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## Joint Working with Industry Policy

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Northern, Eastern and Western Devon Clinical Commissioning Group

South Devon and Torbay Clinical Commissioning Group

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**NHS organisations involved:**

Northern, Eastern and Western Devon Clinical Commissioning Group  
South Devon and Torbay Clinical Commissioning Group  
Doc V1 September 2017

**Document Change History:**

<b>Version</b>	<b>Date</b>	<b>Comments (i.e. reviewed/amended/approved)</b>
V1	January 2018	Review and update the NHSE Northern, Eastern and Western Devon (NEWD)CCG policy to produce a joint policy for NEWD and South Devon and Torbay (SDT) CCG
V1.1	March 2018	Approved by Primary Care Committee
V1.1	March 2018	Approved by Strategic Leadership Committee
V1.1	March 2018	Published and staff informed via weekly staff update

Both Commissioning Groups promote equality, diversity and human rights and is committed to ensuring that all people and communities it serves have access to the services we provide. In exercising the duty to address health inequalities, the CCG has made every effort to ensure this policy does not discriminate, directly or indirectly, against patients, employees, contractors or visitors sharing protected characteristics of: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex (gender); sexual orientation or those protected under the Health and Social Care Act 2012 and Human Rights legislation.

All CCG policies can be provided in large print or Braille formats; translations on request; language line interpreter services are available; and website users can use contrast, text sizing and audio tools if required. For any other assistance, please contact either CCG at NEW Devon CCG 01392 205205 or South Devon and Torbay CCG [sdtccg@nhs.net](mailto:sdtccg@nhs.net) or 01803 652500

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References:

Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations February 2008

Commercial Sponsorship - Ethical Standards in the NHS

NEW Devon CCG and South Devon and Torbay CCG Joint Standards of Business Conduct Policy, 2017

ABPI Code of Practice

Moving beyond Sponsorship: Interactive toolkit for joint working between the NHS and the pharmaceutical industry

Data Protection Act 1998

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## 1. Introduction

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- 1.1 The document *Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations* states:

*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.*

- 1.2 *Commercial Sponsorship - Ethical Standards in the NHS* requires local arrangements to be developed in relation to commercial sponsorship within a national framework. This document recognises that there can be mutual benefit in partnership arrangements with organisations external to the NHS, but only if they are agreed within a framework with the necessary safeguards and checks.

- 1.3 There are concerns that in accepting sponsorship from organisations whose primary aims are to make profits or campaign for a particular interest group that quality of patient care may be compromised. Priorities may be distorted by sponsorship agreements, which look attractive in one part of the NHS, but may lead to increased costs or poorer care of patients in other parts of the service.

- 1.4 This policy sets out the corporate governance framework and principles on how CCG employees should interact with industry or other commercial and non-commercial organisations when considering sponsorship or joint working.

- 1.5 Any proposal for joint working must be considered against the following principles:

- meet patient and NHS needs;
- be most accessible
- provide sustainable clinical benefits
- be highly cost effective

- 1.6 The impact of commercial sponsorship on primary care prescribing costs needs to be formally assessed. Any anticipated increase in prescribing as a result of sponsorship (and the associated costs) needs to be assessed against affordability, local and national guidelines as well as local and national health priorities.

- 1.7 Commercial Sponsorship is defined as '*NHS funding from an external source, including funding of all or part of the cost of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs, provision of free services (including printing costs) and buildings or premises* .

Joint working is defined as *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

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## **2. Purpose**

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- 2.1 This policy sets out the principles and standards which should be applied when Northern, Eastern and Western Devon NHS Clinical Commissioning Group and South Devon and Torbay NHS Clinical Commissioning Group ('the CCGs') and its employees engage with industry around joint working and sponsorship. These same principles and standards should apply equally to other profit making organisations and also non-profit-making or charitable organisations. This policy should be read in conjunction with the CCG's Joint Standards of Business Conduct policy, which describes actions that need to be taken by CCG employees with regards to gifts and hospitality.
- 2.2 The CCG and its employees interact with industry in three main ways:
- Industry providing a source of information on medicines
  - Industry providing a source of sponsorship for events, meetings, training, education materials, patient leaflets, staff costs and equipment etc.
  - Partnership Working on CCG projects
- 2.3 This policy will allow the CCG the opportunity to monitor the scale of pharmaceutical sponsorship and ensure sponsorship is appropriate, as well as ensuring appropriate corporate governance procedures are followed and adhered to.

