WORKING WITH THE PHARMACEUTICAL INDUSTRY
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CCG Policy Reference: SuttonCCG/SLCSU/GOV/099

THIS POLICY WILL BE APPROVED BY THE CLINICAL COMMISSIONING GROUP (CCG) GOVERNING BODY, AND WILL HAVE EFFECT AS IF INCORPORATED INTO THE CONSTITUTION AS PART OF THE SCHEME OF DELEGATION.

<table>
<thead>
<tr>
<th>Target Audience</th>
<th>Governing Body members, sub-committee members and all staff working for, or on behalf of, the CCG</th>
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<tbody>
<tr>
<td>Brief Description (max 50 words)</td>
<td>This policy sets out how NHS Sutton Clinical Commissioning Group (CCG) will work with the pharmaceutical industry and is in line with the NHS Sutton CCG Constitution and local and national guidance.</td>
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<tr>
<td>Action Required</td>
<td>Following approval at the CCG Governing Body, The Chief Officer will ensure that the requirements of this policy will be raised at all team meetings, and confirm the requirements with the chairs of each Committee, and with CCG executives. Chairs of Committees will identify the programme of review with the Accountable Executive for each policy within their committee remit. Accountable Executives will identify policy owners for each policy within their remit. The Corporate Business Manager will establish and maintain a corporate register of all policies and their status, and will ensure that these are appropriately reflected on the website.</td>
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Approved: Medicines Management Committee (via Chairs Action) August 2015. Ratified by Quality Committee August 2015

Review date: August 2017 unless otherwise indicated
### Document Control

<table>
<thead>
<tr>
<th>Title:</th>
<th>Working with the Pharmaceutical Industry</th>
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<tbody>
<tr>
<td>Original Author(s):</td>
<td>Sutton CCG</td>
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<tr>
<td>Owner:</td>
<td>Sarah Taylor, Chief Pharmacist</td>
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<td>Reviewed by:</td>
<td></td>
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<tr>
<td>Quality Assured by:</td>
<td>Director of Quality</td>
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<td>Approval Body:</td>
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<td>Approval Date:</td>
<td>August 2015</td>
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### Amendment History

This Policy is substantially based on a Policy developed by Croydon Clinical Commissioning Group and this is gratefully acknowledged.

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Reviewer Name(s)</th>
<th>Comments</th>
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<tbody>
<tr>
<td>1.1</td>
<td>August 2015</td>
<td>Sarah Taylor</td>
<td>Amendments relating to participation in advisory boards and similar</td>
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This policy progresses the following Authorisation Domains and Equality Delivery System (tick all relevant boxes).

<table>
<thead>
<tr>
<th>Clear and Credible Plan</th>
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<td>Collaborative Arrangements</td>
<td>X Leadership Capacity and Capability x</td>
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<td>Clinical Focus and Added Value</td>
<td>Equality Delivery System</td>
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<tr>
<td>Engagement with Patients/Communities</td>
<td>NHS Constitution Ref: Section 8 p25</td>
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Associated Policy Documents

<table>
<thead>
<tr>
<th>Title</th>
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<tr>
<td>Conflicts of Interest Policy</td>
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<td>Gifts and Hospitality Policy</td>
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Glossary

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tr>
<td>Accountable Executive</td>
<td>CCG Executive accountable for development, implementation and review of the policy</td>
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<tr>
<td>Policy Owner</td>
<td>Post holder responsible for the development, implementation and review of the policy</td>
</tr>
<tr>
<td>Document definitions</td>
<td>These are provided in Section 1</td>
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</table>
1. **Scope**

This document is intended for staff who are involved in joint working with the pharmaceutical industry and sponsorship by the pharmaceutical industry.

For the purposes of this policy, the term ‘staff’ refers to all health professionals working for Sutton CCG and independent contractors, locum practitioners working under the NHS terms and conditions in Sutton. It applies to any member of CCG employed staff and anyone representing Sutton CCG e.g. in a board role, or local expert and is recommended as good practice for GP practices and community pharmacists.

DH Best Practice Guidance for Joint Working between the NHS and the Pharmaceutical Industry defines joint working as situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery. Joint working agreements and management arrangements are conducted in an open and transparent manner. Joint working differs from sponsorship, where pharmaceutical companies simply provide funds for specific event or work programme.

However for the purpose of this policy all collaborative projects with the pharmaceutical industry should be considered as joint working. Primary Care Rebate Schemes are also considered under the scope of this policy.

2. **Introduction**

DH Guidance encourages NHS organisations and their staff to consider opportunities for joint working with the pharmaceutical industry, where the benefits that this could bring to patient care and the difference it can make to their health and well-being are clearly advantageous. NHS organisations are required to consider fully the arrangements of any sponsorship deal on the wider impact on healthcare services.

3. **Aims and Objectives**

The aim of this policy is to:

- Assist Sutton CCG achieve its objectives and delivery of national and local priorities by building effective and appropriate working relationships with the pharmaceutical industry
- Inform and advise staff of their main responsibilities when entering into joint working and sponsorship arrangements with the pharmaceutical industry. 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

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

4. **Values**

In line with the NHS Code of Conduct three public service values underpin the work of the NHS:

- accountability
- probity
- openness

Where staff enter into any joint working with the pharmaceutical 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.

