NHS
St Helens
Clinical Commissioning Group

Working with the Pharmaceutical Industry Policy

Version 2

November 2018

Standard Operating Procedure	St Helens CCG Working with the Pharmaceutical Policy

Version	**2**
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Author	**Assistant Director Medicines Management, NHS St Helens CCG**
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REVISIONS			
Date	**Section**	**Reason for Change**	**Approved By**
26/04/17	POLICY	Introduction of New Policy.	FGR Committee
12/11/18	POLICY	Full review – minor amendments to: Page 3 – Updated Policy/Guidance List Sec 4.3 – Explicit reference to CoI Policy Sec 5.0 & 7.0 – Explicit reference to 'Events' in section title, for clarity Various – Replaced ELT with Integrated SMT	Executive Leadership Team

POLICY OBSOLETE		
Date	**Reason**	**Approved By**

CONTENTS

		Page Number
1	INTRODUCTION	3
2	SCOPE	3
3	POLICY STATEMENT	5
4	DISCLOSURES OF TRANSFERS OF VALUE BY PHARMACEUTICAL COMPANIES	5
5	DECLARATIONS OF INTEREST	6
6	ATTENDANCE AT SPONSORED CLINICAL TRAINING OR EDUCATION EVENTS	6
7	MEETINGS WITH PHARMACEUTICAL COMPANY REPRESENTATIVE	6
8	SPONSORSHIP OF MEETINGS	7
9	JOINT WORKING WITH PHARMACEUTICAL COMPANIES	8
10	PRIMARY CARE PHARMACEUTICAL REBATE SCHEMES	9
11	TRAINING IMPLICATIONS	11
12	RELATED DOCUMENTS	11
13	MONITORING, REVIEW & ARCHIVING	11
APPENDIX 1	APPOINTMENT REQUEST FORM FOR PHARMACEUTICAL INDUSTRY REPRESENTATIVES	12
APPENDIX 2	PROCESS FOR DEALING WITH CONTACT FROM PHARMACEUTICAL INDUSTRY REPRESENTATIVES	14
APPENDIX 3	REQUEST PROFORMA (CCG INTERNAL) FOR SPONSORSHIP OF A MEETING BY A PHARMACEUTICAL COMPANY	15
APPENDIX 4	QUALITY STANDARDS CHECKLIST FOR JOINT WORKING WITH A COMMERCIAL COMPANY OR THE PHARMACEUTICAL INDUSTRY	16
APPENDIX 5	NHS ST HELENS CCG PROCESS FOR JOINT WORKING OPPORTUNITIES FROM PI	19
APPENDIX 6	EQUALITY IMPACT ASSESSMENT	20

1. INTRODUCTION

Medicines are the most frequently and widely used NHS treatment and account for over 12% of NHS expenditure. The Pharmaceutical Industry (PI) has always worked closely with the NHS, clinicians and commissioning organisations. The establishment of Clinical Commissioning Groups put clinicians at the centre of commissioning to deliver excellent healthcare by building effective and appropriate working relationships with key partners such as the PI. This means that there is even greater complexity in relation to what could be deemed a conflict of interest. It is essential that there are clear procedures for the CCG staff, members and supporting individuals and organisations (including private and voluntary) where there may be potential for a conflict of interest that could affect commissioning decisions related to medicines and associated services.

CCG employees should be aware that as a condition of membership of the Association of the British Pharmaceutical Industry (ABPI), PI representatives must follow the "ABPI Code of Practice for the Pharmaceutical Industry:

http://www.pmcpa.org.uk/thecode/Documents/Code%20of%20Practice%202016%20.pdf

The ABPI is an industry body representing pharmaceutical companies in the UK. The ABPI Code of Practice sets a framework of standards for UK pharmaceutical companies, covering the promotion of medicines and requirements for interactions with healthcare organisations and healthcare professionals. The code applies to most of the PI in the UK. It is designed to ensure a professional, responsible and ethical approach to the promotion of prescription medicines in the UK. If CCG staff or members believe that an industry representative has broken the Code, they should contact the Assistant Director Medicines Management for information and advice, who will oversee any complaints being reported.

CCG staff and members should be aware that the nature of marketing and therefore pharmaceutical marketing means that decision making can be influenced in ways where the target may be unaware of being subject to influence. Therefore CCG staff should maintain awareness and accept that this is possible and even probable. This is why full declarations of interests that are open to public scrutiny are important enabling greater objectivity.

2. SCOPE

This policy covers employees of NHS St Helens CCG. It also applies to consultancy and agency staff remunerated by St Helens CCG. The CCG recommends that member practices also adhere to the principles outlined within it.

