



South East London
Clinical Commissioning Group

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NHS South East London Clinical Commissioning Group

Standards of Business Conduct Policy

**(including Managing Conflicts of Interests, Gifts
and Hospitality & Joint Working with
Pharmaceutical Industry)**

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Consultation

Date	Name	Title and /or Organisation

Approved by:	Date:

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1. Introduction

As a publicly funded organisation, the CCG has a duty to set and maintain the highest standards of conduct and integrity and expects the highest standards of corporate behaviour and responsibility from its membership, governing body, committee members and all employees.

The NHS constitution sets out some of the key responsibilities of NHS employees. All employees, regardless of their role, are expected to act in the spirit set out in the seven principles of public life: the 'Nolan Principles'. It is a long and well-established principle that public sector organisations must be impartial and honest in their business and that their employees must act with integrity.

The CCG receives public money to enable it to provide services to the people of south east London. As a result, it is expected to conduct its business as a corporate body, guided by its delegated powers and constitution.

The Standards of Business Conduct policy describes the standards and public service values which underpin the work of NHS South East London CCG (CCG) and reflects current guidance and best practice which all employees of the CCG must follow. This policy includes the management of conflicts of interest and joint working with pharmaceutical industry and lays out how the CCG will comply with NHS England guidance on standards for business conduct which includes arrangements for managing conflicts of interest.

It is important to stress that the policy draws attention to the consequences of non-compliance with the requirements which may include disciplinary action and/or legal action.

2. Scope

All member practices, governing body and committee members and all those who are engaged in the services of the CCG, employees of the CCG including temporary staff such as agency workers, contractors and interim staff, are within the scope of this policy. In addition, those who work with, but are not employed by the CCG are required to comply with this policy, for example members of advisory groups, such as clinical leads and other GPs, patient representatives, consultants etc.

As well as promoting the standards of business conduct expected of public bodies, this policy aims to protect the CCG and its officers from any suggestion of corruption, partiality or dishonesty by providing a clear framework through which the organisation can provide guidance and assurance that its officers conduct themselves with honesty, integrity and probity. The policy should be read in conjunction with all relevant organisational policies which are developed and agreed in line with the principles set out in this policy.

3. Guidance and legal framework

NHS England's published guidance; "Standards of business conduct for NHS staff" (v2.3, March 2019) provides specific guidance on:

- The standards of conduct expected of all NHS staff where their private interests may conflict with their public duties and
- The next steps which NHS employers should take to safeguard themselves and the NHS against conflicts of interest

In addition, the following published codes and legislations underpin this policy:

- Department of Health’s document “Code of Conduct for NHS Managers” (October 2002), which provides guidance on core standards of conduct expected of NHS employees, to act in the best interests of the public and patients/clients and to ensure that decisions are not improperly influenced by gifts or inducements.
- Professional codes of conduct governing health care professionals:
 - General Medical Council’s guidance “leadership and management for all doctors” (March 2012) detailing the standards and expectations required of clinicians in leadership and management positions
 - ABPI Code of Practice for the Pharmaceutical Industry
- The Code of Conduct: Code of Accountability in the NHS (Appointments Commission/DOH – 2nd Rev: 2004)
- Department of Health’s guidance on “Commercial Sponsorship – Ethical Standards for the NHS” (Department of Health, November 2000).
- Bribery Act 2010; for further information please refer to the CCG’s Anti-Bribery Policy.
- Section 25 of the Health and Social Care Act 2012 imposes duties on CCGs in relation to maintaining registers of interests and managing conflicts of interest.
- This is covered by Managing conflicts of interest: revised statutory guidance for CCGs, 2017’ to reflect the opportunity for CCGs to take an increased responsibility for the commissioning of primary care.
- National Health Service (Procurement, Patient Choice and Competition) No. 2) Regulations 2013 and the Public Contract Regulations 2015.

4. Application of public service values and principles to the NHS

Public service values must be at the heart of the NHS. There is an expected high standard of corporate and personal conduct, based on the recognition that patients come first. Moreover, since the NHS is publicly funded, it is accountable to Parliament for the services it provides and for the effective and economic use of taxpayers’ money.

The code of conduct on accountability in the NHS defines three crucial public service values which must 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 judgements on 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.
- **Openness** – there should be sufficient transparency about NHS activities to promote confidence between the NHS body and its staff, patients and the public.

The policy also supports the ‘Seven Principles of Public Life’ which apply to all in the public service and which are embodied within the CCG’s constitution.

- Integrity
- Selflessness,
- Objectivity,
- Accountability,
- Openness,
- Honesty,
- Leadership

In addition, CCG staff should be mindful of the following principles:

- **Do business appropriately:** Conflicts of interest become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;
- **Be proactive, not reactive:** Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity;
- **Be balanced, sensible and proportionate:** Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome;
- **Be transparent:** Document clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident;
- Create an **environment and culture** where individuals feel supported and confident in declaring relevant information and raising any concerns.

5. Responsibilities

The CCG is responsible for ensuring that the requirements of this policy and supporting documents are brought to the attention of all staff and that machinery is put in place for ensuring that the guidelines are effectively implemented.

