ✓ Information about when confidentiality agreements or declaration of interests are required.
- ✓ Our management of personal information.
- ✓ Where there are training requirements that apply to the role.

The breadth of different roles allows NHS England to offer a variety of engagement opportunities, designed to meet a diversity of needs and interests and supports us to

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meet our involvement duties under Section 13Q of the NHS Act 2006 (as amended by the Health and Social Care Act 2012).

Different teams in NHS England will have a variety of ways that they engage with PPV partners subject to their business need and specific programme of work e.g. exploring service user experiences of secure mental health services will use different approaches to involving PPV partners in a service procurement process or involving patients in decisions about changes to services provided at their GP practice.

PPV partners may hold a number of different roles at the same time.

Examples:

*Following an application and interview process, Mary Smith was selected to become a PPV representative on the Individual Funding Review (IFR) panels. These panels make decisions about whether treatment should be made available for a patient when the general policy is not to fund it. The involvement that she has with this senior committee is designated as **Role 4**. Her input to this panel contributes to decisions that have an impact on budget resources. It is an accountable and leadership role. This role has an involvement payment.*

*Mary has a daughter with a learning disability, so Mary has also joined the NHS England Learning Disability Network which meets several times a year. Her involvement with the Learning Disability Network is designated as **Role 3**. To join the network Mary emailed the learning disability team outlining her interest in joining the Network. Like others who attend the Network, Mary gives her views and comments on NHS England policies and programmes, helping to shape our work. Mary can claim expenses for attending these network meetings.*

*Mary is also interested in good access to GP services. NHS England held a number of workshops and events to hear from patients up and down the country about their views on using an online GP service. Mary joined some of these discussion workshops. One event was held in a town local to where she lived. Mary registered for this event on the NHS England events website and went along to be part of the discussions. She was able to claim expenses back for attending the event. PPV partners attending these events were designated as **Role 2**.*

*Mary also responded to a number of NHS England's online questionnaires, including one about PPV partners' experiences of involvement. She completed these surveys when she had time at home. This type of involvement is designated **Role 1**.*

It is possible for a PPV partner to undertake a range of different roles at any one time. However, as described in Appendix 1, the number of roles involving membership of groups/committees that an individual can hold simultaneously is limited. This helps NHS England to ensure that there are opportunities for a greater range of people to participate.

TABLE 1: Summary of PPV partner role descriptions

Role requirements	Role 1	Role 2	Role 3	Role 4
Nature of activity	People choose to attend, respond or comment on open access engagement opportunities e.g. responding to online surveys, attending NHS England's Annual General Meeting	PPV partner is invited to attend workshops/events/ focus groups on a one off basis	PPV partner is a member of regular working group meetings (policy and service design, commissioning reviews, task and finish programmes, etc)	PPV partners are in committees /roles that demonstrate strategic and accountable leadership and decision making activity or members of groups that make recommendations to committees that have delegated authority of the NHS England Board.
Level of input	Informs NHS England's work	Informs NHS England's work	Input to NHS England's committees and working groups	Input and shared decision making in NHS England's committees and priority programmes, or involved in making recommendations to committees that have delegated authority from the board
Expenses category (refer to PPV expenses policy)	A (no financial contribution from NHS England)	B (reasonable out of pocket expenses covered)	B (reasonable out of pocket expenses covered)	C ('Expert PPV adviser role', includes involvement payment)

A full description and further examples and case studies of involvement activity in each role are provided at Appendix 1.

5 Accessible involvement

NHS England is committed to involving a diversity of PPV partners and removing barriers to participation. We recognise that many of our PPV partners will also be service users and by definition are likely to have complex conditions, ill health, disabilities, or be carers and this may mean making bespoke arrangements to support people's involvement.

NHS England should aim to maximise the accessibility of communication, information and documents relating to engagement opportunities and public consultations. Documents should be written in plain English (in so far as is possible for technical or complex information) and where appropriate should be available in alternative languages and formats as set out in the [NHS England Accessible Information and Communication Policy](#).

In addition, digital engagement opportunities and public consultations, including online surveys, should be accessible to those using assistive technologies including screen-readers. Consideration should also be given to translation and interpreting services where appropriate.

Face to face involvement opportunities, whether a one-off workshop or event, or regular meetings, should consider the access and support needs of the target audience and those attending. Reimbursement of PPV partners attending involvement activities is described in the ['Working with our Patient and Public Voice Partners: reimbursing out of pocket expenses and involvement payments for Patient and Public Voice' policy](#).

Delegates attending workshops and events, including patients and the public, should be given the opportunity to provide advance details of accessibility needs. NHS England's corporate [event management system](#) can be used to register such accessibility needs. Venues should meet the accessibility needs of the delegates (including, but not limited to accessibility for wheelchair users, or hearing loop users).

Where PPV partners are involved in regular meetings, they should ensure that their lead contact is aware of any accessibility needs. It is the responsibility of the event organiser or lead contact to ensure that these needs are met as far as is practicable.

Using technology and remote access engagement approaches, e.g webinars and teleconferences can be cost effective as well as supporting those who live in geographically remote areas, or those who have difficulty travelling to get involved.

6 Engaging PPV partners in regular activities

While much of NHS England's involvement activity will take place through one-off events, workshops, surveys and other activity under roles 1 and 2, NHS England also has regular involvement with PPV partners who join our working groups/committees.

The PPV roles 3 and 4 described in the role description table will involve a structured and transparent process to identify PPV partners to take part in regular meeting commitments. PPV partners are not NHS England employees and different

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involvement approaches will be appropriate in different circumstances. These will depend on the requirements of the working group, committee or board, for example a short 'expression of interest' approach or a formal application and interview approach could be used to meet the needs of different types of committees. As a general principle, these approaches should be open and transparent and support a diversity of involvement.

It is good practice to involve more than one PPV member in a group, to bring different PPV perspectives to the work. Appointing a PPV partner as the chair of a working group, where appropriate, can send an important message about how their contribution is valued. A small number of PPV partners as members of a group cannot fully represent a wider population and further engagement work may be needed to effectively support our commissioning and delivery arrangements. Engagement through representatives should only be used where directly engaging with service users is not practicable or proportionate. It should complement – not substitute – opportunities for direct public and patient engagement. Where involvement takes place via PPV partners on working groups, staff should seek assurance that they offer a fair representation of the views of others.

Members of staff from voluntary, community and social enterprise (VCSE) sector organisations, charities and patient organisations can also bring valuable input and insight to our work. Their input would normally be from a perspective of representing their organisation, or organisation membership, rather than that of a PPV partner, unless they are contributing solely in a personal capacity.

Individual policy and commissioning teams in NHS England have responsibility for involving PPV partners in their programmes of work. Any team involving PPV partners should always ensure that PPV partners have a named, lead contact from the within team.