3. POLICY STATEMENT

The aim of this policy is:

- To provide the CCG Governing Body with assurances that all decisions made about medicines and medicines management in relation to pharmaceutical industry sponsorship, which give mutual advantage, are made within a framework of probity
- To make clear to the membership the relevant principles, process and procedures to follow regarding business conduct and accountability in relation to commercial sponsorship and dealings with the Pharmaceutical Industry (PI)
- To safeguard the interests of the CCG and reassure the public
- To establish ways that the CCG can work constructively with the pharmaceutical industry

4. DISCLOSURES OF TRANSFERS OF VALUE BY PHARMACEUTICAL COMPANIES

From June 2016 the ABPI began publishing a public database declaring benefits that UK pharmaceutical companies give in cash or in kind to healthcare organisations, individual healthcare professionals and any relevant decision makers within a healthcare organisation. These benefits are termed 'transfers of value'.

For individual Healthcare Professionals, transfers of value activities cover:

- Events – registration fees
- Events – Travel and accommodation
- Consultancy Services – fees
- Consultancy Services – expenses

For Healthcare Organisations, requirements cover:

- Activities covered by contract under which organisations provide any type of service on behalf of companies
- NHS joint-working projects
- Donations, grants and benefits in kind
- Contribution towards the cost of meetings
- Provision of medical and educational goods and services

The CCG maintains a register of all gifts, hospitality and sponsorship offered to the organisation and/or individual members of staff – to ensure this is kept up to date and matches the public ABPI database it is important that staff adhere to the NHS St Helens CCG Standards of Business Conduct regarding recording all transfers of value offered in the course of CCG business. Please refer to the full policy for details.

5. DECLARATIONS OF INTEREST

The CCG maintains a register of declarations of interest in relation to CCG staff and relevant decision making staff. Conflicts might occur with regards to the pharmaceutical industry due to the possibility of individuals having:

- A direct financial interest
- An indirect financial interest
- Non-financial or personal interests
- Conflicts of loyalty

It is essential that all staff complete a declaration of interest in line with the NHS St Helens Standards of Business Conduct Policy and Managing Conflicts of Interest, Gifts & Hospitality Policy when requested to do so and notify the organisation of any changes immediately. Please refer to the full policy for details.

6. ATTENDANCE AT SPONSORED CLINICAL TRAINING OR EDUCATION MEETINGS/ EVENTS

CCG employees must ensure there is an entry made on the CCG Gifts, Hospitality and Sponsorship register regarding any clinical training or education provided by or sponsored by a pharmaceutical company. This should include details of company name, drugs discussed at meetings, and hospitality or other sponsorship provided. The CCG Gifts, Hospitality & Sponsorship Register will be available for both CCG and public scrutiny.

CCG member practices – it is recommended that each practice should maintain their own register of dealings with the PI including any clinical training or education provided by or sponsored by a pharmaceutical company. This should include details of company name, drugs discussed at meetings, and hospitality or other sponsorship provided. The Practice Register of Interests should be available for both CCG and public scrutiny.

7. MEETINGS WITH PHARMACEUTICAL COMPANY REPRESENTATIVES

The CCG does not approve any 'cold calling' to staff or the membership from PI representatives. All requests for meetings and contacts by PI representatives to staff or members should be done via the dedicated proforma (Appendix A). All contact should then be via email to the generic email address communications.ccg@sthelensccg.nhs.uk until such a decision has been made that a meeting or direct contact will take place.

In considering requests for meetings with representatives of the PI, consideration should be given to whether this will represent best use of CCG staff or member's time and therefore not all requests can be granted.

All proformas will be logged centrally and held for 12 months for reference purposes.

GPs and any other clinician members of the CCG who PI representatives may contact in their capacity as prescribers or related health professionals should follow good practice and ensure inclusion in a practice register of dealings with the pharmaceutical Industry. The register should include details of the meeting, date, representative and company name, practice members present, drugs and services discussed, hospitality received. This register should be available for both CCG and public scrutiny.

Members of the CCG considering meeting with PI representatives in their capacity as clinicians at practice level should also consider whether this will represent good use of their time given the arrangements in place locally through CCG and Area Prescribing Committee for recommendations on new drugs, formulary, and guidelines and on medicines safety.

The process for dealing with contact made from PI representatives is detailed in Appendix B.

8. SPONSORSHIP OF MEETINGS/ EVENTS

Sponsorship of meetings is not permitted for routine internal meetings of the CCG. Sponsorship may be obtained only for educational or special events.

The ABPI Code states that meetings must be held in appropriate venues conducive to the main purpose of the event. Hospitality must be strictly limited to the main purpose of the event and must be secondary to the purpose of the meeting i.e. subsistence only. The level of subsistence offered must be appropriate and not out of proportion to the occasion. The costs involved must not exceed that level which the recipients would normally adopt when paying for themselves. It must not extend beyond members of the health professions or appropriate administrative staff.

For sponsored meetings/ events being organised by CCG staff or CCG members (other than for their own GP practice), a form for proposed sponsorship of meeting must be completed and forwarded to the Assistant Director Medicines Management so that an overview of sponsorship of meetings by the CCG can be maintained, see Appendix C.

When seeking sponsorship for a meeting, use of a company with products directly related to the topic under consideration should be avoided as far as possible. Please contact the Medicines Management Team for advice if you are unsure. Products that are not approved by NHS St Helens CCG and on the CCG formulary should not be promoted.

