

# **Patient & Public Voice (PPV)**

**Member:**

**Primary Care Oversight Group**

## **Application Information Pack**



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## A guide on how to apply to become a Patient and Public Voice member on the Primary Care Oversight Group

Role	Patient and Public Voice (PPV) Member on the Primary Care Oversight Group
Duration	1 year in the first instance, renewable to a maximum of 3 years
Working relationships	Other members of the Primary Care Oversight Group ; PPV members of other NHS England governance bodies; staff from NHS England Medical Directorate; the NHS England Public Participation team
Expenses	Travel expenses and other appropriate out-of-pocket expenses are reimbursed. An honorarium of £150 per day will be paid (for those people not representing or supported by an organisation) for an estimated time commitment of 10 days per year.

### 1. Introduction

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

NHS England will reimburse travel and other agreed expenses in line with NHS England's [‘Covering out of pocket expenses for PPV 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 phone call or post, please state this on your application form.

The **closing date** for applications is **23<sup>rd</sup> March 2016**.

### 2. Role of the Primary Care Oversight Group

We are looking for patient and carer members who want to be involved in overseeing the development of primary care for NHS England's Primary Care Oversight Group.

The high level purpose of the Primary Care Oversight Group (PCOG) is to be the executive leadership forum, via which NHS England, and its Commissioning Committee, have oversight and assurance of delivery and continuous improvement today, while orchestrating the readiness of delivery for tomorrow, in respect of the (direct) commissioning of primary care by NHS England local teams.

Working with and through accountability and governance arrangements, across NHS England's central and regional teams, PCOG oversees the effective delivery of the NHS Mandate and NHS Constitution, in respect of the quality, performance and financial outcomes of primary care.

PCOG reports into the Commissioning Committee, which has authorised PCOG to take decisions on its behalf on matters relevant to the purpose of the oversight group. PCOG therefore has a crucial place, as the only national forum with a sole focus on the operational delivery and strategic

framework, within which NHS England discharges its responsibility for the commissioning of £12.6 billion of primary care services.

Full PCOG terms of reference and agendas are appended at Appendix 1 and Appendix 2 respectively.

### **3. Importance of Patient and Public Voice Members**

NHS England is 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 decision-making on strategy, policy, service development and commissioning operations.

### **4. Role, responsibilities and required skills of PPV Members**

PPV Patient and public voice members are expected to bring strategic external perspective and challenge into the Primary Care Oversight Group (PCOG). Having PPV members of PCOG supports core NHS England values of transparency and patient focus.

#### **a. The role of the PPV member is to:-**

- Help PCOG understand the diverse perspectives of patients, carers and the public relevant to its work.
- Bring independent judgement and experience from a patient and public perspective and apply this to discussions/decisions made at PCOG.
- Engage positively and collaboratively in discussion of agenda items and act as an ambassador for patient and public voice.
- Provide 'critical friend' challenge into the group rather than represent a particular condition or interest.
- Provide strategic assurance that the views of patients and the public have been sought and considered in the work of PCOG.
- Help to develop assurance arrangements for patient and public participation in primary care, working with internal and external stakeholders.
- Champion and advocate for increasing patient and public awareness of PCOG's role and responsibilities.

#### **b. Responsibilities of PPV members**

- To regularly participate in phone/internet conferences and face-to-face meetings of PCOG and debate issues.
- To prepare for the meetings by reading and reviewing papers, proposals and other associated documentation.
- To take part in workshops or events where participation is helpful for the work of PCOG as agreed e.g. wider network meetings.
- Where appropriate, communicate with, and seek feedback from, wider patient and public voice networks on plans and proposals, drawing on the support of relevant groups and supported by NHS England's Public Participation Team.
- Liaise and collaborate with PPV representatives and Non-Executive Directors across NHS England; including communicating the work of PCOG.
- To raise areas of unresolved concern with the Chair of PCOG and subsequently follow the complaints process if concerns remain unresolved.
- To identify any support, training and development requirements and seek appropriate support from PCOG members.
- 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.

