

Hospitality and Commercial Sponsorship Policy and Procedures

Note a new NHS Cambridgeshire Board policy on interaction with the pharmaceutical industry was agreed on 10th January 2007 and implemented from June 2007.

The changes affect the parts of this policy that relate to

- Pharmaceutical industry hospitality and sponsorship for training, meetings, posts etc
- Information on medicines management and prescribing, and contact with NHS Cambridgeshire staff by representatives of the industry

Restrictions on funding from the pharmaceutical industry

The Board has approved that NHS Cambridgeshire will NOT accept new money from the pharmaceutical industry for hospitality and sponsorship and will not accept funding for training or for new posts.

This policy and these restrictions apply to all persons employed by or deemed to represent NHS Cambridgeshire including:

- a) Directly employed staff
- b) Board and Executive Committee Members
- c) Salaried GPs
- d) Any persons representing or undertaking work on behalf of NHS Cambridgeshire e.g. Anglia Support Partnership staff, contract staff, management consultants, etc.
- e) Independent contractors deemed to be representing the NHS Cambridgeshire, e.g. a GP offered hospitality by a drug company to attend a conference as part of their NHS Cambridgeshire responsibilities, would be deemed to be acting on behalf of NHS Cambridgeshire.

NHS Cambridgeshire has a budget for necessary activities that might previously have been funded by the pharmaceutical industry. This will reduce the potential for conflict of interest and pressure on prescribing budgets that occur as a result of the promotional intent and activities associated with pharmaceutical industry funding.

Service managers' budgets should be used as before to support service development and delivery. However where activities may have been funded by the pharmaceutical industry before implementation of this policy, persons employed by or deemed to represent NHS Cambridgeshire may seek funding through the procedure set out in this document.

Name of the Author: Sue Ashwell, Chief Pharmacist

Version 1 Ratified by: NHS Cambridgeshire – 30 January 2008

Document Version No: 3

Issue Date: December 2009

Review Date: December 2011

Hospitality and Commercial Sponsorship Policy and Procedures

Information on 2010 revisions

Addition of Frequently Asked Questions (FAQs)

Information on 2007 revisions

This version of the policy on hospitality and commercial sponsorship is modelled closely on the national guidance previously given to all primary care trusts in England by the Department of Health. It largely reflects the arrangements that were in place in each of the areas within NHS Cambridgeshire prior to the creation of NHS Cambridgeshire in October 2006.

The policy has been updated to take account of the most recent guidance issued by the BMA and NHS Employers, and by the Association of the British Pharmaceutical Industry (ABPI) and by the General Medical Council in relation to appropriate prescribing and in relation to the promotional activities of the pharmaceutical industry.

Significantly, this new policy reflects the tighter restrictions implemented nationally through the ABPI policy on sponsorship and hospitality. These changes occurred following the Parliamentary enquiry into the promotional activities of the pharmaceutical industry and the concerns raised in the Report on that enquiry.

In December 2007 the policy was revised to highlight, by means of additional text, how the Board's decision not to accept Pharmaceutical company sponsorship will be implemented and with the addition of a new Appendix (12) how funding can be applied for from the Clinical Engagement and Sponsorship fund established to replace that source of income

Contents

Page No

1.	Policy Scope and Summary	3
2.	Frequently Asked Questions (FAQs)	4
3.	Gifts and Hospitality (given and received)	15
4.	Activities outside work	16
5.	Commercial Sponsorships and Commercial Partnerships	17
6.	Enforcement	22
Appendix 1	Sponsorship, Gifts and Hospitality Register	
Appendix 2	Non-pharmaceutical suppliers: Gifts and Hospitality Declaration Form	
Appendix 3	Examples of Potential Conflict	
Appendix 4	Extract from the medicines (advertising) regulations 1994	
Appendix 5	Extract from GMS/PMS Contract Part 21	
Appendix 6	Excessive or Inappropriate Prescribing	
Appendix 7	Commercial Sponsorship – Declaration of Intent	
Appendix 8	Terms Of Sponsorship Agreement	
Appendix 9	Research and Development	
Appendix 10	Quality Standards Checklist For Considering Commercial Partnerships	
Appendix 11	Commercial Partnerships – Issues To Consider	
Appendix 12a	Clinical Engagement Fund – GP Practices	
Appendix 12b	Clinical Engagement and Sponsorship Fund	
Appendix 13	Best practice guidance on joint working between the NHS and Pharmaceutical Industry and other relevant commercial organisations	
•	Staff who wish to apply for funding where this might previously have been provided by the pharmaceutical industry should address the questions set out in this Appendix before submitting an application through their line manager.	

The manager's or lead GP (for GP Practices) support for the funding is an essential step in this application process and applications direct from staff will not be accepted.

- Groups who wish to apply for funding should follow essentially the same steps and apply through the lead service manager for the activity that should benefit from the change achieved through the application for training or sponsorship
- Funding may be provided for sponsorship of meetings, conferences, small pieces of equipment,
- Funding is limited and preference will be given to applications that will address NHS Cambridgeshire priorities that improve the quality of care and control expenditure on prescribing.

Training and service delivery budgets should continue to be used to fund core activities

1. Policy Scope and Summary

Restrictions on funding from the pharmaceutical industry: from June 2007

The rationale is that whilst we are operating in a constrained financial position with a restricted drugs list and extension of formulary control, it is not in the best interests of NHS Cambridgeshire or its patients, nor the best use of staff time, for the pharmaceutical industry to extend its influence through the various forms of hospitality and sponsorship and/or by marketing of their products to those who prescribe or influence prescribing.

The Board has approved that NHS Cambridgeshire will NOT accept new money from the pharmaceutical industry for hospitality, sponsorship including funding for training or for new posts.

The Professional Executive Committee has considered and supports this policy.

Alternative funding arrangements are now in place: see Appendix 12 – Application for funding from NHS Cambridgeshire Clinical Engagement and Sponsorship Fund

Previous arrangements for hospitality and sponsorship of training, development, equipment etc from the pharmaceutical industry have been reviewed and all previous arrangements should now have ceased. Managers are required to ensure compliance with this policy.

Arrangements for sponsorship of posts that existed prior to the introduction of the 2007 NHS Cambridgeshire Board decision have been reviewed and continued only where appropriate arrangements are in place to ensure that the best interests of patients and NHS Cambridgeshire are not prejudiced by potential conflicts of interest between NHS Cambridgeshire and sponsor.

Conferences and other externally-provided training where the pharmaceutical industry is sponsoring or present may be funded by NHS Cambridgeshire but only where both the service manager considers the purpose and content of the meeting necessary and appropriate (in line with service and personal development plans) AND where there are not significant potential conflicts with local prescribing policy and strategy.

Decisions on funding in these circumstances will also depend on other sources of information available to meet the identified needs e.g. Cambridgeshire Joint Prescribing Group submission or decision documents, National Prescribing Centre and UK Medicines Information Service reviews and guidance, independent evaluations of the literature and NHS Cambridgeshire commissioning and service development policies and procedures.

The NHS Cambridgeshire Chief Pharmacist will assess potential conflict of interest with NHS Cambridgeshire medicines management and prescribing policy and principles.

Contacts with the industry e.g. meetings are restricted by the Board to the strategic levels of the organisation (usually service managers and directors).

Information on the use of new and existing medicines, and how their use relates to NHS Cambridgeshire policy and priority setting, is available from the NHS Cambridgeshire medicines management team. Initial enquiries should be made to the Pharmacist Team Managers in Doddington, Cambridge or Huntingdon as appropriate. Assessment of the evidence on the

effectiveness and cost effectiveness of medicines is a key responsibility. Using these assessments, critical appraisal skills and clinical knowledge the medicines management team will help clinicians, managers and patients to understand the balance of evidence, local opinion and priorities, and service development processes and how these are used to inform NHS Cambridgeshire choices and policy.

Hospitality and Sponsorship from other potential suppliers to NHS Cambridgeshire should follow the policy and procedures set out in this document and other NHS guidance on good practice e.g. Policies on the management of equipment loans and donations, Standing Financial Instructions, Standing Orders, Standards of Business Conduct, NHS Code of Conduct and the various professional codes of conduct.

2. Frequently Asked Questions (FAQs) on the implementation of the NHS Cambridgeshire Hospitality & Sponsorship Policy

Index of FAQs

How do I get more information about the Hospitality & Sponsorship Policy

Q1: Contact details

Q1a: Why do we have a policy

Non-Pharmaceutical Hospitality and Sponsorship

Q2: Sponsoring a post

Q3: Visit to view equipment

Pharmaceutical Company Offers

Q4: A sponsored conference run by another organisation

Q5: A sponsored event – Attendance when you are not representing NHS Cambridgeshire/CCS, including attendance in your own time

Q6: Attendance at a meeting outside your working hours

Q7: It is your responsibility to ensure the meeting organiser does not use your attendance as an endorsement of their product or services by NHS Cambridgeshire/CCS

Q8: Professional Development Groups e.g.: Regional Specialist Groups

Q9: Pharmaceutical Company Support for Guideline Production

Q10: Training for staff on drugs that are on the formulary

Q11: Donations and gifts to staff or staff funds

Q12: Provision of a speaker at no cost to NHS Cambridgeshire

Q13: Offer of help with data analysis presentation

Q14: Free goods, price reductions and loan equipment from a pharmaceutical company

Q15: Free, reduced price or loan equipment from other companies

Q16: Getting information on drugs/medicines

Q17: Receipt of mailings from pharmaceutical companies

Q17a: Safety Data Received

Q17b: Promotional Data received/Prioritisation and Funding Decision process

Q18: Funding for a conference or meeting

Q19: Funding for food at a staff meeting

Q20: Funding for food and/or a room at a staff development day

HOSPITALITY AND SPONSORSHIP – FAQs

General Principles

A number of principles should underpin any agreement that NHS Cambridgeshire makes to work with a commercial enterprise. These are:-

- a) Patient Interest.
- b) Openness and Ethical Issues.
- c) Patient and data confidentiality.
- d) Legal Issues.
- e) Accountability.
- f) Financial Issues.
- g) Fairness.
- h) Probity

For further information see Section 4.2 Hospitality and Commercial Sponsorship Policy and Procedures.

Q1 If I want help or information about the Hospitality & sponsorship Policy, who should I contact?

A1 Please contact the office of the Chief Pharmacist.

Phone: 01480 354379

Post: Medicines Management Team, Chief Pharmacist, Hunts Area Offices, California Road, Huntingdon, CAMBS, PE29 1BN

Fax: 01840 354369

Email: Rebecca.Edwards@cambridgeshire.nhs.uk

Q1a Why do we have a policy that prohibits the acceptance of money from the pharmaceutical industry?

A1a **Restrictions on funding from the pharmaceutical industry: from June 2007.**
Rationale “it has been agreed by the Board of Cambridgeshire Primary Care Trust (NHS Cambridgeshire) that whilst we are operating in a constrained financial position with a restricted drugs list and extension of formulary control, it is not in the best interests of NHS Cambridgeshire or its patients, nor the best use of staff time, for the pharmaceutical industry to extend its influence through the various forms of hospitality and sponsorship and/ or by marketing of their products to those who prescribe or influence prescribing.

The Board has approved that Cambridgeshire Primary Care Trust will NOT accept new money from the pharmaceutical industry for hospitality, sponsorship including funding for training or for new posts.

The Professional Executive Committee has considered and supports this policy, and it has also been signed up to by Senior Management in Cambridgeshire Community Services (CCS).

NON – PHARMACEUTICAL HOSPITALITY AND SPONSORSHIP

This section refers to interaction with companies that do **not** provide the NHS with pharmaceutical products (drugs, medicines, dressings).

The absolute rule about not accepting pharmaceutical industry money for hospitality/ sponsorship does not apply to these organisations.

However, under NHS rules governing ethical standards (http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005135) all employees are required to take account of the principles as set out in the Hospitality and Commercial Sponsorship Policy (HCS Policy) when considering accepting commercial sponsorship/ hospitality/ partnership.

Sponsoring A Post

Q2 A manufacturer of equipment has offered to sponsor a post. Their equipment is not linked to the use of pharmaceutical products (drugs/ medicines) or anything else that may be prescribed by a GP or hospital Doctor/ Nurse.

