

Standards of Business Conduct and Commercial Sponsorship Policy

Approval Process

Lead Author: Director of Governance (CCG Secretary) / Chief Pharmacist

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Review date: September 2022 (or earlier if required by local or national changes).

Document Control Sheet

Development and Consultation:	This Policy has been developed by the Chief Pharmacist in liaison with the Director of Governance
Dissemination	This policy will be disseminated to all services within the CCG via the CCG website/Extranet
Implementation	Policy implementation involves all staff, managers and will be monitored by the CCG Audit Committee.
Training	Counter Fraud, Bribery Act and Conflicts of Interest briefings / training.
Audit	The Policy will be audited as part of the annual review of the CCG Constitution
Review	The document will be reviewed in September 2022 or earlier dependent on local or national changes.
Links with other policies and procedures	<p>The Policy should be read in conjunction with:</p> <ul style="list-style-type: none"> • Management of Conflicts of Interest in NHS – Model Policy (April 2017) includes an Associated Documentation section in the main part of the policy which includes associated guidance such as: <ul style="list-style-type: none"> - FOIA 2000 - ABPI: Code of Practice for the Pharmaceutical Industry (2016) - ABHI Code of Ethical Business Practice 2018 - NHS Code of Conduct & Accountability (2004). • Counter Fraud and Anti-Bribery Policy • Conflicts of Interest Policy • Freedom to Speak Up (Whistleblowing) Policy & Procedure
Equality Impact Assessment	The Policy will be the subject of an Equality Impact Assessment to ensure that the document is compliant with the CCG Equality and Diversity Strategy. Original EIA completed October 2018 (Reviewed October 2020)

Version Control

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1	Adapted from previous PCT Policy	Sati Ubhi/ Sharon Fox	March 2013
2	Revised to reflect Conflicts of Interest Statutory Guidance for CCGs published in December 2014	Sati Ubhi/Sharon Fox	November 2015
3	Revised to reflect the updated Conflicts of Interest Statutory Guidance for CCGs published in June 2016 and the NHSE Conflicts of Interest Guidance February 2017	Sharon Fox	To Audit Committee For comment. then to GB 05.09.2017
4	Annual review, requirements from Internal Audit. Updated reference documents – ABPI and ABHI Equality Impact Assessment completed	Sharon Fox Sati Ubhi	To Audit Committee: 23.10.18 & 22.01.19 in advance of Governing Body
5	Annual review. Minor amendments made to role titles, Some formatting and re-numbering Review of Equality Impact Assessment Note: Review delayed by the COVID-19 Pandemic	Sharon Fox Sati Ubhi Simon Barlow	Audit Committee: 20.10.20 Governing Body: 03.11.20

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1. INTRODUCTION

- 1.1. NHS Cambridgeshire & Peterborough Clinical Commissioning Group (CCG) respects and values its staff and operates within an environment of mutual openness, honesty and transparency. The CCG has adopted the Nolan Principles (Appendix H). This policy on Standards of Business Conduct and Commercial Sponsorship has been developed to protect staff, members and the organisation against contention or allegations of misconduct. This framework is designed to ensure that the policy is applied consistently, and in a way that is transparent. It is therefore important that all CCG staff, members, and the members of the Governing Body and its committees, are aware of their responsibilities in relation to Standards of Business Conduct and Commercial Sponsorship and understand what they mean in practice.
- 1.2. By “members” the policy refers to all employees, co-opted members, members of the governing body and its committees, Member Practices including partners of any constituent practice or Primary Care Network (PCN) and Clinical leads of Cambridgeshire & Peterborough CCG who are acting on behalf of the CCG in any representative or formal role.
- 1.3. If you are found to have accepted, or given, any bribe or inducement that is in breach of CCG policy, and/or the Bribery Act 2010 you will face action which may include an investigation by the Local Counter Fraud Specialist (LCFS) that could result in criminal and/or disciplinary action being taken against you, and may also lead to loss of NHS employment and superannuation rights.
- 1.4. Under the new corporate offence, a commercial organisation is now liable for the activities of associated third parties as well as its own staff, and corporate ignorance offers no protection from prosecution. The only defence is that it ‘had in place adequate procedures designed to prevent a person associated with it from undertaking such conduct’.

Implications of the Bribery Act for the Cambridgeshire & Peterborough CCG

- 1.5. As a result of the offences created under the Bribery Act 2010, the CCG would be liable for prosecution if a member of staff or a person associated with the organisation engages in bribery in order to obtain or retain business on behalf of the CCG. Accordingly, all employees must be aware of what constitutes an act of bribery and must ensure that their actions are honest, impartial and transparent. Employees with concerns regarding the conduct of others have a responsibility to raise these through their line manager.
- 1.6. NHS organisations must be transparent, clear and open to all patients, public and staff with open and fair competition between prospective contractors or suppliers. The Code of Conduct and Accountability (July 2004) reinforces principles of probity and honesty and the CCG’s Standing Orders reflect these principles. Each employee has a personal responsibility to declare hospitality, gifts and interests in accordance with this policy. Those that breach the policy, fail to declare, or are found to have abused their official position will be dealt

with in accordance with the CCG's Disciplinary Policy and Procedure and may be referred to the LCFS for a potential criminal investigation.

1.7 All CCG employees and members should at all times:

- ensure that the interest of the public remains paramount
- be impartial and honest in the conduct of their official business
- ensure that they are not placed in a position which risks, or appears to risk, conflict between their private interests and their NHS duties. (See Conflict of Interest Policy)
- use public monies to the best advantage of the service, always ensuring value for money
- be aware of bias generated through sponsorship where this might impinge on professional judgement and impartiality

1.8 All CCG employees and members should not, at any time:

- misuse their official position, or information acquired in their official duties, for personal gain or to benefit their family or friends
- seek to advantage or to further private business or other interests in the course of their official duties
- use their professional registration and/or status in the promotion of commercial products or services
- agree to practise under any conditions which compromise their position

CCG employees and members are required to declare details, in writing, of any other employment and/or financial or business interest engaged in whilst employed by or working for the CCG, and obtain written prior consent from their Line Manager or Director.

The CCG is fully committed to preventing and detecting any fraud and/or corruption offence that occurs. The CCG has the services of a LCFS who will investigate any matter raised.

1.9 The CCG will ensure that all employees and members are aware of the existence of this policy. The following will be undertaken to ensure awareness:

- introduction to the policy during induction for new starters
- annual reminder of the existence and importance of the policy via internal communication methods
- maintain a gift and hospitality declarations register and provide regular reports on entries to the Audit Committee and to the Governing Body

1.10 All requests for meetings with CCG staff or information about medicines/medical devices from pharmaceutical companies should be forwarded to the Medicines Optimisation Team via CAPCCG.prescribingpartnership@nhs.net.

If you have any questions or you are unsure if this Policy applies to you, please contact the Medicines Optimisation Team.