### **c. Skills and experience required for this role**

- Knowledge and understanding of primary care services in the NHS and how these are commissioned and organised.
- Experience of working in a committee setting, and ability to contribute actively to the discussions and work of the group, including undertaking specific tasks or projects as appropriate, under the guidance of the Chair.
- Experience of advocating for patient and public participation at a strategic level.
- A demonstrated commitment to improving the quality of patient outcomes and the quality of primary care services.
- A demonstrated ability to interact with multiple stakeholders at senior management level.
- Ability to understand and evaluate a range of information and evidence.
- Ability to identify themes for improvement drawn from information from a wide variety of sources, with differing issues and viewpoints.
- Ability to present a non-clinical perspective and offer constructive challenge.
- Ability to display sound judgement and objectivity.
- Ability to communicate verbally and in writing, via email and teleconference, with a variety of audiences including other members of the public, clinicians, commissioners and members of the voluntary sector.
- Have an awareness of, and commitment to, equality and diversity.
- Understand the need for confidentiality.
- Ability to devote at least 1 day per month to the role.
- Ability to travel to meetings (generally held in Central London and Leeds usually by video conference).

## **5. Time commitment**

- Initially there will be a trial period of three months.
- Membership of the group/committee is for 12 months initially, at which point membership will be reviewed.
- PPV members will be required to attend PCOG meetings approximately every 8 weeks, although there is the potential for this to change if governance structures are reviewed.
- Meetings will normally last for approximately 3 hours.
- Meetings will generally be during working hours.
- Face-to-face meetings, including briefing and induction sessions, will be arranged on a national rather than a local basis and are most likely to be in London or Leeds.
- Prospective applicants should also be aware that many of the documents and programmes being reviewed will be complex so will require reading time prior to the meeting.

## **6. Support for PPV Members**

- NHS England recognises the importance of supporting members of the public to be involved in governance roles, especially people from potentially excluded and vulnerable groups.
- The application process gives the opportunity to register any communication support needs.
- An induction session will take place, at which point a named link will be provided to support PPV members with information they may require.
- Meeting documents, and if necessary, pre-meeting briefings will be provided.
- Out of pocket expenses incurred will be reimbursed in line with NHS England's PPV Expenses Policy. Expenses usually cover travel, accommodation and/or any subsistence requirements that arise. PPV partners should highlight any barriers to participation, for

example, the costs of a carer that may need to accompany a PPV member. PPV members can email [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net) to request a discussion about any support requirements.

- There will be an honorarium of £150 per day (for those people not representing or supported by an organisation) for an estimated time commitment of 10 days per year. This is in line with the [NHS England policy](#).
- PPV members with queries or concerns about whether reimbursement of expenses and involvement payments for public involvement might affect any state benefits they are receiving, can contact **the free and confidential service** provided through Bedford Citizens Advice Bureau. Trained staff, with knowledge of how payment for involvement/expenses might affect state benefits can give personal advice e.g. supporting people if they need to make contact with the Department for Work and Pensions, or other benefits agencies about their involvement. The Benefits Advice Service can be contacted via [involve@bedfordcab.org.uk](mailto:involve@bedfordcab.org.uk) or 01234 330604.

## **7. Other information relevant to the role:**

### **a. Conflict of Interests**

PPV members should particularly note the requirement to declare any private interests which may, or may be perceived to, conflict with the role and responsibilities as a member of PCOG, including any business interests and positions of authority outside of the role on PCOG. When appointed, PPV members will also be required to declare these interests on appointment which will be entered into a register which is available to the public.

### **b. Standards in public life**

PPV members will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the [Code of Conduct for Board Members of Public Bodies](#)

## **8. How to apply**

Accompanying documents that you need to complete and return include:

- Application Form
- Equality Opportunity Monitoring Form

You can either return these documents by email to [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net) or alternatively by post to Primary Care Oversight Group Recruitment, Public Participation Team, NHS England, Room 7E46, Quarry House, Quarry Hill, Leeds, LS2 7UE.

