NHS
Surrey Downs
Clinical Commissioning Group

Working with the Pharmaceutical Industry Policy

Policy ID	FBC05
Version	1.6
Author	Kevin Solomons, Head of Medicines Management
Approving Committee	Audit Committee
Date agreed	25/11/16
Next review date:	25/11/18

Version History

Version	Date	Reviewer Name(s)	Comments
1.0	July 2015	Kevin Solomons	Initial draft
1.2	18 August 2015	Kevin Solomons	Updated following review by Helen Marlow and Kevin Solomons
1.3	25 August 2015	Kevin Solomons / Edward Harrower	Minor amendments following review by Edward Harrower (TIAA)
1.4	26 August 2015	Justin Dix	Formatting changes, cross referencing and branding only
1.5		Jo Silcock	Updated following NHS England guidance
1.6	24 October 2016	Helen Marlow	Updated following review by Surrey Downs GP Prescribing Leads Group

Equality Statement

Surrey Downs Clinical Commissioning Group (Surrey Downs CCG) aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the Human Rights Act 1998 and promotes equal opportunities for all. This document has been assessed to ensure that no-one

receives less favourable treatment on grounds of their gender, sexual orientation, marital status, race, religion, age, ethnic origin, nationality, or disability.

Members of staff, volunteers or members of the public may request assistance with this policy if they have particular needs. If the person requesting has language difficulties and difficulty in understanding this policy, the use of an interpreter will be considered.

Surrey Downs CCG embraces the four staff pledges in the NHS Constitution. This policy is consistent with these pledges.

EQUALITY ANALYSIS

This policy has been subject to an Equality Analysis, the outcome of which is recorded below.

		Yes, No or N/A	Comments
1.	Does the document/guidance affect one group less or more favourably than another on the basis of:		
	Gender (Men and Women)		
	Race (All Racial Groups)		
	Disability (Mental, Physical and Carers of Disabled people)		
	Religion or Belief		
	Sexual Orientation (Heterosexual, Homosexual and Bisexual)		
	Pregnancy and Maternity		
	Marital Status (Married and Civil Partnerships)		
	Transgender		

	Age(People of all ages)		
2.	Is there any evidence that some groups are affected differently?		
3.	If you have identified potential discrimination, are there any exceptions valid, legal and/or justifiable?		
4.	Is the impact of the document/guidance likely to be negative?		
5.	If so, can the impact be avoided?		
6.	What alternative is there to achieving the document/guidance without the impact?		
7.	Can we reduce the impact by taking different action?		

For advice in respect of answering the above questions, please contact the Corporate Office, Surrey Downs CCG. If you have identified a potential discriminatory impact of this procedural document, please contact as above.

Names and Organisation of Individuals who carried out the Assessment	Date of the Assessment

Acknowledgement

This policy is based on policies developed by Merton CCG, Croydon CCG and North East London CSU and is gratefully acknowledged.

Contents:

1 Introduction

1.1 This policy sets out how NHS Surrey Downs Clinical Commissioning Group (CCG) will work with the pharmaceutical industry and is in line with the NHS Surrey Downs CCG Constitution and local and national guidance.

1.2 This policy :

- Sets out a framework for Surrey Downs CCG to build effective and appropriate working relationships with the pharmaceutical industry to achieve its strategic objectives and delivery of national and local priorities;
- Informs and advises staff of their main responsibilities when entering into joint working and sponsorship 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;
- Highlights that NHS staff are accountable for achieving the best possible health care within the resources available.

1.3 Member practices of Surrey Downs CCG should adhere to the principles of this policy in any interactions they have with the Pharmaceutical Industry.

1.4 DH Guidance[i] 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. NHS organisations are required to consider fully the arrangements of any sponsorship deal on the wider impact on healthcare services.

2 Scope

2.1 This document is intended as policy for Surrey Downs CCG and its staff who are considering sponsorship, joint working and training arrangements with the pharmaceutical industry or other organisations potentially supplying NHS with clinical support (including third party commercial organisations).