- 1.11 All CCG employees and members should consider the CCG's Conflict of Interest Policy which sets out the management of conflicts in a number of different contexts: -

Financial Interests – Where an individual may get direct financial benefit from the consequences of a decision they are involved in making:

Non-financial professional interests – Where an individual may obtain a non-financial professional benefit* from the consequences of a decision they are involved in making, such as increasing their professional reputation or promoting their professional career

Non-financial personal interests - Where an individual may benefit* personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit, because of decisions they are involved in making in their professional career

Indirect interests - Where an individual has a close association** with another individual who has a financial interest, a non-financial professional interest or a non-financial personal interest who would stand to benefit* from a decision they are involved in making

There are a number of situations which could give rise to conflicts of interest including: -

- Gifts
- Hospitality
- Secondary employment
- Shareholdings and other ownership interests
- Patients
- Loyalty interests
- Donations
- Sponsored events
- Sponsored research
- Sponsored posts
- Clinical private practice.

- 1.12 For further information, please see the Conflicts of Interest Policy, or contact the CCG's Conflict of Interest Guardian via the Director of Governance (CCG Secretary).

2. CCG MEMBER PRACTICES & PRIMARY CARE NETWORKS (PCNS)

- 2.1. Member General Practices, PCNS and Independent NHS contractors, such as Dentists and Community Pharmacists, are encouraged to adopt this policy or similar when providing NHS services commissioned by the CCG and to follow guidance set out by their own professional bodies

2.2 Good medical practice states:

2.2.1 You must be honest in financial and commercial dealings with patients, employers, insurers and other organisations or individuals.'

2.2.2 You must not allow any interests you have to affect the way you prescribe for, treat, refer or commission services for patients.

2.2.3 You must not ask for or accept from patients, colleagues or others any inducement, gift or hospitality that may affect or be seen to affect the way you prescribe for, treat or refer patients or commission services for patients. You must not offer these inducements.

2.2.4 If you, or someone close to you, or your employer, has a financial or commercial interest in an organisation providing healthcare such as; a pharmaceutical or medical devices company, a nursing or care home, a pharmacy or dispensary you must not allow that interest to affect the way you prescribe for, advise, treat, refer or commission services for patients.

2.2. The acceptance of gifts by general practitioners is subject to statutory regulation. General Medical Services contract regulations state that a register should be kept of gifts from patients or their relatives which have a value of £100 or more unless the gift is unconnected with the provision of services. The register of gifts should include the donor's name and nature of the gift.

3. GIFTS

3.1 A gift means any item of cash or goods, or any service, which is provided for personal benefit, free of charge, or at less than its commercial value. Employees and members should refuse all gifts which might reasonably be seen to compromise personal and professional judgement or integrity, and which could be perceived as seeking to exert influence to obtain preferential consideration. This includes gifts given in Wills.

3.2 Gifts from suppliers or contractors doing business (or likely to do business) with the CCG should be declined, whatever their value. Subject to this, low cost branded promotional aids may be accepted where they are under the value of a common industry standard of £6* in total, and need not be declared.

*The £6 value has been selected with reference to existing industry guidance issued by the ABPI: <http://www.pmcpa.org.uk/thecode/Pages/default.aspx>

3.3 Gifts from other sources (e.g. patients, families, service users) should be treated as follows: -

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.

- Gifts valued at over £50 should be treated with caution and only be accepted on behalf of an organisation (i.e. to an organisation's charitable funds), not in a personal capacity. These should be declared by staff.
 - Modest gifts accepted under a value of £50 do not need to be declared.
 - A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value).
 - Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50.
- 3.4 If a gift or gifts are offered which exceed the limits set out above, the employee or member must seek the advice of the Chief Finance Officer who will advise as to whether or not the gift may be accepted.
- 3.5 Employees and members must declare and register with the Chief Finance Officer on the gifts and hospitality form (Appendix A):
- any gifts over the value of £50 whether refused or accepted, and/or
 - several small gifts from the same or closely related source if, added together, they are over the value of £50 (whether refused or accepted, or a combination of these).
- 3.6 All declaration/confirmations from the Line Manager or Senior CCG Manager should identify that they have approved this gift/hospitality being accepted and kept, to make it clear that this is what their signature on the declaration form signifies. Requests for entries on the gifts and hospitality register should include the requirement for a signed nil return.
- 3.7 The Director of Governance (CCG Secretary) will ensure that all each declaration is added to the Gifts and Hospitality Register. The register of Gifts and Hospitality will be presented to each Audit Committee and to the Governing Body. As such, the register is a document within the public domain and the details will be a matter of public knowledge. It will be published on the CCG website.
- 3.8 There may be occasions that, on registering the gift, it is deemed that the gift should be returned.
- 3.9 If employees or members have any doubts or require advice on receipt of gifts this can be done in the first instance via a line manager, and legal advice may be sought when required.
- 3.10 Any breach of this policy, or the acceptance of gifts in circumstances whereby the employee or member has not acted with absolute impartiality, integrity, and honesty will be investigated by the LCFS and may result in a criminal prosecution and/or disciplinary action being instigated. Staff or members may face criminal action under the Bribery Act 2010. Professional conduct rules and the Counter Fraud and Bribery Act Policy will also apply.

- 3.11 Whilst this policy principally addresses the receipt of gifts it should be noted that it is not appropriate to use CCG funds to purchase gifts or floral tributes for staff or members, although the Accountable Officer may authorise this in exceptional circumstances.
- 3.12 A simple table which sets out the respective limits for gifts (and hospitality) can be found at paragraph 4.10 below.

4. HOSPITALITY

- 4.1 All staff should be aware that gifts, hospitality and expenses may be used as a method of bribery. Hospitality means offers of meals, refreshments, travel, accommodation, and other expenses in relation to attendance at meetings, conferences, education and training events, etc.
- 4.2 All offers of hospitality should be approached with caution. Modest hospitality, for example a drink and a sandwich during a visit or a working lunch, is normal and reasonable and does not require the approval of a manager. Offers of hospitality relating to theatre evenings, sporting fixtures, holiday accommodation or other similar hospitality must be declined.
- 4.3 You should refuse hospitality of any kind which might reasonably be seen to compromise your personal judgement or integrity, and which could be perceived as seeking to exert influence to obtain preferential consideration.
- 4.4 Hospitality must be secondary to the purpose of the meeting and should not be out of proportion to the occasion, nor exceed that level which the recipients would normally adopt when paying for themselves, or that which could be reciprocated by the NHS.
- 4.5 Hospitality should not extend beyond those whose role it makes appropriate for them to attend the meeting.
- 4.6 Where meetings are sponsored by external sources this fact must be disclosed in all papers relating to the meeting and in any published proceedings, and should be recorded on a commercial sponsorship form for inclusion in the CCG's register (Appendix D1 or D2).
- 4.7 Any trade stand or display must be outside the meeting room. Industry representatives should be excluded from internal meetings about CCG business (this does not include formal CCG meetings which are open to members of the public) and should only be present by prior approval when an invited speaker makes his/her presentation to an NHS event.
- 4.8 Pharmaceutical companies will not be permitted to promote non-formulary drugs or formulary drugs for unlicensed indications etc.
- 4.9 All offers of hospitality, whether accepted or refused, with a value of £25 or more must be declared on the gifts and hospitality form (Appendix A) and entered in the CCG's Register of Gifts and Hospitality. This relates to both an

individual and the organisation. Hospitality under £25 does not need to be declared. Hospitality over £75 should be refused unless senior approval is given.

- 4.10 A simple table that sets out the respective hospitality limits (and gifts) is set out below.

