

CONFLICTS OF INTEREST and GIFTS & HOSPITALITY POLICY

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VERSION CONTROL

Version	Date	Author	Detail of Change
1.0	26.06.2017	P Winter	Amendments to 2016 CCG approved policy, based on a number of minor but important amendments arising from revised 2017 NHS England Statutory Guidance for CCGs (itself fully aligning to “ <i>Managing Conflicts of Interest in the NHS</i> ”, published February 2017 after national consultation by the Dept of Health)

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(1) Introduction

Managing potential Conflicts of Interest is essential for protecting the integrity of the overall NHS commissioning system and to protect the CCG, NHS England and Member GP Practices from any perceptions of wrongdoing.

CCGs manage conflicts of interest as part of their day-to-day activities. Effective handling of conflicts of interest is crucial to give confidence to patients, taxpayers, healthcare providers and Parliament that CCG commissioning decisions are robust, fair and transparent and offer value for money. It is essential in order to protect healthcare professionals and maintain public trust in the NHS. Failure to manage conflicts of interest could lead to legal challenge and even criminal action in the event of fraud, bribery and corruption.

Conflicts of interest are inevitable in commissioning. It is how we manage them that matters – section 14O of the National Health Service Act 2006 (as amended by the Health & Social Care Act 2012) sets out the minimum requirements of what both NHS England and CCGs must do in terms of managing conflicts of interest.

This policy and its embedded principles is fully aligned with the new cross-system (NHS) guidance *Managing Conflicts of Interest in the NHS*¹, which was published in February 2017 and sets out a series of common principles and rules for managing conflicts of interest and gifts and hospitality across the whole NHS.

(2) Aim and Objectives

This policy sets out the approach to identify, manage and record any potential or actual conflicts that may arise as part of the commissioning of healthcare for the residents of East Staffordshire.

The CCG is committed to upholding the principles of openness, transparency, fairness and integrity in its role as an NHS commissioner. This will ensure that high standards of corporate governance and personal conduct are displayed by all staff and demonstrate that the principles of good governance as described in the “*Nolan Principles*” are adhered to.

The CCG also recognises that a potential conflict between the roles of NHS commissioner and provider is a key risk that requires careful management. These issues need to be overcome to ensure that the CCG is able to commission a range of healthcare services to improve quality and outcomes for our patients. In some instances, the provider of services may be one of our Member GP Practices. We will need to demonstrate that these services:

- Clearly meet local health needs and have been planned appropriately
- Go beyond the scope of the GP contract
- Are appropriately procured in line with legislation

This policy aims to:

- ☑ Safeguard clinically led commissioning, whilst ensuring objective investment decisions
- ☑ Enable the CCG as commissioner to demonstrate that it is acting fairly and transparently and in the best interests of patients and local populations
- ☑ Uphold confidence and trust in the NHS
- ☑ Support the CCG and stakeholders to identify conflicts of interest, understand them when they may arise (whether actual or potential) and how to manage them if they do
- ☑ Ensure that the CCG operates within the legal framework

¹ Managing conflicts of interests in the NHS: Guidance for staff and organisations.2017:
www.england.nhs.uk/wp-content/uploads/2017/02/guidance-managing-conflicts-of-interest-nhs.pdf

This policy has been reviewed and revised in accordance with NHS England's revised 2017 Statutory Guidance for CCGs. The following model templates that were included within this have also been adopted for use:

- Declaration of Interests Template for CCG Members & Employees and Template Register of Interests
- Declaration of Gifts & Hospitality Template and Template Registers of Gifts & Hospitality
- Declarations of Interest Checklist Template
- Template for Recording Meetings
- Procurement Checklist and Template Register of Procurement Decisions & Contracts Awarded
- Template Declaration of Interests for Bidders / Contractors

In addition to complying with Statutory Guidance, CCGs also need to adhere to relevant guidance issued by professional bodies, including the BMA², the Royal College of General Practitioners³ and the GMC⁴, procurement rules such as the Public Contract Regulations 2015⁵ and the NHS Procurement, Patient Choice & Competition Regulations 2013⁶, as well as the Bribery Act 2010⁷.

This policy also needs to be read in conjunction with the CCG's Constitution (Standards of Business Conduct section), along with the CCG's Anti-Fraud & Bribery Corruption Policy, Commercial Sponsorship Policy and Procurement Strategy.

(3) Scope of the Policy

Everyone in the CCG has a responsibility to appropriately manage conflicts of interest. This policy applies to:

(a) All CCG Employees, including:

- ✓ All full and part-time staff
- ✓ Any staff on sessional or short-term contracts
- ✓ Any students and trainees (including apprentices)
- ✓ Agency and Seconded staff

In addition, any self-employed consultants or other individuals working for the CCG under a contract for services should make a declaration of interest in accordance with this policy as if they were CCG employees.

(b) The Accountable Officer (AO)

The AO has overall responsibility for the CCG's management of conflicts of interest.

(c) Governing Body and Committee Members (sub-committees / sub-groups) including:

- ✓ Co-opted members
- ✓ Appointed deputies
- ✓ Any members of Committees / Groups from other organisations

² BMA guidance on COI for GPs in their role as Commissioners & Providers: www.bma.org.uk/support-at-work/commissioning/ensuring-transparency-and-probity

³ Managing COI in CCGs: www.rcgp.org.uk/~media/Files/CIRC/Managing_conflicts_of_interest.ashx

⁴ GMC Good Medical Practice (2013): www.gmc-uk.org/guidance/good_medical_practice.asp + www.gmcuk.org/guidance/ethical_guidance/21161.asp

⁵ The Public Contract Regulations 2015: www.legislation.gov.uk/uksi/2015/102/regulation/57/made

⁶ The NHS Procurement, Patient Choice & Competition (No.2) Regulations 2013: www.legislation.gov.uk/uksi/2013/500/contents/made

⁷ The Bribery Act 2010: www.legislation.gov.uk/ukpga/2010/23/contents

Where the CCG is participating in a Joint Committee with other CCGs, any interests which are declared by members should be recorded on the Register(s) of Interest of each participant CCG.

(d) All Members of the CCG (i.e. each GP Practice)

This includes each provider of Primary Medical Services which is a member of the CCG under Section 14O (1) of the 2006 and 2012 Health & Social Care Acts. Declarations should be made by the following:

- ✓ GP Partners (or where the Practice is a company, each Director)
- ✓ Any individual directly involved with CCG business, decision-making or projects

(4) Definition of an Interest

For the purposes of this policy, a “conflict of interest” is defined as:

“A set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering commissioning or assuring taxpayer funded health and care services is, or could be impaired or influenced by, another interest they hold.”

A conflict of interest may be:

Actual – there is a material conflict between one or more interests

Potential – there is the possibility of a material conflict between one or more interests in the future

CCG staff may hold interests for which they cannot see potential conflict. However, caution is always advisable because others may see it differently. It will be important to exercise judgement and to declare such interests where there is otherwise a risk of imputation of improper conduct. The perception of an interest can be as damaging as an actual conflict of interest.

Conflicts of interest can arise in many situations, environments and forms of commissioning, from needs assessment, to procurement, to contract monitoring. There is an increased risk in Primary Care / Out-of-Hours commissioning and involvement with integrated care organisations and new care models, such as Multi-Speciality Community Providers (MCP), Primary & Acute Care Systems (PACS) or other arrangements of a similar scale or scope. CCG staff may here find themselves in a position of being both commissioner and provider of services.

Interests can be captured within the four different categories described below. These are not exhaustive, and the CCG will exercise discretion on a case-by-case basis, having regard to the principles set out in the next section, when deciding whether any other role, relationship or interest could impair or otherwise influence the individual’s judgement or actions in their role within the CCG. If so, this should be declared and appropriately managed. Whether an interest held by another person gives rise to a conflict will depend on the nature of the relationship between that person and the individual, and the role of the individual within the CCG.

A benefit may arise from either the making of a gain, or the avoidance of a loss.

