

Declaration of Interests and Potential Conflicts of Interests Policy

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NHS LEEDS WEST CLINICAL COMMISSIONING GROUP DECLARATION OF INTERESTS AND POTENTIAL CONFLICTS OF INTEREST POLICY

INTRODUCTION

Managing conflicts of interest appropriately is essential for protecting the integrity of the overall NHS commissioning system and to protect the Clinical Commissioning Group and GP practices from any perceptions of wrongdoing. Commissioners will need the highest level of transparency so they can demonstrate that conflicts of interest are managed in a way that cannot undermine the probity and accountability of the organisation.

It will not be possible to avoid conflicts of interest. They are inevitable in many aspects of public life, including the NHS. Healthcare professionals have always had to manage competing interests. However, by recognising where and how they arise and dealing with them appropriately, commissioners will be able to ensure proper governance, robust decision-making and appropriate decisions about the use of public money.

1 What are conflicts of interest and why do they matter to clinical Commissioners?

- 1.1 A conflict of interest can be defined as: “a set of conditions in which professional judgement concerning a primary interest (such as patients’ welfare or the validity of research) tends to be unduly influenced by a secondary interest (such as financial gain)” or a situation in which “one’s ability to exercise judgement in one role is impaired by one’s obligation in another”.
- 1.2 For a GP or other clinical commissioner, therefore, a conflict of interest may arise when their own judgment as an NHS commissioner could be, or be **perceived to be**, influenced and impaired by their own concerns and obligations as a healthcare provider or as a member of a particular peer, professional or special interest group, or those of a close family member.
- 1.3 The concern that GP commissioners will face multiple conflicts of interest is therefore understandable. They will, by definition, have interests in their local health economy as both purchasers and providers, and their priorities and duties in those two roles may not always be aligned.
- 1.4 Commissioning decisions that are in the overall best interests of taxpayers and the local population may not always be in the best interest of individual patients for whom GPs are required to advocate, or for the companies and partnerships which they own, manage or work for.
- 1.5 For commissioning purposes it is crucial that an interest and involvement in the local healthcare system does not also involve a vested interest in terms of financial or professional bias toward or against particular solutions or decisions.

In their provider and gatekeeper roles GPs and their colleagues could potentially profit personally (financially or otherwise) from the decisions of a commissioning group of which they are also members, which means that questions about their role in the governance of NHS commissioning bodies are legitimate.

- 1.6 To ensure that GPs are protected against potential conflicts of interest, the key is to ensure that conflicts are identified, declared and recorded, and that clear guidelines and policies are in place to provide measures that are to be taken to manage or diffuse conflicts of interest when they arise.
- 1.7 Applying professional judgement and standards is an important element in the management of conflicts of interest (see Appendix 1).
- 1.8 It is also important to acknowledge that conflicts may not always be obvious to, or recognised by, the individuals concerned.
- 1.9 Therefore, a policy based on full disclosure regarding competing interests will best safeguard healthcare professionals as they exercise their commissioning responsibilities. NHS Leeds West CCG's Declaration of Interest Policy is based on the principle of: "**If in doubt, disclose**".
- 1.10 Whilst all individuals have a responsibility to identify and declare conflicts of interest as they encounter them, it is also incumbent on the CCG to have in place both appropriate policies and strong governance structures for managing conflicts of interest, which are fully embedded in the organisation.
- 1.11 ***The Health and Social Care Act 2012:***
 - 1.11.1 places a duty on NHS England to publish guidance for CCGs on managing conflicts and a duty on CCGs to have regard to such guidance; and
 - 1.11.2 requires that CCGs set out in their constitution their proposed arrangements for managing conflicts of interest.
- 1.12 ***Towards establishment: Creating responsive and accountable CCGs*** and its supporting appendix on managing conflicts of interest, sets out general safeguards that CCGs should have in place to manage conflicts of interest, including:
 - arrangements for declaring interests;
 - maintaining a register of interests;
 - excluding individuals from decision-making where a conflict arises; and
 - engagement with a range of potential providers on service design.
- 1.13 This policy provides more specific, additional safeguards that CCGs are advised to have in place when commissioning services that could potentially be provided by GP practices.

