NHS
Lancashire and South Cumbria
Integrated Care Board

Policy for Joint Working with the Pharmaceutical Industry and other Pharmaceutical Commercial Organisations

Ref:	LSCICB_Corp08
Version:	2
Purpose	The purpose of this policy is to ensure that all joint working and commercial sponsorship with the pharmaceutical industry, or other third parties including the Innovation Agency, is carried out under a governance framework. It will assist the ICB and its employees in determining when a joint working agreement or commercial sponsorship is appropriate and the correct procedure to follow.
Supersedes:	V1.1
Author (inc Job Title):	Julie Lonsdale, Pharmacy Workforce and Integration Lead
SRO	LSCICB Medical Director
Ratified by:	Quality and Outcomes Committee
Cross reference to other Policies/Guidance	This policy must be read in conjunction with the following ICB policies: Conflicts of interest policy. Freedom to Speak Up Policy (Whistleblowing policy). Anti-fraud, bribery and corruption policy. Standards of Business Conduct Policy.
Date Ratified:	4th March 2026
Date Published and where (Intranet or Website):	May 2026 (Website)
Review date:	March 2029 (3 years)
Target audience:	All LSCICB staff Third parties such as the Innovation Agency (Health Innovation North West Coast) This includes • Temporary, agency and contractor staff who are employed by or work on behalf of the ICB.

	• Third parties supporting/acting on behalf of the ICB i.e. as the Innovation Agency and it should be clear when they are acting in a private capacity outside of their NHS-commissioned role. • This document represents best governance practice, and it is suggested that GP practices, PCNs and hospital trusts adopt the same.

This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published

Document control:		
Date:	**Version Number:**	**Section and Description of Change**
14/11/2022	V1.0	First draft
02/02/2023	V1.1	Clarification around the Innovation Agency and joint working in section 1, purpose and target audience
02/02/2026	V2.0	References and organisational names updated, reference to NHS 10 year plan for England included and Introduction updated.

Contents

1 Introduction

This policy sets out the arrangements that the Lancashire and South Cumbria (LSC) Integrated Care Board (ICB) has in place for the management of Joint Working with the Pharmaceutical Industry and other Commercial Organisations such as the Innovation Agency.

NHS bodies, associated organisations and networks, contractors and their staff are accountable for achieving the best possible health care and outcomes within available resources. The strategic shift in services from secondary to primary care encompasses NHS partnership working with relevant partners, such as the pharmaceutical industry, as one of a range of options available to meet the needs of patients and achieve clinical excellence. Such partnership working, conducted within a transparent framework and following acceptable practices, can positively contribute to the delivery of the strategic commitments of the ICB.

There is a new ambition for cross-sector collaboration with the life sciences industry to support NHS sustainability and transformation. Rapid patient access to medical innovations is one of the NHS' core functions set out in the NHS 10 year health plan for England. This plan describes that the "NHS has a reputation as a poor and unwilling partner" as it "views industry and innovators as sellers, not collaborators. This undermines the NHS' ability to harness innovation for its patients." It is, therefore, more important than ever that we have a robust process for joint working with the pharmaceutical industry and that all staff adhere to this policy to ensure the governance.

The Health Innovation Network is the innovation arm of the NHS. There are 15 networks across England and they were established to help adoption and spread of innovation at pace and scale to improve health outcomes and generate economic growth. The Network connects the NHS, academic organisations, local authorities, charities and industry, providing a range of practical support to facilitate change across health and social care economies, with a focus on improving outcomes for patients. The Health Innovation Network for LSCICB is Health Innovation North West Coast.

Collaboration initiatives may originate from Healthier Lancashire, other NHS organisations or from individual companies. To be successful they should address an identified local health need integral to the ICS delivery plans. Collaboration must be driven by the priorities of the local health system rather than the companies.

NHS organisations can enter cross-sector collaborations with either a single industry partner or a collective of industry partners working together, provided there is a robust and transparent selection process. Working with a single industry partner can reduce complexity and allow the project to deliver outcomes more rapidly. For complex and lengthy initiatives where multiple industry partners are required, it is helpful that each company has a clearly defined role and that the initiative is divided into phases. The Health Innovation Network can provide governance and process support in selecting the most appropriate industry partner or partners.