A2 This type of sponsorship is not forbidden. Before accepting any sponsorship the Service Manager must consider the principles, and follow the policy and procedure set out in the HCS policy and other NHS guidance on good practice.

- The manager must consider and document the potential for conflict of interest and how that would be managed.
- No link between the sponsorship of the post and the choice of products for patients is allowed. If the offer of sponsorship depends on recommending any particular products it must not be accepted
(This could be a breach of European Law on 'linked deals' or may be contrary to the 'Prevention of Corruption Act'.)

All issues covered in the policy under 4.2 General Principles must be complied with. All offers of sponsorship must be declared as set out in the HCS Policy whether or not it is accepted.

Visit To View Equipment

Q3 A manufacturer of equipment has offered to take a member of staff to their factory or to a conference or similar meeting to view a product that NHS Cambridgeshire are considering purchasing.

A3 This is not forbidden, but the requirements set out in the Standing Financial Instructions (SFIs) http://www.cambridgeshire.nhs.uk/documents/Staff%20Information/Policies/Corporate/Cambridgeshire_PCT_Standing_Orders.pdf?preventCache=02%2F12%2F2008+10%3A05

and purchasing guidance for the NHS must be complied with, including:-

- The NHS Cambridgeshire or Cambridgeshire Community Services (CCS) procurement lead (as appropriate) must be advised of the offer so that they may advise as to whether it would create a potential conflict of interest.
- The offer cannot be accepted if it may, or could be perceived to, offer one potential supplier preferential treatment or unfair advantage.
- Only clinicians/ professionals with a specific interest in the products should attend.
- The travel costs incurred must be paid by NHS Cambridgeshire unless the Chief Executive or Director of Finance gives explicit permission for the supplier to take

responsibility for the travel costs. Such decisions should be taken at least at Director of Finance level.

- Any offer must be declared as per HCS Policy (Appendix 2 – Gifts and Hospitality Declaration Form) whether or not accepted.

PHARMACEUTICAL COMPANY OFFERS

A Sponsored Conference Run By Another Organisation.

Q4 A Pharmaceutical company or companies are sponsoring a conference or event run by another organisation (NHS, voluntary sector or commercial). Can I attend the conference or event as a representative of NHS Cambridgeshire or CCS?

A4 Where a pharmaceutical company is sponsoring or present at an event, NHS Cambridgeshire or CCS employees, and those representing NHS Cambridgeshire or CCS may attend **but only** where both:-

- (a) The Service Manager/ Director considers the purpose and content of the meeting is **necessary and appropriate** (in line with service and personal development plans) **AND**
- (b) Where there are not significant **potential** conflicts with local prescribing policies and strategy. For more information see HCS Policy page 3.

The following guiding principles are quoted from the HCS Policy:

Statement 1 The NHS Cambridgeshire Chief Pharmacist should be consulted for advice on the potential for conflict of interest.

Statement 2 All sponsors/ companies attending an event must be declared, even if no benefits are offered or accepted.

Statement 3 No free gifts or samples from any pharmaceutical company may be accepted by staff or contractors representing NHS Cambridgeshire or CCS.

If funding to attend such a conference/ event is provided by NHS Cambridgeshire or CCS from either a service manager's budget or from the Clinical Engagement and Sponsorship Fund the attendee must provide a brief report, to the Chief Pharmacist, on any drug/ medicines related issues that were raised at the meeting.

A Sponsored Event – Attendance When You Are Not Representing NHS Cambridgeshire/ CCS, Including Attendance In Your Own Time

Q5 A pharmaceutical company/ companies are sponsoring an event to be run in working hours by another organisation but my manager has not agreed to fund or support my application. Can I still attend the event?

A5 Possibly, but only on the terms set out by your manager.

- This may include you applying to take leave (which will only be granted if the service can release you), or applying for permission to attend with alternative arrangements for absence e.g. authorised unpaid leave.

- The NHS Cambridgeshire Chief Pharmacist should be consulted before attending such a meeting for advice on potential conflicts of interest.
- All sponsors/ companies attending the event must be declared as per policy, even if no benefits are offered or accepted. (The declaration should be made as a submission to the Register of Interests through the Trust Board Secretary, Sharon Fox. This includes declarations for CCS)
- If you are representing, or may be perceived to be representing NHS Cambridgeshire or CCS, no free gifts or samples from any pharmaceutical company may be accepted.

Attendance At A Meeting Outside Your Working Hours

Q6 A pharmaceutical company/companies are sponsoring an event to be run in working hours by another organisation but my manager has not agreed to fund or support my application. Can I still attend the event?

A6 Yes **but** you must follow the guidance set out in Section 3 of the HSC Policy.

- You should seek prior approval from your Line Manager.
- Unless your Line Manager agrees to you attending as a representative of NHS Cambridgeshire or CCS you **must** state explicitly at the meeting that you are acting in your own capacity and **not** representing NHS Cambridgeshire or CCS.
- A fee can be accepted for work prepared and carried out in a staff member's own time **but** this should be agreed by your Line Manager in advance of undertaking the activity.
- The NHS Cambridgeshire Chief Pharmacist should be consulted for advice on the potential for conflict of interest.
- All sponsors/ companies attending an event must be declared as per policy, even if no benefits are offered or accepted.
- All links with commercial enterprises (including unpaid work/ connections), must be declared (See HCS Policy, Appendix 2, Gifts and Hospitality Declaration Form).

It is your responsibility to ensure the meeting organiser does not use your attendance as an endorsement of their product or services by NHS Cambridgeshire/ CCS.

Q7 What needs to be declared in the "Register of Interests", maintained by the Trust Board Secretary (Sharon Fox).

A7 You should declare anything that **may be perceived by others** to cause a **potential** conflict of interest.

- Declaration should cover both paid and unpaid work.
- Declaration should be made for work outside NHS Cambridgeshire/ CCS, as well as for work carried out in connection with your employment with NHS Cambridgeshire/ CCS, including shareholding, consultancy work, speaking at meetings, position of authority in a charity or voluntary body in the field of health or social care, directorships.
- Declaration of all sponsors/ companies present at events/ sessions attended, even if no benefits are offered or accepted.

Professional Development Groups e.g.: Regional Specialist Groups

Q8 A pharmaceutical company/ companies provide financial support for, or organise a professional development group or event. Can I attend?

A8 Yes, provided the conditions set out in the policy are complied with. See responses to Questions 4, 5 and 6.

Pharmaceutical Company Support For Guideline Production

Q9 A pharmaceutical company has offered to help a regional group to produce a guideline etc for the management of patients.

A9 The guideline must not be influenced by the sponsoring company. NHS Cambridgeshire/ CCS may not work directly with a pharmaceutical company on a guideline.

- The “Intellectual Property” and intrinsic value of the guidelines etc should remain the property of the NHS. If you are not familiar with Intellectual Property rights you should seek advice from your manager or NHS Cambridgeshire/ CCS Intellectual Property lead.
- Clinical aspects of care, including the development of guidelines or protocols should not be controlled or influenced by the sponsoring company, although local groups may choose to adapt or adopt information produced elsewhere.
- If working with a sponsor in this way employees and others representing NHS Cambridgeshire/ CCS should at the very least, check their arrangements against the General Principles (section 4.2) of the HCS policy.
- The NHS Cambridgeshire Chief Pharmacist should be consulted for advice on the potential for conflict of interest.
- All sponsors/ companies attending an event must be declared as per policy, even if no benefits are offered or accepted.
- No free gifts or samples from any pharmaceutical company may be accepted by staff or contractors representing NHS Cambridgeshire or CCS.
- You must check whether the company support may have created a potential conflict of interest.

Training For Staff On Drugs That Are On The Formulary

Q10 A pharmaceutical company whose product is on the formulary is offering training for staff. Can we accept?

A10 Not usually.

- Individual cases relating to medicines or products that can affect the use of medicines should be discussed with the Chief Pharmacist (Statement 1).
- Where the medicines management team have been consulted and cannot provide training, **and** cannot obtain training materials from a source not linked to the manufacturer, training from the industry may be acceptable.
- The issues listed in HCS Policy, Appendix 11 (Commercial Partnerships – issues to consider) must be considered and all answers must be consistent with local policy and procedures.
- All sponsors/ companies attending an event must be declared as per policy, even if no benefits are offered or accepted. . (The declaration should be made as a submission to the Register of Interests through the Trust Board Secretary, Sharon Fox. Declarations for CCS should be sent to Tamsin James, Corporate Secretary.)
- No free gifts or samples from any pharmaceutical company may be accepted by staff or contractors representing NHS Cambridgeshire or CCS.
- If training is provided by a manufacturer Appendix 8 of the HCS Policy (Terms of Sponsorship Agreement) must be completed. (Training is considered a form of sponsorship).
- **Hospitality must not be provided by the manufacturer – apply to Clinical Engagement and Sponsorship Fund. (Use Appendix 12b – Clinical Engagement and Sponsorship Fund Application Form.)**

Donations And Gifts To Staff Or Staff Funds

Q11 A supplier (pharmaceutical or other) is offering to donate money towards the staff Christmas event. Can we accept?

A11 No.

- Casual gifts offered by contractors/suppliers or other may not in any way be connected with the performance of duties so as to constitute an offence under the Prevention of Corruption Acts

Provision Of A Speaker At No Cost To NHS Cambridgeshire

Q12 A pharmaceutical company is willing to pay for a speaker or provide premises even though NHS Cambridgeshire is funding the hospitality. Can we accept?

A12 No. DH guidance defines this as sponsorship.

- Commercial sponsorship is funding from an external source, see HCS Policy section 4.1(b).

Offer Of Help With Data Analysis Or Presentation

Q13 A company (pharmaceutical or other) has offered to help us with data analysis as part of a service redesign or service development project. Can we accept this offer?

A13 Yes and No.

- **No** if the money is offered by a pharmaceutical company or someone working on their behalf.
- **Yes** if the sponsorship is from another source **and** all the other conditions around data protection, Caldicott Principles and NHS confidentiality are complied with.
- All patient identification should be removed from data before they are given to the commercial enterprise
- 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 Cambridgeshire.
- Offers of a commercial partnership that may breach the principles outlined in HCS Policy section 4.2 must be reported to the NHS Cambridgeshire Board.
- The NHS Cambridgeshire Chief Pharmacist should be consulted for advice on the potential for conflict of interest.
- All sponsors/ companies attending an event must be declared as per policy, even if no benefits are offered or accepted.
- No free gifts or samples from any pharmaceutical company may be accepted by staff or contractors representing NHS Cambridgeshire or CCS.
- If such a commercial sponsorship is considered then legal advice will usually be needed and drafting of the agreement must follow the procedure set out in section 4.5.2a of the HCS Policy.
- Fundraising for research must comply with requirements for ethical committee approval and arrangements for care of patients at the end of the research must be agreed. Note NHS Cambridgeshire does not normally fund treatment at the end of a clinical trial unless that treatment is part of the standard portfolio of care that NHS Cambridgeshire commissions. More info on research can be obtained from the office of CAMSTRAD (01223 884488).
- You must consider whether the company making the offer may wish to use the material or their link with you for promotional purposes.

Free Goods, Price Reductions And Loan Equipment From A Pharmaceutical Company

Q14 We have been offered free or reduced cost drugs/ medicines or dressings to use or evaluate. Can we accept them?

A14 No – this is contrary to Board Policy.

- If a product is to be evaluated, evidence should first be sought from a properly conducted randomised clinical trial that has been critically appraised (usually by the medicines management team who are experienced in this work).
- If there is no published data on the product then this must be treated as a novel or experimental treatment. It should be noted that NHS Cambridgeshire do not normally commission such treatments and they should normally only be provided to patients within the structure and safeguards of a properly approved clinical trial. Information on clinical trial requirements can be obtained from CAMSTRAD or from your local medicines management team.
- A case may be put forward for funding through the normal commissioning processes.

Free, Reduced Price Or Loan Equipment From Other Companies

Q15 We have been offered free or reduced price or loan equipment that is not related to medicines or the use of medicines. Can we accept this?

A15 This may be possible. Cambridgeshire NHS policies and guidance must be complied with in all cases.

