

Pharmaceutical and Related Industries Joint Working Policy

Review and Amendment Log / Version Control Sheet

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Version History

Version no.	Date	Author	Description	Circulation
1.0	February 2016	Sally Bower	Initial draft approved by Senior Management team, NHS Leeds West CCG	Senior Management Team Patient leaders
2.0	March 2018	Sally Bower	Amended NHS Leeds West CCG to Leeds CCG Partnership	Senior Management Team Patient leaders
3.0	April 2019	Kim Mooring	Annual update completed	Senior Management Team Patient leaders
4.0	October 2020	Sally Bower	Revision of previous versions following updated ABPI Code 2019,(particularly clause 20) and associated guidance	Clinical Directors Head of Corporate Governance and Risk Patient leaders

Contents

	Page
1. Introduction	4
2. Purpose	4
3 Definition of Joint Working	5
4 Values	5
5 Principles of Assessing Joint Working Approval	6
6 Minimum Dataset for Project Approval	7
7 Confidential and Patient Identifiable Information	7
8 Freedom of Information	8
9 Duties / Accountabilities / Responsibilities	8
10 Responsibilities for Approval	9
11 Public Sector Equality Duty	9
12 Scope of the Policy	9
13 Monitoring Compliance with the Document	9
14 Arrangements for Review	9
15 Dissemination	9
16 References	10
17 Appendices	10

Appendices

- Appendix 1 Equality Impact Assessment**
- Appendix 2 Joint Working Criteria**

1 Introduction

Department of Health Guidance encourages NHS organisations and their staff to consider opportunities for joint working with the pharmaceutical industry, where there are clear advantages to patient care and improvements to patients' health and well-being.

In the past, contact between the Pharmaceutical Industry and primary health care professionals has revolved around the purchase or promotion of specific products and the provision of sponsorship e.g. to support educational events or training. More recently, the Industry has begun to focus on enhancing its links with the NHS. Many companies have developed internal structures to encourage closer liaison with GP practices, CCGs and health care professionals working for CCGs.

The NHS does not always have the expertise or necessary tools to aid implementation of innovation or best practice at the pace or scale that it desires. Pharmaceutical and other health care companies may wish to partner with the CCG to support this adoption of innovation. The 'Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS' report sets out a strategy for collaboration between the NHS and industry to improve health outcomes for patients.

It is essential that all projects or dealings with the Industry are open and transparent and are subject to the widest scrutiny to enable likely pitfalls to be highlighted at an early stage.

2 Purpose

The aim of this policy is to:

- Provide all staff working for or on behalf of NHS Leeds CCG with a framework and guidance for appropriate joint working
- Ensure at all times that the interests of patients, public and NHS Leeds CCG are upheld and maintained
- Assist NHS Leeds CCG to achieve its objectives and delivery of national and local priorities by building effective and appropriate working relationships with the pharmaceutical and related industries
- Inform and advise staff of their responsibilities when entering into joint working arrangements with the pharmaceutical and related industries. Specifically, it aims to:

- ◆ Assist NHS Leeds CCG and its 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 CCG's standards of business conduct policy. In the interests of transparency staff must comply with CCG's Hospitality, gifts and sponsorship policy and Declarations of interest's policy.

Representatives of the pharmaceutical industry must comply with the ABPI Code of Practice for the Pharmaceutical Industry as a condition of their membership. Pharmaceutical companies must publicly disclose all 'Transfers of Value' to health care professionals and health care organisations on an annual basis for the preceding year. Non-member pharmaceutical industries who promote prescription medicines are also encouraged by the ABPI and MHRA. If staff believe that a pharmaceutical industry representative has broken the Code, they can report their complaint to the Director of the Prescription Medicines Code of Practice Authority (PMCPA) at complaints@pmcpa.org.uk

Further details on the ABPI Code including a guide for health professionals, is available at <https://www.pmcpa.org.uk/the-code>

3 Definition of Joint Working

For the purpose of this policy, joint working is defined as situations where, for the benefit of patients, the NHS and commercial 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 differs from sponsorship, where pharmaceutical companies simply provide funds for a specific event or work programme.