AT-A-GLANCE GIFT AND HOSPITALITY LIMITS

Gift/Hospitality	Value	Acceptable	Does it need to be declared
Gifts from suppliers or contractors	Under £6	√	No
	Over £6	X	N/a
Gifts from other sources (excluding cash or vouchers) <i>e.g. patients, families and service users</i>	Under £50	√	No
	Over £50	√*	Yes (whether accepted or not) * Must be treated with caution & can only be accepted on behalf of the organisation not in a personal capacity
Multiple small gifts over the course of 12 months from the same or closely related source (Cumulative total)	Under £50	√	No
	Over £50	√*	Yes - whether accepted or not
Hospitality (meals and refreshments)	Under £25	√	No
	Between £25-£75	√	Yes
	Over £75	X*	Should be refused unless senior approval is given. Should be declared whether accepted or not.

5. DONATIONS

- 5.1 A donation is a charitable financial payment, which can be in the form of direct cash payment or through the application of a will or similar directive. Charitable giving and other donations are often used to support the provision of health and care services. As a major public sector employer the NHS holds formal and informal partnerships with national and local charities. Staff will, in their private lives, undertake voluntary work or fundraising activities for charity. A supportive environment across the NHS and charitable sector should be promoted. However, conflicts of interest can arise.
- 5.2 Acceptance of donations made by suppliers or bodies seeking to do business with an organisation should be treated with caution and not routinely accepted. In exceptional circumstances a donation from a supplier may be accepted but should always be declared. A clear reason should be recorded as to why it was deemed acceptable, alongside the actual or estimated value.
- 5.3 Staff should not actively solicit charitable donations unless this is a prescribed or expected part of their duties for an organisation, or is being pursued on behalf of that organisation's registered charity (if it has one) or other charitable body and is not for their own personal gain.

5.4 Staff must obtain permission from their organisation if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign.

5.5 Donations, when received, should be made to a specific charitable fund (never to an individual) and a receipt should be issued.

5.6 Staff wishing to make a donation to a charitable fund in lieu of a professional fee they receive may do so, subject to ensuring that they take personal responsibility for ensuring that any tax liabilities related to such donations are properly discharged and accounted for.

6 FUNDRAISING ACTIVITIES

6.1 Staff should obtain permission from the CCG if in their professional role they intend to undertake fundraising activities on behalf of a pre-approved charitable campaign for a charity other than the CCG's own.

6.2 Modest offers such as offers to pay for your travel and accommodation for events can be accepted but must be declared.

6.3 Offers which go beyond a modest amount or are a type that the CCG itself may not usually offer needs to be approved by senior staff and should only be accepted in exceptional circumstances and must be declared.

7. PREFERENTIAL TREATMENT IN PRIVATE TRANSACTIONS

7.1 CCG employees and members may neither seek, nor accept, preferential rates nor benefits in kind for private transactions carried out with organisations with which they have had, or may have, official dealings on behalf of the CCG. This means that goods and services for personal use may not be obtained at a discounted rate (except via the Health Service discounts scheme (formerly known as NHS Discounts), or any CCG Improving Working Lives initiative).

8. CONTRACTS

8.1 All CCG employees and members who are in contact with suppliers and contractors (including external consultants) and in particular those who are authorised to sign purchase orders, or place contracts for goods, materials or services must adhere to both the CCG's Standing Orders and Professional Standards of the kind set out in the Ethical Code of the Institute of Purchasing and Supply, attached at Appendix B.

8.2 Fair and open competition between prospective contractors or suppliers for NHS contracts is a requirement of Standing Orders and of EU directives on public purchasing for works and supplies. This means:

- no private, public or voluntary organisation or company, which may bid for NHS business, should be given any advantage over its competitors, such as advanced notice of NHS requirements. This applies to all potential contractors, whether or not there is a relationship between them and the CCG, such as a long-running series of previous contracts
- each new contract should be awarded solely on merit, taking into account the requirements of the CCG and the ability of the contractors to fulfil them
- CCG employees and members should ensure that no special favour is shown to current or former employees or members, or their close relatives or associates, in awarding contracts to private or other businesses run by them, or employing them in a senior or relevant managerial capacity. Contracts may be awarded to such businesses where they are won in fair competition against other tenders. Employees and members with a relevant interest may play no part in the selection, and scrupulous care must be taken to ensure that the selection process is conducted impartially
- all invitations to potential contractors to tender for CCG business must include a notice, warning tenderers of the consequences of engaging in any corrupt practices involving employees of public bodies. All tenderers are routinely required to sign a form relating to canvassing in respect of collusive tendering

9. SECONDARY EMPLOYMENT

- 9.1 Secondary employment means employment and other engagements, outside of formal employment arrangements. This can include directorships, non-executive roles, self-employment, consultancy work, charitable trustee roles, political roles and roles within not-for-profit organisations, paid advisory positions and paid honorariums which relate to bodies likely to do business with an organisation.
- 9.2 The CCG will require that individuals obtain prior permission to engage in secondary employment, and reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed. CCGs should ensure that they have clear and robust organisational policies in place to manage issues arising from secondary employment. In particular, it is unacceptable for pharmacy advisers or other advisers, employees or consultants to the CCG on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector.

Although for Lay Members, their NHS role is in itself secondary employment, they play a critical role in governing the CCG, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. Prior to taking up any new role or appointment, the CCG would expect that the Lay Member would consider any potential conflicts of interest and highlight any potential conflicts with the CCG Secretary.

- 9.3 Staff should also declare any existing outside employment on appointment, and any new outside employment when it arises (as above). Where a risk of conflict of interest is identified, the general management actions set out in the

CCG's Conflicts of Interest Policy should be considered and applied to mitigate risks.

9.4 Organisations may also have legitimate reasons within employment law for knowing about outside employment of staff, even when this does not give rise to risk of a conflict.

9.5 Employees and members may undertake private practice or work for outside agencies, providing they do not do so within the contracted hours to the CCG, and they observe the conditions set out in the above.

10. CLINICAL PRIVATE PRACTICE

10.1 Clinical staff should declare all private practice on appointment, and/or any new private practice when it arises* including:

- where they practise (name of private facility)
- what they practise (specialty, major procedures).
- when they practise (identified sessions/time commitment)

10.2 Clinical staff should (unless existing contractual provisions require otherwise or unless emergency treatment for private patients is needed):

- Seek prior approval of their organisation before taking up private practice.
- Ensure that, where there would otherwise be a conflict or potential conflict of interest, NHS commitments take precedence over private work.
- Not accept direct or indirect financial incentives from private providers other than those allowed by Competition and Markets Authority guidelines:
https://assets.publishing.service.gov.uk/media/542c1543e5274a1314000c56/Non-Divestment_Order_amended.pdf

10.3 Agreements with medical staff regarding private practice are as specified in their terms and conditions of service/employment.

10.4 Consultants employed under the 'Terms and Conditions of Service of Hospital and Medical and Dental Staff and Doctors in Public Health Medicine and the Community Health Service in England and Wales' are permitted to carry out private practice in NHS hospitals subject to the conditions outlined in 'A Guide to the Management of Private Practice in the NHS'.

10.5 As a general principle any financial gain resulting from any external work undertaken and connected with CCG business, whether undertaken in work or private time, will be due to the CCG. Employees and members are required to obtain approval from the Chief Officer before undertaking any work.

- 10.6 Employees and members may undertake clinical private practice or work for outside agencies, providing they do not do so within the contracted hours to the CCG, and they observe the conditions set out in the above
- 10.7 Any patent or copyright resulting from the work of a CCG employee or member in the course of their duties shall be the property of the CCG.