- No loan equipment may be used without first being checked and approved through the NHS Cambridgeshire/ CCS normal medical equipment management processes. This is to protect patients and staff.
- Liability for treatment failure or equipment failure/ loss must be resolved in line with NHS Cambridgeshire policies before any equipment is delivered to or accepted by any NHS Cambridgeshire/ CCS staff. This is to protect patients and NHS Cambridgeshire/ CCS.

Getting Information On Drugs/Medicines

Q16 I want to find out about new drugs/ medicines or receive patient safety information on drugs/ medicines. Can I contact the pharmaceutical company for that information?

A16 No, **unless** it is a clinical emergency and you cannot contact a member of the Medicines Management Team (MMT) on the phone directly and in a timely manner by contacting 01480 354360/ 354379.

- If you want routine information on new drugs, new uses for drugs, safety information etc you should contact the MMT who will provide information that has been critically appraised and you will also be advised on NHS Cambridgeshire's policy and commissioning arrangements where these are relevant to your enquiry.
- Specialists in particular may want early information on news and views e.g.: from journals and press releases. This is readily available to all NHS staff by registering, from an NHS connection, with the National Electronic Library for Medicine (NELM).
- The MMT Formulary and CJPG pharmacists routinely review information on new drugs and new uses for drugs. They will be happy to answer your queries, drawing not only on the literature, but also on local and national clinical opinion, and local hospitals' processes for reviewing drugs.

Receipt Of Mailings From Pharmaceutical Companies

Q17 I am on a pharmaceutical company's mailing list. Can I continue to receive that information?

A17 Yes, and you must then follow NHS Cambridgeshire/ CCS policy and procedures in relation to advising patients or colleagues about the information you obtain from such materials, in addition to your professional code of conduct.

- The MMT can advise you on the policy and procedures that apply to all staff and to all those who represent NHS Cambridgeshire e.g.: on an advisory group.

Safety Data Received

A17a Companies usually hold contact details for specialists so that they may send out safety mailings to those who have the greatest need to know.

If you receive safety information on a product that you believe that a patient or patients you care for directly are receiving, you should work with the MMT and the patients' GPs to ensure a clear, correct and timely message reaches the GP and the patient. This should set out any necessary action by the GP and/ or the patient, e.g.: watch for and report any particular adverse effects, review the need for treatment at the patient's next routine appointment, recall the patient for urgent review and consideration for stopping/ changing the affected treatment.

Promotional Data Received / Prioritisation and Funding Decision Process

A17b If you receive promotional material from a pharmaceutical or equipment company you should not recommend the product/ equipment to a patient or suggest its use to a colleague or prescriber until the product/ equipment has been critically appraised through NHS Cambridgeshire/ CCS agreed processes and a decision has been made to prioritise investment in the product/ equipment by the person whose budget any such use will affect e.g.: GP or service manager.

- If you want a drug/ pharmaceutical product, or device for administering a drug to be considered for use and then considered for funding, you must put it forward for evaluation and prioritisation through NHS Cambridgeshire/ CCS agreed processes.

For drugs this assessment is usually first through the Cambridgeshire and Peterborough Joint Prescribing Group (CJPG). CJPG includes representatives of all our local GPs, NHS Cambridgeshire, Peterborough PCT and our local hospitals.

The NHS Cambridgeshire members also represent NHS Cambridgeshire on local hospital Drug and Therapeutic Committees (DTCs).

- Local hospitals cannot charge us for drugs that have not been agreed through NHS Cambridgeshire critical appraisal and prioritisation process.

The July 2008 Darzi Report and the proposed new NHS Constitution promise patient access to clinically and cost effective treatments. It is through CJPG and the other steps in NHS Cambridgeshire process that clinical effectiveness of drugs is assessed and cost effectiveness and impact on other services is reviewed.

- In-year drug and service developments cannot wholly be funded; to do so would mean reducing or stopping other work. NHS Cambridgeshire has a business case process in place that must be followed before prescribing or service changes occur.

- GPs will not normally prescribe Red List or non-formulary drugs. Specialists should therefore not be asked to prescribe these, other than in line with NHS Cambridgeshire policies – details of which are available from the MMT.
- NHS Cambridgeshire staff, other than designated members of MMT and, where appropriate, senior managers, should not meet pharmaceutical reps.

Funding For A Conference Or Meeting

Q18 I want to run a conference or meeting to share good practice. Such meetings used to be paid for by the pharmaceutical industry. Can I apply to the Clinical Engagement and Sponsorship Fund?

A18 Yes. However in deciding whether to run a meeting you should first consult with your Line Manager to check whether they will support the application as being something that is in line with your personal and professional development plan.

- The cost of the meeting should be commensurate with the benefits that may be expected to accrue to patients and to professionals attending the meeting. Consider what else you could do with the same amount of money and discuss with your Line Manager whether a meeting of the type you propose is the best way to achieve your personal and service development goals.

Funding For Food At A Staff Meeting

Q19 I am organising a staff meeting at lunchtime and in the past a pharmaceutical rep provided the sandwiches etc. Can I apply to the Clinical Engagement and Sponsorship Fund to cover the catering in the future?

A19 No. The NHS Cambridgeshire and national policy has for a long time stated that 'hospitality should not be the norm'. Staff should be asked to provide their own lunch, although drinks and biscuits etc may be provided from service managers' budgets where they feel this is appropriate. Service Managers should not be asked to pay for such catering from their own money as a result of the NHS Cambridgeshire policy in hospitality and sponsorship.

Funding For Food And/ Or A Room At A Staff Development Day

Q20 We are having a development or training meeting for our staff. Can we apply to the Clinical Engagement fund to cover costs?

A20 Not usually as training and development to support service delivery should normally be funded from management budgets of NHS Cambridgeshire/ CCS

- If an individual or group has defined a training need this should, at least in the first instance, be discussed with the service manager and for CCS staff with the CCS Professional Development Manager, as they may be able to help.

Which Form to Use

Purpose	First	Second	Comments
To apply for funding to attend a Conference	Manager's training budget	Clinical Engagement and Sponsorship Fund (Application form is Appendix 12 of Hospitality Policy)	See Q4
To speak at a Conference, whether or not receiving payment, either within or outside your working hours	Seek approval from line manager	If payment is received, complete "Gifts and Hospitality Declaration form" (Appendix 2) If paid for work done within working hours, any payment belongs to the Trust (Policy, Para 3(b))	Unless line manager agrees to your attendance as a representative of NHSC, state explicitly at the meeting that you are acting in your own capacity and not representing NHSC or CCS.
To run a Conference, or meeting which previously might have been funded by the pharmaceutical industry	Seek approval from line manager	Clinical Engagement and Sponsorship Fund (Application form is Appendix 12 of Hospitality Policy)	See Q18
Training for staff on drugs/ products that are on the formulary	Medicines Management Team – may be able to manage in-house	If training from manufacturer is agreed with Chief Pharmacist, consider Appendix 11 (Commercial Partnerships – issues to consider) and Appendix 8 (Terms of Sponsorship Agreement).	Apply for hospitality to Clinical Engagement and Sponsorship Fund (Appendix 12)
Funding for food/ venue for a staff development day	Manager's training budget		See Q20
Attendance at a sponsored event, whether or not funding required, e.g. GP practice meeting	Seek approval from line manager	Declare all pharmaceutical companies represented there.	To the Register of Interests by email to Sharon Fox
Core training	Manager's training budget		

This policy applies to all persons employed by or deemed to represent NHS Cambridgeshire, including:

- Directly employed staff
 - Board and Executive Committee Members
 - Salaried GPs
 - Any persons representing or undertaking work on behalf of NHS Cambridgeshire e.g. Anglia Support Partnership staff, contract staff, management consultants, etc.
 - Independent contractors deemed to be representing NHS Cambridgeshire, e.g. a GP accepting hospitality by a drug company over the £25 limit to attend a conference as part of their NHS Cambridgeshire's responsibilities, would be deemed to be accepting this on behalf of NHS Cambridgeshire.
- 1.1 As independent contractors, GPs, Pharmacists, Dentists and Opticians, and their staff, are not bound by this policy in the execution of their own business. However, business decisions made by independent contractors usually have implications for NHS patients and NHS resources. Therefore, independent contractors are encouraged to adopt the principles contained within this policy, particularly those relating to perceived or potential conflicts of interest, commercial sponsorship and commercial partnerships. Guidance from professional bodies should also be used to inform independent contractors' receipt and provision of hospitality and sponsorship, e.g. GMC Management for Doctors.
- 1.2 This policy should be incorporated into the terms of reference of project boards and groups for third party developments.
- 1.3 This policy is incorporated within NHS Cambridgeshire Standing Orders and Standing Financial Instructions. Particularly relevant to this policy is section 6 of Standing Orders "*Declaration of interests and register of interests*".
- 1.5 The policy covers the areas of gifts, hospitality, training, activities outside work, commercial sponsorship and commercial partnerships.

2. Gifts and Hospitality (given and received)

- 2.1 EL (96) 49 draws attention to, and gives the example of, the hospitality policy of the NHS Executive, suggesting that this might be helpful in the formulation of local guidelines. These have been used as a basis for NHS Cambridgeshire's gifts and hospitality guidelines below.
- a) Casual gifts offered by contractors or others, e.g. at Christmas time, may not be in any way connected with the performance of duties so as to constitute an offence under the Prevention of Corruption Acts. Such gifts should generally be politely but firmly declined. Articles of low intrinsic value such as diaries or calendars, or small tokens of gratitude from patients or their relatives, need not necessarily be refused. In cases of doubt staff should either consult their line manager or politely decline acceptance.
 - b) Hospitality is not the "norm" when conducting business, and should only be provided when it is necessary and fully justifiable in pursuing the work of NHS Cambridgeshire.
 - c) Hospitality should not be provided simply to reciprocate hospitality received on some previous occasion, nor should it be extended to spouses of staff or guests unless the circumstances justify this.
 - d) Drinks may be provided taking into account the likely length of the meeting, and the distance travelled by staff attending. Drinks provided should be non-alcoholic.
 - e) Buffet style working lunches may normally only be considered when lunch time meetings (12.00pm – 2.00pm) include some attendees from off-site.
 - f) The attention of staff is drawn to HSG(96)10 on expenditure on staff benefits, and in particular to the importance of ensuring that those responsible for public money do not derive private benefit from it. Therefore, where hospitality received by staff exceeds £25 this should be for the benefit of NHS Cambridgeshire and must be recorded in the 'Sponsorship, Gifts and Hospitality Register' (see **Appendix 1**).

- g) Attention is drawn to the 'Sponsorship, Gifts and Hospitality Register' (example as **Appendix 1**) maintained by the Trust Board Secretary for NHS Cambridgeshire. Staff should record details of any gifts and hospitality accepted or refused amounting to £25 or more and a form for completion is attached at **Appendix 2**.

In addition, gifts and hospitality must be declared if several small items of hospitality/gifts worth a total of over £100 are received from the same or closely related source in any twelve-month period. This applies to situations where NHS Cambridgeshire staff and Board members attend functions where it may be construed that they are representing NHS Cambridgeshire, and where the intrinsic value of the hospitality offered and accepted is greater than £25.

- h) Line manager approval must be sought to accept any gifts or hospitality in excess of £100. In addition, line manager approval must be sought if several small items of hospitality/gifts worth a total of over £100 are received from the same or closely related source in a 12-month period.

3. Activities Outside Work

- 3.1 This section of the policy relates to staff undertaking activities outside work as a representative of NHS Cambridgeshire, or where the staff member has been engaged because of their organisational role, irrespective of whether payment is received or not.
- a) Prior approval must be sought from the staff member's line manager (e.g. Head of Service/Director/Chief Executive/Executive Committee Chair/Chairman of the Board) for any outside work. If approval is not sought or given, staff members should explicitly state that they are acting in their own capacity and not representing NHS Cambridgeshire.
- b) If the work is carried out in NHS time, i.e. during the normal working day, without the member of staff taking annual leave, any fee should either be refused, or, if accepted, be donated to NHS Cambridgeshire charitable funds or be paid to a budget agreed with the line manager in advance of undertaking the activity.
- c) A fee can be accepted for work prepared and carried out in the staff member's own time, but this should be approved by their line manager in advance of undertaking the activity.
- d) All NHS Cambridgeshire staff must declare links with commercial enterprises in the 'Register of Interests' maintained by the Company Secretary and Corporate Business Manager for NHS Cambridgeshire; the information should be made widely available so that any conflicts of interest can be avoided.
- e) Declarations of interests should cover both paid and unpaid work, as well as work undertaken outside the employment of NHS Cambridgeshire. Examples include:
- Shareholding
 - Consultancy work
 - Speaking at meetings
 - Position of authority in a charity or voluntary body in the field of health and social care
 - Directorships
- f) The 'Register of Interests' is available for viewing at the Annual General Meeting of NHS Cambridgeshire or on request by members of the public.
- g) NHS data is confidential and may also be copyright. Therefore, it may not be shared with commercial enterprises.