2.2 For the purposes of this policy, all references to the “pharmaceutical industry” also refer to other organisations potentially supplying NHS with clinical support, e.g. homecare companies, manufacturers of nutritional products, manufacturers/suppliers of stoma and continence products, other companies whose products are subject to the licensing provisions of the Medicines Act, third party commercial organisations

2.3 This policy is to be used in conjunction with other relevant policies, namely:

CG06 Incident Reporting

CG08 Procurement Policy

FBC01 Fraud, Bribery and Corruption Policy

FBC02 Receipt of Hospitality, Gifts and Inducements

FBC03 Standards of Business Conduct

FBC04 Conflict of Interest

HR03 Disciplinary Policy

HR09 Whistleblowing Policy

Appendix G of the CCG's constitution (Nolan Principles)

2.4 For the purposes of this policy, the term "staff" refers to all health professionals working for Surrey Downs CCG and independent contractors, locum practitioners working under the NHS terms and conditions in Surrey Downs CCG. It applies to any member of CCG employed staff and anyone representing Surrey Downs CCG, e.g. in a board role, or local experts.

2.5 Member practices of Surrey Downs CCG should utilise the principles of this policy in any interactions they have with the Pharmaceutical Industry.

2.6 Department of Health (DH) Commercial Sponsorship – Ethical Standards for the NHS[ii] defines commercial sponsorship as *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 meeting, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.*

2.7 Department of Health (DH) Best Practice Guidance for Joint Working between the NHS and the Pharmaceutical Industry[i] defined **joint working** 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. Joint working agreements and management arrangements are conducted in an open and transparent manner*. Joint working differs from **sponsorship**, where pharmaceutical companies simply provide funds for specific event or work programme. For the purpose of this policy all collaborative projects with the pharmaceutical industry should be considered as joint working.

2.8 This policy considers various situations in which the CCG or its staff will have interactions with the pharmaceutical industry (or third party commercial organisations).

2.9 Issues relating to sponsorship from other non-pharmaceutical commercial organisations are not covered by the appendix to the policy.

3 Aims and Objectives

3.1 The aim of this policy is to:

- Assist Surrey Downs CCG to achieve its objectives and delivery of national and local priorities by building effective and appropriate working relationships with the pharmaceutical industry.

- Inform and advise staff of their main responsibilities when entering into joint working and sponsorship arrangements with the pharmaceutical industry.

- 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.

3.2 Staff are reminded that at all times they have a responsibility to comply with their own professional codes of conduct, and that representatives of the pharmaceutical industry must comply with the *ABPI Code of Practice for the Pharmaceutical Industry*[iii] and ABPI Guidance notes on Joint Working between pharmaceutical companies and the NHS and others for the benefit of patients.[iv]

4 Values

4.1 In line with the NHS Code of Conduct[v] three public service values underpin the work of the NHS:

- Accountability – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements of propriety and professional codes of conduct;

- Probity – there should be an absolute standard of honesty in dealing with the assets of the NHS. Integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties; and

- Openness – there should be sufficient transparency about NHS activities to promote confidence between the organisation and its staff, patients and the public.

4.2 Where staff enter into any joint working with the pharmaceutical industry, their conduct should also adhere to the following values in order to ensure:

- Transparency and trust
- Appropriateness of projects

- Patient focused
- Value for money
- Reasonable contact
- Responsibility
- Impartiality and honesty
- Truthfulness and fairness
- Information Governance (IG) - Data Protection and Confidentiality rules when third parties access GP notes to perform audits and case note reviews.

5 Principles of Joint Working and Commercial Sponsorship

5.1 Joint working must be for the benefit of patients or of the NHS and preserve patient care. Any joint working between the NHS and the pharmaceutical industry (or third party commercial organisations working on their behalf) 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.

5.2 The following principles will also apply to joint working:

5.2.1 Professional codes of conduct as described in extant NHS guidance.

5.2.2 Schemes must not be linked to the purchase and supply of particular products and company must agree not to promote or advertise its own products within the work it is supporting.

5.2.3 Clinical aspects of care, including the development of guidelines or protocols should be reviewed and overseen by the Surrey-wide Prescribing Clinical Network (PCN), the Medicines Commissioning Group (CCG) or the CCG's Medicines Optimisation Group where deemed appropriate.

5.2.4 Any joint working arrangements agreed must be consistent with existing local prescribing policies and clinical guidelines.

5.2.5 Contract negotiations will be negotiated in line with the NHS values and in line with Surrey Downs CCG standing financial instructions.

5.2.6 Confidentiality of information received in the course of duty must be respected and never used outside the scope of the specific project.