2 Types of conflicts of interest facing CCGs

2.1 The following types of conflicts of interest are likely to affect CCGs:

2.1.1 A direct financial interest

2.1.1.1 A clear conflict of interest arises when an individual involved in taking or influencing the decisions of the CCG could receive a direct financial benefit as a result of the decisions being taken. For example, a member of the CCG who has a financial interest in a provider that is interested in providing services being commissioned or that has an interest in other competing providers not being awarded a contract to provide those services. Financial interests will include, for example, being a shareholder, director, partner or employee of a provider, acting as a consultant for a provider, being in receipt of a grant from a provider 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).

2.1.2 An indirect financial interest

2.1.2.1 An indirect financial interest arises when a close relative of a director or other key person benefits financially from a decision of the organisation. For example, a member of the CCG whose spouse has a financial interest in a provider that may be affected by a decision to reconfigure services. Whether an interest held by another person gives rise to a conflict of interests will depend on the nature of the relationship between that person and the member of the CCG. Depending on the circumstances, interests held by a range of individuals could give rise to a conflict including, for example, the interests of a parent, child, sibling, friend or business partner.

2.1.3 Non-financial or personal interests

2.1.3.1 These occur where directors or other key persons receive no financial benefit, but are influenced by external factors such as gaining (or losing) some other intangible benefit or kudos. For example, a member of the CCG whose reputation or standing as a practitioner may be affected by a decision to award a contract for services or who is an advocate or representative for a particular group of patients.

2.1.4 Conflicts of loyalty / professional duty

2.1.4.1 Decision-makers may have competing loyalties between the organisation to which they owe a primary duty and some other person or entity. For example, a member of the CCG who has an interest in the award of a contract for services because of the interests of a particular patient at that member's practice.

- 2.1.4.2 For healthcare professionals, this could include loyalties to a particular professional body, society or special interest group, and could involve an interest in a particular condition or treatment due to an individual's own experience or that of a family member.
- 2.1.4.3 Some GPs (and their patients) may feel that their responsibilities as Commissioners for prioritisation and resource management at a population level could conflict with their professional duty to advocate for and protect the interests of individual registered patients. Concerns have been expressed by the BMA and others, for example, that the central doctor-patient relationship that lies at the heart of general practice could be undermined if there is a perception that GPs might have financial incentives to under-treat or under-refer patients in the interests of their CCG.

3 Equality Statement

- 3.1 This policy applies to all employees, Governing Body members and members of NHS Leeds West Clinical Commissioning Group irrespective of age, race, colour, religion, disability, nationality, ethnic origin, gender, sexual orientation or marital status, domestic circumstances, social and employment status, HIV status, gender reassignment, political affiliation or trade union membership.
- 3.2 A full Equality Impact Assessment is not considered to be necessary as this policy will not have a detrimental impact on a particular group.

4 Principles and General Safeguards

- 4.1 It is recognised that there are a number of elements of the CCG's work that can safeguard against conflicts of interest:
- Doing business appropriately;
 - Being proactive, not reactive;
 - Assuming that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest;
 - Being balanced and proportionate;
 - Openness and engagement with patients and the public;
 - Transparency;
 - Securing expert advice;
 - Engaging with providers;
 - Creating clear and transparent commissioning specifications;
 - Following proper procurement processes and legal arrangements;
 - Ensuring sound record keeping, including up to date registers of interest; and
 - A clear, recognised and easily enacted system for dispute resolution.
- 4.2 This policy should be read alongside the following documents:

- Anti Fraud and Bribery Policy;
- ~~Hospitality, Gifts and Sponsorship Policy~~ Standards of Business Conduct Policy;
- Procurement Policy; and
- Code of Conduct for NHS Managers, also contained within individual contracts of employment.

