

Commercial Sponsorship Policy

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STOP! - Have you got the most up to date version of this policy?

Always Check <http://nww.sheffield.nhs.uk/policies/corporate.php> before reading further.

VERSION CONTROL				
Version	Date	Author	Status	Comment
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This policy / service has been reviewed in accordance with Equalities Legislation on race, disability, age, gender, sexual orientation and gender identity, faith and belief.



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Document Control Information

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Date	Section Revision	Author
August 2011	Background: Remove all references to Provider Services	Sue Laing
August 2011	Responsibilities: Changes to roles and responsibilities/job titles	Sue Laing
August 2011	Appendix B – Commercial Sponsor Agreement – changes to information required	Sue Laing
August 2011	Appendix C – Authorisation Procedures – Changes to job titles	Sue Laing
August 2011	Introduction – includes reference to the BMA document “Ensuring Transparency and Probity”	Sue Laing
September 2011	Review date amended to September 2012	Sue Laing
September 2011	Responsibilities – reference to Cluster Chief Executive	Sue Laing
September 2011	Appendix B – Type of Business – Value of Sponsorship	Sue Laing

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Commercial Sponsorship Policy

1 Introduction

PCTs are increasingly being offered Commercial Sponsorship particularly from within the Pharmaceutical Industry. This policy sets out NHS Sheffield Policy and associated Code of Conduct in relation to commercial sponsorship. This policy is in response to Commercial Sponsorship Ethical Standards for the NHS – published by the Department of Health (DoH) in November 2000 which requires NHS Organisations to produce local policies in relation to commercial sponsorship.

Commercial Sponsorship' is defined as including, "NHS funding from an external source, including funding of all or part of the cost of a member of staff, NHS research, staff training, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs, (including trips abroad), provision of free services and buildings or premises."

The arrangements outlined within this policy apply to all staff employed by NHS Sheffield and the Clinical Commissioning Group (CCG). The Department of Health Guidance also requires Independent Contractors to put in place similar local arrangements. Independent Contractors should refer to their professional bodies for guidance. GPs should also refer to the BMA guidance "Ensuring Transparency and Probity". May 2011.

This policy should be read in conjunction with the Acceptance of Gifts and Hospitality Policy.

2 Background

The 'New NHS: Modern and Dependable' places an obligation on Health Authorities, Primary Care Trusts and NHS Trusts to work together in partnership with other agencies to improve the health of the population and the quality of health services provided to that population.

The document recognises that there can be mutual benefit in sponsorship arrangements with organisations external to the NHS, but only if they are agreed within a framework with the necessary safeguards and checks.

Limited finance and management resources mean that the potential availability of financial and other support is attractive to the NHS. Specifically the Association of the British Pharmaceutical Industry (ABPI) Code of Practice allows pharmaceutical companies to commit up to 9% of their total resources to educational work with Health Authorities, Trusts and Primary Care contractors, so significant resources are available for appropriate projects from this source alone. There are, however, concerns that in accepting sponsorship from companies whose primary aim is to make profits, the quality of patient care may be compromised and priorities may be distorted by sponsorship agreements which look attractive in one part of the NHS, but may lead to increased costs or poorer care of patients in other parts of the service.

Commercial Sponsorship Ethical Standards for the NHS requires NHS bodies to have formal arrangements, with clear policy statements, codes of practice in working with sponsors, and codes of conduct for Board, Clinical Commissioning Group (CCG) members and staff. These arrangements need to be in line with the Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions.

This document describes how formal records will be maintained within NHS Sheffield.

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3 Key Principles

The key principles are that:

- Clinical and professional decisions must always be made in the best interests of patients and the service. Involvement of a commercial sponsor should not compromise the PCT/CCG or any member of staff/officer in undertaking their duties within the NHS.
- Any relationship must respect and safeguard confidential patient information.
- No agreements are permissible which lead to higher costs or reduce the quality of service to patients in other parts of the NHS. Only projects which have a positive impact for patients and the service will be acceptable.
- All agreements with a commercial sponsor will be handled in an open and transparent manner as befits a publicly funded body and are open to scrutiny and be a matter of public record.
- Any relationship must put patients first.
- No agreements will be entered into with sponsors whose products or services are prejudicial to health or conflict with the principles and objectives of the NHS and the Trust.
- No agreements will be entered into with organisations whose business or function is ethically unacceptable to the Trust, its staff or the public.
- In areas such as clinical trials, or commissioning, there is sufficient distance between the commercial sponsor and the clinicians involved in the day to day operation of the clinical trial/commissioning decision, to ensure no undue influence is exerted to promote a particular company's product or service.