These responsibilities are particularly important given the corporate responsibility set out in the Bribery Act for organisations to ensure that their anti-bribery procedures are robust.

The Accountable Officer has overall accountability for the CCG's management of conflicts of interest. The CCG governance team is responsible for the ensuring implementation of the policy.

All individuals covered within the scope of this policy should:

- Ensure that they are not placed in a position which creates a potential conflict between their private interests and their CCG duties.
- Familiarise themselves with this policy and comply with the provisions set out in it.
- Comply with NHS and professional codes of conduct and in doing so:
 - not accept gifts, hospitality or benefits of any kind from a third party which might be perceived as compromising their personal judgement or integrity - *refer to the section gifts and hospitality*
 - not make use of their official position to further their private interests or those of others
 - declare any private interests which are relevant and material¹ relating to the position they hold in the NHS and other related and relevant organisation
 - base all purchasing decisions and negotiations of contracts solely on achieving best value for money for the taxpayer - *refer to the CCG's procurement policy*
 - refer to their line manager when faced with a situation for which the guidance available requires further interpretation
 - follow the policy for sponsorship or joint working when accepting any commercial support. They must also refer to their line-manager for approval.

¹ Material interests – interests which a reasonable person would take into account when making a decision regarding the use of taxpayers' money because the interest has relevance to that decision.

- undertake mandatory training for conflicts of interest as required by the CCG.

If in any doubt, they must seek advice from the Accountable Officer, Borough Based Director or Chief Operating Officer.

It is the responsibility of all staff to raise any concerns regarding staff business conduct.

Member Practices, CCG governing body and committee members and individuals acting on behalf of the CCG must act in accordance with this policy whether they are employed fully by the CCG, hold appointments with the CCG, are employed on a sessional basis or on an honorary contract, or provide services under a service level agreement with the CCG. Member practices and individuals of those individual practices acting on their behalf in exercise of the CCG's commissioning functions must act in accordance with this policy.

6. Committee responsibilities

The Audit Committee is responsible for reviewing the Gifts and Hospitality / Sponsorship register on behalf of the CCG's governing body.

As the prime committee responsible for overseeing and assuring the governing body that the CCG has appropriate governance arrangements in place, the integrated governance and performance committee also has an interest in ensuring standards of business conduct are maintained in all the CCG's dealings.

7. Conflicts of Interest

A conflict of interest is defined as either of the following:

- A conflict between the private interests and the official responsibilities of a person in a position of trust;
- A set of conditions in which a professional judgement concerning a primary interest [such as patients' welfare or the validity of research] tends to be unduly influenced by a secondary interest [such as financial gain].
- A set of circumstances by which a reasonable person would consider that an individual's ability to apply judgment or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold.

NHS England guidance categorises these interests as below:

- **Financial interests:** This is where an individual may get direct financial benefits from the consequences of a commissioning decision.
- **Non-financial professional interests:** This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career.
- **Non-financial personal benefits:** This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit.
- **Indirect interests:** This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above).

A declaration of interest for a "business partner" in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could

be done by cross referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).

Whether an interest held by another person gives rise to a conflict of interests will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

7.1. Declaration of Interests

The CCG will ensure that declarations of interest are made and regularly confirmed or updated using the systems and procedures in place.

Individuals covered in the scope of this policy should ensure declarations are made as soon as reasonably practicable and by law within 28 days after the interest arises. The CCG Accountable Officer should be informed of any interests requiring registrations within 28 days of a member taking office, or within 28 days of any changes to a member's existing declarations. Such changes should also be reported to the Governance team for inclusion in the Interests register.

Applicants for any appointment to the CCG or its Governing Body will be asked to declare any relevant interests. Appointments will be followed by a formal declaration form to be submitted.

All staff to update their declarations of interests at least annually or make a nil return where no interests or changes to declare.

All meeting agenda to have declaration of interests as a standing item on the agenda for every Governing Body meeting, committee and subcommittee meeting. Declarations will be recorded in the minutes of the meeting. Even if an interest has been already recorded in the Register of Interests, it should be declared in meetings where matters relating to that interest are discussed through verbal declaration as well as signing interest sheets provided at the meeting by the CCG governance team.

New declarations are required when an individual changes role or responsibility with the CCG (including the Governing Body), and when an individual's circumstances change in a way that affects the individual's interests (e.g. a new role outside the CCG or setting up of a new business or relationship). This could include a conflict of interest ceasing to exist or a new one materialising.

7.2 Decision making officers

Some officers are more likely than others to have a decision-making role or influence on the use of public money because of the requirements of their role. In the context of this policy, the officers listed below are referred to as 'decision making officers':

- Governing Body members including GP clinical leads
- Directors
- Executive and Senior Managers and equivalent who are involved in procurement/ decision making concerning commissioning of services, purchasing goods/ services, medicines, medical devices and formulary decisions
- Officers at Agenda for Change Band 8d and above

7.3 The Role of the Lay Member as Conflict of Interest Guardian

The CCG has appointed the Lay Member with a lead role in Governance and Audit Committee Chair to act as "Conflict of Interest (Col) Guardian".