(a) Financial Interests:

This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:

- A Director, Non-Executive Director, or senior employee in a private or Public Limited Company, or other organisation which is doing, or is likely / possibly seeking to do, business with health or social care organisations: this includes involvement with a potential provider of a new care model

- A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations
- A management consultant for a provider
- A provider of clinical private practice

This could also include an individual being:

- In employment outside of the CCG – see also section 13(a)
- In receipt of secondary income, a grant or any payments (e.g. honoraria, one-off payments, day allowances or travel or subsistence) from a provider
- In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role
- Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of this)

(b) Non-Financial Professional Interests:

This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation / status or promoting their professional career. This may, for example, include situations where the individual is:

- An advocate for a particular group of patients
- A GP with Special Interests e.g. in dermatology, acupuncture etc
- A member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners, BMA or a Medical Defence Organisation would not usually by itself amount to an interest which needed to be declared)
- An advisor for the CQC or NICE
- A medical researcher
- GPs, Practice Managers / Nurses / Staff who are members of the Governing Body or CCG Committees should declare details of their roles and responsibilities held within their GP Practices

(c) Non-Financial Personal Interests

This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:

- A Voluntary Sector Champion or volunteer for a provider
- A member of a Voluntary Sector Board, or any other position of authority in / connection with a Voluntary Sector organisation
- Suffering from a particular condition requiring individually-funded treatment
- A member of a lobby or pressure group with an interest in health

(d) Indirect Interests

This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above):

- Spouse / partner
- Close family member or a relative (e.g. parent, grandparent, child, grandchild or sibling)
- Close friend or associate
- Business partner

Note: a declaration for a “business partner” in a GP Partnership should include all relevant, collective interests of the Partnership and all interests of fellow Partners (which can be done by cross-referring to the separate declarations made by each Partner, rather than by repeating the same information repeatedly).

(5) Principles

All CCG staff, those serving as members of the Governing Body / Committees, or who take decisions where they are acting on behalf of the public or spending public money should observe the general principles of good governance in the way they do business, including the following:

- ✓ The Nolan Principles⁸ (as set out below)
- ✓ The Good Governance Standards for Public Services (2004), Office for Public Management (OPM), Chartered Institute of Public Finance & Accountancy (CIPFA)⁹
- ✓ The seven key principles of the NHS Constitution¹⁰
- ✓ The Equality Act 2010¹¹
- ✓ The UK Corporate Governance Code¹²
- ✓ Standards for members of NHS Boards & CCG Governing Bodies in England¹³

All individuals with a position in public life should adhere to the *Nolan Principles*:

Selflessness – holders of public office should act solely in terms of the public interest; they should not do so in order to gain financial or other benefits for themselves, their family or their friends

Integrity – holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might seek to influence them in the performance of their official duties

Objectivity – In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards / benefits, holders of public office should make choices on merit

Accountability – holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office

Openness – holders of public office should be as open as possible about all the decisions / actions they take; they should give reasons for their decisions and restrict information only when the wider public interest clearly demands

Honesty – holders of public office have a duty to declare any private interests relating to their public duties, and to take steps to resolve any conflicts arising in a way that protects the public interest

Leadership – holders of public office should promote / support these principles by leadership and example

⁸ The principles of public life: www.gov.uk/government/publications/the-7-principles-of-public-life

⁹ The Good Governance Standards for Public Services 2004, OPM & CIPFA: www.opm.co.uk/wpcontent/uploads/2014/01/Good-Governance-Standard-for-Public-Services.pdf

¹⁰ The key principles of the NHS Constitution: www.nhs.uk/NHSEngland/thenhs/about/Pages/nhscoreprinciples.aspx

¹¹ The Equality Act 2010: www.legislation.gov.uk/ukpga/2010/15/contents

¹² UK Corporate Governance Code: www.frc.org.uk/Our-Work/Codes-Standards/Corporate-governance/UKCorporate-Governance-Code.aspx

¹³ Standards for members of NHS Boards & CCG Governing Bodies in England: www.professionalstandards.org.uk/publications/detail/standards-for-members-of-nhs-boards-and-clinicalcommissioning-group-governing-bodies-in-england

In addition, to support the management of conflicts, the CCG will ensure it:

- **Does Business Appropriately:** COIs become much easier to identify, avoid and/or manage when the processes for needs assessments, consultation mechanisms, commissioning strategies and procurement procedures are right from the outset, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny
- **Is Proactive, not Reactive:** Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity
- **Is Balanced and Proportionate:** rules should be clear and robust but not overly prescriptive or restrictive; they should ensure that decision-making is transparent and fair whilst not being overly constraining, complex or cumbersome
- **Is Transparent:** documenting clearly the approach and decisions taken at every stage in the commissioning cycle so that a clear audit trail is evident
- **Creates an Environment and Culture:** where individuals feel supported and confident in declaring relevant information and raising any concerns

In addition to the above, the CCG needs to bear in mind:

A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring. If in doubt, it is better to assume the existence of a conflict and manage it appropriately rather than ignore it. For a conflict to exist, financial gain is not necessary.

(6) Roles and Responsibilities

(a) Governing Body / Committee Members and Senior Leaders

All responsibilities as set out in this policy apply to all members of the Governing Body, as well as the following:

- Ensuring that CCG policies and procedures accurately reflect national guidance and instructions particularly in relation to the procurement of services
- Ensuring that arrangements for audit and audit reporting are open, robust and effective
- Creating and supporting an environment where all individuals involved directly or indirectly with the CCG feel able, encouraged and obliged to be open, honest and upfront about actual / potential conflicts

On appointing to senior posts, the CCG will need to consider whether conflicts of interest should exclude individuals from being appointed to the relevant role. This will be considered on a case-by-case basis in conjunction with the principles reflected in our Constitution. The CCG will assess the materiality of an interest, in particular whether the individual (or any person with whom they have a close association) could benefit, whether financially or otherwise, from any decision the CCG might make. This will be particularly relevant for Governing Body and Committee appointments, but will also be used for all employees, especially those at senior level.

The CCG will also need to determine the extent of the interest and the nature of the appointee's proposed role. If the interest is related to an area of business significant enough that the individual would be unable to operate effectively and make a full and proper contribution in the proposed role, then that individual shall not be appointed to the role.

Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to the CCG should recognise the inherent conflict of interest risk that may arise and should not be a member of the Governing Body or of a Committee. This is particularly important if the nature / extent of the interest and nature of the proposed role is such that the individual is likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to perform that role effectively.

Our Constitution has set out a statement on the conduct expected of individuals involved in the CCG – e.g. for members of the Governing Body, members of Committees and employees – which reflects the expectations set out in the *Standards for Members of NHS Boards and CCGs*.

(b) CCG Lay Members

Lay Members play a critical role in CCGs, providing scrutiny, challenge and an independent voice in support of robust and transparent decision-making and management of conflicts of interest. They chair a number of CCG Committees, including Audit Committee, QF&P Committee, Joint Quality Committee and the Primary Care Commissioning Committee.

By statute, CCGs must have at least two lay members – one of whom must have qualifications, expertise or experience such as to enable the person to express informed views about financial management / audit matters¹⁴ and serve as the Audit Committee Chair¹⁵. The other, knowledge of the geographical area covered in the CCG's Constitution such as to enable the person to express informed views about the discharge of the CCG's functions¹⁶.

In light of Lay Members' role in Primary Care Co-Commissioning, the CCG has increased the number of voting Lay Members on its Governing Body to three (the additional post established as the Lay Member for Quality). All three Lay Members will be required to attend the Primary Care Commissioning Committee – with the additional, third Lay Member assuming the role of Chair.

(c) CCG Employees

It is the responsibility of each to:

- Ensure they read and understand the CCG's Prime Financial Policies, Constitution and how these apply to them
- Ensure they do not place themselves in a position where private interests and NHS duties might conflict; and avoid undertaking duties, remunerated or otherwise, outside of their employment with the CCG if there is an actual or potential conflict with the standards set out in this policy
- Maintain appropriate confidentiality at all times in respect of information to which they have access in the course of their duties – in particular the strict rules relating to patient confidentiality, and not misusing official 'commercial in confidence' information, nor making it available to others without consulting their Line Manager
- Ensure that they always conduct themselves and provide services in such a way as to uphold the good name of the NHS and the CCG
- Adhere to the rules as set out in CCG disciplinary policy / procedures
- Be aware and comply with the provisions of the Bribery Act 2010, as amended from time to time

(d) GPs

The GMC recommend that any GP with a responsibility for or involved in commissioning must:

- Satisfy themselves that all decisions made are fair, transparent and comply with the law
- Keep up to date and follow the guidance / codes of practice that govern the commissioning of services where they work
- Formally declare any financial interest that they, or someone close to them, or their employer has in a provider, in accordance with the governance arrangements in the jurisdiction where they work
- Take steps to manage any conflict between their duties as a Doctor / their commissioning responsibilities: e.g. by excluding themselves from the decision-making process and any subsequent monitoring arrangements

¹⁴ Section 12(3) NHS (CCG) Regulations 2012:

¹⁵ Section 14(2) NHS (CCG) Regulations 2012:

¹⁶ Section 12(4) NHS (CCG) Regulations 2012: www.legislation.gov.uk/ukxi/2012/2996/pdfs/ukxi_20122996_en.pdf

(e) Conflicts of Interest Guardian

To further strengthen scrutiny and transparency of decision-making processes, all CCGs must have a Conflicts of Interest Guardian (akin to a Caldicott Guardian).