5.2.7 Joint working arrangements should take place at a corporate, rather than an individual level.

5.2.8 All joint working schemes will require approval by the Executive Management Team with a recommendation from the CCG working with the Pharmaceutical Industry Panel.

5.2.9 Clinical and financial outcomes will be assessed by the CCG working with the Pharmaceutical Industry Panel, following the process described in section 7 and summarised in Appendix 1, with a recommendation to the Executive Management Team.

5.2.10 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.

5.2.11 All joint working schemes will be time-limited. Repeat offers to undertake work on a rolling basis will need to be re-considered through the approval process if outside of the originally agreed timescales.

5.2.12 Member practices approached by pharmaceutical companies (or third parties) with offers of clinical support should seek clarification from the CCG's medicines management team as to whether this constitutes joint working requiring CCG approval.

5.2.13 Examples of particular areas of potential joint working (not exhaustive) include:

- Training and development of staff - some companies offer management and organisational development training.
- Development and implementation of prescribing strategies, protocols or guidelines (including guideline publication costs).
- Educational leaflets - companies may contribute to the cost of producing leaflets in exchange for the company logo being printed on the leaflet, where the size and position of the logo is agreed by the CCG.
- Information technology and other data collection tools.
- Funding of all or part of the costs of a member of staff.

5.3 Joint working is unlikely to be approved in the following areas:

- The provision of free pharmaceutical starter packs. This promotes prescribing of a particular product and compromises purchasing decisions
- Where offers to support a switch to one particular drug / product is made which may be seen as restricting patient choice (where the local formulary states more than one preferred choice) and alternative providers have not been requested to make a case

for their drug / product. The CCG should be seen to be impartial and independent of commercial organisations.

- Equipment – equipment for use in the NHS should be procured by the NHS to ensure that it meets required standards.

6 Confidentiality and Data Protection

6.1 NHS data is confidential, and may also be copyright, therefore may not be shared with pharmaceutical companies. Any joint working agreement should comply with the legal and ethical requirements for the protection and use of patient information and other NHS information, following Surrey Downs CCG Information Governance Policy.

6.2 All patient identification should be removed from data before it is given to the company, data should not be removed by the third party or used for any other purpose. Reports or information from the work should not be used or published elsewhere without explicit permission from the NHS organisation concerned.

6.3 Arrangements should never be agreed whereby personnel from external companies can gain unauthorised access to patient or staff records; in all cases a confidentiality agreement must be signed between the external company and the NHS organisation. If a non-NHS employee is working on behalf of an NHS organisation they should have an honorary contract and a DBS check.

7 Approval of Joint Working Arrangements

7.1 Surrey Downs CCG has a mechanism in place for approval of any joint working arrangements see **Appendix 1**.

7.2 Individuals seeking joint working approval should initially fill out **Appendix 2 Joint working with the Pharmaceutical Industry Screening Checklist** and discuss with the Head of Medicines Management or nominated deputy.

7.3 If it is agreed that the project has potential, **Appendix 3 Surrey Downs CCG Joint Working Framework** should be completed and submitted to the Head of Medicines Management, for consideration by the CCG working with the Pharmaceutical Industry Panel (consisting of the CCG Clinical Chair or nominated deputy, the Director of Commissioning and Strategy or nominated deputy and the Head of Medicines Management (or nominated deputy). The panel will review the submission taking into consideration the impact on medicines optimisation priorities both in Surrey Downs CCG and the local NHS landscape as well as local formulary decisions. If one or more members of the panel are unavailable for a prolonged period, an external GP who sits on the Primary Care Committee will be requested to support the review process.

7.4 If approved as being a clinically appropriate scheme that fits with the Surrey Downs CCG Operating Plan and key clinical and commissioning priorities, the panel's decision will be submitted to the Executive Management Team for approval.

7.5 For more complex projects Surrey Downs CCG will require a Business Case, Joint Working Agreement and Project Initiation Document (PID). Information on these frameworks can be found on **DH Moving beyond sponsorship: Interactive toolkit for joint working between NHS and the pharmaceutical industry August 2010**[vi].

7.6 Proposals and the outcomes of assessment by the CCG will be entered on the Surrey Downs CCG register of submitted proposals. Proposals should be accompanied by an Action Plan that sets out what should be done by whom and by when. Joint working agreements will be monitored to agreed outcome measures. Either side can terminate if these outcome measures are not achieved.