Opportunities for joint working with the pharmaceutical industry should be considered where the benefits this could bring to patient care and the health, interests and wellbeing of the population are clearly advantageous. An important part of that joint working will be a transparent and consistent approach to any sponsorship proposed to the ICB and their staff. Joint working proposals must be aligned to ICB priorities. Consideration of the impact on the workforce when managing the project must be made.

Further, any proposal for partnership working must be considered against the following principles:

- Meet patient and NHS needs
- Be most accessible and inclusive, taking into account Health Inequalities
- Provide sustainable, defined clinical benefits
- Being highly cost effective and provide value for money

UK pharmaceutical companies are now required to disclose publicly details of certain payments or benefits in kind known as ‘transfers of value’ made to individual healthcare professionals and organisations. This can be:

For Individuals:

- Events (registration fees)
- Events (travel and accommodation)
- Consultancy and Services (fees)
- Consultancy and Services (expenses)

For Organisations

- Donations, grants and benefits in kind

Disclosure UK is about bringing further transparency to the relationship between the pharmaceutical industry and the Health Care Professionals and organisations with whom it works. The database is publicly accessible. This is complementary to the NHSE revised guidance on Conflicts of Interest.

In line with The European Federation of Pharmaceutical Industries and Associations (EFPIA) Regulations, company sponsorship of Independent Meetings, whether paid directly to the Health Care Organisation (HCO) or indirectly through a third-party meeting organiser, is considered a transfer of value and thus must be disclosed against the beneficiary of the sponsorship.

It should be noted that companies will seek consent to disclose individual named data from the Health Care Professionals (HCPs) they are engaged with. Under UK data protection laws HCPs must give consent for this data to be published. Therefore, interrogating the database will not necessarily mean all payments to HCPs are recorded.

Declarations of interest are important to ensure transparency. Withdrawal of consent to publish, or not declaring interests at all is not defensible, hence this now forms a fundamental part of the ICB's corporate policy on conflicts of interest.

2 Purpose

The purpose of this policy is to provide a framework to assist LSCICB and its employees in determining when a joint working agreement is appropriate. The Policy aims to assist LSCICB and its employees in maintaining appropriate ethical standards in the conduct of NHS business.

This policy should be read in conjunction with the following other ICB policies that have been developed following guidance from NHSEI:

- Conflicts of interest policy
- Freedom to Speak Up Policy (Whistleblowing policy)
- Anti-fraud, bribery and corruption policy
- ICB Standards of Business Conduct Policy

NHS organisations and staff are encouraged to consider the opportunities for joint working with the pharmaceutical industry and commercial organisations where the benefits and outcomes this could bring to patient care and the difference it can make to their health and well-being are clearly advantageous.

All staff must act in the best interests of LSCICB and must follow the seven principles of public life, set out by the Committee on Standards in Public Life (known as the Nolan Principles), in Appendix A.

3 Scope

This policy is applicable to all staff, including temporary, agency and contractor staff who are employed by, or work on behalf of, LSCICB.

This includes third parties such as the Innovation Agency (Health Innovation North West Coast). It must be clear when such third parties are supporting/acting on behalf of the ICB i.e. as the Health Innovation North West Coast and when they are acting in a private capacity outside of their NHS-commissioned role.

This document represents best governance practice, and it is suggested that GP practices, PCNs and hospital trusts adopt the same.

4 Definitions

4.1 Joint working

Joint working is defined 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 a specific event or work programme.

5 Joint working

Joint working between the pharmaceutical industry and the NHS must be for the benefit of patients or the NHS and preserve patient care. Any joint working between the NHS and the pharmaceutical industry must be conducted in an open and transparent manner. All such activities, if properly managed, should be of mutual benefit, with the principal beneficiary being the patient. The length of the arrangement, the potential implications for patients and the NHS, together with the perceived benefits for all parties, should be clearly outlined before entering into any joint working. Caldicott Guardian regulations must be considered and followed.

5.1 Principles and values underpinning Joint Working with the Pharmaceutical Industry

The following ten principles must underpin any agreement made to work with the pharmaceutical industry or other relevant commercial organisations:

5.1.1 Patient Interest

- The interests of NHS patients, individually and collectively, are paramount and have been taken into account in any purchasing/ commissioning decisions.
- Patient and data confidentiality arrangements and guidance must be fully complied with.