4.3 This policy reflects national guidance:

- ◆ 'Managing Conflicts of Interests: Guidance for clinical commissioning group' (Issued by NHS Commissioning Board, March 2013)
- ◆ 'Managing Conflicts of Interests: Statutory Guidance for CCGs' (Issued by NHS England, December 2014)
- ◆ 'Standards of Business Conduct for NHS Staff', 'Managing Conflicts of Interest in Clinical Commissioning Groups' (issued jointly by the NHS Confederation and the Royal College of General Practitioners, Sept 2011)
- ◆ 'Code of Conduct: Managing Conflicts of Interest Where GP Practices Are Potential Providers of CCG-Commissioned Services' (published: July 2012)
- ◆ Ensuring Transparency and Probity – GPC guidance to ensure the honest and transparent operation of clinically-led commissioning consortia, (Issued by BMA General Practice Committee, May 2011)
- ◆ NHS Clinical Commissioners, Royal College of General Practitioners and British Medical Association – Shared principles on conflicts of interest when CCGs are commissioning from member practices

4.4 This conflict of interest policy respects the Appointment Commission's Code of Accountability and Code of Conduct for NHS Boards and the seven principles of public life promulgated by the Nolan Committee. The seven principles are:

- selflessness;
- integrity;
- objectivity;
- accountability;
- openness;
- honesty; and
- leadership.

5. Scope

5.1 NHS Leeds West CCG is clear that all related issued policies, guidance and codes of conduct apply to all employees, Governing Body members and members of the CCG.

5.2 More specifically this policy applies to:

- Governing Body members
- individual members of the CCG, including partners, salaried and locum GPs aligned with a member practice
- all full time and part time CCG employees
- contracted and third parties (including agency staff), students, trainees, secondees
- other staff on placement with the CCG
- staff of partner organisations who would represent the CCG.

6. Materiality of interests

6.1 Interests which should be registered/declared are:

- Roles and responsibilities held within member practices;
- Directorships, including non-executive directorships held in private companies or PLCs (with the exception of those of dormant companies);
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG and/or NHS England;
- Shareholdings (more than 5%) in 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 (public or private) contracting for NHS services;
- Research funding/grants that may be received by an 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.

6.2 Interests of family members and close friends (within the categories above) should also be declared.

6.3 Doubts about the relevance of an interest should be discussed with the line manager, or the Accountable Officer (or the latter's nominee) or the chair of the meeting.

6.3 Directors of provider companies or those with holdings above 5 per cent should not be on the clinical commissioning group governing body if their company does business or is likely to do business with the CCG.

7. Register of Interests

7.1 Each individual directly involved in the CCG's commissioning work:-

- Must work in accordance with The Seven Principles of Public Life (also known as the Nolan Principles). See 4.4.
- Must work in accordance with their professional code of conduct.
- Must declare all interests that might have any bearing on the work of the CCG:
 - a) on appointment;
 - b) at formal meetings;
 - c) on changing role or responsibilities;
 - d) on any other change of circumstances;
 - e) if they come to know that the CCG has entered into (or proposes to enter into) a financial arrangement in which they or any person connected with them has any interest, direct or indirect.
- The declarations in (a), (c), (d) and (e) should be made as soon as practicable and within 28 days.
- For a new declaration, the relevant register will be updated within 28 days.

7.2 Registers will be maintained on the interests of:

- i. the members of the group;
- ii. the members of the group's Governing Body;
- iii. the members of the group's committees or sub-committees; and
- iv. the group's employees.

7.3 The registers for all the above will be published on the group's website and are available upon request at the CCG's headquarters, and will be maintained by the Chief Officer.

7.4 The Accountable Officer will ensure that the register(s) of interest ~~for members of the Governing Body and committees or sub-committees~~ are reviewed quarterly, and updated as necessary. Governing Body members and members of the Group's committees or sub-committees must submit a nil declaration where they have no interests or changes to declare.

~~7.5 Members of the group and employees will be reminded of the requirements of this policy on an annual basis.~~

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

7.77.6 All additions to the register of interest must be submitted using the approved form (Appendix 2). The registers will be reviewed by the Governing Body on an annual basis, and by the Audit Committee on a quarterly basis. A template is included at Appendix 3.