8 Sponsorship: Hospitality and meetings

8.1 NHS staff should follow the principles outlined in the Standards of Business Conduct for NHS Staff: HSG (93)5[vii] (as amended) and The ABPI Code of Practice for the Pharmaceutical Industry 2015[iii] relating to meetings and hospitality from the pharmaceutical/external industry.

8.2 Any acceptance of sponsorship for CCG organised events will take into account the values and principles outlined in sections 4 and 5 of this policy. Sponsorship should not influence purchasing decisions and it must be clear that sponsorship does not imply Surrey Downs CCG endorsement of any product or company. There should be no promotion of products apart from that agreed in writing in advance.

8.3 Final approval of any sponsorship must be obtained from an Executive Director of the CCG or, in the case of an Executive Director, must first obtain the approval of the Chief Officer, or in the case of the Chief Officer or Non-Executive Directors, must first obtain the approval of the Chair.

8.4 All requests for sponsorship of a meeting, educational or training event by the pharmaceutical industry (e.g. venue, refreshments, expenses of practitioners attending the event etc) should be made using the form in **Appendix 4 Pharmaceutical Company Sponsorship Form for Educational and Training Events**, and advice sought from the Head of Medicines Management (or nominated deputy) before being submitted for final approval.

8.5 The outcome of a sponsorship application (approved /declined) must then (within 14 days of receipt) provide the Governing Body Secretary with details of the gift and/or hospitality and its source/provider, so that details can be entered in the CCG's Register of Gifts, Hospitality and Inducements.

8.6 When organising any sponsorship, staff should always consider approaching a number of potential sponsors so that the organisation is not seen to be favouring one particular company or product.

8.7 Summary reports will be presented to the Audit Committee every 6 months, and to the Governing Body as per the Hospitality and Gifts policy by the Governing Body Secretary.

8.8 The CCG, for example via “Start The Week”, will only promote educational events that have been sponsored by the pharmaceutical industry when they have been organised by the NHS through an unrestricted educational grant

8.9 **Sponsorship for training is accepted on the understanding that**:

8.9.1 The person in the CCG responsible for organising the meeting retains overall control of the event.

8.9.2 Hospitality must be secondary to the purpose of the meeting and the level of hospitality should be appropriate

8.9.3 Where training is sponsored by external sources, the fact must be disclosed in the papers relating to the meeting and in any published proceedings, e.g. minutes, action notes.

8.9.4 Any material used to promote a sponsored educational event will exclude product advertisement, and must be agreed by a CCG Clinical Director (or nominated deputy) and the Head of Medicines Management (or nominated deputy) prior to circulation

8.9.5 Any written training material provided by the pharmaceutical company must be approved by the Head of Medicines Management (or nominated deputy) and should not promote a specific product(s) (the name of the company supporting the training event is acceptable).

8.9.6 The sponsor does not have the right to present any material or provide any speakers for the meeting Companies should agree in advance with the CCG what products they may or may not promote at any meeting they sponsor.

8.9.7 Where the organiser considers additional value may be gained from a presentation by the sponsor, the presentation must be agreed by a CCG Clinical Director (or nominated deputy) and the Head of Medicines Management (or nominated deputy) in advance of the meeting.

8.9.8 The sponsor does not use Surrey Downs CCG contact to promote products outside the meeting.

8.9.9 Any stand the sponsor used to promote products is to be outside the main meeting room where practicable.

8.9.10 Attendance of the meeting by the sponsor is at the discretion of the CCG meeting organiser and must be agreed before the meeting and disclosed.

8.9.11 Any payment / free resource (gift, hospitality, honoraria etc) must be declared using the Gifts & Hospitality Form and submitted to the Governing Body Secretary.

8.10 If the CCG becomes aware of any unapproved sponsorship, swift and appropriate action will be taken to bring the situation within the requirements of the policy.

9 Surrey Downs CCG staff (including members in board roles, Commissioning Support Unit staff or Clinical Leads) relationship with Pharmaceutical Industry - Hospitality/Gifts, Conflicts of Interest and Payments

9.1 NHS staff should follow the principles outlined in the

- Standards of Business Conduct for NHS Staff: HSG (93)5, (as amended)[vii];
- Surrey Downs CCG Hospitality, Gifts and Sponsorship Policy;
- Surrey Downs CCG Anti-Bribery Policy;
- The ABPI Code of Practice for the Pharmaceutical Industry 2016[iii] relating to the pharmaceutical/external industry.