This role will be undertaken by the Audit Committee Chair, as they already have a key role in conflicts of interest management.

They will be supported by the Head of Performance & Governance, who will have responsibility for the day-to-day management of conflicts of interest matters / queries, and in keeping the Conflicts of Interest Guardian well briefed on any matters or issues arising. They will also:

- Act as a conduit for GP Practice staff, members of the public and healthcare professionals who have any concerns with regards to conflicts of interest
- Be a safe point of contact for CCG employees / workers to raise any concerns
- Support the rigorous application of conflicts of interest principles and policies
- Provide independent advice and judgement where there is any doubt about how to apply conflicts of interest policies and principles in an individual situation
- Provide advice on minimising the risks of conflicts of interest

Whilst the Guardian has an important role within the management of conflicts of interest, executive members of the Governing Body also have an ongoing responsibility for ensuring the robust management of conflicts of interest. Furthermore all CCG employees, Governing Body / Committee members and Member Practices will continue to have individual responsibility in playing their part on an ongoing and daily basis.

(f) Head of Performance & Governance (as Governance Lead)

On behalf of the Accountable Officer, this post will have responsibility for:

- Day-to day management of conflict of interest matters, including providing advice in relation to queries from CCG staff, Governing Body / Committee members and GP Member Practices
- Regularly reviewing, maintaining and updating as necessary the Registers of Interest and Gifts & Hospitality Registers – the latter reported at least annually to Audit Committee
- Supporting the Conflicts of Interest Guardian to enable them to carry out their role effectively
- Ensuring that appropriate administrative processes are put in place
- Overseeing the arrangements for the management of conflicts of interest and advising the Governing Body as required
- Reviewing this policy on an annual basis and make recommendations to the QF&P Committee and Governing Body for any required changes
- Ensuring that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage conflicts to ensure the integrity of the CCG's decision-making process
- Ensuring that all required declarations are published on the CCG's website
- Ensuring that conflicts of interest management approaches are built into HR policies, Governing Body / Committee Terms of Reference and Standing Orders
- Undertaking training and policy promotion / awareness-raising internally (see also section 23)

(g) Primary Care Commissioning Committee Chair

The Primary Care Commissioning Committee (PCCC) must have a Lay Chair and a Lay Vice-Chair. To ensure appropriate oversight and assurance, and to ensure that the Audit Committee Chair's position as Conflicts of Interest Guardian is not compromised, the Audit Chair will not hold the position of Chair of this Committee.

This is because Audit Chairs would conceivably be conflicted in this role due to the requirement that they attest annually to NHS England that each CCG has:

- Had due regard to the statutory guidance on managing COI
- Implemented and maintained sufficient safeguards for the commissioning of Primary Care

The Audit Chair can serve on the PCCC provided that appropriate safeguards are put in place to avoid compromising their role as Conflicts of Interest Guardian. They would only serve as Vice-Chair in exceptional circumstances – e.g. due to a lack of other suitable lay candidates for the role. This will be clearly recorded and appropriate further safeguards put in place to maintain the integrity of their role as Conflicts of Interest Guardian in circumstances where they chair all or part of any meetings in the absence of the PCCC chair.

(7) Requirement for Declaring Interests and Gifts & Hospitality

All Staff listed below should declare interests and offers / receipt of gifts and hospitality.

- **All CCG Employees – as defined in Section 3(a)**
- **Members of its Governing Body – as defined in Section 3(c)**
- **All Members of the CCG – i.e. each GP Practice as defined in Section 3(d)**

NOTE: GPs / other staff within Member Practices are **not** required to declare offers / receipt of gifts and hospitality to the CCG which are unconnected with their role or involvement with the CCG (and this policy and statutory guidance does not apply to such situations). However GP staff will need to adhere to other relevant guidance issued by professional bodies.

Some CCG Staff are more likely than others to have a decision-making influence on the use of taxpayers' money, because of the requirements of their role. These are referred to as 'decision-making staff', and they will have a material influence on how taxpayers' money is spent.

For CCG Staff, this is likely to be:

- ✓ All Governing Body members
- ✓ Members of Advisory Groups which contribute to direct or delegated decision making on the commissioning or provision of taxpayer funded services (e.g. groups involved in service redesign or stakeholder engagement that will affect future provision of services)
- ✓ Members of the Primary Care Commissioning Committee (PCCC)
- ✓ Members of other CCG Committees (e.g. Audit, Remuneration etc)
- ✓ Members of new care models joint provider / commissioner groups or committees
- ✓ Members of CCG procurement (sub)committees
- ✓ Those at *Agenda for Change* Band 8D or above
- ✓ Management, administrative and clinical staff who have the powers to enter into contracts on behalf of the CCG
- ✓ Management, administrative and clinical staff involved in decision making concerning the commissioning of services, purchasing of goods / medicines / medical device / equipment and Formulary decisions

Declarations of interest should be made as soon as reasonably practicable and by law within 28 days after the interest arises (this could include an interest an individual is pursuing). The CCG must record the interest in the relevant Register as soon as it becomes aware of it¹⁷.

Individuals should record any declaration(s) on the form provided as Appendix A. Further opportunities to make declarations include:

¹⁷ National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) Section 140 (3)

- ✓ *On Appointment: applicants for any appointment to the CCG, its Governing Body or any Committees will be asked to declare any relevant interests – when an appointment is made, a formal declaration of interests will again be made / recorded*
- ✓ *At Meetings: all attendees are required to declare interests as a standing agenda item for every Governing Body, Committee or working group meeting, before the item is discussed; even if an interest has been recorded in the Register of Interests, it should still be declared in meetings where matters relating to that interest are discussed; declarations of interest should be recorded in minutes of meetings (see later section for advice on record keeping)*
- ✓ *When Prompted: the CCG will at least annually satisfy itself that its Registers of Interests are accurate and up-to-date; declarations will be obtained from all relevant decision-making staff, and where there are no interests or changes to declare, a “nil return” will be recorded*
- ✓ *On Changing Role, Responsibility or Circumstances: whenever these change in a way that affects the individual’s interests (e.g. taking on a new role outside the CCG or entering into a new business or relationship, starts a new project / piece of work or may be affected by a procurement decision), a further declaration should be made to reflect the change as soon as possible, and in any event within 28 days; this could involve a conflict of interest ceasing to exist or a new one materialising – it is the individual’s responsibility to make a further declaration by completing and submitting an updated declaration of interest form, rather than waiting to be asked*

Declarations of gifts and hospitality should be made as soon as is reasonably practicable. Individuals should record any declaration(s) on the form provided as Appendix B.

(8) Registers of Interests and Gifts & Hospitality

(a) Register of Interests

It is a statutory requirement for CCGs to maintain one or more Registers of Interest of:

- The Members of the CCG (Member GP Practices)
- The Members of its Governing Body
- The Members of Committees or Sub-Committees of its Governing Body
- CCG Employees

The CCG must publish, and make arrangements to ensure that members of the public have access to these registers on request. Publication should occur at least annually in a prominent place on the CCG website.

All interests declared will be promptly transferred to the relevant Registers by the Governance Lead, who has designated responsibility for maintaining these. Registers will record the following:

- ✓ Name of the person declaring the interest
- ✓ Position within, or relationship with, the CCG (or NHS England in the event of joint committees)
- ✓ Type of interest: e.g. financial interests, non-financial professional interests
- ✓ Description of interest: including for indirect interests, details of the relationship with the person who has the interest
- ✓ The dates from which the interest relates
- ✓ The actions to be taken to mitigate risk – these should be agreed with the individual’s Line Manager or a Senior Manager within the CCG

In exceptional circumstances, where the public disclosure of information could give rise to a real risk of harm or is prohibited by law, an individual's name and/or other information may be redacted from the publicly-available registers. Where an individual believes that substantial damage or distress may be caused, to him / herself or somebody else by the publication of information about them, they are entitled to request that the information is not published. Such requests must be made in writing to the Head of Performance & Governance.

Decisions not to publish information must be made by the Conflicts of Interest Guardian, who should seek appropriate legal advice where required. The CCG will retain a confidential un-redacted version of the registers.

All decision-making staff will be made aware in advance of publication that the registers will be kept, how the information may be used or shared and that the registers will be published.

This will be done by the provision of a 'Fair Processing Notice' that details the identity of the CCG as the 'Data Controller', the purposes for which the registers are held and published, how the information on the registers may be used or shared and contact details for the CCG's Data Protection Officer. This information should additionally be provided to individuals identified in the registers because they are in a relationship with the person making the declaration.

All staff who are not decision-making staff but who are still required to make a declaration of interests or of gifts and hospitality will be made aware that the registers will be kept and how the information on the registers may be used or shared. This will again be done by the provision of a separate 'Fair Processing Notice' detailing the same features as described above.