If meetings are sponsored by pharmaceutical companies, that fact must be disclosed in all of the papers relating to the meetings and in any published proceedings. The declaration of sponsorship must be sufficiently prominent to ensure that readers are aware of it at the outset.

Details of the sponsorship should also be highlighted to attendees at the beginning of the meeting.

For PI sponsored meetings, the level of access to clinicians or associated staff for the promotion of specific drugs or services by the pharmaceutical company (before the primary purpose of the meeting commences) must be agreed in advance, (as stated on sponsorship request form). For a sponsored sandwich lunch for example the representative could have a stand with promotional materials and attend the stand to engage with attendees during lunch and before the meeting starts.

Representative/s of the pharmaceutical company sponsoring the meeting should be thanked for the sponsorship ahead of the commencement of the primary purpose of the meeting and then must not remain in attendance at the meeting unless it is a public meeting.

For CCG members obtaining sponsorship for practice meetings details of the sponsorship must be kept in a practice register of dealings with the pharmaceutical industry, which should be available for CCG and public scrutiny.

Meetings of the Governing Body

The CCG holds meetings of its Governing Body in public and is required to do so both by statute and it's Constitution. They are often attended by representatives of the pharmaceutical industry (PI). Those representatives attend meetings in their capacity as members of the public and have no special privileges. They should receive no greater or lesser opportunity to participate in the meeting or engage with individual members of the Governing Body than would any other member of the public.

Members of the Governing Body may be approached by representatives who seek to engage with them for the purpose of promoting their particular products or canvassing support for products or projects. It is recommended that they politely but firmly decline to engage with pharmaceutical representatives in these circumstances.

9. JOINT WORKING WITH PHARMACEUTICAL COMPANIES

For the purpose of this policy joint working is defined as situations where, for the benefit of patients, the CCG and one or more pharmaceutical companies' pool skills, experience and/or resources for the joint development and implementation of patient centered 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.

Joint working between the pharmaceutical industry and the CCG must be for the benefit of patients or the NHS and preserve patient care; the main beneficiary being the patient.

Joint working arrangements must be entered into at a corporate level and not with any individual member of staff or CCG member.

Any tentative discussion about entering into joint working which staff or CCG members may have and consider worth pursuing should first be discussed with their line manager, relevant clinical leads and executive leads as appropriate. There must also be a

discussion with the Assistant Director Medicines Management or Deputy Head of Medicines Management.

If the proposal is deemed suitable to explore further the designated lead should provide initial details on the joint working outline proposal using the quality standards checklist for considering commercial partnerships and a summary should then be submitted to the Integrated Senior Management Team (ISMT) for consideration (see Appendix D).

If the initial outline is supported a project group should be established to produce a full proposal that will then need to be approved by the ISMT.

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. When entering into an agreement for joint working, the CCG must also consider the impact once these arrangements are concluded. An effective exit strategy must be in place at the outset of a given project detailing the responsibilities of each party.

A formal written agreement must be in place and an executive summary of the joint working agreement must be made publicly available before arrangements are implemented.

All aspects of confidentiality with regard to patient information must be observed and how this will be achieved clearly stated in the Joint Working Agreement. Confidentiality of information received in the course of duty should be respected and should never be used outside the scope of the specific exercise.

Arrangements for monitoring the operation of the agreement and assessing clinical and financial outcomes should be agreed and clearly stated within the Joint Working Agreement. All assessments of the joint working programme should be made readily available to other NHS organisations and the public.

This process is summarized in Appendix E

10. PRIMARY CARE PHARMACEUTICAL REBATE SCHEMES

Primary care rebate schemes (PCRS) are contractual arrangements offered by pharmaceutical companies, or third party companies, which offer financial rebates on GP prescribing expenditure for particular branded medicine(s). Such schemes are increasingly being offered to Clinical Commissioning Groups (CCGs) by the pharmaceutical industry (PI) as a means to introduce new drugs into the NHS, or more simply as a tool to increase/ establish market share of existing/new medicine(s).

This policy provides the clarity and guidance for NHS St Helens CCG when considering entering into a primary care rebate scheme.

Rebate schemes are different from national patient access schemes, which are recognised by NHS England to manage entry of new products to the market at a reduced

cost. However both approaches serve to protect the 'list price' of the product, which is used as a reference by markets in other countries.

NHS St Helens CCG subscribe to the PrescQIPP NHS Programme who created the PrescQIPP Pharmaceutical Industry Scheme Governance Review Board. The primary output of the board is an assessment, summarising the recommendations for any rebate scheme submitted to them. Each Board Assessment will also include a Red, Amber or Grey status depending on the outcome of the assessment stage. The classification of the three colours is as follows:

Grey – Scheme Considered; No significant reservations
Amber – Scheme Considered; Not fully appropriate
Red – Scheme Considered; Inappropriate

Submitted schemes will need to demonstrate compliance with the following five principles in order to achieve a Grey/Amber Status:

1. The therapeutic initiative has a place in clinical practice
2. The arrangements for the scheme are simple and easy for the NHS to implement.
3. There is a transparent, sensible plan for payment and tracking
4. The governance on what the Scheme is, and is not, going to be used for is robust
5. There is a plan for ongoing review.