9.2 **Hospitality/Gifts** - In line with the Surrey Downs CCG Hospitality, Gifts and Sponsorship policy, all staff, GP Partners and people working on CCG business are expected to declare all gifts, hospitality or material benefits received or declined by themselves or their practice. Gifts of small or inexpensive nature such as calendars or diaries or other inexpensive items such as flowers or chocolates may be accepted. This type of gift can easily be distinguished from more expensive, substantial items which cannot on any account be accepted. If there is any doubt as to whether the acceptance of such an item is appropriate, or there is a regular giving of such gifts then the matter should be referred to the Governing Body Secretary.

9.3 Staff must seek permission in advance, from an Executive Director, to receive commercial sponsorship for attendance at relevant conference and courses. The manager must be satisfied that acceptance will not compromise purchasing decisions. The staff member must declare the sponsorship on the Gifts & Hospitality Form and sent to the Governing Body Secretary. Companies must not provide hospitality to members of the health professions and appropriate administrative staff except in association with scientific meetings, promotional meetings and scientific congresses and other such meetings.

9.4 **Anti-Bribery and Corruption -** Surrey Downs CCG wishes to encourage anyone having reasonable suspicions of bribery to report them. Surrey Downs CCG policy, which will be rigorously enforced, is that no individual will suffer any detrimental treatment as a result of reporting reasonably held suspicions. The Public Interest Disclosure Act 1998 came into force in July 1999 and gives statutory protection, within defined parameters, to staff who make disclosures about a range of subjects, including bribery and corruption; which they believe to be happening within the Group employing

them. Within this context, “reasonably held suspicion” means any suspicions, other than those which are raised maliciously and are subsequently found to be groundless.

9.5 **Conflicts of interest -** All staff, GP Partners and people working on CCG business must declare links with the pharmaceutical industry (see Surrey Downs CCG Standards of Business Conduct and Managing Conflicts of Interest Policy). All staff, GP Partners and people working on CCG business must:

- Make a bi-annual declaration of interests
- Make a declaration of a new interest within 28days of its identification

The declaration should be made on the standard Declaration of Interest Form and submitted to the CCG Governing Body Secretary. The information will be made widely available so that any conflicts of interest can be avoided.

9.5.1 Potential **personal** conflicts of interest that should be reported include:

- Direct holding of stock in a Pharmaceutical company (other than in a Trust or pooled investment over which the holder has no direct control of individual stocks)
- Receipt teaching or training from the Pharmaceutical Industry
- Provision of consultancy services to the Pharmaceutical Industry
- Acting as a trainer / teacher for the Pharmaceutical Industry
- Receipt of hospitality from a Pharmaceutical Company (including gifts, meals, costs for hotels and transport to meetings / conferences etc.) at local or regional international conferences.
- Accepted invitations for regional or international meeting(s) from the Pharmaceutical Industry
- Received or accepted fees for chairing educational event (s) from the Pharmaceutical Industry
- Undertaking a clinical leadership role directly or indirectly funded by the Pharmaceutical Industry

9.5.2 Potential **non-personal** conflicts of interest that should be reported include:

- Contractual arrangements with a pharmaceutical company or its agent of a pecuniary nature or non-pecuniary nature (e.g. supply of a specialist nurse, payment for nursing hours, support for research projects, audits or database development)
- Equipment purchased for the department / clinic/ practice
- Non-contractual arrangement for research, audit support or other activity
- Staff training

9.5.3 Staff attending any NHS meeting where pharmaceutical products are discussed should declare any specific conflicts of interest to the Chair of the meeting.

9.6 **Payments for Outside Work -** NHS employees are advised not to engage in outside employment which may conflict with their NHS work, or be detrimental to it. They should tell their NHS employing authority if they think there may be a conflict of interest in this

area: the NHS employer will be responsible for judging whether the interests of patients could be harmed, in line with the principles in section 4.

9.6.1 Prior approval must be obtained by Surrey Downs CCG staff from an Executive Director (or from the chair for an Executive Director), before taking on any outside work for the pharmaceutical industry e.g. chairing meetings, speaking at meetings, industry guideline developments.

9.6.2 If the work is carried out in NHS time, i.e. during the normal working day, without the member of staff taking annual leave, the fee should either be refused, or if accepted, be paid to a budget agreed with the line manager in advance of undertaking the activity.