11. PATENTS AND OTHER INTELLECTUAL PROPERTY RIGHTS

- 11.1 The development and holding of patents and other intellectual property rights allows staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas. Staff are encouraged to be innovative in their practice and therefore this activity is welcomed.
- 11.2 However, conflicts of interest can arise when staff who hold patents and other intellectual property rights are involved in decision making and procurement. In addition, where product development involves use of time, equipment or resources from their organisation, then this too could create risks of conflicts of interest, and it is important that the organisation is aware of this and it can be managed appropriately.
- 11.3 Staff should declare patents and other intellectual property rights they hold (either individually, or by virtue of their association with a commercial or other organisation), including where applications to protect have started or are ongoing, which are, or might be reasonably expected to be, related to items to be procured or used by their organisation.
- 11.4 Staff should seek prior permission from their organisation before entering into any agreement with bodies regarding product development, research, work on pathways, etc., where this impacts on the organisation's own time, or uses its equipment, resources or intellectual property.
- 11.5 Where holding of patents and other intellectual property rights give rise to a conflict of interest then the general management actions outlined in this guidance should be considered and applied to mitigate risks.

12. COMMERCIAL SPONSORSHIP

The default position for the CCG is to not enter into any sponsorship agreement without documented consideration of CCG self-funding.

Any requests to use Pharmaceutical Companies to sponsor events should be discussed with the Medicines Optimisation team and details forwarded via CAPCCG.prescribingpartnership@nhs.net.

Commercial sponsorship can take different forms. For the purpose of this policy, commercial sponsorship is defined as including:

NHS funding from an external source, including funding of all or part of the cost of a member of staff, NHS research, staff, training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.

12.1 Sponsored Events

12.1.1 The CCG recognises that joint working with industry in the form of collaborative partnerships, can be mutually beneficial and may be considered where healthcare improvements for patients have been pre-determined by the CCG.

The following principles will apply within the CCG for sponsoring events: -

- Sponsorship of events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the organisation and the NHS.
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation.
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied.
- At an organisation's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event.
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency.
- The CCG will make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event.
 - Staff should declare involvement with arranging sponsored events to their organisation

The default position for the CCG is to not enter into any sponsorship agreement without documented consideration of CCG self-funding.

12.1.2 The CCG will not consider routine sponsorship for Clinical Governance events or activity.

12.1.3 A clear, fair, consistent and transparent approach to the utilisation of collaborative partnerships, is essential, across the CCG and independent contractors.

12.1.4 NHS bodies and primary care contractors are accountable for achieving the best possible healthcare within the resources available. However, consideration should be given to the implications of any proposed partnership, its costs and benefits, and an awareness of bias generated through financial contributions from industry where this might impinge on professional judgement and impartiality. High ethical standards must be adhered to at all times.

12.1.5 Purchasing decisions including those concerning pharmaceuticals and appliances should always be taken on the basis of best clinical practice and value for money. The impact on other parts of the healthcare system should also be taken into account. Clinician's judgement should always be based upon clinical evidence that the product is the best for their patient. Professional registration and/or status should not be used in the promotion of commercial products or services.

12.1.6 The policy on commercial sponsorship will apply to all CCG employees and members, including part-time and seconded staff who have a role in the CCG. It does not extend to offers of funding or sponsorship made directly and without CCG involvement to GPs and their practice staff, community pharmacists, optometrists, or dentists unless acting on behalf of the CCG.

12.1.7 Before entering into any sponsorship agreement you should:

- ensure where the major incentive is income generated that this is governed and managed by income generation principles and a memorandum trading account kept
- as a general rule, sponsorships should be at a corporate rather than individual level
- be satisfied that there are no potential irregularities that may affect a company's ability to meet the conditions of the agreement
- assess the reasons behind why the organisation wishes to provide the sponsorship and the benefits they will receive
- assess the costs and benefits in relation to alternative options and ensure decision-making processes are transparent and defensible
- ensure that legal and ethical restrictions on the disclosure of confidential patient information or data derived from such information are complied with. Additionally, disclosure for research purposes should not take place without the approval of the appropriate research ethics committee
- determine how outcomes (such as clinical, financial, and/or organisational) will be monitored
- ensure the agreement has a break clause built-in to enable the agreement to be terminated if it becomes clear that it is not providing expected value for money or clinical, financial and/or organisational outcomes
- consult about possible implications for subsequent prescribing in primary care where trusts are offered significant discounts on drugs
- when making purchasing decisions on products which originate from NHS intellectual property ethical standards must ensure that the standard is based on best clinical practice and not on whether royalties will accrue to an NHS body
- some examples of potential conflict are set out at Appendix F

- GP practices are advised to consult with the Medicines Optimisation Team prior to accepting sponsorship (including the loan of temporary clinical or non-clinical staff) from the pharmaceutical industry. The activities of the industry may conflict with best clinical practice and patient pathways that have been agreed within the CCG. Such activities have also been known to result in significant financial pressures for the practices.

12.1.8 Where an offer of sponsorship involves a period of evaluation by the CCG before formally entering into a sponsorship/partnership working arrangement (for example to allow the testing of software) there is no need to complete sponsorship/partnership working forms until the proposed sponsorship or offer of resources is judged to be worthy of further consideration.

12.1.9 Where a sponsored project leads to the development of guidelines or advice this will be carried out by the appropriate CCG working group independent of the sponsors. While it is recognised that consultation with the industry may be necessary when developing a guideline, the overall decision on what is included should lie with the CCG.

12.1.10 Deals whereby sponsorship is linked to the purchase of particular products or to supply from particular sources are not allowed.

12.1.11 Where sponsorship is considered appropriate for educational or other NHS events, it is good practice to use more than one pharmaceutical sponsor.

12.1.12 Pharmaceutical companies will not be permitted to promote non-formulary drugs or formulary drugs for unlicensed indications etc.

12.1.13 In addition, company representatives should only be present, by prior approval, when an invited speaker makes his/her presentation to an NHS event.

12.1.14 Any collaborative partnerships involving pharmaceutical companies must comply with the Medicines (Advertising) Regulations 1994 regulation 21 (Appendix C). The MCA Guidelines on Promotion and Advertising set out the standards to be followed.

12.1.15 All collaborative partnerships or joint working projects involving pharmaceutical companies and associated materials must comply with the current **ABPI Code of Practice for the Pharmaceutical Industry 2016** https://www.abpi.org.uk/media/1605/code_of_practice_2016.pdf whether or not the sponsor is a member of the ABPI. All CCG staff are expected to report any possible breach of the ABPI code of practice to the Medicines Optimisation Team (MOT).

12.1.16 CCG staff and members who, in the course of their work, regularly meet with industry representatives should have a structured approach for meeting with industry. An example is attached at Appendix E.

