

# Patient & Public Voice (PPV)

## Partner:

Yorkshire and the Humber Specialised  
Commissioning Oversight Group and  
North West Specialised Commissioning  
Oversight Group

## Application Information Pack



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## A guide on how to apply to become a Public & Patient Voice (PPV) member of Specialised Commissioning Oversight Groups (SCOG)

Role	PPV Partner on Yorkshire and the Humber Specialised Commissioning Oversight Group PPV Partner on North West Specialised Commissioning Oversight Group
Duration	1 year in the first instance, renewable to a maximum of 3 years
Working relationships	Members of the Yorkshire and the Humber SCOG Members of the North West SCOG
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 12 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 of Yorkshire and the Humber or North West SCOG.

Please note the **closing date** for applications is **1<sup>st</sup> February 2016**

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.

### 2. Background, context and aims of the oversight group

Specialised services include a diverse range of services from renal dialysis through secure services in mental health to treatments for rare cancers. We know the current commissioning arrangements work well for some patients, but for others they can be an obstacle to providing the best experience of care.

We must tackle the latter and do better for all patients. Collaborative commissioning provides a real opportunity to do this, through Clinical Commissioning Groups and NHS England, each with their own responsibilities, working together in a way that delivers better outcomes for patients.

We have a duty as commissioners to reduce inequalities and work collaboratively to improve outcomes for populations. Patients often receive specialised care following treatment within primary and secondary care. NHS England and CCGs together commission all of these services and should work closely with their local authority

and public health partners, to ensure an integrated patient and population centred approach. We believe that working collaboratively to commission services across organisational boundaries has benefits for everyone involved.

Patients will benefit through clearer, more integrated pathways which adapt easily to meet individual needs. They will experience a more responsive service so they receive the right level of care in the right place at the right time with the greatest chance of the best outcome.

Commissioners will benefit from a better perspective on the overall performance of a service and the organisations that provide it, and there will be greater opportunities to develop pathways which support patients in a holistic way to achieve better outcomes. Commissioners will also have the ability to plan effectively in a coherent way to provide the highest quality healthcare whilst reducing any inequalities in access to services.

For providers, collaborative commissioning will mean the opportunity to have one conversation about all the services they provide. They will have greater clarity on what commissioners expect from the service they deliver, particularly where there may seem to be competing priorities. Providers will also benefit from a more rounded view of planning, allocating and developing services across commissioning organisations.

To support NHS England's ability to collaboratively commission specialised services each of England's 10 Specialised Commissioning Hubs have invited the CCGs that sit within their boundaries to voluntarily join their local SCOG. Once each SCOG has agreed which local specialised services should be prioritised for collaborative commissioning a range of task and finish groups will be developed to review service-specific care pathways and to support the delivery of agreed priorities in other ways (such as contracting and finance).

### **3. Role of the SCOG**

We are looking for PPV representatives who want to be involved in the Yorkshire and the Humber [local] SCOG and North West (local) SCOG. The main purpose of SCOG is to support priority setting and the design and delivery of transformational change across whole care pathway. As such, SCOG members consider and make non-binding recommendations to NHS England in relation to the collaborative commissioning of Specialised Services.

In addition, there are some services that are potentially transferring back to CCG's, such as Renal Dialysis and Bariatric Surgery. The SCOG will oversee the transfer process and ensure the required information is available for all parties to enact the transfer arrangements.

The overall aim of the SCOG is to give local CCGs greater involvement in the commissioning of Specialised Services to facilitate better alignment and development of care pathways around the needs of local populations. As such

SCOG will provide leadership and oversight on the development and delivery of the above work programme to achieve demonstrable improvements in the quality, equity, value and outcomes of commissioned specialised services.

The Terms of Reference for the SCOG are included in Appendix 1.

#### **4. Importance of PPV partners**

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 to inform service development. In view of the size of the geographical footprint and dispersed populations served by the Yorkshire and the Humber Specialised Commissioning Hub the SCOG voted to deviate from the national recommendation to recruit one patient representative to join SCOG in favour of recruiting three patient representatives (to ensure each meeting is supported and informed by patient and carer insights that are relevant to all of the people we serve, regardless of where in the Yorkshire and the Humber they reside. The North West SCOG also wishes to recruit three patient representatives.

