NHS
Warwickshire North
Clinical Commissioning Group

Commercial Sponsorship Policy and Procedure

Quality & Equality First

Contents

Appendices

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Version Control

Date	Version	Comment / Update
April 2013	V1	Draft prepared by Director of Operations
June 2013	V2	Updated as final version for Governing Body review and approval on 27 June 2013
June 2013	V3	Updated following comments made at Governing Body on 27 June 2013
December 2014	V4	Clinical Quality Safety and Governance Committee reviewed and approved the updated policy. Policy recommended by the Committee to the Governing Body for approval to adopt.
January 2015	V4	The Governing Body approved the adoption of the Policy.

1. INTRODUCTION

1.1. NHS Warwickshire North Clinical Commissioning Group (the CCG) respects and values its staff and operates within an environment of mutual openness, honesty and transparency. This policy on Commercial Sponsorship has been developed to protect staff, members and the organisation against contention or allegations of misconduct. This framework is designed to ensure that the policy is applied consistently, and in a way that is transparent. It is therefore important that all CCG staff, members, and the members of the Governing Body and its committees, are aware of their responsibilities in relation to Commercial Sponsorship and understand what they mean in practice.

1.2. By "members" the policy refers to all employees or partners of any constituent practice of NHS Warwickshire North CCG who are acting on behalf of the Clinical Commissioning Group in any representative or formal role.

1.3. All members when undertaking their primary role as independent contractors are expected to be supportive of CCG members and staff in their practices in their compliance with this policy. Related to this are the Bribery Policy, The Gifts and Hospitality Policy and the Counter Fraud, Bribery and Corruption Policy.

1.4. All CCG employees and members should at all times:

- ensure that the interest of the public remains paramount;
- be impartial and honest in the conduct of their official business;
- use public monies to the best advantage of the service, always ensuring value for money; and
- be aware of bias generated through sponsorship where this might impinge on professional judgement and impartiality.

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

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

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

2. COMMERCIAL SPONSORSHIP

2.1. For the purpose of this policy, commercial sponsorship is defined as including: NHS funding from an external source, including funding of all or part of the cost of a member of staff, NHS research, staff, training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services, buildings or premises.

2.2. Commercial sponsorship can take different forms. Collaborative partnerships with industry can have a number of benefits, and a transparent approach across the CCG and independent contractors is essential. NHS bodies are accountable for achieving the best possible healthcare within the resources available. However consideration should be given to the implications of any proposed partnership, its costs and benefits, and an awareness of bias generated through financial contributions from industry where this might impinge on professional judgement and impartiality. High ethical standards must be adhered to at all times.

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

2.4. Before entering into any sponsorship agreement you should:

- be aware that, as a general rule, sponsorships should be at a corporate rather than individual level;
- be satisfied that there are no potential irregularities that may affect a company's ability to meet the conditions of the agreement;
- assess the reasons behind why the organisation wishes to provide the sponsorship and the benefits they will receive;
- assess the costs and benefits in relation to alternative options and ensure decision-making processes are transparent and defensible;
- ensure the agreement has a break clause built-in to enable the agreement to be terminated if it becomes clear that it is not providing expected value for money or clinical, financial and/or organisational outcomes;
- ensure that legal and ethical restrictions on the disclosure of confidential patient information or data derived from such information are complied with; and
- GP practices are advised to consult with the Commissioning Support Unit Medicines and Therapeutics Lead Pharmacist prior to accepting sponsorship (including the loan of temporary clinical or non-clinical staff) from the pharmaceutical industry. The activities of the industry may conflict with best clinical practice and patient pathways that have been agreed within the CCG.

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

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

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

2.8. Any collaborative partnerships involving pharmaceutical companies must comply with the Medicines (Advertising) Regulations 1994 regulation 21 (Appendix A).

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

2.10. Offers of sponsorship in any form to the CCG or its staff and/or members of less than £25 should be approved by a Line Manager or Director before accepting. Offers of sponsorship greater than £25 but less than £500 should be assessed by completing a "Sponsorship Checklist and Approval" form (Appendix C). If all answers to the questions are 'yes' the sponsorship can be approved by an authorised budget signatory within a department/team, and be included within a register, and reported to the Audit Committee at least twice per annum.

2.11. Where sponsorship exceeds £500 and/or the sponsorship is part of a major 'Partnership Working' arrangement a 'Major Sponsorship/Partnership Working Agreement Form' (Appendix D) should be completed and signed by the Chief Officer or Chief Financial Officer. This must be approved before the project proceeds. This will allow a full evaluation of the sponsorship agreement including the governance issues of the project and also for the overall impact of project to be assessed in relation to healthcare priorities.