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## **3. Duties**

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- 3.1 Staff must be familiar with this policy and the CCGs policy on Joint Standards of Business Conduct.
- Acceptance of commercial sponsorship should not in any way compromise commissioning decisions of the CCG or be dependent on the purchase or supply of goods or services. Sponsors should not have any influence over the content of an event, meeting, seminar, publication or training event.
- 3.2 All CCG employees are responsible for ensuring that any sponsorship, funding, gifts/hospitality and declarations of interest are recorded and approved as laid down in the Joint Standards of Business Conduct Policy..
- 3.3 All CCG employees are obliged to declare any interests they have in a business that may compete for an NHS contract when starting employment or on acquisition of the interest.
- 3.4 CCG staff, governing body and committee members, may be offered commercial sponsorship for courses, conferences, post/project funding, meetings and publications in connection with the activities which they carry out for or on behalf of the CCG or their GP member practices. It is the Line Managers responsibility to approve any sponsorship offered to any staff they manage.
- 3.5 All sponsorship must be declared, it is the responsibility of the authorised budget signatory to sign off the sponsorship checklist and approval form.
- 3.6 Where sponsorship or joint working has a value greater than £500, the director involved will be required to sign to the Major Sponsorship / Partnership Working Agreement Form to indicate support.

- 3.7 The Joint Commercial Sponsorship Group is responsible for ensuring that Major Sponsorship / Partnership Working Agreement Forms are assessed and a response is provided to the CCG Lead in a timely manner.
- 3.8 The CCG Lead involved in any Major Sponsorship / Partnership Working Agreement will be required to provide feedback on outcomes.
- 3.9 The Commercial Sponsorship Group will audit outcomes and where appropriate feedback summary information to the board.
- 3.10 A decision algorithm to facilitate the correct process is available in Appendix 1.

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#### **4. Principles and values underpinning Joint Working with Industry**

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- 4.1 In any dealings with industry, the CCGs and patient confidentiality should be respected and protected at all times in line with the CCGs policy on confidentiality and The Data Protection Act (1998).
- 4.2 In any dealings with the industry, clinical decisions should be made in the best interests of patients.
- 4.3 No agreements are permissible which lead to higher overall costs unless this is associated with an improvement in quality in line with national and local priorities.
- 4.4 Only projects which lead to improvements for the NHS overall will be acceptable. No agreements are permissible which reduce the quality of service in other parts of the NHS.
- 4.5 No agreement will be entered into with any organisation sponsor whose products are prejudicial to health or conflict with the principles and objectives of the NHS.
- 4.6 No agreement will be entered into with any organisation whose business or function is ethically unacceptable to the CCGs.
- 4.7 All CCGs employees who are involved in receiving offers of sponsorship, funding or gifts from outside agencies should comply with their own professional codes of practice (where applicable).
- 4.8 All offers of sponsorship, funding or gifts from pharmaceutical companies must comply with the current ABPI Code of Practice (available at [www.abpi.org.uk/our-work/library/guidelines/Pages/default.aspx](http://www.abpi.org.uk/our-work/library/guidelines/Pages/default.aspx))
- 4.9 Where commercial sponsorship is used to fund the CCGs training events or other training for the CCGs staff, the promotion or inclusion of medicines and products not included in local formularies is not to be permitted. Formulary products can only be mentioned in the same context as they are included in the relevant local formulary e.g. 1st line, 2nd line etc. Training events, which rely heavily on the use of sponsored materials, should be discouraged unless they promote good practice agreed to by the CCGs.
- 4.10 Where commercial sponsorship is used to fund 'general meetings' for health professionals or other appropriate administrative staff, hospitality should not be out of proportion to the occasion and the promotion of products not included in the local formularies is not permitted. Formulary products can only be mentioned in the same context as they are included in the relevant local formulary e.g. 1st line, 2nd line etc.

