



## Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy

<b>Ratified</b>	Approved
<b>Status</b>	Final
<b>Issued</b>	November 2017
<b>Approved By</b>	Governance and Risk Committee
<b>Consultation</b>	CCG Head of Governance Alastair Monk, Medicines Optimisation Team, CSU
<b>Equality Impact Assessment</b>	Completed (Adopted from NGCCG)
<b>Distribution</b>	All Staff
<b>Date Amended following initial ratification</b>	October 2017
<b>Implementation Date</b>	November 2017
<b>Planned Review Date</b>	November 2019
<b>Version</b>	3
<b>Author</b>	Medicines Optimisation Pharmacist, NHS North of England Commissioning Support Unit
<b>Reference No</b>	CO28
<p><b>Policy Validity Statement</b> This policy is due for review on the date shown above. The policy will remain valid, but must be reviewed within each 3 year period.</p> <p>Policy users should ensure that they are consulting the currently valid version of the documentation.</p>	

## Version Control

Version	Release Date	Author	Update comments
V1	1 April 2013		Policy adopted by Clinical Commissioning Group (CCG) as part of policy suite developed by NECS.
V2	November 2015	CSU, Medicines Optimisation Team	Policy expiry review. No significant changes made.
V3	November 2017	CSU Medicines Optimisation Team	Reviewed in line with natural expiration date.

## Approval

Role	Name	Date
Approval	Governance and Risk Committee	2014
Approval	Governance and Risk Committee	11 November 2015
Approval	Governance and Risk Committee	20 October 2017

## Review

This document will be reviewed twelve months from its issue date and annually after its first review.

The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3 year period.

# Contents

1. Introduction.....	4
2. Definitions.....	6
3. Standards of Business Conduct, Sponsorship and Joint Working.....	7
4. Duties and Responsibilities .....	20
5. Implementation .....	21
6. Training Implications .....	21
7. Documentation .....	22
8. Monitoring, Review and Archiving.....	23
9. Equality Analysis.....	24
Appendix 1 Advice for GP practices regarding support provided by the Pharmaceutical Industry.....	31
Appendix 2 Framework for joint working between the NHS and pharmaceutical industry ....	35
Appendix 3 Notification of Receipt of Hospitality, Gifts or Sponsorship .....	40

## 1. Introduction

This document is intended as policy for NHS South Tees Clinical Commissioning Group (hereafter refer to as the CCG) and its staff who are involved in working with the pharmaceutical industry. It is intended to complement the CCG Policy on Standards of Business Conduct and Conflicts of Interest. It should also act as a guide for commissioning support staff who are responsible for working alongside the CCG in delivering effective partnering and conduct with the pharmaceutical industry.

While the CCG recognises that GP practices are providers in their own right the CCG would encourage practices to adopt this policy.

In the past, contacts between the Pharmaceutical Industry and primary health care professionals have revolved around the purchase or promotion of specific products and the provision of sponsorship e.g., to support educational events or training.

More recently, the Industry has begun to focus on enhancing its links with the NHS in an effort to support improving the value from the NHS investment in medicines. Many companies have developed internal structures to encourage closer liaison with GP practices, GP Federations, Medicines Optimisation leads, CCG Boards and professionals working for the CCGs.

DH Guidance encourages NHS organisations and their staff to consider opportunities for joint working with the pharmaceutical industry, where the benefits that this could bring to patient care and the difference it can make to their health and well-being are clearly advantageous. Such advantages to be clearly stated and evidence presented to support such claims. The pharmaceutical industry are also able to be transparent about expected commercial gain of such initiatives.

Increasing financial pressures and a growing improvement agenda make it more important for primary care to consider strategic partnerships that will enable it to achieve national and local targets.

It is important to recognise that a partnership already exists between the NHS and the pharmaceutical industry. Many GP practices already undertake collaborative work with drug companies to work on specific projects. Clinical Commissioning Groups (CCG) are keen to engage in collaborative working to facilitate service re-design. Clear guidance is required to ensure that such arrangements are fully transparent and deliver maximum benefits for patients and the health economy. Positively engaging with companies and practices may lead to larger, longer term collaborations that meet the needs of all parties including pharmaceutical industry.

The benefits of greater collaboration must be weighed against any potential risks. It is essential therefore that all projects are subject to the widest scrutiny to enable likely pitfalls to be highlighted at an early stage. It is vital to ensure that the business priorities of commercial organisations do not lead to a distortion of local priorities or investment. Upfront disclosure of expected commercial return will help negate this risk. Where a return on investment is expected by the pharmaceutical industry to be product sales this must be in line with the CCG prescribing policies and investment priorities as well as the ABPI Code of Practice.

*It should be noted that the same principles should also apply to other commercial organisations that provide products and services*

## **1.1 Status**

This policy is a corporate policy.

## **1.2 Purpose and scope**

The purpose of this policy is to:

- assist the CCG in achieving its objectives and delivery of national and local priorities by building effective and appropriate working relationships with the pharmaceutical industry
- ensure that the CCG and its staff respond consistently to approaches from the Pharmaceutical Industry and that the interests of patients, the public and the CCG are maintained
- ensure staff comply with CCG commercial sponsorship standards and their own professional codes of conduct, and that representatives of the pharmaceutical industry comply with the *ABPI Code of Practice for the Pharmaceutical Industry*.
- inform and advise staff of their main responsibilities when entering into joint working arrangements with the pharmaceutical industry.

Specifically, it aims to:

- assist NHS employers and staff in maintaining appropriate ethical standards in the conduct of NHS business
- highlight that NHS staff are accountable for achieving the best possible health care within the resources available
- Highlight that NHS staff may be vulnerable to marketing techniques that may attempt to show some pharmaceutical companies in a more favorable light than is appropriate.

For the purposes of this policy, the term 'staff' refers to all employees of South Tees CCG and those personnel not directly employed by the CCG but who sit on CCG working groups including Commissioning Support Unit (CSU) staff.

The CCG recognises that GP practices are providers in their own right but would encourage practices to adopt the policy, in particular the advice to GP practices contained in Appendix 1, Advice to GP practices regarding support provided by the Pharmaceutical Industry.