#### **5. Role, responsibilities and required skills of PPV partners**

PPV representation will bring important views, perspective and challenge into the Yorkshire and the Humber SCOG or North West SCOG. This role is essential in championing a public, service user, patient and/or carer/family viewpoint, ensuring that their needs are met through the outcomes of the work programme.

##### **5.1 The role of the PPV partner is to:**

- Provide ‘critical friend’ challenge into the group *rather than represent a particular condition or interest*<sup>1</sup>.
- Provide strategic assurance that the views of patients and the public have been sought and considered in the work of the SCOG and its constituent member organisations.
- Highlight where decisions made by SCOG would need to be the subject of engagement / consultation and to drive agreement about how this would be approached and resourced.
- Champion and advocate for increasing patient and public awareness of the SCOG’s outcomes and achievements.

##### **5.2 Responsibilities of the PPV partner are to:**

- To ensure SCOG’s decisions and priorities represent the best interests of the populations we serve
  - To regularly participate in phone/internet conferences and face-to-face meetings of the SCOG and debate issues using email.
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- To prepare for the meetings by reading and reviewing programme plans, papers, proposals and other associated documentation.
- To take part in workshops or events where participation is helpful for the work of the SCOG as agreed e.g. wider network meetings
- To raise areas of unresolved concern with the Chair of the SCOG and subsequently following the complaints process if concerns remain unresolved
- To identify their support, training and development requirements and seeking appropriate support from SCOG 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.

### 5.3 Skills and experience required for this role

- Knowledge and understanding of specialised 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 engagement and involvement at a strategic level.
- A demonstrated commitment to improving the quality of patient outcomes and the quality of care pathways that include or link to a specialised service.
- A demonstrated ability to interact with multiple stakeholders at senior management level.
- Ability to understand and evaluate complex information.
- 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 patients, 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 preferably travel to meetings, however, wherever possible there will be a dial-in teleconferencing facility available.

## 6. Time commitment

- Membership of SCOG is for 12 months initially, at which point membership will be reviewed.
- You will be required to attend meetings approximately every month.
- Meetings will normally last for approximately 2 hours.
- Meetings will generally be during working hours.

- Any face-to-face meetings, including briefing and induction sessions, will be arranged on a local basis. However, wherever possible there will be a dial-in teleconferencing facility available.
- Prospective applicants should also be aware that many of the documents being reviewed will be complex so will require reading time prior to the meeting.

## 7. Support for PPV partners

- An induction session with the Head of Communications and Engagement for Specialised Commissioning will take place. Her role is to support PPV partners with any information and/or training they may require. Other support includes access to national training. Meeting documents, and if necessary, pre-meeting briefings will be provided.
- Reimbursement of out of pocket expenses incurred in line with NHS England's PPV Expenses Policy provided in Appendix 2. 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 representative. Please email [ENGLAND.northspecialised@nhs.net](mailto:ENGLAND.northspecialised@nhs.net) to request a discussion about any support requirements that you might have.
- 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 12 days per year. This is in line with the [NHS England policy](#).
- If you have any queries or concerns about whether reimbursement of expenses and involvement payments for public involvement might affect any state benefits you are receiving, please contact **the free and confidential service** provided through the Citizens Advice Bureau. Specially trained staff, with knowledge of how payment for involvement/expenses might affect state benefits will be able to give you personal advice e.g. supporting you should you need to make contact with the Department for Work and Pensions, or other benefits agencies about your involvement.

## 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.northspecialised@nhs.net](mailto:ENGLAND.northspecialised@nhs.net) or alternatively by post to Mary Hardie Head of Communications and Engagement for Specialised Commissioning - NHS England North Quarry House Quarry Hill Leeds LS2 7UE or via the [online application form](#)

To receive other formats of this Application Pack (e.g. easy read version) please contact [ENGLAND.northspecialised@nhs.net](mailto:ENGLAND.northspecialised@nhs.net) or call 07824 124484

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. If there is a sufficient interest from a number of suitable applicants then final selection will follow a brief face to face interview with representatives of SCOG and Regional Head of Communications and Engagement for Specialised Commissioning.