Interests (including offers of gifts and hospitality) of decision-making staff will remain on the public register for a minimum of six months.

In addition, the CCG must retain a private record of historic interests and offers / receipt of gifts and hospitality for a minimum of six years after the date on which it expired. The CCG's published register of interests will state that historic interests are retained by the CCG for the specified time-frames above, with details of whom to contact to submit a request for this information.

The registers of interests and gifts & hospitality must be published as part of the CCG's Annual Report and Annual Governance Statement (a web-link is acceptable for this).

(b) Register of Gifts & Hospitality

All individuals need to consider the risks associated with accepting offers of gifts, hospitality and entertainment when undertaking activities for or on behalf of the CCG or their GP Practice. This is especially important during procurement exercises, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence, collusion or canvassing.

The CCG will maintain a register of gifts and hospitality and will ensure that robust processes are in place to ensure these individuals do not accept gifts or hospitality or other benefits, which might reasonably be seen to compromise their professional judgement or integrity. The register will record the following:

- ✓ Recipient's name and current position(s) held by the individual (within the CCG)
- ✓ Date of offer and/or receipt and reasons for accepting or declining the offer
- ✓ Type of interest: e.g. financial interests, non-financial professional interests
- ✓ Details of the gift or hospitality, including the estimated value
- ✓ Details of the Supplier / Offeror (e.g. name & nature of business), including previous gifts and hospitality offered or accepted, and whether the offer was accepted or not
- ✓ Actions to mitigate against a conflict, details of any approvals given and details of the officer reviewing / approving the declaration and date

☑ Definition of a Gift

Staff in the NHS offer support during significant events in people's lives. For this work they may sometimes receive gifts as a legitimate expression of gratitude. But situations where the acceptance of gifts could give rise to conflicts of interest should be avoided. CCG staff and members should be mindful that even gifts of a small value may give rise to perceptions of impropriety and might influence behaviour if not handled in an appropriate way.

A 'gift' is defined as any item of cash or goods, or any service, which is provided for personal benefit, free of charge or at less than its commercial value. The over-arching principles are:

- In all circumstances, CCG staff should not accept gifts that may affect, or be seen to affect, their professional judgement
- This applies to any personal gift of cash or cash equivalents (e.g. vouchers, tokens, offers of remuneration to attend meetings whilst in a capacity working for or representing the CCG)
- These must always be declined, whatever their value and whatever their source
- The offer which has been declined must be declared to the Head of Performance & Governance, who has designated responsibility for maintaining the register, and recorded on that
- **Gifts from suppliers or contractors doing business or likely to do business with the CCG:**
 - These should be declined whatever their value
 - Low cost branded promotional aids may be accepted / not declared where under the value of £6 (as per the ABPI Code of Practice in the Pharmaceutical Industry)
- The person to whom the gifts were offered should also declare the offer to the Head of Performance & Governance so the offer which has been declined can be recorded on the register
- **Gifts from other sources (e.g. patients, families):**
 - CCG Staff should not ask for any gifts
 - Modest gifts under a value of £50 may be accepted and do not need to be declared
 - Gifts valued at over £50 should be treated with caution, and only accepted on behalf of the CCG's charitable funds and not in a personal capacity
- A common sense approach should be applied to the valuing of gifts (using an actual amount, if known, or an estimate that a reasonable person would make as to its value)
- Multiple gifts from the same source over a 12-month period should be treated in the same way as single gifts over £50 where the cumulative value exceeds £50

☑ Definition of Hospitality

Delivery of services across the NHS relies on working with a wide range of partners (including industry and academia) in different places and, sometimes, outside of 'traditional' working hours. As a result, CCG staff will sometimes appropriately receive hospitality.

Staff receiving hospitality should always be prepared to justify why it has been accepted, and be mindful that even hospitality of a small value may give rise to perceptions of impropriety and might influence behaviour. Hospitality means offers of meals, refreshments, travel, accommodation and other expenses in relation to attendance at meetings, conferences, education / training events etc. The over-arching principles are:

- CCG staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement
- Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event

- Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors – these can be accepted if modest and reasonable, but individuals should always obtain senior approval and declare these
- **Meals and Refreshments:**
 - Under a value of £25 may be accepted and need not be declared
 - A value between £25-£75 may be accepted but must be declared
 - Over a value of £75 should be refused unless in exceptional circumstances and senior approval is given – a clear reason should be recorded on the register(s) of interest as to why it was permissible to accept this
- A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or an estimate that a reasonable person would make as to its value)
- **Travel and Accommodation:**
 - Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted but must be declared
 - Offers which go beyond modest, or are of a type that the CCG itself might not usually offer, need approval by senior staff (e.g. the Head of Performance & Governance or equivalent) and should only be accepted in exceptional circumstances – these must be declared
- Again a clear reason should be recorded on the register(s) of interest as to why it was permissible to accept travel and accommodation of this type
- A non-exhaustive list of examples includes offers of business or first class travel and accommodation (including domestic travel); and offers of foreign travel and accommodation

Definition of Sponsored Events

Sponsorship of NHS events by external parties is valued. Offers to meet some or part of the costs of running an event secures their ability to take place, benefiting NHS staff and patients. Without this funding there may be fewer opportunities for learning, development and partnership working. However, there is potential for conflicts of interest between the organiser and the sponsor, particularly regarding the ability to market commercial products or services. As a result there should be proper safeguards in place to prevent conflicts occurring.

When sponsorships are offered, the following principles and the CCG's separate policy on Commercial Sponsorship must be adhered to:

- Sponsorship of CCG events by appropriate external bodies should only be approved if a reasonable person would conclude that the event will result in clear benefit for the CCG / the NHS
- During dealings with sponsors there must be no breach of patient or individual confidentiality or data protection rules and legislation
- No information should be supplied to the sponsor from which they could gain a commercial advantage, and information which is not in the public domain should not normally be supplied
- At the CCG's discretion, sponsors or their representatives may attend or take part in the event but they should not have a dominant influence over the content or the main purpose of the event;
- The involvement of a sponsor in an event should always be clearly identified in the interest of transparency – the CCG will make it clear that sponsorship does not equate to endorsement of a company or its products and this should be made visibly clear on any promotional or other materials relating to the event;
- Staff should declare involvement with arranging sponsored events to the CCG
- **Other forms of sponsorship** - organisations external to the CCG or NHS may also sponsor posts or research; however, there is potential for conflicts of interest to occur, particularly when research funding by external bodies does or could lead to a real or perceived commercial advantage, or if

sponsored posts cause a conflict of interest between the aims of the sponsor / the aims of the CCG, particularly in relation to procurement and competition

- There needs to be transparency and any conflicts of interest must be well managed

(9) Procuring Services from GPs

CCG Staff involved in tendering and purchasing are potentially more vulnerable than others to accusations of impropriety. Even the appearance of impropriety can be highly damaging to the employee and to the CCG.

The CCG will utilise the templates enclosed at Appendix F, G, and H when commissioning services that might potentially be provided by GP Practices, including provider consortia or organisations in which East Staffordshire GPs may have a financial interest.

The template will provide assurance to the CCG, the Audit Committee, Health & Wellbeing Board and Internal / External Auditors that a consistent and transparent approach has been used during the procurement process.

The templates will be used whether the procurement is via a competitive tender, AQP approach or a Single Tender Action process. This will provide assurance that a proposed service meets local need and priorities; and Auditors / Audit Committee that a robust process has been followed and conflicts of interest addressed.

(10) Publication of Contracts

The CCG publishes details of all contracts including their value on the CCG's website.

When the Any Qualified Provider (AQP) process has been used, the types of service being commissioned and the agreed service price are also published on the website and where relevant in the CCG's Annual Reports.

(11) Outside Employment

Outside employment means employment and other engagements, outside of formal CCG employment arrangements.

All reasonable steps will be taken to ensure that employees, committee members, contractors and others engaged under contract are aware of the requirement to inform the CCG if they are employed or engaged in, or wish to be employed or engaged in, any employment or consultancy work in addition to their work with the CCG (e.g. in relation to new care model arrangements). The purpose of this is to ensure that the CCG is aware of any potential conflict of interest.

