

**Application information pack for Patient and Public Voice Partners on London Immunisation Partnership Board 2020/21**

**Introduction**

Thank you for your interest in becoming a Patient and Public Voice (PPV) Partner with NHS England and NHS Improvement.

NHS England and NHS Improvement are committed to ensuring that public and patient voices are at the centre of shaping our healthcare services. Every level of our commissioning system needs to be informed by insightful methods of listening to those who use and care about our services. Their views should inform service development and improvement. Our commitment to supporting PPV Partners is set out in the [PPV Partners Policy](https://www.england.nhs.uk/publication/patient-and-public-voice-partners-policy/).

Please read this application information pack before completing the application form for this role, to ensure you fully understand the application process, and to determine whether you have the skills and time to become a PPV Partner.

Please note the closing date for applications is **December 31st 2019**

NHS England and NHS Improvement will reimburse reasonable out of pocket expenses in line with the PPV Partners Expenses and Involvement Payments Policy. This post does attract an involvement payment.

Any involvement payments may be classed as earnings or income by Her Majesty’s Revenue and Customs service (HMRC) or the Department for Work and Pensions (DWP). PPV Partners are responsible for declaring this income to HMRC, DWP, Job Centre plus or other agencies as appropriate. If you are in receipt of state benefits, you should seek advice from the relevant agency, for example JobCentre Plus, ideally in advance of applying and certainly before accepting an offer of a role which attracts an involvement payment, even if you intend to decline the payment.]

For further information see the [PPV Partners Expenses and Involvement Payments Policy](https://www.england.nhs.uk/publication/working-with-our-patient-and-public-voice-partners-reimbursing-expenses-and-paying-involvement-payments/) and the [PPV Partners Policy](https://www.england.nhs.uk/publication/patient-and-public-voice-partners-policy/).

Please note that correspondence will be primarily via email, unless otherwise requested. If you do not have access to email and would like to be contacted via telephone or post, please state this on your application form.

**How to apply**

Please complete and return the following accompanying documents:

* Application form
* Equal opportunity monitoring form

You can either return these documents by email **jack.copas@nhs.net** or alternatively by post **Jack Copas, Public Health Commissioning Team, 1st Floor, Wellington House, 133-155 Waterloo Road, London SE1 8UG.**

If you would like support to enable you to apply for this role, and/or information in another format please contact[**ENGLAND.londonimms@nhs.net**](mailto:ENGLAND.londonimms@nhs.net)**.**

We will rely on the information you provide in the application form to assess whether you have the skills and experience required for this role.

**Diversity and equality of opportunity**

NHS England values and promotes diversity and is committed to equality of opportunity for all. To help us understand if we are achieving this, we ask you to fill out an **equal opportunity monitoring form** as part of the application process.

Please let us know if you have support needs so that we can understand how we can support you to participate fully.

**Once we receive your application**

The steps will be as follows:

1. We will acknowledge receipt of your application form via email (unless otherwise specified). If you do not receive an acknowledgement within 5 working days, please get in touch.
2. Applications will be shortlisted by a panel, with representation from Public Health England (London Region) and NHS England and Improvement (London Region) Public Health and Primary Care Commissioning Teams.
3. Applications will be assessed against the skills and experience required. Selection will be made on the basis of the content of the application form.
4. Interviews will take place at Wellington House, 133-155 Waterloo Road, London SE1 8UG. It may also be possible to do the interview via telephone or teleconference.
5. Please note that two references will be taken up for successful applicants before involvement can commence.
6. All applications will receive a successful or unsuccessful notification. The successful notifications will include information about next steps.

If you wish to be informed about future involvement opportunities, please [sign up to NHS England and NHS Improvement’s In Touch newsletter](https://www.england.nhs.uk/email-bulletins/in-touch-bulletin/), which includes details of current opportunities.

If you have any queries about the application process or would like an informal discussion about the opportunity – please contact[**catherine.heffernan@nhs.net**](mailto:catherine.heffernan@nhs.net)**.**

**Background, context and aims of the programme**

NHS England & Improvement are responsible for the routine commissioning of all National Immunisation Programmes under the terms of the public health functions (Section 7a) agreement between the Secretary of State for Health and NHS England.

In this capacity, NHS England and Improvement is accountable for ensuring that local providers of services deliver against the national service specifications and meet agreed population uptake & coverage levels.

NHS England and Improvement is also responsible for monitoring providers’ performance and for supporting providers in delivering improvements in quality and changes in the programmes when required.