NHS St Helens CCG will ensure that the following principles underpin any decision with regards to rebate schemes:

- Any schemes offered will be considered based on the PrescQIPP Pharmaceutical Industry Scheme Governance Review Board assessment
- Any schemes that are considered will need to demonstrate compliance with the five PrescQIPP principles and must have achieved a Grey or Amber Status
- Any schemes offered to the CCG will be considered by a Senior Pharmacist and if appropriate will be signed off by the CCG Director of Finance
- It is preferable for pharmaceutical companies to supply medicines to the NHS using transparent pricing mechanisms that do not create an additional administrative burden to the NHS
- Health professionals should always base their prescribing decisions on assessments of their individual patients' clinical circumstances. The impact of a rebate scheme should never be a consideration
- Any scheme offered should not be exclusive. That is there should be no requirement to limit access of other medicines to patients under the scheme
- Arrangements for the termination of the scheme must be detailed and agreed
- Any schemes that include a requirement for volume thresholds will be considered in line with the PrescQIPP assessment and careful consideration will be given to the implications of this type of scheme

11. TRAINING IMPLICATIONS

It has been determined that there are no specific training requirements associated with this policy.

12. RELATED DOCUMENTS

Legislation and statutory requirements
The Bribery Act 2010

Other related policy documents
CCG Management of Conflicts of Interests, Gifts & Hospitality Policy
Anti-Fraud and Corruption Policy
Whistle Blowing Freedom to Speak Up Policy
Disciplinary Policy
Standards of Business Conduct
Detailed Financial Policies

Best practice recommendations
NHS Code of Conduct and Code of Accountability (2004)
Records Management: NHS Code of Practice 2016
RCGP & NHS Confederation's 'Managing Conflicts of Interest' briefing paper, (September 2011)
Monitor - Substantive guidance on the Procurement, Patient Choice and Competition Regulations (December 2013)
http://www.legislation.gov.uk/uksi/2013/500/contents/made
ABPI Communication July 2015 – Disclosures of Transfers of Value by Pharmaceutical Companies
ABPI Code of Practice for the Pharmaceutical Industry 2016

13. MONITORING, REVIEW & ARCHIVING

Monitoring
The Governance Team will agree a method for monitoring the dissemination and implementation of this policy. Monitoring information will be recorded by the team.

Review
The Governance Team will ensure that this policy document is reviewed in accordance with the timescale specified at the time of approval. No policy or procedure will remain operational for a period exceeding three years without a review taking place.

Staff who become aware of any change which may affect a policy should advise their line manager as soon as possible. The Governance Team will then consider the need to review the policy or procedure outside of the agreed timescale for revision.

For ease of reference for reviewers or approval bodies, changes should be noted in the 'Revision' table on the summary page at the front of this document.

NB: If the review consists of a change to an appendix or procedure document, approval may be given by the sponsor Accountable Director and a revised document may be issued. Review to the main body of the policy must always follow the original approval process.

Archiving

The Governance Team will ensure that archived copies of superseded policy documents are retained in accordance with Records Management: NHS Code of Practice 2016.

Appendix 1

Appointment Request Form

for Pharmaceutical Industry Representatives

All sections must be completed prior to consideration of an appointment

Please email to communications.ccg@sthelensccg.nhs.uk

Request Date	
Name of Representative	
Name of Company	
Email/Mobile No.	(We may offer teleconference appointments)
Category of topic(s) you wish to discuss	**Please mark the relevant category/categories** CCG commissioning pathways and service development Prescribing – please complete additional table below Proposed joint working
ALL requests relating to prescribing please complete (highlight all relevant)	**Please mark the relevant category/categories**

New Medicine		Formulary		Sharing Resources	
Clinical data (efficacy, safety etc)		**Licence extension**		**Medicines optimisation collaborative initiative**	
Budget impact document		**New formulation of existing medicine**		**Other collaborative initiative**	
Pre-licence advanced planning notification		**Efficiency saving**			