Examples of work which might conflict with the business of the CCG, including part-time, temporary and fixed-term contract work, include:

- Employment with another NHS body
- Employment with another organisation which might be in a position to supply goods / services to the CCG, including paid advisory positions and paid honorariums which relate to bodies likely to do business with the CCG
- Directorships e.g. of a GP Federation or non-executive roles
- Self-employment, including private practice, charitable trustee roles, political roles and consultancy work, in a capacity which might conflict with the work of the CCG, or which might be in a position to supply goods / services to the CCG

The following principles and rules should be adhered to:

- The CCG should require that individuals obtain prior permission to engage in outside employment, and reserve the right to refuse permission where it believes a conflict will arise which cannot be effectively managed
- Staff should declare any existing outside employment on appointment, and any new outside employment when it arises
- NHS England have suggested that CCGs may also have legitimate reasons within employment law for knowing about outside employment of staff; even if this does not give rise to risk of a conflict (nothing in the NHSE Statutory Guidance prevents such enquiries being made)
- Within HR policies etc, the CCG will look to ensure that there are clear and robust policies in place to manage issues arising from outside employment – in particular, it is unacceptable for pharmacy advisers or other advisers, employees or consultants on matters of procurement to themselves be in receipt of payments from the pharmaceutical or devices sector

(12) Managing Conflicts of Interest at Meetings

Statutory requirements require that CCGs must make arrangements for managing conflicts and potential conflicts of interest in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group's decision-making. The CCG has reviewed its governance structures and policies for managing conflicts and potential conflicts to ensure that they reflect NHS England guidance and are appropriate to the following:

- The make-up of the Governing Body / Committee structures and processes for decision-making
- Whether there are sufficient management / internal controls to detect breaches of policy, including appropriate external oversight and adequate provision for raising concerns
- How non-compliance with policies / procedures relating to conflicts will be managed (including how this will be addressed when it relates to contracts already entered into)
- Identifying and implementing training or other programmes to assist with compliance, including participation in the training offered by NHS England

(a) Chairing Arrangements and Decision-Making Processes (Governing Body, Committees)

The Chair has ultimate responsibility for deciding whether there is a conflict, and for taking the appropriate course of action in order to manage it.

In the event that the Chair has a conflict, the Vice-Chair is responsible for deciding the appropriate course of action in order to manage it. If they are also conflicted, then the remaining non-conflicted voting members should agree between themselves how to manage the conflict(s).

In making such decisions, the Chair, Vice-Chair or remaining non-conflicted members may wish to consult the Conflicts of Interest Guardian, another member of the Governing Body or Head of Performance & Governance (Governance Lead).

It is good practice for the Chair, with support of the Head of Performance & Governance and if required, the Conflicts of Interest Guardian, to proactively consider ahead of meetings what conflicts could arise and how they should be managed. This may include taking steps to ensure that supporting papers for particular agenda items of private sessions / meetings are not sent to conflicted individuals in advance of the meeting where relevant.

To support Chairs in their role, they will have access to a Declaration of Interest Checklist prior to meetings, which will include details of any declarations which have already been made by members of the group. A template checklist has been annexed at Appendix D.

The Chair will ask at the beginning of each meeting if anyone has any conflicts to declare in relation to the business to be transacted at the meeting. Each member of the group must declare any interests which are relevant to the business of the meeting, whether or not those interests have previously been declared. Any new interests declared at a meeting must be included on the relevant CCG Register to ensure it is up-to-date. Similarly, any new offers of gifts or hospitality

(whether accepted or not) which are declared at a meeting must be included on the CCG's Register of Gifts & Hospitality to ensure it is up-to-date.

It is the responsibility of each individual member to declare any relevant interests they may have. However, should the Chair / any other member of the meeting be aware of facts or circumstances which may give rise to a conflict, but which have not been declared, then they should bring this to the attention of the Chair who will decide whether there is a conflict and the appropriate course of action to take in order to manage this.

When a member of the meeting, including the Chair or Vice-Chair, has a conflict in relation to one or more items of business to be transacted at the meeting, they or the remaining non-conflicted members (where relevant as described above) must decide how to manage the conflict. The appropriate course of action will depend on the particular circumstances, but could include one or more of the following:

- Where the Chair has a conflict, deciding that the Vice-Chair (or another non-conflicted member of the meeting if they are also conflicted) should chair all or part of the meeting
- Requiring the individual who has a conflict (including the Chair / Vice-Chair if necessary) not to attend the meeting
- Ensuring that the individual concerned does not receive the supporting papers or minutes of the meeting which relate to the matter(s) which give rise to the conflict
- Requiring the individual to leave the discussion when the relevant matter(s) are being discussed and when any decisions are being taken in relation to those – in private meetings, this could include requiring the individual to leave the room; and in public meetings, to either leave the room or join the audience in the public gallery

Note: allowing an individual to participate in some or all of the discussion when the relevant matters are being discussed, but requiring them to leave the meeting when any decisions are being taken in relation to those, may be appropriate where the conflicted individual has important relevant knowledge and experience of the matter under discussion, which it would be of benefit for the meeting to hear. This will depend on the nature / extent of the interest that has been declared.

- Noting the interest and ensuring that all attendees are aware of the nature and extent of the interest, but allowing the individual to remain and participate in both the discussion and in any decisions – this is only likely to be the appropriate course of action where it is decided that the interest which has been declared is either immaterial or not relevant to the matter(s) under discussion

(13) Primary Care Commissioning Committees / Sub-Committees

The CCG has made all the relevant arrangements after receiving approved delegation by NHS England of a Fully Delegated GP Co-Commissioning model. The CCG has established a Primary Care Commissioning Committee (PCCC) for the discharge of their Primary Medical Services functions. This is separate from the CCG Governing Body; and the interests of all PCCC members are recorded on the CCG's Committee Register of Interests.

As a general rule, PCCC meetings, including decision-making and deliberations leading up to the decision, are held in public – unless the CCG has concluded it is appropriate to exclude where it would be prejudicial to the public interest to hold that part of the meeting in public. Examples of where it may be appropriate to exclude the public are:

- Information about individual patients or other individuals which includes sensitive personal data is to be discussed
- Commercially confidential information is to be discussed: e.g. the detailed contents of a Provider's tender submission
- Information in respect of which a claim to legal professional privilege could be maintained in legal proceedings is to be discussed
- To allow the meeting to proceed without interruption and disruption

(a) Decision-Making Processes and Voting Arrangements

The PCCC is a decision-making committee, established to exercise the discharge of the Primary Medical Services functions. The CCG has amended its Constitution to include this Committee in the governance structure.

Quorum requirements include a majority of Lay and Executive members in attendance with eligibility to vote. In the interest of minimising the risks of conflicts of interest, GPs do not have voting rights. The arrangements do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.

Whilst PCCC sub-committees or sub-groups may be established (e.g. to develop business cases and options appraisals), ultimate decision-making responsibility must rest with the Committee. For example, whilst a sub-group could develop an Options Appraisal, it should take the options to the Committee for their review and decision-making. The Chair for any sub-group will not be a GP.

It is important that conflicts are managed appropriately within these. As an additional safeguard, any sub-groups will be required to submit their minutes to the PCCC, detailing any conflicts and how they have been managed. Through this, the PCCC should be satisfied that conflicts have been managed appropriately, and takes action where there are concerns.

(14) Minute-Taking

It is imperative that the CCG ensures complete transparency in its decision-making processes through robust record-keeping. If any conflicts are declared, or otherwise arise in a meeting, the Chair must ensure the following information is recorded in the minutes:

- who has the interest, the nature of it, and why it gives rise to a conflict (including the magnitude of any interest)
- the items on the agenda to which the interest relates, and how the conflict was agreed to be managed
- evidence that the conflict was managed as intended (e.g. recording the points during the meeting when particular individuals left or returned to the meeting)

(15) Managing Conflicts of Interest throughout the Commissioning Cycle

Conflicts of interest need to be managed appropriately throughout the whole Commissioning Cycle. At the outset of a commissioning process, the relevant interests of all individuals involved should be identified and clear arrangements put in place to manage any conflicts. This includes consideration as to which stages of the process a conflicted individual should not participate in, and, in some circumstances, whether that individual should be involved in the process at all.

(a) Designing Service Requirements

The way in which services are designed can either increase or decrease the extent of perceived or actual conflicts. Particular attention should be given to public and patient involvement in service development. This supports transparent and credible commissioning decisions. It should happen at every stage of the Cycle from needs assessment, planning and prioritisation to service design, procurement and monitoring. CCGs have legal duties to properly involve patients / the public in their respective commissioning processes and decisions.

(b) Provider Engagement

It is good practice to engage relevant providers, especially clinicians, in confirming that the design of Service Specifications will meet patient needs. This may include providers from the NHS acute, primary, community or mental health sectors and also from the Third or Private Sector.

Such engagement, done transparently and fairly, is entirely legal. However, conflicts as well as challenges to the fairness of the procurement process can arise if a Commissioner engages selectively with only certain providers (incumbent or potential new ones) in developing a Service Specification for a contract for which they may later bid.

Provider engagement should follow the three main principles of procurement law – namely equal treatment, non-discrimination and transparency. This ensures that the same information is given to all providers at the same time and that procedures are transparent, which mitigates the risk of potential legal challenge.