Further guidance is available in the ABPI Code of Practice for the Pharmaceutical Industry

- 4.11 Where commercial sponsorship is used to fund the CCGs-sponsored guidelines, training or educational materials for staff or patients, commercial products may not be specifically mentioned other than as detailed in the relevant local formulary. This includes written materials, recorded materials and information made available to the CCGs staff and patients for use on a computer or through the internet. A small acknowledgement to the sponsor is allowed but company logos are not permitted.
- 4.12 Where a sponsored project leads to the development of guidelines or advice, this will be carried out by the appropriate CCGs working group independent of the sponsors. While it is recognised that consultation with the industry may be necessary when developing a guideline, the overall decision on what is included should lie with the CCGs.
- 4.13 Individuals and organisations within the CCGs should ensure that contact with the industry is appropriate and proportionate given the nature and scale of the proposal.
- 4.14 No preferential access to the CCGs is to be given to any commercial company unless this is necessary as part of a specific CCG-approved project.

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## **5. CCG staff meeting with Pharmaceutical Industry Representatives**

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- 5.1 Pharmaceutical representatives who wish to discuss new products have traditionally requested a meeting with the Medicines Optimisation Team.
- 5.2 It is likely that pharmaceutical representatives may also now seek meetings with other employees of the CCGs and individual CCGs GP board members. It is therefore important that all employees of the CCGs, the Boards and its sub-committees are aware of their responsibilities and are familiar with the relevant policies including the ABPI Code of Practice and the Joint Standards of Business Conduct.
- 5.3 The following must be actioned when non-Medicines Optimisation staff meet with pharmaceutical representatives:
  - Meetings should only involve those whose roles justify their participation.
  - Individuals should obtain prior approval from their Line Manager before participation. It is acceptable to arrange prior approval up to an agreed level of interaction, as part of the annual job planning, performance review or appraisal process.
  - Only senior staff should participate in one to one meetings with representatives.
  - Staff taking part in such meetings should ensure there is a clear understanding of the purpose of the meeting, including the aims and the potential outcomes which benefit the NHS and patients.
  - Employees should fill in a record of all meetings, which should be submitted to the Head of Governance following the meeting. A copy of this record is available in Appendix 2.
- 5.4 Any information provided at such meetings should be critically evaluated. In the case of pharmaceuticals, the ABPI Code governs the approval of promotional materials, directs that statements should be evidence based and restricts

distribution to 'persons who can reasonably be assumed to have a need or interest in the information'.

- 5.5 The CCGs employees who in the course of their work regularly meet with industry representatives should have a structured approach. An example which is used by the CCG Medicines Optimisation team (Appendix 3) should be followed.

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## 6. Sponsorship from amounts less than £500

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- 6.1 The following applies to all employees of the CCGs including part-time and seconded staff that have a role in the CCGs. It does not extend to offers of funding or sponsorship made directly and without the CCGs involvement to GPs and their practice staff, community pharmacists or dentists unless acting on behalf of the CCG.
- 6.2 If a CCGs employee is involved in attending wider meetings (e.g. health community wide commissioning groups) on behalf of the CCG, they should comply with the rules and principles of this policy.
- 6.3 Modest hospitality, for example lunch or refreshments in the course of working visits are acceptable and need not be registered if the scale of the hospitality is similar to what the NHS would offer.
- 6.4 Offers of sponsorship greater than £25 but less than £500 should be assessed by completing a Sponsorship Checklist and Approval Form (Appendix 4). If all answers to the questions are 'Yes', The sponsorship can be approved by an authorised budget signatory within a department/ team who signs at the bottom of the form. The completed form should be sent to the CCGs Joint Commercial Sponsorship Group for information.

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## 7. Major Sponsorship (more than £500) and Partnership Working Agreements

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- 7.1 Where sponsorship exceeds £500 and/or the sponsorship is part of a major Joint Working arrangement, a Major Sponsorship/Joint Working Agreement Form (Appendix 5) should be completed by the Lead Contact within the respective CCG and signed by the supporting Executive/director. This must be submitted to the CCGs Commercial Sponsorship Group for approval before the project proceeds. This will allow a full evaluation of the sponsorship agreement including the governance issues of the project and also for the overall impact of project to be assessed in relation to healthcare priorities.
- 7.2 *Moving beyond Sponsorship: Interactive toolkit for joint working between the NHS and the pharmaceutical industry* is a useful resource. This can be found at: <https://www.networks.nhs.uk/nhs-networks/joint-working-nhs-pharmaceutical/documents/joint%20working%20toolkit%20dh.abpi.pdf>
- 7.3 The Commercial Sponsorship Group will include core CCG representation from
- Finance
  - Clinical and Corporate Governance
  - Medicines Optimisation
- 7.4 This group may request attendance and/or co-opted membership from relevant directorates where appropriate.
- 7.5 The Commercial Sponsorship Group will evaluate and approve or reject major sponsorship and inform the Lead CCG Contact accordingly. Where the Commercial

Sponsorship Group considers that a particular sponsorship may not fit in with national or locally agreed health priorities and guidelines (including prescribing) or there are ethical concerns, the group will seek advice from other groups before making a final decision. Final versions of guidelines should have the CCGs approval.