5.1.2 Openness and Ethical Issues

- Any agreement should be lawful, open and transparent, have agreed aims and objectives, and conflicts of interest should have been identified and resolved.
- A contract of responsibilities and expectations should be drawn up between LSCICB and the pharmaceutical company and or commercial organisation.
- Decisions made on working with the pharmaceutical industry will be transparent and defensible. Help from a pharmaceutical company in preparing the contents of a formulary or clinical guideline must be declared and the control of the final document must at a local NHS level; the development of guidelines and protocols must be through the relevant ICB group.

5.1.3 Patient and data confidentiality

- Any agreement should comply with legal and ethical requirements for the protection and use of patient information, and other NHS information. Use of patient-identifiable information must be consistent with Caldicott

principles. There should be no breach of patient confidentiality or data protection legislation in discussions with sponsors.

5.1.4 Legal Issues

- The intended agreement should be lawful.

5.1.5 Accountability

- The NHS parties should be accountable for any agreement and agreements should include arrangements for monitoring and evaluation. Terms of reference must be in place along with a clear governance process for all organisations involved and an LSCICB Senior Responsible Officer (SRO).
- An assessment of the costs, benefits and value for money in relation to alternative options (where applicable) should be made to ensure that the decision-making process is transparent and defensible.
- Schemes must be agreed at a corporate rather than an individual level.
- Ensure that the sponsorship / joint working agreement has break and/or termination clauses built in to enable LSCICB, NHS trust, independent contractor to terminate the agreement if it becomes clear that it is not providing expected value-for-money or clinical outcomes.
- Meetings must be clearly documented.

5.1.6 Financial Issues

- Agreements should represent good value for money for the NHS, including being compatible with national arrangements for the prescribing and dispensing of medicines, and with LSCICB's prime financial policies, Standing Financial Instructions, scheme of delegation and corporate governance arrangements.
- Schemes must be non-promotional and not be linked to the purchase or supply of particular products.

5.1.7 Fairness

- No one organisation will be given preferential treatment, or competitive advantage.
- Schemes that provide access to sensitive or confidential information that would give an advantage to a pharmaceutical company over competitors must be avoided.
- The usual contracting and procurement procedures will be followed.

5.1.8 Probity

- Where financial payment forms part of an agreement between an NHS organisation and the pharmaceutical industry (e.g payment for clinical research studies), audit arrangements should be detailed within the agreement and should be such that that probity is assured.
- Sponsorship or any commercial relationship arrangements should be publicly declared.

5.1.9 Anti-Fraud Measures

- Reference must be made to LSCICB's anti-fraud, bribery and corruption policy where that is considered necessary.

5.1.10 Constitution, Standing Orders, Prime Financial Policies and Scheme of reservation and delegation (SoRD)

- All staff must carry out their duties in accordance with LSCICB's constitution. The constitution, standing orders, SoRD and associated polices set out the statutory and governance framework within which LSCICB operates. In the case of any doubt of the requirements, staff should seek advice from their line manager.

5.2 Joint working and service agreements

NHS staff must consider fully the implications and opportunities of joint working before entering into any arrangement using the tools included in this document: Sponsorship Checklists (Appendix B) and Commercial Sponsorship/Joint Working Agreement (Appendix C). It is important to seek advice, when necessary, on the effect on other aspects of healthcare.

Whatever type of agreement is entered into, the clinicians' judgement must always be based upon clinical evidence that the service or product is the best for the patient population. An open and transparent approach must always be followed.

Consideration must also be given to the impact of any arrangements on the NHS, the cost versus benefit of any agreement, and any service implications arising from sponsorship or a joint working arrangement. The length of an arrangement, with an exit strategy, should be clearly outlined before entering any agreement.

The Chief Finance Officer must be consulted, prior to LSCICB approval, to assist in;

- identifying any costs over and above the normal costs of a service which may be attributable to taking part in any research
- identifying any exit costs, or long-term implications of participating in a scheme and any negotiations or reasonable steps to recover costs by either party
- completing any financial returns and risk assessment where required by the sponsor/partner organisation and to sign them off

The above must be clearly visible in the draft project outline.

A mutually agreed exit strategy and contingency arrangements must be in place with clear responsibilities for each party. There should be clearly defined end points and timings in place. Evaluation, deliverables, milestones, exit strategy, sustainability and impact assessment should be planned from the outset of the project. Outcomes should be documented and published by all parties within three months of the project's completion, so that other NHS organisations can learn from and potentially replicate the initiative.