4 Sponsorship Agreements

- 4.1 All sponsorship arrangements will be subject to prior written agreement between authorised officers and prospective sponsors.
- 4.2 All sponsorship agreements must be in writing and must clearly specify the benefits to the NHS, the Trust or patient. The benefits to the sponsor must also be explicit.
- 4.3 Clinical aspects of sponsored projects should always be under local control. Development of guidelines and advice will be by a local group, but not including a representative of the sponsors. The local group may decide that advice and guidelines developed by a sponsor are suitable for promotion locally.
- 4.4 Training events which rely heavily on the use of sponsored materials should be discouraged, unless they promote good practice agreed to by the Trust or practice. Service Level Agreements with training agencies must include a clause which requires the approval of the Trust to the use of commercially sponsored materials.

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- 4.5 All members and officers of the Trust who are taking part in sponsored projects must comply with both the PCT and their own professional codes of conduct.
- 4.6 All pharmaceutical companies entering into sponsorship agreements must comply with the ABPI code of practice. All sponsorship agreements with pharmaceutical companies valued in excess of £500 will require the advice of the PCT's Director of Public Health or Head of Medicines Management to confirm that they conform to PCT agreed protocols.
- 4.7 Staff employed by the PCT and members of Clinical Commissioning Group (CCG) should only accept individual opportunities sponsored by pharmaceutical companies when approved by the Director/Chief of Service in the first instance or the Chief Operating Officer/Chief Finance Officer for sponsorship £500 - £4999. All sponsorship over £5000 is subject to prior approval by CCG.
- 4.8 Formal meetings of NHS Sheffield and/or CCG should not be the subject of sponsorship agreements. Sponsorship for local training may be acceptable subject to the necessary authorisations.
- 4.9 Projects which involve the use of clinical guidelines or protocols prepared by sponsors should only be agreed following advice from the PCT's professional advisors.
- 4.10 Projects which involve the exchange of patient information should seek the advice of the PCT's Caldicott Guardian. Further guidance relating to compliance with data protection and data confidentiality may be obtained from the Information Governance Lead.
- 4.11 All staff including CCG members involved in the development of a sponsorship agreement must declare any prior interest in terms of previous sponsorship or relationship to any of the individual sponsors in question.
- 4.12 Sponsors should not advertise NHS Sheffield participation in their project as an endorsement to their product, packages or company without specific written permission of the PCT. The PCT should agree the nature of any endorsement or linked publication.
- 4.13 Any proposed collaboration should be without prejudice to any of the PCT's Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions, and within the spirit and letter of the Department of Health guidance and relevant codes of practice.
- 4.14 Commercial organisations must not be in breach of article 85 (1) of the EC treaty which prohibits agreements preventing, restricting or distorting competition or section 21 (1) of the Competition Act 1980 which makes it unlawful to engage in practice preventing, restricting or distorting competition in the supply and acquisition of goods.
- 4.15 All agreements must include a 'break' clause enabling the termination of the agreement at short notice, or immediately if necessary.
- 4.16 Sponsors should be informed that any sponsorship arrangement will have no effect on purchasing decisions with NHS Sheffield.

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4.17 Sponsorship agreements which involve several sponsors are to be preferred to those which involve a single sponsor.

4.18 All sponsors should be provided with copies of this policy document before draft arrangements are agreed.

5 Responsibilities

Chief Executive

The Chief Executive has overall accountability and responsibility for implementation of this policy.

Chief Operating Officer

The Chief Operating Officer has delegated responsibility for day-to-day management of this policy.

Directors/Associate Directors/Chief Officers/Heads of Service

Directors/Associate Directors/Chief Officers/Heads of Service must ensure that managers within their directorate are made aware of the provisions set out within the policy and that it is implemented within their directorate, in particular:

- Ensuring all employees are aware of their responsibilities, the law and the PCT's policy on Commercial Sponsorship.
- Ensuring that breaches of policy are dealt with in a fair and consistent manner.

Company Secretary

The Company Secretary is responsible for:

- Advising staff on the contents of this policy
- Ensuring adequate records are established
- Maintaining the Commercial Sponsorship Register, ensuring it is open for public inspection and scrutiny.
- Preparation of the Gifts and Hospitality and Commercial Sponsorship Annual Report and presentation to CCG.