The CoI Guardian, who will have no provider interests, will:

- Be responsible for ensuring that the CCG applies conflict of interest principles and policies rigorously and provides the CCG with independent advice on how to manage conflicts and exercise judgment where there is any doubt about how to apply them to individual cases.
- Be a safe point of contact for employees or workers of the CCG to raise any concerns in relation to this policy
- Ensures that the Governing Body and the wider CCG behaves with the utmost probity at all times and be able to give an independent view on possible internal conflicts of interest.
- act as a conduit for GP practice staff, members of the public and healthcare professionals who have any concerns in regard to Conflicts of Interest. Members of the public will be able to contact the Lay Member regarding concerns via the CCG website.

All issues raised to the Lay Member for Conflict of Interest will be logged with the CCG Governance team, under the COI Guardian log.

7.4 Designing Services

In the course of new or existing service designs NHS South East London CCG will engage with relevant providers, especially clinicians, to confirm service specifications and such engagement when done transparently and fairly, is entirely legal and not contrary to competition law.

NHS South East London CCG will take all necessary steps and ensure safeguards are in place to avoid and manage conflicts of interest arising from such engagement towards service redesign by following the three main principles of procurement law, namely, equal treatment, non-discrimination and transparency. This includes ensuring that the same information is made available to all.

7.5 Managing conflicts of interests in Procurements

Conflicts of interest need to be managed appropriately through the whole procurement process. At the outset of any process, the relevant interests of individuals involved should be identified and clear arrangements put in place to manage any conflicts. This includes consideration as to which stages of the process a conflicted individual should not participate in, and in some circumstances, whether the individual should be involved in the process at all.

NHS (Procurement, Patient Choice and Competition) Regulations 2013 set out that all commissioners must:

- manage conflicts and potential conflicts of interests when awarding a contract by prohibiting the award of a contract where the integrity of the award has been or appears to have been affected by a conflict, and,
- keep appropriate records of how they have managed any conflicts in individual cases

All individuals involved in redesign or commissioning of a new service or renewing contracts for an existing service will need to declare any interests in the procurement process, whichever the route taken i.e. Competitive tender, Any Qualified Provider, Single Tender.

Bidders and Tender Evaluation panel members must submit declarations of interest forms.

Failure to do so could result in the procurement process being declared invalid and possible suspension of the relevant member from the CCG.

Relevant and material interests declared will need to be managed according to the degree of interest.

7.6 Conflict of Interest Management for Procurement Decisions Related to Primary Care

The CCG has delegated responsibilities for commissioning primary care services. In dealing with conflicts of interest, the CCG's policy for Conflict of interest management i.e. this policy will be followed.

When the CCG makes a procurement decision relating to the commissioning of services from general practices, it must complete a template (Appendix 4) to ensure that there is a detailed record of why the service was commissioned in this way. The template will assist the CCG in assuring its Governing Body, NHS England/ Improvement, and the general public that its commissioning decisions are both effective and transparent.

The CCG's Procurement Register will record details of any procurement decisions made, details of who was involved in the decision-making and a summary of how any conflicts that arose in the context of the decision have been managed. Information regarding procurement decisions shall be provided to the AD of Finance for each borough and then collated for the Procurement Register.

The CCG will at all times adhere to NHS England/Improvement guidance on conflict of interest management for primary care commissioning.

As required by NHSE guidance, the governance team will maintain and publish the Register of Procurement Decisions detailing procurement decisions undertaken and interests managed in course of the year.

See Appendix 7 - Template to be used when Procuring Primary Care Services

7.7 Privileged information

No-one should use confidential information acquired in the pursuit of their role within the CCG to benefit themselves or another connected person, or create the impression of having done so.

Members of the CCG, employees and the Governing Body should take care not to provide any third party with a possible advantage by sharing privileged, personal or commercial information, or by providing information that may be commercially useful in advance of that information being made available publicly (such as by informing a potential supplier of an up and coming procurement in advance of other potential bidders), or any other information that is not otherwise available and in the public domain.

Further guidance is provided in the Procurement Policy.

7.8 Contract Monitoring:

Contract monitoring meetings should also follow the protocol for declaration of interests for CCG meetings. This also applies where a contract is held jointly with another organisation.

The individuals involved in the monitoring of a contract should not have any direct or indirect financial, professional or personal interest in the incumbent provider or in any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner.

The CCG should be mindful of any potential conflicts of interest when disseminating any contract or performance information/reports on providers, and manage the risks appropriately.

8. Gifts and Hospitality

All CCG staff should ensure that they are not placed in a position that risks, or appears to risk, compromising their role or the organisation's public and statutory duties or reputation. Officers must not, or be perceived to, secure valuable gifts and hospitality by virtue of their role.