The Sponsorship Checklist (Appendix B) including the quality standards checklist and sponsorship and data confidentiality must be completed before accepting any offers of services or sponsorship. The content of the agreement must be documented using the Commercial Sponsorship/Joint Working Agreement form (Appendix C).

Guidance must be taken from LSCICB Chief Pharmacist, or LSCICB Medical Director in their absence. Approval must be sought from the ICB Executive Management Team to proceed. The details of the project will be submitted to the Corporate Administration Officer for inclusion on the ICB Register/ICB website and following consent, via the APBI Disclosure database. See Appendix E for a summary of the process.

All procurement requirements must be complied with.

6 Meetings, hospitality and gifts

Please refer to the ICB Standards of Business Conduct Policy.

7 Access to staff and premises

Pharmaceutical company representatives must not be allowed to access or interfere with clinical activity.

Staff should be informed if a post is subject to sponsorship and the name of the sponsor. Declarations of interest must be declared; see the ICB Conflicts of Interest policy for further information.

LSCICB staff should seek support from their line manager when considering requests to meet with pharmaceutical representatives.

8 Sponsorship, Training and education

Please refer to the ICB Standards of Business Conduct Policy.

9 Interface issues

LSCICB will consider the wider health economy and organisational implications of arrangements that may have an impact on system partner organisations, particularly sponsored posts, but also including, for example, provision of services or guideline development.

Commissioning organisations should work with providers to ensure that NHS Guidance on joint working is implemented. This policy is seen as best practice and organisations within Lancashire and South CumbriaICS should consider adopting the same.

10 Potential conflicts of interest

Staff should refer to the ICB policy on Managing Conflicts of interest. Some examples of potential conflict are set out at Appendix D.

11 Roles and Responsibilities

NHS employers and employees need to maintain and demonstrate certain general standards, impartiality and behaviours when dealing with commercial organisations.

All staff, and people covered in the scope, must be familiar with the policy and be aware of NHS guidance, the legal position and appropriate professional codes of conduct, e.g. General Medical Council, Royal College of General Practitioners, Royal College of Nursing, Royal Pharmaceutical Society, General Pharmaceutical Council, Nursing and Midwifery Council, General Dental Council and NHS Code of Conduct for Senior Managers and Prescription Medicines Code of Practice Authority (PMCPA) codes. All staff must follow the ICB Standards of Business Conduct Policy.

In the interests of transparency, staff should declare any interests, financial or otherwise (e.g. company shares, research grants) which could be considered to influence their impartiality in decision making and the utilisation of NHS funding. This may include contracts, sales or other arrangements they may make with non-NHS organisations. Staff should withdraw from those dealings if required, thereby ensuring that their professional judgement is not influenced by such considerations. Staff should refer to the ICB's Conflict of Interest Policy.

NHS staff should be aware that most pharmaceutical industry representatives must follow the "ABPI Code of Practice for the Pharmaceutical Industry". It is a condition of membership of the Association of the British Pharmaceutical Industry (ABPI). The Code of Practice for the pharmaceutical industry is designed to ensure a professional, responsible and ethical approach to the promotion of prescription medicines in the UK through self-regulation. If NHS staff believe that an industry representative has broken the Code, they can report their complaint to the Director of the Prescription Medicines Code of Practice Authority (PMCPA) at complaints@pmcpa.org.uk. This report should be made available to the Board.

Not all pharmaceutical companies are members of the ABPI. There is the Ethical Medicines Industry Group (EMIG) for smaller manufacturers and the Proprietary Association of Great Britain (PAGB) for Over The Counter (OTC)/pharmacy medicines manufacturers.

12 Equality and Health Inequalities Impact Risk Assessment (EHIIRA)

A stage one EHIIRA has been completed and a stage two EHIIRA was not required.

This policy will not have a direct effect on equality issues however it is recognised that some sponsorship arrangements or joint working projects may have an impact and therefore must be assessed individually.

13 Training Requirements

All staff, including temporary, agency and contractor staff who are employed by or work on behalf of the ICB should be familiar with this policy

14 Monitoring and Review Arrangements

The ICB will maintain a separate register of all commercial sponsorship/joint working activities.
The register will be available for public scrutiny on request. Measurement must be conducted at a suitable level and over a suitable period of time.

