



CONFLICTS OF INTEREST POLICY

VERSION 1.1

Approved by the Hampshire CCGs Partnership Audit and Risk Committees in Common
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CONFLICTS OF INTEREST POLICY

1. INTRODUCTION

- 1.0. This policy provides the Clinical Commissioning Group's (CCG) in the Hampshire CCG Partnership with the requirements for managing actual and potential conflicts of interest, to ensure they do not affect, or appear to affect the integrity of the CCGs' decision making processes. In accordance with statutory guidance under Sections 14O and 14Z8 of the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012).
- 1.1. This policy underpins each individual CCG Constitution and sets out further details of the expected conduct of all those who work within it.
- 1.2. This policy is supplemented by procurement-specific requirements in the National Health Service (Procurement, Patient Choice and Competition) (No. 2) Regulations 2013.
- 1.3. Furthermore, this policy has been drafted in accordance with requirements outlined in the NHS England Guidance on Managing Conflicts of Interest, published in June 2017.
- 1.4. In regard to Medicines Management this policy should be read in conjunction with the Policy for the Sponsorship of Activities and Joint Working with the Pharmaceutical Industry

2. AIMS AND SCOPE OF POLICY

- 2.0. The aim of this policy is to protect both the CCG and the individuals involved with the work of the CCG from any appearance of impropriety. Specifically, the aims are to:
 - 2.0.1. Enable us and our clinicians in commissioning roles to demonstrate that they are acting fairly and transparently and in the best interest of our patients and local population
 - 2.0.2. Ensure that we operate within the legal framework, but without being bound by over-prescriptive rules that stifle innovation
 - 2.0.3. Safeguard clinically led commissioning, whilst ensuring objective investment decisions
 - 2.0.4. Provide the public, providers, parliament and regulators with confidence in the probity, integrity and fairness of our decisions
 - 2.0.5. Uphold the confidence and trust between patients and GP, in their recognition that individual commissioners want to behave ethically but may need support and training to understand when conflicts (actual or potential) may arise and how to manage them if they do.
- 2.1. This policy applies to **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 staff; and

- Seconded staff
- 2.2. In addition, any self-employed consultant or other individuals working for the CCG under a contract for services should make a declaration of interest in accordance with this guidance, as if they were CCG employees.
- 2.3. All members of the CCG's committees, sub-committees/sub-groups, including:
- Co-opted members;
 - Appointed deputies; and
 - Any members of committees/groups from other organisations.
- 2.4. Where the CCG is participating in a joint committee or committees in common alongside other CCG's, any interests which are declared by the committee members should be recorded on the register(s) of interest of each participating CCG.
- 2.5. **Practice Membership of the CCG.** This includes each provider of primary medical services which is a member of the CCG under Section 14O (1) of the 2006 Act. Declarations should be made by any individual directly involved with the business or decision making of the CCG.
- 2.6. The CCG will ensure that all Contractors are aware of the contents of this policy if applicable.

3. STATUTORY PRINCIPLES

- 3.0.1. This Policy draws on a range of guidance relating to Conflicts of Interests which includes:
- The Nolan Principles.
 - The Good Governance Standards for Public Services (2004), Office for Public Management (OPM) and Chartered Institute of Public Finance and Accountancy (CIPFA).
 - The seven key principles of the NHS Constitution.
 - The Equality Act 2010.
 - The UK Corporate Governance Code.
 - Standards for members of NHS boards and CCG governing bodies in England.
 - Managing Conflicts of Interest in the NHS; Model policy content for organisations NHSE April 2017

3.1. Bribery Act 2010

- 3.1.1. The CCG has a responsibility to ensure that all individuals working with the CCG are made aware of their duties and responsibilities arising from the Bribery Act 2010. Reference to the CCG Anti-Fraud, Bribery and Corruption Policy.

3.2. Counter fraud measures

- 3.2.1. All individuals should not use their position to gain advantage. The CCG is keen to prevent fraud and encourages individuals with concerns or reasonably held suspicions about potentially fraudulent activity or practice, to report these. The CCG's local fraud and corruption policy provides further information about the CCG's approach to fraud and corruption and what to do and this should be followed.
- 3.2.2. Constitution, standing orders, scheme of reservation and delegation and prime financial policies

3.2.3. All individuals must carry out their duties in accordance with the CCG's Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies. These set out the statutory and governance framework in which the CCG operates and there is considerable overlap between the contents of this policy and provision made within these. Individuals must at all times refer to and act in accordance with the Constitution, Standing Orders, Scheme of Reservation and Delegation and Prime Financial Policies to ensure CCG processes are followed.

3.3. Internal audit

3.3.1. Each CCG will need to undertake an audit of conflicts of interest management as part of their internal audit on an annual basis. The results of the audit will be included in the CCG's annual governance statement

4. ROLES AND RESPONSIBILITIES

4.1. The role of the chair of the governing body or committee meeting

4.1.1. The CCG Chair has a key role in overseeing governance and particularly in ensuring that the governing body and the wider CCG behaves with the utmost transparency and responsiveness at all times and in line with national guidance and professional codes of conduct.