The Bribery Act 2010 makes it a criminal offence to give or offer a bribe, or to request, offer to receive or accept a bribe. The Act reformed the criminal law of bribery, making it easier to tackle this offence proactively in both the public and private sectors. It introduced a corporate offence which means that commercial organisations, including NHS bodies, will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

8.1. Gifts

Officers should not ask for or accept gifts, gratuities or honoraria (such as grants, scholarships) from any individual or organisation that may be capable of being construed as being able to influence any decision or cast doubt on the integrity of such decisions. Officers are reminded that it may be considered to be a breach of the organisation Disciplinary Policy to solicit gifts. It may also be illegal, under the Bribery Act 2010, and staff that are found to have done so may face disciplinary action and prosecution.

Officers should always refuse gifts or other benefits which might reasonably be seen to compromise their personal judgement or integrity.

Table below shows actions to be taken for gifts:

Personal gifts of cash/ cash equivalents (vouchers, token, offers of remuneration to attend meetings while working in CCG capacity)	Any value	Always Decline whatever value/ source Declare via form
Gifts to CCG individuals or teams, from suppliers/ contractors– both existing or potential	Less than £6 (total value)	Can be accepted and not declared
	More than £6	Needs to be declined Declare via form
Low value teams or directorate gifts intended to be shared by the whole team e.g. chocolates.	up to approximately £20	Can be accepted and not declared

Gifts from patients/ families/ service users	Modest gifts under £50	Accept and not need to be declared
	Gifts above £50	Accept and donate to charity Declare via form
Multiple gifts from same source over 12 month period	Total value exceeds £50	Declare via form

A common sense approach should be applied to the valuing of gifts, using the actual amount if known, or an estimate that a reasonable person would make as to its value.

If there is any doubt about the appropriateness of accepting a gift, officers should either politely decline or consult their line manager or the Governance team.

8.2. Hospitality

Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. Offers can be accepted if modest and reasonable but must be declared and approved by the line manager.

Meals and refreshments	Under £25	Accept and need not be declared
	£25-£75	May be accepted and Declare via form
	Over £75	Refused unless it has senior manager approval Declare if accept/ refuse

A common sense approach should be applied to the valuing of meals and refreshments, using an actual amount, if known, or an estimate.

8.3. Travel and accommodation

Travel and Accommodation	Modest offers related to attendance of events	May be accepted Declare via form
	Offers that go beyond modest (i.e. the CCG would not usually offer)	Only exceptional circumstances with senior manager approval Declare via form

All references to hospitality include that provided by contractors, organisations or individuals concerned with the supply of goods or services.

Where a meeting is funded by the pharmaceutical industry, this must be disclosed in the papers relating to the meeting and in any published minutes or actions. The team/ Directorate organising or hosting the event must ensure that the funding has been approved in line with the requirements set out in the Joint Working section of this policy.

8.4. Declaring gifts and hospitality

All officers must declare any gifts and hospitality in accordance with the guidance above as soon as is practicable but no later than 28 days from receipt. Declarations should be made using the Gifts and Hospitality Form - Appendix 3.

The completed form will need to be signed by the Chief Financial Officer / Director of Finance.

8.5. Register of Gifts and Hospitality

The register of gifts and hospitality is maintained by the Governance team who will formally record the declarations of all officers.

8.6. Gifts and hospitality provided by the CCG for external parties:

Any proposal for hospitality provided by the CCG for external parties would require the prior approval of the relevant director and/or Director of Finance.

9. Sponsorship

9.1. Sponsored Posts

There will be a clear and transparent procedure for acceptance of sponsored posts. There should be written confirmation that the sponsorship arrangements will have no effect on any commissioning or other management decisions over the duration of the sponsorship and auditing arrangements should be established to ensure that this is the case.

Holders of sponsored posts must not promote or favour the sponsor's specific products or organisation and information about alternative suppliers must be provided.

Sponsors must not have any influence over the duties of the post or have any preferential access to services, materials or intellectual property related to or developed in connection with the sponsored post.

9.2. Sponsored events

Sponsorship of events, including courses, conferences and meetings, by external bodies should only be approved if it can be demonstrated that the event will result in clear benefits for the CCG and the wider NHS. Any sponsorship would require the approval of the relevant Director in advance.

During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection (or other) legislation. As a general rule, information which is not in the public domain should not be supplied and no information should be supplied to a company for its commercial gain.

The involvement of a sponsor in an event should always be clearly identified in the interests of transparency.

9.3. Sponsored research

Funding sources for research purposes must be transparent. Any proposed research must go through the relevant approvals process.

There must be a written protocol and written contract between officers, CCG and/or the institute at which the study will take place and the sponsoring organisation, which specifies the nature of the services to be provided and the payment for those services. Where the contract includes provision of people this, and accompanying arrangements, must be clearly articulated.

The study must not constitute an inducement to commission any service.

9.4. Declaring sponsorship

All pharmaceutical companies entering into sponsorship agreements must comply with the Code of Practice for the Pharmaceutical Industry.

Should there be any doubt about the appropriateness of accepting sponsorship, officers should seek advice from their line manager or the Governance team.

All officers must declare any sponsorship in accordance with the guidance above including the value of the sponsorship. A common-sense approach should be applied to valuing the sponsorship if there is not a contractual value specified, for example a room and refreshments being provided for an event.