Records of expenditure or other relevant documents must be forwarded to finance department for any financial returns required by the sponsor/partner organisation.

Reports of approved joint working activities and/or commercial sponsorship between the ICB and commercial organisations will be submitted to the Corporate Administration Officer for inclusion on the ICB Register/ICB website and following consent, via the APBI Disclosure database. Any evidence of unapproved joint working activity will be considered retrospectively against the policy and appropriate actions taken.

This policy will be reviewed in three years' time or when new guidance is published that impacts on the policy.

15 Consultation

15.1 List of Stakeholders Consulted

Date	Name of Individual or Group	Designation	Were comments received, considered and incorporated Yes/no	If not incorporated record reason why
Nov 22	Place Medicines Optimisation Leads Group	ICB Medicines Optimisation leads	**Yes**	**NA**
Nov 22	Strategic Leadership Oversight Group for Pharmacy and Medicines	Trust chief pharmacists, Community Pharmacy Lancashire/LPN, NWAS pharmacy	**No comments**	**NA**
Nov 22	Andrew White	ICB Chief Pharmacist	**Yes**	**NA**
Nov 22	Peter Gregory	ICB Associate Medical Director	**No comments**	**NA**
Nov 22	Lindsey Dickinson	ICB Associate Medical Director	**Yes**	**NA**

Nov 22	Julia Reynolds	Associate Director for Transformation, AHSN (Innovation Agency)	**Yes**	**NA**
Feb 23	LSCMMG	Medicines commissioning group	**No**	**NA**

16 References and Bibliography

1. Fit For The Future 10 Year Health Plan for England
   fit-for-the-future-10-year-health-plan-for-england.pdf
2. The Health Innovation Network
   https://www.england.nhs.uk/aac/what-we-do/innovation-for-healthcare-inequalities-programme/health-innovation-network/
3. Health Innovation North West Coast
   Health Innovation North West Coast - Home page
4. abpi and disclosure UK
   The Association of the British Pharmaceutical Industry
   Disclosure UK
5. The European Federation of Pharmaceutical Industries and Associations code.
   https://www.efpia.eu/
6. The seven principles of public life, The Nolan Principles.
   https://www.gov.uk/government/publications/the-7-principles-of-public-life
7. Ethical Medicines Industry Group
   EMIG - Ethical Medicines Industry Group
8. Proprietary Association of Great Britain (PAGB)
   OTC medicines, medical devices and food supplements | PAGB
9. The Prescription Medicines Code of Practice Authority.
   https://www.pmcpa.org.uk/
10. Department of Health (2003*)* Confidentiality: NHS Code of Practice.
    https://www.gov.uk/government/publications/confidentiality-nhs-code-of-practice
11. NHSEI Standards of business conduct policy 2022.
    https://www.england.nhs.uk/publication/standards-of-business-conduct-policy

17 Associated Documents

- Conflicts of interest policy
- Freedom to Speak Up Policy (Whistleblowing policy)
- Anti-fraud, bribery and corruption policy
- ICB Standards of Business Conduct Policy

18 Appendices

Appendix A Seven Principles of Public Life ('Nolan Principles')
Appendix B Sponsorship Checklists

18.1 Appendix A The Seven Principles of Public Life (Nolan Principles)

The Seven Principles of Public Life (also known as the Nolan Principles) apply to anyone who works as a public office-holder. This includes all those who are elected or appointed to public office, nationally and locally, and all people appointed to work in the Civil Service, local government, the police, courts and probation services, non-departmental public bodies (NDPBs), and in the health, education, social and care services. All public office-holders are both servants of the public and stewards of public resources. The principles also apply to all those in other sectors delivering public services. The custodians of the Principles of Public Life are the Ethics and Integrity Commission.

The seven principles are: -

1. **Selflessness** – Holders of public office should act solely in terms of the public interest.

2. **Integrity** – Holders of public office must avoid placing themselves under any obligation to people or organisations that might try inappropriately to influence them in their work. They should not act or take decisions in order to gain financial or other material benefits for themselves, their family, or their friends. They must declare and resolve any interests and relationships.

3. **Objectivity** – Holders of public office must act and take decisions impartially, fairly and on merit, using the best evidence and without discrimination or bias.

4. **Accountability** – Holders of public office are accountable to the public for their decisions and actions and must submit themselves to the scrutiny necessary to ensure this.