4. Commercial Sponsorship and Commercial Partnerships

4.1 Introduction

- a) Guidance is included here to assist NHS Cambridgeshire staff and Board members to reach a judgement of the appropriateness of sponsorship or commercial partnership offered by whomever this is offered. The important principle is that there is no conflict of interest – i.e. a set of conditions in which professional judgement concerning a primary interest (patients' welfare/validity of research) tends to be unduly influenced by a secondary interest (such as financial gain). Examples of potential conflicts are included as **Appendix 3** to help staff consider the issues.

Note a new NHS Cambridgeshire Board policy on interaction with the pharmaceutical industry was agreed on 10th January 2007 and implemented from June 2007. Policy text revised December 2007

The Board has approved that NHS Cambridgeshire will NOT accept new money from the pharmaceutical industry for hospitality and sponsorship and will not accept funding for training or for new posts.

This policy and these restrictions apply to all persons employed by or deemed to represent NHS Cambridgeshire including:

- Directly employed staff
- Board and Executive Committee Members
- Salaried GPs
- Any persons representing or undertaking work on behalf of NHS Cambridgeshire e.g. Anglia Support Partnership staff, contract staff, management consultants, etc.
- Independent contractors deemed to be representing NHS Cambridgeshire, e.g. a GP offered hospitality by a drug company to attend a conference as part of their NHS Cambridgeshire responsibilities, would be deemed to be acting on behalf of NHS Cambridgeshire.

The rationale is that whilst we are operating in a constrained financial position with a restricted drugs list and extension of formulary control, it is not in the best interests of NHS Cambridgeshire or its patients, nor the best use of staff time, for the pharmaceutical industry to extend its influence through the various forms of hospitality and sponsorship and/or by marketing of their products to those who prescribe or influence prescribing.

- Alternative, independent sources of information about medicines management and prescribing, and alternative funding arrangements are available.
- Commercial sponsorship and commercial partnerships with the pharmaceutical industry will not occur unless or until the Board amend their decision.

Commercial sponsorship and partnerships from others not linked to medicines or prescribing should follow the principles and procedures set out in this document.

- b) Department of Health guidance¹ 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 meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (speakers), buildings or premises.”
- c) **FOR INFORMATION ONLY - NOTE BOARD RESTRICTIONS**
 If collaborative partnerships involve a pharmaceutical company² then the proposed arrangements must comply fully with the Medicines (Advertising) Regulations 1994

¹ “Commercial Sponsorship – Ethical standards for the NHS” – November 2000 (DH website)

² For NHS Cambridgeshire Pharmaceutical company partnerships, sponsorship, gifts or hospitality (or from other sources linked to medicines management and prescribing) are not permitted at least until December 2008

(regulation 21 'Inducements and Hospitality') included as **Appendix 4** and the Medicines (Advertising Amendments) Regulations 2005.

- d) **FOR INFORMATION ONLY - NOTE BOARD RESTRICTIONS**
Where the sponsorship, gifts or hospitality are linked directly or indirectly to pharmaceutical products or other items supplied on prescriptions in primary or secondary care², then the advice of NHS Cambridgeshire Chief Pharmacist should be sought to identify any potential current or future conflicts of interest with NHS Cambridgeshire or other local policies on the use of drugs and associated services and products.
- e) General Practitioners must comply with the requirements as stated in Part 21 of Sections 494-498 of the General Medical Services Contract (July 2006) (GMS) and Personal Medical Services (PMS) contract, including keeping a register of gifts. **Appendix 5** refers.
- f) The definition above does not apply to:
- i) Personal gifts of less than £25 per gift, e.g. gifts of post-it pads, pens etc. However, gifts must be declared if several small gifts worth a total of over £100 are received from the same or closely related source in a 12-month period.
 - ii) Income generation schemes which will be logged separately at local level.

Discounts on particular pharmaceuticals.

It should be noted that in GMS revisions April 2006 Annex 8 reproduced here as **Appendix 6: Excessive or Inappropriate Prescribing – guidance for health professionals on prescribing NHS medicines**, states that “prescribers and dispensers are reminded that they should demonstrate due process, e.g. it is reasonable and appropriate for health professionals to exercise wise buying in the purchase of drugs from wholesalers and manufacturers. However, other than as outlined in section 3.2 [of Annex 8] substantial sponsorship or financial deals that could reasonably be perceived to affect the choice of treatment in a way that is financially beneficial to the prescriber but significantly increases NHS costs, other than where there is clear evidence of clinical benefit to patients, should be recorded in a register of “Gifts and Hospitality”.”

This does not apply when normal trading discounts apply to the purchase of medicines. Bonus deals would not usually be considered as ‘normal trading discounts’ as they may be perceived to affect the choice of treatment.

- g) **In the interests of ensuring that this policy is an effective tool to help NHS Cambridgeshire staff when considering the implications of entering into an agreement with a commercial enterprise, a distinction has been made between ‘one-off’ sponsorships (see 4.4) e.g. events, meetings, meals, etc., and ‘longer term’ projects or partnerships (see 4.5).** As for gifts, one-off sponsorships or hospitality in some circumstances may be effectively equivalent to ‘longer term’ arrangements. Guidance should be sought from the Company Secretary and Corporate Business Manager to determine if this may be the case.

4.2 General Principles

A number of principles should underpin any agreement NHS Cambridgeshire makes to work with a commercial enterprise. These are:

- a) **Patient Interest**
 - The interests of NHS patients, individually and collectively are paramount, and have been taken into account.
- b) **Openness and Ethical Issues**
 - Any agreement should be open and transparent, have agreed aims and objectives, and conflicts of interest should have been identified and resolved.
 - The NHS **Code of Conduct** should be adhered to.
 - An agreement of responsibilities and expectations must be drawn up between NHS Cambridgeshire and the commercial enterprise. Ensure that the agreement has break clauses built in to enable NHS Cambridgeshire to terminate the agreement if it becomes clear that objectives are not being met, e.g. providing expected value for money/ clinical outcomes or compromising significantly the position of NHS Cambridgeshire.
 - Decisions made on working with commercial enterprises will be transparent and defensible.
- c) **Patient and data confidentiality**
 - Any agreement should comply with legal and ethical requirements for the protection and use of patient information, and other NHS information.
- d) **Legal Issues**
 - The intended agreement must be lawful.
- e) **Accountability**
 - NHS Cambridgeshire should be accountable for any agreement, and agreements should include arrangements for monitoring and evaluation.
 - Schemes should be agreed at a corporate rather than individual level.
- f) **Financial Issues**
 - Agreements should represent good value for money for the NHS, including being compatible with national arrangements for the prescribing and dispensing of medicines, and with NHS Cambridgeshire Standing Financial Instructions.
 - Schemes must not be linked to the purchase or supply of particular products.
 - Any commitment to continue NHS Cambridgeshire funding, after the scheme finishes, must be agreed at a corporate level in advance of the scheme commencing.
- g) **Fairness**
 - No one organisation will be given preferential treatment, or competitive advantage.
 - Schemes that provide access to sensitive or confidential information that would give an advantage to a commercial enterprise over competitors should be avoided.
 - The usual tendering procedure will be followed where appropriate.
- h) **Probity**
 - Where financial payment forms part of an agreement between NHS Cambridgeshire and a commercial enterprise (e.g. payment for clinical research studies), audit arrangements should be detailed within the agreement and should be such that probity is ensured.
 - NHS Cambridgeshire should satisfy itself, with reference to information available, that there are no potential irregularities that may affect a commercial enterprise's ability to meet the conditions of the agreement or impact on it in any way, e.g. checking financial standing by referring to company accounts.
 - Sponsorship or any commercial relationship should be publicly declared in the 'Sponsorship, Gifts and Hospitality Register'. Where meetings are sponsored by

external sources, that fact must also be disclosed in the papers relating to the meeting and in any published proceedings.

4.3 Issues to consider before entering into an agreement with a commercial enterprise

NHS Cambridgeshire staff and Board members need to ensure, before entering into an agreement with a commercial enterprise, that the following are taken into consideration:

- a) Purchasing decisions, including those concerning pharmaceuticals and appliances, should always be taken on the basis of best clinical practice and value for money and take into account their impact on other parts of the health care system, for example, products dispensed in hospital which are likely to be required by patients regularly at home. Wherever possible, NHS call off contracts negotiated by the NHS Supplies and Purchasing Agency should be utilised.
- b) Staff must ensure that on-going and future purchasing decisions should not be influenced by sponsoring companies for procurement purposes other than for the sponsorship activity itself. Potential sponsors/partners should be informed that any sponsorship arrangement will have no effect on purchasing decisions within NHS Cambridgeshire.
- c) It must be clear that sponsorship does not imply NHS Cambridgeshire endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance.
- d) Deals whereby sponsorship is linked to the purchase of particular products, or to supply from particular sources, are not allowed, unless as a result of a transparent competitive tender for a defined package of goods and services.
- e) Deals should be avoided where they require staff to recommend patients themselves use the sponsor's/partner's products or services, in preference to other options open to them.
- f) What looks advantageous to one person/organisation does not cause a problem for other parts of the health system, either financially or legally; the advice of NHS Cambridgeshire Chief Pharmacist should be sought to identify any potential current or future conflicts of interest with NHS Cambridgeshire or other local policies on the use of drugs/medicines and associated services and products.
- g) Photographs of staff members in product or service literature, utilising a particular product or service should only be undertaken with the prior approval of NHS Cambridgeshire.
- h) Staff should avoid seeking sponsorship from commercial enterprises where this could have a negative impact on the integrity of the NHS or health messages, e.g. seeking/accepting sponsorship from a tobacco manufacturer.

4.4 Commercial sponsorship – “One –Off”

4.4.1 Procedure

N.B. The Board has approved that NHS Cambridgeshire will NOT accept new money from the pharmaceutical industry for hospitality and sponsorship and will not accept funding for training or for new posts.

This policy and these restrictions apply to all persons employed by or deemed to represent NHS Cambridgeshire, including: directly employed staff; Board and Executive Committee Members; Salaried GPs; any persons representing or undertaking work on behalf of NHS Cambridgeshire e.g. ASP; contract staff; management consultants; Independent contractors deemed to be representing NHS Cambridgeshire.

Commercial sponsorship and partnerships from others not linked to medicines or prescribing should follow the principles and procedures set out in this document.

Commercial sponsorship and commercial partnerships with the pharmaceutical industry will not occur unless or until the Board amend their decision.

Alternative, independent sources of information about medicines management and prescribing, and alternative funding arrangements are available.

If an approach is made by a representative of a commercial enterprise³ to offer “one-off” or short term sponsorship (e.g. training, meeting(s), event(s), etc.) or if sponsorship is sought from a representative for this purpose, the following procedure should be followed:

- a) The representative³ should be asked to complete **section 1** of the form ‘Commercial Sponsorship - Declaration of Intent’ included as **Appendix 7**.
- b) Once returned, the responsible staff members should complete **section 2** of the form and then forward the form to the line manager (Head of Service/Assistant Director/Director) for approval.
- c) The line manager should approve or refuse the proposed sponsorship³ with reference to this policy and notify the responsible staff member.
- d) The line manager should complete **section 3** of the form³ and forward a copy to the Company Secretary and Corporate Business Manager who will enter the sponsorship details in the ‘Sponsorship, Gifts and Hospitality Register’.
- e) Where sponsorship is approved³ a ‘Terms of Sponsorship Agreement’ form, included as **Appendix 8**, should be completed by the responsible staff member³ and sent to the representative for signature of their acceptance.
- f) The Audit Committee shall review the entries in the ‘Sponsorship, Gifts and Hospitality Register’ on a quarterly basis. The Chief Pharmacist will maintain an overview of activities in relation to pharmaceutical companies and to medicines management and prescribing.
- g) The ‘Sponsorship, Gifts and Hospitality Register’ is available for viewing at the Annual General Meeting of NHS Cambridgeshire or on request by members of the public.

4.4.2 Pharmaceutical representatives

NHS Cambridgeshire should maintain an overview of pharmaceutical representative activity within NHS Cambridgeshire to avoid information being provided that could lead to a conflict with NHS Cambridgeshire policy or service development procedures.

The NHS Cambridgeshire Board have agreed that pharmaceutical representative appointments should be restricted to strategic levels in the organisation (usually service managers and directors). Where these occur they should be logged via e-mail with the Chief Pharmacist medicines.management@cambridgeshirepct.nhs.uk including the purpose of the appointment and persons present from NHS Cambridgeshire and the pharmaceutical industry.

The Chief Pharmacist will advise whether the purpose of the appointment is in line with NHS Cambridgeshire prescribing and medicines management policies and priorities, and ensure that it does not conflict with the NHS Cambridgeshire Hospitality and Commercial Sponsorship Policy & Procedures.

4.5 Commercial Partnerships³ – “Longer term” Projects or Partnerships

4.5.1 Guidance

A commercial partnership is one where materials or support is supplied by a third party in addition to, and capable of being integrated with, services routinely provided in public sector health care. Specific guidance on Research and Development Partnerships is included as **Appendix 9**. Additionally, NHS Cambridgeshire staff should consider the following before entering into a commercial partnership arrangement:

³ Not pharmaceutical companies or any arrangements relating to medicines management or prescribing

- a) A prior written agreement should define the exact nature of the support provided and its duration or time frame.
- b) All commercial partnership arrangements⁴ should be considered using the 'Quality Standards Checklist for considering Commercial Partnerships', included as **Appendix 10**, and the 'Commercial Partnerships - Issues to consider' checklist, included as **Appendix 11**.
- c) Clinical aspects of care, including the development of guidelines or protocols, should be under local control, although local groups may choose to use or adapt information produced elsewhere.
- d) The commercial enterprise must agree not to promote or advertise its own products within the work it is supporting.

Clinical responsibility for prescribing remains with the Prescriber and no agreement can be made to prescribe specific company products without the Prescribers' consent and the ratification of NHS Cambridgeshire Professional Executive Committee, which may be delegated to the NHS Cambridgeshire Prescribing Leads group.
- e) All patient identification should be removed from data before they are given to the commercial enterprise
- f) Data should not be removed by the third party or used for any other purpose.
- g) Reports or information from the work should not be used or published elsewhere without explicit permission from NHS Cambridgeshire.
- h) Offers of a commercial partnership that may breach the principles outlined in section 4.2 must be reported to NHS Cambridgeshire.
- i) Partnership agreements will be monitored according to outcome measures. Either side can terminate the agreement if these outcome measures are not achieved.

4.5.2 Procedure

The following procedure should be followed when entering into a commercial partnership:

- a) The partnership agreement should be drafted by the responsible staff member in discussion with the commercial partner. Advice should be sought on the content of the draft agreement and this may include legal advice.
- b) Given the nature and potential impact of commercial partnership agreements, approval, of the arrangements, should be sought from the Board.
- c) The Chief Executive Officer should sign the partnership agreement on behalf of NHS Cambridgeshire.
- d) A copy of the agreement should be sent to the Company Secretary and Corporate Business Manager who will enter the partnership details in the 'Sponsorship, Gifts and Hospitality Register'.

5. Enforcement

5.1 NHS CAMBRIDGESHIRE STAFF SHOULD BE AWARE THAT FAILURE TO FOLLOW THE PRINCIPLES AND GUIDELINES CONTAINED IN THIS POLICY MAY LEAD TO DISCIPLINARY ACTION BEING TAKEN AGAINST THEM.

⁴ Not pharmaceutical companies or any arrangements relating to medicines management or prescribing

Appendix 2

Gifts and Hospitality Declaration Form⁵

N.B. The Board has approved that NHS Cambridgeshire will NOT accept new money from the pharmaceutical industry for hospitality and sponsorship and will not accept funding for training or for new posts.

This policy and these restrictions apply to all persons employed by or deemed to represent NHS Cambridgeshire, including: directly employed staff; Board and Executive Committee Members; Salaried GPs; and any persons representing or undertaking work on behalf of NHS Cambridgeshire e.g. ASP; contract staff; management consultants; Independent contractors deemed to be representing NHS Cambridgeshire

Alternative, independent sources of information about medicines management and prescribing, and alternative funding arrangements are available. The NHS Cambridgeshire medicines management team will be happy to advise on what is available.

Commercial sponsorship, gifts and hospitality and partnerships from others not linked to medicines or prescribing should follow the principles and procedures set out in the NHS Cambridgeshire policy.

Date:	Name and Title:
Description of sponsorship, gift or hospitality and value:	Donating company:
Value:	Line manager approval (Required if >£100):
Accepted⁵ or Refused:	Used for:

Note: A copy of this form must be sent (irrespective of whether gifts or hospitality is accepted or declined) in order that details can be entered in the 'Sponsorship, Gifts and Hospitality Register'

**Send to:
Trust Board Secretary
Lockton House
Clarendon Road
Cambridge
CB2 8FH**

⁵ Not pharmaceutical companies or any arrangements relating to medicines management or prescribing

Appendix 3
Examples of Potential Conflict (See also FAQs pages – 5 to 14)

It may be helpful to give some examples of the sorts of situation you could encounter and how they could be dealt with. These are given below: -

A clinician wishes to include a new drug, manufactured by a company with which he/she has links, e.g. company shares, research grant, in the NHS Cambridgeshire Formulary. The NHS Cambridgeshire Prescribing Groups and therapeutics committees require declarations of potential conflict of interest from clinicians submitting proposals for new products to be added to formularies and those groups/committees ensure the decision is based on clinical and cost effectiveness information and fit with the priorities of NHS Cambridgeshire.

A pharmaceutical industry representative wishes to present the case for a new product being included on the NHS Cambridgeshire Formulary. NHS Cambridgeshire has a policy on approaches from industry representatives that representatives are required to comply with. The Board has set out that contact with the pharmaceutical industry is restricted to the strategic levels of the organisation (see main policy)

Offer from a company to provide for training of staff. This type of sponsorship is NOT acceptable within NHS Cambridgeshire. Such offers should always be declined AND declared
The Department of Health has advised that all employers should be careful to ensure that staff are not pressurised by sponsors of training, to alter their own activity to accord with sponsors' wishes, where these are not backed up by appropriate evidence. Training provided by industry may be above board if it is unbiased, has mutual benefit for both the NHS and the sponsoring company, is evidence based and the hospitality is appropriate. However, participants should assess whether they may be influenced unduly and also bear in mind what benefits the company might derive (e.g. exposure to NHS, professional contacts, potential allies to use later, names of whom to influence, often without the participants realising).

A manufacturer of ostomy equipment offers to sponsor a stoma nurse post in NHS Cambridgeshire. This type of sponsorship is NOT acceptable within NHS Cambridgeshire. Such offers should always be declined AND declared.

The Department of Health has advised all Trusts that they should not accept this type of sponsorship if it would require the stoma nurse to recommend the sponsor's equipment in preference to other clinically appropriate appliances, nor if it requires the Trust to recommend patients to use a particular dispensing service or withhold information about other products. Existing contracts containing any such provisions should, where possible, be urgently renegotiated.

A pharmaceutical company offers a discounted price to NHS Cambridgeshire or hospital. This arrangement is acceptable provided that there is a clear clinical view that these products are appropriate to particular patients and there is no obligation to also prescribe these products to other patients for whom an alternative product would be at least as beneficial. It should always be declared in order to avoid any suspicion that subsequent prescribing might be inappropriate and linked to the provision of the discount. The overall cost to the health system should not be increased by the effect of discounts to doctors or pharmacists on some pharmaceutical products.

A catering company offers to provide discounted products to NHS Cambridgeshire. This agreement is acceptable, but should be routinely declared.

High tech home health care provider offers to supply equipment at reduced rate in return for business linked to a specific product. This type of sponsorship is NOT acceptable within NHS Cambridgeshire. Such offers should always be declined AND declared.

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

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

For pharmaceutical products this is NOT acceptable within NHS Cambridgeshire. Such offers should always be declined AND declared.

For other medical products, only clinicians with a specific interest in the products should attend and the travel costs incurred should be paid for by the Trust, unless the Chief Executive or Director of Finance gives approval for the potential supplier to take responsibility for the costs. Such decisions should be taken at least at Director of Finance level.

Appendix 4

FOR INFORMATION - NOTE BOARD RESTRICTIONS

Extract from the Medicines (Advertising) Regulations 1994

Inducements and hospitality

Staff and independent contractors working in the NHS should follow existing codes of conduct. Staff who are not covered by such a code are expected to:

- Act impartially in all their work.
- Refuse gifts, benefits, hospitality or sponsorship of any kind, which might reasonably be seen to compromise their personal judgement or integrity, and to avoid seeking to exert influence to obtain preferential consideration. All such gifts should be returned and hospitality refused.
- Declare and record financial or personal interest (e.g. company shares, research grant) in any organisation with which they have to deal, and be prepared to withdraw from those dealings if required, thereby ensuring that their professional judgement is not influenced by such considerations.
- Not misuse their official position or information acquired in the course of their official duties, to further their private interests or those of others.
- Ensure professional registration (if applicable) and/or status are not used in the promotion of commercial products or services.
- Beware of bias generated through sponsorship, where this might impinge on professional judgement and impartiality.
- Seek advice if in doubt.

Appendix 5

Extract from GMS/PMS Contract

PART 21

GIFTS

- 493 The Contractor shall keep a register of gifts which –
- 493.1 are given to any of the persons specified in clause 494 by, or on behalf of, a patient, a relative of a patient or any person who provides or wishes to provide services to the Contractor or its patients in connection with the Contract; and
 - 493.2 have, in its reasonable opinion, a value of more than £100.00.
- 494 The persons referred to in clause 493 are –
- 494.1 the Contractor;
 - 494.2 if the Contractor is a partnership, and partner;
 - 494.3 if the Contractor is a company, any person legally and beneficially holding a share in the company, or a director or secretary of the company;
 - 494.4 any person employed by the Contractor for the purposes of the Contract;
 - 494.5 any *general medical practitioner* engaged by the Contractor for the purposes of the Contract;
 - 494.6 any spouse or **civil partner** of the Contractor (if the Contractor is an individual medical practitioner) or of a person specified in clauses 494.2 to 494.5; or
 - 494.7 any person (whether or not of the opposite sex) whose relationship with the Contractor (where the Contractor is an individual medical practitioner) or with a person **specified** in clauses 494.2 to 494.5 has the characteristics of the relationship between husband and wife.
- 495 Clause 493 does not apply where -
- 495.1 there are reasonable grounds for believing that the gift is unconnected with services provided or to be provided by the Contractor;
 - 495.2 the Contractor is not aware of the gift; or
 - 495.3 the Contractor is not aware that the donor wishes to provide services to the Contractor.
- 496 The Contractor shall take reasonable steps to ensure that it is informed of gifts which fall within clause 493 and which are given to the persons specified in clauses 494.2 to 494.7;
- 497 The register referred to in clause 493 shall include the following information -
- 497.1 the name of the donor;
 - 497.2 in a case where the donor is a patient, the patient's National Health Service number or, if the number is not known, his address;
 - 497.3 in any other case, the address of the donor;
 - 497.4 the nature of the gift;
 - 497.5 the estimated value of the gift; and
 - 497.6 the name of the person or persons who received the gift.
- 498 The Contractor shall make the register available to NHS Cambridgeshire on request.

BMA**NHS Employers**

Excessive or Inappropriate Prescribing
Guidance for Health Professionals on Prescribing NHS Medicines

Improving the quality, cost effectiveness and affordability of prescribing in the context of the overall use of NHS resources is of benefit to patients.

The guidance provided here is designed to support those objectives and to guide all health professionals who prescribe and/or dispense NHS medicines, or who have responsibilities in practices, services, clinics etc and in Primary Care Organisations (PCOs) for promoting appropriate, effective and efficient prescribing.

Comments on this guidance and suggestions for amendment should be addressed to NHS Employers or the General Practitioners' Committee of the British Medical Association.

1. Introduction

- 1.1. The aim of this Guidance is to outline and provide examples of what might be considered to be excessive or inappropriate prescribing.
- 1.2. It has been developed by NHS Employers and the GPC. It will be subject to subsequent discussion with the bodies representing the other professions who have or are being given prescribing rights through changes in legislation.
- 1.3. "Excessive Prescribing" is defined within contractual regulations for GPs. GP practices can be in breach of their contract by "prescribing drugs, medicine or appliance whose cost or quantity, in relation to any patient, is, by reason of the character of the drug, medicine or appliance in question in excess of that which is reasonably necessary for the proper treatment of that patient (NHS General Medical Services Contracts Regulations 2004, Schedule 6, Part 6, Paragraph 46).
- 1.4. Any health professional believed to be prescribing excessively may be subject to challenge by their PCO and required to justify their prescribing behaviour. PCOs are authorised to manage excessive prescribing under paragraph 46 of Schedule 6 to The NHS (General Medical Services contracts) Regulations 2004, paragraph 44 of Schedule 5 to The NHS (Personal Medical Services Agreements) Regulations 2004 and Schedule 1 Part 4 of the Terms of Service of Pharmacists in the NHS (Pharmaceutical Services Regulations) 2005.
- 1.5. It is possible that potentially excessive prescribing will be identified in the first instance by the local PCO prescribing adviser. In the interests of developing good prescribing practice it is recommended that the initial approach to health professionals who are perceived to prescribe excessively should be by way of education. Appropriate remedial action should be instituted if the practice agrees that such action is warranted.
- 1.6. In the absence of an agreed course of action the PCO will need to consider whether there is sufficient evidence to demonstrate that the contractor's prescribing practice constitutes a breach of their contractual requirement (see paragraph 1.3 above). If there has been a breach of contract then the PCO will need to consider what action it wishes to take against the contractor. This might involve issuing a breach or remedial notice or invoking a contract sanction. If the contractor does not accept that they have breached their contract or that the PCO's action is appropriate it can challenge the PCO action by invoking the dispute resolution mechanism. The LMC may be involved as appropriate and must be involved where this is a requirement of the contract.

2. Principles

- 2.1. NHS cash for prescribing is part of the wider resource available for the care of patients.
- 2.2. Professional guidance on standards of practice states that it is the responsibility of every prescriber to make efficient uses of the resources available (e.g. GMC Good Medical Practice). The GMC advises doctors that they have a responsibility to consider the impact of their actions, such as prescribing, on resources available to other patients; it also states that doctors must not deliberately withhold appropriate treatment. Judgement of excessive or inappropriate prescribing by any health professional will need to reflect the balance between these duties.

CONTINUED

CONTINUED

- 2.3. As a guiding principle it is appropriate to prescribe the most cost effective medication for a patient. It follows that switching patients to less expensive drugs usually within a therapeutic class is generally appropriate where there is no contra-indication and where there is evidence of equal or greater efficacy. This may release cash within the system that can be invested in additional and different care for patients. Patients should be informed of the rationale for these changes, for example via patient information handouts.
- 2.4. Switching significant numbers of patients' drugs within a therapeutic class (e.g. either by changing to brand or by changing the drug) should only be undertaken where the predicted NHS savings is expected to be sustained and provided there is no clinical disadvantage for the patient.
- 2.5. There may be occasions where switching patients may be clinically inappropriate e.g. in line with BNF or MHRA guidance certain drugs should be prescribed by brand to ensure continuity with regard to bio-availability.
- 2.6. It is appropriate that doctors and health professionals have the clinical freedom to switch individual patients to higher priced drugs (branded or otherwise), or to alternative drugs, for clinical reasons.

3. Due Process

- 3.1. PCOs are recommended to demonstrate due process e.g. that the development of prescribing incentive or improvement schemes are supported by appropriate processes involving local clinicians, and that the process of developing and implementing such schemes is evidence-based and appropriately documented. Where practices are expected by PCOs to change prescribing practice to improve the quality and/or cost-effectiveness of prescribing, or to make prescribing budget savings, PCOs are recommended that information about the rationale behind such prescribing changes should usually be available for patients, e.g. from the PCO prescribing advisory group.
- 3.2. Similarly, prescribers and dispensers should also demonstrate due process e.g. it is reasonable and appropriate for health professionals to exercise wise buying in the purchase of drugs from wholesalers and manufacturers. This acts as a driver for manufacturers and suppliers to reduce prices which in turn reduces the NHS drugs bill via the discount claw back systems that apply to dispensing doctors and community pharmacy.
- 3.3. However, other than as outlined in 3.2, substantial sponsorship or financial deals that could reasonably be perceived to affect the choice of treatment in a way that is financially beneficial to the prescriber but significantly increases NHS costs, other than where there is clear evidence of clinical benefit to patients, should be recorded in a register of "Gifts and Hospitality".

4. Examples that may be judged to indicate excessive prescribing

- 4.1. The following examples illustrate behaviours that may be judged to indicate excessive or inappropriate prescribing, particularly where this has been done for a significant proportion of patients and/or in a systematic manner by health professionals or their staff:
 - prescriptions where the drug is initiated or switched, e.g. within a therapeutic class/indication, with the effect that reimbursement is based on a product that provides a larger purchase margin for the prescriber(s) and the product(s) selected cost the NHS more, unless there is good clinical evidence to support the switch or the exceptions noted in paragraphs 2.5 or 2.6 apply
 - prescribing that is varied according to the impact on reimbursement to the practice, e.g. differences between patients to whom the practice directly supplies medicines (including personally administered drugs and through NHS dispensing) and those to whom they supply prescriptions for dispensing elsewhere, and where the prescriber(s) is/are unable to provide a reasonable explanation
 - profligate prescribing may be considered to exist where the prescriber(s) consistently prescribes excessive amounts of high cost products or inappropriate, high quantities of medicines that are significantly at variance with comparable clinical scenarios and where the prescriber(s) is/are unable to provide a reasonable explanation
 - it may also be appropriate for a PCO to investigate a prescriber that consistently significantly under-prescribes where there is evidence to suggest that there is a failure to adhere to good clinical prescribing practice.

Appendix 7

Commercial Sponsorship – Declaration of Intent

N.B. The Board has approved that NHS Cambridgeshire will NOT accept new money from the pharmaceutical industry for hospitality and sponsorship and will not accept funding for training or for new posts.

This policy and these restrictions apply to all persons employed by or deemed to represent NHS Cambridgeshire, including: directly employed staff; Board and Executive Committee Members; Salaried GPs; and any persons representing or undertaking work on behalf of NHS Cambridgeshire e.g. ASP; contract staff; management consultants; Independent contractors deemed to be representing NHS Cambridgeshire

Alternative, independent sources of information about medicines management and prescribing, and alternative funding arrangements are available. NHS Cambridgeshire medicines management team will be happy to advise on what is available.

Commercial sponsorship, gifts and hospitality from others not linked to medicines or prescribing should follow the principles and procedures set out in the NHS Cambridgeshire policy.

Where previously funding may have been provided by the pharmaceutical industry, or where the training, meeting, sponsorship etc is related to medicines management or prescribing (directly or indirectly) apply using the forms in Appendix 12 for the NHS Cambridgeshire Clinical Engagement and Sponsorship Fund

Section 1 of 3 – For commercial sponsorship not related to pharmaceuticals, medicines management or prescribing

To be completed by the commercial representative⁶

ALL SECTIONS MUST BE COMPLETED

Name of Company	
Name of Representative	
Job Title	
Role Description	
Date	
Value of proposed sponsorship (£)	
Period of proposed sponsorship	Anticipated Start date: End date:
Details of the proposed sponsorship	
How does this proposed sponsorship benefit the company?	
Details of any current involvement in the Cambridgeshire Primary Care Trust	
Details of any current involvement in neighbouring NHS Trusts	
Current portfolio of marketed products available in the UK	
Any other information	
Signature	

⁶ Not pharmaceutical companies or any arrangements relating to medicines management or prescribing

⁷Section 2 of 3 – To be completed by the responsible staff member

Name	
Job Title	
How does this proposed sponsorship benefit the Cambridgeshire Primary Care Trust?	
Are there any disadvantages in this proposed sponsorship for the Cambridgeshire Primary Care Trust? <i>(Refer to 'Hospitality and Commercial Sponsorship Policy and Procedures')</i>	
Arrangements for pick-up of costs after period of commercial sponsorship ends	
Signature	
Date	

Section 3 of 3 – To be completed by Line Manager (Head of Service/Assistant Director/Director)

Name	
Job title	
Proposed sponsorship accepted <i>(Refer to 'Hospitality and Commercial Sponsorship Policy and Procedures')</i>	Reason:
Arrangements for pick-up of costs after period of commercial sponsorship ends	
Proposed sponsorship Declined <i>(Refer to 'Hospitality and Commercial Sponsorship Policy and Procedures')</i>	Reason
Has signature from Finance Director or Chief Executive been obtained if necessary? <i>(Refer to 'Hospitality and Commercial Sponsorship Policy and Procedures')</i>	If so – from whom? Date?
Signature	
Date	

Note: For commercial sponsorship not related to pharmaceuticals, medicines management or prescribing a copy of this form must be sent (irrespective of whether sponsorship is accepted or declined) in order that details can be entered in the 'Sponsorship, Gifts and Hospitality Register'

to:
Trust Board Secretary
Lockton House
Clarendon Road
Cambridge
CB2 8FH

⁷ See also SFIs – Standing Financial Instructions, NHS Cambridgeshire

Appendix 8

Terms of Sponsorship Agreement

N.B. The Board has approved that NHS Cambridgeshire will NOT accept new money from the pharmaceutical industry for hospitality and sponsorship and will not accept funding for training or for new posts.

This policy and these restrictions apply to all persons employed by or deemed to represent NHS Cambridgeshire, including: directly employed staff; Board and Executive Committee Members; Salaried GPs; and any persons representing or undertaking work on behalf of NHS Cambridgeshire e.g. ASP; contract staff; management consultants; Independent contractors deemed to be representing NHS Cambridgeshire

Alternative, independent sources of information about medicines management and prescribing, and alternative funding arrangements are available. NHS Cambridgeshire medicines management team will be happy to advise on what is available.

Commercial sponsorship, gifts and hospitality from others not linked to medicines or prescribing should follow the principles and procedures set out in the NHS Cambridgeshire policy.

To of (State company)

Thank you for agreeing to sponsor the event entitled

on to cover the following aspects of the event (specify)

.....

Sponsorship is accepted on the understanding that:

- NHS Cambridgeshire retains overall control of the event.
- The sponsor does not have a right to present promotional information for contract or non-contract products; such information cannot be presented without prior agreement.
- 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.
- The sponsor does not use the NHS Cambridgeshire contact to promote products outside the event.
- Any stand the sponsor uses to promote products is to be outside the main event room where practical.
- Attendance of the event by the sponsor is at the discretion of the event organiser.
- Where course material is provided by a commercial enterprise, that there is no promotion of specific products (the name of the company supporting the event is acceptable).

Please confirm that you accept the terms detailed above

Signed Date

Print name.....

Company

Appendix 9

Research and Development

1. Exceptionally, in the case of non-commercial research and development (R&D) originated or hosted by NHS providers, commercial sponsorship may be linked to the purchase of particular products, or to supply from particular sources. This should be in accordance with the guidance at paragraph 28 of HSG(97)32 *responsibilities for meeting Patient Care Costs Associated with Research and Development in the NHS*⁸. Where there is industry collaboration in such studies, companies may alternatively make a contribution towards the study's costs, rather than supply of product.
2. Any funding for research purposes should be transparent. There should be no incentive to prescribe more of any particular treatment or product other than in accordance with the peer reviewed and mutually agreed protocol for the specific research intended. When considering a research proposal, whether funded in whole or part by industry, NHS bodies will wish to consider how the continuing costs of any pharmaceutical or other treatment initiated during the research will be managed once the study has ended.
3. Separate Guidelines exist for pharmaceutical company Sponsored Safety Assessment of Market Medicines (SAMM) which remain in force.
4. Where R&D is primarily for commercial purposes, NHS providers are expected to recover the full cost from the commercial company on whose behalf it is carried out. (HSG(97)32, paragraph 7). An industry-sponsored trial should not commence until an indemnity agreement is in place; see the guidelines in HSC(96)48 *NHS Indemnity, Arrangements for Clinical Negligence Claims in the NHS*. A standard form of indemnity agreement, agreed with ABPI, can be found at Annex B of that guidance.
5. The NHS should benefit from commercial exploitation of intellectual property derived from R&D that the NHS has funded, or for which it has been funded, even where the intellectual property itself is owned by people outside the NHS. NHS bodies should ensure that an agreement to this effect is included in any contracts concerning R&D. The guidelines in HSC 1998/106 *Policy Framework for the Management of Intellectual Property within the NHS from R&D* should be followed.

⁸ Paragraph 28 of HSG(97)32 states: At present, industry frequently contributes to the costs of pharmaceuticals (and other products) which are the subject of non-commercial R&D in the NHS. Although, by definition, such items constitute Treatment Costs, the NHS will continue, under the Partnership Arrangements, to look to researchers and non-commercial research funders to secure such contributions before approaching the NHS for support.

Appendix 10
Quality Standards Checklist for considering commercial partnerships

(Reference: Greenhalgh T. et al. *Commercial partnerships in chronic disease management: proceeding with caution. Br Med J* 2000;320:566-8.)

1.	Is the company or organisation “legitimate” – that is, is it a registered company, capable of being independently audited?
2.	<p>What does the package offer in relation to the following aspects of health care? Does the scheme have aims and objectives?</p> <ul style="list-style-type: none"> • Diagnosis and referral • Investigations and measurements (who would make them, and how?) • Informing and educating patients (is the educational material non-promotional, accurate and culturally appropriate, and how would this be checked?) • Informing and educating health professionals (is the information valid, complete, balanced, and up to date?) • Therapeutic menu, which should include options for no specific treatment, and non-drug treatment, as well as those of drug treatment, for the condition (where possible, the effectiveness of therapeutic interventions should be expressed in terms of absolute, not relative, benefit for specific subgroups). Has an assessment of the costs and benefits of the package in relation to alternative options been investigated? • Monitoring or review of patients (who will monitor the patients, and at what time points? By what criteria will therapeutic success be judged, and will these specifically include patients’ perceptions?) • Audit of the service (how will this be done, by whom, and with what outcome measures?)
3.	Have patient interests been taken into account?
4.	How will patients be informed about the package?
5.	What interests does the organisation and the NHS have in relation to each of the aspects of the package listed in no. 2 above? Where do these interests coincide, and where are the potential conflicts of interest?
6.	<p>Who “owns” the data generated by audit, and monitoring for the managed care package – for example, number of patients, proportion enrolled, proportion completing the programme (successfully or not), drugs used, and so on:</p> <ul style="list-style-type: none"> • Who has access to the data, bearing in mind the Data Protection Act and the requirements for patient confidentiality of healthcare records? • How and for what purposes will the data be used?
7.	Has the scheme been piloted or are there plans to do this?
8.	Is there valid and relevant information on the cost effectiveness of the package? If so, does this take into account indirect and opportunity costs and does it include one or more sensitivity analyses? If so, has value for money been shown?
9.	Who would have designated clinical responsibility for the patient at each stage of the package?
10.	How would the package relate to, and mesh with, existing systems of care (primary and secondary care)?
11.	What are the implications of the scheme on other aspects of healthcare?
12.	Has this package been compared with other packages currently on offer and with “usual care” as currently provided? (Competing tenders should preferably be heard at a multilateral meeting)
13.	Will there be joint management of the scheme throughout its duration by a committee or working group, with representation from all parties? Who is accountable for financial and managerial arrangements?
14.	<p>On completion of the scheme, how will it be evaluated in terms of:</p> <ul style="list-style-type: none"> • What have been the costs and benefits to patients? • What has each side learnt and gained?
15.	Is the NHS expected to pick up recurrent costs of the scheme?

Appendix 11

Commercial Partnerships – issues to consider

N.B. The Board has approved that NHS Cambridgeshire will NOT accept new money from the pharmaceutical industry for hospitality and sponsorship and will not accept funding for training or for new posts.

This policy and these restrictions apply to all persons employed by or deemed to represent NHS Cambridgeshire, including: directly employed staff; Board and Executive Committee Members; Salaried GPs; and any persons representing or undertaking work on behalf of NHS Cambridgeshire e.g. ASP; contract staff; management consultants; Independent contractors deemed to be representing NHS Cambridgeshire

Alternative, independent sources of information about medicines management and prescribing, and alternative funding arrangements are available. The NHS Cambridgeshire medicines management team will be happy to advise on what is available.

Commercial partnerships should be considered by following the principles and procedures set out in the NHS Cambridgeshire policy.

Question	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. Do we have copies of protocols that will be used? Who will be using them?	
4. Are the clinical aspects of the scheme of sufficiently high quality? e.g. in line with local guidelines, 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. How 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	
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?	

Appendix 12a
Clinical Engagement and Sponsorship Fund (GPs) – APPLICATION FORM

- Funding may be provided for sponsorship of meetings, conferences, small pieces of equipment etc
- Total funding available is limited and preference will be given to applications that will address agreed NHS Cambridgeshire priorities, improve the quality of care and help control expenditure on prescribing.

<p>Date of event</p> <p>Please set out how this value of the funding applied for is made up e.g. room hire, speakers' fees, catering</p> <p>Total Amount of Funding applied for £.....</p> <p>Breakdown:</p>

	All sections must be completed
Purpose of this funding If for a meeting set out the learning outcomes	
List action(s) already taken to meet this personal or service development need relevant to this application	
How could this proposed funding benefit:	patients/carers and/or NHS Cambridgeshire and/or local GP practices?
What potential disadvantages might this proposed funding create for:	patients/carers and/or NHS Cambridgeshire and/or local GP practices?
If for an event: 1. Who will be attending? e.g. GPs, registrars, hospital colleagues, CCS staff (give details e.g. DNs, specialist nurses 2. How many people (in total) do you anticipate at the meeting or event?	1. 2.

Completed BY:

Name	
Job Title	
Date	
Contact details	Email: Telephone contact:

this form must be sent to NHS CAMBRIDGESHIRE chief pharmacist;

Please send by email to

rebecca.edwards@cambridgeshire.nhs.uk and copy to sue.ashwell@cambridgeshire.nhs.uk

For queries please contact the Chief Pharmacist's office 01480 354360/354379

Appendix 12b

Clinical Engagement and Sponsorship Fund – APPLICATION FORM

- Staff who wish to apply for funding where this might previously have been provided by the pharmaceutical industry should address the questions set out here before submitting an application through their line manager.

The manager’s assessment of and support for the funding are essential steps in this application process and applications direct from staff will not be accepted.

- Groups who wish to apply for funding should follow essentially the same steps and apply through the lead service manager for the activity that should benefit from the change achieved through the application for training or sponsorship
- Funding may be provided for sponsorship of meetings, conferences, small pieces of equipment etc
- Funding is limited and preference will be given to applications that will address NHS Cambridgeshire priorities that improve the quality of care and control expenditure on prescribing.

Training and service delivery budgets should continue to be used to fund core activities.

Purpose of Funding that is being applied for from this fund
Amount of Funding applied for £.....

Section 1 of 3 – To be completed by the responsible staff member before review by their manager

Completed by:

		All sections must be completed
1	List personal development needs relevant to this application	
2	List service development needs relevant to this application	
3	List alternative methods to meet personal and service development needs relevant to this application	
4	List action already taken to meet personal and service development needs relevant to this application	
5	List benefits to you that funding could help deliver	
6	List benefits to your service that funding could help deliver	

In summary: How does the application for funding relate to personal AND service development need?

APPLICATION FORM CONTINUED OVERLEAF

Section 2 of 3 – To be completed by the responsible staff member

Name	
Job Title	
Date	
Base and contact details	Email: Telephone contact:
How could this proposed funding benefit:	patients/carers and/or NHS Cambridgeshire and/or local GP practices?
What potential disadvantages might this proposed funding create for:	patients/carers and/or NHS Cambridgeshire and/or local GP practices?

Section 3 of 3 – To be completed by Line Manager (Head of Service/Assistant Director/Director)

Name	
Job title	
Date	
Application for funding supported:	How could this contribute to NHS Cambridgeshire priorities and service development plans? What will be the impact of this training/meeting/sponsorship etc be on the finances of <ul style="list-style-type: none"> • your service • NHS Cambridgeshire commissioners • NHS Cambridgeshire provider services • GP prescribing budgets

All 3 sections of this form must be sent to NHS Cambridgeshire chief pharmacist;

Please send by email to

Rebecca.Edwards@cambridgeshire.nhs.uk and copy to Sue.Ashwell@cambridgeshire.nhs.uk

- Clinical Engagement and Sponsorship Fund requests for groups of staff must go through line managers
The manager must complete financial implications for others of the funding requested
- Clinical Engagement and Sponsorship Fund requests for groups not directly employed by NHS Cambridgeshire e.g. independent contractors, voluntary organisations and patient involvement groups, should be managed through the relevant NHS Cambridgeshire Director or lead service manager
The manager or director supporting the application must complete financial implications for others of the funding requested

For queries please contact the Chief Pharmacist's office 01480 354360/354379

Chief Pharmacist, NHS Cambridgeshire Post c/o Huntingdon Area Office, California Road, Huntingdon PE29 1BN



**BEST PRACTICE GUIDANCE ON
JOINT WORKING BETWEEN THE
NHS AND PHARMACEUTICAL
INDUSTRY AND OTHER
RELEVANT COMMERCIAL
ORGANISATIONS**



Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations

Prepared by: Medicines, Pharmacy and Industry Group

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations

DH INFORMATION READER BOX	
Policy	Estates
HR / Workforce Management	Commissioning
Planning / Performance	IM & T
	Finance
	Social Care / Partnership Working
Document Purpose	Best Practice Guidance
ROCR Ref:	Gateway Ref: 8926
Title	Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other commercial organisations
Author	Medicines, Pharmacy & Industry Group, DH
Publication Date	February 2008
Target Audience	PCT CEs, NHS Trust CEs, SHA CEs, Care Trust CEs, Foundation Trust CEs, Medical Directors, Directors of PH, Directors of Nursing, PCT PEC Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, GPs, Communications Leads, Emergency Care Leads
Circulation List	
Description	Guidance to inform the NHS that it can, if it sees benefit, enter into joint working arrangements with the pharmaceutical industry within appropriate governance arrangements. It outlines what the NHS should take into account when considering entering into such joint arrangements.
Cross Ref	See annex to guidance
Superseded Docs	EL(94)94 Commercial Approaches to the NHS regarding disease management
Action Required	n/a
Timing	n/a
Contact Details	Industry Branch MPIG Skipton House 80 London Road London SE1 6LH 020 7972 2708 http://www.dh.gov.uk/publications
For Recipient's Use	

© Crown copyright 2008
First published 18 January 2008

Published to DH website, in electronic PDF format only.

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082370

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations

Contents

Introduction.....	5
Purpose of this guidance.....	5
Joint working with the pharmaceutical industry.....	6
Core Values.....	6
Responsibility of NHS employers and staff.....	7
Additional Principles.....	8
Support for those considering joint working arrangements.....	8
Best Practice Toolkit on Joint Working.....	9
Annex A - Underpinning NHS Guidance and References.....	10

GUIDANCE ON JOINT WORKING WITH THE PHARMACEUTICAL INDUSTRY

Introduction

1. The NHS is now the largest health organisation in Europe and it is recognised as delivering one of the best health services in the world by the World Health Organisation. As described in the White paper entitled "*Our health, our care, our say: a new direction for community services*", the strategic shift in services from secondary to primary care encompasses NHS partnership working with relevant partners such as the pharmaceutical industry as one of a range of options available to meet the needs of patients and achieve clinical excellence.
2. This guidance is to help the NHS to meet the challenges of a rapidly changing health service by highlighting the potential of joint working¹ to support the delivery of efficient and high-quality services that meet the healthcare demands of the 21st century. It replaces EL (94)94 'Commercial Approaches to the NHS Regarding Disease Management' (1994) with immediate effect. Research and Development (R&D) partnerships are outside the scope of this guidance and dealt exclusively in other documents with an R&D emphasis.
3. NHS organisations and staff are encouraged to consider the 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. A philosophy of developing appropriate partnerships to help achieve high quality patient care could further enhance the objectives of a patient-centred NHS. Such initiatives should be managed in an effective and efficient way. The development of effective and clinically appropriate joint working with external stakeholders can contribute to building an NHS that is truly a beacon to the world.
4. NHS organisations and staff are encouraged to consider partnership approaches against the following criteria:
 - meet patient and NHS needs,
 - be most accessible,
 - provide sustainable clinical benefits,
 - as well being highly cost effective.