- 7.6 The Commercial Sponsorship Group will ensure that Best Practice Guidance on Joint Working between the NHS and Pharmaceutical Industry and Other Relevant Commercial Organisations is followed as closely as possible.
- 7.7 The written agreement must clearly specify the benefits to the NHS arising from any sponsorship or joint working agreement. The benefits to the pharmaceutical organisation must also be explicit.
- 7.8 Although pharmaceutical organisations may be consulted in relation to the clinical aspects of joint-working projects, the final decisions and overall control lies with the CCGs.
- 7.9 Joint-working projects, which involve the use of clinical guidelines or protocols prepared by pharmaceutical organisations, should only be used if agreed by the appropriate CCG committee.
- 7.10 Joint-working projects which involve, or may potentially involve, the exchange of patient information should seek the advice of the Caldicott Guardian.
- 7.11 All CCG staff or officers involved in the development of a joint-working agreement must declare any prior interest in terms of previous sponsorship, joint-working or relationship to any of the individual sponsoring organisation in question.
- 7.12 Sponsoring organisations should not advertise the participation of the CCG in their project or use the information gleaned from the joint-working project as an endorsement of their product, packages or company without specific written permission of the CCG. The CCG should agree the nature of any endorsement or linked publication.
- 7.13 All agreements must include a break clause enabling the termination of the agreement at reasonable notice given the nature of the agreement.
- 7.14 Sponsoring organisations should be informed that any sponsorship/ joint working arrangement will have no effect on purchasing or commissioning decisions within the CCG, other than any effect overtly stated in the agreement.
- 7.15 Sponsorship or joint-working agreements which involve several sponsoring organisations are to be preferred to those which involve a single sponsoring organisation.
- 7.16 Payment arrangements should be separately accounted for within the CCG's accounts.
- 7.17 All sponsoring organisations should be provided with copies of this policy document before draft arrangements are agreed.
- 7.18 Where an employee of the CCGs is working on a multi-agency joint-working project for which the CCGs are a major participant, they will be guided by this policy. If any sponsorship for the project appears to be in conflict with the policy, the advice of the Commercial Sponsorship Group or Head of Governance should be sought.
- 7.19 The Commercial Sponsorship Group may attach specific conditions to the approval of major sponsorships/ joint working. It is the responsibility of the lead contact

involved in the sponsorship to ensure that these conditions are followed. Occasionally the Commercial Sponsorship Group may require specific feedback regarding the process of sponsored joint-working projects and events.

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## 8. Monitoring Compliance and Effectiveness

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- 8.1 The Commercial Sponsorship Group will request from the CCG lead, where appropriate, a progress report for all major sponsorship joint-working projects.
- 8.2 The Commercial Sponsorship Group will meet annually to undertake the following:
- Assess adherence to this policy across the CCGs
  - Assess the effectiveness and functioning of the Commercial Sponsorship Group
  - Discuss and review the outcomes of all major sponsorship joint-working projects
  - Review and update the policy accordingly