To receive other formats of this application pack please contact [england.nhs.participation@nhs.net](mailto:england.nhs.participation@nhs.net) or call 0113 825 0861.

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

## 9. 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.

We also ask you to let us know if you have special needs that we need to support to enable you to participate fully.

## 10. Once we receive your application

The steps will be as follows:

- 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.
- Applications will be shortlisted by a panel which will include members drawn from the following groups: Primary Care Oversight Group; NHS England public participation team, the NHS England primary care participation working group, or the Voluntary Sector Strategic Partners group (ensuring no conflict of interest).
- Applications will be assessed against the skills and experience required, outlined above, with a view to ensuring that two PPV members are recruited to the Primary Care Oversight Group. Selection will be made on the basis of the content of the application form. Shortlisted applicants may be invited to a short interview. This may be a face to face or telephone interview.
- Please note that two references will be taken up for successful applicants before involvement can start.
- 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 with NHS England, there is an option on the application form to select.

If you have any queries about the application process, or would like an informal discussion about the opportunity please email [frances.newell@nhs.net](mailto:frances.newell@nhs.net) or call 07887 655794.

## Appendix 1 - Terms of Reference for the Primary Care Oversight Group



# **Primary Care Oversight Group – Terms of Reference**



# Primary Care Oversight Group

## Terms of Reference

Version number: v3

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Prepared by: Sandra McGregor

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## 1 Purpose

The high level purpose of the Primary Care Oversight Group (PCOG) is to be the executive leadership forum via which the National Director of Commissioning Operations and NHS England has oversight and assurance of delivery and continuous improvement today, while orchestrating the readiness of delivery for tomorrow, in respect of the (direct) commissioning of primary care.

Working with and through accountability and governance arrangements across NHS England's central, regional and sub-regional teams, PCOG will oversee the effective delivery of the NHS Mandate and NHS Constitution, in respect of the quality, performance and financial outcomes of primary care.

The formal governance/reporting chain for PCOG will be '*PCOG – Commissioning Committee – Board*'. PCOG will report into the Commissioning Committee which has authorised PCOG to take decisions on its behalf on matters relevant to the purpose of the oversight group. PCOG therefore, has a crucial place as the only national forum with a sole focus on the operational delivery and strategic framework within which NHS England will discharge its responsibility for the commissioning of £12.6 billion primary care services.

## 2 Duties

- To oversee the work associated with the Strengthening Primary Care corporate priority area
- Influence and oversee the implementation of the strategic framework for primary care services
- Provide leadership and direction to the implementation of NHS England's primary care commissioning
- Inform organisational development priorities to support the effectiveness of the operating model
- Ensuring that primary care commissioning is patient focused and clinically led
- Driving the improvement of standards and outcomes for patients and reducing unwarranted variation in primary care services
- Provide assurance to the Commissioning Committee that there are robust systems and processes in place for monitoring and assuring the quality of primary care services and for driving continuous quality improvements.
- Develop and oversee effective accountability and governance arrangements across NHS England's central, regional and sub-regional teams
- Provide direction and leadership for the delivery of the business plan for primary care commissioning
- Providing leadership to the integration of direct commissioning activities with those services commissioned by CCGs, Local authorities and other partners

### 3 Membership – roles and responsibilities

Richard Barker (Chair) – will provide strategic leadership and ensure proper governance of PCOG to delivery its objectives and business.

Rosamond Roughton (Executive Lead) – is responsible for the effective delivery of the NHS Mandate and NHS Constitution in respect of primary care, working with and through accountability and governance arrangements across NHS England’s NSC and new regions.