## 2. Definitions

The following terms are used in this document:

- Commercial sponsorship is defined as including

*NHS funding from an external source, including funding of all or part of the costs 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.*

- Joint working is defined as

*Situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery.*

- Medical and Educational Goods and Services (MEGS) grants are defined as: Grants for a legitimate health or educational purpose with no expectation of anything in return for providing the support. They are provided to healthcare organisations to either benefit patients or benefit the NHS, whilst maintaining patient care. Pfizer's involvement in providing Medical and Educational Goods and Services (MEGS) grants is strictly limited to provision of the grant. Medical Educational Goods and Services (MEGS) grants must relate to either: continuing professional education, patient or community education or community projects that promote better healthcare (e.g. disease screening programmes).

### **3. Standards of Business Conduct, Sponsorship and Joint Working**

#### **3.1 Standards of Business Conduct**

NB This section should be read in conjunction with the CCG CO19 Standards of Business Conduct and Declarations of Interest Policy.

##### **3.1.1 Casual Gifts and Hospitality**

A 'gift' is defined as 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.

All gifts of any nature offered to CCG staff, governing body and committee members and individuals within GP member practices by suppliers or contractors linked (currently or prospectively) to the CCG's business should be declined, whatever their value. The person to whom the gifts were offered should also declare the offer to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality so the offer which has been declined can be recorded on the register.

Gifts offered from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism, and a common sense approach should be adopted as to whether or not this is the case. The only exceptions to the presumption to decline gifts relates to items of little financial value (i.e., less than £10) such as diaries, calendars, stationery and other gifts acquired from meetings, events or conferences, and items such as flowers and small tokens of appreciation from members of the public to staff for work well done. Gifts of this nature do not need to be declared to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality, nor recorded on the register.

Any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG) must always be declined, whatever their value and whatever their source, and the offer which has been declined must be declared to the team or individual who has designated responsibility for maintaining the register of gifts and hospitality and recorded on the register.

In cases of doubt, advice should be sought from the line manager/Chief Officer or the gift should be politely declined.

The Association of British Pharmaceutical Industries (ABPI) code of conduct details no gift, pecuniary advantage or benefit may be supplied, offered or promised as an inducement to prescribe, supply, administer, buy or sell any medicine.

Further information regarding registration and a copy of the relevant documentation to register gifts and hospitality is contained within the CO19 Standards of Business Conduct and Declarations of Interest Policy.

### **3.1.2 Meeting with Representatives**

Representatives of the Pharmaceutical Industry frequently request meetings to discuss pharmaceutical products and services. If a topic is of interest, staff should ask for information to be sent to them. They should critically evaluate the information sent and not rely on it as their sole source of information.

The Medicines Optimisation team has access to independent sources of evaluated information and can provide advice and see representatives on behalf of the CCG if necessary.

If commissioners or service leads wish to meet with pharmaceutical industry representatives it is recommended that the following guidelines are followed:

- Staff should have a clear agenda from a pharmaceutical industry representative before agreeing to a meeting, which should be by appointment for a specified time and duration.
- If other personnel arrive for the meeting other than those agreed in advance, then staff are at liberty to decide the optimal numbers for the meeting and should use their discretion as to whether it is appropriate to see the additional personnel.

- Further meetings should not be arranged if the representative was unhelpful or unethical in any respect or if the meeting did not produce expected outcomes, such as relevant information on a new drug.
- If a member of staff feels uncomfortable with an approach or offer from a company, then they should discuss it with their line manager in the first instance. Advice should then be sought from an appropriate service manager or the medicines optimisation team.
- A record of the visit should be made.
- This policy supports the facilitation of joint meetings between the CCG, GP practices and pharmaceutical companies where these meetings conform to this policy. Such joint meetings will enable a variety of industry proposals for joint working to be considered by the CCG and GP practices in conjunction with the priorities of the CCG.
- Any behaviour by pharmaceutical industry personnel felt to be inappropriate should be reported to the Medicines Optimisation team and, in the first instance, this will be taken up with the representative's line manager. If no satisfactory outcome is achieved, then a complaint will be made to the ABPI.

### **3.1.3 Samples**

Samples of products including pharmaceuticals, dressings, devices or nutritional products should only be accepted in order to assess their physical properties. They should not be used to treat patients.

According to the ABPI Code of Practice, samples of a product can only be provided to a health professional in response to a written request, which has been signed and dated. Samples of a product may be provided only to a health professional qualified to prescribe that product. They must not be provided to other relevant decision makers<sup>1</sup>

### **3.1.4 Outside Work Activity**

CCG staff must declare to the CCG in writing any financial interest or relationship they may have with a pharmaceutical company or other agency which may affect the CCG's policies or decisions. Further guidance can be obtained from the CCG's Standards of Business Conduct and Declaration of Interest policy.

---

<sup>1</sup> ABPI; Bringing Medicines to life; Code of practice for the pharmaceutical industry 2016; Clause 17  
CO28: Commercial Sponsorship and Joint Working with the Pharmaceutical Industry (3)  
**Official**

Examples may include:

- Holding shares in a pharmaceutical or medical supplies company, where the share-holder is a direct beneficiary - If shares are held through a third party (e.g., a pension fund or an ISA) and there is no direct benefit gained, then a declaration is not needed.
- Consultancy work
- Speaking at meetings
- Attendance at advisory boards

It is good practice to seek prior approval from a line manager, before taking on any outside work for the pharmaceutical industry.

Should a member of staff, Member Practices, Governing Body and Committee members and individuals acting on behalf of the CCG, be asked to speak at an event relating to CCG business for which a payment is offered and it is delivered in working hours then there are two choices open to the member of staff which must be agreed with their line manager:

- The payment should be credited to the CCG.
- The member of staff takes annual leave or unpaid leave and the payment is made to the member of staff as a private matter between the organisation making the payment and the individual member of staff. The member of staff remains responsible for any tax liability which arises.

A fee can be accepted for work carried out in the staff member's own time in line with fair market value, but this should be approved by their line manager in advance of undertaking the activity. All payments and fees received from pharmaceutical industry will be disclosed by the company and made publically available..

Any information shared with the industry must be compliant with CCG Information Governance policies.

### **3.1.4 Research and Development**

Clinicians undertaking sponsored research or post-marketing surveillance must be guided only by their patients' best interests and not be influenced by any sponsorship. All such research must be approved by the appropriate research and ethics committee and follow CCG research and development guidelines.

## **3.2 Sponsorship**

### **3.2.1 Conferences and Courses Attended By Staff**

Staff must seek approval in advance from their line manager before accepting commercial sponsorship to attend relevant courses and conferences.

Managers must be satisfied that acceptance will not compromise purchasing or commissioning decision or influence prescribing. A record should be made of all sponsorship in the organisation hospitality /gifts register.

