

**POLICY FOR RELATIONS WITH THE PHARMACEUTICAL
INDUSTRY**

Policy Reference:	Version: 1.0	Status:
--------------------------	---------------------	----------------

POLICY TYPE: Corporate Governance	
POLICY APPLIES TO: All employees, members, committee and sub-committee members of the Group and members of the Governing Body (and its committees)	
Policy Owner:	Lois Taylor
Policy Author:	Lois Taylor
Policy Approved By:	Governing Body
Policy Date:	July 2013
Last Review Date:	N/A
Next Review Date:	July 2014

**POLICY ON RELATIONS WITH THE PHARMACEUTICAL INDUSTRY****STATEMENT OF OVERARCHING PRINCIPLES**

All Policies, Procedures, Guidelines and Protocols of the CCG are formulated to comply with the overarching requirements of legislation or standards relating to equality and diversity

1. INTRODUCTION

The relationship between the pharmaceutical industry and the NHS has evolved significantly over the last few years. Clinical Commissioning Groups are being increasingly approached by pharmaceutical companies looking to work collaboratively on projects. There has also been an increase in the number of pharmaceutical companies offering rebates on drugs used in primary care. The Clinical Commissioning Group (CCG) has a duty to ensure all involvement with the pharmaceutical industry is transparent, ethical and exists only to improve the quality of patient care. With the increasing offers of financial support for QIPP programmes from the pharmaceutical industry it is necessary to make our CCG's position on working with the pharmaceutical industry clear. This policy relates to the CCG as a statutory body, it does not relate to individual member practices or providers.

2. PURPOSE OF THIS POLICY

- To set out the CCG position in relation to primary care rebates, joint working and other engagement with the pharmaceutical industry.
- To ensure transparency for all our stakeholders on how we engage with the pharmaceutical industry.

3. CROSS REFERENCE TO OTHER RELATED POLICIES AND KEY DOCUMENTS

This policy should be read in conjunction with:

- The CCGs Constitution and Detailed Financial Policies
- Standards of business conduct and conflicts of interest policy
- Whistleblowing Policy
- Fraud & Corruption Policy
- Anti-Bribery Policy
- Intellectual Property Policy
- Code of Conduct for NHS Managers
- Professional Codes of Conduct
- Standards of Business Conduct for NHS Staff



- Commercial Sponsorship – Ethical Standards for the NHS
- Association of British Pharmaceutical Industries Code of Practice
- Chartered Institute of Purchasing and Supply Ethical Code

4. DEFINITIONS

4.1 The pharmaceutical industry includes:

- Companies, partnerships or individuals involved in the manufacturing, sale, promotion or supply of medicinal products subject to the licensing provisions of the Medicines Act.
- Companies, partnerships or individuals involved in the manufacture, sale, promotion or supply of medical devices, appliances, dressings, and nutritional supplements which are used in the treatment of patients within the NHS.
- Trade associations representing companies involved with such products.
- Companies, partnerships or individuals who are directly concerned with research, development or marketing of a medicinal product that is being considered by, or would be influenced by, decisions taken by Ipswich and East Suffolk Clinical Commissioning Group.
- Pharmaceutical industry related industries, including companies, partnerships or individuals directly concerned with enterprises that may be positively or adversely affected by decisions taken by Ipswich and East Suffolk Clinical Commissioning Group.

4.2 Joint working is defined as;

- Situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery. Joint working agreements and management arrangements are conducted in an open and transparent manner.
- Joint working differs from sponsorship, where pharmaceutical companies simply provide funds for a specific event or work programme.

5. RELATIONSHIP WITH THE PHARMACEUTICAL INDUSTRY

- The CCG acknowledges the interdependent relationship between the pharmaceutical industry and the NHS.
- The CCG acknowledges there are clear benefits to developing and maintaining positive relationships with members of the pharmaceutical industry for the benefit of patients.



- There is a need for the pharmaceutical industry to maintain financial viability and promote specific drugs, however the CCG must ensure all clinical decisions are made independently of industry and only based on evidence and cost effective use of NHS resources.
- It is important that the CCG stays well informed of new drugs to ensure guidelines represent the most cost effective choices for patients and reflect national guidance.
- The House of Commons Health Committee Report on the Influence of the Pharmaceutical Industry acknowledges that the UK pharmaceutical industry conducts much excellent research, produces products that contribute to health, and is of great economic importance, but its influence is such that it dominates clinical practice.
- CCG staff should be aware that pharmaceutical representatives must follow the “ABPI Code of Practice for the Pharmaceutical Industry”. It is a condition of membership of the Association of the British Pharmaceutical Industry (ABPI).
- Staff are encouraged to report any breach of the British Pharmaceutical Industry Code of Practice (<http://www.abpi.org.uk>) to a CCG pharmacist in the Medicines Management Team.