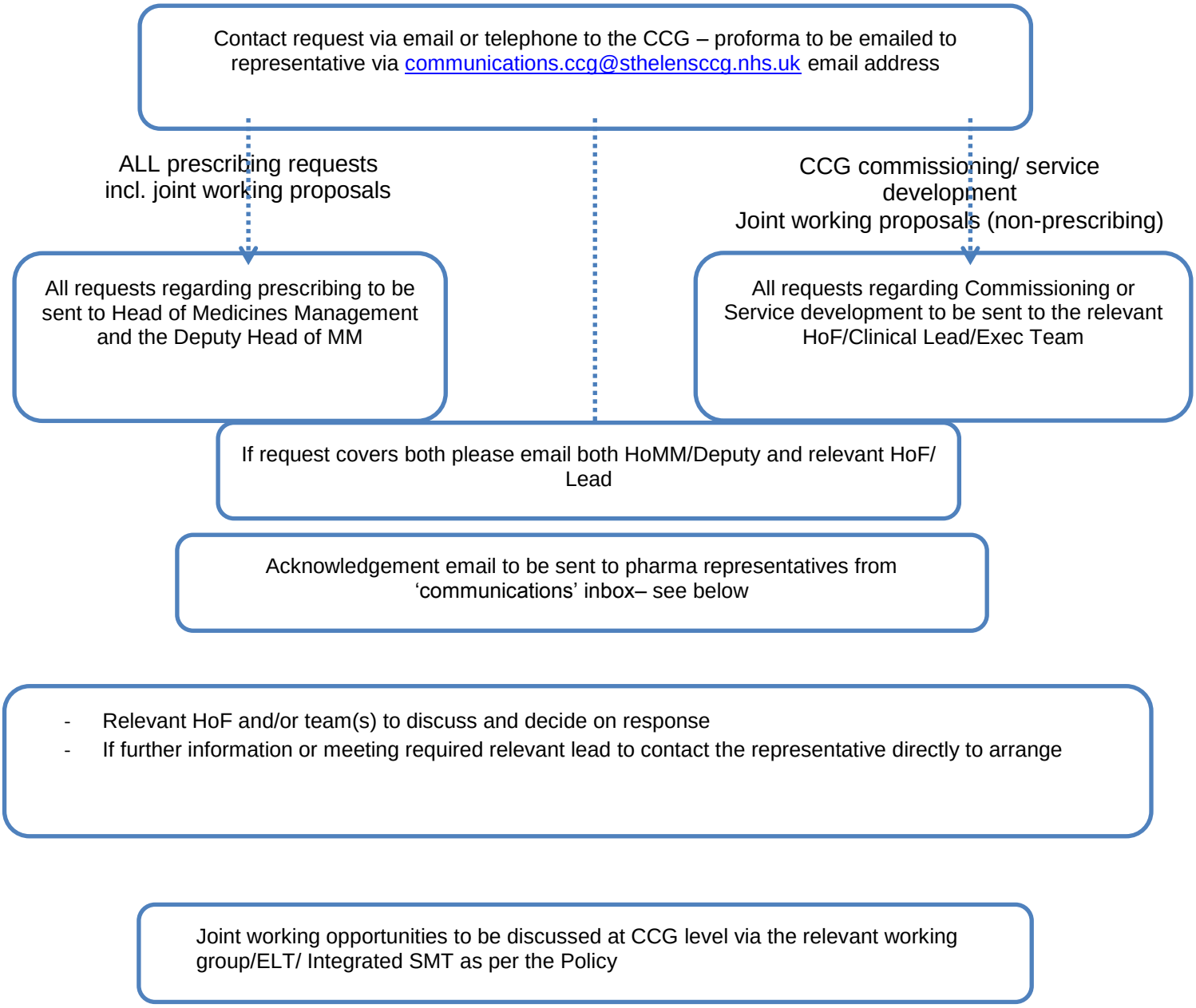
Outline what you wish to discuss and attach relevant pre-reading material	
What is the outcome you hope to achieve from the meeting?	
How long do you anticipate the meeting lasting?	

Office Use Only

Date of last appointment			
To be given an appointment	**Yes** ☐ **No** ☐	**Urgent** ☐ **Routine** ☐	**Time required** ……
Reason if no appointment given			
Details of appointment if applicable			

Appendix 2
NHS St Helens CCG Process for Dealing with Contact from Pharmaceutical Industry Representatives

Where possible all initial email correspondence with PI representatives should be via the generic CCG mailbox. No staff details should be given out (names, work emails, and contact numbers) without prior consent from that individual



Standard Acknowledgement to Pharma Contact:
"Thank you for your email. The information has been passed onto the relevant CCG staff member for their consideration. We will be in contact should we wish to meet or require any further information."

Appendix 3

Request Proforma (CCG internal) for **sponsorship of a meeting/ event** by a pharmaceutical company

CCG Lead or member of staff organising the meeting:		
Title and details of Meeting/ Event:		
Target audience:		
Venue:	Proposed date:	
Proposed Pharmaceutical Sponsor(s)		
Representative name(s) and contact details (please list all):		
Details of sponsorship requested. Please include details of whether invoices are to be raised for each sponsor – details to be confirmed with each sponsor.		
Approximate value of sponsorship	Overall Value £……..	Per Sponsor £…….
Details of direct marketing contact at meeting: e.g. whether representative will attend the meeting, have a marketing stand showing product information; which products and or services will be marketed.		
Please confirm that any products or services to be marketed are included on the CCG formulary and/or have been approved for use locally by the CCG. If unsure please seek advice from medicines management before proceeding.		Please Tick to confirm ☐
Please forward the completed form to joanne.smith6@sthelensccg.nhs.uk prior to the event taking place **Please ensure an entry is made on the gifts and hospitality register as appropriate.**		