### **3.2.1 Educational Meetings and Training Arranged by the CCG**

Industry representatives organising meetings are permitted to provide appropriate hospitality and/or meet any reasonable, actual costs, which may have been incurred. Meetings must not take place in sporting venues or 5 star hotels (as stated in the ABPI Code of Conduct).

Hospitality must be secondary to the purpose of the meeting. The level of hospitality offered must be appropriate and not out of proportion to the occasion; the costs involved must not exceed that level which the recipients would normally adopt when paying for themselves or that which could be reciprocated by the NHS. It should not extend beyond those whose role makes it appropriate for them to attend the meeting. Where meetings are sponsored by external sources, that fact must be disclosed in the papers relating to the meeting and in any published proceedings. Further guidance can be obtained from the CCG Standards of Business Conduct and Declaration of Interest policy; section 5.3

Where an educational event is being considered and sponsorship is being sought then all relevant manufacturers should be approached in order to avoid any suggestion of preferential treatment towards one manufacturer. There should be prior agreement about the content of educational / clinical meetings, training course, identity of speakers and nature of displayed promotional material.

Where industry personnel are directly providing training the CCG organiser must be satisfied that the training complies with the ABPI code of conduct, all guidance complies with current evidence base and NHS and local guidance and the training could not be construed as an incentive to prescribe a particular pharmaceutical product.

It must be clear that sponsorship does not imply the CCG's endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance.

The company cannot promote its products through the work it is supporting by direct advertisement, except by manning a promotional stand, as appropriate, at sponsored meetings during the registration period only preferably in a separate area to that of the main meeting. Sponsorship should not compromise purchasing, commissioning decisions or prescribing advice.

### **3.2.2 Development of Guidelines**

ABPI guidance states that it is legitimate for a pharmaceutical company to support the development and implementation of NHS or other accepted clinical guidelines provided the company is open and transparent about its involvement in the guidelines development process.

Where representatives from the pharmaceutical industry may be involved in the development of clinical guidelines / protocols e.g., as part of a multidisciplinary steering group this contribution must be managed as follows:

- Clinical aspects must always be under local control. The development of guidelines or protocols will be through a local group, although they may decide to use or adapt information produced elsewhere.
- The development of guidelines should preferably be undertaken with the involvement of secondary care professionals, where appropriate.
- Equitable access and opportunity for comment will be offered to all pharmaceutical companies with interests in a given therapeutic area.
- All suggested comments and amendments by the pharmaceutical industry will be in writing and supported by necessary evidence.
- Responses to comments will be documented and supported with an explanation of the decision where necessary.
- The pharmaceutical industry will undertake not to lobby or influence members of any steering group or panel out with the official processes.
- The final decision to approve a guideline will be made through designated CCG approval processes and will be independent of any consideration of financial or other support.

- In entering into partnership arrangements, participants should ensure that they are not conditional on the use of the sponsor's product in preference to other more clinically appropriate products or services. In addition, they must be in keeping with local guidelines and formularies.
- The CCG, and its employees, must not be seen to be endorsing any individual company or products through such agreements.
- It should be clear through appropriate governance processes that the pharmaceutical company is not inappropriately influencing decisions about the prescription, supply administration and recommendation of its products.

### **3.3 Joint Working**

The key requirements of joint-working are twofold:

- 1) Joint working must be foremost for the benefit of patients and preserve patient care. Any joint working between the NHS and the pharmaceutical industry should be conducted in an open and transparent manner. Arrangements should be of mutual benefit, the principal beneficiary being the patient. The length of the arrangement, the potential implications for patients and the NHS, together with the perceived benefits for all parties, should be clearly outlined before entering into any joint working. The aims that the pharmaceutical industry partner(s) wishes to gain from the initiative should be transparent. It should also be made clear what the NHS and industry partners are contributing to the joint working agreement e.g., financial support, project management, data analysis.
- 2) Given the significant governance and administrative requirements involved in setting up proper joint working arrangements it is likely that most joint working projects will be of a significant size and duration generally involving resources (manpower, materials, funding etc.).

#### **3.3.1 Principles of Joint Working**

The following principles will also apply to joint working:

- All joint working projects should be conducted through an open and transparent process
- Staff should be aware of NHS guidance, the legal position and appropriate and relevant professional codes of conduct as described in extant NHS guidance

- Contract negotiations will be negotiated in line with NHS values
- Confidentiality of information received in the course of duty must be respected and never used outside the scope of the specific project
- Joint working arrangements should take place at a corporate, rather than an individual, level
- Clinical and financial outcomes will be assessed through a process of risk assessment
- Projects should address local priorities and preferred service balance. All collaborative projects will maintain the freedom of all clinicians to prescribe the most clinically appropriate and effective treatment for individual patients in line with locally approved guidelines and formulary.
- Clinical and prescribing policies or guidelines will always be based upon principles of evidence based medicine and cost effectiveness. These will be consistent with National recommendations and expert bodies specifically the National Institute for Health and Care Excellence (NICE).
- A whole-systems approach will be taken to developing collaborations. This will ensure that only arrangements that benefit the whole NHS are approved. Those that lead to higher costs or a reduction in quality in other areas of the NHS, or shift the balance of investment in service in a manner not consistent with local priorities, are not acceptable.
- Collaborative projects that focus on broader areas are to be preferred to those which focus on specific drugs or products. Projects that encourage the preferential prescribing of one product may be viewed as a financial incentive to prescribe and may contravene national guidance.
- Multi partner collaborations are desirable although this may sometimes be difficult to achieve due to differences in company governance policies. Documentation of multi-pharmaceutical company projects will need careful consideration and the involvement with company compliance teams at an early stage in planning to avoid unnecessary delays. If the CCG is approached by one company as a matter of course, all companies providing products consistent with local policies should be invited to contribute to the partnership.

- Where products are deemed equally clinically effective, assessment of cost-effectiveness may include the package of additional resources and support for each product.

The Department of Health and the ABPI have jointly produced a toolkit to support joint working this is available at:

<https://www.networks.nhs.uk/nhs-networks/joint-working-nhs-pharmaceutical/documents/joint%20working%20toolkit%20dh.abpi.pdf/view>

The following sections are based on the toolkit. Staff wishing to enter into joint working arrangements are recommended to use the toolkit in conjunction with the recommendations below.