6.1 Responsibilities of the lead contact

The lead contact has the responsibility of the end-to-end management of the PPV partner's involvement with NHS England. Figure 2 summarises a 'lifecycle' flow chart. It describes a phase to identify and involve PPV partners, an induction phase, a support phase and finally a completion phase.

The lead contact is responsible for identifying any resource requirements associated with the PPV involvement activity. This will usually include funding for PPV partners' expenses and, for role 4 only, involvement payments. It also includes any other costs involved in enabling PPV partners to participate effectively, for example provision of any carer support, or communication support which is needed (as set out in the ['Working with our Patient and Public Voice Partners: reimbursing out of pocket expenses and involvement payments for Patient and Public Voice'](#) policy).

The need to ensure availability of staff time e.g. providing briefing information and making travel arrangements for PPV partners should also be considered.

The lead contact should ensure that any personal data in respect of PPV partners is securely maintained and registered on the NHS England Information Asset register,

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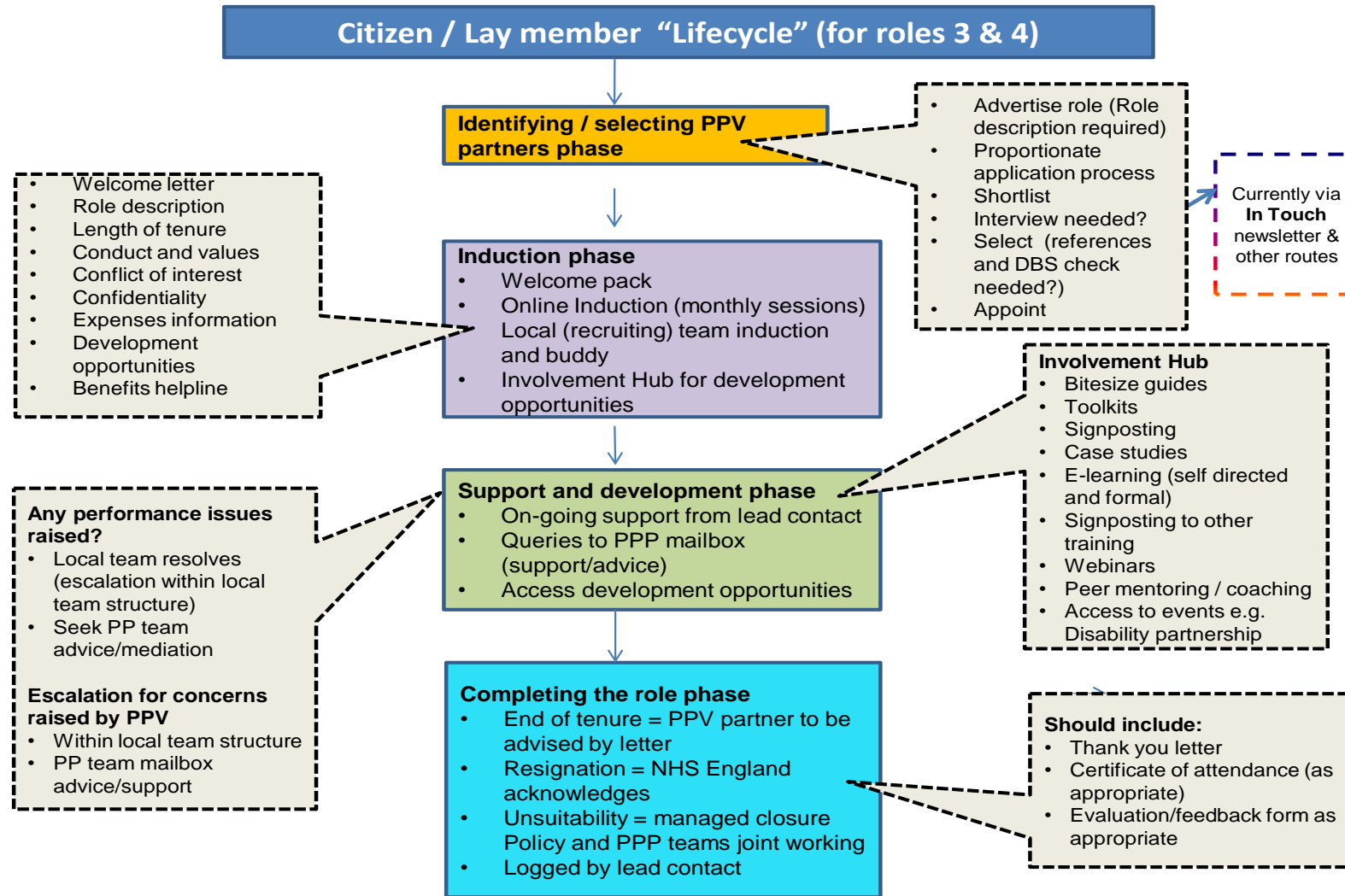
in line with our Information Governance requirements and data protection law. For more information visit the [Information Asset Management](#) section on the NHS England intranet.

The lead contact is the first line contact for the PPV partner to ask questions or raise any concerns in respect of their role.

A checklist summary for lead contacts is provided at Appendix 3.

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Figure 2 PPV partners' "lifecycle"



6.1.1 Initial 'Identify/select and involve' phase

Identifying PPV partners to become involved in NHS England's work should reflect a proportionate approach based on the needs and circumstances of the group or committee. For example, identifying a PPV member to serve on a committee with delegated authority of NHS England's Board will use a different approach to identifying a PPV partner to a short task and finish working group. The former example would require a process that includes interviews, references and mandatory training, while the latter would be likely to involve a simpler, shorter process, such as submitting an expression of interest.

The lead contact should ensure that PPV partner roles have a clear role description indicating the nature of the role, any skills and experience required, how long the role will last and any mandatory training associated with the role.

Involvement approaches should actively encourage applications from a diverse range of candidates, including those from protected characteristic groups as defined in the Equality Act 2010¹ as well as people with a lived experience. Staff recruiting PPV partners should keep records of how they have promoted their involvement opportunities. People who receive state benefits may require prior permission from the benefits agency before they agree to regular involvement activity and before accepting any involvement payments. This may take additional time and should be factored into a recruitment process.

For PPV partners in roles 3 and 4 there is a restriction on the number of roles that a PPV partner can hold simultaneously. This is to encourage diversity of PPV partners and ensure that we are not paying individuals for an extensive portfolio of roles. PPV partners should hold **no more than three** PPV roles where those roles attract a regular involvement payment (Role 4) or **no more than five roles** if those roles do not attract an involvement payment. Staff teams should identify at the initial selection stage if PPV applicants hold any other PPV role with NHS England.