4. Values

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

Accountability – everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgements of propriety and professional codes of conduct;

Probity – there should be an absolute standard of honesty in dealing with the assets of the NHS. Integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties. This includes ensuring that integrity is not only ensured in all decision making processes, but that it is also clearly perceivable from the point of view of a stakeholder or third party, and

Openness – there should be sufficient transparency about NHS activities to promote confidence between the organisation and its staff, patients and the public

5 Principles for Joint Working Arrangements

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

The following principles also apply:

- Staff must be aware of NHS guidance, the legal position and appropriate and relevant professional codes of conduct in relation to joint working initiatives.
- Contracts will be negotiated in line with NHS values.
- Confidentiality of information received in the course of duty must be respected and never used outside the scope of the specific project.
- Whilst joint working arrangements should take place at a corporate, rather than an individual level the role (or lack thereof) of sales representatives must be agreed during scoping and them and appropriate NHS staff made aware.
- Clinical and financial outcomes will be assessed through a process of risk assessment.

- Each company that enters into a joint venture with NHS Leeds CCG will be acknowledged for resources provided. NHS Leeds CCG will only endorse a particular medicine as a result of the joint venture in line with national or local guidance provided that all parties are agreed that the activity is ethical and in patients' best interest and the marketing authorisation of the medicine involved.
- NHS Leeds CCG or its staff will not agree to practice under any condition that compromises professional independence or judgement, or imposes such conditions on other health care professionals.
- 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.
- Where such collaborations are being considered then the proposal must be presented at a Governing Body meeting for approval before any formal agreement is made. Legal advice may also be necessary.
- NHS Leeds CCG will retain control of all projects whilst accommodating joint working partners' involvement and their regulatory obligations.

6 Minimum Data Set Required for Project Approval

Each joint working arrangement will be supported by a project initiation document setting out the following:

- The vision, objectives and outcomes of the project
- The benefits to the patient of the proposed joint working initiative
- The benefits to NHS Leeds CCG
- The benefits for the pharmaceutical company
- Deliverables and key success factors
- The resources the pharmaceutical company will provide

- The resources that NHS Leeds CCG will provide
- Timelines and milestones
- Accountabilities, roles and responsibilities
- Governance and Project Management arrangements
- Any issues identified in relation to information governance and/or information sharing including the need for transparency, (executive summary published before implementation, disclosure of pharmaceutical company involvement in all documentation and communication, public disclosure of the pharmaceutical company resource as a Transfer of Value to NHS Leeds CCG.
- Any issues identified in relation to public sector procurement duties
- Arrangements for monitoring and evaluation
- An exit strategy

7 Confidential and Patient Identifiable Data

The project should be assessed at an early stage to determine if access to sensitive data such as confidential or patient identifiable information is proposed as part of the project.

The Senior Information Risk Owner should be approached for advice where the project may require access to confidential or sensitive CCG information.

The CCG Caldicott Guardian should be approached for advice where the proposal may require access to patient identifiable information.

8 Freedom of Information

NHS Leeds CCG supports the principles of transparency enshrined in the Freedom of Information Act. Arrangements made between the CCG and the Pharmaceutical and related industries will be made available in line with Freedom of Information legislation.

9 Duties / Accountabilities and Responsibilities

Duties within organisation

The CCG's lead project manager will be responsible for developing the project proposal and getting advice from the CCG's Head of Medicines Optimisation, Commissioning team, Senior Information Risk Owner, Caldicott Guardian, Head of Contracting and Communication and Engagement team on the appropriateness of the proposed project.

