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Would you be interested in joining our new  
Planned Care Citizens’ Panel?

**What is this all about?**

We’re looking for adult volunteers to join our Planned Care Citizens’ Panel. This new panel will be in place for 12 weeks from **21 June to 10 September 2021**, meeting every two weeks online via MS Teams.   
The panel will support the Planned Care Alliance with communications around its strategy for restoring planned (routine) care services across West Yorkshire and Harrogate.

If you’re on the waiting list for a planned care procedure or if you have a close connection with an adult or child who is waiting – we’d love to hear from you. We want to know how people are managing their symptoms whilst waiting and what, if any, activities or support services they are finding helpful. Lived experiences of how delays to planned care as a result of the pandemic have impacted on patients, their families and carers will be invaluable as we work to restore services and address the backlog.

You’ll find more information about the [Planned Care Citizens’ Panel on our website](https://www.wyhpartnership.co.uk/our-priorities/improving-planned-care/planned-care-citizens-panel).

**How can I get involved?**

If you’re interested in becoming a member of the Planned Care Citizens’ Panel, please complete the **Expression of interest and equality monitoring form** on the following pages. The personal information you provide on this form will be kept confidential and only used for the purpose of setting up and running the panel. It will be protected and stored securely in line with data protection guidelines.

We’re asking the questions on the form because it’s important that the panel represents people from different areas across West Yorkshire and Harrogate, of different age groups, ethnicities and genders. We’re seeking panel members with experience of different health conditions, particularly people with conditions that are classified as clinically urgent or complex, or who have been waiting a long time for a planned care procedure.

Panel members will be selected on this basis and will be contacted during the week commencing 31 May 2021 to be given a welcome pack which will include further details about the strategy for restoring planned care services, a meeting schedule and a volunteer declaration form to be signed and returned.

Once you have completed the following form, please email it to: [wyhhcp.plannedcare@nhs.net](mailto:wyhhcp.plannedcare@nhs.net)   
**by 23 May 2021**. We look forward to hearing from you.

Expression of interest and equality monitoring form

Click on the blue boxes to select them, or type in your text where indicated – the spaces expand as you type. You can also press the ‘tab’ key to move along through the form.

**1. Name:** Click here to enter text.

**2. Which area do you live in?**   
Please tick.

Bradford  
 Calderdale  
 Harrogate  
 Kirklees  
 Leeds  
 Wakefield

**3. How old are you?** Click here to enter text.

**4. Telephone number:** Click here to enter text.

**5. Your email address:** Click here to enter text.

**6. Why are you interested in becoming a member of the Planned Care Citizens’ Panel?**

**Please explain what experience you would bring to the panel.**

This should include details of the type of planned care procedure or diagnostic test you are waiting for, if you’re happy to tell us. Also, how you are managing your symptoms whilst waiting and what, if any, activities or support services you are finding helpful.

If you have a close connection with an adult or child affected by the delays to planned care services as a result of the pandemic, please tell us their age and the type of planned care procedure or diagnostic test they are waiting for, if they agree to this being disclosed. Also, any details of how they are managing their symptoms whilst waiting, by accessing support services for example.

Click here to enter text.

**7. Length of wait:**

Please tell us how long you (or the person detailed in question 6. above) have been waiting for a planned care procedure.

Click here to enter text.

**Please note**

If you’re not on a waiting list for a planned care procedure but would like to join the panel to represent someone who is, you don’t need to answer the following questions.

**8. What is your gender?**

Male  Female  Non-binary / third gender  
 I prefer to identify as: Click here to enter text.  
 Prefer not to say

**9. Please select the option that best represents your sexual orientation:**

Bisexual (both sexes)  
 Gay (same sex)  
 Heterosexual / straight (opposite sex)  
 Lesbian (same sex)  
 Other (please write in) Click here to enter text.  
 Prefer not to say

**10. What is your ethnic group?**

Prefer not to say

**Asian or Asian British**  
 Indian  
 Pakistani  
 Bangladeshi  
 Chinese  
 Other Asian background (please write in) Click here to enter text.

**Black or Black British**  
 Caribbean  
 African  
 Other Black background (please write in) Click here to enter text.

**Mixed or multiple ethnic groups**  
 White and Black Caribbean  
 White and Black African  
 White and Asian  
 Other mixed background (please write in) Click here to enter text.

**White**  
 English / Welsh / Scottish / Northern Irish / British  
 Irish  
 Gypsy or Irish Traveller   
 Other White background (please write in) Click here to enter text.

**Other ethnic groups**  
 Arab  
 Other ethnic background (please write in) Click here to enter text.

**11. Which country were you born in?** Click here to enter text.  
 Prefer not to say

**12. Do you belong to any religion?**

Buddhism  
 Christianity  
 Hinduism  
 Islam  
 Judaism  
 Sikhism  
 No religion   
 Other (please write in) Click here to enter text.  
 Prefer not to say

**13. Are you disabled?**

Yes  No  Prefer not to say

**14. Do you have any long term conditions, impairments or illness?**   
Please tick any that apply

**Physical or mobility impairment**  
(such as using a wheelchair to get around and / or difficulty using your arms)

**Sensory impairment**  
(such as being blind / partially sighted / deaf / hard of hearing)

**Mental health condition**  
(such as having depression or schizophrenia)

**Learning disability**  
(such as having Down’s syndrome or dyslexia, or a cognitive development issue   
such as autism or a head-injury)

**Long term condition**  
(such as cancer, HIV, diabetes, chronic heart disease or epilepsy)

Other (please write in) Click here to enter text.

Prefer not to say

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