All officers must declare any sponsorship secured through, contracted by, paid directly to or managed through a 3rd party, such as exhibitors at our events sold through a 3rd party or a sponsor paying for catering directly to an event venue.

Declarations should be made using the Gifts and Hospitality Form within 28 days of the occurrence by the officer responsible for the event who will usually be a decision making officer. For the purposes of events the declaration should be made within 28 days of when the sponsorship was agreed rather than the date of the event.

A complete register of Gifts, Hospitality, and Sponsorships will be held by the Governance Team.

Declarations made in accordance with the policy requirements will be published on the CCG website at intervals set out in the summary.

10. Outside employment and clinical private practice

All officers (depending on the details of their contract as regards outside employment and private practice) are required to seek approval from their line manager if they are engaged in or wish to engage in outside employment in addition to their work with the CCG. All officers must declare any relevant outside employment or private practice on appointment, and when any new employment arises, in accordance with the guidance

Outside employment or private practice must neither conflict with nor be detrimental to the NHS work of the officer in question.

Examples of outside employment or private practice which may give rise to a conflict of interest includes, but is not limited to:

- employment with another NHS body;
- employment with another organisation which might be in a position to supply goods/services to the CCG; and

- self-employment, including private practice, in a capacity which might conflict with the work of CCG or which might be in a position to supply goods/services to the CCG.

Where a risk of conflict of interest is identified, these should be managed in accordance with this policy. The CCG reserves the right to refuse permission where we reasonably believe a conflict will arise or that approval would be detrimental to the work of the officer in question.

11. Honorariums

In the event that honorarium payments are offered to GPs or other professionals working for the CCG, prior approval will be sought from a senior manager in the CCG, e.g. the Director responsible for their area for work.

12. Joint Working with Pharmaceutical Industry

Joint working must be for the benefit of patients or of the NHS and preserve patient care. Any joint working between the NHS and the pharmaceutical industry should be conducted in an open and transparent manner and in accordance with ABPI guidance.

Arrangements should be of mutual benefit, the principal beneficiary being the patient. The length of the arrangement, the potential implications for patients and the NHS, together with the perceived benefits for all parties, should be clearly outlined before entering into any joint working.

The following principles will also apply to joint working:

- staff should be aware of NHS guidance, the legal position and appropriate and relevant professional codes of conduct as described in existing NHS guidance
- contract negotiations will be negotiated in line with NHS values
- confidentiality of information received in the course of duty must be respected, information governance processes must be followed and information never used outside the scope of the specific project
- joint working arrangements should take place at corporate, rather than at an individual level
- clinical and financial outcomes will be assessed through a process of risk assessment

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

13. Publication

The following registers will be maintained by the CCG governance team and be published on the CCG website:

- Register of Interests – for decision making individuals
- Gifts and Hospitality Register
- Register of Procurement Decisions

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be

redacted from the publicly available register(s), after legal advice. Such requests from individuals must be made in writing. A confidential, un-redacted version of the register will be held securely by the Governance team.

Officers should be aware that external organisations, e.g. Association of British Pharmaceutical Industries (ABPI), may also publish information relating to commercial sponsorship or other payments. We will review such publications to ensure that appropriate internal declarations have been made in accordance with this policy and will take appropriate action where they have not. Anonymised information relating to breaches and how those breaches have been managed will be published on the CCG website annually.

14. Confidentiality

Employees, governing body and committee members should be particularly careful using, or making public, internal information of a confidential nature, particularly regarding details covered under the Data Protection Act 1998 or other legislation, whether or not disclosure is prompted by the expectation of personal gain.

Disclosure of information which counts as “commercial in confidence” and which might prejudice the principle of a purchasing system based on fair competition may be subject to scrutiny and disciplinary or criminal action, or both.

This does not affect the CCG’s grievance or complaints procedures in terms of freedom of expression and is not intended to restrict any of the freedoms protected under Article 10 of the Human Rights Act 1998. It is designed to complement professional and ethical rules, guidelines and codes of conduct on an individual’s freedom of expression.

For further information, please refer to the CCG’s policy on:

- i) Grievance and complaints procedure
- ii) Freedom to speak up, Whistleblowing policy
- iii) Disciplinary Policy and Procedure

15. Use of resources

Under the code of conduct for NHS Managers, all managers are required to use the resources available to them in an effective, efficient and timely manner having proper regard to the best interests of the public and patients.

16. Fraud / Theft

CCG employees should not be afraid of raising concerns and will not experience any blame or recrimination as a result of making any reasonably evidenced suspicion known. Further information is available in the CCG’s Freedom to speak up - Whistleblowing policy. However it may be considered a disciplinary issue if an employee makes non-evidenced and malicious allegations.

17. Donations in relation to the organisation

Employees must check with their line manager or director before making any requests for donations (e.g. to charitable funds) or funding, to clarify the appropriateness and/or financial or contractual consequences. Requests for equipment or services should not be made without the express permission of a director.