We recognise that PPV partners may need to attend a number of meetings in their role, e.g. a member of a PPV Advisory Group may also attend a Programme Steering Committee to feedback from the Advisory Group. These do not count as separate PPV roles.

NHS England has set a limit to the length of time PPV partners can be members of a group/committee. This is **limited to a maximum of four years continuous involvement**. By doing this we aim to ensure that our PPV partners contribute effectively to our programmes and also that we continue to make opportunities available for a diversity of people to support our work.

References and vetting procedures may be required for some NHS England committees (see Appendix 1).

¹ These are Age, Disability, Gender reassignment, Marriage and civil partnership, Pregnancy and maternity, Race, Religion or belief, Sex and Sexual orientation

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[Resources to support involvement approaches](#) are available on the NHS England intranet. This includes template adverts, application forms and application packs, diversity monitoring forms and guidance about shortlisting and interviewing candidates.

Accepting a PPV role does not constitute a contract of employment. Nothing in the arrangements between NHS England and PPV partners shall render a PPV partner as an employee, worker or agent of NHS England. This must be made clear from the outset (e.g. when advertising a PPV role) and in relevant documentation (e.g. welcome pack, appointment letter). The PPV partner must not imply that they are an employee or a representative of NHS England.

6.1.2 Induction phase

New PPV partners should be welcomed to the role by the lead contact, with a briefing about their role, information about where to access support and an opportunity to ask questions.

PPV partners should be given the NHS England PPV welcome pack. Where it is a requirement of the role, PPV partners will be asked to return the confidentiality agreement and declaration of interests' form, which can be found on the [intranet](#).

These should be returned to the Governance team with copies held securely by the lead contact. Contact england.governance@nhs.net

The lead contact should provide PPV partners with induction information specific to their new role. This should include an introduction to other members of the group or committee and provision of a copy of the Terms of Reference and any other relevant documentation.

A corporate induction for PPV partners is available as a webinar (or accessible alternative arrangement). The induction session should be attended by the new PPV partner within the first 12 weeks of their new role, and their lead contact is also welcome to take part in the webinar. The induction webinar covers an introduction to NHS England's aims and values, our work and information about PPV expenses and support and development opportunities. Information about registering for the induction webinar can be obtained from england.nhs.participation@nhs.net and dates are available on the [Involvement Hub](#).

6.1.3 Support and development phase

PPV partners should discuss their support and development needs with their lead contacts.

A number of development and training opportunities are available to both staff and PPV partners to support their participation practice. Opportunities are available via the [Involvement Hub](#) and the NHS England intranet pages (see section 8).

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6.1.4 Completing the role

PPV partners will usually end their engagement in NHS England's groups/committees via the following routes:

- The agreed period of membership expires; the PPV partner should receive a reminder communication in advance of the end of the membership period. A succession plan for the group should be put in place in a timely manner to ensure PPV input is continued within the group.
- The PPV partner resigns; the PPV partner should notify their lead contact and the chair of the committee in writing
- The group or committee is dissolved / the piece of work comes to an end.
- The PPV partner is asked to leave the group for reasons of unsuitability; this should be a managed and recorded process (see section 10).

The PPV partner should receive a communication thanking them for their involvement. The lead contact should seek feedback from the PPV partner about their experience and record it. It is useful to share any examples of good practice or themes for improvement with the central Public Participation team so that any good practice can be shared and other information can inform our continuous improvement process.

6.2 Responsibilities of the Chair of the group of which the PPV partner is a member (if different to the lead contact)

The Chair of the group is responsible for ensuring that the PPV member, and indeed any other member, is fully involved in the group and that their views and input are given consideration equal to the rest of the group.

Chairs should consider any additional support that a PPV partner might need to gain confidence and contribute effectively to the group; an informal welcome, or briefing/ de-briefing discussion may be useful. Chairs may also need support, as much as PPV partners, in creating an inclusive environment. Chairs are encouraged to use the resources on the [Involvement Hub](#) or to contact the Public Participation team for guidance.

If the PPV partner experiences any difficulties or concerns about participating in the group, they should discuss this with their lead contact in the first instance.

6.3 Responsibilities of National Directors and Regional Directors

National and Regional Directors take an overview of patient and public engagement across their programmes of work. They are responsible for ensuring that patient and public involvement is embedded in our programmes and commissioning arrangements, and for ensuring appropriate PPV partner activity is monitored and securely recorded. Directors have responsibility for ensuring data is securely held in line with NHS England's [Information Governance policy](#) and data protection law. The inclusion of PPV partners in programmes and commissioning activity should be considered as part of the participation planning and recorded as part of the assurance process. Directors have responsibility to ensure that information about the

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way that we work with PPV partners, and the impact that this has on our work is recorded. This information may be used to inform NHS England's annual report.

6.4 Responsibilities of the Public Participation team in the national support centre

The central Public Participation team is responsible for providing guidance and support to teams implementing this policy. The Public Participation team does not centrally manage PPV partners but can provide advice on different involvement approaches and provide support as required. The Public Participation Team can be contacted at england.nhs.participation@nhs.net

The Public Participation team provide comprehensive template materials for the involvement of PPV partners, available on the intranet and can advise on different involvement approaches. It arranges corporate induction webinars, available to new PPV partners as well as a corporate training and development offer to both staff and PPV partners who wish to develop their public involvement skills (see section 8). A wide range of resources to support staff is available on the intranet and for PPV partners via the Involvement Hub.

The Public Participation team can also support the cascade of information to patients and the public, for example for the purposes of advertising an involvement opportunity. The team can cascade information to patients and the public, including reaching out to 'seldom heard' communities, via:

- Our 'In Touch' newsletter – a twice monthly e-newsletter that goes to many thousands of people;
- Sending information to our voluntary sector partners to cascade to their own networks – NHS England has a regular meeting with a number of voluntary sector partners through our national Voluntary and Community sector Health and Wellbeing Alliance. Information can be cascaded through our partners to reach many thousands of people.

6.2 6.5 Responsibilities of other NHS England teams

Declaration of Interests

For PPV partners undertaking any role 4 activities, a written [declaration of interests](#) should be submitted to the lead contact. **The lead contact will retain a record and will forward a copy to the Governance team** who maintain records in respect of Declaration of Interests.

The Chair of the committee or group is responsible for ensuring that declarations are reviewed and current for all members, this will usually be via a verbal request at each meeting or a review process of the declaration of interest forms.

Where a conflict of interest arises that Chair will take action appropriate to the committee, this may include asking the person with the conflict of interest to remove themselves from the discussion item or abstain from any decision recommendations.

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7 Responsibilities of PPV partners

Information outlined in sections 7 to 10 is also outlined in the [welcome pack](#) information. This pack is given to PPV partners in roles 3 and 4 by the lead contact when they join NHS England.