Purpose of this Guidance

5. The first purpose of this guidance is to assist staff in the NHS achieve their objectives and vision of a modern, dependable national health service delivering excellent healthcare, by building effective and appropriate working relationships with key partners, such as the pharmaceutical industry.

¹ Rather than using the narrower term *Partnership*, the term joint working has been used in this document to illustrate the wide variety of arrangements for joint activities between the NHS and the industry. Joint working differs from sponsorship, where pharmaceutical companies simply provide funds for a specific event or work programme.

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations

6. The learning from a number of partnership projects has confirmed that joint working can provide real benefits to patients whilst supporting the strategic objectives of the delivery partners. Accordingly, NHS organisations and staff are encouraged to consider joint working as a realistic option for the delivery of high-quality healthcare.
7. The second purpose of this guidance is to inform and advise NHS staff of their main responsibilities when considering 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
8. A selection of other underpinning and extant NHS guidance can be found in Annex A. Research and Development (R&D) partnerships are outside the scope of this guidance.

Joint Working with the Pharmaceutical Industry

9. Joint working between the pharmaceutical industry and the NHS must be for the benefit of patients or the NHS and preserve patient care. Any joint working between the NHS and the pharmaceutical industry should be conducted in an open and transparent manner. All such activities, if properly managed, should be of mutual benefit, with 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.
10. For the purpose of this guidance, joint working is defined as follows:

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 a specific event or work programme.

Core Values

11. An extract from the "*Code of Conduct: Code of Accountability in the NHS*" (2nd rev ed, 2004), states that: "There are three crucial public service values which underpin the work of the health service:
 - **Accountability** - everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgments 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

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations

- **Openness** - there should be sufficient transparency about NHS activities to promote confidence between the organisation and its staff, patients and the public”
12. Further, based on relevant pieces of additional guidance which are still extant, when the NHS and its staff enter into a joint working with the industry, their conduct should also adhere to the following values:
- Transparency and trust,
 - Appropriateness of projects,
 - Patient focused,
 - Value for money,
 - Reasonable contact,
 - Responsibility,
 - Impartiality and honesty,
 - Truthfulness and fairness.

Responsibility of NHS Employers and Staff

13. There is already a range of information, relating to partnership working between NHS bodies and commercial organisations, provided in previous governmental circulars a list of which can be found in Annex A.
14. As described in *'Standards of business conduct for NHS staff, and Commercial Sponsorship – Ethical Standards for the NHS (2000)*, NHS employers and employees need to maintain and demonstrate certain general standards and behaviours, as defined, when dealing with commercial organisations.
15. All health professionals, including independent contractors and locum practitioners, working under NHS terms and conditions, are intended to be covered by this guidance. For the purposes of this document, the term 'staff' is used as a convenience to refer to all such people.
16. Whilst directed at NHS staff, this guidance will also be of relevance to anyone working in the health environment. This includes private and voluntary sector staff. NHS employers are responsible for ensuring that these guidelines are brought to the attention of all employees; also, that machinery is put in place for ensuring that they are effectively monitored and implemented.
17. NHS staff should be aware that industry representatives must follow the *"ABPI Code of Practice for the Pharmaceutical Industry"*. It is a condition of membership of the Association of the British Pharmaceutical Industry (ABPI). The Code of Practice for the pharmaceutical industry is designed to ensure a professional, responsible and ethical approach to the promotion of prescription medicines in the UK through a self-regulatory system. If NHS staff believe that an industry representative has broken the Code, they can report their complaint to the Director of the Prescription Medicines Code of Practice Authority (PMCPA) at complaints@pmcpa.org.uk.

Additional Principles

18. By applying all the above-mentioned values, NHS staff will have met the majority of the relevant requirements of existing guidance (see Annex A). However, employers should ensure that monitoring arrangements are established to ensure that staff record and monitor any joint working arrangement for which the NHS body is accountable. Specifically:

- All 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 are conducted with the necessary ethos and values mentioned above and where there is evidence of an unauthorised or disadvantageous arrangement, NHS staff should act swiftly to deal with the situation and bring it within their local arrangements and patient and clinical needs;
- All funding agreements either through joint working projects or other arrangements are recorded and monitored, and should also be conducted in a transparent and open way while the costs and benefits of it are properly measured and weighed with other proposals;
- Confidentiality of information received in the course of duty should be respected and should never be used outside the scope of the specific exercise;
- NHS bodies which entered into joint working arrangements should register and evaluate their outcomes and share them on request with other NHS bodies;
- Local guidance and policy should take into account the ethical and contractual implications of commercial collaborations with external stakeholders while reviewing and amending its content when necessary;
- Joint working arrangements should be at a corporate, rather than individual level.
- Monitoring arrangements are established to ensure that staff register any sponsorship and are held accountable for it;
- All joint projects propositions are officially documented and reviewed through use of a register as part of the monitoring arrangements;
- Establish how clinical and financial outcomes should be assessed through a risk assessment form.

Support for Those Considering Joint Working Arrangements

Exit Agreements

19. When entering into an agreement for joint working, the NHS should also consider the impact once these arrangements are concluded. An effective exit strategy should be in place at the outset of a given project detailing the responsibilities of each party. This

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations

should be capable of dealing with a situation where premature termination becomes necessary.

Best Practice Toolkit on Joint Working

20. A toolkit on joint working between the NHS and pharmaceutical industry, focusing on learning from useful examples with a view to recommending and spreading best practice, will be issued to augment this Guidance. The Toolkit, entitled *Moving Beyond Sponsorship: joint working between the NHS and pharmaceutical industry* is being designed to give potential partners a solid foundation on which to develop joint working initiatives and it is suggested that the content be adapted by local NHS staff to support their specific requirements. The toolkit is currently under development and is being piloted with a number of NHS organisations. Following evaluation it will be published in its final form on the Department of Health and the ABPI websites in March 2008.
21. This guidance will be reviewed and/or renewed if necessary in 5 years from its issuance.

Further advice

22. Further advice on this guidance can be obtained from The Medicines, Pharmacy & Industry Group, Industry Branch, Room 402, Skipton House, London (e-mail: MPI-Industry@dh.gsi.gov.uk).

**Medicines, Pharmacy and Industry Group
Department of Health**

January 2008

ANNEX A

UNDERPINNING NHS GUIDANCE AND REFERENCES

The following documents contain information of relevance to joint working between NHS bodies and commercial organisations:

- **EL (94)94 - Commercial Approaches to the NHS Regarding Disease Management(1994)**

This EL explains the background to approaches from industry and gives preliminary advice on dealing with them. It is cancelled as of 1 November 2007 and replaced by "*The NHS Guidance on joint working with the pharmaceutical industry and other relevant commercial organisations*".

- **Standards of Business Conduct for NHS Staff (1993)**

This circular on *Standards of Business Conduct for NHS Staff* was issued in 1993 (HSG(93)5) regarding the general standards which should be maintained by staff working in the NHS.

[Link: http://www.dh.gov.uk/en/PublicationsAndStatistics/LettersAndCirculars/HealthServiceGuidelines/DH_4017845](http://www.dh.gov.uk/en/PublicationsAndStatistics/LettersAndCirculars/HealthServiceGuidelines/DH_4017845)

- **New NHS: Modern and Dependable (1997)**

The New NHS: Modern and Dependable requires the various parts of the NHS to work together and in collaboration with other agencies to improve the health of the population they serve and the health services provided for that population.

[Link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008869](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008869)

- **Commercial Sponsorship – Ethical Standards for the NHS (2000)**

The purpose of this guidance is to emphasise that NHS bodies and primary care contractor that their staff are accountable for achieving the best possible health care within the resources available. It advises them to consider fully the implications of a proposed sponsorship arrangement before entering into any arrangement.

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

- **Confidentiality: NHS Code of Practice (2003)**

The NHS Confidentiality Code of Practice is a guide to required practice for those who work within or under contract to NHS organisations concerning confidentiality and patients' consent to use their health records. It replaces previous guidance. The Code is a key component of emerging information governance arrangements for the NHS.

[Link: http://www.dh.gov.uk/en/Policyandguidance/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550](http://www.dh.gov.uk/en/Policyandguidance/Informationpolicy/Patientconfidentialityandcaldicottguardians/DH_4100550)

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations

- **Our Health, our Care, our Say White paper (2006)**

The Our Health, our Care, our Say White Paper sets out a vision to provide people with good quality social care and NHS services in the communities where they live. This paper will change the way services are provided, placing greater choice and control in the hands of the people who use them. Social care services are also changing to give service users more independence, choice and control.

Link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/Browsable/DH_4127552

Further background information:

Code of Conduct: Code of Accountability in the NHS (2nd rev ed, 2004)

As described in paragraph 9.

Link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4116281

Document EL(94)40 – Codes of Accountability and Conduct

As described in paragraph 15. Updated by the Code of Conduct: Code of Accountability in the NHS (2nd rev ed, 2004).

Link: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4116281

Document HSG(96)48 – NHS Indemnity: Arrangements for Handling Clinical Negligence Against NHS Staff

This guideline describes the arrangements, which apply to handling clinical negligence claims against NHS staff (NHS Indemnity). It updates the guidance given in Health Circular HC(89134.)

Link: http://www.dh.gov.uk/en/PublicationsAndStatistics/LettersAndCirculars/HealthServiceGuidelines/DH_4018270

Medicines (Advertising) Regulations 1994

This regulation concerns advertising and promotion of medicinal products to health professionals and to the public. Guidance on interpretation can be found in the MHRA Blue Guide, *Advertising and Promotion of Medicines in the UK*.

Link: http://www.opsi.gov.uk/SI/si1994/Uksi_19941932_en_1.htm

The ABPI Code of Practice for the Pharmaceutical Industry 2006

The ABPI Code of Practice for the Pharmaceutical Industry is designed to ensure a professional, responsible and ethical approach to the promotion of prescription medicines in the UK through a self-regulatory system.

Link: http://www.abpi.org.uk/links/assoc/PMCPA/pmpca_code2006.pdf

For the Best Practice Toolkit on Joint Working, entitled *Moving Beyond Sponsorship: joint working between the NHS and pharmaceutical industry* please click on the below link:

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119052.pdf

References:

Best practice Toolkit on Joint Working

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/@ps/documents/digitalasset/dh_119052.pdf

Best practice guidance on joint working between the NHS and Pharmaceutical Industry and other relevant commercial organisations

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_082569.pdf

NHS Ethical Guideline – Commercial Sponsorship

(http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005135)

Standard Financial Instructions (SFIs)

(http://www.cambridgeshire.nhs.uk/documents/Staff%20Information/Policies/Corporate/Cambridgeshire_PCT_Standing_Orders.pdf?preventCache=02%2F12%2F2008+10%3A05)

HSG(96)10: Expenditure on staff benefits

(www.dh.gov.uk/en/publicationsandstatistics/lettersandcirculars/healthserviceguidelines/DH_4018197)

HSG(97)32: Responsibilities for meeting Patient Care Costs associated with Research and Development in the NHS

(www.dh.gov.uk/en/publicationsandstatistics/lettersandcirculars/healthserviceguidelines/DH_4018353)

Quality Standards Checklist for considering commercial partnerships

(Greenhalgh T. et al. Commercial partnerships in chronic disease management: proceeding with caution. Br Med J 2000;320:566-8.)