2.12. Where the Chief Officer or Chief Financial Officer considers that a particular sponsorship may not fit in with national or locally-agreed health priorities and guidelines (including prescribing) he/she will seek advice from other groups such as the Commissioning Support Unit Medicines and Therapeutics Lead Pharmacist before making a final decision. They may attach specific conditions to the approval of major sponsorships. It is the responsibility of the Lead CCG Director involved in the sponsorship to ensure that these conditions are followed. The Director of Integrated Governance will request from the Lead CCG Director, where appropriate, a progress report for all major sponsorship projects. Major sponsorships will also be included in the register and reported to the Audit Committee at least twice per annum.

2.13. There is nothing to prevent staff or members from canvassing businesses to provide sponsorship provided no favouritism is shown and that prior approval is obtained. If, for example, several companies are able to provide the same product/hospitality they should all (or at least a selection) be approached to ascertain their willingness to provide sponsorship. If willing to do so they could then share a sponsorship arrangement or provide it on a rota basis.

2.14. Sponsorship and/or commercial relationships linked to the supply of goods or services will be publicly declared in the register and reported to the Audit Committee at least twice per annum.

2.15. Any offers of sponsorship that could possibly breach this policy should be reported to the Audit Committee at the first opportunity.

2.16. Where meetings are sponsored by external sources this fact must be disclosed in the papers relating to the meeting and in any published proceedings, and should be recorded on a commercial sponsorship form for inclusion in the CCG's register (Appendix C or D).

2.17. A complete list of attendees for any meeting sponsored by external sources shall be provided to the Director of Integrated Governance, normally within 7 days of the meeting, for inclusion in the CCG's register and should be appended to the relevant approval form (Appendix C or D).

2.18. Any trade stand or display must be outside the meeting room. Industry representatives should be excluded from internal meetings about CCG business. (This does not include formal CCG meetings which are open to members of the public).

3. COMMERCIAL CONFIDENTIALITY

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

4. COUNTER FRAUD

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

5. EQUALITY AND DIVERSITY STATEMENT

5.1. WNCCG is committed to ensuring that it treats its employees fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation. An Equality Impact Assessment has been completed for this policy (Appendix E).

5.2. If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you and/or your role, please contact the Director of Integrated Governance.

Appendix A: Extract from The Medicines (Advertising) Regulations 1994

Inducements and hospitality

(1) Subject to paragraphs (2) and (4), where relevant medicinal products are being promoted to persons qualified to prescribe or supply relevant medicinal products, no person shall supply, offer or promise to such persons any gift, pecuniary advantage or benefit in kind, unless it is inexpensive and relevant to the practice of medicine or pharmacy

(2) The provisions of paragraph (1) shall not prevent any person offering hospitality (including the payment of travelling or accommodation expenses) at events for purely professional or scientific purposes to persons qualified to prescribe or supply relevant medicinal products, provided that:
(a) such hospitality is at a reasonable level;
(b) it is subordinate to the main scientific objective of the meeting; and
(c) it is offered only to health professionals.

(3) Subject to paragraph (4), no person shall offer hospitality (including the payment of travelling or accommodation expenses) at a meeting or event held for the promotion of relevant medicinal products unless:
(a) such hospitality is reasonable in level;
(b) it is subordinate to the main purpose of the meeting or event; and
(c) the person to whom it is offered is a health professional

(4) Nothing in this regulation shall affect measures or trade practices relating to prices, margins or discounts which were in existence on 1st January 1993.

(5) No person qualified to prescribe or supply relevant medicinal products shall solicit or accept any gift, pecuniary advantage, benefit in kind, hospitality or sponsorship prohibited by this regulation.

Appendix B: Pharmaceutical Company Representative Policy

Pharmaceutical company representatives may wish to speak with CCG representatives. This is often to introduce themselves and their company or to discuss a particular product they are promoting.

The CCG has agreed the following guidelines:

1. Representatives wishing to discuss service development/joint working related to prescribing within the CCG should discuss their proposals with the Commissioning Support Unit (CSU) Medicines and Therapeutics Lead Pharmacist who will then pass on any relevant information to other appropriate CCG staff or members.

2. Representatives wishing to make an appointment with the CSU Lead Pharmacist should make contact via: medicines.management@ardencsu.nhs.uk when a proforma will be supplied for completion and return. This will enable a more constructive and informed discussion to take place if an appointment is made at a later date.

3. Representatives will not be seen by the CSU Lead Pharmacist without a prior appointment or without going through the above procedure.

4. Following receipt of the completed proforma the CSU Lead Pharmacist will contact the representative if they wish to discuss the product/service development further. Some queries may be dealt with over the ‘phone whilst others may require an appointment.