5. **Openness** – Holders of public office should act and take decisions in an open and transparent manner. Information should not be withheld from the public unless there are clear and lawful reasons for so doing.

6. **Honesty** – Holders of public office should be truthful.

7. **Leadership** – Holders of public office should exhibit these principles in their own behaviour and treat others with respect. They should actively promote and robustly support the principles and challenge poor behaviour wherever it occurs.

18.2 Appendix B Sponsorship Checklist

Sponsorship & Confidentiality Checklist

	Y	N	Comments
Does the service on offer align with current views on evidence-based clinical practice?			
Is the service on offer consistent with the ICB priorities and policies?			
Have you undertaken an Equality Impact Risk Assessment for the project?			
Are you satisfied that the service is independent of purchasing and prescribing decisions?			
Is this or a similar service already available from another source locally? Can they be compared with each other?			
Can the NHS individuals involved confirm that there is no current or potential future conflict of interest?			
Have all stakeholders discussed the proposed service? Are all willing for their patients to take part (where relevant) and are they willing to sign any service agreement?			
Will you be provided with a fully documented service agreement that covers: • Aims and objectives of the service • An accountability framework within which the provider will operate, including a confidentiality agreement • The protocols to be used in the service, including a full description of the service and named personnel involved • The procedure to be followed in the event of any adverse incidents • The professional indemnity and liability arrangements the service provider has in place • The option to modify or suspend the service in the light of any assessments, evaluations or adverse effects • The option for either party to withdraw, with agreed and clearly defined notice periods on both sides.			
Are the skills, competencies, professional status and qualifications of the named individuals who will be providing the service of a sufficient level to ensure the service will be safe, effective, efficient and reliable?			
Are the lines of accountability (clinical, professional and managerial) of these individuals clearly documented and appropriate?			
If the service requires direct access to patients or patient information, are you satisfied that both it and the service provider can meet the requirements outlined in the following section on Data and Confidentiality?			

Assessment of Data and Confidentiality Issues

	SATISFIED? Y	N	Comments
If practice / unit or patient data is being used, there must be a clear statement included in the service agreement regarding: • Who will have access to that data and in what form (eg aggregation and anonymisation). • How, where and by whom that data will be manipulated. • To what purpose that data will be put.			
Each professional involved should give written consent if their own patients are to be involved or their patients' data used in any way.			
In maintaining confidentiality, if direct contact with patients is required: • It is the responsibility of the practice / unit to identify and inform patients who may be eligible to participate. • Any invitation should indicate that the patient is under no responsibility to take part. • Prior to patient involvement in the programme, individual informed consent must be obtained.			
If data is stored electronically, e.g. laptop computer, then: • Any patient-identifiable information must be retained for use solely within the practice / unit except with prior express written agreement. • Data must be password protected. • There must be a clearly defined protocol for satisfactory data encryption. This should be at practice / unit level with patient codes held within the practice (similar to a clinical trial). Encryption must not rely on identifiers such as patient name, NHS or practice number, addresses or postcodes. • Use of patient-identifiable data must be consistent with Caldicott principles and Information Governance requirements. If in doubt, seek advice from ICB Caldicott Guardian.			
If data is to be aggregated (either within or between practices or units), then: • The practice / unit must have a clear understanding of what purpose such data is to be used for. • There must be a clearly defined protocol for data management, which includes information on the nature and ownership of the aggregated data and protocols to govern requests for access to that data. • No practice / unit-level data should be identified from the aggregated data set. • The practice / unit should have the option not to share their data as part of the aggregated data set if they wish.			

Post Approval Checklist

Before any service is implemented, the following issues will also need to be addressed:

All professionals and other key staff must be aware of, and have agreed to participate as appropriate, with the proposed service:

- Agree clearly who is responsible for supervising and reporting on the service to the primary health care team and other relevant healthcare professionals as appropriate.

- Be satisfied that any information or materials to support the proposed service are valid, evidence-based, balanced, contemporaneous and non-promotional.

Practices / units should make arrangements to involve or make patients aware of the service if appropriate, as early as practically possible.

Practices / units should agree a process for reviewing the service at appropriate intervals and assessing the service in terms of achieving its stated objectives. It may be beneficial to involve patients in this process.

18.3 Appendix C Joint Working/ Commercial Sponsorship Agreement

This proposal form should be signed by all parties and submitted for consideration with the attached documents and a copy of the service agreement.