### **3.3.2 Mechanism for Monitoring Joint Working Arrangements**

A joint working arrangement framework proforma should be completed for all proposed collaborations. (Appendix 2)

All projects should be managed by a named, nominated CCG representative and/ or steering group. A project plan should be developed and be subject to regular review, sufficient to ensure successful progress for all parties. In entering such agreements all parties will give a commitment to maintain this input.

All meetings connected to the development or delivery of a collaborative project will be formally minuted and recorded.

Collaboration should be on the basis of explicit written agreements between the CCG and the company, which define the precise nature of the support provided. There should be a written contract or business agreement signed off by an appropriate CCG representative (preferably the chief officer) for all joint working agreements agreement. An example of such a contract is available in the DH Toolkit.

All proposals will specify sufficient report arrangements to enable progress to be monitored by the CCG.

The outcomes of every joint working project should be measured. Dependent on the project, a set of baseline measurements should be established at the outset of the project to track and measure the success of the project aims, particularly patient outcomes.

A mutually agreed and effective exit strategy will be in place at the outset of any joint working arrangement detailing the responsibilities of each party and capable of dealing with a situation where premature termination may become necessary.

Where the joint working project involves the commissioning of new services from an external provider or the provision of additional services from an existing provider a business case and service specification should be developed which details:

- Services to be provided
- How these will be procured
- Payments / costs for services
- Who will be responsible for monitoring service quality / performance management of service in line with CCG commissioning guidelines

### **3.3.3 Clinical Accountability**

Clinical aspects of projects must always be under local control. Development of prescribing or clinical guidelines and protocols will be developed in accordance with usual procedures in conjunction with the relevant prescribing and clinical governance groups.

The CCG will preferentially pursue collaboration with 'natural partners' i.e. those companies that produce products that are consistent with locally developed independent policies.

The CCG may decide that advice or guidelines developed by the pharmaceutical industry are consistent with the CCG policies and suitable for local distribution.

### **3.3.4 Financial Arrangements**

All financial arrangements must comply with CCG standing financial instructions. To ensure probity all funding must be held by the finance team for the CCG.

The CCG project lead will receive a budget statement for the project on a monthly basis in order to manage the costs of the project within the funding available.

### **3.3.5 Communications**

All communications, both verbal and written will be recorded and available for public scrutiny

Any learning or products (protocols, guidelines, etc) developed through sponsored projects may be shared with other NHS organisations.

The CCG will consider supporting the dissemination of lessons learned from the set projects but retains the right of approval of associated literature and material.

The CCG recognises the need for ethical pharmaceutical companies to promote their products to the NHS and has no wish to disadvantage those companies that engage in positive collaboration. In this context pharmaceutical companies and their agents will undertake not to seek to gain advantage in terms of access to staff or sales by reference to their participation in any collaboration other than with the written consent of the CCG.

Any publication produced with the support of a pharmaceutical company should contain a statement to the effect that sponsorship of the publication does not imply the endorsement of the company's products or services by the CCG. This should use a form of words such as "This document has been printed with the support of xxxx Ltd, who had no influence on its content".

### **3.3.6 Confidentiality and Data Protection**

Where a project involves access to, or processing of patient sensitive data all staff will comply with the CCG Information Governance policies, advice may be sought from the Information Governance team.

It may be beneficial to for both parties to exchange sensitive data such as sales figures. It may also be appropriate to exchange information regarding strategic direction, product development or marketing information. Where such exchange is advantageous it should be underpinned by signing an appropriate secrecy or confidentiality agreement.

### **3.3.7 Conflicts of Interest, Payments and Hospitality**

All CCG staff must comply with on the CCG's Standards of Business Conduct and Declaration of Interest policy. Clinical staff must also comply with their own professional codes of conduct.

Individuals employed as part of a collaborative project should be made aware that the post is supported by the pharmaceutical industry and of their obligation to act in a manner consistent with their own professional code of conduct independent of any influence by such a company

Pharmaceutical companies are required to conduct themselves within the legal framework for the promotion of pharmaceutical products, the ethical code of the ABPI and their internal regulations. This is irrespective of whether the company is a member of the ABPI.

Individuals involved in the development or consideration of proposal must declare any potential conflicts of interest they or their immediate family may have at the outset of the process.

### **3.3.8 Approval of Joint Working Arrangements**

All joint working proforma should be submitted to the Medicines Optimisation Task and Finish Group and then the delivery team which will maintain an overview of all projects.

Approval of joint working arrangements should be in line with CCG standing financial instructions.

Approval of joint working arrangements must be confirmed by the pharmaceutical company's compliance panel/officer in conjunction with the CCG.

All CCG collaborations of any value involving CCG staff must be recorded on the CCG register of interests.

All proposals that may impact on prescribing must be referred to the relevant prescribing group to ensure consistency with local and national prescribing guidance.

Where the main emphasis of collaboration is on education or training accountability lies with the relevant workstream group.

Where collaborations have a research element this must be consistent comply with the CCG's research governance guidelines.

### **3.4 Rebate Schemes**

Within the NHS, medicines are purchased in two ways:

- Hospitals buy direct and, as a result, are able to tender their business and obtain discounts through either national, regional or Trust level contracting processes.
- In primary care, medicines are paid for through the Prescription Pricing division (PPD) and the drug tariff prices are set.

The prices of branded medicines are controlled by a UK-wide voluntary scheme between Government and the Association of British Pharmaceutical Industry (ABPI) called Pharmaceutical Pricing Regulation Scheme (PPRS). Under the terms of the 2009 PPRS agreement, the Department of Health does not support additional or alternative initiatives by CCGs in respect of the pricing of branded medicines in primary care, however, there is no specific legislation against them.

As a result, pharmaceutical companies are seeking to emulate the secondary care model by developing Primary Care Rebate Schemes (PCRS). These are contractual arrangements offered by pharmaceutical companies, or third party companies, which offer financial rebates on GP prescribing expenditure for particular branded medicines. Whilst discounts to primary care commissioners could provide significant efficiency savings if correctly and transparently governed, there is a risk of perverse incentives altering local prescribing adversely. In fact, inducements to prescribe are against the ABPI Code of Practice and GMC guidance.

Although there is concern that PCRS might undermine PPRS, it is recognised that they are a reality and that they should be managed in a consistent, transparent and robust process. Recent legal advice sought by the London Procurement Programme concluded that PCRSs are not unlawful and are within the powers of CCGs to agree to, provided they meet requirements related to good governance.