## **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 the Members of SCOG and the Regional Head of Communications and Engagement for Specialised Commissioning.
- Applications will be assessed against the skills and experience required, outlined in section 5.3 above, with a view to ensuring that four PPV representatives are recruited. 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 commence.
- 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 [ENGLAND.northspecialised@nhs.net](mailto:ENGLAND.northspecialised@nhs.net).



## Appendix 1 – SCOG Terms of Reference

### SPECIALISED COMMISSIONING OVERSIGHT GROUP

#### TERMS OF REFERENCE

#### Specialised Commissioning Oversight Group functions and membership

1.1 The Specialised Commissioning Oversight Group is a group established by agreement of the Commissioners in order to discuss matters relating to the commissioning of Specialised Services and the pursuit of the objectives and performance of the functions set out in clause 8 of this Agreement and Schedule 2 (*Terms of Reference*).

1.2 The membership of the Specialised Commissioning Oversight Group will include:

1.2.1 NHS England Representatives (appointed in accordance with paragraph 1.3 below);

*Director of Commissioning Operations, NHS England North (Yorkshire & Humber) (MD) (Chair)*

*Regional Director of Specialised Commissioning, NHS England (AT)*

*Assistant Director Specialised Commissioning Yorkshire & Humber Hub (MG)*

*Regional Head of Communications & Engagement, NHS England (MH)*

*Head of Finance, NHS England Spec Com North, Yorkshire & Humber Hub (CH)*

*Locality Director West Yorkshire, NHS England North (BH)*

*Locality Director, North Yorkshire and Humberside, NHS England (JW)*

*Locality Director, South Yorkshire, NHS England (AK)*

*Head of Co-Commissioning, NHS England (EW)*

*Medical Director, NHS England North (Yorkshire & Humber)*

*Associate Director (SCN and Senate), NHS England North (IG)*

1.2.2 CCG Representatives (appointed in accordance with paragraph 1.4 below and Schedule 5 (*Process for the Appointment of CCG Representatives*));

*Chief of Partnership Commissioning, Doncaster Clinical Commissioning Group*

*Head of Service Development & Transformation, NHS Wakefield CCG*

*Director of Quality and Nursing, North East Lincolnshire Clinical Commissioning Group*

*Chief Officer, Hull Clinical Commissioning Group*

*Assistant Director of Strategy & Planning, East Riding of Yorkshire Clinical Commissioning Group*

*Director of Business Planning and Partnerships, NHS Sheffield Clinical Commissioning Group*

*Head of Contracting, NHS Sheffield Clinical Commissioning Group*

*Head of Commissioning, Barnsley CCG*

*Chief Finance Office, Leeds West CCG*

*Head of Commissioning, Rotherham CCG*

*Programme Director, CCG Collaborative Working Together Programme*

*Chief Operating Officer, Leeds S&E CCG*

*Chair, Bradford City CCG*

*Chief Executive, Leeds West CCG*

1.2.3 Public Health England Representative (appointed in accordance with paragraph 1.5 below);

*Consultant in Public Health Specialised Commissioning*

1.2.4 Public and Patient Representative (appointed in accordance with paragraph 1.5 below).

1.3 NHS England must appoint NHS England Representatives to the Specialised Commissioning Oversight Group (and any agreed sub-groups). NHS England may decide the number of NHS England Representatives to be appointed.

1.4 The CCGs must appoint the CCG Representatives to the Specialised Commissioning Oversight Group (and any agreed sub-groups) in accordance with Schedule 5 (*Process for the Appointment of CCG Representatives*).

1.5 NHS England will appoint the Public Health England Representative and the Public and Patient Representative to the Specialised Commissioning Oversight Group (and any agreed sub-groups).

1.6 Each member of the Specialised Commissioning Oversight Group will be appointed for a term of 1 year (or such term as otherwise notified by NHS England to the CCGs from time to time).

1.7 NHS England may provide administrative and management support to the Specialised Commissioning Oversight Group.

### **Specialised Commissioning Oversight Group Activities**

1.8 The Specialised Commissioning Oversight Group is responsible for providing advice and recommendations to NHS England in relation to the commissioning of Specialised Services within the Hub.