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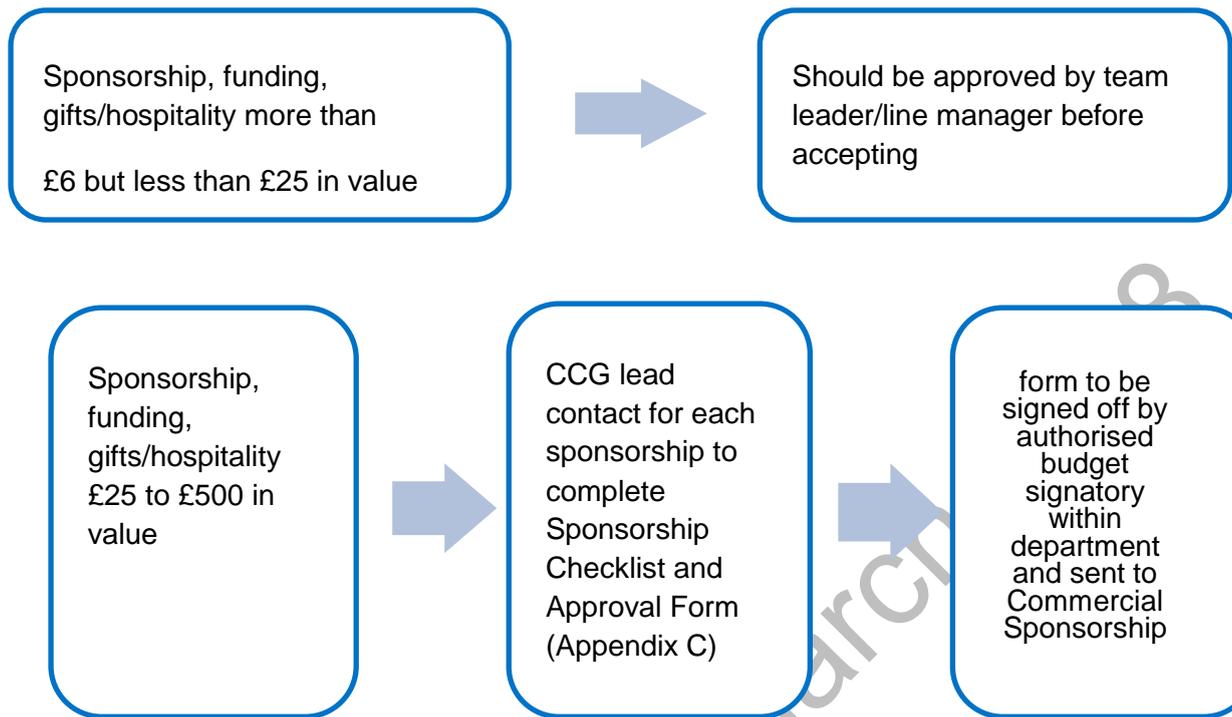
## 9. References

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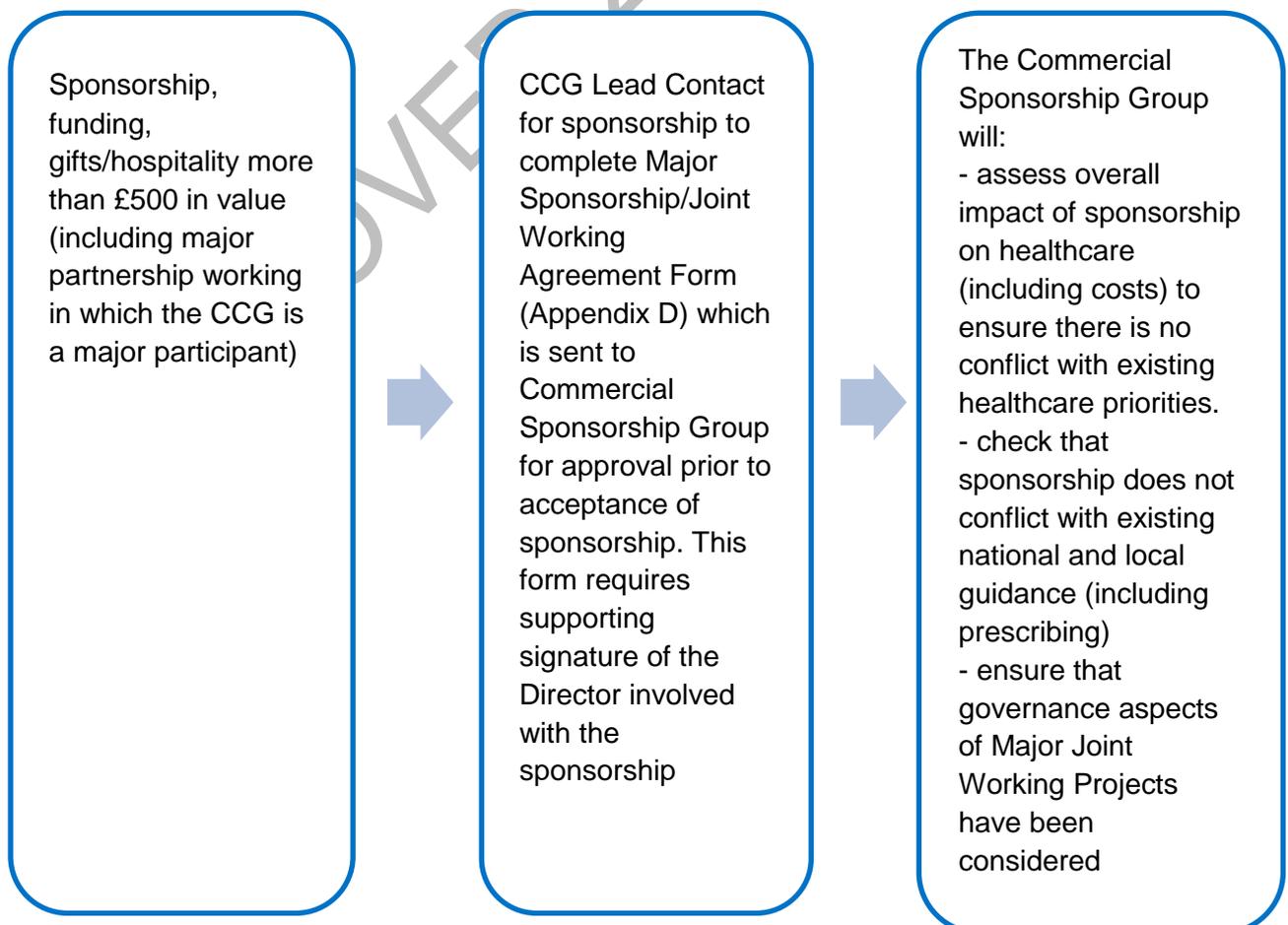
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2. Department of Health. *Commercial sponsorship: ethical standards in the NHS*. 2000. [http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4005135](http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005135) . Accessed November 24, 2015.
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<http://www.abpi.org.uk/our-work/library/guidelines/Pages/The-Code-of-Practice-for-the-Pharmaceutical-Industry-2014.aspx>. Accessed November 24, 2015.