It has been proposed, therefore, that uptake of PCRS should only be undertaken following assessment by a panel applying an agreed set of principles. The objective is to provide robust governance to ensure that any rebate agreements reached with the pharmaceutical industry gain best value for money for NHS organisations. Assessing such rebate schemes at a regional (NE) level will allow greater efficiencies through economies of scale and reduce challenges from other pharmaceutical companies by providing a comprehensive, consistent and transparent assessment process for commissioners.

### **3.5 Key Principles for Primary Care Rebate Schemes**

The overall aim is to facilitate robust scrutiny and identification, adoption and implementation of Primary Care Rebate Schemes that are judged to offer genuine benefits to the NHS and to patients. All such proposals should be discussed with the North East Specialist Procurement Pharmacist – based at North Tees & Hartlepool Foundation Trust.

#### 4. Duties and Responsibilities

<b>Council of Members</b>	The council of members has delegated responsibility to the governing body (GB) for setting the strategic context in which organisational process documents are developed, and for establishing a scheme of governance for the formal review and approval of such documents.
<b>Accountable Officer</b>	The accountable officer has overall responsibility for the strategic direction and operational management, including ensuring that CCG process documents comply with all legal, statutory and good practice guidance requirements.
<b>Executive Group</b>	Responsible for maintaining strategic oversight of all joint working arrangements with the pharmaceutical industry and responsible for ratification of any joint working proposals.
<b>Work-streams</b>	Responsible for approving joint working proposals and ensuring that they are adequately financed and support by a project plan and suitable deliverables.
<b>Senior Medicines Optimisation Pharmacists (Commissioning Support)</b>	The CCG Medicines Optimisation Pharmacists has responsibility for ensuring that all proposals for joint working are suitable and have been appropriately checked and vetted.

<b>All Staff</b>	<p>All staff, including temporary and agency staff, are responsible for:</p> <ul style="list-style-type: none"> <li>• Compliance with relevant process documents. Failure to comply may result in disciplinary action being taken.</li> <li>• Co-operating with the development and implementation of policies and procedures and as part of their normal duties and responsibilities.</li> <li>• Identifying the need for a change in policy or procedure as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and advising their line manager accordingly.</li> <li>• Identifying training needs in respect of policies and procedures and bringing them to the attention of their line manager.</li> <li>• Attending training / awareness sessions when provided.</li> <li>• Whilst working on behalf of the CCG, CSU staff will be expected to comply with all policies, procedures and expected standards of behaviour within the CCG, however they will continue to be governed by all policies and procedures.</li> </ul>
------------------	--

## **5. Implementation**

- 5.1 This policy will be available to all Staff for use in the circumstances described on the title page.
- 5.2 All managers are responsible for ensuring that relevant staff within the CCG have read and understood this document and are competent to carry out their duties in accordance with the procedures described.

## **6. Training Implications**

- 6.1 The sponsoring officer will ensure that the necessary training or education needs and methods required to implement the policy or procedure(s) are identified and resourced or built into the delivery planning process. This may include identification of external training providers or development of an internal training process.
- 6.2 It has been determined that there are no specific training requirements associated with this policy/procedure.

## 7. Documentation

### 7.1 Other related policy documents

- CCG 006 Anti-Fraud, Bribery and Corruption Policy
- CCG 013 Procurement Policy
- CCG CO19 Standards of Business Conduct and Declarations of Interest Policy

### 7.2 Legislation and statutory requirements

- Contracts Regulations 2006 (as amended) Bribery Act 2010

### 7.3 Best practice recommendations

Association of the British Pharmaceutical Industry, 2016. *The Code of Practice for the Pharmaceutical Industry 2016*.  
<http://www.pmcpa.org.uk/thecode/Documents/Code%20of%20Practice%202016%20.pdf>

Association of the British Pharmaceutical Industry 2009, *ABPI Guidance Notes on Joint Working Between Pharmaceutical Companies and the NHS and Others for the Benefit of Patients*.

Department of Health, 1998. *The new NHS, modern and dependable: a national framework for assessing performance*.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4002713](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4002713)

Department of Health, 2000. *Commercial sponsorship: Ethical standards for the NHS*.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005135](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005135)

Department of Health, 2008. *Best practice guidance for joint working between the NHS and the pharmaceutical industry*.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082370](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082370)

Department of Health/ Association of the British Pharmaceutical Industry, 2010. *Moving beyond sponsorship: interactive toolkit for joint working between the NHS and the pharmaceutical industry*.

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_082840](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082840)

## **8. Monitoring, Review and Archiving**

### **8.1 Monitoring**

The governing body will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded in the policy database.

### **8.2 Review**

8.2.1 The governing body will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

8.2.2 Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The governing body will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

8.2.3 For ease of reference for reviewers or approval bodies, changes should be noted in the 'document history' table on the front page of this document.

**NB:** If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor officer and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

### **8.3 Archiving**

The governing body will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2009.

## 9 Equality Analysis



North of England  
Commissioning Support

Partners in improving local health



An Equality Impact Assessment (EIA) is a process of analysing a new or existing service, policy or process. The aim is to identify what is the (likely) effect of implementation for different groups within the community (including patients, public and staff).

We need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and those who do not
- Foster good relations between people who share a protected characteristic and those who do not

This is the law. In simple terms it means thinking about how some people might be excluded from what we are offering.

The way in which we organise things, or the assumptions we make, may mean that they cannot join in or if they do, it will not really work for them.

It's good practice to think of all reasons why people may be excluded, not just the ones covered by the law. Think about people who may be suffering from socio-economic deprivation or the challenges facing carers for example.

This will not only ensure legal compliance, but also help to ensure that services best support the healthcare needs of the local population.

Think of it as simply providing great customer service to everyone.

As a manager or someone who is involved in a service, policy, or process development, you are required to complete an Equality Impact Assessment using this toolkit.

<b>Policy</b>	A written statement of intent describing the broad approach or course of action the Trust is taking with a particular service or issue.
<b>Service</b>	A system or organisation that provides for a public need.
<b>Process</b>	Any of a group of related actions contributing to a larger action.