- 12.1.17 All applications for sponsorship; including events and joint working should be discussed with the Senior MOT on behalf of the CCG. These should be e-mailed to CAPCCG.prescribingpartnership@nhs.net
- 12.1.18 In addition, offers of sponsorship in any form to the CCG or its staff and/or members of less than £25 should be approved by a Line Manager or Director before accepting. Offers of sponsorship greater than £25 but less than £500 should be assessed by completing a “Sponsorship Checklist and Approval” form (Appendix D1). If all answers to the questions are ‘yes’ the sponsorship can be approved by an authorised budget signatory within a department/team. Whether approved or rejected the completed form should be sent to the Chief Finance Officer and reported to the Audit Committee at least twice per annum.
- 12.1.19 Where sponsorship exceeds £500 and/or the sponsorship is part of a major ‘Partnership Working’ arrangement a ‘Major Sponsorship/Partnership Working Agreement Form’ (Appendix D2) should be completed by the Lead CCG Contact and signed by the supporting Director. This must be approved before the project proceeds. This will allow a full evaluation of the sponsorship agreement including the governance issues of the project and also for the overall impact of project to be assessed in relation to healthcare priorities.
- 12.1.20 The Operational Executive will evaluate and approve or reject major sponsorship and inform the Lead CCG Contact accordingly. Where the Operational Executive considers that a particular sponsorship may not fit in with national or locally-agreed health priorities and guidelines (including prescribing) the group will seek advice from other groups such as the MOT before making a final decision. The Operational Executive may attach specific conditions to the approval of major sponsorships. It is the responsibility of the Lead CCG Contact involved in the sponsorship to ensure that these conditions are followed. The Operational Executive will request from the Lead CCG Contact, where appropriate, a progress report for all major sponsorship projects. Major sponsorships will also be included in the register and reported to the Audit Committee at least twice per annum.
- 12.1.21 Sponsorship offers of any kind from an external source, or cases where staff or members have actively canvassed for sponsorship, should be declared and registered (including whether or not they were refused or accepted) and be available for public scrutiny on request.
- 12.1.22 Sponsorship and/or commercial relationships linked to the supply of goods or services will be publicly declared in the CCG’s Annual Report.
- 12.1.23 Any offers of sponsorship that could possibly breach this policy should be reported to the Audit Committee at the first opportunity. If the breach is considered possibly fraudulent, the matter should also be reported to the LCFS for investigation.

12.2 Sponsored Research and Development

12.2.1 Research is vital in helping the NHS to transform services and improve outcomes. Without sponsorship of research some beneficial projects might not happen. More broadly, partnerships between the NHS and external bodies on research are important for driving innovation and sharing best practice. However, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage. There needs to be transparency and any conflicts of interest should be well managed.

12.2.2 The CCG will apply the following principles and rules

- Funding sources for research purposes must be transparent.
- Any proposed research must go through the relevant health research authority or other approvals process.
- There must be a written protocol and written contract between staff, the organisation, and/or institutes at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services.
- The study must not constitute an inducement to prescribe, supply, administer, recommend, buy or sell any medicine, medical device, equipment or service.
- Staff should declare involvement with sponsored research to their organisation.

12.2.3 Further guidance on research and development is contained in Appendix G.

13. COMMERCIAL CONFIDENTIALITY

13.1 Employees should, at all times, guard against using, or making public, information on the operations of the CCG which might provide a commercial advantage to any organisation in a position to supply goods or services to the CCG.

14. RAISING CONCERNS AND BREACHES

14.1 Failure to comply with the CCG's policies on Standards of Business Conduct and Commercial Sponsorship Policy can have serious implications for the CCG and any individuals concerned. The CCG's Accountable Officer will ensure that individuals who fail to comply with this Policy are subject to investigation and, where appropriate, to disciplinary action or to refer to the relevant regulatory body by the CCG's Accountable Officer.

14.2 It is the duty of every CCG employee, governing body member, committee or sub-committee member and GP practice member to speak up about genuine concerns in relation to the administration of the CCG's policy and to report these concerns. These individuals should not ignore their suspicions or

investigate themselves, but rather speak to the Chief Finance Officer or the Director of Governance (CCG Secretary) in the first instance. In the event that there is a concern regarding either of these individuals, this should be raised with the Governing Body Chair and Accountable Officer in the first instance.

- 14.3 If the concern is directly related to a conflict or potential conflict of interest, then the CCG's Conflicts of Interest Guardian can be contacted in line with the Conflicts of Interest Policy.
- 14.4 Any non-compliance with the CCG's Standards of Business Conduct and Commercial Sponsorship Policy should be reported in accordance with the terms of that policy, and CCG's Freedom to Speak Up Policy (where the breach is being reported by an employee or worker of the CCG) or with the whistleblowing policy of the relevant employer organisation (where the breach is being reported by an employee or worker of another organisation).
- 14.5 The Director of Governance (CCG Secretary) will maintain a Register of Breaches which sets out:
- How the breach will be recorded;
 - How it has been investigated;
 - The governance arrangements and reporting mechanisms; and
 - How this policy links to whistleblowing and HR policies;
- 14.6 All breaches will be reported to the CCG's Audit Committee, and will be reported to the Governing Body through a Standing Item in the Audit Committee Overview Report. Anonymised details of breaches will be published on the CCG's website for the purpose of learning and development.
- 14.7 Statutorily regulated healthcare professionals who work for, or are engaged by, CCGs are under professional duties imposed by their relevant regulator to act appropriately with regard to conflicts of interest. The CCG will report statutorily regulated healthcare professionals to their regulator if they believe that they have acted improperly, so that these concerns can be investigated. Statutorily regulated healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practise proceedings being brought against them, and that they could, if appropriate, be struck off by their professional regulator as a result

15. DOCUMENTATION AND RECORD KEEPING

The CCG will comply with its statutory obligations to keep and maintain appropriate records.

Accurate record keeping and documentation is also fundamental to any procurement process and is also consistent with the CCG's obligation of transparency. A robust audit-trail should be maintained which records all steps and decisions taken (and the reasons for those steps / decisions). This

assures the CCG's accountability, that its decisions can be scrutinised, and that it can accurately respond to formal complaints or challenges.

Formal document version control should also be implemented and all document versions retained in case of future need.

16. COUNTER FRAUD

16.1 LCFS in place to assist in reducing fraud and corruption to the absolute minimum within the CCG. If any member of staff or member is aware of potential fraud or corruption concerning anyone within the CCG, even if this is just a suspicion, then this information should be passed to the LCFS. All correspondence or calls received will be treated in the strictest confidence and any information will be professionally assessed and evaluated. Callers can remain anonymous if they wish. All leads given or information received are followed up.

16.2 To report any concerns please use the following contact information:

Chief Finance Officer.
Tel: 07870 982 678
Email: louis.kamfer@nhs.net

Senior Consultant and LCFS
RSM (CCG Internal Auditors and Counter Fraud Service)
Tel: 07484040694
Email: anthonyupton@nhs.net

You can report concerns using the on-line referral form or by calling the National NHS Fraud and Corruption reporting line on 0800 028 40 60.

17. MONITORING COMPLIANCE WITH THIS POLICY

The effectiveness and compliance with this Policy will be monitored regularly by the CCG's Audit Committee and assurance provided to the CCG's Accountable Officer and Governing Body. In addition, the Policy will be kept under informal review in the light of emerging guidance, experience and supporting work. Given the changing environment it is likely that this Policy will need to be updated within a relatively short timescale.

18. EQUALITY AND DIVERSITY

In line with the CCG's Equality and Diversity Policy, an Impact Assessment has been completed and is attached at Appendix A.

19. REVIEW

The Standards of Business Conduct and Commercial Sponsorship Policy will be reviewed annually.