As a senior executive forum, PCOG members;

- Will have the authority and insight to speak at PCOG on behalf of the NSC and the regions that they are representing, including accountability for those discussions.
- Play a key role in providing constructive challenge to NHS England on Primary Care Commissioning
- Are expected not to delegate their attendance to deputies without prior agreement via the PCOG Secretariat.
- Have a responsibility to act as a conduit through which insight on strategic and operational matters flows into PCOG to effectively inform alignment, influence and decisions and out of PCOG to appropriate forum and networks.
- May be tasked by PCOG to deliver appropriate elements of the work programme in order to support delivery, for example, reports and task and finish projects.
- Are expected to represent PCOG and the work it is delivering in discussions via other forums where this is necessary and will enhance alignment.

### 4 Core Members

Name	Title / Directorate
Richard Barker	Regional Director (Chair)
Rosamond Roughton	Director of NHS Commissioning (executive lead)
Ivan Ellul	Commissioning Strategy Directorate
David Geddes	Head of Primary Care Commissioning
Deborah Jaines	Head of Primary Care Policy
Keith Ridge	Chief Pharmaceutical Officer – Medical Directorate representative
Giles Wilmore	Patient and Public Involvement Directorate
Iain Fletcher	Senior Programme Communications Manager
Jill Matthews	Managing Director, Primary Care Support Services
Hilary Garrett	Nursing Directorate (or Michelle Mello as deputy)
Andrew Laycock	Primary Care Finance, Central Team
Alex Stiles	Head of Financial Performance (Midlands and East)
Andrew Coward	Birmingham South Central CCG
One additional CCG lead from the South - TBC	TBC
4 x Directors nominated to represent each of the new regions	David Sturgeon, Felicity Cox, Andrew Pike, Richard Armstrong

## 5 Additional attendees

Name
Assistant Heads of Primary Care – Central Team
Chief Professional Officers (for ‘focus on’ sessions)
Health Education England (focussed engagement sessions)
Public Health (focussed engagement sessions)
LGA (focussed engagement sessions)
Planning and Delivery Team representation
Operations and Delivery Team representation
PD/HR central team or regional senior lead representation
TCO Corporate Assurance Team representation

## 6 Quoracy

The meeting will be quorate if at least six members of the total core membership are present (excluding deputies), of which one must include a director with clinical responsibilities. Members will notify the secretariat in advance of the meeting if they are unable to attend and will be sending a deputy in order to ensure the meeting is fully quorate.

## 7 Support to the Committee

### 7.1 Secretariat

- Secretariat will be provided by the central team.
- Meetings will be bi-monthly, face to face and will be held in London or Leeds.
- Interim bi-monthly conference calls will be organised to progress discussions between meetings

### 7.2 Agendas and standing items will be:

- Aligned to PCOGs 2 year plan and NHS England priorities
- Canvassed from PCOG core members 2 weeks prior to meeting
- Signed off 1 week prior to meeting by the chair and executive lead with heads of pcc and pc policy & strategy
- Papers and agendas will be issued to PCOG members 3 days prior to meeting. Papers will be kept to only those that are critical for PCOG to be sighted on.

### 7.3 ‘Focus on’ Sessions

- Periodic ‘focus on’ sessions will be organised to enable sufficient time and consideration to be given to key strategic and tactical areas across dentistry, pharmacy and eye health. This will also enable the right invited attendees/partners for discussions e.g. CDO and CPO, Dental public health, LA representatives

### 7.4 Minutes

- Draft minutes will be circulated to central team and Chair for ratification and be signed off by the executive lead and ‘Heads of’ and circulated to PCOG within 2 weeks of meeting

- Minutes will be shared with regional and sub-regional teams, with CCGs via the NHS Commissioning Assembly and with LPNs via the LPN Assembly.

## 8 Sub Groups

Sub-groups and time limited 'task and finish' groups will be established by formal agreement.

In addition, an Operational Commissioning Sub-Group will be established that has a formal accountability to PCOG to lead work on primary care policy development.

PCOG will formalise arrangements for the reference groups for pharmaceutical services, dental services and eye health services as aligned sub-groups of PCOG.