## Appendix 1 Sponsorship Decision Algorithm

### Sponsorship funding, gifts and hospitality



### Sponsorship (greater than £500)



## Appendix 2: Record of contact with Pharmaceutical Industry Representatives

This form should be completed whenever a member of the CCGs staff (except approved CEMO representatives) or individual GP board members meet with representatives of pharmaceutical companies on CCG business.

Date of Meeting	
Names and roles of CCG staff present	
Name and company of pharmaceutical representatives	
Purpose of meeting	
Outcome of meeting	
Further actions and contact	

This form should be sent to Head of Governance. [D-CCG.Governance@nhs.net](mailto:D-CCG.Governance@nhs.net)

**NHS organisations involved:**

Northern, Eastern and Western Devon Clinical Commissioning Group  
South Devon and Torbay Clinical Commissioning Group

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### **Appendix 3: Guidance on contact with pharmaceutical industry**

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It is recognised that the pharmaceutical industry can provide useful information on new and existing medicinal products. The aim of this policy is to facilitate communication of drug-related information between industry and the CCG in a consistent and structured way.

*A pharmacist from the Medicines Optimisation team will, by appointment, meet Pharmaceutical Industry representatives wishing to discuss information pertaining to medicinal products. Any pertinent information will then be disseminated to the rest of the team and where appropriate to the relevant people within the CCG.*

The following rules apply to industry representatives who meet with the Medicines Optimisation team

Representatives will be seen by appointment only.

- Visits by senior representatives of the pharmaceutical industry e.g. Regional Managers would be encouraged to ensure that the full range of product information is available. Pharmaceutical companies should provide one point of contact to ensure consistent communication.
- Appointments will usually be limited to one appointment each year for each Pharmaceutical Company. Companies with a large portfolio of products used widely in primary care may be offered a second appointment.
- Appointments are arranged on one day a month and are for 30 minutes duration All appointments must be arranged by telephoning the Medicines Optimisation team administrative assistant.
- The Medicines Optimisation team will not discuss product information with company representatives on the telephone.
- Representatives are encouraged to send detailed information (to include, for example, clinical trials, educational material to be left with GPs and Community Pharmacists) at least 7 days before their appointment so that the most effective use of time can be made at meetings.