1.9 The Specialised Commissioning Oversight Group must provide advice and recommendations to NHS England on the following matters in relation to the Specialised Services:

1.9.1 input to national policy, standards and specifications with the aim of ensuring wider service models and the alignment of pathways;

1.9.2 the setting of priorities for service change;

1.9.3 the carrying out of service reviews of Specialised Services (including engagement and consultation);

1.9.4 the development of commissioning proposals on service changes, new pathways and reconfiguration of Specialised Services;

1.9.5 the development and delivery of the Quality, Innovation, Productivity and Prevention (QIPP) programme;

1.9.6 financial management oversight including analysis and identification of opportunities to improve value and equity;

- 1.9.7 the publishing of a priorities plan and monitoring delivery of Specialised Services against this plan;
- 1.9.8 the planning of services to meet the health needs of the Hub's local population in accordance with NHS England's commissioning intentions and ambitions;
- 1.9.9 discussion of the range of Specialised Services;
- 1.9.10 discussion around clear arrangements for the management of providers of Specialised Services;
- 1.9.11 discussion around clear arrangements for the management of pathways into Specialised Services; and
- 1.9.12 discussion of the possible connection of Specialised Services between different areas and Hubs where appropriate.

1.10 The Specialised Commissioning Oversight Group must engage appropriately with local authorities, Healthwatch, voluntary groups and providers when carrying out its activities under these Terms of Reference.

### **Chair, Vice Chair and Secretary**

1.11 The Specialised Commissioning Oversight Group will from time to time appoint a Chair and Vice Chair and a Secretary, and will determine their respective periods of office.

1.12 The Chair must be an NHS England Representative (MD).

1.13 The Vice Chair must be a CCG Representative (TF).

### **Sub-groups**

1.14 The Specialised Commissioning Oversight Group may establish sub-groups as it deems appropriate from time to time, to support the delivery of priorities agreed at a pathway or geographical level and to represent the wider local stakeholders within the Hub.

1.15 Sub-groups established pursuant to paragraph 1.14 above may be requested by the Specialised Commissioning Oversight Group to discuss and provide advice and recommendations in relation to the delivery of priorities and key initiatives identified in the priorities plan set by the Specialised Commissioning Oversight Group.

1.16 Sub-groups are accountable to the Specialised Commissioning Oversight Group.

### **Meetings**

1.17 General meetings of the Specialised Commissioning Oversight Group will be held at least once every month, or as otherwise agreed by the Commissioners from time to time, and will be convened by the Secretary by at least 5 days' prior notice by e-mail to each member.

1.18 Special meetings of the Specialised Commissioning Oversight Group may be called by any of the Commissioners by giving at least 48 hours' notice by e-mail to each member in the following circumstances:

- 1.18.1 where that Commissioner has concerns relating to the safety and welfare of service users in relation to the Specialised Services;
- 1.18.2 in response to a quality, performance or financial query by any regulatory or supervisory body;
- 1.18.3 to convene a dispute resolution meeting under clause 13.2; or
- 1.18.4 for the consideration of any matter which that Commissioner considers of sufficient urgency and importance that its consideration cannot wait until the date of the next general meeting.

1.19 The quorum for conducting a meeting of the Specialised Commissioning Oversight Group is the attendance of:

- 1.19.1 an NHS England Representative; (to include Director of Commissioning Operations, Regional Director of Specialised Commissioning or Locality Director)
- 1.19.2 CCG Representatives, taking into account geographical representation in order to ensure that the populations within the Hub are properly represented (to include CCG representation from all 3 Localities in the Hub)

## **Recommendations**

a. The Commissioners acknowledge that:

- i. no statutory functions are being delegated by NHS England to the CCGs or the Specialised Commissioning Oversight Group;
- ii. the Specialised Commissioning Oversight Group does not have delegated responsibility to make decisions that bind the Commissioners, and accordingly the Specialised Commissioning Oversight Group does not itself make binding decisions on behalf of NHS England in relation to its commissioning functions;
- iii. the Specialised Commissioning Oversight Group may make nonbinding recommendations to NHS England;
- iv. each Commissioner is responsible for making its own decisions, in relation to the recommendations, in accordance with the terms of its constitution and its statutory duties; and
- v. each Commissioner is responsible for ensuring that its representatives to the Specialised Commissioning Oversight Group have sufficient delegated authority, in accordance with that Commissioner's constitution, to act on behalf of that Commissioner within the remit of the Specialised Commissioning Oversight Group.