Managers

Managers are responsible for ensuring that their staff are aware of, and adhere to the policy.

Employees

All staff are responsible for following the policy and for declaring any Commercial Sponsorship covered within the confines of this policy.

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6 Code of Conduct

- 6.1 The Code of Conduct approved by NHS Sheffield, for officers and CCG members, who are not subject to professional codes is included in Appendix A.

7 Management Arrangements

7.1 The Register

A register of sponsorship agreements will be maintained by the Company Secretary. The register will be open to inspection by the public. The register will record those proposals which were submitted and approved or not approved. The Company Secretary will make an annual report to the CCG each year. Copies of the register will be made available on the Trust's web site <http://www.sheffield.nhs.uk/about/publications.php>

7.2 Written Agreements

All sponsorship agreements will be subject to written agreements. A proforma is available at Appendix B and should be completed in every case. Completion of the proforma alone will usually be sufficient for low value proposals. Higher value proposals will need to be accompanied by additional supporting information and may need to be the subject of a formal contract. Details of levels are included at Appendix C, if advice is required this should be sought from the Company Secretary.

7.3 Approval/Authorisation

- 7.3.1 Authorisation procedures for projects submitted by CCG members are detailed at Appendix C
- 7.3.2 Sponsorship arrangements involving amounts less than £25 need not be declared or registered. The £25 limit will apply to each sponsorship arrangement i.e. if more than one member of staff attends a training event valued at £20 per person the event should be recorded as the total sponsorship arrangement if in excess of £25.
- 7.3.3 Projects under £500 value can be authorised by a Director/Chief of Service of the PCT. Following authorisation, Directors should forward the proforma to the Company Secretary for entry in the Register.
- 7.3.4 All projects valued at £500 and above will be authorised by the Chief Operating Officer or the Chief Finance Officer, and will be subject to the advice of the Director of Public Health or Head of Medicines Management as set out in 4.6 above.
- 7.3.5 Projects valued in excess of £5,000 require prior approval by CCG.
- 7.3.6 In making their decisions, the Chief Operating Officer and Directors/Chief of Service will be confirming that proposals meet the requirements of this policy and that the appropriate professional advice has been sought.
- 7.3.7 If there is any ambiguity or concern about the interpretation of this policy and its associated procedures then the advice of the Company Secretary should be sought in all cases.

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8 Examples of Sponsorship Arrangements

8.1 Examples of Sponsorship Arrangements are outlined as Appendix D.

9 Review

This document was updated on 15 August 2011 and will be reviewed in September 2012.

10 Breaches of Policy

Employees are reminded that breaches of rules, including breaches of policy, could be regarded as misconduct under the PCT's Disciplinary Procedure and/or as criminal activity which will be reported to the Local Counter Fraud Specialist/Local Security Management Specialist and/or police accordingly.

CODE OF CONDUCT

Staff employed by NHS Sheffield and CCG members should follow the following principles and abide by any professional codes of conduct:

- Act impartially in all their work;
- Refuse sponsorship of any kind which might reasonably be seen to compromise their personal judgement or integrity, or seek to exert influence to obtain preferential consideration.
- Declare and register sponsorship of any kind (provided that this is worth at least £25), whether refused or accepted.
- Declare financial or personal interest in any organisation with which they have to deal, and be prepared to withdraw from those dealings if required, thereby ensuring that their professional judgement is not influenced by commercial considerations;
- Not misuse their official position or information acquired in the course of their official duties, to further their private interests or those of others;
- Beware of bias generated through sponsorship; where this might impinge on professional judgement and impartiality;
- Neither agree to practice under any conditions which compromise professional independence or judgement, nor impose such conditions on other professionals.
- Commercial sponsorship agreements should be recorded on the relevant PCT register.

COMMERCIAL SPONSORSHIP AGREEMENT

1			
Details of project: <i>Describe the project. What are its aims and objectives? How long will it last?</i>			
2			
Recipient. <i>Give names of PCT Area and the responsible officer.</i>			
Recipient name			
Address Directorate / Service			
Tel number			
3			
Sponsor			
Organisation		Nature of business	
Address			
Contact name			
Tel number			
4			
Value of sponsorship			