4.1.2. The CCG Chair is able to give an unbiased view on possible internal conflicts of interest. The Chair takes the lead, particularly at meetings, in ensuring that Governing Body members, members and staff follow the policy. If the Chair is conflicted, she/he will leave the meeting for the particular agenda item and nominate another lay member to conduct proceedings.

4.1.3. In advance of Governing Body or committee meetings, the Chair of the meeting will review the agenda for any conflicts of interests. The Chair of the meeting will decide on the course of action regarding how to proceed should conflicts of interest arise within the meeting.

4.1.4. All decisions shall be recorded in the minutes of the meeting.

4.2. Conflicts Of Interest Guardian

4.2.1. To further strengthen scrutiny and transparency of CCG's decision making processes, the CCG's will have a Conflicts of Interest Guardian. The Conflicts of Interest Guardian is the Lay Member for Governance.

4.2.2. The Conflicts of Interest Guardian will, in collaboration with the CCG's Governance Team:

- 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 employees or workers of the CCG to raise any concerns in relation to this policy;
- Support the rigorous application of conflict 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 minimizing the risks of conflicts of interest.

4.2.3. Whilst the Conflicts of Interest Guardian has an important role within the management of conflicts of interest, executive members of the CCG's governing

body have an on-going responsibility for ensuring the robust management of conflicts of interest, and all CCG employees, governing body and committee members and member practices will continue to have individual responsibility in playing their part on an ongoing and daily basis.

5. CONFLICTS OF INTERESTS

5.1. Overview

5.1.1. The CCG requires clear and robust mechanisms for managing real and perceived conflicts of interest. If they are not managed effectively, confidence in the probity of commissioning decisions and the integrity of those involved could be seriously undermined, but with good planning and governance the CCG should be able to avoid or manage these risks.

5.1.2. 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”.

5.2. Principles

5.2.1. The CCG adheres to the guidance set out in NHS England’s Statutory Guidance on Managing Conflicts of Interest and the principles set out by the NHS Confederation and Royal College of General Practitioners (RGCP). This advocates that conflicts of interest can be managed by:

- **Doing business properly** – ensuring the rationale for decision making is transparent and clear and will withstand scrutiny
- **Being proactive not reactive** – set out in advance what is acceptable and what isn’t and upon induction be clear with members about their obligations to declare conflicts of interests and handling should they occur
- **Assume that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest** - ensure there are prompts and checks to identify when conflicts occur and individuals exclude themselves appropriately from decision making
- **Being balanced and proportionate** – identify and manage conflicts but do not expect to eliminate them or become a constraint to undertaking the business and making decisions.
- **Openness** - ensuring early engagement with patients, the public, clinicians and other stakeholders, including local Healthwatch and Health and Wellbeing Boards, in relation to proposed commissioning plans;
- **Responsiveness and best practice** - ensuring that commissioning intentions are based on local health needs and reflect evidence of best practice – securing ‘buy in’ from local stakeholders to the clinical case for change;
- **Transparency** - documenting clearly the approach taken at every stage in the commissioning cycle so that a clear audit trail is evident;
- **Securing expert advice** - ensuring that plans take into account advice from appropriate health and social care professionals, e.g. through clinical senates and networks, and draw on commissioning support, for instance around formal consultations and for procurement processes;
- **Engaging with providers** - early engagement with both incumbent and potential new providers over potential changes to the services commissioned for a local population;
- Creating clear and transparent commissioning specifications - that reflect the depth of engagement and set out the basis on which any contract will be awarded;

- Following proper procurement processes and legal arrangements - including even-handed approaches to providers;
- Ensuring sound record-keeping, including up to date registers of interests; and
- A clear, recognised **and easily enacted system for dispute resolution.**

5.3. Potential conflicts of interest

5.3.1. A conflict can occur when an individual's ability to exercise judgment or act is impaired or influenced by their interests. This will affect the decisions that an individual may make. The decisions could involve awarding contracts, procurement, policy, employment and other decisions.

5.3.2. Conflicts can arise in a number of ways; such as direct financial gain or commercial advantage, an indirect financial interest (e.g. payment to a spouse) or a non-financial interest (e.g. kudos or reputation). Conflicts of loyalty may arise (e.g. in respect of an organisation of which the individual is a member or has an affiliation).

5.3.3. Conflicts can arise from personal or professional relationships with others e.g. where the role or interest of a family member, friend or acquaintance may influence an individual's judgement or actions, or could be perceived to do so.

5.3.4. For a commissioner, a conflict of interest may therefore arise when their judgment as a commissioner could be, or is perceived to be, influenced and impaired by their own concerns and obligations as a provider. In the case of a GP involved in commissioning, an obvious example is the award of a new contract to a provider, in which the individual GP has a financial stake, however the same considerations, as laid out in this policy, will apply when deciding whether to extend a contract.