8. Declaration of Interests – General Procedures and Actions

- 8.1 If an individual has any doubt about the relevance of an interest, it should be discussed with their line manager or the Accountable Officer (or the latter's nominee) or the chair of the meeting.
- 8.2 CCG staff should declare any interests to their employer by completing the declaration of interests form at Appendix 2 and submit this to their Line Manager. All other individuals should submit declarations directly to the Head of Business & Corporate Services.
- 8.3 Line Managers will record the interests and make a decision on whether the declaration is deemed to be one which requires existing internal processes to be enhanced to ensure transparency in the processes undertaken to avoid a conflict presenting itself.
- 8.4 Line Managers should ensure that any interests declared are held on the employee's personal file. Line Managers must also inform the Head of Business & Corporate Services in order that interests can be added to the register.
- 8.5 All interests should be declared as and when they arise. Individuals are responsible for ensuring that their registered interests are kept up to date at all times.
- 8.6 Although the interest may be declared, this does not remove the individual's personal responsibilities of removing themselves from a position or situation which may result in a potential breach of this policy.
- 8.7 Governing Body members, staff and members should not seek or accept any preferential benefits from private companies with which they have had or may have dealings with on behalf of the CCG. Every employee has a duty to ensure that they are not put in a position of risk of conflict between private interests and their CCG duties.
- 8.8 All employee contractual obligations must be completed before any extra work is undertaken. If the employee believes that they have a conflict of interest due to engaging in any other work then they should contact either their Line Manager or Head of Business & Corporate Services for clarification.

- 8.9 Other staff may undertake private work for other agencies, providing they do so outside of the times they are contracted to the CCG and ensure compliance with the code of conduct outlined in their employment contracts.
- 8.10 The Bribery Act 2010 defines bribery as:
“Giving (or offering) or receiving (or requesting) a financial or other advantage in connection with the improper performance of a position of trust, or a function that is expected to be performed impartially or in good faith.”
- 8.11 Under the Bribery Act 2010, any money, gift or consideration received by a Governing Body member, an employee or a CCG member 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 need not be declared but if unsure, clarification should be sought from your Line Manager or Accountable Officer. Any hospitality other than meals or buffets provided by suppliers must be declared in writing (following the guidance of NHS Leeds West CCG’s Gifts and Hospitality Policy and Procedure).
- 8.12 If a Governing Body member, an employee or member feels that they have been offered an incentive or bribe to place an order or contract, this should also be declared in writing immediately.
- 8.13 Governing Body members, staff or members that have any concerns relating to a declaration of interest or a private transaction are encouraged to report it to their Line Manager or the Accountable Officer as soon as possible.
- 8.14 Should it be suspected that an individual has failed to appropriately declare an interest, or failed to demonstrate compliance with the conduct outlined in this policy, it may be deemed appropriate to take action in line with the organisation’s Disciplinary Policy and/or make a referral to the CCG’s Local Counter Fraud Specialist for potential criminal investigation. For Governing Body members, this could result in removal from office in accordance with the CCG’s Standing Orders. The Audit Committee will review any lessons learned from any cases of non-compliance with this policy.

9 Publication of declared interests in Annual Report

- 9.1 Governing Body members' directorships of companies likely or possibly seeking to do business with the NHS should be published in the CCG's annual report. The information should be kept up to date for inclusion in succeeding annual reports.

10 Handling of Conflicts of Interest at Meetings

- 10.1 Declarations of interest will be a standing item on all meeting agendas. Attendees who have any direct / indirect financial or personal interest in a

specific agenda item (or if they are potentially a provider in relation to that agenda item) should take no part in, or influence, the decision.

- 10.2 It will be at the discretion of the meeting's chair to decide whether exclusion from the discussion prior to a decision (and/or exclusion during the making of a decision) would be appropriate.
- 10.3 The meeting will agree who will take over chairing the meeting if the chair has a conflict of interest in an agenda item. Where arrangements have been previously confirmed for the chair's conflicts, the meeting must follow these.
- 10.4 The minutes will record all declarations of interest and actions taken in mitigation.
- 10.5 Where over half of members withdraw from a part of a meeting - due to the arrangements agreed for the management of conflicts of 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 required number/balance of membership.
- 10.6 Where the meeting is not quorate 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 (or their nominee) on the action to be taken.
- 10.7 This may include:
 - requiring another committee or sub-committee which can be quorate to progress the item of business,

or if this is not possible,
 - inviting on a temporary basis one or more of the following to make up the quorum (where these are permitted members of the Board-Governing Body or committee / sub-committee in question) so that the group can progress the item of business:
 - a member of the clinical commissioning group who is interest free;
 - an individual nominated by a member to act on their behalf in the dealings between it and the clinical commissioning group;
 - a member of a relevant Health and Wellbeing Board;
 - a member of a board for another clinical commissioning group.
- 10.8 The arrangements used must be recorded in the minutes.