9.6.3 A fee can be accepted for work carried out in the staff members own time, but this should be approved by their line manager in advance of undertaking the activity.

9.6.4 It must be made clear to the audience the capacity in which the member of staff is engaging, i.e. unless officially representing the CCG, their role at the CCG must not be used on the materials.

9.6.5 If working in an approved CCG capacity, the views of the CCG need to be reflected. If it involves medicines related issues, speak to the Head of Medicines Management (or nominated deputy) before the event.

9.6.6 Contact details e.g. CCG e-mail groups available to staff in their CCG capacity should not be used to disseminate meeting information or shared with the pharmaceutical industry.

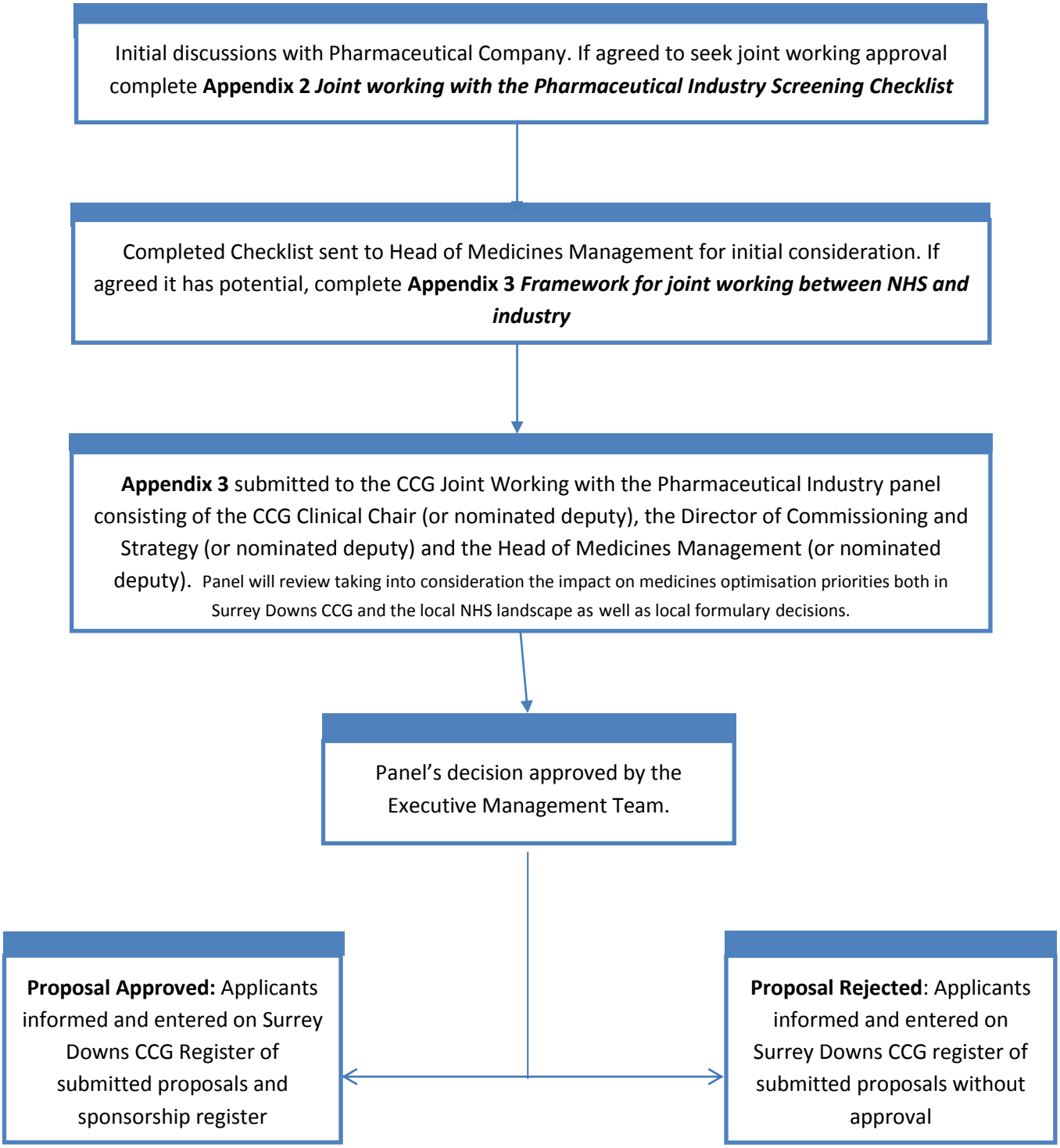
9.6.7 Information gathered in the capacity of a CCG role must not be disclosed to the members of the pharmaceutical industry without explicit approval from the relevant CCG.