Appendix 4

Quality Standards Checklist for Joint Working with a commercial company or the pharmaceutical industry
(Adapted from Harrogate and Rural District CCG policy)

Quality Standards Checklist for considering Joint Working with a commercial company or the pharmaceutical industry		
	Yes	**No**
Does the scheme have clear aims and objectives?		
Does the sponsorship offer any benefits to the following aspects of health care?		
• Diagnostics and referral? Include details:		
• Investigations and measurements? Include details:		
• Informing and educating patients?		
○ Will the material be checked by the CCG before it is distributed to ensure it is non-promotional and culturally appropriate		
• Informing and educating health professionals?		
○ Will the material be checked by the CCG before it is distributed to ensure it is valid, non-promotional and in line with national and local formulary and guidance?		
Is the sponsorship directly related to patient treatment?		
• Have alternative treatments been considered and evaluated?		
• Has an assessment of the costs and benefits of the package in relation to alternative options been investigated?		
• Has monitoring of the patients been considered as part of the treatment?		
• Has a criteria for success of the project been established?		
• Has patient perceptions been included as part of the criteria?		
• Has a health care professional been designated clinically responsible for the patient at each stage of the package?		
• Has an assessment been made as to how the package fits with existing systems of primary and secondary care?		
• Is the treatment on the current CCG formulary or is CCG approved?		

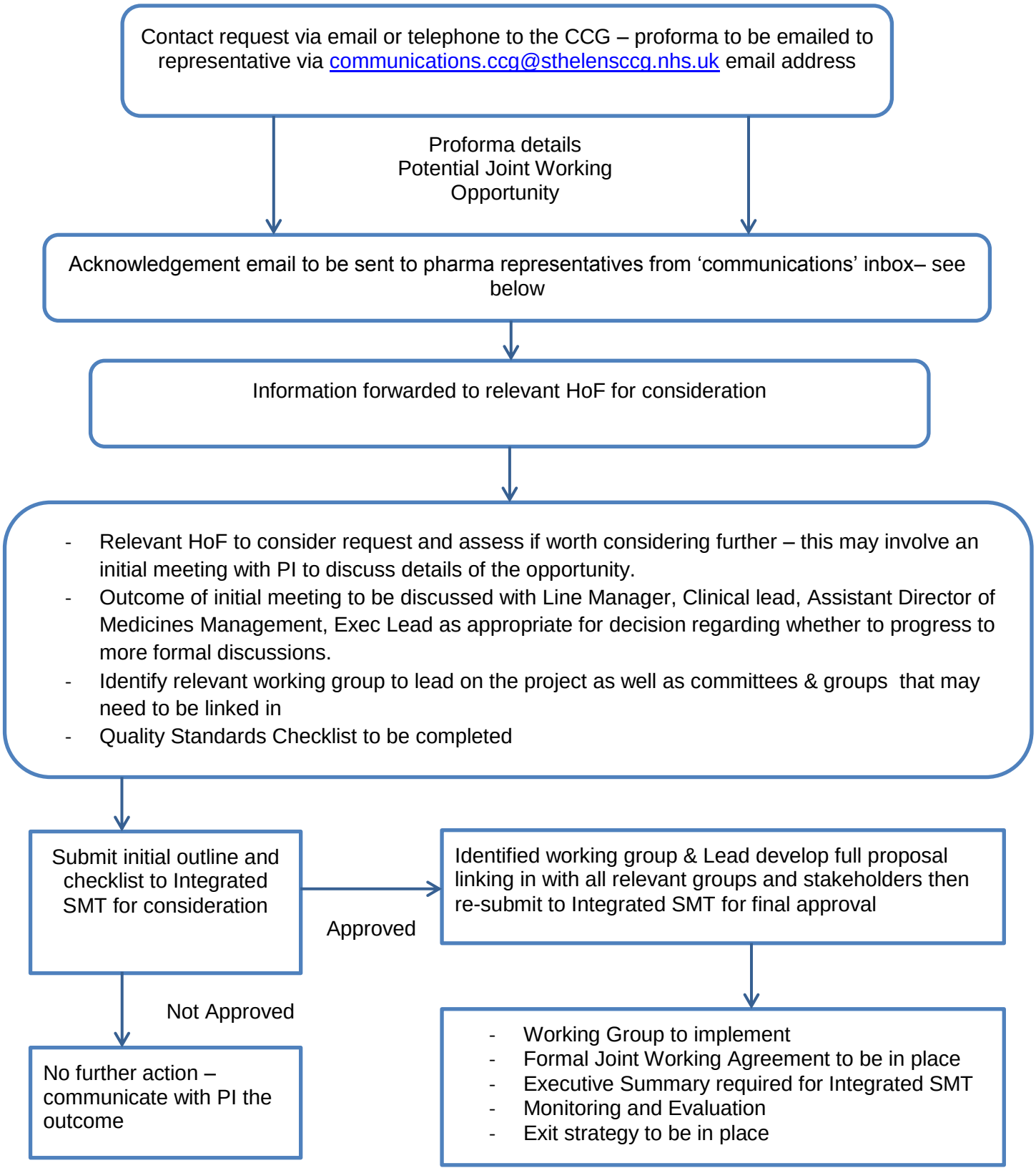
Information and Data considerations		
• Is the sponsorship related to the collection of data?		
• Who will own the data? Please state: •		
• Will the sponsor have access to the data?		
• Have the provisions of the Data Protection Act been taken into consideration?		
• Who will evaluate the data? Please state: •		
Is the sponsorship related to any of the following?		
• Provision of clinical products?		
○ Will this encourage the use of a particular product in the future?		
○ Is the product included in the local formulary or is CCG approved?		
○ Will the use of the product limit patient choice?		
○ Is this project intended to increase the market share for a particular product or company?		
○ Will this limit clinical freedom of a prescriber to select the most appropriate product?		
○ Has evidence been provided to support use of this product and has this been independently reviewed?		
• Provision of equipment?		
○ Is the equipment linked to the use of one particular brand of consumables?		
○ Has an assessment been undertaken to establish that it is the best for purpose?		
○ Has the equipment been approved for use locally?		
○ Is there any guidance locally or nationally regarding use of this type of product?		
• Provision of free stationery?		
○ Does the stationery include commercial advertising?		
○ Has the CCG control over the content of the advertising?		
Are there any recurring costs for the scheme?		
Who will be responsible for recurring costs? Please state:		
How does the use of a product impact on other providers in the future e.g. costs, supply, FP10 availability, very specialist etc.		