5. If the CSU Lead Pharmacist does not contact the representative following receipt of the above information then the representative should assume that no further contact is required at this point in time.

6. The CSU Lead Pharmacist may choose to restrict their scope of interest to those drugs/service developments which are relevant to the therapeutic areas in which they are currently concentrating within the CCG.

7. Members of the CSU Medicines and Therapeutics department may take responsibility for seeing certain representatives and feeding back to the other members of the team. This will be discussed with the representative when appointments are made.

Appendix C: Sponsorship Checklist and Approval Form (£25 - £500)

Instructions for Completion
This form should be completed for sponsorship between £25 and £500 in value which has been offered to the CCG or its employees / members. The sponsorship can be approved by a senior manager provided all answers to the questions are 'yes', or for any questions answered 'no' the rationale is considered adequate. This form should then be sent to the Chief Finance Officer for information.

For all sponsorship greater than £500 a more detailed 'Major Sponsorship / Partnership Working Agreement Form' (Appendix D) should be completed and approved by the Chief Officer or Chief Finance Officer of the CCG.

Summary of Sponsorship Offer

Name and Contact Details of Lead CCG Contact liaising with commercial organisation	
Name and contact details of potential sponsor	
Details of proposal including the benefits to the CCG, patients and the potential benefits to the sponsor. What is the money to be spent on?	
Amount of funding and time period involved	

Checklist

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

Note 1: If 'No' please explain.

Form completed by:

Name:_____

Signature: _____

Date: _____

Signature of authorised signatory (as per above and in accordance with the policy):

Name:_____

Signature: _____

Date: _____

Appendix D: Major Sponsorship / Partnership Working Agreement (>£500)

This form should be used for offers of sponsorship of greater value than £500 including multi-agency projects for which the CCG is a major participants and the CCG share of sponsorship is greater than £500. The completed form should be submitted to the Chief Officer of Chief Finance Officer for approval before accepting any sponsorship.

Section 1: Project Summary

Lead CCG Contact Details	
Sponsors and Contact Details	
Details of Project	
Aims and Objectives of Project	
Benefits to the CCG / NHS	
Benefits to the Sponsor	
Start Date	
End Date	
Termination Arrangements	

Section 2: Resources and Costs

Overall Cost of Partnership Project	
What are the direct / indirect resource / cost commitments by the sponsor?	
What are the direct / indirect resource / cost commitments by the CCG (if any)?	
How will the resource / costs be monitored and recorded? How will payments be made?	
Will sponsorship lead to higher costs elsewhere in the NHS?	
List valid and relevant information on cost-effectiveness and value for money	

Section 3: Governance and Management Arrangements

Who has been consulted in relation to the project and how was this done?	
How will patients be informed of the project?	
What is the decision making process of the project?	
What are the operational and management arrangements?	
Are there plans to pilot the arrangements?	
Has the project been compared with other proposals on offer? Provide details	
Has an equality impact assessment been carried out? Provide details	
Has the sponsor read the CCG Commercial Sponsorship Policy and agreed to abide by the rules detailed in the policy?	

Section 4: Data and Patient Protection

Does the project involve the sharing of clinical data at patient and/or CCG level? Has the Caldicott Guardian been consulted?	
Are there potential conflicts of interest in relation to access to this data? Provide details	
What arrangements have been put in place to ensure patient confidentiality and patient consent are considered?	
Who will have access to this data and in what form?	
How will the data be used?	
Is there a requirement for professional indemnity arrangements to be in place?	

Form completed by:

Name:_____

Signature: _____

Date: _____

Signature of authorised signatory (as per above and in accordance with the policy):

Approved / Not Approved (delete as appropriate)

Name:_____

Signature: _____

Date: _____

Appendix E - Equality Impact Assessment

Warwickshire North Clinical Commissioning Group

Department	NHS Warwickshire North CCG	Name of person completing EIA	Jenny Horrabin, Director of Integrated Governance, NHS Warwickshire North CCG
Date of EIA	December 2014	Accountable CCG Lead	Jenny Horrabin
		CCG Sign off and date	January 2015

Piece of work being assessed	Commercial Sponsorship Policy and Procedure
Aims of this piece of work	This Policy has been developed to protect staff, members and the organisation against contention or allegations of misconduct.
Other partners/stakeholders involved	None
Who will be affected by this piece of work?	CCG employees and members, including part-time and seconded staff who have a role in the CCG.

Single Equality Scheme Strand	**Baseline data and research on the population that this piece of work will affect.** What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**	**Is there likely to be a differential impact?** Yes, no, unknown.
Gender		No
Race		No
Disability		No
Religion/ belief		No
Sexual orientation		No
Age		No
Social deprivation		No
Carers		No
Human rights	Will this piece of work affect anyone's human rights?	No