Appendix 1 - Template Declarations of gifts and hospitality

Recipient Name	Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name and Nature of Business	Details of Previous Offers or Acceptance by this Offeror/ Supplier	Details of the officer reviewing and approving the declaration made and date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

I **do / do not (delete as applicable)** give my consent for this information to published on registers that the CCG holds. If consent is NOT given, please give reasons:

Signed:

Date:

Signed: **Position:**
(Line Manager or a Senior CCG Manager)

Date:

Please return to Sharon Fox, Associate Director of Corporate Affairs (CCG Secretary), Lockton House, Clarendon Road, Cambridge, CB2 8FH.

Appendix 1a

AT-A-GLANCE GIFT AND HOSPITALITY LIMITS

Gift/Hospitality	Value	Acceptable	Does it need to be declared
Gifts from suppliers or contractors	Under £6	√	No
	Over £6	X	N/a
Gifts from other sources (excluding cash or vouchers) <i>e.g. patients, families and service users</i>	Under £50	√	No
	Over £50	√*	Yes (whether accepted or not)* Must be treated with caution & can only be accepted on behalf of the organisation not in a personal capacity
Multiple small gifts over the course of 12 months from the same or closely related source (Cumulative total)	Under £50	√	No
	Over £50	√*	Yes - whether accepted or not
Hospitality (meals and refreshments)	Under £25	√	No
	Between £25-£75	√	Yes
	Over £75	X*	Should be refused unless senior approval is given. Should be declared whether accepted or not.

INSTITUTE OF PURCHASING AND SUPPLY - ETHICAL CODE

(Reproduced by kind permission of IPS)

Introduction

1. The code set out below was approved by the Institute's Council on 26th February 1977 and is binding on IPS members.

Precepts

2. Members shall never use their authority or office for personal gain and shall seek to uphold and enhance the standing of the Purchasing and Supply profession and the Institute by:
 - (a) Maintaining an unimpeachable standard of integrity in all their business relationships both inside and outside the organisations in which they are employed;
 - (b) Fostering the highest possible standards of professional competence amongst those for whom they are responsible;
 - (c) Optimising the use of resources for which they are responsible to provide the maximum benefit to their employing organisation;
 - (d) Complying both with the letter and the spirit of:
 - i) The law of the country in which they practice;
 - ii) Such guidance on professional practice as may be issued by the Institute from time to time;
 - iii) Contractual obligations;
 - (e) Rejecting any business practice which might reasonably be deemed improper.

Guidance

3. In applying these precepts, members should follow the guidelines set out below:
 - (a) Declaration of Interest: Any personal interest which may impinge or might reasonably be deemed by others to impinge on a member's impartiality in any matter relevant to his or her duties should be declared.
 - (b) Confidentiality and accuracy of information: The confidentiality of information received in the course of duty should be respected and should never be used for personal gain; information given in the course of duty should be true and fair and never designed to mislead.
 - (c) Competition: While bearing in mind the advantages to the member's employing organisation of maintaining a continuing relationship with a supplier, any relationship which might, in the long term, prevent the effective operation of fair competition, should be avoided.

Extract from the Medicines (Advertising) Regulations 1994

Inducements and hospitality

1. Subject to paragraphs (2) and (4), where relevant medicinal products are being promoted to persons qualified to prescribe or supply relevant medicinal products, no person shall supply, offer or promise to such persons any gift, pecuniary advantage or benefit in kind, unless it is inexpensive and relevant to the practice of medicine or pharmacy
2. The provisions of paragraph (1) shall not prevent any person offering hospitality (including the payment of travelling or accommodation expenses) at events for purely professional or scientific purposes to persons qualified to prescribe or supply relevant medicinal products, provided that:
 - (a) Such hospitality is at a reasonable level;
 - (b) It is subordinate to the main scientific objective of the meeting; and
 - (c) It is offered only to health professionals.
3. Subject to paragraph (4), no person shall offer hospitality (including the payment of travelling or accommodation expenses) at a meeting or event held for the promotion of relevant medicinal products unless:
 - (a) Such hospitality is reasonable in level;
 - (b) It is subordinate to the main purpose of the meeting or event; and
 - (c) The person to whom it is offered is a health professional
4. Nothing in this regulation shall affect measures or trade practices relating to prices, margins or discounts which were in existence on 1st January 1993.
5. No person qualified to prescribe or supply relevant medicinal products shall solicit or accept any gift, pecuniary advantage, benefit in kind, hospitality or sponsorship prohibited by this regulation.

Sponsorship Checklist and Approval Form (£25- £500)
Instructions for Completion:

- This form should be completed for sponsorship between £25 and £500 in value which has been offered to the CCG or its employees/members. The sponsorship can be approved by the senior manager who signs the form provided all answers to the questions are 'yes'. This form should then be sent to the Chief Finance Officer for information whether approved or rejected.
- For all sponsorship greater than £500 a more detailed 'Major Sponsorship/ Partnership Working Agreement Form' (Appendix D2) should be completed and sent to the Operational Executive for approval prior to accepting sponsorship.

Summary of Sponsorship Offer

Name and Contact Details of Lead CCG contact liaising with commercial company

Name of potential sponsors involved and contact details

Details of proposal including the benefits to the CCG, patients and potential benefits to the sponsor.

What is the money to be spent on?

Amount of funding and time period involved

Checklist

Criteria	Yes / No
1. Does the sponsorship offer comply with the rules specified in the CCG's policy on 'Standards of Business Conduct and Commercial Sponsorship'?	
2. As part of the sponsorship, are all medicines or products which are promoted or otherwise mentioned in line with locally agreed prescribing advice?	
3. Where sponsorship is offered to facilitate the development of guidelines and protocols (and similar) will this be carried out by the appropriate CCG working group independent of the sponsors?	
4. Is this sponsorship in line with national and locally-agreed healthcare priorities?	

The senior manager is to sign this off where all answers to the above checklist are 'yes'.

Signature of authorised budget signatory within a department/ team:

_____ Date ____ / ____ / ____

I understand that information in this form may be shared with the Local Counter Fraud Specialist (LCFS).

Major Sponsorship/Partnership Working Agreement (> £500)

This form should be used for offers of sponsorship of greater value than £500 including multi-agency projects for which the CCG is a major participant and the CCG share of sponsorship is greater than £500. The completed form (all four pages) should be submitted to the relevant Executive Director for approval before accepting any sponsorship.

Project Summary:

1. Recipient (include CCG contact details)
2. Sponsor(s) (include contact details)
3. Details of Project
4. Aims and Objectives of Project
5. Benefits to CCG/NHS
(e.g. improvement in services as defined by NICE, NSFs etc.)
6. Benefits to Sponsor
7. Start Date
8. End Date
9. Termination arrangements
(The agreement should be open to early termination by the CCG).

Governance and Management Arrangements:

1. Who has been consulted in relation to project and how was this done?
2. How will patients be informed of the project?
3. What is the decision-making process of the project?
4. What are the operational and management arrangements?
5. How does the project relate to, and align with, existing systems of care in primary and secondary care?
6. Has the project been piloted or are there plans to do this?
How would this be done?
7. Has the project been compared with other proposals on offer?
Please give details.
8. Has an equality impact assessment been carried out?
(If yes please give details).
9. Has the sponsor read the CCG's Standards of Business Conduct and Commercial Sponsorship policy and agreed to abide the rules detailed in this document?
10. Does the project include the use of protocols and guidelines?
Who is responsible for producing these? Please include full details of guidelines.

