

# **Application form to be a member of NHS Cheshire and Merseyside’s Data into Action Patient and Public Advisory Group**

## **Introduction**

Data into Action uses health and social care information to improve services across Cheshire and Merseyside. It is a programme of work which sees our NHS, local authorities and the University of Liverpool working together to make things better for all 2.6 million people in our region.

When people see a GP, go to hospital, or receive care in a care home, information is recorded to help them receive the best possible care.

Data into Action uses this information to see what our health and social care services are doing well, to identify how they can improve, and to support them to make positive changes.

We are establishing a Patient and Public Advisory Group to ensure that patient and public perspectives are included in our decision-making processes. We want to make sure patients can learn about, discuss, and impact the use of health data in Cheshire and Merseyside.

Our goal is to ensure there is meaningful public and patient involvement and collaboration throughout the programme.

Please complete the questionnaire on the next page to apply to become a member of the NHS Cheshire and Merseyside Data into Action Patient and Public Advisory Group (PPAG).

You can apply for yourself, or someone else can apply for you if you give them your permission. You can also ask someone to help you.

The deadline for applying is **5pm on Monday 14 October 2024**.

**Please read the application supporting information before answering the questions below. The supporting information is available at** [**https://dataintoaction.cheshireandmerseyside.nhs.uk/involving-the-public/**](https://dataintoaction.cheshireandmerseyside.nhs.uk/involving-the-public/)

## **Your application**

Information about you.

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| --- |
| **Full Name:** |
| **Title (for example Mr, Mrs, Ms, Miss, Mx):**  |
| **Are you aged 18 or over? Yes/ No** |
| **Address:**  |
| **Postcode:** |
| **Daytime contact telephone number:** |
| **Mobile telephone number:** |
| **Email address (if you have one):** |

## **Application questions**

Please read the [supporting information](https://dataintoaction.cheshireandmerseyside.nhs.uk/media/5ynkykfe/cheshire-and-merseyside-dia-ppag-supporting-information.pdf) before you fill in this section.

**Question 1**

a) Why do you want to be a member of the NHS Cheshire and Merseyside Data into Action Patient and Public Advisory Group? (Write up to 200 words)

b) What would make you a good fit for the role? Please tell us about any relevant knowledge, skills, personal qualities and experiences. (Write up to 200 words)

**Question 2**

Tell us about a time you dealt with a difficult situation that involved other people. What did you do? What did you learn? (Write up to 200 words)

**Question 3**

Please tell us why you think using health data is important for the NHS and for research. Note: You don’t need any knowledge of data usage to participate in the PPAG. (Write up to 200 words)

**Question 4**

d) Is there anything else you would like to tell us? Please write below.

**Would you need any extra support to take part in the Group? This information helps us with planning.**

Yes [ ]  No [ ]

If yes, please tell us more about the support you need in the box.

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**Are you able to use the following to communicate and take part in meetings? Please tick which options you can use.**

Telephone [ ]  Email [ ]  Internet [ ]

If you cannot use any of these options, please tell us more about how you can communicate and take part. You can tell us if there are ways we can help you be involved.

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## **Demographic monitoring**

**Why are we asking for this information?**

We are asking the following questions to make sure we are hearing from lots of different people from different backgrounds and places.

**Question 1**

What is your age?

[ ]  18-24 [ ]  25-34 [ ]  35-59 [ ]  60-74 [ ]  75+ [ ]  Prefer not to say

**Question 2**

What is your religion or belief, even if you’re not currently practising?

[ ]  Buddhist [ ]  Sikh

[ ]  Christian (including all denominations) [ ]  Agnostic

[ ]  Hindu [ ]  No religion (Atheist)

[ ]  Humanist [ ]  Prefer not to say

[ ]  Jewish [ ]  Other (please write below)

[ ]  Muslim

**Question 3**

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

[ ]  Woman (including trans woman)

[ ]  Man (including trans man)

[ ]  Non-binary

[ ]  Prefer not to say

[ ]  In another way (please write in) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Question 4**

Is your gender the same as the sex you were told you were at birth (for example, if you were labelled male when you were born and you are a man, you would tick ‘yes’.)

[ ]  Yes [ ]  No [ ]  Prefer not to say

**Question 5**

Which of the following best describes how you think of yourself? (Please tick **one** option)

White

[ ]  English/Welsh/Scottish/Northern Irish/British

[ ]  Irish

[ ]  Gypsy or Irish Traveller

[ ]  Any other white background

Please describe:

Mixed

[ ]  White & Black Caribbean

[ ]  White & Black African

[ ]  Any other mixed background

Please describe:

Asian / Asian British

[ ]  Indian

[ ]  Pakistani

[ ]  Bangladeshi

[ ]  Chinese

[ ]  Any other Asian or Asian British Background

Please describe:

Black / African / Caribbean / Black British

[ ]  African

[ ]  Caribbean

[ ]  Any other Black / African / Caribbean / Black British

Please describe:

**Question 6**

Is English your first language?

[ ]  Yes [ ]  No

**Question 7**

Do you have a health problem or disability that stops you being able to do things or as much of the things as you want to each day? This includes any problems related to old age.

[ ]  Yes, and it limits me a lot [ ]  Yes, and it limits me a bit

[ ]  No

If you answered ‘yes’, please indicate the reason(s):

[ ]  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)

[ ]  Any other impairment

Please describe:

**Question 8**

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

[ ]  Heterosexual / Straight [ ]  Lesbian [ ]  Bisexual [ ]  Gay [ ]  Prefer not to say

[ ]  In another way

Please describe:

**Question 9**

What is your relationship status?

[ ]  Single [ ]  Widowed [ ]  Married [ ]  Divorced [ ]  Civil Partnership

[ ]  Surviving partner from a civil partnership [ ]  Separated, but still legally married

[ ]  In a relationship/s (**not** living together) [ ]  In a relationship/s (**and** living together)

**Question 10**

Are you a parent / guardian or currently pregnant? Please tick all that apply.

[ ]  Yes, I am pregnant

[ ]  Yes, I have a child/children **under** the age of one

[ ]  Yes, I have a child/children **over** the age of one

[ ]  I’m a bereaved parent

[ ]  No, I am not a parent / guardian nor pregnant

**Question 11**

Are you a carer?

(A carer is someone who is looking after a family member, partner, friend or neighbour who needs help because of illness, frailty or disability, and who is not being paid for this).

[ ]  I’m a full-time carer [ ]  I’m a part-time carer [ ]  I’m not a carer

**Question 12**

What is your employment status? (Please tick all options that apply)

[ ]  Employed (full-time) [ ]  Student (full-time) [ ]  Unemployed (eligible for benefits)

[ ]  Employed (part-time) [ ]  Student (part-time) [ ]  Unemployed (not eligible for benefits)

[ ]  Retired

**Is there any other information about yourself that you’d like to tell us about?**

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Thank you for taking the time to fill out the information on this form.

## **Submitting your application**

To submit your application via email, please send your completed form to **mlcsu.dia@nhs.net**by **5pm on Monday 14 October 2024**.

If you are submitting a paper version, please post your completed form to:

Civic Data Cooperative
Civic Health Innovation Labs
Liverpool Science Park
Liverpool, L3 5TF