5. **Principles of Joint Working**

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. 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 extant NHS guidance.
- Schemes must not be linked to the purchase and supply of particular products and company must agree not to promote or advertise its own products within the work it is supporting.
- Clinical aspects of care, including the development of guidelines or protocols, should be under local control via the Medicines Management Committee (MMC), although local groups may choose to use or adapt information produced elsewhere.
• Clinical responsibility for prescribing remains with the prescriber and no agreement can be made to prescribe specific company products without the prescriber’s consent.

• Contract negotiations will be negotiated in line with NHS values and in line with Sutton CCG standing financial instructions.

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

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

• Clinical and financial outcomes will be assessed through a process of risk assessment.

• Recommendations made to prescribers to support prescribing of particular products will have been approved by MMC.

All joint working schemes will require approval by the MMC. 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.

Examples of particular areas of potential joint working include:

• Training and development of staff – some companies offer management and organisational development training.

• Development and implementation of prescribing strategies, protocols or guidelines (including guideline publication costs).

• Educational leaflets – companies may contribute to the cost of producing leaflets in exchange for the company logo being printed on the leaflet.

• Information technology and other data collection tools.

• Funding of all or part of the costs of a member of staff.

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

• The provision of free pharmaceutical starter packs - This promotes prescribing of a particular product and compromises purchasing decisions.

• Business meetings / General Medical Services - The NHS organisation should be seen to be impartial and independent of a commercial organisation. Sponsorship will not be accepted for any service that attracts an item of service fee.

• Equipment- Equipment for use in the NHS should be procured by the NHS. Small items of equipment with low intrinsic value may be acceptable.

6. Confidentiality and Data Protection

NHS data is confidential, and may also be copyright, therefore may not be shared with pharmaceutical companies. Any joint working agreement should comply with the legal and ethical requirements for the protection and use of patient information and other NHS information, following Sutton CCG Information Governance Policy.
• All patient identification should be removed from data before it is given to the company, data should not be removed by the third party or used for any other purpose.
• Reports or information from the work should not be used or published elsewhere without explicit permission from the NHS organisation concerned.
• Patients should be made aware that their treatment may involve input from the pharmaceutical industry working with the NHS in accordance with this policy.

7. Approval of Joint Working Arrangements
Sutton CCG has a mechanism in place for approval, recording and monitoring, and evaluating any joint working arrangements. The project lead should fill out the Sutton CCG Joint Working Framework and send it to the Head of Medicines Optimisation (Chief Pharmacist), Sutton CCG. The joint working proposal will be considered by the MMC using the Joint Working with the pharmaceutical industry – Issues to consider checklist.

For more complex projects, Sutton CCG may require a Business Case, Joint Working Agreement and Project Initiation Document (PID). Information on these frameworks can be found on DH Moving beyond sponsorship: Interactive toolkit for joint working between the NHS and the pharmaceutical industry August 2010. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_082840

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

8. Sponsorship: Hospitality and meetings
NHS staff should follow the principles outlined in the Standards of Business Conduct for NHS Staff:HSG(93)5 and ABPI Code of Professional Conduct relating to meetings and hospitality from the pharmaceutical/external industry 2008.

Any acceptance of sponsorship will take into account the principles outlined in 4. & 5. Sponsorship should not influence purchasing decisions and it must be clear that sponsorship does not imply Sutton CCG endorsement of any product or company. There should be no promotion of products apart from that agreed in writing in advance.

Industry representatives may sponsor the venue, refreshments, expenses of practitioners attending the event etc. for local educational meetings. Companies must not provide hospitality to members of the health professions and appropriate administrative staff except in association with scientific meetings, promotional meetings, scientific congresses and other such meetings. Hospitality must be secondary to the purpose of the meeting and the level of hospitality should be appropriate. Where training is sponsored by external sources, the fact
must be disclosed in the papers relating to the meeting and in any published proceedings.

Sutton CCG should be notified of any pharmaceutical industry sponsorship. Summary reports will be presented to the MMC.

Sponsorship for training is accepted on the understanding that:
- The course organiser retains overall control of the event
- The sponsor does not have the right to present any material
- Where the organiser considers additional value may be gained from presentation by the sponsor, the content of the material is agreed in advance of the meeting.
- The course organiser will assess any educational content provided by the sponsor and refer on to a member of the pharmaceutical team for advice where appropriate.
- Where course material is provided by the pharmaceutical company, that there is no promotion of specific products (the name of the company supporting the training event is acceptable)
- The sponsor does not use Sutton CCG contact to promote products outside the meeting
- Any stand the sponsor uses to promote products is to be outside the main meeting room where practicable
- Attendance of the meeting by the sponsor is at the discretion of the course organiser
- Flyer is advertisement free and must be agreed by the CCG prior to circulation
- Honorarium received by speaker is declared if appropriate

9. **Primary Care Rebate Schemes**

*(For more information, refer to “Primary Care Rebate Schemes – Implementation in NHS Sutton CCG” May 2014).*

Primary care rebate schemes (PCRS) are contractual arrangements offered by pharmaceutical companies, or third party companies, which offer financial rebates on GP prescribing expenditure for particular branded medicine(s).