### STEP 1 - EVIDENCE GATHERING

<b>Name of person completing EIA:</b>	<b>Steven Llewellyn, NGCCG EIA Adoption</b>
<b>Title of service/policy/process:</b>	<b>Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy</b>
<b>Existing:</b> <input checked="" type="checkbox"/> <b>New/proposed:</b> <input type="checkbox"/> <b>Changed:</b> <input type="checkbox"/>	

**What are the intended outcomes of this policy/service/process? Include outline of objectives and aims**

The purpose of this policy is to:

- assist the CCG in achieving its objectives and delivery of national and local priorities by building effective and appropriate working relationships with the pharmaceutical industry
- ensure that the CCG and its staff respond consistently to approaches from the Pharmaceutical Industry and that the interests of patients, the public and the CCG are maintained
- ensure staff comply with CCG commercial sponsorship standards and their own professional codes of conduct, and that representatives of the pharmaceutical industry comply with the ABPI Code of Practice for the Pharmaceutical Industry.
- inform and advise staff of their main responsibilities when entering into joint working arrangements with the pharmaceutical industry. Specifically, it aims to:
  - assist NHS employers and staff in maintaining appropriate ethical standards in the conduct of NHS business
  - highlight that NHS staff are accountable for achieving the best possible health care within the resources available
  - Highlight that NHS staff may be vulnerable to marketing techniques that may attempt to show some pharmaceutical companies in a more favourable light than is appropriate.

**Who will be affected by this policy/service /process? (please tick)**

- Staff members
- Other

If other please state:

Pharmaceutical industry representatives

**What is your source of feedback/existing evidence? (please tick)**

- National Reports  Staff Profiles
- Staff Surveys  Complaints/Incidents
- Focus Groups  Previous EIAs
- Other

If other please state:

Evidence	What does it tell me? (about the existing policy/process? Is there anything suggest there may be challenges when designing something new?)
National Reports	
Staff Profiles	
Staff Surveys	The policy was developed with feedback from medicines optimisation pharmacists, CCG prescribing leads, CCG Medical Director and CCG Practice Manager Leads.
Complaints and Incidents	
Staff focus groups	
Previous EIA's	The previous EIA stated a neutral impact on the stated equality groups.
Other evidence (please describe)	



## STEP 2 - IMPACT ASSESSMENT

**What impact will the new policy/system/process have on the following staff characteristics: (Please refer to the 'EIA Impact Questions to Ask' document for reference)**

**Age** A person belonging to a particular age

Neutral

**Disability** A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities

Neutral

**Gender reassignment (including transgender)** Medical term for what transgender people often call gender-confirmation surgery; surgery to bring the primary and secondary sex characteristics of a transgender person's body into alignment with his or her internal self perception.

Neutral

**Marriage and civil partnership** Marriage is defined as a union of a man and a woman (or, in some jurisdictions, two people of the same sex) as partners in a relationship. Same-sex couples can also have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters

Neutral

**Pregnancy and maternity** Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context.

Neutral

**Race** It refers to a group of people defined by their race, colour, and nationality, ethnic or national origins, including travelling communities.

Neutral

**Religion or belief** Religion is defined as a particular system of faith and worship but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition.

Neutral

**Sex/Gender** A man or a woman.

Neutral

**Sexual orientation** Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes

Neutral

**Carers** A family member or paid [helper](#) who regularly looks after a child or a [sick](#), [elderly](#), or [disabled](#) person

Neutral



## STEP 3 - ENGAGEMENT AND INVOLVEMENT

**How have you engaged with staff in testing the policy or process proposals including the impact on protected characteristics?**

The policy was developed with feedback from medicines optimisation pharmacists, CCG prescribing leads, CCG Medical Director and CCG Practice Manager Leads. The policy was tabled at the CCG delivery group to allow for any comments.

**Please state how staff engagement will take place:**

Engagement with the above staff when policy is due for review, or sooner if issues are identified before the review date.



#### STEP 4 - METHODS OF COMMUNICATION

<b>What methods of communication do you plan to use to inform staff of the policy?</b>
<input checked="" type="checkbox"/> Verbal – through focus groups and/or meetings <input type="checkbox"/> Verbal - Telephone <input type="checkbox"/> Written – Letter <input type="checkbox"/> Written – Leaflets/guidance booklets <input checked="" type="checkbox"/> Email <input checked="" type="checkbox"/> Internet <input type="checkbox"/> Other
<b>If other please state:</b>



#### STEP 5 - SUMMARY OF POTENTIAL CHALLENGES

Having considered the potential impact on the people accessing the service, policy or process please summarise the areas have been identified as needing action to avoid discrimination.

Potential Challenge	What problems/issues may this cause?
1 None identified	



#### STEP 6- ACTION PLAN

Ref no.	Potential Challenge/ Negative Impact	Protected Group Impacted (Age, Race etc)	Action(s) required	Expected Outcome	Owner	Timescale/ Completion date
None identified						

Ref no.	Who have you consulted with for a solution? (users, other services, etc)	Person/ People to inform	How will you monitor and review whether the action is effective?



**SIGN OFF**

<b>Completed by:</b>	<b>Steven Llewellyn, NGCCG – EIA Adoption</b>
<b>Date:</b>	<b>4.9.17</b>
<b>Signed:</b>	<i>S Llewellyn</i>
<b>Presented to: (appropriate committee)</b>	<b>South Tees CCG, Governance &amp; Risk Committee</b>
<b>Publication date:</b>	<b>November 2017</b>

### **Advice for GP practices regarding support provided by the Pharmaceutical Industry**

GP practices in South Tees CCG should consider adopting the following best practice guide when entering into discussions about joint working with Pharmaceutical Industry.

The Association of the British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry (July 2012) allows for medical and educational goods and services (MEGS) to be provided by pharmaceutical companies to healthcare organisations, such as GP surgeries and hospital departments, in order to enhance patient care and benefit the NHS. MEGS must not be provided to individuals or as an inducement to prescribe, supply, administer, recommend, buy or sell any medicine.

The Medicines Optimisation team are frequently asked to advise on the possible benefits and risks of accepting offers of therapeutic review services from the industry. The provision of such services is strictly regulated through the ABPI Code of Practice and the conditions under which companies can offer and provide these services is summarised below.

In addition to ensuring that the company and any sponsored healthcare professionals adhere to the ABPI Code of Practice, GP practices should also consider whether the service on offer will genuinely improve the care of patients of the practice:

- Will the service in question help to address a clinical priority for the practice or the CCG?
- What are the potential benefits and risks for patients and for the practice? - (e.g. is it likely that prescribing costs, pathology costs, referrals or admissions will change? Will patients have better health outcomes, be better informed about their condition or be inconvenienced in any way?)
- Ensure any recommendations that relate to medicines are in line with the local formulary approvals.
- What are the insurance arrangements for the industry personnel delivering the service?
- Ensure results of any work including ownership and next steps are agreed and signed up between the practice and the pharmaceutical industry.
- Are arrangements for access to patient records consistent with other activities within the practice and other information governance arrangements?