7.1 Participating fully

PPV partners working with NHS England have a diversity of experience and insight to share. PPV partners should be encouraged and supported to participate fully in events and meetings. To enable people to do this effectively, PPV partners are asked to complete their induction, and make their lead contact aware of any needs with regard to support or accessible information. PPV partners should read the Welcome Pack and where appropriate to their role, they should return the Confidentiality Agreement and the Declaration of Interest forms to their named contact.

7.2 Working together

Our PPV partners are expected to understand and promote a working environment that demonstrates respect and tolerance to help make our meetings, events and involvement activities inclusive and safe for all. We expect our PPV partners to support our organisational values.



All PPV partners and staff have the right to participate in meetings and workshops without fear of discrimination or prejudice based on ethnicity, sexuality, nationality, age, gender identity, gender presentation, language, ability or disability, asylum status, political or religious affiliation or other protected characteristics outlined in the Equality Act 2010. Where individuals demonstrate discriminatory behaviour, or behaviours that are inconsistent with NHS England’s values (such as bullying or harassment), they may be asked to leave the meeting/group.

PPV partners must not represent themselves as, or imply that they are an employee, worker or agent of NHS England.

7.3 Claiming expenses and/or involvement payments

This policy is aligned to the PPV partners' expenses policy entitled [Working with our Public Voice Partners: reimbursing out of pocket expenses and involvement payments for Patient and Public Voice](#).

Out of pocket expenses, as detailed in the policy, are applied to PPV partner activity in roles 2, 3 and 4. PPV partner activity in Role 4 attracts an additional involvement payment. PPV partner activity in Role 1 does not attract financial input from NHS England.

The policy is publically available on the [Involvement Hub](#) and on the NHS England staff intranet. A range of resources, including claim forms and travel booking templates, a step by step guide to processing PPV claims is detailed in the expenses and involvement payment policy.

It is the responsibility of the lead contact to ensure that the PPV partner is provided with a copy of the PPV Expenses and Involvement Payments policy and a copy of the claim and transport booking forms. It may be helpful to discuss the policy with PPV partners to explore any queries about expenses. The prompt reimbursement of expenses is an important way that we support and value our volunteers.

If the lead contact is not responsible for processing expenses claims and/or booking any necessary travel/accommodation themselves, they must ensure that the PPV partner has another named contact who carries out this work.

PPV partners are required to claim any expenses reimbursement or involvement payment within 12 weeks of incurring the expense.

8 Training and development available for staff and PPV partners

8.1 Resources for all

NHS England has an [Involvement Hub](#) on our website to support better public involvement and share good practice. The Hub is a one-stop shop of tools, best practice, training and development opportunities linked to patient and public participation.

8.2 Resources for PPV partners

The [welcome pack](#) and induction information support partners to understand how they can best contribute and what they can expect of their involvement. The pack provides information specifically for PPV partners involved with NHS England's groups/committees (roles 3 and 4) as described in the role descriptions.

PPV partners in role 4 will be required to complete training in Information Governance, and depending on the specific role that they are undertaking, they may also be asked to complete Equality and Diversity and/or Safeguarding level 1. Any

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training mandatory for a specific PPV role in NHS England will be described in the recruitment pack. The training is online via the Skills for Health website and PPV partners are able to complete the training from home. Each training module should take about 30 minutes to complete. PPV partners will need a “log in” code to access the training. The lead contact can obtain log in details and instructions from the Public Participation team england.nhs.participation@nhs.net

In addition to the resources available for self-directed learning on the Involvement Hub, formal online and face to face learning and development opportunities are available, including accredited courses and mentoring. PPV partners can apply for these programmes with the support of their lead contact. Information about these programmes will be updated on the Involvement Hub.

8.3 Staff training and information

Information about [staff training on public participation](#) and the PPV expenses and involvement policy can be found on the intranet.

9 Feeding back outcomes to PPV partners

It is good practice to feedback to people what happened as a result of their participation. Where things cannot be changed, in line with feedback received, it is important to communicate this too.

10 Managing concerns

The lead contact should try to deal with any concerns raised by PPV partners in the first instance, exploring the issues with the PPV partner and trying to understand where, why and how they have arisen in order to jointly identify solutions.

If NHS England staff have concerns about the behaviour or suitability of a PPV partner in their role, these should be raised in a supportive way, with the individual directly, where possible. Involving the chair of the group and the lead contact may also be helpful. A local resolution should be sought; in practice this means having discussions with the PPV partner, lead contact and chair of the group to identify the issues arising and jointly agree an approach to address these, identifying any support or training that the PPV partner might benefit from.

Where concerns cannot be resolved locally, the Public Participation team can be contacted for advice about a course of action. Whilst every reasonable effort to resolve concerns will be made, where it is not possible to resolve concerns through these routes, PPV partners may be required to stand down from their role or asked to take on an alternative role that may be more suited to their experience and skills.

For very serious concerns, the National Director: Transformation and Corporate Operations is NHS England’s appointed ‘Freedom to Speak Up Guardian’ and can be contacted via the following e-mail address: england.voicingyourconcerns@nhs.net. Alternatively you can raise a whistleblowing issue, or make a qualifying disclosure of a concern in the public interest by contacting the national [Whistleblowing helpline](#): telephone: 08000 724 725 email: enquiries@wbhelpline.org.uk

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11 Safeguarding and health and safety

11.1 Safeguarding arrangements

NHS England has safeguarding arrangements in place to protect children and adults from harm, abuse, neglect, persecution and degrading treatment. Staff who are working with PPV partners should have regard for the NHS England's safeguarding policies.

Information about the policies and actions required in the event of a disclosure or concern for an individual's safety can be obtained from the Safeguarding Team (contact details below). This includes any immediate actions as well as arrangements for recording and reporting the concern or incident. In the event of concern that an individual is at immediate risk of significant harm, the emergency services should be notified.

PPV partners in role 4 may be required to complete safeguarding training. Where this is required, it will be made clear in the specific role description and in the application process. Other PPV partners are not required to complete safeguarding training but are provided with information in the Welcome Pack in the event that they need to raise a concern.

All NHS England staff must complete the mandatory safeguarding training.

Any concern about a PPV partner should be referred to the Public Participation team who will alert the NHS England Safeguarding Team:

ENGLAND.safeguarding@nhs.net or telephone 0300 311 2233.

11.2 Disclosure and Barring (DBS) checks

Any staff working on a one to one basis with patients and the public and any staff working regularly with PPV partners should have undertaken a Disclosure and Barring (DBS) check.

PPV partners are not routinely required to have a DBS check unless it is a requirement of their specific role. Most PPV roles will not require a DBS check. However, if all other members of a committee or group have undertaken a DBS check due to the nature of the business or way of working, it would usually be appropriate to expect PPV partners to do so also. Any requirements for DBS checks must be set out in recruitment documentation.