10.9 The Accountable Officer will take such steps as judged by them to be appropriate, and request information deemed appropriate from individuals, to ensure that all conflicts of interest and potential conflicts of interest are declared.

10.10 Exclusion in proceedings of the CCG Governing Body and its Committees

(i) — If the Chair or a member of the CCG Governing Body or one of its Committees, has any financial interest, direct or indirect, in any contract, proposed contract or other matter and is present at a meeting of the Governing Body/Committee at which the contract or other matter is the subject of consideration, they shall at the meeting and as soon as practicable after its commencement disclose ~~the fact and shall not take part in the consideration or discussion of the contract or other matter or vote on any question with respect to it~~ their interest. Depending on the nature of the interest, Governing Body/Committee members may be permitted to join in discussions by the Governing Body/Committee, but should not take part in any vote on the decision.

(ii)(i) — The Governing Body/Committee may exclude the Chair or a member of the Governing Body/Committee from a meeting of the Governing Body/Committee while any contract, proposed contract or other matter in which he/she has a financial interest is under consideration.

11 Advice on Interests

11.1 If an individual has any doubt about the relevance of an interest, this should be discussed with the Accountable Officer as appropriate, or with the Head of Business & Corporate Services. Examples of potential conflicts of interest are included at Appendix 4.

12 Procurement & Conflicts of Interest

12.1 The CCG will maintain a register of procurement decisions taken, including:

- The details of the decision;
- Who was involved in making the decision (i.e. governing body or committee members and others with decision making responsibility); and
- A summary of any conflicts of interest in relation to the decision and how this was managed by the CCG.

12.2 The register will be updated whenever a procurement decision is taken. The register will be made available on the CCG's website and will be available upon request at the CCG's headquarters.

12.3 The Procurement, Patient Choice and Competition Regulation place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour that is against the interest of patients, and protect the right of patients to make choices about their healthcare. The CCG will:

- Manage conflicts and 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
- Keep appropriate records of how conflicts have been managed in individual cases. Records will include:
 - (i) the nature of the individual's interest, including whether it is direct/indirect, financial or non-financial, and the magnitude of any such interest;
 - (ii) whether and how the interest was declared, including at what stage in the process and to whom;
 - (iii) the extent of the individual's involvement in the procurement process, including, for example, whether the individual has had a significant influence on service design/specification, has played a key role in setting award criteria, has been involved in deliberations about which provider/s to award the contract to and/or has voted on the decision to award the contract; and
 - (iv) what steps have been taken to manage the actual or potential conflict (for example, via an external review of the decisions taken throughout the procurement process, including whether a conflict of a member of the CCG has been dealt with in accordance with the CCG's Constitution and this policy).

12.4 All potential bidders/contractors/service providers will be required to submit a declaration of conflicts or potential conflicts of interest by completing the form attached at Appendix 5.

12.5 When commissioning services from GP practices, including provider consortia, or organisations in which GPs have a financial interest, the CCG will complete the template attached at Appendix 6 to provide appropriate assurance:

- That the CCG is seeking and encouraging scrutiny of its decision making process;
- To Health and Wellbeing Boards, local Healthwatch and to local communities that the proposed service meeting local needs and priorities and to enable them to raise questions if they have concerns about the approach being taken;
- 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; and
- To NHS England in their role as assurers of the co-commissioning arrangements.

12.6 In designing service specifications, the CCG will 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.

- 12.7 Where a contract has been awarded in which an individual commissioner has a vested interest, the CCG will manage any conflicts of interest on an ongoing basis as part of its contract management arrangements.
- 12.8 Procurement decisions relating to the commissioning of primary medical services (under delegated or joint arrangements with NHS England) will be made by a committee of the Governing Body. The membership of the Committee will comprise a majority of lay and executive members, and a standing invitation will be made to Healthwatch Leeds and the Leeds Health and Wellbeing Board to attend meetings. The chair and vice chair will be lay members. Meetings will be held in public unless the committee concludes that it is appropriate to exclude the public.
- 12.9 The CCG's Procurement Policy provides further details of the CCG's procurement processes as to how the CCG will recognise and manage any conflicts or potential conflicts of interest that may arise in relation to procurement.