## 9 Annual report and review

The performance of the committee/group against its terms of reference will be the subject of an annual review. The terms of reference will be reviewed annually unless the need for a more frequent review should arise.

## 10 Work Programme

The group will establish and oversee delivery of a rolling work programme. The priorities identified for the next 2 years can be found at Appendix A.

## Appendix 2 – Sample Agendas of the Primary Care Oversight Group

## Primary Care Oversight Group Agenda

16 July 2015

14.30 – 17.30hrs

Venue – Quarry House (4N18) and Skipton House (6D1)

Item	Timing	Title	Lead
<b>Programme Update</b>			
01/07	14.30	Welcome, introduction, apologies (v)	Chair
02/07	14.35	Minutes, actions and matters arising (p) 02/06a ToR – review (p)	Chair
03/07	14.45	Performance reporting to NHS England Commissioning Committee (s)	Claire Aldiss
<b>Five Year Forward View Implementation – the new deal for Primary Care</b>			
04/07	14.55	Patient Story (v)	Deborah Jaines
05/07	15.00	Strengthening Primary Care (s/p)	Deborah Jaines
06/07	15.15	GP Access – 7 Day Services (s) PMCF (s)	Rosamond Roughton Deborah Jaines
07/07	16.00	Primary Care Infrastructure Fund (s)	Ian Biggs
08/07	16.10	Workforce – 10 Point Plan (s)	Ian Biggs
09/07	16.20	Co-commissioning update (s/p)	Ivan Ellul
10/07	16.25	GMS Contract Negotiations (v)	Rosamond Roughton
11/07	16.30	Patient Safety Implications of General Practice Workload (s)	Helen Parkin
<b>Operational Performance</b>			
12/07	16.40	Finance (s) • Month 2 Finance Report (s) • Efficiency Requirements from Primary Care (s)	Alex Stiles
13/07	16.55	Primary Care role in Winter Planning (s)	Helen Parkin
<b>Focus Session</b>			
14/07	17.05	Developing a digital primary care strategy to support 7 day services and efficiency in primary care (s)	Tracey Grainger
15/07	17.20	AOB + Close (v)	Chair

p = paper s = slides in pack v = verbal

## Primary Care Oversight Group Agenda

24 November 2015

15.00 – 17.30hrs

Venue – Quarry House (5E66) and Skipton House (6D3)

Item	Timing	Title	Lead
<b>Programme Updates</b>			
01/11	15.00	Welcome, introduction, apologies (v)	Chair
02/11	15.05	Minutes, actions and matters arising (p)	Chair
02/11a	15.10	• Delegated Primary Care applications	Ivan Ellul
<b>Five Year Forward View Implementation – the new deal for primary care</b>			
03/11	15.15	Corporate Priorities – Highlight Report (p) • Deployment of Primary Care Transformation Fund (PCTF) – discussion (v)	Rosamond Roughton Rosamond Roughton
04/11	16.00	Improving Access – update (p)	Rosamond Roughton
05/11	16.05	GP Morale (v)	Rosamond Roughton
<b>Operational Performance</b>			
06/11	16.05	Carr-Hill review – update on progress (v)	Deborah Jaines
06/11a		• Proposed solutions for management of 'Atypical' practices (p)	Deborah Jaines
07/11	16.15	Summary Care Records (p)	Deborah Jaines
08/11	16.20	Risk Register update (v)	Mark Smith
<b>Operational Delivery</b>			
09/11	16.25	Framework for public and patient participation in primary care (p)	Frances Newell
<b>Finance and Governance</b>			
10/11	16.35	Finance (s) • Month 6 Finance Report (p)	Neil Shadbolt
11/11	16.40	Prime Minister's GP Access Fund (PMGPAF) (p)	Rosamond Roughton
<b>Focus Session</b>			
12/11	16.45	Primary care stocktake (v)	Nicola Hunt
<b>AOB</b>			
<b>CLOSE</b>			

p = paper v = verbal