Appendix B Sponsorship Checklist

**Sponsorship & Confidentiality Checklist**

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| --- | --- | --- | --- |
|  | **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