Further Information

Appendix 5

NHS St Helens CCG Process for Joint Working Opportunities from PI

Where possible all initial email correspondence with PI representatives should be via the generic CCG email as



APPENDIX 6

EQUALITY IMPACT ASSESSMENT

Under the Equality Act 2010, Section 149: The Public Sector Equality Duty (2011), as a Public Body NHS St Helens CCG (Clinical Commissioning Group) has a duty to consider all Individuals when carrying out its day to day duties, including delivering its function and Services.

An Equality Impact Assessment (EIA) is the on-going process by which St Helens CCG can assess potential risk of Discrimination/Breach of the Equality Act 2010 when proposing any changes to its Function and Services it commissions. The Process ensures that when taking decisions, the decision makers do so in the full knowledge of their Statutory Public Sector Equality Duty under the Equality Act 2010.

The primary function of this assessment is to assist the CCG to identify at stages in the Project Management Approach any equality implications that may need further review, consultation, and specific actions to be implemented and to help make the process open and transparent.

In order to meet Equality Legislation we have to consider the issues of:-

1. Eliminating discrimination, harassment and victimization.
2. Advancing equality of opportunity.
3. Fostering good relations between different groups and people.

PSED	Lay Definition
Eliminate Discrimination	Identifying areas which may treat one group less favorably than another group when providing a Service, Typically comes from ‘complaints’, ‘grievances’, anecdotal evidence’, statistical analysis.
Advance Equality of Opportunity	Remove or minimise disadvantages suffered by people due to their protected characteristics; Meet the needs of people with protected characteristics; and Encourage people with protected characteristics to participate in public life or in other activities where their participation is low. How do we ensure a level playing field is provided.
Fostering good relations between different people	Working with different people and communities to increase inclusivity and mutual understanding.

NOTE: Any Reports/ Documents that are linked to an Equality Impact Assessment are legal documents as they represent the thinking and position of the CCG and can be used as evidence in court as part of a judicial review. In addition, it is a requirement that such documents are made public and will be available to the General Public via the CCG Website.

Project Title: Working with the Pharmaceutical Industry	**PMO No:** N/A
Project Manager/Lead: Assistant Director Medicines Management	
Executive Sponsor/Lead: Lisa Ellis	
Clinical Lead: Clinical Accountable Officer	
Date: November 2018	
Version: 2.0	

Stage 1: Initial Scoping:

An EIA is required if the proposed idea is going to result in either:

- Transformation of a Service.
- Cessation/Decommissioning of a Service.
- Procurement of a Service.

What are the proposed key Changes or Initiatives?

This policy aims to provide the CCG Governing Body with assurances that all decisions made about medicines and medicines management in relation to pharmaceutical industry sponsorship, which give mutual advantage, are made within a framework of probity. It aims to make clear to the membership the relevant principles, process and procedures to follow regarding business conduct and accountability in relation to commercial sponsorship and dealings with the Pharmaceutical Industry (PI) and tosafeguard the interests of the CCG and reassure the public.

This policy covers employees of NHS St Helens CCG. It also applies to consultancy and agency staff remunerated by St Helens CCG. The CCG recommends that member practices also adhere to the principles outlined within it.

What is the rationality for the proposed Changes - What is the 'Legitimate Aim'?