As the service design develops, it is good practice to engage with a range of providers on an on-going basis to seek comments on the proposed design e.g. via the CCG's website and/or via workshops with interested parties (ensuring a record is kept of all interaction). NHS Improvement has issued guidance on the use of provider boards in service design¹⁸.

Engagement should help to shape the requirement to meet patient need, but it is important not to gear the requirement in favour of any particular provider. If appropriate, the advice of an independent clinical adviser on the design of the service should be secured.

(c) Specifications

Commissioners should seek, as far as possible, to specify the outcomes that they wish to see delivered through a new service, rather than the process by which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services. However, they also need to ensure careful consideration is given to the appropriate degree of financial risk transfer in any new contractual model.

Specifications should be clear and transparent, reflecting the depth of engagement, and set out the basis on which any contract will be awarded.

(d) Procurement and Awarding Grants

The CCG will need to be able to recognise and manage any conflicts or potential conflicts that may arise in relation to the procurement of any services or the administration of grants.

“Procurement” relates to any purchase of goods, services or works and the term *“procurement decision”* needs to be understood in a wide sense to ensure transparency of decision making on spending public funds. The decision to use a Single Tender Action for instance is a procurement decision. If it results in the CCG entering into a new contract, extending an existing contract or materially altering the terms of an existing contract, then it is a decision that must be recorded.

CCGs and NHS England must comply with two different regimes of procurement law and regulation when commissioning healthcare services: the NHS procurement regime and the European procurement regime:

- The NHS Procurement Regime – the *NHS Procurement, Patient Choice & Competition (No.2) Regulations 2013*, made under s.75 of the 2012 Act, apply only to NHS England / CCGs; enforced by NHS Improvement
- The European Procurement Regime – *Public Contracts Regulations 2015 (PCR 2015)*: incorporate the European Public Contracts Directive into national law; apply to all public contracts over the threshold value of €750,000 (currently £589,148) and is enforced through the Courts; the general principles arising under the Treaty on the Functioning of the EU of equal treatment, transparency, mutual recognition, non-discrimination and proportionality may apply even to public contracts for healthcare services falling below the threshold value if there is likely to be interest from providers in other member states

¹⁸ NHS Improvement is the organisation which brings together Monitor / the NHS Trust Development Authority, and is a combination of the continuing statutory functions and legal powers vested in those two bodies, including Monitor's functions in relation to the *NHS Procurement, Patient Choice & Competition (No.2) Regulations 2013* (PPCCR).

Whilst the two regimes overlap in terms of some of their requirements, they are not the same. So compliance with one regime does not automatically mean compliance with the other. The NHS PPCCR state:

- ✓ **CCGs must not award a contract for the provision of NHS healthcare services where conflicts or potential conflicts between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract**
- ✓ **CCGs must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it has entered into [details of this should also be published]**

Paragraph 24 of the PCR 2015 states:

- ✓ **Contracting authorities shall take appropriate measures to effectively prevent, identify and remedy conflicts of interest arising in the conduct of procurement procedures so as to avoid any distortion of competition and to ensure equal treatment of all economic operators”**
- ✓ **Conflicts are described as “any situation where relevant staff members have, directly or indirectly, a financial, economic or other personal interest which might be perceived to compromise their impartiality / independence in the context of the procurement procedure”**

The PPCCR place requirements on CCGs to ensure they adhere to good practice in relation to procurement, run a fair, transparent process that does not discriminate against any provider, do not engage in anti-competitive behaviour that is against the interest of patients and protect the right of patients to make choices about their healthcare. Furthermore these require CCGs to secure high quality, efficient NHS services that meet the needs of the people who use those.

An obvious area in which conflicts could arise is where the CCG commissions (or continues to commission by contract extension) healthcare services, including GP services, in which a Member of the CCG has a financial or other interest. This may most often arise in the context of Primary Care Delegated Commissioning where GPs are current or possible providers.

A procurement template is provided in Appendix F. This sets out factors that the CCG should address when drawing up plans to commission GP services, and provides evidence on the deliberations in respect of conflicts of interest.

The CCG will be required to make the evidence of its management of conflicts publicly available, and the relevant information from the procurement template will be used to complete the Register of Procurement Decisions. Complete transparency around procurement will provide:

- Evidence that the CCG is seeking / encouraging scrutiny of its decision-making process
- A record of the public involvement throughout the commissioning of the service
- A record of how the proposed service meets local needs / priorities for partners such as the Health & Wellbeing Boards, local Healthwatch and local communities
- Evidence to the Audit Committee and Internal / External Auditors that a robust process has been followed in deciding to commission the service, in selecting the appropriate procurement route, and in addressing potential conflicts

External services such as CSUs can play an important role in helping the CCG to decide the most appropriate procurement route, undertake procurements and manage contracts in ways that manage conflicts and preserve the integrity of CCG decision-making. CCG officers must assure themselves that a CSU's business processes are robust, and enable the CCG to meet its duties in relation to procurement (including those relating to the management of conflicts). This would require the CSU to declare any conflicts it may have in relation to the CCG-commissioned work.

The CCG cannot lawfully delegate commissioning decisions to an external provider of commissioning support; so the CCG will need to:

- Determine and sign off the specification and evaluation criteria

- Decide and sign off decisions on which Providers to invite to tender
- Make final decisions on the selection of the Provider

(16) Register of Procurement Decisions

The CCG has to maintain a register, either for the procurement of a new service or any extension or material variation of a current contract. This must include:

- The details of the decision
- Who was involved in making this (including the name of the CCG clinical lead, the CCG contract manager, the name of the decision-making committee and the name of any other individuals with decision-making responsibility)
- A summary of any conflicts in relation to the decision and how this was managed by the CCG (see the later section in relation to retaining the anonymity of bidders)
- The award decision taken

The Register must be updated whenever a CCG procurement decision is taken. A template is included at Appendix G.

The PPCCR place a requirement on the CCG to maintain and publish on its website a record of each contract it awards. The register should be made publicly available and easily accessible to patients and the public by:

- Ensuring that the register is available in a prominent place on the CCG's website
- Making the register available upon request for inspection at the CCG headquarters

Although it is not a requirement to keep a register of services that may be procured in the future, it is good practice to ensure planned service developments and possible procurements are transparent and available for the public to see.

(17) Declarations of Interests for Bidders / Contractors

As part of a procurement process, it is good practice to ask bidders to declare any conflicts of interest. This allows commissioners to ensure that they comply with the principles of equal treatment and transparency. When a bidder declares a conflict, the CCG must decide how best to deal with it to ensure that no bidder is treated differently to any other. A template for bidder declarations is annexed as Appendix H.

It will not usually be appropriate to declare such a conflict on the Register of Procurement Decisions, as it may compromise the anonymity of bidders during the procurement process. However, the CCG must retain an internal audit trail of how the conflict or perceived conflict was dealt with, to allow it to provide information at a later date if required.

CCGs are required under Regulation 84 of the *Public Contract Regulations 2015* to make and retain records of contract award decisions and key decisions that are made during the procurement process (there is no obligation to publish them). Such records must include "*communications with economic operators and internal deliberations*", which should include decisions made in relation to actual or perceived conflicts declared by Bidders. These records must be retained for a period of at least three years from the date of award of the contract.

(18) Contract Monitoring

Any contract monitoring meeting needs to consider conflicts of interest as part of the process – i.e. the chair of a contract management meeting should invite declarations of interests, record any declared interests in the minutes and manage any conflicts appropriately in line with this policy.

This equally applies where a contract is held jointly with another organisation, such as the Local Authority or with other CCGs under Lead Commissioner arrangements.

Individuals involved in contract monitoring should not have any direct / indirect financial, professional or personal interests in the incumbent or any other provider that could prevent them, or be perceived to prevent them, from carrying out their role in an impartial, fair and transparent manner. Officers must be mindful of any potential conflicts when they disseminate any contract or performance information / reports on providers and manage the risks appropriately.

(19) CCG Improvement & Assessment Framework (IAF)

The management of conflicts of interest is a key indicator of the IAF. As part of the Framework, CCGs are required on an annual basis to confirm via self-certification:

- That the CCG has a clear policy for the management of conflicts of interest in line with the statutory guidance and a robust process for the management of breaches
- That the CCG has a minimum of three lay members
- That the CCG audit chair has taken on the role of the Conflicts of Interest Guardian
- The level of compliance with mandated conflicts of interest online training, as of 31 January annually

In addition, CCGs are required to report on a quarterly self-certification basis whether the CCG:

- Has processes in place to ensure individuals declare any interests which may give rise to a conflict or potential conflict as soon as they become aware of it, and in any event within 28 days, ensuring accurate up to date registers are complete for:
 - Conflicts of interest
 - Procurement decisions
 - Gifts and hospitality
- Has made these registers available on its website and, upon request, at the CCG's headquarters
- Is aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many, including:
 - Confirmation that anonymised details of the breach have been published on the CCG website
 - Confirmation that they been communicated to NHS England

Where a CCG has decided not to comply with one or more of the requirements of the Statutory Guidance, NHS England expect this to be discussed in advance with them. CCGs must also include within their self-certifications the reasons for deciding not to do so, on a "comply or explain" basis. In addition there is a requirement for each CCG to undertake an annual Internal Audit on the management of conflicts of interest to provide further assurance about the degree of compliance with Statutory Guidance. Consideration of the indicator should form part of this audit.