## Appendix 4: Sponsorship Checklist and Approval Form (£25- £500)

### Instructions for Completion

This form should be completed for sponsorship between £25 and £500 in value which has offered to the CCG or its employees / officers. Provided all answers to the questions are **yes**, the sponsorship can be approved by a senior manager who signs the form. This form should then be sent to the Commercial Sponsorship Group for information.

For all sponsorship greater than £ 500 a *Major Sponsorship / Partnership Working Agreement Form* (Appendix 4) should be completed and to the Commercial Sponsorship Group for approval prior to accepting sponsorship.

### Summary of Sponsorship offer

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

### Checklist

Does the sponsorship offer comply with the rules specified in this policy?	
Is this sponsorship in line with nationally and locally agreed healthcare priorities?	
Where the sponsorship is for a course the CCG organiser retains overall control of	
The sponsor does not have a right to present teaching material.	
Any stand the sponsor uses to promote products is to be outside the main meeting room where practical.	
Attendance of the meeting by the sponsor is at the discretion of the CCG	
Where material is provided by a pharmaceutical company, there is no promotion of specific products (the name of the company supporting the event is acceptable).	
Where sponsorship is offered to facilitate the development of guidelines and protocols etc. will this be carried out by the appropriate CCG working group independent of the sponsors?	

Senior manager to sign off where all answers to checklist are **yes**

### Signature of authorised budget signatory:

Name ..... Signature ..... Date .....

NHS organisations involved:  
Northern, Eastern and Western Devon Clinical Commissioning Group  
South Devon and Torbay Clinical Commissioning Group

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**Appendix 5: Major Sponsorship / Partnership Working Agreement (> £500)**

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This form should be used for sponsorship or joint working that has a value greater than £500 including multi-agency projects for which the CCG is a major participant and the CCG share of sponsorship is greater than £500. The completed form (all five pages) should be submitted to the Commercial Sponsorship Group for approval before accepting any sponsorship.

**Project Summary**

<b>1. Recipient</b> (include CCG contact details)	
<b>2. Sponsor(s)</b> (including contact details)	
<b>3. Details of Project</b>	
<b>4. Aims and objectives of Project</b>	
<b>5. Benefits to CCG / NHS</b> (e.g. improvement in services as defined by NICE, NSFs etc)	
<b>6. Benefits to Sponsor</b>	
<b>7. Start Date</b>	
<b>8. Finish Date</b>	
<b>9. Termination arrangements</b> (The agreement should be capable of early termination by the CCG).	

### Resources and costs

<b>1. Overall cost of partnership project?</b>	
<b>2. What are the direct / indirect resource / cost commitments by sponsor(s)?</b>	
<b>3. What are the direct / indirect resource / cost commitments by CCG? (If any)</b>	
<b>4. How will the resources / costs be monitored and recorded? How will payment be made?</b>	
<b>5. Will sponsorship lead to higher costs elsewhere in the NHS?</b>	
<b>6. List valid and relevant information on cost – effectiveness / value for money</b>	

### Governance and management arrangements

<b>1. Who has been consulted in relation to project and how was this done?</b>	
<b>2. How will patients be informed of project?</b>	
<b>3. What is the decision making process of the project?</b>	

<p><b>4. What are the operational and management arrangements?</b></p>	
<p><b>5. How does the project relate to, and mesh with existing systems of care in the primary and secondary care?</b></p>	
<p><b>6. Has project been piloted or are there plans to do this? How would this be done?</b></p>	
<p><b>7. Has the project been compared with other proposals on offer? Please give details.</b></p>	
<p><b>8. Has an equality impact assessment been carried out?</b></p>	
<p><b>9. Has the sponsor read the CCG policy document Standards of Business Conduct and Joint Working with Industry Policy and agree to abide the rules detailed in this document?</b></p>	
<p><b>10. Does the project include the use of protocols and guidelines? Who is responsible for producing these? Please include full details of guidelines.</b></p>	

**Data and patient protection**

<p><b>1. Does the project involve the sharing of clinical data at patient and/ or CCG level?</b></p>	
<p><b>2. Are there potential conflicts of interest in relation to access to this data? Please give details.</b></p>	
<p><b>3. What arrangements have been put in place to ensure patient confidentiality and patient consent are considered?</b></p>	
<p><b>4. Where project includes collection of data for research purposes, has this been approved by the Medical Ethics Committee?</b></p>	
<p><b>5. Who will have access to data and in what form?</b></p>	
<p><b>6. How will the data be used?</b></p>	
<p><b>7. For clinical services, what professional indemnity and liability arrangements will be in place?</b></p>	