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5	Payment arrangements eg Direct to PCT
6	Benefits to the recipient or PCT
7	Benefits to the sponsor
8	Will the sponsorship arrangements lead to higher costs elsewhere in the NHS?
9	PATIENT CONFIDENTIALITY <i>Does the arrangement involve the sharing of clinical data? Has the Caldicott Guardian been consulted? Will the patients' consent be sought?</i>
10	PROTOCOLS AND GUIDELINES <i>Does the project include the use of protocols or guidelines? The advice of PCT professional advisers should be sought and recorded.</i>
11	PHARMACEUTICAL COMPANY SPONSORSHIP <i>If the project is valued at more than £500, the comments of the Head of Medicines Management must be recorded in all cases.</i>

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Signature	Head of Medicines Management	Date	
12 TERMINATION ARRANGEMENTS The agreement should be capable of early termination by the PCT or GP Practice. Please state the arrangements.			
FOR THE RECIPIENT			
<i>I have read the NHS Sheffield Commercial Sponsorship Policy and Code of Conduct, have acted in accordance with it and will abide by it.</i>			
Organisation			
Contact Name			
Position/designation			
Tel number			
Signature		Date	
Director/Chief of Service approval			
Signature		Date	
FOR THE SPONSOR			
<i>I have read the NHS Sheffield Commercial Sponsorship Policy and Code of Conduct, have acted in accordance with it and will abide by it.</i>			
Organisation			

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Contact Name			
Position/Designation			
Tel number			
Signature		Date	

Return completed form to: **Company Secretary, 722 Prince of Wales Road, Darnall, Sheffield S9 4EU**

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FOR INTERNAL USE ONLY			
Board approval date (For all sponsorship over £5000)			
Sponsorship Accepted	Yes/No		
Authorised by		Date	
Designation	Chief Finance Officer		
Entered on Register (Date)		Ref No	
Name of person entering on register			
Entered on Website (Date)			
Notes			
Sponsorship declined – please state reasons			

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Appendix C

Authorisation Procedures

Sponsorship Value	CCG/Executive Members and Staff
Less than £25	<ul style="list-style-type: none">• No authorisation required• PCT staff report to their Director/Chief of Service
£25 - £500	<ul style="list-style-type: none">• PCT staff submit proposal to Director/Chief of Service• CCG and Executive members submit proposal to Chief Finance Officer following authorisation by Director• Reported to Company Secretary and entered into register
£500 - £4999	<ul style="list-style-type: none">• PCT staff submit proposal to Director/Chief of Service• CCG and Executive members submit proposal to Chief Finance Officer• Authorised by the Chief Operating Officer or the Chief Finance Officer and entered in the register
£5000 and over	Prior approval by CCG/Board required.

EXAMPLES OF SPONSORSHIP ARRANGEMENTS

Example 1

A pharmaceutical company offers to finance a PCT workshop on the management and prevention of coronary heart disease. Sponsorship will meet the rent of the room and refreshments. The company is a major supplier of statins used in the treatment of heart disease and the company wishes to have a stall at the event to publicise their products and would like the opportunity to deliver a presentation lasting about 10 minutes to the workshop.

The proposals are not acceptable because of the direct link between the subject of the workshop and the company's products. It would be acceptable if there could be alternative sponsors. The sponsors should not attend the meeting, but it is acceptable for the organisers of the workshop to acknowledge sponsorship in the workshop programme and as part of the Chair's welcome to delegates.

If the product provided by the company is included in the PCT Formulary, then arrangements could be agreed to promote its use if the guidelines and protocols used by the company are agreed by PCT Pharmacist Advisers.

Example 2

A PCT has been approached by a national training body offering free training in complaints management for a board member and one NHS manager. The training is sponsored by a national insurance company and will take place in a hotel near Gloucestershire. Travel expenses will be met by the PCT.

The Chairman and the Chief Operating Officer of the PCT should assess the value of the training course and confirm the appropriateness of the attendance of a particular board member and senior manager. If the decision is to accept the offer then a report of the course will be required.

Appendix E - Full equalities impact assessment

Directorate:

Corporate Services

Service:

Corporate Services

Piece of work being assessed:

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Aims of this piece of work:

Name of lead person:

Sue Laing

Other partners/stakeholders involved:

Date of assessment:

Sept 2011

Who is intended to benefit from this piece of work?

All staff.

Single Equality Scheme strand	Baseline data and research on the population that this piece of work will affect What is available? What does it show? Are there any gaps? Use both quantitative and qualitative research and user data Include consultation with users if available	Is there likely to be a differential impact? Yes or no
Gender		
Race		
Disability		
Sexual orientation		
Age		
Religion/belief		
Human Rights	Will this piece of work impact on anyone's human rights?	

Equalities Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the impact/outcome?	Timescale	Lead