5.3.5. A potential conflict of interest will include:

<p>Financial Interests</p> <p>This is 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 organization which is doing, or which is likely, or possibly seeking to do, business with health or social care organizations; • A shareholder (or similar owner 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; • In secondary employment • In receipt of secondary income from a provider • In receipt of a grant from a provider; • In receipt of 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)
<p>Non-Financial Professional Interests</p>	<ul style="list-style-type: none"> • An advocate for a particular group of patients; • A GP with special interests e.g., in dermatology,

<p>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 or status or promoting their professional career. This may, for example, include situations where the individual is:</p>	<p>acupuncture etc.</p> <ul style="list-style-type: none"> • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher • 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.
<p>Non-Financial Personal Interests</p> <p>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:</p>	<ul style="list-style-type: none"> • A voluntary sector champion for a provider; • 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 groups with an interest in health.
<p>Indirect Interests</p> <p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest of a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p>	<ul style="list-style-type: none"> • Spouse / Partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner

5.3.6. If in doubt, the individual concerned should assume that a potential conflict of interest exists. Examples of potential conflicts of interest would include:

- Where an individual is a provider of services
- Where clinical leaders have a financial interest in a provider company
- Where GPs may refer their patients to a provider company in which they have a financial interest
- Where GPs make decisions regarding the care of their patients to influence the payments they receive from commissioners
- Where local services are commissioned that could be provided by member

practices

5.3.7. Important things to remember are that:

- 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 a conflict of interest and manage it appropriately, rather than ignore it;
- For a conflict to exist, financial gain is not necessary

5.3.8. Concerns may also relate to:

- Financial or personal commitments (such as obligations to friends, colleagues or peers),
- Special interests (for example in a particular condition due to family member experience,
- Other non-financial objectives (status or kudos) or professional loyalties and duties.

5.3.9. Potential conflicts can also arise from close family members interests and obligations by association.

5.4. Management of conflicts of interest

5.4.1. The manners in which the CCG will manage conflicts in decision making include:

- Maintaining and publishing a register of interest;
- Maintaining and publishing a register of procurement decisions; and
- Meeting and decision making management.

5.4.2. The CCG will maintain registers of interests of the members of the group, members of the governing body, members of the committees and sub-committees of the governing body and employees. The CCG will publish the register of interests, gifts and hospitality for senior staff (Agenda for Change band 8d and above) and Governing Body members at least annually in a prominent place on its website and make them available to the public at the headquarters upon request.

5.4.3. The registers will form part of the CCG's annual accounts and as such will be signed off by the CCG's external auditors. The Hampshire CCG Partnership Audit Committees in Common will provide scrutiny over the management of conflicts of interest, registers and associate audits at least annually.

5.4.4. The CCG will ensure that details of all contracts, including the contract value, are published on the website as soon as contracts are agreed where this is permitted under procurement law. Where the CCG decides to commission services through Any Qualified Provider (AQP), it will publish on the website the type of service commissioned and the agreed price for each service. Furthermore the CCG will ensure that such details are also set out in the annual report. Where services are commissioned through an AQP approach, information will be publicly available about those providers who qualify to provide the service.

5.5. Making a declaration

5.5.1. Individuals must declare any interest that they have, see Routine Declaration of Interests Procedure using a Declaration of Interests Form (Appendix 1), in relation to a decision to be made by the CCG, in writing to the CCG Head of Governance as soon as they are aware of it and in any event no later than 28 days after becoming aware. Staff will record the interests in the registers as soon as they become aware of it.

5.5.2. Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent in the course of a meeting, they will make an oral declaration before witnesses which will be formally written in the meeting record.

5.5.3. Individuals contracted to work on behalf of the CCG or otherwise providing services or facilities to the CCG will be made aware of their obligations under this policy to declare conflicts or potential conflicts of interests. This requirement will be written into their contracts for services.

5.6. Decision-making when a conflict of interest arises: general approaches

5.6.1. The Governance Team will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflicts of interest or potential conflicts of interests, to ensure the integrity of the CCG's decision making processes.

5.6.2. The most obvious area in which conflicts of interest could arise is where a 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 co-commissioning of primary care but it also needs to be considered in respect of any commissioning issue where GPs are current or possible providers.

5.6.3. In any commissioning transaction (including conversations between two or more individuals, e-mails, correspondence and other communications), individuals must ensure, where they are aware of an interest, that they declare the interest as soon as it has been identified.

5.7. Decision-making when a conflict of interest arises: Meetings

5.7.1. Where certain members of a decision-making body (be it the Governing Body, its committees or sub-committees, or a committee or sub-committee of the CCG) have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision-making itself (i.e. not have a vote).

5.7.2. The Chair of the meeting will determine how the conflict should be managed, and will inform the individual of the decision which may include withholding confidential papers. Where no arrangements have been confirmed, the Chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual will then comply with these arrangements, which must be formally recorded in the minutes of the meeting.

5.7.3. Where the Chair of any meeting of the CCG has a personal interest, previously declared or otherwise, in relation to the scheduled or likely business of the meeting, they must make a declaration and the Deputy Chair (or other nominated individual if the Deputy Chair is also conflicted) will act as Chair for the relevant part of the meeting.

5.7.4. Where arrangements have been confirmed for the management of the conflict of interests or potential conflicts of interests in relation to the Chair, the meeting must ensure these are followed. Where no arrangements have been confirmed, the Deputy Chair may require the Chair to withdraw from the meeting or part of it. Where there is no Deputy Chair, (or the Deputy Chair is similarly conflicted) the members of the meeting will select one.