CCG lead contact signature:

Date

CCG Director Signature:

Date

Sponsor signature:

Date

NHS organisations involved:  
Northern, Eastern and Western Devon Clinical Commissioning Group  
South Devon and Torbay Clinical Commissioning Group

**For Commercial Sponsorship Group use only**

Reference Number:

Outcome: **Approved/Not Approved**

Comments:

APPROVED 21 March 2018

Date considered:

NHS organisations involved:  
Northern, Eastern and Western Devon Clinical Commissioning Group  
South Devon and Torbay Clinical Commissioning Group

## Commercial Sponsorship Group

### Terms of Reference

(Draft version 0.2: v1 January 2018)

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#### 1. Purpose of the Group

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- 1.1 The Commercial Sponsorship Group of Northern, Eastern and Western Devon CCG and South Devon and Torbay CCG (the CCGs) exists to ensure that any sponsorship arrangements with corporate organisations are beneficial, appropriate, and that appropriate corporate governance procedures are followed, in line with the *Sponsorship from and Joint Working with the Pharmaceutical Industry* policy.

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#### 2. Functions

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The Commercial Sponsorship Group will:

- 2.1 Consider, evaluate and approve or reject major (£500 or greater) sponsorship requests and inform the Lead CCG Contact accordingly. Where the Commercial Sponsorship Group considers that a particular sponsorship may not fit in with national or locally agreed health priorities and guidelines (including prescribing) or there are ethical concerns, the group will seek advice from other groups before making a final decision.
- 2.2 Ensure that Best Practice Guidance on Joint Working between the NHS and Pharmaceutical Industry and Other Relevant Commercial Organisations is followed as closely as possible within the organisation.
- 2.3 Review any sponsorship agreements which are greater than £25 but less than £500 for their effectiveness and appropriateness, and make recommendations to Managing Directors where appropriate.
- 2.4 Review CCG employee interaction with representatives of the pharmaceutical industry, through submission of the *Record of contact with Pharmaceutical Industry Representatives*, and make recommendations to Managing Directors where appropriate.
- 2.5 On an annual basis:
- Assess adherence *Sponsorship from and Joint Working with the Pharmaceutical Industry* policy across the CCG
  - Assess the effectiveness and functioning of the Commercial Sponsorship Group
  - Discuss and review the outcomes of all major sponsorship joint-working projects
  - Review and update the policy accordingly

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### **3. Membership**

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3.1. The group will comprise members as follows:

- GP, Governing Body member (Chair)
- 1xHead of Medicines Optimisation/Head of Clinical Effectiveness (Vice-Chair)
- Chief Finance Officer, Eastern Locality
- Head of Governance
- Head of Patient Safety and Quality

3.2. In order for the group to be quorate at least three members must be present one of whom must be clinical. There must be representation from both CCGs

3.3 Where agreed with the Chair, members of the group may participate in meetings by telephone, by the use of video conferencing facilities and/or webcam where such facilities are available. Participation in a meeting using these methods shall be deemed to constitute presence in person at the meeting.

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### **4. Meetings and Conduct of Business**

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4.1 The group will meet on a quarterly basis.

4.2 Papers are to be disseminated to committee members one week prior to each meeting.

4.3 The quorum will consist of the minimum of the following:

- The Chair or Vice Chair
- 1x Head of Medicines Optimisation/Head of Clinical Effectiveness
- One other member

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### **5. Governance and Reporting Arrangements**

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5.1. The group will report to the Prescribing Control Centre

5.2. Sponsorships approved will be recorded on the Corporate Register of Gifts, Sponsorship and Hospitalities received and reported to the Audit and Assurance Committee by the Head of Corporate Governance on a quarterly basis.

5.3. The Terms of Reference will be reviewed annually

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### **6. Declarations of Interest**

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6.1. All members of the committee and attendees will be expected to complete a declaration of interest. The Chair will ask that declarations of interest are made known to the committee members to indicate any issues where there is a personal competing interest whether financial, academic or research.

NHS organisations involved:  
Northern, Eastern and Western Devon Clinical Commissioning Group  
South Devon and Torbay Clinical Commissioning Group