11.3 Safe ways of working

Additional guidance and information on safeguarding considerations when working with PPV partners is available for staff, on the intranet. Guidance includes:

1. Safely involving children and young people
2. Safely involving vulnerable adults
3. Safeguarding considerations at events with PPV partners
4. [NHS England's social media and attributed content policy](#)
5. Safely managing telephone and online engagement activity

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Staff should contact the Safeguarding Team, or the Public Participation team with any queries about safeguarding in relation to engaging with patients and the public.

As with any visitor, NHS England has a duty of care to PPV partners when they visit our premises.

12 Information governance

12.1 Sending out sensitive documents securely

During the course of their involvement with NHS England, PPV partners may have access to confidential or sensitive information, for example:

- Commercially sensitive material (for example if PPV partners are part of a procurement process).
- Personal data (if PPV partners are part of a recruitment process)
- Budget and resource information
- Programme documentation in early draft

NHS England staff sending sensitive information to PPV partners should ensure that:

- the PPV partner has completed a confidentiality agreement
- the information is sent electronically via a password encrypted zip file, or if sent as a hard copy, this should be by recorded delivery
- unless otherwise agreed, any information sent electronically to PPV partners as a group should be done using the 'blind copy' function.

If staff are in doubt about the management of sensitive information they should contact the Information Governance team for advice. Contact england.ig-corporate@nhs.net.

12.2 Managing personal PPV data

Management of information about PPV partners and prospective PPV partners (candidates for roles) should follow the requirements of NHS England's [Information Governance policy](#). All personal data should be securely stored, appropriately managed in accordance with the Data Protection Act 1998 and identified as part of an asset in the Information Asset Management (IAM) System, explained in [Information Asset Management](#) on the intranet.

An organisation-wide database for secure management of public and patient personal data is being established and will be the mechanism for managing identifiable data for PPV members in future. Further info about this can be obtained from the corporate ICT team Head of Programmes.

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13 Standards of business conduct

The Code of Conduct and Code of Accountability in the NHS (second revision July 2004) sets out the following three public service values:

- i. **Accountability** - everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements on propriety and professional codes of conduct.
- ii. **Probity** - there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, officers and members and suppliers, and in the use of information acquired in the course of NHS duties.
- iii. **Openness** - there should be sufficient transparency about NHS activities to promote confidence between NHS England and its staff, patients and the public.

The Board of NHS England has approved a Standards of Business Conduct policy which describes the standards and public service values which underpin the work of NHS England and reflects best practice. The policy sets out requirements in terms of declaring and managing actual and potential conflicts of interest, offers of gifts and hospitality and commercial sponsorship.

Whilst the current policy refers to NHS England staff, it is expected that PPV partners in roles 3 and 4 would also comply with its requirements in relation to declaring conflict of interest arising from:

- Any activity indicated in the 'Declaration of interest' form
- Any employment, commercial sponsorship or volunteering activity
- Receiving gifts or hospitality which may be regarded as a conflict of interest with the programme of work that the PPV partner is involved in.

It is not anticipated that the Standards of Business Conduct policy would usually be applicable to those in roles 1 and 2. The lead contact should ensure that PPV partners are clear about the requirements of Standards of Business Conduct. For further information contact england.governance@nhs.net

14 Working with other organisations to deliver engagement

NHS England works in partnership with, or commissions third party organisations to deliver engagement activities on our behalf. These providers are often patient organisations or voluntary sector organisations. Where NHS England needs to develop further capacity to meet an engagement need (e.g. as part of a large scale national consultation programme), or needs to engage with a particular community (for example where specific knowledge and expertise is needed to support the engagement work), it can be useful to commission additional delivery resource.

These arrangements can be particularly useful to reach out to seldom heard communities, for example, to hear about healthcare experiences from homeless people, from small children, from asylum seeking or refugee communities or from survivors of sexual assault, it may be necessary to commission an organisation with expertise in working with these communities to deliver the engagement.

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NHS England [procurement procedures](#) or grant procedures should be followed to commission this type of support. The VCS Health and Wellbeing Alliance may also be able to offer support as part of existing grant arrangements. For further information about the VCS Health and Wellbeing Alliance contact the Community Partnerships team england.nhs.participation@nhs.net

15 Distribution, implementation and review

This policy will be publicised and made available via the [NHS England intranet](#) and a copy will be available on the NHS England [Involvement Hub](#).

Implementation support can be accessed from the central Public Participation team. The Public Participation team offers regular staff training around participation themes and content from this policy will be included in the [staff training](#).

The policy will enter a bi-annual review. Comments or suggestions to be considered as part of a review should be forwarded to the Public Participation team.

16 Monitoring

There will be ongoing engagement with staff and PPV partners, about how the policy is working in practice, and their views sought through a survey on an annual basis. This policy will be reviewed bi-annually to take account of feedback from staff and PPV Partners.

17 Equality and Health Inequalities

This policy forms part of NHS England's commitment to create a positive culture of dignity and respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to promote positive practice and value the diversity of all individuals and communities and to identify, remove or minimise discriminatory practice with regard to the characteristics given protection by the Equality Act 2010.

The [Equality and Health Inequalities Analysis](#) which has been completed in relation to the Patient and Public Participation Policy applies to this policy. NHS England's patient and public participation activities will support us to meet the public sector equality duty and the duty to have regard to reduce health inequalities, provided full consideration is given to reaching a diverse range of patients and supporting participation from groups that experience inequalities in access and health outcomes.

18 Associated documentation

- NHS England's [Patient and Public Participation Policy](#)
- The [Equality and Health Inequalities Analysis](#) for NHS England's Public Participation Policy
- [Patient and public participation in commissioning health and care: statutory guidance for CCGs and NHS England](#)

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- [‘Working with our Patient and Public Voice Partners: reimbursing out of pocket expenses and involvement payments for Patient and Public Voice.’](#)
- NHS England Safeguarding policies (available from the Safeguarding team)
- [NHS England Accessible Information and Communication Policy](#)
- [Frameworks for patient and public participation in primary care, public health, armed forces, health and justice and specialised commissioning.](#)

19 Contact us

The Public Participation Team,
NHS England,
Quarry House,
Quarry Hill,
Leeds LS2 7UE

e-mail: england.nhs.participation@nhs.net phone: 0113 825 0861

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Appendix 1: NHS England Patient and Public Voice Partner roles