**We would strongly advise that practices seek the advice of CCG Medicines Optimisation Pharmacists before agreeing to participate in therapeutic review services offered by third parties. A compact is attached to the bottom of this document for use when entering into joint working with a company.**

**The ABPI Code of Practice gives the following guidance to companies offering such services:**

1. The involvement of a pharmaceutical company in such activities must be made clear to relevant health professionals and/or practice staff.
2. The involvement of a pharmaceutical company in therapy review services should also be made clear to patients, if materials for patients are provided in connection with the service.  
  
(e.g. it must be obvious on any information for patients on healthcare or medicines that the material is sponsored by a pharmaceutical company). If there are no materials for patients this would be a matter for the relevant professional.
3. Companies should consider using staff other than medical/generic representatives when offering MEGS as these goods and services must not be linked to the promotion of products. This means that representatives must not promote the company's products AND offer a service at the same visit, although they could indicate that a service is available and provide materials e.g., an introductory letter.
4. If a change in medication to one of the company's products is agreed at a promotional visit the representative may not then offer a therapy review service to facilitate the change as this would be seen as a way for the company to ensure that the agreed change would in fact be made.
5. If the goods and services require patient contact, for example either directly or by identification of patients from patient records and the like, then medical representatives must not be involved. Only an appropriately qualified person, for example a sponsored registered nurse or pharmacist, may undertake activities relating to patient contact and/or patient identification.
6. Neither the company nor its medical/generic representatives may be given access to data/records that could identify or be linked to particular patients.
7. Sponsored health professionals should not be involved in the promotion of specific products.
8. The remuneration of those not employed as medical representatives but who are sponsored or employed as service providers must not be linked to sales in any particular area or to sales of a specific product may not include a bonus scheme linked to such sales.
9. Companies must ensure that patient confidentiality is maintained at all times and that data protection legislation is complied with.
10. Service providers must operate to detailed written instructions provided by the company. The written instructions should set out the role of the service provider and should cover patient confidentiality issues.
11. Service providers must take reasonable steps to ensure that they do not mislead as to their identity or that of the company they represent.

12. A recipient of a service must be provided with a written protocol to avoid misunderstandings as to what the recipient has agreed. The identity of the sponsoring pharmaceutical company must be given. (e.g. a GP allowing a sponsored registered nurse access to patient records should be informed in writing of any data to be extracted and the use to which those data will be put).
13. Any printed material designed for use in relation to the provision of services must be non-promotional and must identify the sponsoring pharmaceutical company.
14. Companies are recommended to inform relevant parties such as primary care organisations of their activities where appropriate. This is particularly recommended where companies are proposing to provide services which would have budgetary implications for the organisations concerned.
15. Switch services paid for or facilitated directly or indirectly by a pharmaceutical company whereby a patient's medicine is simply changed to another, without clinical assessment, are prohibited under the ABPI Code of Practice. Companies may promote a straightforward switch, but may not help to implement it in any way.
16. A therapeutic review (as distinct from a switch service) which aims to ensure that patients receive optimal treatment following a clinical assessment is a legitimate activity for a pharmaceutical company to support and/or assist. A genuine therapeutic review should include a comprehensive range of relevant treatment choices for the health professional and should not be limited to the medicines of the sponsoring pharmaceutical company. The decision to change or commence treatment must be made for each individual patient by the prescriber and every decision to change an individual patient's treatment must be documented with evidence that it was made on rational grounds.

### **Compact between the Provider Primary Care Practices and the Pharmaceutical companies listed**

#### **Primary Care to the Pharmaceutical Companies:**

- We recognise and acknowledge that as businesses, a key aim for you is the generation of revenue and a return on investment
- We acknowledge that the pharmaceutical sector is a key stakeholder in the health economy. We recognise and acknowledge the important contribution the pharmaceutical industry has made to the health of the nation over decades, with regards to the development of new treatments and medications, and innovations in patient care
- We seek to work with you for the good of our patients, in an open, honest and transparent manner, acknowledging that at times we may have to step back from a piece of work for ethical and business reasons
- We will endeavour to create time for good quality clinical discussions around medications and treatments as well as patient pathways, and value based proposals in conjunction with colleagues as appropriate

### **Pharmaceutical Companies to Primary Care:**

- We recognise and acknowledge that you are driven by a desire to provide the best outcomes for your patients, and that such outcomes are driven by clinical as well as value based considerations
- We acknowledge and respect that any decisions made regarding medications, treatments or patient pathways must be taken by clinicians and colleagues in light of national and local guidelines and principles, and that we will only promote medications, treatments or patient pathway that are in line with such guidelines and principles. We acknowledge our work should be focused on CCG priorities
- We recognise and acknowledge the importance of primary care's role in the delivery of excellent quality care for patients, and we will endeavour to support this work by being mindful and respectful of the limited time clinicians and managers have
- We seek to work with you for the good of your patients, in an open, honest and transparent manner

Framework for joint working between the NHS and pharmaceutical industry

I. JOINT WORKING PROJECT SUMMARY	
1. TITLE OF PROJECT	
2. SUMMARY OF INTENDED AIMS & OBJECTIVES	<i>Describe the overall aim of the project. List the key objectives in a SMART format</i>
3. SUMMARY OF EXPECTED OUTCOMES AND SUCCESS CRITERIA	<i>Describe the expected and desired outcome for each objective, and the measures to be used to assess by which success will be measured. Include how you will measure whether the project has been a success overall and the success of joint working.</i>
4. CONTEXT, BACKGROUND AND SUPPORTING EVIDENCE	<i>Include national policy context (e.g. NICE guidance, NSFs, national targets/standards, White Paper(s), national reports) description of local situation using local data, for example CCG performance indicators for the relevant clinical area such as admission rates, death rates. Refer to relevant local policies.  Insert any clinical trial, pharmacoeconomic data or other supporting evidence.</i>
5. STAKEHOLDER OPINION AND SUPPORT	<i>Include current knowledge of stakeholder opinion and support (e.g. local expert opinion, NHS independent reviews) and plans to generate further support.  Include opinions from relevant local patient groups, and any assessments of patient views in this area.</i>
6.. NAMES OF THE PARTNER ORGANISATIONS INVOLVED IN THE JOINT WORKING ARRANGEMENT	
7. NAMES OF LEAD REPRESENTATIVES FOR EACH ORGANISATION	<i>Names of lead contacts for each organisation involved</i>
8. EXACT NATURE OF THE JOINT WORKING PROPOSAL	<i>Brief description of the project, the project outline and plan, what each party will contribute to the project and how resources will be used.</i>

