**Application information pack**

**Patient and Public Voice (PPV) Partner level 4 roles within the Cheshire & Merseyside Respiratory Clinical Network Programme**

**Introduction**

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

NHS England 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.

**Level 4 Patient and Public Voice Partner (PPV) roles within the Respiratory Clinical Network Programme - Two posts fixed term for one year.**

The ambition of the Cheshire & Merseyside Respiratory Clinical Network Programme is that the needs and aspirations of people living with a lung condition (and their carers) are heard and able to influence the Respiratory Programme’s policy considerations at Board level. Over an initial one year period the role of the Respiratory (PPV) partner will be to support change in the programme using the lived experience of yourself, other people and communities with the condition.

This is an exciting opportunity which could appeal to a wide range of people from various backgrounds, work and life experience. All PPV representatives will be provided with induction and training support during their tenure.

**The PPV partners will:**

* Engage with networks across respiratory services to help inform the Respiratory Programme.
* Ensure that the Respiratory Programme considers and prioritises equalities and health inequalities, health inclusion and patient experience.
* Champion the diversity of the views of different communities and reflections of their experiences.
* Champion and advocate for increasing the public’s awareness of the programme’s outcomes and achievements.
* Review and comment on agreed documentation prepared by and/or for the Programme.
* Prepare well and participate at agreed meetings and other events to be able to provide informed input.
* Comply with the Confidentiality agreement, Declaration of interest, Statement of values and code of conduct, respecting the confidential nature of some discussions through debate and discussions on the outcomes and recommendations of the work.

**Skills and experience required**

* Lived experience of a lung condition and/or caring for someone living with a lung condition
* Have an awareness of, and commitment to, equality and diversity.
* Ability to work creatively and collaboratively and to offer objective challenge.
* Ability and experience of listening well to the views of people, giving priority to minority groups, and representing their views.
* Experience of working in partnership with user led groups and/or with healthcare organisations is desirable.
* Ability to display sound judgement and objectivity.
* An understanding of and respect for the need for confidentiality.
* A commitment to the ‘seven principles of public life’, known as the ‘Nolan Principles’: selflessness, integrity, objectivity, accountability, openness, honesty, leadership.

**Time commitment**

* One half day per month (4 hours).
* This role is initially for one year.
* This includes preparation for and attendance at the Respiratory Clinical Network/ICS Programme Board (monthly). Meetings will take place via MS Teams until further notice.

Please note the closing date for applications is **11.59pm on 31st October 2022**

NHS England 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.

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).

Role 4 PPV Partners will be paid their involvement paymentsthrough the NHS England payroll system. The payment will go directly to their bank account. Payments will be subject to statutory deductions including tax and national insurance (NI), although this will be dependent on individuals’ earnings and tax code.

If you are in receipt of state benefits, you should seek advice from the relevant agency, for example Job Centre 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 return these documents by email to sharon.mcmonnies1@nhs.net

If you would like support to enable you to apply for this role, and/or information in another format please contact sharon.mcmonnies1@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 **3 working days**, please get in touch.
2. Applications will be shortlisted by a panel, including member(s) drawn from those already recruited as Patient and Public Voice (PPV) partners within the Respiratory Network or in related roles.
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 Microsoft Teams unless otherwise requested.
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 helen.carroll3@nhs.net

**Application to become a Patient and Public Voice (PPV) Partner within the Cheshire & Merseyside Respiratory Clinical Network Programme**

**Guidance notes**

Please read the **application information pack** before completing this form, to ensure you fully understand the application process, and to determine whether you have the skills, experience and time to become a Patient and Public Voice (PPV) Partner.

Please submit only one application form for each person applying to become a PPV Partner.

You can either apply yourself, or on behalf of another person (with their agreement).

Please note the closing date for all applications is **11.59pm on 31st October 2022**

Please complete and return this application form, along with the **Equal Opportunities Monitoring Form** to: sharon.mcmonnies1@nhs.net

**About you**

|  |
| --- |
| **Full name:**  |
| **Title (for example Mr, Mrs, Ms, Miss):** |
| **Preferred name:** |
| **Are you aged 18 or over?** Yes / No (please delete as applicable) |
| **Address:** |
| **Postcode:**  |
| **Daytime contact telephone number:** |
| **Mobile telephone number:**  |
| **Email address:**  |
| **Please select the option that best applies to you. I am a:** ☐ Patient or health service user (current or previously) ☐ Carer of a patient currently / previously using health services ☐ Other (please state) |
| **Do you have any additional needs or need particular support from NHS England to enable you to participate?**Yes / No (delete as applicable). If yes please explain.**Are you able to use telephone, email and the internet to communicate and take part in meetings?** We want to make our meetings as inclusive as possible so please let us know if you have any training or support needs.Yes / No (delete as applicable). Comments:  |
| **How did you find out about this role?** ☐ In Touch newsletter☐ NHS England website☐ Social media☐ Word of mouth☐ Other NHS England newsletter☐ Other, please explain:  |
| **Are you able to commit to the time commitment outlined in the application pack?**Yes / No (delete as applicable). Comments:  |
| **Do you hold any other PPV Partner roles?** Please note that NHS England PPV Partners can hold a maximum of three roles that attract an involvement payment at any one time, and a maximum of five roles that do not attract a payment. Yes / No (delete as applicable). If yes, please provide details: 1. …………………..
2. …………………..
3. …………………..
 |

**Skills and experience**

You should refer to information provided in the **application information pack** before completing this section.

|  |
| --- |
| **Please tell us why you would like to apply for this role (we suggest you do this in about 150 words.** |
| **Please tell us about any organisations or networks relevant to health and care services that you have an interest in or are a part of (we suggest you do this in about 150 words).** |
| **Please tell us your experience of giving a public involvement / patient / carer / voluntary sector perspective (we suggest you do this in about 150 words)** |
| **Please tell us about any other experience or skills you have which would support your application. You should refer to the 'roles, responsibilities and required skills of Patient and Public Voice Partners' section of the information pack (we suggest you do this in 150 words).** |

**References**

Please provide us with two references. Your referee should be someone who can comment on your suitability and experience/skills related to the role OR be someone who knows you and can comment on your interest in this area of work

Please include the name, job title, address, telephone number and email address of both of your referees.

|  |  |
| --- | --- |
| **Reference 1** |  |
| **Reference 2**  |  |

**Thank you for your application.**

# **Patient and Public Voice (PPV) Partners Equal Opportunities Monitoring Form**

**Why we are asking you to complete this form**

NHS England are committed to promoting equality and eliminating unlawful discrimination, and we are aiming to achieve diversity in the range of people we involve. You do not have to answer these questions, and we understand that some of this information is personal and sensitive in nature. However, gathering this data helps us to understand if we are involving different groups of people, and to make improvements if some groups are not represented.

**Data protection**

The information you provide is anonymous and will not be stored with any identifying information about you. We may use anonymised statistics and data you have provided to inform discussions about how to improve the diversity of our PPV Partners and inclusivity of participation opportunities, but no information will be published or used in any way which allows any individual to be identified. All details are held in accordance with the Data Protection Act 2018.

The information that we are asking you to provide is informed by our duties under the Equality Act 2010, and includes information about your age, race, sex and sexual orientation.

If you have a question or concern about how we process your data, or you would like us to delete your data from our records, you can contact us by emailing sharon.mcmonnies1@nhs.net***.*** If you are unhappy with how we have handled your data, you also have a right to complain to the Information Commissioner’s Office (ICO).

[NHS England's Privacy Notice](https://www.england.nhs.uk/contact-us/privacy-notice/) describes how we use personal data and explains how you can contact us and invoke your rights as a data subject. We will process your information in accordance with the requirements of the Data Protection Act 2018.

If you would like this information in an alternative format, or would like help in completing the form, please contact us sharon.mcmonnies1@nhs.net

**Equal opportunities information**

**What year were you born?**

**------------------**

* Prefer not to say

**Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months (include any problems related to old age)?**

* Yes, limited a little
* Yes, limited a lot
* No
* Prefer not to say

**If you answered ‘yes’ to question 2, please indicate your disability:**

* Vision (e.g. due to blindness or partial sight)
* Hearing (e.g. due to deafness or partial hearing)
* Mobility, such as difficulty walking short distances, climbing stairs, lifting and carrying objects
* Learning or concentrating or remembering
* Mental Health
* Stamina or breathing difficulty
* Social or behavioural issues (e.g. due to neuro diverse conditions such as Autism, Attention Deficit Disorder or Asperger’s Syndrome)
* Other impairment
* Prefer not to say

**What is your ethnic group?**

Choose one section from A to E, and then tick the appropriate box to indicate your ethnic group.

1. White
* Welsh / English / Scottish / Northern Irish / British
* Irish
* Gypsy or Irish Traveller
* Any other White background, please write in………………………………………….
1. Mixed
* White and Black Caribbean
* White and Black African
* White and Asian
* Any other mixed background, please write in……………………………………….....
1. Asian or Asian British
* Indian
* Pakistani
* Bangladeshi
* Chinese
* Any other Asian background, please write in…………………………………………..
1. Black or Black British
* Caribbean
* African
* Any other Black background, please write in…………………………………………..
1. Other ethnic group
* Arab
* Any other, please write in………………………………………………………………...
* Prefer not to say

**Which of the following options best describes how you think of yourself?**

* Woman (including trans woman)
* Man (including trans man)
* Non-binary
* In another way
* Prefer not to say

**Is your gender identity the same as the gender you were given at birth?**

* Yes
* No
* Prefer not to say

**What is your legal marital or civil partnership status?**

* Divorced
* Formerly in a registered civil partnership which is now dissolved
* In a registered civil partnership
* Married
* Never married and never registered a civil partnership
* Separated, but still in a registered civil partnership
* Separated, but still legally married
* Surviving partner from a registered civil partnership
* Widowed
* Prefer not to say

**What is your religion?**

* No religion
* Atheist
* Buddhist
* Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
* Hindu
* Jewish
* Muslim
* Sikh
* Any other religion, please write in……………………………………………………….
* Prefer not to say

**Which of the following options best describes how you think of yourself?**

* Bisexual
* Gay
* Heterosexual / Straight
* Lesbian
* In another way
* Prefer not to say

**Do you look after, or give any help or support to family members, friends, neighbours or others because of either long-term physical or mental ill-health / disability, or problems related to old age?**

* No
* Yes, 1-19 hours a week
* Yes, 20-49 hours a week
* Yes, 50 or more hours a week
* Prefer not to say

Thank you for completing these equal opportunity monitoring questions.

Please return your completed form by email to sharon.mcmonnies1@nhs.net