## **Record keeping**

- a) NHS England must keep notes of all proceedings and non-binding recommendations of the Specialised Commissioning Oversight Group, and must circulate copies to all Commissioners (whether or not present or represented at the relevant meeting) by e-mail within two weeks after the end of the meeting to which they relate.
- b) Copies of any plans, monitoring reports and project performance reports prepared by the Specialised Commissioning Oversight Group must be provided to all Commissioners.

- c) Copies of notes, discussions and non-binding recommendations of the Specialised Commissioning Oversight Group meetings will be retained by the Secretary, with historic notes and records being passed to any new Secretary on appointment.
- d) The Commissioners acknowledge that records of the Specialised Commissioning Oversight Group, as well as other information relating to Specialised Services circulated within the Specialised Commissioning Oversight Group, are confidential, and each Commissioner must treat such records and information as it would its own confidential information.
- e) The Secretariat will be provided by NHS England.

## **Conduct**

- a. Each member of the Specialised Commissioning Oversight Group agrees to abide by the Nolan principles (<https://www.gov.uk/government/publications/the-7-principles-of-public-life>),
- b. NHS England's guidance *Managing Conflicts of Interest: Statutory Guidance for CCGs* (<http://www.england.nhs.uk/wp-content/uploads/2014/12/man-conflict-guid-1214.pdf>) and all relevant policies of their appointing body in relation to conflicts of interest.
- d. Where any member of the Specialised Commissioning Oversight Group has an actual or potential conflict of interest in relation to any matter under consideration by the Specialised Commissioning Oversight Group, that member must not participate in meetings (or parts of meetings) in which the relevant matter is discussed, or make a recommendation in relation to the relevant matter. The relevant Commissioner may send an alternative representative to take the place of the conflicted member in relation to that matter.
- e. The Specialised Commissioning Oversight Group must keep a register of any conflicts of interest declared at each meeting.

## **Review of the Terms of Reference**

- a. The Specialised Commissioning Oversight Group will review these Terms of Reference every six (6) months.

**INCLUDED FOR INFORMATION ONLY**  
**Schedule 5**

**Process for the Appointment of CCG Representatives**

1. NHS England and the CCGs in the Hub will agree the number of CCG Representatives to be appointed to the Specialised Commissioning Oversight Group in any financial year.
2. The CCGs in the Hub shall choose individuals to represent all of the CCGs within the Hub at meetings of the Specialised Commissioning Oversight Group (and any agreed sub-groups) in accordance with the process set out in this Schedule 5.
3. Except as set out in paragraph 7 below, the CCGs in the Hub shall meet at least 1 month ahead of the beginning of each financial year in order to select and appoint the CCG Representatives for the Specialised Commissioning Oversight Group for the next financial year.
4. At such meeting, each CCG may nominate candidates for the role of CCG Representative. Each CCG shall ensure that the candidates have clinical and/or management expertise relevant to undertake the tasks involved with membership of the Specialised Commissioning Oversight Group.
5. Each CCG (irrespective of size) will have the same number of votes at the meeting (such number of votes to be agreed by the CCGs at the meeting).
6. The candidates who receive the most CCG votes at the meeting shall be appointed as the CCG Representatives.
7. Subject to paragraph 1.6 of Schedule 2 (*Terms of Reference*), the CCGs may agree that it is not necessary to meet in accordance with paragraph 3 above to appoint the CCG Representatives if it is agreed by the CCGs (whether evidenced by writing, electronic communication or otherwise) as to which individuals should be appointed (in respect of the first financial year) or continue to remain appointed (in respect of subsequent financial years).
8. If following a meeting carried out in accordance with paragraph 3 above there is a dispute between the CCGs or a candidate has not been appointed, NHS England may nominate candidates to be the CCG Representatives and shall send a written notice to each CCG identifying such candidates. These candidates will be appointed as the CCG Representatives unless:
  - a. NHS England receives written objections to such appointment within [5] days of notification from at least [2] CCGs setting out in detail the reasons for such objection; and
  - b. NHS England is satisfied with such reasons (in which case NHS England shall nominate further candidates until there are no such objections).