(20) Internal Audit

All CCGs will need to undertake an annual audit of conflicts of interest management as part of their Internal Audit programme. To support CCGs to undertake this and ensure consistency, NHS England has published a Template Audit Framework. The results of the audit should be reflected in the CCG's Annual Governance Statement, and should be discussed in the end-of-year governance meeting with NHS Regional Teams.

(21) Raising Concerns and Breaches

There will be situations when interests will not be identified, declared or managed appropriately and effectively. This may happen innocently, accidentally, or because of the deliberate actions of staff or organisations. For the purposes of this policy, these are referred to as 'breaches'.

It is the duty of every CCG employee, Governing Body / Committee member or Member GP Practice to speak up about genuine concerns in relation to the administration of this policy, and to report these concerns. These individuals should not ignore their suspicions or investigate themselves, but rather speak to the designated CCG point of contact for these matters (the Conflicts of Interest Guardian or the Head of Performance & Governance).

Non-compliance should be reported in accordance with the terms of this policy and the CCG Whistleblowing Policy (where a breach is being reported by a CCG employee or worker); or with the Whistleblowing Policy of the relevant employer organisation, where the breach is being reported by an employee or worker of another organisation.

Effective management of conflicts of interest requires an environment and culture where individuals feel supported and confident in declaring relevant information, including notifying any actual or suspected breaches of the rules.

In particular, the Head of Performance & Governance will ensure that CCG policies are clear about the support available for individuals who wish to come forward to notify an actual or suspected breach of the rules, and of the sanctions / consequences for any failure to declare an interest or to notify an actual or suspected breach at the earliest possible opportunity.

(a) Reporting Breaches

- ***How to report initial concerns, or a immaterial / material breach*** – by notifying on a strictly confidential basis the Conflicts of Interest Guardian: see section 6(e), page 10; also notifying the Head of Performance & Governance at the same time
- ***How to record a material breach*** – by completion of the CCG's standard Incident Form and submission of this to the Head of Performance & Governance
- ***How it will be investigated*** – unless involved or implicated, material breaches will be investigated initially by the Head of Performance & Governance, involving the Conflicts of Interest Guardian as required; if necessary (i.e. the breach is material / serious), the CCG's Incident Management investigation procedure as outlined in the Incident Policy will also be invoked
- Reporting mechanisms will link with the principles as outlined in the CCG's Whistleblowing Policy and/or HR policies as required – also as outlined in Section 19
- The Head of Performance & Governance will notify the relevant contacts at NHS England; and will complete the self-certification templates referred to in Section 19
- Anonymised breaches will also be reported on the CCG's website for the purposes of learning and development
- Anyone who wishes to report a suspected or known breach, who is not an employee or worker of the CCG, should also ensure that they comply with their own organisation's Whistleblowing Policy, (since most such policies should provide protection against detriment or dismissal)

All notifications will be treated with appropriate confidentiality at all times in accordance with the CCG's policies and applicable laws; and the person making such disclosures should expect an appropriate explanation of decisions taken as a result of any CCG investigation.

Furthermore, providers, patients and other third parties can make a complaint to NHS Improvement in relation to the CCG's conduct under the *Procurement Patient Choice and Competition Regulations*. These are designed as an accessible and effective alternative to challenging decisions in the courts.

Any suspicions or concerns of acts of fraud or bribery can be reported to the CCG's Local Counter Fraud Specialist or online via www.reportnhsfraud.nhs.uk/ or via the NHS Fraud and Corruption Reporting Line on **(0800) 0284060**.

This provides an easily accessible and confidential route for the reporting of genuine suspicions of fraud within or affecting the NHS. All calls are dealt with by experienced trained staff and any caller who wishes to remain anonymous may do so.

(22) Impact of Non-Compliance

Failure to comply with this policy, pursuant to national Statutory Guidance, can have serious implications for the CCG and any individuals concerned.

(a) Disciplinary Sanctions

CCG Staff who fail to disclose any relevant interests or who otherwise breach the CCG's rules and policies relating to the management of conflicts of interest are subject to investigation and, where appropriate, to disciplinary action. This may include:

- Informal action – such as reprimand or signposting to training and/or guidance
- Formal action – such as formal warning, the requirement for additional training, re-arrangement of duties, re-deployment, demotion or dismissal
- Referring incidents to regulators
- Contractual action against organisations or staff

(b) Professional Regulatory Sanctions

Statutorily-regulated healthcare professionals who work for, or are engaged by, organisations are under professional duties imposed by their relevant Regulator to act appropriately with regard to conflicts of interest. The CCG will strongly consider reporting statutorily-regulated healthcare professionals to their Regulator if it believes they have acted improperly, so that these concerns can be investigated. Healthcare professionals should be made aware that the consequences for inappropriate action could include fitness to practice proceedings being brought against them, and that they could, if appropriate be struck off by their Professional Regulator as a result.

Information and contact details are accessible from the Professional Standard Authority website: www.professionalstandards.org.uk/what-we-do/our-work-withregulators/find-a-regulator

(c) Civil Sanctions

If conflicts of interest are not effectively managed, organisations could face civil challenges to decisions they make – for instance if interests were not disclosed that were relevant to the bidding for, or performance of contracts. In extreme cases, staff and other individuals could face personal civil liability, for example a claim for misfeasance in public office.

(d) Criminal Sanctions

Failure to manage conflicts of interest could lead to criminal proceedings including for offences such as fraud, bribery and corruption. This could have implications for the organisation concerned and linked organisations, and the individuals who are engaged by them.

The Fraud Act 2006 created a criminal offence of fraud and defines three ways of committing it:

- Fraud by false representation
- Fraud by failing to disclose information; and
- Fraud by abuse of position

In these cases an offender's conduct must be dishonest and their intention must be to make a gain or cause a loss (or the risk of a loss) to another. Fraud carries a maximum sentence of 10 years imprisonment and/or a fine and can be committed by a Body Corporate.

The Bribery Act 2010 makes it easier to tackle this offence in public and private sectors. Bribery is generally defined as giving or offering someone a financial or other advantage to encourage a person to perform certain activities and can be committed by a Body Corporate. Commercial organisations (including NHS bodies) will be exposed to criminal liability, punishable by an unlimited fine, for failing to prevent bribery.

The offences of bribing another person or being bribed carry a maximum sentence of 10 years imprisonment and/or a fine. In relation to a Body Corporate, the penalty for these is a fine.

(23) Conflicts of Interest Training

All CCGs must ensure that training is offered to all employees, Governing Body / Committee members GP Practice Staff with involvement in CCG business on the management of conflicts of interest. This is to ensure staff and others within the CCG understand what conflicts are; and how to manage them effectively. All such individuals should have training on the following:

- ✓ What is a conflict of interest
- ✓ Why is conflicts of interest management important; and what are the CCG's responsibilities in relation to this
- ✓ What should you do if you have a conflict relating to your role, the work you do or the CCG you work for (who to tell, where it should be recorded, what actions you may need to take and what implications it may have for your role)
- ✓ How conflicts can be managed
- ✓ What to do if you have concerns that a conflict is not being declared or managed appropriately
- ✓ What are the potential implications of a breach of the CCG's rules and policies for managing conflicts of interest

NHS England is developing an online training package for CCG employees, Governing Body / Committee members GP Practice Staff with involvement in CCG business. This will be rolled out in 2017. This will need to be completed on a yearly basis to raise awareness of the risks of conflicts of interest and to support staff in managing conflicts of interest.

The annual training will be mandatory and will need to be completed by all staff by 31st January of each year. CCGs will be required to record their completion rates as part of their annual Conflicts of Interest Audit.

NHS England will also continue to provide face-to-face training on conflicts of interest to key individuals within CCGs and to share good practice across CCGs and NHS England.

(24) Equality Impact Assessment

The CCG is committed to ensure that it treats all employees fairly, equitably and reasonably and that it does not discriminate against individuals or groups on the basis of their ethnic origin, physical or mental abilities, gender, age, religious beliefs or sexual orientation.