Appendix 1 – Professional Guidance

Professional Guidance

The General Medical Council's Good Medical Practice guidance includes a section for doctors working as managers, which will apply to those doctors who take up leadership roles in CCGs, stating that:

“You must declare any interest you have that could influence or be seen to influence your judgement in any financial or commercial dealings you are responsible for. In particular, you must not allow your interests to influence:

- the treatment of patients
- purchases from funds for which you are responsible
- the terms or awarding of contracts
- the conduct of research.”

The General Practice Committee of the British Medical Association has produced guidance for GPs on how to ensure transparency and probity in the operation of clinical commissioning. They see this as a matter of fundamental importance to the medical profession, due to the risk that doctors' probity might be brought into question. Their guidance is that:

- Directors of provider companies or those with holdings above 5 per cent should not be on a clinical commissioning management board if their company does business or is likely to do business with the CCG.
- CCGs must keep a register of the interests of anyone who might be able to influence a decision. This must be available to the public. It should also extend to the interests of family members and those closely connected to the member.
- Interests must be declared at the beginning of meetings even if it is included in the register. They should not be allowed to speak or if the interest would be considered prejudicial by a reasonable person, the member should leave the room while the item is discussed.
- If the meeting is left non quorate because of this, an independent body should be appointed to verify any decisions made.
- When a CCG decides to commission enhanced services from its GP members, the issue should always be referred to the local overview and scrutiny committee for approval.

The proposed additional safeguards are designed to:

- maintain confidence and trust between patients and GPs;

Appendix 1 – Professional Guidance

- enable CCGs and member practices to demonstrate that they are acting fairly and transparently and that members of CCGs will always put their duty to patients before any personal financial interest;
- ensure that CCGs operate within the legal framework but are not bound by over-prescriptive rules that risk stifling innovation or slowing down the services they wish to commission to improve quality and productivity; and
- build on existing guidance, in particular the Procurement Guide for commissioners of NHS-funded services and Principles & Rules of Cooperation & Competition.

The Code adds to the general guidance in 'Towards establishment: Creating responsive and accountable CCGs' by providing advice on:

- the additional factors that CCGs should address when drawing up plans for services that might be provided by GP practices;
- the steps that CCGs should take to assure their Audit Committee, Health and Wellbeing Board(s) and, where necessary, their auditors that these services are appropriately commissioned from GP practices;
- recommended procedures for decision-making in cases where all the GPs (or other practice representatives) sitting on a decision-making group have a potential financial interest in the decision;
- arrangements for publishing details of payments to GP practices;
- the potential role of commissioning support services; and the supporting role of ~~the NHS Commissioning Board~~[England](#).

Ensuring Transparency and Probity – GPC guidance to ensure the honest and transparent operation of clinically-led commissioning consortia, May 2011

**NHS Leeds West Clinical Commissioning Group
Member / employee / governing body member / committee or sub-committee member
(including committees and sub-committees of the governing body) 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, the NHS (Procurement, Patient Choice and Competition) regulations 2013 and the Substantive guidance on the Procurement, Patient Choice and Competition Regulations.

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 /or NHS England and the public for whom they commission services in relation to a decision to be made by the CCG and/or NHS England or which may affect or appear to affect the integrity of the award of any contract by the CCG and/or NHS England.
- 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 Head of Business & Corporate Services.
- The completed form should be sent by email or signed hard copy to the Head of Business & Corporate Services.
- 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.
- Any individual – and in particular members and employees of the CCG and/or NHS England- must provide sufficient detail of the interest, and the potential for conflict with the interests of the CCG and/or NHS England 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, 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 and /or with NHS England
- 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 (public or private) 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 judgment or actions in their role within the CCG.