☒ Best Practice
☒ National Driver (NHSE Mandate)
☐ Financial/ Austerity measures
☐ Other: (Please describe)
☐ NICE Guidance
☐ Local Driver (STP/LCS)

Details: N/A

What are the expected Outcomes/Benefits to the Local Population?

(Linked to the legitimate aims identified above)
Aims as above.

What is the potential impact on the Equality/Protected Characteristics Groups:

Does the Proposal have the potential to have a positive impact - benefit? Could it have a negative impact in terms of excluding, discriminating against any person or group? Is the impact neutral? When considering each protected group, think about barriers, access, effects-both intentional and unintentional? What actions can be taken to rectify/eliminate any potential negative impact- and ensure these are reflected in the project plan?

Protected Group/ Equality Group	Potential Impact (Describe)	Evidence Source	Proposed Mitigating Actions
Age *(Children, Young People, Adults, Elderly)*	Accessibility	-	**X**
If training is required for this Policy venues will need to be easily accessible for an older workforce. Appropriate methods of communication of the Policy have also been carefully considered to ensure they reach all ages of the workforce. Email can be accessed by all users.			
Disability	Accessibility	-	**X**
As the Policy relates to CCG staff developing corporate Policies, relevant tools could be made available to staff with a disability who may require support such as partnership working/buddying or a process to access interpretation services such as BSL or video relay if required. If training is being carried out to promote the Policy, ensure a venue has disabled parking and is wheelchair friendly.			
Gender Reassignment	N/A	N/A	N/A
The content of this policy does not include vocabulary that should cause offense or discriminate against any staff members that identify as Transgender.			
Pregnancy and Maternity	Accessibility	-	**X**
The policy does not discriminate against staff that are currently pregnant or on maternity leave. Part-time staff can access the policy whilst at work via the intranet. Processes should be in place for managers to share the Policy with any staff returning from Maternity leave. Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any			

caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.			
Race	Accessibility	-	**X**
A process should be in place for translation services to be made available where required.			
Religion or Belief	Accessibility	-	**X**
Training should be delivered either am or pm and not over a lunchtime which may be used for prayer. Extra sessions should be arranged for staff unavailable due to religious or other reasons.			
Sex (Gender)	N/A	N/A	N/A
The Policy does not discriminate between sex.			
Sexual Orientation	N/A	N/A	N/A
The content of this policy and vocabulary used does not discriminate against staff based on their sexual orientation.			
Carers	Accessibility	-	**X**
Any scheduling of training for the policy should take into consideration part time working arrangements for staff as well as any caring responsibilities. Training should be scheduled at appropriate times with wash-up sessions available for staff that may not be able to attend scheduled training.			
Marriage & Civil Partnership *(only a protected characteristic in terms of work related activities and NOT service provision*	N/A	N/A	N/A
The content of this policy does not include vocabulary that discriminates against staff that may be married or part of a civil partnership.			
Deprived Communities	N/A	N/A	N/A
N/A			
Vulnerable Groups *(e.g. Homeless, Military Vets, Travelling Community)*	N/A	N/A	N/A
N/A			

As a result of the Stage 1 Equality Impact Assessment what Consultation, Involvement and Engagement Activities are required? *(Provide a brief overview and then attach a completed Communication Involvement and Engagement Plan)*
N/A – No Consultation, Involvement and Engagement activities required.
Identify Key Stakeholders
All CCG staff.
Is a Privacy Impact Assessment Required?
☐ Yes ☒ No If yes, attach a completed PIA Template N/A
Quality Impact Assessment
Please ensure that a Quality Impact Assessment has also been completed

Stage 2: Decision making and implementation: For completion post- consultation

Date:

Has the Consultation involvement and Engagement Activity identified any further specific issues? Provide details of Issues and proposed Mitigating Actions		
Protected /Equality Group	**Issues Raised**	**Proposed Mitigating Actions**
N/A	N/A	N/A
Have Providers, Key Partners and Stakeholders been informed of the Issues and Proposed Actions? Identify Who and When		
N/A		
If the Proposed Actions will affect Procurement and/or Contracts identify who is responsible for implementing and the timescales		
N/A		

Communication and Engagement Plan
N/A
Conclusion: Recommendations for decision making: *(Brief summary paragraph to identify any implications, risks and required actions along with the recommendation on how to proceed and assurance that PSED are met)*
Accessibility of Policy – there is a process in place for alternative formats to be available (font size, language, braille) as needed. Training to be held, where needed, in accessible locations and at different times to accommodate part time staff/ those with caring responsibilities.
Submission for Approval:
Committee Name: Executive Leadership Team
Date: November 2018
Outcome/Decision: Has the Equality Impact Assessment and its recommendations been reviewed, understood and accepted ☒ Yes ☐ No If no and if any warnings of discrimination or recommendations for mitigating actions have been discarded please indicate the reasoning for this: N/A Executive Lead Name and Signature: **Sarah O'Brien, Chair Executive Leadership Team** S O'Brien

For further advice if required please Contact:-

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