Following legal advice and consultation with stakeholders, a set of principles of good practice for primary care organisations to use to facilitate robust scrutiny and identification, adoption and implementation of primary care rebate schemes have been developed, and are outlined below\(^8,9\):
- It is preferable for pharmaceutical companies to supply medicines to the NHS using transparent pricing mechanisms, which do not create an additional administrative burden to the NHS.
- Any medicine should only be agreed for use within a rebate scheme if it is believed to be appropriate for a defined cohort of patients within a population, and the clinical need for the product and its place in care pathways has been agreed by the MMC.
It is important that all patients continue to be treated as individuals, and acceptance of a scheme should not constrain existing local decision making processes or formulary development. In addition pharmaceutical companies should not use Primary Care Rebates schemes as a reason for contacting Sutton CCG staff.

This is in line with the DH document (gateway reference 14802) on *Strategies to Achieve Cost-Effective Prescribing (October 2010)*. This states that the following principles should underpin local strategies:

1. The decision to initiate treatment or change a patient’s treatment regime should be based on up-to-date best clinical evidence or guidance, e.g. from the National Institute for Health and Clinical Excellence (NICE) or other authoritative sources;

2. Health professionals should base their prescribing decisions on individual assessments of their patients’ clinical circumstances, e.g. patients whose clinical history suggests they need a particular treatment should continue to receive it;

3. The individual patient (and their guardian or carer where appropriate) should be informed about the action being taken and suitable arrangements should be made to involve the patient, ensuring they have an opportunity to discuss a proposed switch of medicines, and to monitor the patient following any switch;

4. Prescribers should be able to make their choice of medicinal products on the basis of clinical suitability, risk assessment and value for money;

5. Schemes should be reviewed whenever relevant NICE or alternative guidance are updated.

6. Scheme terms, including details of relevant therapeutic evaluations underpinning the scheme, should be published on the PCT’s website.

10. **Sutton CCG staff relationship with the Pharmaceutical Industry - Hospitality/Gifts, Conflicts of Interest and Payments**

NHS staff should follow the principles outlined in the Standards of Business Conduct for NHS Staff: HSG(93)5 *iv*, Sutton CCG Hospitality and Gifts Policy*vi*, Sutton CCG Anti-Bribery Policy*ix* and ABPI Code of Professional Conduct relating the pharmaceutical/external industry 2008*ix*.

**Hospitality/Gifts**

All staff are expected to record all gifts, hospitality or material benefits received which in any way relates to their appointment or position on the Hospitality & Gifts Register. Gifts of small or inexpensive nature such as calendars or diaries or other inexpensive items such as flowers or chocolates may be accepted. This type of gift can easily be distinguished from more expensive, substantial items which cannot on any account be accepted. If there is any doubt as to whether the acceptance of such an item is appropriate, or there is a regular giving of such gifts then the matter should be referred to the lead director, or Director of Finance.
Staff must seek permission in advance, from their line manager, to receive commercial sponsorship for attendance at relevant conferences and courses. The manager must be satisfied that acceptance will not compromise purchasing decisions.

**Anti-Bribery**

Sutton Clinical Commissioning Group wishes to encourage anyone having reasonable suspicions of bribery to report them. Sutton Clinical Commissioning Group’s policy, which will be rigorously enforced, is that no individual will suffer any detrimental treatment as a result of reporting reasonably held suspicions. The Public Interest Disclosure Act 1998 came into force in July 1999 and gives statutory protection, within defined parameters, to staff who make disclosures about a range of subjects, including bribery and corruption; which they believe to be happening within the Group employing them. Within this context, “reasonably held suspicion” means any suspicions, other than those which are raised maliciously and are subsequently found to be groundless.

**Conflicts of Interest**

All staff of Sutton CCG must declare links with the pharmaceutical industry (see Sutton CCG Declaration of Interest policy); the information should be made widely available so that any conflicts of interest can be avoided.

**Payments for Outside Work**

To avoid any conflict of interest, actual or perceived, Sutton CCG staff, as described in section 1 are not permitted to participate in the membership of commercial Advisory boards, paid or unpaid, whether these are pharmaceutical or otherwise (eg 3rd party market research companies).

**11. Monitoring**

This policy will be regularly monitored and assured by the CCG audit committee as part of the regular assurance process.

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1Department of Health, 2008. Best practice guidance for joint working between the NHS and the pharmaceutical industry.


4Standards of Business Conduct for NHS Staff:HSG(93)/5

5ABPI Guidance notes on Joint Working between pharmaceutical companies and the NHS and others for the benefit of patients

6Sutton CCG Hospitality and Gifts Policy

7DH Moving beyond sponsorship: Interactive toolkit for joint working between the NHS and the pharmaceutical industry August 2010.

8LPP Principles and Legal Implications of Primary Care Rebate Schemes October 2012

9Legal Advice from DAC Beechcroft from 20th September 2012

10LPP Rebates Group Terms of Reference.

11Sutton CCG Ant-Bribery Policy