Role requirements	Role 1	Role 2	Role 3	Role 4
Nature of activity	PPV partners who choose to attend, respond or comment on open access engagement opportunities e.g. responding to online surveys	PPV partner is invited to attend workshops/events/ focus groups on a one off basis	PPV partner is a member of a working group which meets regularly (policy and service design, commissioning reviews, task and finish programmes, etc.)	PPV partners are in senior Expert PPV adviser roles that demonstrate strategic and accountable leadership and decision making activity, including groups that make recommendations to committees that have delegated authority of the NHS England Board.
Example roles or activity	<i>online survey/ public consultation digital respondent/ comment/ attends open access public meeting – e.g AGM or “market stall” type activity (e.g an information stall in a shopping mall) someone who receives information from us (e.g registered for e-bulletins)</i>	<i>Workshops, events, roundtable discussions to provide service user and public views and comments e.g an event where the public comments on specific policy proposals/ options or a workshop event to hear service user feedback on their experience of care, or to give their views on a proposed new specification or policy.</i>	<i>Advisory group member, member of a working group or Task & Finish Group NHS England Youth Forum, Member Older People’s Sounding Board member Learning Disabilities and Autism Advisory Group</i>	<i>Membership of the national clinical reference groups, or individual funding request panels or formally agreed co-production forums, delivering training, involvement in recruitment panels, Member of a procurement panel, member of an NHS England business priority Programme Board e.g NHS Citizen Member of the national Clinical Priorities Advisory group, member of the national Oversight groups</i>
Level of input	Informs NHS England’s work	Informs NHS England’s work	Input to NHS England’s committees and working groups	Input and shared decision making in NHS England’s committees and priority programmes. Members may be involved in making recommendations as part of committees that have delegated authority from the board
Expenses category	A (no financial contribution from NHS England)	B (out of pocket expenses covered)	B (out of pocket expenses covered)	C (“Expert PPV adviser role”, includes expenses and involvement payment)
Time commitment/ tenure <i>(note:</i>	None specified by NHS England	Duration of the one off activity/event – usually expected to be one day or	Regular meetings, duration of tenure of any committee should be no more than 4 years after which	Regular meetings, Tenure should be no more than 4 consecutive years, and not

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<i>tenure length is aligned with other NHS organisations)</i>		less.	alternative membership should be sought to support a diversity of views and membership	more than 8 years in a 20 year period. This role also includes programmes that require intensive input for a short term programme. e.g being part of an intensive review team or involvement in a recruitment assessment centre
Experience/ Skills needed	Any member of the public	Lived or related experience or knowledge of the issue being discussed	Lived or related experience or knowledge of the issue being discussed Experience of championing health improvements, able to be a critical friend, Ability to understand and evaluate a range of information and evidence, connected to related PPV networks	As Role 3 AND.... Interacting with multiple stakeholders at senior management level Previous experience of representing patient and public voice in regional or national healthcare forums Experience of working in partnership with healthcare organisations or programmes Can display sound judgement and an ability to be objective. Able to put forward views on behalf of wider community / group of patients (not just present own opinion). Some committees may also require experience of national strategy development, national patient advocacy, complex decision making
Is an application process needed?	None – opportunities open to any member of the public	No application needed but events/workshops will have a registration process	Yes (light touch and proportionate to the requirement, this will usually involve a short form expression of interest) (templates available on the intranet)	Yes – will include submission of an application form and will include interview of shortlisted candidates (templates available on the intranet)
Are references required for the role?	No	No	These are usually not needed but depending on the nature of the committee may be requested.	Yes
Is a DBS required for the role?	No	No	No, except where the PPV member is joining a committee where a DBS is required of all members.	No, except where the PPV member is joining a committee where a DBS is required of all members.
Is a Welcome	No	No	Yes	Yes

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pack needed?				
Appointment letter required?	No	No	Yes	Yes
Is a Declaration of Interest form required?	No	No	Yes - Usually this will be oral declarations at meetings, but depending on nature of group's work a written declaration may be required	Yes – A signed form is required. As per terms of NHS England's Standards of Business Conduct, plus oral declarations in meetings
Is the Declaration of Interest information published	No	No	No	Yes, in some circumstances. Some committees will publish minutes and the DOI of all members. PPV partners should be advised of this at recruitment stage.
Are names published in minutes/ documents	No	No	No	Yes, if the committee minutes are published, then all of the committee members are listed
Is a confidentiality agreement needed	No (information discussed/ distributed will not be confidential).	No (information discussed/ distributed will not be confidential).	In some circumstances. In most cases groups will be reviewing non-sensitive material, but in some cases the groups will be presented with restricted material e.g draft documents. If this is a regular requirement for the group, then a confidentiality agreement is required.	Yes Committee members are to be presented with material that would be covered under the "NHS Protect" policy
Is any training required for this role?	None	None	Induction webex (or alternative induction support for those with communication needs) for PPV partners who first join NHS England. Welcome Pack is sent. PPV partners are encouraged to use the Involvement Hub to review resources of interest.	As Role 3 PLUS any mandatory training for a specific PPV role in NHS England will be described in the recruitment pack and might include one/several of the following: <ul style="list-style-type: none"> • Information Governance • Equality and diversity • Safeguarding level 1
Is multiple group membership	Yes	Yes	Yes but not usually more than 5 roles held simultaneously (to encourage diversity of PPV	Yes but no more than 3 roles held simultaneously (to encourage diversity of PPV partners and ensure that we are not

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permitted?			partners)	paying individuals for an extensive portfolio of roles)
Will NHS England process the PPV partner's personal data?	No (recording of these activities would be done locally by delivery teams and would only show numbers attending, not personal data)	Yes – recording of personal data is managed via NHS England's event booking process (a data storage statement must be present on the booking/registration information). Personal data must be managed in accordance with Information Governance Policy and Data protection law.	Yes - Personal data must be managed in accordance with Information Governance Policy and Data protection law.	Yes - Personal data must be managed in accordance with Information Governance Policy and Data protection law.
Is consent required for personal data storage in this role?	No (recording of these activities would be done locally by the relevant team and would only show numbers attending, not personal data)	Yes – recording of personal data is managed via NHS England's event booking process (a data storage statement must be present on the booking/registration information)	Yes	Yes
Will PPV partners' information be registered on the NHS England PPV partner database (CRM) system when this is operational?	No	No (except where people wish to sign up for the "In Touch" newsletter)	Yes (with PPV partner consent)	Yes (with PPV partner consent)
Do the "Standards of Business Conduct (SoBC)" apply?	No	No	As role 4, the principles of the SoBC will apply and the working group's Terms of Reference should indicate ways of working & ground rules should be established if there are no formal Terms of Reference	The principles of the SoBC will apply in regard to declaring any conflict of interest relating to: <ul style="list-style-type: none"> • Gifts/hospitality received • Employment • Commercial sponsorship

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<p>Are there exclusions regarding who can do the role?</p>	<p>No</p>	<p>No</p>	<p>No</p>	<p>Yes - Exclusions apply (to note: the exclusions for Role 4 are in line with other health and social care or regulatory organisations e.g General medical Council and NHS Improvement).</p> <ul style="list-style-type: none"> • anyone who has had an earlier term of appointment as the chair or member of a public body terminated in certain circumstances; • anyone who is suspended from, has been removed from or is subject to conditions on registration of any professional body; • anyone who has previously been removed from trusteeship of a charity by the court or the Charity Commissioners. <p>Additional exclusions may also apply for some roles, as detailed in individual role descriptions including, but not limited to;</p> <ul style="list-style-type: none"> • people who have been convicted in the United Kingdom, and received a prison sentence or suspended sentence of 3 months or more in the last 5 years; • anyone who has been declared bankrupt or has made a composition or arrangement with their creditors; • anybody who has been dismissed, other than by reason of redundancy, from any paid employment with a public body; • anyone who is under a disqualification order under the Company Directors Disqualification Act 1986;
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Appendix 2: Examples of the different PPV partner roles/arrangements to facilitate participation

(note; the examples below are fictional for illustration purposes but are based on similar real examples).