9. INITIAL RISK ASSESSMENT	<i>Provide an assessment of the risks and benefits of the project. Include: Organisational benefits and risks Clinical benefits and risks Financial benefits and risks</i>
10. START DATE	
11. FINISH DATE	
12. EXIT STRATEGY	<i>Describe the steps that will be taken upon completion of the joint working arrangement. Also the steps to be taken should any party wish to terminate the arrangement before the planned finish date.</i>
<b>II. RESOURCES AND COSTS</b>	
1. OVERALL COST OF THE JOINT WORKING PROJECT	<i>Include financial costs for all parties</i>
2. DIRECT AND INDIRECT RESOURCES / COST COMMITMENTS BY EACH PARTNER	<i>Indicate resources required by each party to undertake the project and where these will come from and where these will come from. Outline which NHS/company budget(s) might be appropriate source of funding and how funding will be managed Resources include  Staffing ( including project management) Equipment Expertise Finance IT</i>
3 SERVICE IMPACT	<i>Describe the impact the project will have on other services Include :  Staff workload Equipment and resources Prescribing budget Primary care Secondary care</i>
4. METHOD FOR MONITORING AND RECORDING RESOURCE AND COSTS	<i>Describe how the funding will be managed. Who will have authority to make decisions regarding funding. How will funding be accessed?</i>
5. INFORMATION ON COST EFFECTIVENESS (Has value for money been shown?)	<i>Describe how will value for money / cost effectiveness be measured and demonstrated</i>
6. ARRANGEMENTS FOR LONGER TERM FUNDING IMPLICATIONS OF PROJECT (To be clear and unambiguous)	

<b>III. GOVERNANCE ARRANGEMENTS</b>	
1. PARTIES CONSULTED PRIOR TO INITIATING JOINT WORKING PROJECT AND HOW CONSULTATION WAS CONDUCTED	
2. METHOD FOR INFORMING PATIENTS OF THE JOINT WORKING PROJECT	
3. DECISION MAKING PROCESSES WITHIN THE JOINT WORKING PROJECT (To be open and transparent)	<i>Describe how decisions will be made Who will have authority to make decisions regarding allocation of resources. How will they be reported within the organisations</i>
4. OPERATIONAL AND MANAGEMENT ACCOUNTABILITIES (Include identified conflicts of interest)	<i>Describe how the project will be managed Give details of potential steering group members Outline their roles, responsibility and accountability Outline any potential conflicts of interest for any parties or individuals involved with the project and how these will be managed</i>
5. MANAGEMENT OF RISKS	<i>Describe how the risks identified in section I will be managed / addressed to minimise their impact</i>
6. PILOTING ARRANGEMENTS (State if this project is a pilot)	
7. RELATIONSHIP TO EXISTING SYSTEMS OF CARE IN PRIMARY AND SECONDARY CARE SECTORS	
8. FOR CLINICAL SERVICES, PROFESSIONAL INDEMNITY AND LIABILITY ARRANGEMENTS	
9. WRITTEN AGREEMENT STATING OBLIGATIONS OF CONFIDENTIALITY, SECURITY STANDARDS AND LIMITS OF USE OF INFORMATION TO THE PURPOSES SPECIFIED	
<b>IV. MONITORING AND EVALUATION</b>	
1. MANAGEMENT ARRANGEMENTS	<i>Describe the arrangement for monitoring and evaluating the project against the outcome criteria outlined in section I.</i>
2. LIST DESIGNATED RESPONSIBILITY AT EACH STAGE OF THE PROPOSAL	<i>List the roles and responsibilities for delivery of the project at each of the following stages Development Approval Implementation Monitoring &amp; Evaluation</i>
3. METHOD OF EVALUATING PATIENT BENEFITS ON COMPLETION	<i>Describe how the project impact on patients will be measured</i>
4. LEARNING OPPORTUNITIES FROM THIS PROJECT	

5. EVALUATION AND AUDIT ARRANGEMENTS	<i>Describe evaluation and audit methods: what quantitative data will be used, (e.g. ePACT data, hospital prescribing data, admission rates, death rates); what qualitative measures will be used (if any).</i>
6. METHOD FOR HIGHLIGHTING SIGNIFICANT PROBLEMS	<i>Describe how any significant problems during the course of the project will be addressed.</i>
<b>V. DATA AND PATIENT PROTECTION</b>	
1. LIST INTERESTS OF PARTNERS IN RELATION TO THE JOINT WORKING PROPOSAL, AND WHERE THESE COINCIDE	
2. LIST POTENTIAL CONFLICTS OF INTEREST	
3. IDENTIFY "OWNERSHIP" OF THE DATA GENERATED BY THE PROJECT	
4. DESCRIBE ACCESS ARRANGEMENTS FOR THE DATA, AND FORMAT (Bearing in mind the requirements of the Data Protection Act and patient confidentiality of healthcare records)	
5. USE DATA WILL BE PUT TO	

**VI. DECLARATION OF INTERESTS**

YES

NO

**If yes, qualify by inserting a tick in one box in column A and one in column B**

<b>A</b>		<b>B</b>	
Personal	<input type="checkbox"/>	Specific	<input type="checkbox"/>
Non-Personal	<input type="checkbox"/>	Non Specific	<input type="checkbox"/>

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Personal** implies that you (or your spouse / partner) receive direct payment for services or hold shares in the relevant company concerned or a competitor.

**Non-Personal** implies that your unit benefits by receiving funding from the company.

**Specific** implies that you have undertaken work or given advice on other products made by the relevant manufacturer.

This system is based on that used by the Commission on Human Medicines and other national drug regulatory bodies.

**Notification of Receipt of Hospitality, Gifts or Sponsorship**

Name (please print)	
Position within CCG	
Contact Telephone Number	
<p>Details of the Hospitality, Gift or Sponsorship and the approximate value.</p> <p>Please also give details of the form in which the hospitality was accepted e.g. tickets, cheque, and voucher.</p>	
<p>Organisation/Person offering the hospitality, gif or sponsorship.</p> <p>Please include the address and contact number.</p>	
<p>The reason for accepting the offer</p> <p><b>OR</b></p> <p>The reason for refusing the offer</p>	
Any other relevant information	
<b>Signed:</b>	<b>Date:</b>
<b>Signature of Line Manager (where relevant):</b>	
<b>Please forward to:</b>	<b>Designated Governance Lead</b>