Donations/Gifts from individuals, charities, companies (as long as they are not associated with known health-damaging products), often related to individual pieces of equipment or items, provide additional benefits to patients but may have revenue implications for the CCG. Further guidance regarding charitable funds and gifts and donations can be requested from the chief finance officer. Any gifts to the organisation should be receipted and a letter of thanks should be sent.

18. Rewards for Initiative

The CCG will identify potential intellectual property rights (IPR), as and when they arise, so that it can protect and exploit them properly and ensure that it receives any rewards or benefits (such as royalties) in respect of work commissioned from third parties, or work carried out by individuals in the course of their NHS duties. Most IPR are protected by statute, e.g. patents are protected under the Patents Act 1977 and copyright (which includes software programmes) under the Copyright Designs and Patents Act 1988.

To achieve this, the CCG should build appropriate specifications and provisions into the contractual arrangements which it enters into before the work is commissioned, or begins. Legal advice should also be sought as required.

19. Candidates for appointment

Candidates for any appointment with the CCG must disclose in writing if they are related to, or in a significant relationship with (e.g. spouse or partner), any governing body member or employee of the CCG. The NHS Jobs application form requests this information and therefore must be disclosed before submission.

A member of an appointment panel, which is to consider the employment of a person, to whom he/she is related, must declare the relationship before an interview is held.

Candidates for any appointment with the CCG shall, when applying, also disclose cases where they or their close relatives or associates have a controlling and/or significant financial interest in a business (including a private company, public sector organisation, other NHS employer and/or voluntary organisation) or in any other activity or pursuit which may compete for an NHS contract to supply either goods or services to the CCG.

20. Canvassing for appointments

It is acknowledged that informal discussions concerning an advertised post can be part of the recruitment process. However, canvassing or lobbying of CCG employees, governing body or any members of an appointment committee, either directly or indirectly, shall disqualify a candidate. This will not preclude a member from giving a written reference or testimonial of a candidate's ability, experience or character for submission to an appointments panel. Jobs will be awarded on the merit of the individual candidate and not through any such canvassing or lobbying.

Elected posts – There are a number of elected clinical leadership posts within the CCG for which candidates are able to canvass votes from the membership. Any canvassing must be conducted in a manner that is ethical and transparent.

21. Trade or discount cards

Trade or discount cards, by which personal benefit is obtained from the CCG's purchase of goods or services at a reduced price are classified as gifts and should be politely declined and/or returned to the sender. The exceptions to this are benefits negotiated by the CCG on behalf of its staff.

22. Awards or prizes

Staff should consult the accountable officer or borough based director if they are offered an award or prize in connection with their official duties.

23. Personal Conduct

23.1. Corporate Responsibility

All officers have a responsibility to respect and promote the corporate or collective decision of NHS SEL CCG, even though this may conflict with their personal views. This applies particularly if we are yet to decide on an issue or has decided in a way with which they personally disagree. When speaking as a member of NHS SEL CCG, whether to the media, in a public forum or in a private or informal discussion, officers should ensure that they reflect the current policies or view of the organisation.

For any media questions or freedom of information requests, the matter should be referred to the Communications Team.

23.2. Gambling

Access to gambling and betting sites is strictly prohibited. No officer may bet or gamble when on duty or on NHS SEL CCG premises.

24. Non-compliance with policy

Failure to comply with the requirements set out in this policy may lead to action against the individual in accordance with the organisation's disciplinary procedure and/or criminal action (including prosecution) under the relevant legislation.

25. Review

This policy will be reviewed every two years or earlier, if NHS England issues new guidance, or if there is a change in legislation that may affect this policy.

26. Links to Relevant policies

- Counter Fraud, Bribery & Corruption Policy
- Whistleblowing Policy
- Procurement Policy
- Standing Orders, Standing Financial Instructions & Scheme of Delegation

Appendix 1 - Type of Interests

- **Financial interests:** This is where an individual may get direct financial benefits from the consequences of a commissioning decision. Examples include:
 - A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
 - A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations.
 - Management consultant for a provider;
 - A provider of clinical private practice.

Also includes an individual in -

- In employment outside of the CCG;
 - In receipt of secondary income from a provider;
 - In receipt of a grant from a provider;
 - In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider
 - In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and
 - Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
- **Non-financial professional interests:** This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:
 - An advocate for a particular group of patients;
 - A GP with special interests e.g., in dermatology, acupuncture etc.
 - An active member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared);
 - An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE);
 - Engaged in a research role.
 - Development and holding of patents and other intellectual property rights which allow staff to protect something they create, preventing unauthorised use of products or the copying of protected ideas, or
 - GPs and practice manager, who are members of the governing body of committee of the CCG, should declare details of their roles and responsibilities held within their GP practices
- **Non-financial personal benefits:** This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:
 - A voluntary sector champion for a provider;
 - A volunteer for a provider;
 - A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation;

- Suffering from a particular condition requiring individually funded treatment;
- A member of a lobby or pressure groups with an interest in health.

- Indirect interests: This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:
 - Spouse / partner;
 - Close relative e.g., parent, grandparent, child, grandchild or sibling;
 - Close friend;
 - Business partner.