Example	ROLE 1
a	<p>Anne Bryce is interested in good nutrition and believes that a healthy diet is an important way to look after our own health. NHS England is holding a national consultation on whether the sale of sugary drinks should be limited in hospitals. Anne responds to the online survey on the NHS England website. Her responses (along with all the other responses) will be analysed by NHS England and will help inform NHS England's decision about this new policy.</p> <p>This is Role 1 – there is no specific commitment from Anne to input NHS England's work, she has chosen to respond to a survey that interests her. Unless Anne also signs up to receive further information, NHS England will not contact her directly.</p>
b	<p>Volunteers from the Healthwatch Anytown group decide to attend NHS England's Annual General Meeting (AGM). This takes place in September in London and this year, it includes a question and answer session. The volunteers want to raise a question about improving dementia care.</p> <p>This is Role 1 – the volunteers have chosen to attend an open access public meeting to raise a topic that they want to discuss.</p>
c	<p>Sameera and Tameena are shopping at their local supermarket. NHS England's regional team have an information stand in the supermarket. They give Sameera and Tameena information to shoppers about some changes that are planned to local dental services. The NHS England staff also ask Sameera and Tameena if they would like to complete a short survey. Sameera and Tameena complete the survey and put it in the box provided on the stand.</p> <p>This is Role 1 – Sameera and Tameena have agreed to complete the survey but there is no further involvement commitment, unless they sign up to receive further information, NHS England will not contact them directly. NHS England does not provide financial support for activities in Role 1.</p>
	ROLE 2
d	<p>NHS England has developed a series of draft leaflets that give the public information about UK citizens receiving treatment in EU countries. The staff team want to sense check the draft text with patients and the public, and they want to ensure that the information is clear and comprehensive. The team decides to hold a half day workshop with patients,</p>

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	<p>carers and the public to review and improve the information and its design. The events are advertised in NHS England's newsletter and on our Involvement Hub. 42 people register to join the workshop. The team who are holding the workshop check with people about any accessibility needs and they also book travel (train tickets) for PPV attendees where appropriate. Some PPV partners have mobility needs and choose to drive to the event using their own accessible vehicles. All PPV partners work jointly with NHS England staff throughout the workshop, helping to refine the content of the leaflets and to decide on a reader friendly design.</p> <p>This is Role 2 – PPV partners have joined an event to work jointly with NHS England on a specific programme of work. There is no further ongoing commitment to work with NHS England. The NHS England team will contact the workshop attendees with information from the workshop and feedback about the final outcome. Out of pocket expenses are provided for Role 2.</p>
e	<p>NHS England wants to engage with patients and carers who are affected by a particular form of rare cancer. The staff team decide to hold a number of teleconferences to hear about people's experience of care and ideas for improvements to the service. Working with patient organisations, charities and treatment centres, an invitation is sent out to a wide range of patient networks that have links with this type of cancer. The invitation invites patients and carers with experience of this particular cancer service to register to join the teleconference. Paulette decides to join the event. She has had this cancer and is now in remission. She joins 15 other people who register for the event. Everyone is sent the joining details, including a Freephone number. Paulette is able to join a discussion conference from her own home, she hears that others are also joining the discussion from all over the country. The conference lasts an hour.</p> <p>This is Role 2 – An NHS England team has invited patients and carers with specific knowledge of services to help them identify improvements as part of a programme of work. Paulette attends the workshop to bring specific lived experience knowledge to help shape this programme of work. Although out of pocket expenses are provided for Role 2, in this case none of the attendees were out of pocket, as a Freephone number was provided.</p>
ROLE 3	
f	<p>NHS England is committed to improving health outcomes for people with learning disabilities; it is one of our business priorities. The Learning Disability engagement team have established a national network that meets three times per year to work on a range of different themes focusing on improving care for those with learning disabilities. The network has a programme of topics to work on throughout the year. The network consists of people with learning disabilities, family members and carers. People register to join the network and agree to work as part of the network. Network members register to come to each network event.</p>

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	<p>Peter is part of the network. He attends meetings with his personal support worker Naz. At each event Peter contributes thoughts, ideas and his lived experience to each of the topics, helping NHS England to understand where barriers to healthcare exist and possible improvements can be made.</p> <p>This is Role 3 – Peter has an ongoing and regular commitment to working with NHS England. His input shapes our programmes of work. Out of pocket expenses are provided for Role 3, this includes Peter’s travel and subsistence arrangements and since he needed a support worker to help him take part in the event, NHS England would also reimburse the cost of his support worker - please refer to the policy ‘Working with our Patient and Public Voice Partners: reimbursing out of pocket expenses and involvement payments for Patient and Public Voice.’</p>
<p>g</p>	<p>Following a series of events hearing from adults with experience of mental health services, the NHS England Mental Health transformation team decides to set up a working group to improve the transition from acute to community mental health services. The working group will work two specific themes to improve transition and will report back to the national steering group. The working group is likely to last for 12 months with monthly meetings. The NHS England staff team wants to ensure that there are service users on the working group. They advertise for service users to join the working group. They advertise through NHS England’s usual routes but also go back to people who attended the initial workshops to see if anyone would be interested in applying. After submitting a short ‘expression of Interest’ form, Jem, Rav, Dee and Sarah are selected to join the working group. They receive a Welcome Pack and get an induction about the work from the Mental Health Transformation team and a wider NHS England induction through an online workshop. They join the meetings on a monthly basis and contribute to the development of improvements to the transition process.</p> <p>This is Role 3 - Sarah, Rav, Dee and Jem have been recruited to specific roles that have an ongoing and regular commitment to working with NHS England. Their input shapes our programmes of work.</p>
<p>ROLE 4</p>	
<p>h</p>	<p>NHS England is changing its specialist dental services provision. There has been a process involving patients and service users that has informed the development of the service specification and now NHS England has invited bids from providers. The NHS England team wants service users to be part of the procurement process. They decide to pull together a service user panel. The service user panel will be an integral part of the procurement process. They will score the bids and will be present at the presentations given by prospective providers.</p> <p>Following a short ‘Expression of Interest’ process and telephone discussion, Alex, Reena and Mia are selected to the service user panel. They receive a Welcome Pack and a brief induction from NHS England. They are also asked to complete our Information Governance and Equalities training because they will have access to commercially sensitive</p>