Name of Project:

Proposal submitted by:

……. Name of lead proposer

…….. Job Title

Representing: ……..

1. Agreement between ……(commercial organisation) and …….
(department/directorate) for provision of commercial sponsorship for: (title of project/event)

……

2. ……(name) has completed the Sponsorship Checklist in Appendix B (copy to be submitted with this form)

3. Brief details of proposed initiative

4. Description of work and people involved:

5. Action plan:

6. Details of support provided (financial, staffing, services)

7. Brief details of benefit to – patients, and/or ICB

8. Brief details of benefit to sponsor

9. …….. (Commercial organisation) may only be involved to the extent defined in this agreement.

10. Such reports will be used for the purpose described above …….. ……..(Commercial organisation) cannot use the report or information from this work without explicit permission from the ICB.

ICB Approval
Proposals agreed by the ICB Executive Management Team

Name Signature Date

Commercial Organisation Approval
Finance and proposals agreed by representative from ……(Commercial organisation). Should the commercial organisation withdraw at any time from the agreement; they are liable to pay any costs incurred by the ICB.

Name Signature Date

Copies of the form should be submitted to the Corporate Administration Officer for inclusion on the ICB Register

18.4 Appendix D Examples of potential conflicts of interest

Regarding Pharmaceutical Industry or other commercial organisations

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

A. ***A clinician wishes to include a new drug, manufactured by a company with which he has links eg. Company shares, research grant, in the local formulary*****.**

ICB committee [Lancashire & South Cumbria Medicines Management Group (LSCMMG)] should require declarations of interest from clinicians submitting proposals for new products to be added to formularies and ensure the decision is based on clinical and cost effectiveness information.

B. ***Offer from a company to provide for training of staff.***

Employers should be careful to ensure that staff are not pressurised by sponsors of training, to alter their own activity to accord with sponsors' wishes, where these are not backed up by appropriate evidence. Training provided by industry may be above board if it is unbiased has mutual benefit for both the NHS and the sponsoring company, is evidence based and the hospitality is appropriate. However, participants should assess whether they may be influenced unduly and also bear in mind what benefits the company might derive (e.g. exposure to NHS, professional contacts, potential allies to use later, names of who to influence, often without the participants realising).

C. ***A manufacturer of ostomy equipment offers to sponsor a stoma nurse post in an NHS Trust.***

Sponsorship should not be accepted if it would require the stoma nurse to recommend the sponsor's products in preference to other clinically appropriate appliances, nor if it requires the Trust to recommend patients to use a particular dispensing service or withhold information about other products. Existing contracts containing any such provisions should, where possible, be urgently renegotiated.

D. ***A manufacturer of a particular type of Nicotine Replacement Therapy offers to provide their product at a reduced rate to the commissioner.***

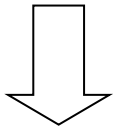
This arrangement is acceptable **provided that** there is a clear clinical view that these products are appropriate to particular patients **and** there is no obligation to also prescribe these products to other patients for whom an alternative product would be at least as beneficial. All products must be subject to an LSCMMG policy.

E. ***A pharmaceutical company offers to provide starter packs at a discounted price.***

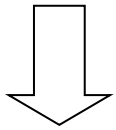
This type of sponsorship is acceptable, but should always be declared in order to avoid any suspicion that subsequent prescribing might be inappropriate and linked to the provision of starter packs. All products must be subject to an LSCMMG policy.

18.5 Appendix E Summary of Policy Process

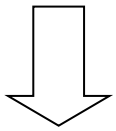
Application of the proposal with supporting documents, including the Sponsorship and Confidentiality checklist and the Commercial sponsorship/ joint working agreement, should be sent to the ICB Chief Pharmacist for consideration and checking



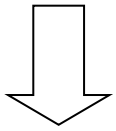
Application and supporting documents to be checked and agreed by the ICB Chief Finance Officer



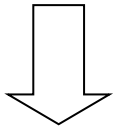
Application and supporting documents submitted by the ICB Chief Pharmacist to The ICB Executive Team for agreement



Application considered by ICB by the ICB Executive Team



Feedback given to applicant, and applicant given the opportunity to amend the application form; this may include e.g. further clarity regarding outcomes



Application submitted to the Corporate Administration Officer for inclusion on the ICB Register and retention of documents