Appendix 2 - Declaration of Interests Form

NHS SOUTH EAST LONDON CLINICAL COMMISSIONING GROUP

DECLARATION OF INTERESTS FORM

Name:				
Position within or relationship with CCG				
Interests				
Type of Interest	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Actions to be taken to mitigate risk (to be agreed with line manager or a CCG senior manager)
Financial <i>(see overleaf)</i>				CCG conflict of interest policy and procedures will be followed to ensure interests do not influence CCG's commissioning/ procurement decisions.
Non-Financial Professional <i>(see overleaf)</i>				
Non-Financial Personal <i>(see overleaf)</i>				

Indirect Interests <i>(see overleaf)</i>				

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

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

To the best of my knowledge and belief, the above information is complete and correct. I have read the Conflict of Interest policy for the CCG and undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and no longer than annually. I give my consent for the information to be used for the purposes described in the NHS Southwark CCG Constitution and published accordingly.

Signed:

(please sign not print)

Dated:

Guidance Notes:

This form is required to be completed in accordance with NHS South East London CCG's Constitution and Section 140 of *The National Health Service Act 2006*.

Notes:

- A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it, and within 28 days.
Where a field is not applicable, please denote 'NA' and for a nil return, please denote 'Nil' or 'None'.
- Any changes to interests declared must be registered **within 28 days** by completing and submitting a new declaration form.
- The register will be published in the Annual Report as well as every month after the Governing Body meeting on the CCG public website. It will also be available to public on request and during each Governing Body meeting.
- Any individual – and in particular members and employees of NHS South East London CCG - must provide sufficient detail of the interest, and the potential for conflict with the interests of the CCG and the public for whom they commission services, to enable a lay person to understand the implications and why the interest needs to be registered.
- If there is any doubt as to whether or not a conflict of interests could arise, a declaration of the interest must be made.
- An explanation of the types of interests to be declared is as below:

Types of Interest	Description
Financial interests	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model; • A shareholder (or similar owner interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. • A management consultant for a provider; • A provider of clinical private practice; <p>Also includes an individual in -</p> <ul style="list-style-type: none"> • In employment outside of the CCG; • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and

	<ul style="list-style-type: none"> • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider).
Non-Financial Professional interests	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology, acupuncture etc. • An active member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • Engaged in a research role. • Development and holding of patents and other intellectual property rights which allow staff to protect something they create, preventing unauthorised use of products or the copying of protected ideas, or • GPs and practice manager, who are members of the governing body of committee of the CCG, should declare details of their roles and responsibilities held within their GP practices
Non-Financial Personal interests	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • A volunteer for a provider; • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; • Suffering from a particular condition requiring individually funded treatment; • A member of a lobby or pressure groups with an interest in health.
Indirect interests	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner. <p>A declaration of interest for a business partner in a GP partnership should include all relevant collective interests of the partnership, and all interests of their fellow GP partners (which could be done by cross-referring to the separate declarations made by those GP partners, rather than by repeating the same information verbatim).</p> <p>Whether an interest held by another person gives rise to a conflict of interest will depend upon the nature of the relationship between that person and the individual, and the role of the individual within the CCG.</p>

Appendix 3 - Declaration of Gifts, Hospitality and Sponsorship Form

Name	
Job title/ Position in the CCG / Department / Practice	
Date of Offer	
Date of Receipt <i>(if applicable)</i>	
Details of Gift / Hospitality/ Sponsorship	
Estimated Value	
Supplier / Offeror Name and Nature of the business	
Details of previous offers or acceptance by this Offeror / Supplier	
Was the gift/hospitality/ sponsorship declined or accepted?	
Reason for accepting or declining	
Other comments	

Signature	
Date	

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998.

Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

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

MANAGER REVIEW, if applicable: Please delete as appropriate

I have reviewed the gift /hospitality*/sponsorship recorded above. I consider the action taken to be reasonable / I have taken the following action with regard to the matter:

Comments:

.....

Signed:..... Date.....

CHIEF FINANCIAL OFFICER/ DIRECTOR OF FINANCE REVIEW

I have reviewed the gift/hospitality* recorded above. I consider the action taken to be reasonable/ I have taken the following action with regard to the matter

Comments.....

Signed:..... Date.....

Appendix 4 Joint Working Proposal Form

Procedure and framework for the approval of joint working projects between NHS South East London Clinical Commissioning Group and the Pharmaceutical Industry.

1. Identify potential collaborative work

Any collaboration with the pharmaceutical industry must be transparent and defensible with agreed aims and objectives

2. Complete joint working proposal

It is the responsibility of each individual employee to follow the policy framework when accepting any commercial support. CCG staff must gain permission from their line manager and the medicines management team before undertaking any joint projects with the pharmaceutical industry.

3. Line manager and the Head of Medicines Management assess appropriateness of application

The line manager must be satisfied that approval of the joint working project will not compromise trust decisions. They must ensure that the work is beneficial to the organization, that there is no conflict of interests and that the framework is adhered to. They must refer to the CCG medicines management team if they feel unable to judge the suitability of the proposal. In order to ensure congruence with the strategic aims of the CCG's prescribing agenda, each project will require approval by the Head of Medicines Management. It is their responsibility to resolve any contentious issues and have the final say in determining the appropriateness of any collaboration with the industry.