9.6.8 The payment must be declared using the Gifts & Hospitality Form and submitted to the Governing Body Secretary.

10 References

[i] Department of Health, 2008. Best practice guidance for joint working between the NHS and the Pharmaceutical industry.
[ii] Department of Health, 2000. Commercial Sponsorship – Ethical Standards for the NHS
[iii] ABPI, 2016. The ABPI Code of Practice for the Pharmaceutical Industry 2016.
[iv] ABPI Guidance notes on Joint Working between pharmaceutical companies and the NHS and others for the benefit of patients.
[v] Department of Health, 2004. Code of Conduct: Code of Accountability in the NHS. 2nd Ed
[vi] DH Moving beyond sponsorship: Interactive toolkit for joint working between the NHS and the pharmaceutical industry August 2010.
[vii] Standards of Business Conduct for NHS Staff: HSG (93)5 (as amended).
[viii] Guidance for CCGs on Managing conflicts of Interest: NHS. June 2016

Appendix 1: Joint Working with Pharmaceutical Industry – Process for Decision Making



Appendix 2

Joint Working with the Pharmaceutical Industry Screening Checklist - Issues to Consider

Completed by: **Date:**

Question	Yes/No	Comments
1. Is the commercial organisation a legitimate registered company?		
2. Does the scheme have aims and objectives? Are they written, and been signed by a responsible officer?		
3. Are copies of protocols that will be used available? Who will be using them?		
4. Are the clinical aspects of the scheme of sufficiently high quality? e.g. in line with local guidelines, CCG strategic priorities and best evidence		
5. Are there any patient-related clinical responsibility or accountability issues to consider?		
6. Will outcomes be measured or will the scheme be audited?		
7. Are there any patient interest issues to consider?		
8. Are there any potential conflicts of interest for the NHS and the organisation?		
9. Who owns the data and how will it be used?		
10. Are there any legal issues to consider? Does the scheme comply with the law?		
11. Does the scheme fit in with existing NHS services?		
12. Does the scheme have any implications for other aspects of healthcare? e.g. create demand for lab tests, increase demand on other services		
13. How will the scheme be managed and who is accountable for the scheme?		
14. Will there be any recurrent costs to pick up, and who will be responsible for these?		
15. Is there any potential that the scheme could cause harm to patients?		

Return to Surrey Downs CCG Head of Medicines Management

Appendix 3

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	
3.	CCG STRATEGIC FIT	
4.	SUMMARY OF EXPECTED OUTCOMES	
5.	NAMES OF THE PARTNER ORGANISATIONS INVOLVED IN THE JOINT WORKING ARRANGEMENT	
6.	NAMES OF LEAD REPRESENTATIVES FOR EACH ORGANISATION	
7.	EXACT NATURE OF THE JOINT WORKING PROPOSAL AND SUPPORTING EVIDENCE– INCLUDE COMPLETED CCG EQUALITY AND OTHER IMPACT ASSESSMENTS	
8.	BENEFITS FOR PATIENTS	
9.	START DATE	
10.	FINISH DATE	
11.	EXIT STRATEGY	

II.	RESOURCES AND COSTS (IF APPLICABLE FOR JOINT WORKING)	
1.	OVERALL COST OF THE JOINT WORKING PROJECT	
2.	DIRECT AND INDIRECT RESOURCES / COST COMMITMENTS BY EACH PARTNER	
3.	METHOD FOR MONITORING AND RECORDING RESOURCE AND COSTS	
4.	INFORMATION ON COST EFFECTIVENESS (Has value for money been shown?)	
5.	ARRANGEMENTS FOR LONGER TERM FUNDING IMPLICATIONS OF PROJECT (To be clear and unambiguous)	