Section 7a immunisation programmes are publicly funded immunisation programmes that cover the life-course and the 18 programmes include:

* + Antenatal and targeted new-born vaccinations.
  + Routine Childhood Immunisation Schedule for 0-5 years – such as MMR.
  + School age vaccinations such as teenage booster, HPV vaccine and Men ACWY.
  + Adult vaccinations such as the annual seasonal influenza vaccination, shingles and pneumococcal polysaccharide vaccine (PPV).

Responsibility and leadership for commissioning routine immunisation programmes and improving uptake of immunisations is with NHS England & Improvement but there are a number of other organisations who play an important role in achieving this important public health priority:

* The Department of Health (DH) is responsible for national strategic oversight, policy and finance for the national immunisation programmes.
* Public Health England (PHE) is responsible for supporting both DH and NHS England with system leadership, national planning and implementation of immunisation programmes (including the procurement of vaccines and immunoglobulins) and specialist advice and information to ensure consistency in efficacy and safety across the country. PHE will also support the Directors of Public Health in local authorities in their role as leaders of local health.
* Local Government is the leader of the local public health system and is responsible for improving and protecting the health of local people and communities.

**Role of the London Immunisation Partnership Board**

Since 2013 a pan-London Immunisation Board, jointly chaired by PHE (London) and NHSE (London Region), has coordinated efforts by all parties to meet the public health outcomes framework in relation to immunisation and to hold partners to account for delivery on their commitments. The board also provided a mechanism to challenge and provide assurance on the Section 7a Immunisation Programmes.

The aims of the London Immunisation Partnership Board is to:

* Develop London’s immunisation strategy and vision to protect Londoners from vaccine preventable diseases and oversee its implementation.
* Inform NHS England/Improvement (London) commissioning in line with World Health Organisation guidelines to improve vaccination uptake and immunisation coverage.
* Collate information on inequities in access to vaccination services and reduce disparities in uptake of Section 7a immunisation programmes.
* Guide the commissioning and delivery of new programmes, initiatives and pilots.
* Review performance and quality of regionally or collaboratively commissioned vaccination services.
* Review delivery of NHSE/PHE (London) annual immunisation plans for London.
* Action recommendations arising from the board’s sub-groups on vaccine incidents, responses to outbreaks of vaccine preventable diseases, growth of a London vaccination workforce and escalation of other vaccination service issues.
* Maintain good communications and engage with all relevant stakeholders.

Membership is drawn from medical, nursing and direct commissioning directorates of NHS England/Improvement (London), Public Health England (London), Association of Directors of Public Health (ADPH), Greater London Authority, London Councils, London Medical Committee (LMC), London Pharmacy Committee (LPC), Office of STP Networks, academia, chair of the London Immunisation Network (providers’ representative) and patient and public representation.

The Board meets quarterly and is accountable to the London Regional Executive Team and to the national Public Health Oversight Group.

**What is the role of PPV Partners on the Board?**

PPV representation will bring important views, perspective and challenge into the **London Immunisation Partnership Board**. This role is essential in championing a service user, patient, carer and family viewpoint, ensuring that their needs are met through the outcomes of the programme of work to ensure that the London population are protected against vaccine preventable diseases.

The role of the PPV partner is to:

* Ensure that the Board considers and prioritises the service user, patient, carer and family perspective of vaccination services in London.
* Champion the diversity of PPV views, and not just to represent their own experience.
* Provide ‘critical friend’ challenge into the board discussions and reports.
* Champion and advocate for increasing patient and public awareness of the importance of immunisations across the life course.
* Review and comment on documentation.
* Comply with the Standards of Conduct, respecting the confidential nature of discussions when it is made clear by the Chair that this is a requirement.

**Skills and experience required for this role**

* Interacting with multiple stakeholders at senior management level.
* Ability to understand and evaluate a range of information and evidence.
* Previous experience of representing PPV in healthcare forums.
* Experience of working in partnership with healthcare organisations or programmes.
* Ability to display sound judgement and objectivity.
* Have an awareness of and commitment to equality and diversity.
* Understand the need for confidentiality.
* A commitment to the ‘seven principles of public life’ (sometimes known as the ‘Nolan Principles’: selflessness, integrity, objectivity, accountability, openness, honesty, leadership.