5.7.5. Should the situation arise that a significant number of individuals are deemed to be

prevented from taking part in a meeting because of prejudicial interests; the chair (or deputy) will determine whether or not the discussion can proceed. In making this decision the chair will consider whether the meeting is quorate, in accordance with the number and balance of membership set out in the CCG's standing orders and committee terms of reference.

- 5.7.6. Where a quorum cannot be convened from the membership of the meeting, owing to the arrangements for managing conflicts of interest or potential conflicts of interests, the membership of the meeting should refer to the Terms of Reference of the committee to establish the expected quoracy.

6. PROCUREMENT DECISIONS AND CONTRACTS AWARDED

- 6.0.1. The Procurement, Patient Choice and Competition Regulations, place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behavior that is against the interest of patients, and protect the rights to make choices about their healthcare.

- 6.0.2. The regulations set out that commissioners must:

- i. Manage conflicts or potential conflicts of interest when awarding a contract by prohibiting the award of a contract where the integrity of the award has been or appears to have been affected by a conflict and;
- ii. Keep appropriate records of how they have managed any conflicts in individual cases
- iii. Potential conflicts will vary to some degree depending on the way in which a service is being commissioned e.g.:
- iv. Competitive Tender – Where a CCG is commissioning a service through Competitive Tender (i.e., seeking to identify the best provider or set of providers for a service) a conflict of interest may arise where GP practices or other providers in which CCG members have an interest are amongst those bidding
- v. Any Qualified Provider – Where the CCG is commissioning a service through an AQP contract, a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose.
- vi. Single Tender – Where the CCG is procuring services from a GP practice where there are no other capable providers, i.e. this is the appropriate procurement route and the proposed service goes beyond the scope of the services provided by GP practices under their GP contract.

- 6.0.3. The CCG will ensure that details of all contracts, including the contract value, are published on its website as soon as contracts are agreed. Where the CCG decides to commission services through Any Qualified Provider (AQP), it should publish on its website the type of services they are commissioning and the agreed price for each service. Further, the CCG will ensure that such details are also set out in its annual report. Further information can be obtained from the CCG's Procurement Guide.

- 6.0.4 South of England Procurement Services are responsible for managing the majority of procurements for the CCG. Where an individual is requested to assist in any part of the procurement process, they will be required to complete a declaration of interest form. This is managed by South of England Procurement Services.

- 6.0.5 The CCG recognise that particular care must be exercised when procuring services including the commissioning of services from GP practices. For that reason, this policy includes reference to the Procurement Checklist Template (Appendix 5(i) developed by NHS England which must be completed in each case where GP

practices, consortia or organisations in which GPs have a financial interest are, or may be a tenderer.

- 6.0.6 The CCG is prohibited by law from awarding any contract where the integrity of the procurement process of the award has been, or appears to have been, affected by a conflict of interest. Further information can be found in section

6.1 Managing conflicts of interest during procurement

- 6.1.1 The CCG recognises the importance of making decisions about the services it procures in a way that does not call into question the motives behind the procurement decisions that have been made. The CCG will ensure that they recognise and manage conflicts or potential conflicts of interest that may arise in relation to procurement.

- 6.1.2 Anyone participating in the procurement, or otherwise engaging with the CCG, in relation to the provision of services or facilities, will be required to make a declaration of interest which will include nil returns. This includes those who will take part in any tender evaluation or decision making with regards to the award of a contract. Where these functions are undertaken by the Commissioning Support Unit (CSU), declarations from CSU employees involved in the process should also be obtained and made available to the CCG.

7 CONFLICTS IN SERVICE DESIGN

- 7.1.2 The CCG recognises the benefits to be gained from engagement with relevant providers, especially clinicians, in confirming the design of service specifications. However, the CCG also recognises that Conflicts of interest can occur if a commissioner engages selectively with only certain providers in developing a service specification for a contract for which they may later bid in a competitive process.

- 7.1.3 The same difficulty could arise in developing a specification for a service that is to be commissioned using the "Any Qualified Provider" process, for example where there is not a competitive procurement but patients can instead choose from any qualified provider that wishes to provide the service and can meet NHS standards and prices.

- 7.1.4 The CCG will 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.

- 7.1.5 Where an individual has declared a relevant and material interest or position in the context of the specification for, or award of, a contract the individual concerned will be expected to act in accordance with the arrangements for the management of conflicts of interest outlined in this policy and may be excluded from the decision making process in relation to the relevant specification or award.

8 NEW CARE MODELS - MANAGING CONFLICTS

- 8.0.1 Where the CCG is commissioning new care models, particularly those that include primary medical services, it is likely that there will be some individuals with roles in the CCG (whether clinical or non-clinical), that also have roles within a potential provider, or may be affected by decisions relating to new care models. Any conflicts of interest must be identified and appropriately managed, in accordance with this policy and statutory guidance.

8.1 Identifying and managing conflicts of interest

- 8.1.1 The statutory guidance for CCGs is clear that any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (whether as a provider of healthcare or provider of commissioning support services, or otherwise) 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 or sub-committee of the CCG.
- 8.1.2 In the case of new care models, it is perhaps likely that there will be individuals with roles in both the CCG and new care model provider/potential provider. These conflicts of interest should be identified as soon as possible, and appropriately managed locally. The position should also be reviewed whenever an individual's role, responsibility or circumstances change in a way that affects the individual's interests. For example where an individual takes on a new role outside the CCG, or enters into a new business or relationship, these new interests should be promptly declared and appropriately managed in accordance with the statutory guidance.
- 8.1.3 There will be occasions where the conflict of interest is profound and acute. In such scenarios (such as where an individual has a direct financial interest which gives rise to a conflict, e.g., secondary employment or involvement with an organisation which benefits financially from contracts for the supply of goods and services to the CCG or aspires to be a new care model provider), it is likely that the CCG will want to consider whether, practically, such an interest is manageable at all. It should be noted that this can arise in relation to both clinical and non-clinical members/roles. If an interest is not manageable, the appropriate course of action may be to refuse to allow the circumstances which gave rise to the conflict to persist. This may require an individual to step down from a particular role and/or move to another role within the CCG and may require the CCG to take action to terminate an appointment if the individual refuses to step down. The CCG should ensure that their contracts of employment and letters of appointment, HR policies, governing body and committee terms of reference and standing orders are reviewed to ensure that they enable the CCG to take appropriate action to manage conflicts of interest robustly and effectively in such circumstances.
- 8.1.4 Where a member of CCG staff participating in a meeting has dual roles, for example a role with the CCG and a role with a new care model provider organisation, but it is not considered necessary to exclude them from the whole or any part of a CCG meeting, he or she should ensure that the capacity in which they continue to participate in the discussions is made clear and correctly recorded in the meeting minutes, but where it is appropriate for them to participate in decisions they must only do so if they are acting in their CCG role.
- 8.1.5 Similarly, the CCG should identify and manage potential conflicts of interest where staff are involved in both the contract management of existing contracts, and involved in procurement of related new contracts.

8.2 Governance arrangements

- 8.2.1 The CCG will ensure appropriate governance arrangements are in place that ensure that conflicts of interest are identified and managed appropriately, in accordance with this policy and statutory guidance, without compromising the CCG's ability to make robust commissioning decisions.

9 DELEGATED PRIMARY CARE COMMISSIONING DECISION-MAKING

- 9.0.1 The primary care commissioning committee must have a lay chair and lay vice chair. To ensure appropriate oversight and assurance, and to ensure the CCG audit chair's

position as Conflicts of Interest Guardian is not compromised, the audit chair should not hold the position of chair of the primary care commissioning committee. This is because the CCG audit chair would conceivably be conflicted in this role due to the requirement that they attest annually to the NHS England Board that the CCG has:

“Had due regard to the statutory guidance on managing conflicts of interest; and implemented and maintained sufficient safeguards for the commissioning of primary care.”

- 9.0.2 The CCG audit chair can however serve on the primary care commissioning committee provided appropriate safeguards are put in place to avoid compromising their role as Conflicts of Interest Guardian. Ideally the CCG audit chair would also not serve as vice chair of the primary care commissioning committee. However, if this is required due to specific local circumstances (for example where there is a lack of other suitable lay candidates for the role), this will need to be clearly recorded and appropriate further safeguards may need to be 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 primary care commissioning committee chair.

10 PRACTICE MEMBERS OF THE CCG

- 10.0.1 GPs, and their staff, by nature of their profession have an immediate potential conflict as providers of primary care services and this does not exclude them being involved in the running of the CCG. However the CCG will consider whether conflicts of interest would exclude an individual from being appointed to the governing body or to a committee or sub-committee of the CCG or governing body. This will be considered on a case by case basis. As a rule of thumb the extent of the interest would need to be determined. If it is related to an area of business significant enough that the individual is likely to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively operate as a governing body member, that individual should not become a member of the governing body.
- 10.0.2 Practice Members of the CCG should conform to the published guidelines of the GMC published (‘Good Medical Practice’ 2006 on financial institutions providing care or treatment).
- 10.0.3 Where GPs could possibly influence their own personal/practice payments through their actions such as a referral of a patient in which they have a financial interest, or to benefit a practice payment in some way then the GMC guidelines paragraph 74 and 75 apply:

Paragraph 74. *You must act in your patients’ best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat or refer patients. You must not offer such inducements to colleagues.*

Paragraph 75. *If you have financial or commercial interests in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients.”*

Where the most appropriate service to which the patient is to be referred happens to be one in which the GP has a vested financial interest, then the GP must inform the patient of this fact. This is in line with paragraph 76 of the GMC guidelines

Paragraph 76. *If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the healthcare purchaser.”*

10.0.4 In these circumstances the GP must note on the patient’s record that the patient has been informed of the potential conflict of interest.

11 CONTRACTORS AND PEOPLE WHO PROVIDE SERVICES TO THE GROUP

11.0.1 Anyone seeking information in relation to procurement, or participating in procurement, or otherwise engaging with the CCG in relation to the potential provision of services or facilities to the group, will be required to make a declaration of any relevant conflict or potential conflict of interest using Declaration of Conflict of Interests for Bidders/Contractors form (Appendix 9).

11.0.2 Anyone contracted to provide services or facilities directly to the CCG will be subject to the same provisions as set out within the CCG’s constitution in relation to managing conflicts of interests. This requirement will be set out in the contract for their services.

12 REGISTER OF INTERESTS

12.0.1 The CCG will maintain a register of interests. Register of Interests for all declared interests from the individuals detailed at paragraph 2.

12.0.2 The CCG will ensure that, when members declare interests, this includes the interests of all relevant individuals within their own organisations (e.g. partners in a GP Practice), who have a relationship with the CCG and who would be potentially be in a position to benefit from decisions made by the CCG.

12.0.3 The CCG will ensure that declarations of interest are made and regularly confirmed or updated. This includes the following:

- On appointment: applicants for any appointment to the CCG should be asked to declare any relevant interests as part of the election/recruitment process. When an appointment is made, a formal declaration of interest should be made and recorded
- For senior staff (Agenda for Change band 8d and above) and members of the governing body, declarations of interest should be captured as part of the recruitment process to ensure that potential conflicts are not so large as to preclude them from decision-making
- Regular interval: all members of the CCG Governing Body must review their declarations contained in the Registers of Interests on at least a quarterly basis all other staff will need to do so every six months
- At meetings: all members and regular attendees should be asked under a standing item on the agenda of the meeting, to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Declarations of Interest made should be recorded in the minutes of the meeting
- On changing role or responsibility: where an individual changes role or responsibility within the CCG or its Governing Body, any change to the individuals interests should be declared.
- On any other change of circumstances: wherever an individual’s circumstances change in a way that affects the individual’s interest (e.g. where an individual takes on a new role outside the CCG or sets up a new

business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

12.0.4 If an individual fails to declare an interest or the full details of an interest, this may result in disciplinary action being undertaken. Also, a referral may be made to the Local Counter Fraud Service who may investigate the matter criminally in accordance with the CCG's Anti-Fraud and Bribery Policy.

12.0.5 All interests will remain on the public register for a minimum of 6 months after the interest has expired. In addition, the CCG must retain a private record of historic interests for a minimum of 6 years after the date on which it expired. The CCG's published Register of Interests should state that historic interests are retained by the CCG for the specified timeframe, with details of whom to contact to submit a request for this information.

13 GIFTS AND HOSPITALITY

13.1. HOSPITALITY

13.1.1. Modest hospitality is an accepted courtesy of a business relationship. However, the organisation or individual receiving the hospitality should never put themselves in a position where there could be any suspicion that their business decisions could have been influenced by accepting hospitality from others.

13.1.2. Hospitality is defined as meals and or drinks, visits, entertainment, lecture courses organised etc. provided or offered by potential suppliers.

13.1.3. Staff should not ask for or accept hospitality that may affect, or be seen to affect, their professional judgement.

13.1.4. Hospitality must only be accepted when there is a legitimate business reason and it is proportionate to the nature and purpose of the event.

13.1.5. Particular caution should be exercised when hospitality is offered by actual or potential suppliers or contractors. This can be accepted, and must be declared, if modest and reasonable. Senior approval must be obtained.

13.1.6. There is a presumption that offers of hospitality which go beyond modest or of a type that the CCG itself might offer, should be politely refused. A non-exhaustive list of examples includes:

Meals and refreshments:

- Under a value of £25 - may be accepted and need not be declared.
- Of a value between £25 and £75¹ - may be accepted and must be declared.
- Over a value of £75 - should be refused unless (in exceptional circumstances) senior approval is given. A clear reason should be recorded on the organisation's register(s) of interest as to why it was permissible to accept.

A common sense approach should be applied to the valuing of meals and refreshments (using an actual amount, if known, or a reasonable estimate).

Travel and accommodation:

- Modest offers to pay some or all of the travel and accommodation costs related to attendance at events may be accepted and must be declared.
- Offers which go beyond modest, or are of a type that the organisation itself might not usually offer, need approval by senior staff, should only be accepted in exceptional circumstances, and must be declared. A clear reason should be recorded on the organisation's 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 class or first class travel and accommodation (including domestic travel)
 - Offers of foreign travel and accommodation.

13.1.7. There may be some limited and exceptional circumstances where accepting the types of hospitality referred to in this paragraph may be contemplated. The reasons for acceptance should be recorded in the CCGs register of gifts and hospitality. Hospitality of this nature should be declared to the Governance team, and recorded on the register, whether accepted or not. In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Offers of this nature can be accepted if they are modest and reasonable. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.

13.2. Gifts

13.2.1. 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. Staff should not accept gifts that may affect, or be seen to affect, their professional judgment.

13.2.2. All individuals must not, either directly or indirectly, accept a gift (including rewards, benefits and hospitality) from any member of the public or any organisation with whom they are brought into contact by reason of their duties other than:

Gifts from suppliers or contractors:

- Gifts from suppliers or contractors doing business (or likely to do business) with the organisation should be declined, whatever their value.
- Low cost branded promotional aids such as pens or post-it notes may, however, be accepted where they are under the value of £6² in total, and need not be declared.

Gifts from other sources (e.g. patients, families, service users):

- Gifts of cash and vouchers to individuals should always be declined.
- Staff should not ask for any gifts.
- Gifts valued at over £50 should be treated with caution and can only be accepted on behalf of the CCG (i.e. to a charitable fund) but not in a personal capacity. These should be declared by staff.
- Modest gifts accepted under a value of £50 can be accepted from non-suppliers and non-contractors and do not need to be declared.
- 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.

13.2.3. Best practice is to politely refuse gifts with a courteous explanation of the CCG's policy, and advise the donor that should they wish to do so they are welcome to make a contribution to a charitable cause.

13.2.4. All gifts and offers must be notified for inclusion in the Register within 14 clear days of the gift or offer.

13.3. Gifts and hospitality register

13.3.1. 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 exercise, as the acceptance of gifts could give rise to real or perceived conflicts of interests, or accusations of unfair influence, collusion or canvassing.

13.3.2. In exceptional circumstances, where the public disclosure or 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 register(s). Where an individual believes that substantial damage or distress may be caused, to him/himself 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. Decisions not to publish information must be made by Conflicts of Interest Guardian for the CCG, who should seek appropriate legal advice where required, and the CCG should retain a confidential un-redacted version of the register(s).

13.3.3. All persons who are required to make a declaration of interest(s) or a declaration of gifts or hospitality will be made aware that the register(s) will be published in advance of publication via a fair processing notice.

13.3.4. The register(s) of interests (including the register of gifts and hospitality) will be published as part of the CCG's Annual Report and Annual Governance Statement.

14. SECONDARY EMPLOYMENT

14.0.1. Should an employee wish to undertake secondary employment, line managers should be informed and prior permission must be obtained to ensure that the CCG is aware of, and can deal with any potential conflict of interest. It should be noted that the CCG reserves the right to refuse permission where it believes a conflict will arise which cannot be effectively managed.

14.0.2. Additional work or employment is considered as 'secondary' even where the CCG may not be considered by an individual as their main or 'primary' employment or work. Individuals are not precluded from having secondary employment - however the CCG must be informed of such employment.

14.0.3. Failure to obtain prior permission may be classed as gross misconduct and lead to disciplinary action. Further information can be found within the CCG's Concerns and Whistleblowing Policy.

15. INITIATIVES

15.0.1. As a general principle any financial gain resulting from external work where use of the CCGs time or title is involved (e.g. speaking at events/conferences, writing articles) and/or which is connected with the CCGs business will be forwarded to the CCG's Chief Finance Officer.

15.0.2. Any patent, designs, trademarks or copyright resulting from the work (e.g., research)

of an individual in its contract for services/employment with the CCG shall be the intellectual property of the CCG.

15.0.3. Approval from the appropriate line manager should be sought prior to entering into any obligation to undertake external work connected with the business of the CCG.

15.0.4. Where the undertaking of external work benefits or enhances the CCG's reputation or results in financial gain for the CCG, consideration will be given to rewarding employees subject to any relevant guidance for the management of Intellectual Property in the NHS issued by the Department of Health.

16. COMMERCIAL CONFIDENTIALITY

16.0.1. All individuals should guard against providing information on the operations of the CCG which might provide a commercial advantage to any organisation (private or NHS) in a position to supply goods or services to the CCG. For particularly sensitive procurement/contracts individuals may be asked to sign a non-disclosure agreement.

17. MANAGEMENT ARRANGEMENTS

17.0.1. Individuals should be aware that a breach of this policy could render them liable to prosecution as well as leading to the termination of their employment or position within the CCG.

17.0.2. Individuals who fail to disclose relevant interests, outside employment or receipts of gifts or hospitality as required by this policy or the CCG's standing orders and financial policies may be subject to disciplinary action which could ultimately result in the termination of their employment or position within the CCG.

17.1. Raising concerns and management of breaches

17.1.1. The CCG takes seriously the failure to disclose such information as required by this policy.

17.1.2. It is an offence under the Fraud Act 2006 for individuals to fail to disclose information to the CCG in order to make a gain for themselves or another, or to cause a loss or expose the organisation to a loss. Therefore, if an individual becomes aware that someone has failed to disclose relevant and material information, they should raise the concern in the first instance with the Governance Team, Chief Finance Officer, and the Conflicts of Interest Guardian – all such notifications will be dealt with in the strictest confidence in accordance with the other CCG's policies (including the Whistleblowing Policy). The Anti-Fraud and Corruption Policy will be consulted and an appropriate referral made to the Local Counter Fraud Specialist where applicable.

17.1.3. All breaches will be anonymized, recorded and published on the CCGs website along with any outcomes/actions. NHS England will be notified of any breaches, as appropriate.

18. MONITORING

18.0.1. This policy will be reviewed annually by the Senior Leadership Team.

18.0.2. The Lay Member with responsibility as Guardian for Conflict of Interest, supported by the corporate office will review Register of Interest entries on a regular basis and take any action necessary highlighted by the review. All actions taken will be reported to Audit Committee.

18.0.3. NHS England has introduced a new Improvement and Assessment Framework for CCGs from 2016/17 onwards. The management of conflicts of interest is a key indicator of the new framework.

18.0.4. As part of the framework, the CCG will be 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 the mandated conflicts of interest on-line training, as of 31 January annually.

18.0.5. In addition, CCGs will be required to report on a quarterly basis via self-certification 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 and
 - gifts and hospitality
- Has made these registers available on its website and, upon request, at the CCG's HQ.
- Is aware of any breaches of its policies and procedures in relation to the management of conflicts of interest and how many:
 - To include details of how they were managed;
 - Confirmation that anonymised details of the breach have been published on the CCG website;
 - Confirmation that they been communicated to NHS England.

19. TRAINING AND RAISING AWARENESS

19.0.1. The CCG will ensure all staff are aware of mandatory training on the management of conflicts of interest. The training will be offered to all employees, governing body members and members of CCG committees and sub-committees. This is to ensure staff and others within the CCG understand what conflicts are and how to manage them effectively.

19.0.2. NHS England will provide online training for CCG staff, governing body and committee members. The training will 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 31 January of each year. The CCG will be required to record completion rates as part of their annual conflicts of interest audit.

19.0.3. NHS England will provide face-to-face training on conflicts of interest to key individuals within the CCG.

Date of Review:
Date of Approval:

Declaration of interests for **INSERT NAME HERE** Clinical Commissioning Groups

The information provided will be used to generate a Register of Interests for meetings run by the CCGs; please ensure you complete all boxes

Name:				
Work Address:				
Email Address:				
Please indicate which CCG you are a member of /employed by.				
Role within, or relationship with, the CCG (or NHS England in the event of joint committees):				
Detail of interests held (complete all that are applicable):				
Type of Interest (1, 2, 3, or 4)* *See attached descriptions	Description of Interest (including for indirect Interests, details of the relationship with the person who has the interest)	Date interest relates From & To		Are you clear what actions are to be taken to mitigate risk (to be agreed with line manager or a 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 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.**

Please list the meetings that you attend that are managed by the CCG and where you receive an agenda from the CCG:

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 on the next page.

Signed:

Date:

Signed:

(Line Manager or Senior CCG Manager)

Position:

Date:

Please return this form to the Governance Team either by email: FGSEHCCG.Governance@nhs.net or by post: Governance Team, CommCen Building, Fort Southwick, James Callaghan Drive, Fareham, PO17 6AR.

Reasons why I withhold consent for my details to be published:

Types of interest:

Type of Interest	Description
<p>1. Financial Interests</p>	<p>This is 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; • A shareholder (or similar owner 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; • In secondary employment (see paragraph 56 to 57); • In receipt of secondary income from a provider; • In receipt of a grant from a provider; • In receipt of 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).
<p>2. Non-Financial Professional Interests</p>	<p>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 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. • A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); • An advisor for Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE); • A medical researcher.
<p>3. Non-Financial Personal Interests</p>	<p>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:</p> <ul style="list-style-type: none"> • A voluntary sector champion for a provider; • 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 groups with an interest in health.
<p>4. Indirect Interests</p>	<p>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). For example, this should include:</p> <ul style="list-style-type: none"> • Spouse / partner; • Close relative e.g., parent, grandparent, child, grandchild or sibling; • Close friend; • Business partner.

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Appendix 4 Register of Gifts and Hospitalities template

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

Appendix 5 Procurement Checklist template

Service:	
Question	Comment / Evidence
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 CCG’s proposed commissioning priorities? How does it comply with the CCG’s commissioning obligations?	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposals?	
How have you involved your Health and Wellbeing Board(s)? How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
Have all conflicts and potential conflicts of interests been properly declared and entered in registers?	
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?	
Why have you chosen this procurement route e.g. single action tender?	
What additional external involvement will there be in scrutinising the proposed	

decisions?	
How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision making process and award any contract?	
Additional questions when qualifying a provider on a list or 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)	
Have you determined a fair price for the service?	
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 the GP practices are likely to be qualified providers	
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.	
What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?	
What assurance 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?	

Appendix 6 Procurement decisions and contracts awarded template

	Contract/ Service title	Procurement description	Existing contract or new procurement (if existing include details)	Procurement type – CCG procurement, collaborative procurement with partners	CCG clinical lead (Name)	CCG contract manager (Name)	Decision making process and name of decision making committee	Summary of conflicts of interest noted	Actions to mitigate conflicts of interest	Justification for actions to mitigate conflicts of interest	Contract awarded (supplier name & registered address)	Contract value (£) (Total) and value to CCG	Comments to note

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:

Please return to **Governance team or individual in CCG nominated for procurement management and administrative processes**

Appendix 7 Register of procurement decisions and contracts awarded template

Ref No	Contract/ Service title	Procurement description	Existing contractor or new procurement (if existing include details)	Procurement type – CCG procurement, collaborative procurement with partners	CCG clinical lead	CCG contract manager	Decision making process and name of decision making committee	Summary of conflicts of interest declared and how these were managed	Contract Awarded (supplier name & registered address)	Contract value (£) (Total)	Contract value (£) to CCG

Appendix 8 Register of Breaches of Conflicts of Interest Policy template

NHS North Hampshire Clinical Commissioning Group

Register of Breaches of Conflicts of Interest Policy

Breach Raised Internally or Externally	Date Reported	Nature of Breach	Impact of Breach	Arrangements in place that could have prevented the breach	Lessons Learned as a consequence	Remedial Action Required	Date Reported to CCG's Audit Committee	Date Reported to NHS England