III.	GOVERNANCE ARRANGEMENTS	
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)	
4.	OPERATIONAL AND MANAGEMENT ACCOUNTABILITIES (Include identified conflicts of interest)	
5.	PILOTING ARRANGEMENTS (State if this project is a pilot)	
6.	RELATIONSHIP TO EXISTING SYSTEMS OF CARE IN PRIMARY AND SECONDARY CARE SECTORS	
7.	FOR CLINICAL SERVICES, PROFESSIONAL INDEMNITY AND LIABILITY ARRANGEMENTS	
8.	WRITTEN AGREEMENT STATING OBLIGATIONS OF CONFIDENTIALITY, SECURITY STANDARDS AND LIMITS OF USE OF INFORMATION TO THE PURPOSES SPECIFIED	
9.	RISKS IDENTIFIED, RISK SCORE (USE CCG RISK MATRIX) AND MITIGATION	

IV.	MONITORING AND EVALUATION	
1.	MANAGEMENT ARRANGEMENTS	
2.	LIST DESIGNATED RESPONSIBILITY AT EACH STAGE OF THE PROPOSAL	
3.	METHOD OF EVALUATING PATIENT BENEFITS ON COMPLETION	
4.	LEARNING OPPORTUNITIES FROM THIS PROJECT	
5.	AUDIT ARRANGEMENTS	
6.	METHOD FOR HIGHLIGHTING SIGNIFICANT PROBLEMS	

V.	DATA AND PATIENT PROTECTION	
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, information governance and patient confidentiality of healthcare records)	
5.	USE DATA WILL BE PUT TO	

VI. DECLARATION OF INTERESTS YES ☐ NO ☐

If Yes, indicate below name of person and qualify by inserting a tick in one box in column A and one in column B

Name	A		B		Detail
	Personal		Specific		
	Non-Personal		Non Specific		
	Personal		Specific		
	Non-Personal		Non Specific		
	Personal		Specific		
	Non-Personal		Non Specific		
	Personal		Specific		
	Non-Personal		Non Specific		

Name:

Signature _____ Date _____

Return to Surrey Downs CCG Head of Medicines Management for submission to the CCG Joint Working with the Pharmaceutical Industry panel

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.

Appendix 4

Pharmaceutical Company Sponsorship Form for Educational and Training Events

All requests for sponsorship by the pharmaceutical industry of a CCG meeting, educational or training event should be submitted on this form.

To be completed by the event organiser. Please attach details of meeting.

Name of Company:	
Title of meeting:	
Date of meeting:	
Venue:	

Sponsorship is accepted on the understanding that: -

- The CCG meeting organiser retains overall control of the event
- Material used to promote the event will not include specific product advertisement and must be agreed by the CCG prior to circulation
- The sponsor does not have a right to present any material or provide any speakers for the meeting.
- The sponsor must agree in advance with the CCG which products they may promote at the meeting.
- Where the organiser considers additional value may be gained from a presentation by the sponsor, that the content of the material is agreed in advance of the meeting by the CCG.
- Any written training material provided by the pharmaceutical company must be approved by the CCG and should not promote a specific product(s) (the name of the company supporting the training event is acceptable).
- The sponsor does not use Surrey Downs CCG contact to promote products outside the meeting
- Any stand the sponsor uses to promote products is to be outside the main meeting room where practicable
- Honorarium received by any speakers or chair are declared
- Attendance of the meeting by the sponsor is at the discretion of the CCG meeting organiser and must be agreed before the meeting and disclosed. If a sponsor is attending, please indicate name below. If approved, this must be made clear to attendees and chair of meeting at the start of the meeting.

  Name : .....

  Designation:.....

Please confirm that you accept the terms detailed above

Signed ..... Date .....

Print name ..... Company .....

For CCG Use Only – CCG meeting organiser

Submitted by: Name:

Department:

Date:

Telephone number:

Email:

Sponsorship should be disclosed in all papers relating to the event, for example "meeting kindly sponsored through an unrestricted educational grant from X company" .

Medicines Management recommendation

Approved / declined (please delete as appropriate)

Name:

Signature: Date:

Executive Management Team approval

Approved / declined (please delete as appropriate)

Director Name:

Signature: Date:

Checklist for sponsored meetings	
Sponsorship disclosed in meeting papers	
Meeting promotional material approved	
Sponsor attendance at the meeting approved	
Training material approved (if applicable)	
Product(s) to be promoted approved	
Presentation supported by sponsor approved (if applicable)	

A copy of this form should be submitted to the Governing Body Secretary to record on relevant corporate registers.