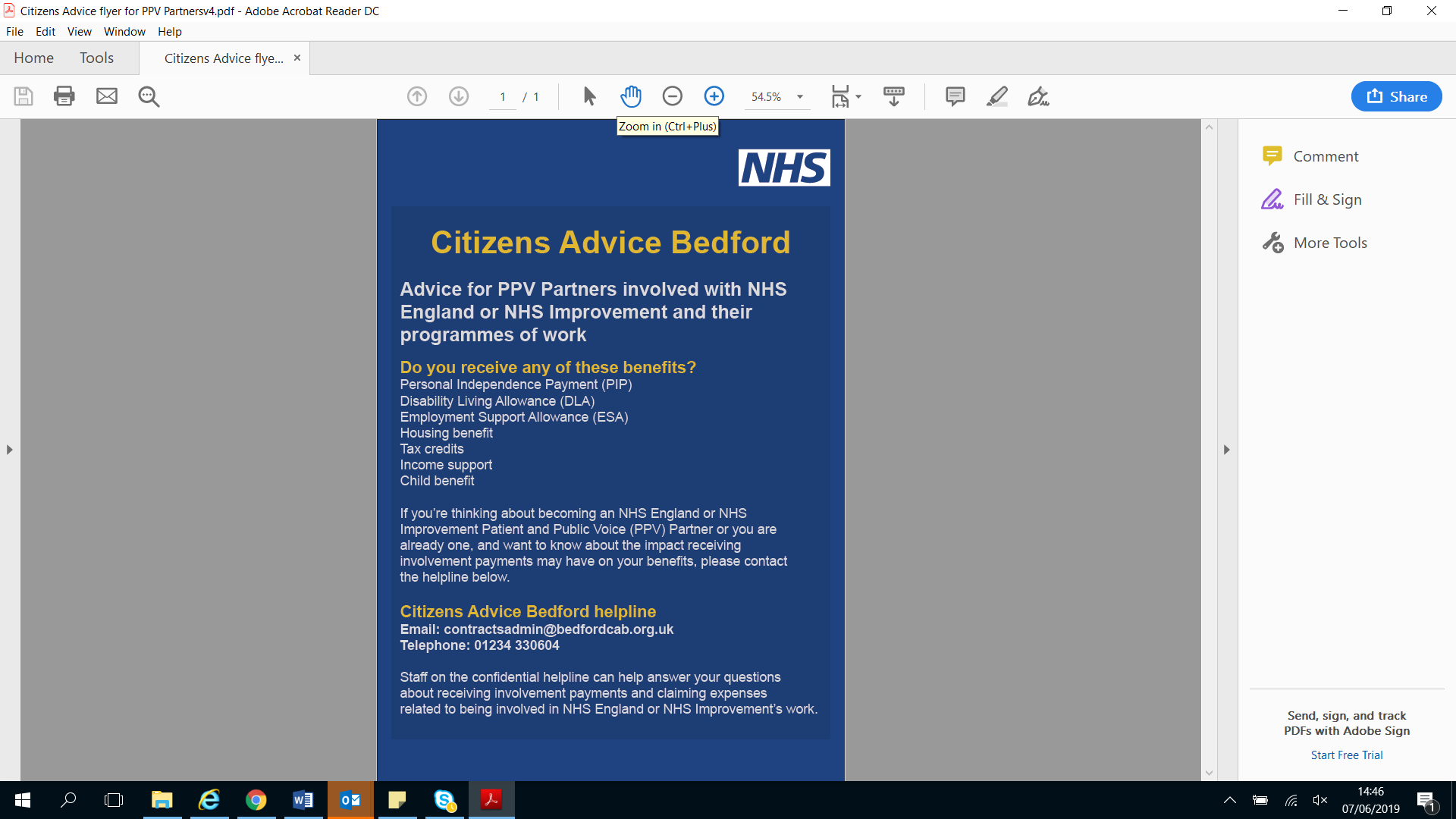
**Time commitment**

* Membership of the group/committee is for 12months initially, at which point membership will be reviewed.
* You will be required to attend meetings approximately every three months (quarterly). Meetings will take place in Wellington House, Waterloo, London.
* Meetings will normally last for 2 hours.

**Support for PPV Partners**

* NHS England and NHS Improvement ask that all new PPV Partners complete an interactive online induction session. This webinar lasts an hour and will provide some background information to NHS England and NHS Improvement and the work that we do, as well as wider support available to PPV Partners.
* You will also receive a half day induction from the programme team that is leading this work, Dr Catherine Heffernan, Principal Advisor for Commissioning Early Years, Immunisations and Vaccination Services.
* Meeting documents, and if necessary, pre-meeting briefings will be provided.

**Advice if you receive state benefits**



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