As an Equality Impact Assessment has not been completed to go with this policy, as it is copied from NHS England Statutory Guidance (the original publication by NHSE did not include a national EQIA assessment), and it equally applies to all CCG staff and assigned individuals regardless of any "Protected Characteristics".

Declaration of Interests Form for CCG Members & Employees

Name:				
Position within, or relationship with, the CCG (or NHS England in the event of joint committees):				
Type of Interest	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date Interest relates From & To		Actions to be taken to mitigate risk (to be agreed with Line Manager or Senior CCG Manager)

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation's policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and, in the case of 'decision making staff' (as defined in the statutory guidance on managing conflicts of interest for CCGs) may be published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may result.

Applicable to Decision-Making Staff only:

I **do / do not [delete as applicable]** give my consent for this information to be published on registers that the CCG holds. If consent is NOT given please give reasons:

--

Signed:

Date:

Signed:

Position:

Date:

(Line Manager or Senior CCG Manager)

Please return to Head of Performance & Governance

Types of Interest

Type	Description
Financial Interests	<p>Where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model; • A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations • A management consultant for a provider; or • A provider of clinical private practice <p>This could also include an individual being:</p> <ul style="list-style-type: none"> • In employment outside of the CCG, or in receipt of secondary income • In receipt of a grant or any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider • In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and • Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider)
Non-Financial Professional Interests	<p>Where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • An advocate for a particular group of patients • A GP with special interests e.g. in dermatology, acupuncture etc • An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners, British Medical Association or a medical defence organisation would not usually by itself amount to an interest which needed to be declared) • An advisor for the Care Quality Commission (CQC) or the National Institute for Health & Care Excellence (NICE) • Engaged in a research role • The development / holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas • GPs and Practice Managers, who are members of the Governing Body or Committees of the CCG, should declare details of their roles and responsibilities held within their GP Practices
Non-Financial Personal Interests	<p>Where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit: e.g. where the individual is:</p> <ul style="list-style-type: none"> • A voluntary sector champion or a volunteer for a provider • A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation • Suffering from a particular condition requiring individually funded treatment • A member of a lobby or pressure group with an interest in health and care
Indirect Interests	<p>Where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above) for example, a:</p> <ul style="list-style-type: none"> • Spouse / partner • Close family member or relative e.g., parent, grandparent, child, grandchild or sibling • Close friend or associate; or • Business partner

Template for Declarations of Gifts & Hospitality

Recipient Name & Position	Date of Offer	Date of Receipt (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name & Nature of Business	Details of Previous Offers or Acceptance by this Offeror / Supplier	Details of the officer reviewing / approving the declaration made & date	Declined or Accepted?	Reason for Accepting or Declining	Other Comments

The information submitted will be held by the CCG for personnel or other reasons specified on this form and to comply with the organisation’s policies. This information may be held in both manual and electronic form in accordance with the Data Protection Act 1998. Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000 and published in registers that the CCG holds.

I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the CCG as soon as practicable and no later than 28 days after the interest arises. I am aware that if I do not make full, accurate and timely declarations then civil, criminal, professional regulatory or internal disciplinary action may result.

Applicable to Decision-Making Staff only:

I do / do not (delete as applicable) give my consent for this information to published on registers that the CCG holds. If consent is NOT given please give reasons:

Signed: _____ **Position:** _____ **Date:** _____
Signed: _____ **Position:** _____ **Date:** _____

(Line Manager or a Senior CCG Manager)

Please return to Head of Performance & Governance

Template: Register of Gifts & Hospitality

Name	Position	Date of Offer	Declined or Accepted?	Date of Receipt (if applicable)	Details of Gift / Hospitality	Estimated Value	Supplier / Offeror Name & Nature of Business	Reason for Accepting or Declining

Template: Declarations of Interest Checklist

Under the Health & Social Care Act 2012, there is a legal obligation to manage conflicts of interest appropriately. It is essential that declarations of interest / actions arising are recorded formally and consistently across all Governing Body and Committee meetings. This checklist has been developed with the intention of providing support in conflicts of interest management to the Chair of the meeting prior to, during and following the meeting. It does not cover the requirements for declaring interests outside of the committee process.

Timing	Checklist for Chairs	Responsibility
<p>In advance of the meeting</p>	<ul style="list-style-type: none"> • The agenda to include a standing item on declaration of interests to enable individuals to raise any issues and/or make a declaration at the meeting • A definition of conflicts of interest should also be accompanied with each agenda to provide clarity for all recipients • Agenda to be circulated to enable attendees (including visitors) to identify any interests relating specifically to the agenda items being considered • Members should contact the Chair as soon as an actual or potential conflict is identified • Chair to review a summary report from preceding meetings i.e. sub-committee, working group, etc, detailing any conflicts of interest declared and how this was managed • A template for a summary report to present discussions at preceding meetings is detailed below • A copy of the members' declared interests is checked to establish any actual or potential conflicts of interest that may occur during the meeting 	<p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting Chair and secretariat</p> <p>Meeting members</p> <p>Meeting Chair</p> <p>Meeting Chair</p>
<p>During the meeting</p>	<ul style="list-style-type: none"> • Check and declare the meeting is quorate and ensure that this is noted in the minutes of the meeting • Chair requests members to declare any interests in agenda items which have not already been declared, including the nature of the conflict • Chair makes a decision as to how to manage each declared, including whether / to what extent the individual member should continue to participate in the meeting, on a case by case basis, and this decision is recorded • As minimum requirement, the following should be recorded in the minutes of the meeting: <ul style="list-style-type: none"> - Individual declaring the interest - At what point the interest was declared - The nature of the interest - The Chair's decision and resulting action taken - The point during the meeting at which any individuals retired from / returned to the meeting - even if an interest has not been declared • Visitors in attendance who participate in the meeting must also follow the meeting protocol and declare any interests in a timely manner • A template for recording any interests during meetings is detailed below 	<p>Meeting Chair</p> <p>Meeting Chair</p> <p>Meeting Chair and secretariat</p> <p>Secretariat</p>
<p>Following the meeting</p>	<ul style="list-style-type: none"> • All new interests declared at the meeting should be promptly updated onto the declaration of interest form • All new completed declarations should be transferred onto the Register of Interests 	<p>Individual(s) declaring interest(s)</p> <p>Designated person responsible for registers of interest</p>

Template to Record Interests during a Meeting

Meeting	Date of Meeting	Chairperson (name)	Secretariat (name)	Name of person declaring interest	Agenda Item	Details of interest declared	Action taken

Procurement Checklist

Service:	
Question	Comment / Evidence
1. How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits? How does it reflect the CCGs proposed commissioning priorities? How does it comply with the CCGs commissioning obligations?	
2. How have you involved the public in the decision to commission this service?	
3. What range of health professionals have been involved in designing the proposed service?	
4. What range of potential providers have been involved in considering the proposals?	
5. How have you involved your Health & Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
6. What are the proposals for monitoring the quality of the service?	
7. What systems will there be to monitor and publish data on referral patterns?	
8. Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers?	
9. In respect of every conflict or potential conflict, you must record how you have managed that conflict or potential conflict. Has the management of all conflicts been recorded with a brief explanation of how they have been managed?	
10. Why have you chosen this procurement route e.g., single action tender? ¹⁹	
11. What additional external involvement will there be in scrutinising the proposed decisions?	
12. How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?	
Additional question when qualifying a provider on a list / framework or pre-selection for tender (including but not limited to any qualified provider) or direct award (for services where national tariffs do not apply)	
13. How have you determined a fair price for the service?	

¹⁹ Taking into account all relevant regulations (e.g. the NHS Procurement, Patient Choice & Competition (No 2) Regulations 2013 and guidance (e.g. that of NHS Improvement)

Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers

14. How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?

Additional questions for proposed direct awards to GP providers

15. What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?

16. In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?

17. What assurances will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?

Template: Register of Procurement Decisions and Contracts Awarded

Ref	Contract / Service Title	Procurement Description	Existing Contract or New Procurement (if existing include details)	Procurement Type (CCG, Collaborative)	CCG Clinical Lead	CCG Contract Manager	Decision Making Process + Name of Decision Making Committee	Summary of Conflicts of Interest Declared + How Managed	Contract Awarded (supplier name + registered address)	Contract Value £ Total	Contract Value £ (to CCG)

Template Declaration of Interests for Bidders / Contractors

Organisation and relevant person

Name of Organisation:		
Details of interests held:		
Type of Interest	Details	
Provision of services or other work for the CCG or NHS England		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCGs or any of its members' or employees' judgements, decisions or actions		

Name of Relevant Person	<i>[complete for all Relevant Persons]</i>	
Details of interests held:		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Provision of services or other work for the CCG or NHS England		
Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the CCG or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCGs or any of its members' or employees' judgements, decisions or actions		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Date: