

Managing Conflicts of Interest Policy

Document Control Sheet

Name of document:	Managing Conflicts of Interest Policy
Version:	4
Status:	Final
Owner:	Nikki Cocks
Date of this version:	19 th January 2015
Produced by:	Carl Gosling
Synopsis and outcomes of consultation undertaken:	
Synopsis and outcomes of Equality and Diversity Impact Assessment:	
Approved by (Committee):	
Date ratified:	
Copyholders:	
Next review due:	
Enquiries to:	Director of Operations and Delivery

Revision History

Revision Date	Summary of changes	Author(s)	Version Number
30/07/12	Initial revisions	Nikki Cocks	2 Draft
07/08/12	Rewritten to reflect core CCG requirements	Nikki Cocks	3 Draft
10/12/12	Transferred from Draft to Final	Carl Gosling	1
29/04/13	Governing Body voting decision	Carl Gosling	2
06/08/13	Adding Local Counter Fraud Specialist contact details	Carl Gosling	3
21/01/15	Rewritten following receipt of new Guidance and Local Counter Fraud specialist contact details updated.	Carl Gosling	4

Approvals

This document requires the following approvals either individual(s), group(s) or board.

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Equality & Diversity Impact Assessment

In reviewing this policy, NHS Norwich Clinical Commission Group (NHS Norwich CCG) considered, as a minimum, the following questions:

- Are the aims of this policy clear?
- Are responsibilities clearly identified?
- Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?
- Are communication proposals adequate?
- Does training need to be given? If so is this planned?

Adverse impact has been considered for age, disability, gender, race/ethnic origin, religion/belief/sexual orientation.

Only when NHS Norwich CCG has satisfied themselves that the policy is non-discriminatory will they pass it for consideration by the governing body.

1. Introduction

This policy sets out how NHS Norwich Clinical Commissioning Group (NHS Norwich CCG) will manage conflicts and potential conflicts of interest.

This policy equally applies to those who may be placed in a conflict of interest position. It is anticipated that this will cover members of the NHS Norwich CCG Governing Body (Clinical, Executive and Lay), Committee and Sub Committee members, those involved in Commissioning, Contracting and Procurement processes and decision-making.

For the avoidance of doubt, this policy covers those referred to in paragraph above and those staff that are directly employed by NHS Norwich CCG and for whom the NHS Norwich CCG has legal responsibility. For those staff covered by a letter of authority/honorary contractor work experience this policy is also applicable whilst undertaking duties on behalf of NHS Norwich CCG and forms part of their arrangements with NHS Norwich CCG.

As part of good employment practice, agency workers are also required to abide by NHS Norwich CCG policies and procedures, as appropriate, to ensure their health, safety and welfare whilst undertaking their work. The policy should be read and operated alongside NHS Norwich CCG's Standards of Business Conduct.

Code of Conduct: Code of Accountability in the NHS

It is a requirement that chairs and all board directors should declare any conflict of interest that arises in the course of conducting NHS business. All NHS organisations maintain a register of member's interest to avoid any danger of board directors being influenced, or appearing to be influenced by their private interest in the exercise of their public duties.

All board members are therefore expected to declare any personal or business interest which may influence, or may be perceived to influence their judgement. This should include, as a minimum, personal direct and indirect financial interests and should normally also include such interests of close family members. Indirect financial interests arise from connections with bodies which have a direct financial interest or from being a business partner of or being employed by a person with such an interest".

Bribery Act 2010

Under the Bribery Act 2010, any money, gift or consideration received by an employee from a person or company seeking a contract within the CCG will have been deemed to have been received under a bribe. Any gift received from a supplier such as pens, pencils or calendars may not be declared but if unsure, clarification should be sought from your Line Manager. Any hospitality other than meals or buffets provided by suppliers must be declared in writing (following the guidance of NHS Norwich CCG Gifts and Hospitality Policy and Procedure).

If an employee feels that they have been offered an incentive or bribe to place an order or contract, this should also be declared in writing immediately and reported to the Local Counter Fraud Specialist, Lisa George on 0203 313 2828; mobile 07825 827024; email: lisa.george@tiaa.co.uk or lisa.george4@nhs.net

If you are found to have accepted, or given, any bribe or inducement that is in breach of CCG policy, and/or the Bribery Act 2010 you will face action which may include an investigation by the Local Counter Fraud Specialist that could result in criminal and/or disciplinary action being taken against you.

The Code of Conduct and Accountability (July 2004) reinforces principles of probity and honesty and the CCG's Standing Orders and Standing Financial Instruction reflect these principles.

2. Background

- 2.1 The CCG is responsible for the stewardship of significant public resources when making decisions about the commissioning of health and social care services. In order to ensure and be able to evidence that these decisions secure the best possible services for the population it serves, the CCG must demonstrate accountability to relevant stakeholders (particularly the public), probity and transparency in the decision-making process.
- 2.2 A key element of this assurance involves management of conflicts of interest with respect to any decisions made. Although such conflicts of interest are inevitable, having processes to appropriately identify and manage them is essential to maintain the integrity of the NHS commissioning system and to protect the CCG, its employees and associated GP practices from allegations and perceptions of wrong-doing.
- 2.3 This policy reflects the seven principles of public life promulgated by the Nolan Committee.

These include:

- **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 and 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 and 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 and support these principles by leadership and example.

2.4 The policy should be read in conjunction with the following documents:

- Managing conflicts of interest: Guidance for clinical commissioning groups (December 2014)
- Primary care co-commissioning: regional roadshows Q&As
- Towards Establishment: Creating responsive and accountable CCGs Technical

Appendix 1 (NHS Commissioning Board, October 2012)

- Code of Conduct: Managing conflicts of interest where GP practices are potential providers of CCG-commissioned services (NHS Commissioning Board, October 2012)
- General Medical Council: Good Medical Practice April 2013

In addition, it should be noted that this policy updates and expands upon the provisions contained in the CCG's constitution.

3. Scope

3.1 This policy will apply to:

- the members of the CCG;
- the members of its Governing Body;
- the members of its committees or sub-committees and the committees or subcommittees of its Governing Body; and
- its employees.

3.2 The CCG will ensure that all employees and decision-makers are aware of the existence of this policy by:

- an introduction to the policy being given during local induction for new starters to the CCG;
- an annual reminder of the existence and importance of the policy delivered via internal communication methods; and
- an annual reminder to update declaration forms sent to all members of the Governing Body and any other committee, sub-committee or decision-making group.

3.3 Individuals to whom this policy applies will be personally responsible for ensuring that they:

- are familiar with its provisions;
- do not knowingly place themselves in a position which creates a potential conflict between their individual and personal interests and their CCG duties; and
- comply with the procedures set out in the policy including making declarations of potential or actual conflicts of interest where necessary.

3.4 If applicable, individuals should also refer to their respective professional codes of conduct relating to conflicts of interest.

3.5 Alongside this policy, individuals should familiarise themselves with the policy on gifts and hospitality.

3.6 The CCG will view instances where this policy is not followed as serious and may take disciplinary action against individuals, which may result in dismissal.

4. Data Protection

The information provided will be processed in accordance with data protection principles as set out in the Data Protection Act 1998. Data will be processed only to ensure that the governing body members act in the best interests of NHS Norwich CCG and the public and patients the group was established to serve. The information provided will not be used for any other purpose.

Signing the declaration form will also signify that you consent to your data being processed for the purposes set out in this policy.

5. Policy Statement

5.1 Conflicts of interest occurs where an individual's ability to exercise judgement, or act in a role, is or could be impaired or otherwise influenced by his or her involvement in another role or relationship. The individual does not need to exploit his or her position to obtain an actual benefit, financial or otherwise, for a conflict of interest to occur.

Therefore a Conflict of interest may arise where an individual's personal interests or loyalties or those of a connected person (a relative, close friend or business associate) conflict with those of the CCG. Such conflicts may create problems such as inhibiting free discussion which could result in decisions or actions being taken which are not in the interests of the CCG, and risk giving the impression that the CCG has acted improperly.

5.2 A conflict of interest is not specifically defined in any relevant guidance or legislation but may include:

- **a direct pecuniary interest:** where an individual may financially benefit from the consequences of a commissioning decision (for example, as a provider of services);
- **an indirect pecuniary interest:** for example, where an individual is a partner, member or shareholder in an organisation that will benefit financially from the consequences of a commissioning decision;
- **a non-pecuniary interest:** where an individual holds a non-remunerative or not-for-profit interest in an organisation, that will benefit from the consequences of a commissioning decision (for example, where an individual is a trustee of a voluntary provider that is bidding for a contract);
- **a non-pecuniary personal benefit:** where an individual may enjoy a qualitative benefit from the consequence of a commissioning decision which cannot be given a monetary value (for example, a reconfiguration of hospital services which might result in the closure of a busy clinic next door to an individual's house); and
- where an individual is closely related to, or in a relationship, including a business relationship or friendship, with an individual who fits into one of the above categories.

5.3 Further, it should be noted that:

- **the possibility of the perception** of wrongdoing, impaired judgement or undue influence shall also be considered a conflict of interest for the purposes of this policy and should be declared and managed accordingly; and
- where there is doubt as to whether a conflict of interest exists, it should be assumed that there is a conflict of interest and declared and managed accordingly.

5.4 It is important to remember that (please the 3 bullets in the box after section 17 page 9/10). Where an individual has any queries with respect to conflicts of interest they should seek advice from the Director of Operations and Delivery.

6. Register of Interests

6.1 The CCG shall keep a Register of Interests (the “Register”) of all individuals listed at clause 2.1.

6.2 Conflicts of interests shall be reported to the Director of Operations and Delivery who shall update the Register accordingly.

6.3 The Director of Operations and Delivery will review the Register regularly, the Register shall be formally refreshed every three months and a check shall be made at least once a year to ensure that the Register is accurate and up to date.

6.4 The Register shall be available:

- on the CCG’s website (www.norwichccg.nhs.uk); and
- upon request, addressed to the Director of Operations and Delivery at the CCG’s headquarters.

6.5 Where members declare interests, this shall include the interests of all relevant individuals within their organisation (e.g. partners or practice managers in a GP practice) who have a relationship with the CCG and who would potentially be in a position to benefit from the CCG’s decisions.

6.6 The Register of Interests template is attached at Appendix 1.

7. Declaration of Interests

7.1 Declarations of Interest shall be made and their existence regularly confirmed or updated including in, but not limited to, the following situations:

- on appointment of an individual to the CCG, its Governing Body or any committee or sub-committee;
- Annually (at a minimum);
- at meetings - all attendees shall be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent, even if the same interest has previously been declared in the Register or another meeting;
- on an individual changing role or responsibility within a CCG or its Governing Body; and
- on any other change of circumstances that affects the individual’s interests (e.g. where the individual takes on a new role outside the CCG or sets up a new business or relationship).

7.2 In addition to the provisions in 7.1, individuals who have a conflict of interest have an obligation to declare this in writing to the Director of Operations and Delivery as soon as they become aware of it and in any event not later than 28 days after becoming aware.

7.3 Where an individual is unable to provide a declaration in writing, for example, if a conflict becomes apparent during the course of a meeting, they must make an oral declaration before witnesses, and provide a written declaration as soon as possible thereafter.

7.4 The declaration of interests templates are attached at Appendices 2 & 3

8. Managing Conflicts of Interest

Principles

8.1 The CCG will manage conflicts of interest by following a number of principles:

- Statutory requirements by maintaining a register of interests of the members of the group, and ensuring that individuals declare a conflict, or potential conflict, as soon as they become aware of it.
- Doing Business Properly – ensuring commissioning decisions are in line with the CCG’s constitution, standards of business and commissioning strategy.
- Being proactive not reactive – considering potential conflicts of interests (e.g. when appointing individuals to decision-making roles); ensuring all members and employees of the CCG and any other persons (including GPs and employees of member GP practices) that sit on a decision-making forum of the CCG, such as the Governing Body or any committee or sub-committee, are aware of their obligations to declare conflicts of interests; maintaining a register of interests; and agreeing in advance how to deal with scenarios where a conflict of interest occurs.
- Assuming individuals will act ethically and professionally, but may not always appreciate the potential for conflicts of interest or relevant rules and procedures.
- Being balanced and proportionate – ensuring rules are clear and robust but not overly prescriptive or restrictive so as to hinder the decision-making process.
- 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 the local population.

General Provisions

8.2 In accordance with the CCG’s constitution, the CCG shall manage conflicts of interest that are declared or arise as stated in the following provisions of this paragraph 6.

- 8.3 The Accountable Officer will ensure that for every interest declared, either in writing or by oral declaration, arrangements are in place to manage the conflict of interests or potential conflict of interests, to ensure the integrity of the CCG's decision making processes.
- 8.4 Arrangements for the management of conflicts of interest are to be determined by the Accountable Officer or chair of any relevant meeting and will include the requirement to put in writing to the relevant individual arrangements for managing the conflict of interests or potential conflicts of interests, within a week of declaration. The arrangements will confirm the following:
- a) when an individual should withdraw from a specified activity, on a temporary or permanent basis (this may include asking an individual to be excluded from meetings, or relevant parts of meetings, during which relevant issues are discussed or to attend such discussions but not participate in any related vote); and
 - b) monitoring of the specified activity undertaken by the individual, either by a line manager, colleague or other designated individual.
- 8.5 Where an interest has been declared, either in writing or by oral declaration, the declarer will ensure that before participating in any activity connected with the CCG's exercise of its commissioning functions, they have received confirmation of the arrangements to manage the conflict of interest or potential conflict of interest from the Accountable Officer.
- 8.6 Where an individual member, employee or person providing services to the CCG is aware of an interest which:
- a) has not been declared, either in the Register or orally, they will declare this at the start of the meeting;
 - b) has previously been declared, in relation to the scheduled or likely business of the meeting, the individual concerned will bring this to the attention of the chair of the meeting (the "Chair"), together with details of arrangements which have been confirmed for the management of the conflict of interests or potential conflict of interests.
- The Chair, consulting with the Director of Operations and Delivery if necessary, will then determine how this should be managed and inform the member of their decision. 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 recorded in the minutes of the meeting.
- 8.7 Where the Chair of any meeting of the CCG, including committees, sub-committees, or the Governing Body and the Governing Body's committees and sub-committees, 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 will act as Chair for the relevant part of the meeting. 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, the members of the meeting will select one.

- 8.8 Any declarations of interests, and arrangements agreed in any meeting of the CCG, committees or sub-committees, or the Governing Body, the Governing Body's committees or sub-committees, will be recorded in the minutes.
- 8.9 Where more than 50% of the members of a meeting are required to withdraw from a meeting or part of it, owing to the arrangements agreed for the management of conflicts of interests or potential conflicts of interests, the Chair (or deputy) will determine whether or not the discussion can proceed.
- 8.10 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. Where the meeting is not quorate, owing to the absence of certain members, the discussion will be deferred until such time as a quorum can be convened. 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 Chair of the meeting shall consult with the Accountable Officer on the action to be taken.
- 8.11 This may include:
- a) requiring another of the CCG's committees or sub-committees, the CCG's Governing Body or the Governing Body's committees or sub-committees (as appropriate) which can be quorate to progress the item of business, or if this is not possible,
 - b) inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Governing Body or committee / subcommittee in question) so that the CCG can progress the item of business:
 - i) a member of the CCG who is an individual;
 - ii) an individual appointed by a member to act on its behalf in the dealings between it and the CCG;
 - iii) a member of a relevant Health and Wellbeing Board;
 - iv) a member of a Governing Body of another Clinical Commissioning Group.
- Any such arrangements shall be recorded in the minutes.
- 8.12 In any transaction undertaken in support of the CCG's exercise of its commissioning functions (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 conform to the arrangements confirmed for the management of that interest. Where an individual has not had confirmation of arrangements for managing the interest, they must declare their interest at the earliest possible opportunity in the course of that transaction, and declare that interest as soon as possible thereafter. The individual must also inform either their line manager (in the case of employees), or the Accountable Officer of the transaction.
- 8.13 The Accountable Officer will take such steps as deemed appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

Appointing Governing Body or committee members

- 8.14 The CCG shall consider whether conflicts of interest should exclude individuals from being appointed to the Governing Body or to a committee or sub-committee of the CCG.
- 8.15 Such consideration shall be made on a case by case basis depending on the nature and extent of the interest, in particular whether the individual (or a family member) could benefit from any decision made and whether the interest relates to such a significant area of business that the individual would be unable to make a full and proper contribution.
- 8.16 Any individual who has a material interest in an organisation which provides or is likely to provide substantial business to a CCG (either as a provider of healthcare or commissioning support services) shall not be a member of the Governing Body.

Contractors and people who provide services to the CCG

- 8.17 Anyone seeking information in relation to a procurement, or participating in a procurement, or otherwise engaging with the CCG in relation to the potential provision of services or facilities to the CCG, will be required to make a declaration of any relevant conflict / potential conflict of interest.
- 8.18 Anyone contracted to provide services or facilities directly to the CCG will be required to make a declaration of any relevant conflict / potential conflict of interest and this requirement will be set out in the contract for their services.

9. Additional provisions where GPs practices are potential providers

- 9.1 Where member GP practices are potential providers of services to be commissioned, the CCG shall use the "Procurement" template at Appendix 4 to provide appropriate assurance to themselves and their Audit Committee, as well as local communities, Health and Wellbeing Boards and auditors.
- 9.2 The templates may be inspected upon request (addressed to the Director of Operations and Delivery) at the CCG's headquarters.

Providing reassurance

- 9.3 The CCG shall address the issues raised in the Procurement template when drawing up their plans to commission a service for which member GP practices may be potential providers and set these out when complying with their duty in relation to public involvement.

This will provide appropriate assurance:

- to Health and Wellbeing Boards and to local communities that the proposed service meets local needs and priorities; and
- to the Audit Committee and, where necessary, 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.

Preserving integrity of decision-making process when all or most GPs have an interest in a decision

- 9.4 In accordance with paragraph 6.4, where certain members have a material interest, they shall 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).
- 9.5 If all of the GPs or other practice representatives on a decision-making body could have a material interest in a decision, particularly where the CCG is proposing to commission services on a single tender basis from all GP practices in the area, or where it is likely that all or most practices would wish to be qualified providers for a service under Any Qualified Provider (AQP). The CCG shall:
- refer the decision to the Governing Body and exclude all GPs or other practice representatives with an interest from the decision-making process;
 - consider co-opting individuals from a Health and Wellbeing Board or one or more members of the Governing Body of another CCG onto the Governing Body, or inviting the Health and Wellbeing Board or another CCG to review the proposal, to provide additional scrutiny (though the voting rights of any invitees shall be in accordance with the provisions of the CCG's constitution);
 - ensure that rules on being quorate at meetings (set out in the CCG's constitution) enable decisions to be made; and
 - plan ahead to recognise when items on meeting agendas that require decisions to be made are coming up that the agreed processes for ensuring they remain quorate are implemented.

The Chair (or their deputy where relevant) may, depending on the nature of the conflict, allow GPs or other practice representatives to join in the Governing Body's discussion (but not vote) about the proposed decision.

Transparency – publication of contracts

- 9.6 All contracts, including the value of the contracts, shall be published on the CCG's website as required by legislation.
- 9.7 In addition, where CCGs decide to commission services through AQP, they should publish on their website the type of services they are commissioning and the agreed price for each service. Further, information as to the providers who qualify to provide the service shall be publicly available.
- 9.8 The information referred to in 8.6 and 8.7 shall be set out in the CCG's annual report.

Role of commissioning support

- 9.9 The CCG cannot sub-delegate commissioning decisions to an external provider of commissioning support. However, the CCG shall ensure that it seeks and receives appropriate technical support to decide the most appropriate procurement route, undertake procurements and manage contracts in ways that manage conflicts of interest and preserve integrity of decision-making.
- 9.10 Where another CCG or a commissioning support service undertake procurement activity on behalf of the CCG, the CCG shall ensure that they are compliant with requirements of the regulations in the same way the CCG must be itself.

9.11 GPs shall comply with the latest guidance published by the General Medical Council (GMC) from time to time including Good Medical Practice (2013) and any supplementary guidance.

10. Designing Service requirements

NHS Norwich CCG will engage with relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient need. Such engagement, done transparently and fairly, is entirely legal. However conflicts of interest can occur if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid.

NHS Norwich CCG will seek as far as possible, to specify the outcomes that they wish to see delivered through a new service, rather than 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.

Such engagement should follow the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all.

Other steps include

- advertise the fact that a service design/re-design exercise is taking place widely and invite comments from any potential providers and other interested parties (ensuring a record is kept of all interactions);
- as the service design develops, engage with a wide range of providers on an ongoing basis to seek comments on the proposed design, e.g. via the commissioners website or via workshops with interested parties;
- Use engagement to help shape the requirement to meet patient need but take care not to gear the requirement in favour of any particular provider(s);
- If appropriate, engage the advice of an independent clinical advisor on the design of the service;
- Be transparent about procedures;
- Ensure at all stages that potential providers are aware of how the service will be commissioned; and
- Maintain commercial confidentiality of information received from providers.

When engaging providers on service design, CCGs should bear in mind that they have ultimate responsibility for service design and for selecting the provider of services. Monitor has issued guidance on the use of provider boards in service design.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/284832/ManchesterCaseClosure.pdf

CCGs will also need to ensure that they have systems in place for managing conflicts of interest on an ongoing basis, for instance by monitoring a contract that has been awarded to a provider in which an individual commissioner has a vested interest.

11. Transparency of GP Earnings

As advised by NHS England in a letter d/d 29th September 2014 ,

<http://www.england.nhs.uk/wp-content/uploads/2014/09/gms-contract-changes-sept14.pdf>

there will be a new contractual requirement for GP Practices to publish on their practice website by the 31st March 2016, the mean net earnings of GPs in their practice (to include contractor and salaried GPs) relating to 2014/15 financial year. Alongside the mean figure, practices must publish the number of full and part time GPs associated with the published figure. The figure will include earnings from NHS England, CCGs and Local authorities for the provision of GP services that relate to the contract and which would have previously been commissioned by PCTs. Costs relating to premises will not be included. Fuller details will be included in the implementation guidance for the 2015/16 GP contract, due to be published in February 2015. This is an interim solution until arrangements are finalised for publishing individual GP net earnings in 2016/17.

12. Managing Contracts

If you have a conflict of interest (as per the definition in 5.2) you must not be involved in procuring, tendering, managing or monitoring a contract in which you have an interest. Monitoring arrangements for such contracts will include provision for an independent challenge of bills and invoices and termination of the contract in relationship is unsatisfactory.

13. Breaches of this Policy

Breaches of this Policy may result in the Governing Body member being removed from office in line with the NHS Norwich CCG constitution.

14. Equality and Diversity Statement

14.1 The CCG is committed to ensuring that it treats its 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, sexual orientation, gender reassignment, marriage or civil partnership, pregnancy or maternity or race.

14.2 If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you or your role, please contact the Director of Operations and Delivery.

15. Monitoring Compliance and Effectiveness of the Policy

The policy will be reviewed annually by the Audit Committee. All groups and individuals to whom this policy applies (as set out in clause 2.1 above) will be reminded of the policy and Register at least annually. The Director of Operations and Delivery shall take any action necessary as highlighted by the review.

Appendix 1 - Register of Interests template

NHS Norwich Clinical Commissioning Group

This Register of Interests (**Register**) includes all interests declared by members, employees, Governing Body members and members of committees or sub-committees, (including committees and sub-committees of the Governing Body) of **NHS Norwich Clinical Commissioning Group** (the CCG).

In accordance with the CCG's constitution and section 140 of *The National Health Service Act 2006*, the CCG's Director of Operations and Delivery must be informed of any interest which may lead to a conflict with the interests of the CCG and the public for whom they commission services in relation to a decision to be made by the CCG, that needs to be included in the Register within 28 days of the individual becoming aware of the potential for a conflict. The Register will be updated regularly (at no more than 3-monthly intervals).

Interests that must be declared (whether such interests are those of the individual themselves or of a family member, business associate, close friend or other acquaintance of the individual) include:

- roles and responsibilities held within member practices;
- directorships, including non-executive directorships, held in private companies or PLCs;
- ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
- shareholdings (more than 5%) of companies in the field of health and social care;
- a position of authority in an Organisation (e.g. charity or voluntary Organisation) in the field of health and social care;
- any connection with a voluntary or other Organisation contracting for NHS services;
- research funding/grants that may be received by the individual or any Organisation in which they have an interest or role; and
- any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

Appendix 2 - Declaration of conflict of interests for bidders / contractors template

NHS Norwich Clinical Commissioning Group

Bidders/potential contractors/service provider's declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution.

Notes:

- All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential conflicts of interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under, or otherwise enter into any contract with, the CCG.
- If any assistance is required in order to complete this form, then the Relevant Organisation should contact the Director of Operations and Delivery.
- The completed form should be sent to the Director of Operations and Delivery at the CCG's headquarters.
- Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and the CCG must notified to the CCG by completing a new declaration form and submitting it to the Director of Operations and Delivery.
- Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- If in doubt as to whether a conflict of interests could arise, a declaration of the interests should be made.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, business associate, close friend or other acquaintance of the Relevant Person), include the following:

- the Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for the CCG;
- a Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;

- the Relevant Organisation or any Relevant Person has any other connection with the CCG, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG or any of its members' or employees' judgements, decisions or actions.

Declarations:

Name of Relevant Organisation:	
Interests	
Type of Interest	Details
Provision of services or other work for the CCG	
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, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG or any of its members' or employees' judgements, decisions or actions	

Name of Relevant Person		<i>[complete for all Relevant Persons]</i>
Interests		
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		
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, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG 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:

Appendix 3 - Declaration of interests for members/employees template

NHS Norwich Clinical Commissioning Group

Member / employee/ Governing Body member / committee or sub-committee member (including committees and sub-committees of the Governing Body) [delete as appropriate] declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution and section 140 of *The National Health Service Act 2006*.

Notes:

- Each CCG must make arrangements to ensure that the persons mentioned above declare any interest which may lead to a conflict with the interests of the CCG and the public for whom they commission services in relation to a decision to be made by the CCG.
- A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it, and within 28 days.
- If any assistance is required in order to complete this form, then the individual should contact the Director of Operations and Delivery.
- The completed form should be sent by both email and signed hard copy to the Director of Operations and Delivery at the CCG's headquarters.
- Any changes to interests declared must also be registered within 28 days by completing and submitting a new declaration form.
- The register will be published:
 - On the CCG's website; and
 - Upon request addressed to the Director of Operations and Delivery at the CCG's Headquarters.
- Any individual – and in particular members and employees of the CCG - must provide sufficient detail of the interest, and the potential for conflict with the interests of the CCG and the public for whom they commission services, to enable a lay person to understand the implications and why the interest needs to be registered.
- If there is any doubt as to whether or not a conflict of interests could arise, a declaration of the interest must be made.

Interests that must be declared (whether such interests are those of the individual themselves or of a family member, business associate, close friend or other acquaintance of the individual) include:

- roles and responsibilities held within member practices;
- directorships, including non-executive directorships, held in private companies or PLCs;
- ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
- shareholdings (more than 5%) of companies in the field of health and social care;
- a position of authority in an Organisation (e.g. charity or voluntary Organisation) in the field of health and social care;
- any connection with a voluntary or other Organisation contracting for NHS services;
- research funding/grants that may be received by the individual or any Organisation in which they have an interest or role;
- any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG.

If there is any doubt as to whether or not an interest is relevant, a declaration of the interest must be made.

Declaration:

Name:		
Position within or relationship with, the CCG:		
Interests		
Type of Interest	Details	Personal interest or that of a family member, close friend or other acquaintance?
Roles and responsibilities held within member practices		
Directorships, including nonexecutive directorships, held in private companies or PLCs		
Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business		

with the CCG		
Shareholdings (more than 5%) of companies in the field of health and social care		
Positions of authority in an Organisation (e.g. charity or voluntary Organisation) in the field of health and social care		
Any connection with a voluntary or other Organisation contracting for NHS services		
Research funding/grants that may be received by the individual or any Organisation they have an interest or role in		
[Other specific interests?]		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and at least once a year. I give my consent for the information to be used for the purposes described in the CCG's Constitution and published accordingly.

Signed:

Date:

Appendix 4 - Procurement template

To be used when commissioning services from GP practices, including provider consortia or organisations in which GPs have a financial interest.

NHS Norwich Clinical Commissioning Group

Service:	
Question	Comment/Evidence
Questions for all three procurement routes	
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 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 appropriately declared and entered in registers which are publicly available?	
Why have you chosen this procurement route? ¹	
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?	
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†Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) regulations 2013 and guidance (e.g. that of Monitor).

Additional question for AQP or single tender (for services where national tariffs do not apply)	
How have you determined a fair price for the service?	

Additional questions for AQP only (where 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 single tenders from GP providers	
What steps have been taken to demonstrate that there are no other providers that could deliver this service?	
In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract? (If in doubt, the CCG should seek guidance from the NHS Commissioning Board)	
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?	