4. Submission of full business case

If the joint working proposal is approved then the applicant must submit a business case to NHS South East London CCG board for approval.

Each project will require relevant documentation in place which includes a:

- Business case for project with the pharmaceutical industry
- Framework for joint working
- Joint working agreements

This does not apply to procurement. One particular concern is the impact of commercial sponsorship on prescribing. This will need to be assessed against certain criteria e.g.

- **Affordability:** an increase in prescribing in one area may deprive funding and resources for other areas of healthcare.
- **Current evidence-based guidelines:** e.g. NICE, NSF's, South London cardiac and stroke network guidelines, local formularies.
- **Healthcare priorities:** does this fit with nationally and locally agreed healthcare priorities.

Joint working proposal form

Name of applicant.....

Position/ directorate.....

Name of sponsoring organisation.....

Sponsor contact name..... Date.....

Please summarise the joint work proposal?

What is the proposed contribution by the sponsoring organisation?

Please answer the following questions:

1. Is the joint working proposal consistent with the guidance given in the NHS South East London Clinical Commissioning Group Standards Of Business Conduct Policy?
2. **Y / N***
3. Is the proposed involvement of the sponsoring organisation of an appropriate level for the purpose? **Y / N***
4. Is the CCG satisfied with its knowledge of the sponsoring organisation, e.g. is it known to the CCG? Is there evidence of audited accounts? Is it capable of being independently audited? **Y / N***
5. Is the CCG satisfied that the offer is independent of purchasing or prescribing decisions? **Y / N***
6. Can it be confirmed that there is no current conflict of interest for any parties in relation to the service offered? **Y / N***
7. Are you satisfied that all materials and information supplies are valid, evidence-based, balanced and non-promotional? **Y / N***
8. Have you reached an agreement with all members of your team involved that the service is appropriate? **Y / N***
9. If patients are involved have arrangements been made to ensure the patients are aware of the service where appropriate? **Y / N / Not applicable***

N.B. If the answer is no to any of the above questions the proposed sponsorship is likely to be unsuitable and should be reviewed before submission.

Once complete please pass this to your line manager and the medicines management team for approval.

All projects should be included on the CCG Register of Interests.

Signature of approval..... Date.....

Name and position.....

Signature of Head of Medicines Management.....

Name of Head of Medicines Management.....

*** delete as appropriate**

Appendix 5 template for declarations of interest for meeting

Under the Health and Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest and actions arising from the declarations are recorded formally and consistently across all CCG governing body, committee and sub-committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting- prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
In advance of the meeting	<ol style="list-style-type: none"> 1. The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting. 2. A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients. 3. Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered. 4. Members should contact the Chair as soon as an actual or potential conflict is identified. 5. Chair to review a summary report from preceding meetings i.e., sub-committee, working group, etc., detailing any conflicts of interest declared and how this was managed. <p>A template for a summary report to present discussions at preceding meetings is detailed below.</p> <ol style="list-style-type: none"> 6. A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting. 	<p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting members</p> <p>Meeting Chair</p> <p>Meeting Chair</p>
During the meeting	<ol style="list-style-type: none"> 7. Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting. 8. Chair requests members to declare any interests in agenda items- which have 	<p>Meeting Chair</p> <p>Meeting Chair</p>

Timing	Checklist for Chairs	Responsibility
	<p>not already been declared, including the nature of the conflict.</p> <p>9. Chair makes a decision as to how to manage each interest which has been declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded.</p> <p>10. As minimum requirement, the following should be recorded in the minutes of the meeting:</p> <ul style="list-style-type: none"> • Individual declaring the interest; • At what point the interest was declared; • The nature of the interest; • The Chair’s decision and resulting action taken; • The point during the meeting at which any individuals retired from and returned to the meeting - even if an interest has not been declared; • Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner. <p style="text-align: center;">A template for recording any interests during meetings is detailed below.</p>	<p>Meeting Chair and secretariat</p> <p>Secretariat</p>
<p>Following the meeting</p>	<p>11. All new interests declared at the meeting should be promptly updated onto the declaration of interest form;</p> <p>12. All new completed declarations of interest should be transferred onto the register of interests.</p>	<p>Individual(s) declaring interest(s)</p> <p>Designated person responsible for registers of interest</p>

Appendix 6 – Template to be used when Procuring Primary Care Services

To be used when commissioning services from GP practices, including provider consortia or organisations in which GPs have a financial interest

Service:	
Question	Comment/Evidence
Questions for all three procurement routes	
How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCG’s proposed commissioning priorities? How does it comply with the CCGs commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	

Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?	
Why have you chosen this procurement route? ²	
What additional external involvement will there be in scrutinizing the proposed decisions?	
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	

Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)

How have you determined a fair price for the service?	
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Additional questions for when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers

How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?	
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Additional questions for proposed direct awards to GP providers

²

Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) regulations 2013 and guidance (e.g. that of Monitor).

What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?	