Data and Patient Protection:

1. Does the project involve the sharing of clinical data at patient and/or CCG level?
Has the Caldicott Guardian been consulted?
2. Are there potential conflicts of interest in relation to access to this data?
Please give details.
3. What arrangements have been put in place to ensure patient confidentiality and patient consent are considered?
4. Where the project includes collection of data for research purposes has this been approved by the Medical Ethics Committee?
5. Who will have access to data and in what form?
6. How will the data be used?
7. For clinical services what professional indemnity and liability arrangements will be in place?

CCG Contact signature: _____

Date: _____

CCG Director Signature: _____

Date: _____

Sponsor signature: _____

Date: _____

For Senior Team Use Only

Reference Number:

Outcome: Approved/Not Approved

Comments:

Pharmaceutical Company Representatives Policy

CCG staff and members are experiencing increasing demands on their time from pharmaceutical company representatives who wish to speak to them. This is often to introduce themselves and their company or to discuss a particular product they are promoting. As everyone's time is precious it is important that maximum benefits are gained from this process.

1. Representatives wishing to discuss service development/joint working related to prescribing within the CCG should submit their proposal to the CCG Medicines Optimisation Team via the Prescribing Partnership email CAPCCG.prescribingpartnership@nhs.net If the proposal addresses the current needs of Cambridgeshire and Peterborough CCG's objectives relating to medication, a member of the Medicines Optimisation Team will contact the company directly.
2. The CCG has agreed that it is currently unable to accept meeting requests from the pharmaceutical industry due to the significant constraints on staff time. This decision will be reviewed on a regular basis. Therefore representatives are currently asked to send relevant information (SmPC, comparative costs and published comparative clinical trial papers) to the Medicines Optimisation Team via the Prescribing Partnership email CAPCCG.prescribingpartnership@nhs.net If the product addresses the current needs of Cambridgeshire and Peterborough CCG's objectives relating to medication, a member of the Medicines Optimisation Team will contact the company directly.
3. Representatives will not be seen by the CCG's Medicines Optimisation Team without a prior appointment or without going through the above procedure.
4. Following receipt of the information the procedure outlined above will be followed.
5. The CCG's Medicines Management lead may choose to restrict their scope of interest to those drugs/service developments which are relevant to the therapeutic areas in which they are currently concentrating within the CCG.
6. Members of the Medicines Optimisation Team may take responsibility for seeing certain representatives and feeding back to the other members of the team. This will be discussed with the representative when appointments are made.
7. Where the Medicines Optimisation Team agrees to see a pharmaceutical representative this meeting should include a member of the senior Medicines Optimisation Team and at least one other CCG employee or member
8. During meetings, staff should not provide Cambridgeshire & Peterborough CCG prescribing data or medicine usage information unless permission to do so has

been given by the CCG Chief Pharmacist or the Cambridgeshire & Peterborough Joint Prescribing Group.

9. Samples of products or supplies may be offered during meetings, but these should not be accepted by Cambridgeshire & Peterborough CCG staff unless prior approval has been given by the CCG Chief Pharmacist or the Cambridgeshire & Peterborough Joint Prescribing Group. Placebo or dummy devices may be accepted for educational or training purposes.
10. The CCG's Medicines Management lead will provide feedback on significant developments in drug therapy through the Cambridgeshire & Peterborough Joint Prescribing Group and they will decide if any information needs to be more widely distributed. Individual GPs are welcome to seek the lead's opinion on the information they have received on specific products or to request 'neutral' information on a drug.
11. GPs who wish to direct pharmaceutical representatives to the CCG Medicines Optimisation Team rather than seeing them themselves should suggest to the representative that they contact the CCG Medicines Optimisation Team via the Prescribing Partnership email CAPCCG.prescribingpartnership@nhs.net
12. All e-mail communication between the Medicines Optimisation Team and the pharmaceutical industry should be copied to CAPCCG.prescribingpartnership@nhs.net for information.
13. Pharmaceutical companies should follow the *Association of the British Pharmaceutical Industry (ABPI) Code of Practice 2016* which sets out the principles which they should follow when promoting their medicines including sponsorship and hospitality (<http://www.abpi.org.uk>). The ABPI is a voluntary organisation, but most pharmaceutical companies are members. Staff are encouraged to report any potential breach of the ABPI Code of Practice to a member of the Medicines Optimisation Team via the Prescribing Partnership email CAPCCG.prescribingpartnership@nhs.net, or CCG Clinical Governance Lead.

The information provided in this form may be shared with the Local Counter Fraud Specialist (LCFS).

EXAMPLES OF POTENTIAL CONFLICT

Below are some examples of the sorts of situation that could be encountered and how they should be dealt with.

Offer from a company to provide training for staff and members

The CCG should be careful to ensure that staff and members are not pressurised by sponsors of training to alter their own activity to accord with sponsors' wishes, particularly where these are not backed up by appropriate evidence. Training provided by industry may be above board if it is unbiased, has mutual benefit for both the NHS and the sponsoring company, is evidence-based and the hospitality is appropriate. However, participants should assess whether they may be influenced unduly and also bear in mind what benefits the company might derive (for example exposure to the NHS, professional contacts, potential allies to use later, names of who to influence) often without the participants realising.

A manufacturer of ostomy equipment offers to sponsor a stoma nurse post

The organisation should not accept the sponsorship if it would require the stoma nurse to recommend the sponsor's equipment in preference to other clinically-appropriate appliances, nor if it requires the organisation to recommend patients to use a particular dispensing service or withhold information about other products. Existing contracts containing any such provisions should, where possible, be urgently renegotiated.

A manufacturer of a particular type of Nicotine Replacement Therapy offers to provide their product at a reduced rate

This arrangement is acceptable provided that there is a clear clinical view that these products are appropriate to particular patients and there is no obligation also to prescribe these products to other patients for whom an alternative product would be at least as beneficial.

A pharmaceutical company offers to provide starter packs at a discounted price

This type of sponsorship is acceptable, but should always be declared in order to avoid any suspicion that subsequent prescribing might be inappropriate and linked to the provision of starter packs.

High tech home healthcare provider offers to supply equipment at a reduced rate in return for business linked to a specific product

Contract negotiators should advise the company that any contract will not prejudice the provision of the most appropriate service to patients, and will not bear any relation to other contracts.

A manufacturer offers to pay the travelling costs or accommodation costs for staff or members invited to a conference to view medical products

Only staff or members with a specific interest in the products should attend and the travel costs incurred should be paid for by the CCG unless the Chief Officer or Chief Finance Officer gives approval for the potential supplier to take responsibility for the costs.