6. PRIMARY CARE REBATES

- A primary care rebate scheme (PCRS) is an agreement between a Clinical Commissioning Group and a drug company that provides an economic benefit to the commissioner and, in theory, may increase the volume sales of a company’s product.
- These are different to national patient access schemes, which are negotiated nationally by the Department of Health to enable patient access for very high cost drugs that have clear clinical benefits.
- PCRS could be seen to undermine national pricing agreements between the Department of Health and industry.
- The CCG acknowledges that there is a potential conflict of interest with signing up to rebates in primary care with the GPs being both the prescribers and the commissioners.
- The CCG believes that the pharmaceutical industry should supply medicines to the NHS using transparent pricing mechanisms.
- The CCG does not feel that accepting rebates for primary care prescribed drugs is in line with its ethos.
- There has been no clarity from the Department of Health on whether it supports these schemes.

7. EAST OF ENGLAND PHARMACEUTICAL INDUSTRY SCHEME GOVERNANCE REVIEW BOARD

- In response to the increase in rebates being offered to commissioners, the East of England Pharmaceutical Industry Scheme Governance Review Board (hereby referred to as the Governance Board) has been



established to address these risks. Delivered as part of the PrescQIPP Programme, the Governance Board offers comprehensive governance to assess whether schemes offered locally are clinically and financially appropriate.

- The CCG acknowledges that the East of England Governance Board triages industry rebate schemes to help guide commissioners on whether a rebate scheme is clinically and financially appropriate.
- It is acknowledged that many other areas are accepting rebates for drugs prescribed in primary care however due to the potential risk of conflict of interest and the lack of legal and ethical clarity from the Department of Health the CCG does not wish to be involved at this time.

8. JOINT WORKING

- The Best Practice Guidance on joint working between the NHS and pharmaceutical industry document and other relevant commercial organizations states that
“Joint working between the pharmaceutical industry and the NHS must be for the benefit of patients or the NHS and preserve patient care. Any joint working between the NHS and the pharmaceutical industry should be conducted in an open and transparent manner. All such activities, if properly managed, should be of mutual benefit, with the principal beneficiary being the patient. The length of the arrangement, the potential implications for patients and the NHS, together with the perceived benefits for all parties, should be clearly outlined before entering into any joint working.”
- The CCG supports joint working where this provides patient benefit and adheres to a set of key principles as set out below;
 - does not require any form of sponsorship
 - does not require any financial input from the pharmaceutical industry
 - does not require any staffing to be financed/resourced by the pharmaceutical industry
 - all proposed joint working arrangements must be discussed and agreed by the Clinical Executive prior to any work starting

9. DECLARATION OF INTERESTS

- All CCG staff must declare any commercial interests they have to the CCG's Governance Advisor
- All guest speakers at any training event must also declare any commercial interests.

10. IN SUMMARY

**10.1 The CCG will:**

- i) Engage with staff from the pharmaceutical industry regarding new or existing medications where necessary to ensure staff stay informed of key developments.
- ii) Share finalised guidelines or other documents where deemed appropriate to ensure the relevant pharmaceutical company are kept up to date with CCG guidance.
- iii) Maintain positive relationships with members of the pharmaceutical industry.
- iv) Ensure that at all times clinical decisions take into account evidence and cost effectiveness and are not in any way influenced by the pharmaceutical industry.
- v) Engage in joint working where there is a clear benefit to the patient and is line with principles described above.

10.2 The CCG will not:

- i) Accept rebates for medicines prescribed in primary care (This will not affect Patient Access Schemes).
- ii) Accept funds for the provision of staff directly employed by the CCG.
- iii) Allow any employee from a pharmaceutical company to attend any internal CCG meetings or events unless specifically requested.
- iv) Accept funds from the pharmaceutical industry to facilitate training or patient reviews.
- v) Accept the provision of resources i.e nurse time to carry out patient reviews.
- vi) Accept any gifts or hospitality.
- vii) Accept any commercial sponsorship.
- viii) Provide any prescribing data to the pharmaceutical industry.
- ix) See any representative from the pharmaceutical industry without a pre booked appointment.

11. REVIEW PERIOD FOR THIS POLICY

The policy will be reviewed annually or sooner if there are changes in legislation or guidance or specific circumstances.

12. COMMUNICATION OF THIS POLICY

The policy will be communicated to all staff via the CCG website and intranet. It will also be communicated via departmental briefings.

13. PROCEDURES AND GUIDLINES REFERENCED IN THIS POLICY

Association of the British Pharmaceutical Industry (2008) *Code of Practice for the Pharmaceutical Industry*



Department of Health (2000) Commercial Sponsorship – *Ethical Standards for the NHS*
East of England, PrescQIPP, Pharmaceutical Industry Scheme
Governance Review Board - Operating Model
Department of Health (2008), *Best Practice Guidance on joint working between the NHS and pharmaceutical industry and other relevant commercial organisations*

14. COMPLIANCE MONITORING

The CCG's Governance Advisor will monitor compliance through internal and external audits.

15. PROCESS FOR WAIVERS

No waivers are appropriate or acceptable in regard to compliance with this policy.