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	<p>information and need to take issues of equality and diversity into account. The NHS England team meets with the service user panel to discuss the procurement process and the task ahead. Alex, Reena and Mia spend a considerable amount of time reviewing and scoring the bids. They then join the rest of the procurement panel for the final presentations from prospective providers. Jointly with the NHS England team, Alex, Reena and Mia decide who the contract will be awarded to.</p> <p>This is Role 4 – Alex, Reena and Mia have been selected for a specific role that has a decision making element. This role in the procurement process is accountable, strategic and has a leadership element. The role is not an ongoing regular commitment but the role does require an intensive time commitment over a short, fixed period of time. Role 4 includes expenses and an involvement payment. It also requires some mandatory training.</p>
i	<p>NHS England has a number of national Clinical Reference Groups (CRGs) that focus on commissioning specialised services. The CRGs include members from expert clinicians, commissioners and PPV partners. The CRGs make a number of strategic recommendations; they agree the detail of the service specifications for specialised services.</p> <p>Following on from example ‘e’ above, NHS England decides to revise the service specification for this particular type of rare cancer. The CRG starts to look at this work. Paulette learns that the Rare Cancer CRG is currently advertising a number of PPV roles on the group. She decides to apply. The application process requires some thought; Paulette includes information about her previous experience of representing patients’ views and her previous experience of getting involved in improving services through patient voice. Paulette is successfully selected for the role and receives a Welcome Pack and an induction. She also undertakes Information Governance and Equalities training (online). Paulette joins the group’s regular meetings. She is part of the group that writes the detail of the specifications for the new service that deals with a particular type of rare cancer. She is part of the group that make detailed recommendations for service change. These changes are approved by the Specialised Services Oversight Group and the new service becomes the required standard practice.</p> <p>This is Role 4 – Paulette has been selected for a specific role that has a decision making element. She has been involved in recommending strategic and resourcing decisions.</p>
<p>Working in partnership with other organisations</p>	
<p>NHS England has a national Youth Forum of 25 core members and thousands of members online. We have commissioned a national youth organisation to provide the youth forum for us. We have done this because this partner organisation has specific staff expertise in engaging with and working with young people, both face to face and via</p>	

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	<p>social media the organisation has appropriate safeguarding arrangements in place and excellent links to other youth organisations. The Youth Forum meets three times a year and is invited to take part in a range of different NHS England meetings and events, bringing a young person's perspective or message to the events.</p> <p>By commissioning an organisation to deliver the engagement work on behalf of, or in partnership with NHS England, any engagement work (including the recruitment of patients, carers, others) would follow the engagement policies of the organisation delivering the work. In this case NHS England would adhere to the engagement/volunteer management/expenses policies of the youth organisation.</p>
	<p>NHS England wants to improve primary care access to homeless people. We commission a national homelessness charity to deliver a number of service user engagement events and to support service users to join a task and finish group to look at this issue. NHS England works through this partnership route because working with this seldom heard community needs specialist skills and approaches. Working with partners means that we can benefit from their ways of working and the trusted relationships and networks that they have already built. As part of this commissioned work, the charity would offer appropriate recruitment, support and expenses to service users who get involved.</p>

Appendix 3: Summary checklist for Patient and Public Voice partner lead contacts

Patient and public participation is an essential part of NHS England’s way of working. We want to build strong and supportive relationships with our Patient and Public Voice (PPV) partners to get the very best from our participation activity.

Before you start

- ✓ Be clear on what type of involvement you want to deliver and identify suitable approaches. Not every type of involvement involves an application process to select PPV partners – would a discussion meeting, or a workshop or a digital survey bring in useful information and interaction?
- ✓ Are there target groups/communities that you need to involve? Do they have access or information needs. Plan this in early. Do partner organisations already work with the PPV partners that you want to reach? What can we learn from their existing information?

A diversity of PPV roles

- ✓ PPV partners get involved with NHS England in a wide range of ways. The summary table of role descriptions gives detailed information about each role and how NHS England should support our PPV partners. All roles are valuable and help shape our work.

Involving PPV partners in regular committees

- ✓ If you are involving PPV partners in to roles that require long term, or intensive time commitments, then plan ahead to include time for a process that might include an application and selection process.
- ✓ The process to identify and select PPV partners should be proportionate to the role. Roles on senior committees will require completion of an application form against required skills and criteria as well as an interview and checking references. Roles on working groups would require a more streamlined process, perhaps a submitting a short expression of interest.
- ✓ Suggested templates are available to adapt [on the intranet](#).

Induction

- ✓ For regular roles (3 and 4) this must include a Welcome Pack, a briefing from the lead contact about the programme of work and an invitation to join the corporate induction online session.

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- ✓ For some roles (especially in Role 4) there may also be a mandatory training requirement; Information Governance, equalities and in some instances safeguarding level 1 training. Training information can be obtained from the Public Participation team.

Training, support and development

- ✓ A range of development, training and support is available for PPV partners and staff – see our [Involvement Hub](#) and staff intranet Public Participation pages for details.

Completing the role

- ✓ When a PPV partner completes a role, saying ‘thank you’ is important, a short letter or certificate is often appreciated.
- ✓ Log the completed role with the governance team (if appropriate).

Don't forget

- ✓ Consider our PPV partners' accessibility needs, both for attending regular meetings and one off events. Information may be needed in large print, accessible venue with hearing loop systems and including support workers may need to be considered.
- ✓ Process PPV partners expenses promptly. Failing to do so can often cause great stress to individuals and a breakdown of trust and good will, (those on limited incomes rely on timely reimbursement).
- ✓ Manage sensitive information in line with NHS England's Information Governance policy. This includes the personal data associated with PPV partners and any meeting documentation that PPV partners may have access to during their work with us.

Raising concerns

- ✓ Where a PPV partner or a lead contact has concerns to raise, it is best to try and resolve this through informal discussions initially. The options of training, support and coaching can be explored. The Public Participation team can be contacted for advice.
- ✓ If concerns are of a safeguarding nature then PPV partners should follow the safeguarding information in the Welcome Pack and staff should follow the safeguarding arrangements set out in NHS England's Safeguarding Policies and can contact the Safeguarding or Public Participation teams with any queries.

Need help?

- ✓ Contact the Public Participation team england.nhs.participation@nhs.net

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