RESEARCH AND DEVELOPMENT

1. Exceptionally, in the case of non-commercial research and development originated or hosted by NHS providers, commercial sponsorship may be linked to the purchase of particular products, or to supply from particular sources. This should be in accordance with the guidance at paragraph 28 of HSG (97)32 Responsibilities for meeting Patient Care Costs Associated with Research and Development in the NHS. Where there is industry collaboration in such studies companies may alternatively make a contribution towards the study's costs rather than supply of product.
2. Any funding for research purposes should be transparent. There should be no incentive to prescribe more of any particular treatment or product other than in accordance with the peer-reviewed and mutually-agreed protocol for the specific research intended. When considering a research proposal, whether funded in whole or part by industry, NHS bodies will wish to consider how the continuing costs of any pharmaceutical or other treatment initiated during the research will be managed once the study has ended.
3. Separate guidelines exist for pharmaceutical company Sponsored Safety Assessment of Market Medicines (SAMM) which remain in force.
4. Where research and development is primarily for commercial purposes NHS providers are expected to recover the full cost from the commercial company on whose behalf it is carried out (HSG (97)32, paragraph 7). An industry-sponsored trial should not commence until an indemnity agreement is in place (see the guidelines in HSC (96)48 NHS Indemnity, Arrangements for Clinical Negligence Claims in the NHS). A standard form of indemnity agreement, agreed with ABPI, can be found at Annex B of that guidance.
5. The NHS should benefit from commercial exploitation of intellectual property derived from research and development that the NHS has funded, or for which it has been funded, even where the intellectual property itself is owned by people outside the NHS. NHS bodies should ensure that an agreement to this effect is included in any contracts concerning research and development. The guidelines in HSC 1998/106 Policy Framework for the Management of Intellectual Property within the NHS from R&D should be followed.

[1] Paragraph 28 of HSG (97) 32 states: At present, industry frequently contributes to the costs of pharmaceuticals (and other products) which are the subject of non-commercial research and development in the NHS. Although, by definition, such items constitute treatment costs, the NHS will continue, under the partnership arrangements, to look to researchers and non-commercial research funders to secure such contributions before approaching the NHS for support.

THE NOLAN PRINCIPLES

The 'Nolan Principles' set out the ways in which holders of public office should behave in discharging their duties.

The seven principles are:

1. **Selflessness** – Holders of public office should act solely in terms of the public interest. They should not do so in order to gain financial or other benefits for themselves, their family or their friends.
2. **Integrity** – Holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties.
3. **Objectivity** – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, holders of public office should make choices on merit.
4. **Accountability** – Holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office.
5. **Openness** – Holders of public office should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands.
6. **Honesty** – Holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest.
7. **Leadership** – Holders of public office should promote and support these principles by leadership and example.

Source: The First Report of the Committee on Standards in Public Life (1995)

Appendix I

Equality Impact Assessment

Name of Proposal (policy/strategy/function/service being assessed)	Standards of Business Conduct and Commercial Sponsorship Policy
Those involved in original assessment: Review	Associate Director of Corporate Affairs (CCG Secretary) and CCG Governance Support Manager Associate Director of Medicines Optimisation Governance Support Manager
Is this a new proposal?	No
Date of Initial Screening:	EIA Completed - 18 October 2018 EIA Reviewed – 08 October 2020

What are the aims, objectives?	The Policy sets out how NHS Cambridgeshire & Peterborough CCG (CCG) will protect staff, members and the organisation against contention or allegations of misconduct It is also required to ensure the CCG complies with the requirements set out in the Bribery Act 2010
Who will benefit?	The CCG, service providers, public and patients
Who are the main stakeholders?	CCG employees, Governing Body members and members of Committees and member practices of the CCG.
What are the desired outcomes?	<ul style="list-style-type: none"> • The CCG maintains the public trust • Commissioning decisions, governance processes and the organisations working practices can withstand scrutiny and challenge • Provide confidence to patients, providers, Parliament and taxpayers that the CCG's commissioning decisions are robust, fair, transparent and offer value for money • Ensure that the CCG operates within the legal framework

What factors could detract from the desired outcomes?	Lack of awareness and/or non-enforcement of the policy.
What factors could contribute to the desired outcomes?	Mandatory Conflicts of Interest Training that is now in place. Local Counter Fraud work - Awareness raising of the Policy through the CCG Website and internal means - such as i-Connect Member meetings Maintaining, monitoring and publishing relevant registers: e.g. Conflict of Interest Register & Gifts, Hospitality and Commercial Sponsorship Policy
Who is responsible?	Director of Governance and Chief Pharmacist & Deputy Director
Have you consulted on the proposal? If so with whom? If not why not?	No - internal policy - so developed and taken through relevant internal governance processes. Policy developed in line with NHSE Guidance, reviewed by CCG Audit Committee and ratified by the CCG Governing Body in Public.

Which protected characteristics could be affected and be disadvantaged by this proposal (Please tick)		Yes	No
Age	<u>Consider:</u> Elderly, or young people		✓
Disability	<u>Consider:</u> Physical, visual, aural impairment Mental or learning difficulties		✓
Gender Reassignment	<u>Consider:</u> Transsexual people who propose to, are doing or have undergone a process of having their sex reassigned		✓
Marriage and Civil Partnership	<u>Consider:</u> Impact relevant to employment and /or_training		✓
Pregnancy and maternity	<u>Consider:</u> Pregnancy related matter/illness or maternity leave related mater		✓
Race	<u>Consider:</u> Language and cultural factors, include Gypsy and Travellers group		✓
Religion and Belief	<u>Consider:</u> Practices of worship, religious or cultural observance, include non-belief		✓
Sex /Gender	<u>Consider:</u> Male and Female		✓

Sexual Orientation	<u>Consider:</u> Know or perceived orientation		✓
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What information and evidence do you have about the groups that you have selected above?

N/a

Consider: Demographic data, performance information, recommendations of internal and external inspections and audits, complaints information, JNSA, ethnicity data, audits, service user data, GP registrations, CHD, Diabetes registers and public engagement/consultation results etc.

How might your proposal impact on the groups identified? For example you may wish to consider what impact it may have on our stated goals: Improving Access, Promoting Healthy Lifestyles, Reducing Health Inequalities, Supporting Vulnerable People

Examples of impact re given below:

- a) Moving a GP practice, which may have an impact on people with limited mobility/access to transport etc.
- b) Planning to extend access to contraceptive services in primary care without considering how the services may be accessed by lesbian, gay, bi-sexual and transgender people.
- c) Closure or redesign of a service that is used by people who may not have English as a first language, and may be excluded from normal communication routes.

Please list the positive and negative impacts you have identified in the summary table on the following page.

1 Summary	
Positive impacts (note the groups affected) N/a	Negative impacts (note the groups affected) N/a

Summarise the negative impacts for each group:

N/a

What consultation has taken place or is planned with each of the identified groups?

N/a

What was the outcome of the consultation undertaken?

N/a

What changes or actions do you propose to make or take as a result of research and/or consultation?

Briefly describe the actions then please insert actions to be taken on to the given Improvement Plan template provided.

N/a

Will the planned changes to the proposal:

Please state Yes or No

Lower the negative impact?	N/a
Ensure that the negative impact is legal under anti-discriminatory law?	N/a
Provide an opportunity to promote equality, equal opportunity and improve relations i.e. a positive impact?	N/a

Taking into account the views of the groups consulted and the available evidence, please clearly state the risks associated with the proposal, weighed against the benefits.

N/a

What monitoring/evaluation/review systems have been put in place?

Overview of this Policy is maintained by the Associate Director of Corporate CCG Secretary - Associate Director of Medicines Optimisation and CCG Audit Committee.

Annual Review.

When will it be reviewed?

August 2019, or earlier if required by changes in local or national requirements.

Date completed:	18 October 2018
Date Review Completed	08 October 2020
Signature:	Simon Barlow
Approved by:	Sharon Fox

Date approved:	October 2020
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