The CCG's Head of Medicines Optimisation, Commissioning team will be responsible for providing advice on whether the joint working initiative meets best practice guidelines. A check of all joint working proposals will also be made to ensure that the proposed initiatives do not conflict with existing CCG prescribing policies and guidelines.

The Senior Information Risk Owner will be responsible for ensuring that any proposed information sharing as part of a joint working agreements is in line with the CCG's legal duties.

The CCG Caldicott Guardian is responsible for assessing if any proposed access to patient identifiable data meets the Caldicott principles.

The CCG's Head of Contracting is responsible for advising if there are any implications from the CCG's public sector procurement duties.

The CCG's Head of Communication and Engagement is responsible for including in the engagement plan outlining information in section 6 and ensuring that risks identified are managed.

10 Responsibilities for approval

Proposals for joint working will be reviewed by the CCG Quality team to consider the quality aspects of the proposal and Finance team to consider financial, procurement and links to CCG priorities.

Recommendations from the Quality and Finance teams will be taken to a public Governing Body Meeting for formal approval of the joint working proposal.

The pharmaceutical company is required to review and formally approve the final version of the project initiation document and executive summary of the joint working agreement before implementation.

11 Public Sector Equality Duty

NHS Leeds CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

12 Scope of the Policy

This policy applies to NHS Leeds CCG including all employees, co-opted members and members of the Governing Body and its committees, who must comply with the arrangements outlined in this policy.

13 Monitoring Compliance with the Document

The NHS Leeds CCG Audit Committee will monitor compliance with the policy.

14 Arrangements for Review

This policy will be reviewed three years after the date of authorisation. The policy may be reviewed sooner if there is a change in legislation or new national guidance.

15 Dissemination

This policy will be shared with all members of the Executive Management Team, Clinical Directors and Governing Body. It will be published on both the CCG intranet and internet sites.

16 References

The following policies were used as the basis of this policy

1. Department of Health, February 2008. Best practice guidance for joint working between the NHS and the pharmaceutical industry.
2. Standards of business conduct for NHS Staff HSG (93).
3. ABPI, 2006. Best practice guidance for joint working between the NHS and the pharmaceutical industry. Department of Health, 2004. Code of Practice for the Pharmaceutical Industry. ABPI, 2019. Code of Conduct: Code of Accountability in the NHS. 2019 ABPI, 2009. Guidance Notes on Joint Working between pharmaceutical companies and the NHS and others for the benefit of patients.
4. Leeds CCG Standards of business conduct policy, Hospitality, gifts and sponsorship policy and Declaration of interest's policy.
5. Innovation Health and Wealth, Accelerating Adoption and Diffusion in the NHS. Department of Health. 2011.

17. Appendices

1 – EQIA

2 – Criteria for joint working

Appendix 1: Equality Impact Assessment

Title of policy		
Names and roles of people completing the assessment		
Date assessment started/completed		

1. Outline	
Give a brief summary of the policy	
What outcomes do you want to achieve	

2. Evidence, data or research	
Give details of evidence, data or research used to inform the analysis of impact	

3. Consultation, engagement	
Give details of all consultation and engagement activities used to inform the analysis of impact	

4. Analysis of impact			
This is the core of the assessment, using the information above detail the actual or likely impact on protected groups, with consideration of the general duty to; eliminate unlawful discrimination; advance equality of opportunity; foster good relations			
	Are there any likely impacts? Are any groups going to be affected differently? Please describe.	Are these negative or positive?	What action will be taken to address any negative impacts or enhance positive ones?
Age			
Carers			
Disability			
Sex			
Race			
Religion or belief			
Sexual orientation			
Gender reassignment			
Pregnancy and maternity			
Marriage and civil partnership			
Other relevant group			
If any negative/positive impacts were identified are they valid, legal and/or justifiable?			

Please detail.	
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5. Monitoring, Review and Publication			
How will you review/monitor the impact and effectiveness of your actions			
Lead Officer		Review date:	

6. Sign off			
Lead Officer			
Director		Date approved:	