Name:		
Position within or relationship with the CCG:		
Interests		
Type of Interest	Details including date of appointment/resignation	Personal interest or that of a family member, close friend or other acquaintance?
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 and/or with NHS England		
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		

APPENDIX 2 – Declaration of Interests Form

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		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the CCG and/or with NHS England.		
Other specific interests?		

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 no longer than annually. I give my consent for the information to be used for the purposes described in the CCG's Constitution and published accordingly. I understand that if I knowingly provide false information this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of this information for the purposes of prevention, detection and prosecution of fraud.

Signed:

Date:

Please return this form to:

laura.parsons2@nhs.net; or

Head of Business & Corporate Services, NHS Leeds West CCG, Unit 2-4, WIRA House, West Park Ring Road, Leeds, LS16 6EB

APPENDIX 3 – Register of Interests template

NHS Leeds West 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 Leeds West Clinical Commissioning Group** (the CCG).

The CCG's Head of Business & Corporate Services must be informed of any interest 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, 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.

APPENDIX 4 - Examples of Conflicts of Interests

Interest type	Declare		
	In Register	Debate	Vote
Consideration of the contract with the Out of Hours Service Provider. GB Member is owner/director of the service provider.	YES	NO	NO
Consideration of the contract with the Out of Hours Service Provider. GB Member is employee of the service.	YES	Case by case	NO
Consideration of a contract for services for which GP Practices have AQP status.	YES	NO	NO
Consideration of a contract for services for which some GB Members are shareholders, with a holding of 5% or more of the total shareholding.	YES	NO	NO
Consideration of a contract where the AQP listing includes private companies or voluntary organisations whose governing body includes CCG Governing Body Members.	YES	NO	NO
Governing Body to discuss implementation of a Local Enhanced Services Scheme for which all GP Practices have AQP status, and benefit equally from its implementation.	YES	YES	NO
Governing Body to discuss implementation of an Incentive Scheme for which all GP Practices have AQP status, and benefit equally from its implementation.	YES	YES	NO

NHS Leeds West Clinical Commissioning Group

Bidders/potential contractors/service providers declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution, and s140 of the NHS Act 2006 (as amended by the Health and Social Care Act 2012) and the NHS (Procurement, Patient Choice and Competition) (No2) Regulations 2013 and related guidance

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, or with NHS England in circumstances where the CCG is jointly commissioning the service with, or acting under a delegation from, NHS England. If any assistance is required in order to complete this form, then the Relevant Organisation should contact the Head of Business and Corporate Services.
- The completed form should be sent to the Head of Business and Corporate Services.
- 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 Head of Business and Corporate Services.
- Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that the CCG, NHS England and also 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 or NHS England (including the award of a contract) might arise.
- If in doubt as to whether a conflict of interests could arise, a declaration of the interest should be made.

Interests that must be declared (whether such interests are those of the Relevant Person themselves or of a family member, 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 or NHS England;
- 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 or NHS England, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions.

APPENDIX 5 – Declaration of conflict of interests for bidders/contractors template

Declarations:

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

APPENDIX 5 – Declaration of conflict of interests for bidders/contractors template

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

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 6 – Procurement Template to be used when commissioning services from GP practices, including provider consortia, or organisations in which GPs have a financial interest



NHS Leeds West Clinical Commissioning Group

<u>Service:</u>	
<u>Question</u>	<u>Comment/Evidence</u>
<u>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?</u>	
<u>How have you involved the public in the decision to commission this service?</u>	
<u>What range of health professionals have been involved in designing the proposed service?</u>	
<u>What range of potential providers have been involved in considering the proposals?</u>	
<u>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)?</u>	
<u>What are the proposals for monitoring the quality of the service?</u>	
<u>What systems will there be to monitor and publish data on referral patterns?</u>	
<u>Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available? Have you recorded how you have managed any conflict or potential conflict?</u>	

APPENDIX 6 – Procurement Template to be used when commissioning services from GP practices, including provider consortia, or organisations in which GPs have a financial interest

<u>Why have you chosen this procurement route?¹</u>	
<u>What additional external involvement will there be in scrutinising the proposed decisions?</u>	
<u>How will the CCG make its final commissioning decision in ways that preserve the integrity of the decision-making process and award of any contract?</u>	
<u>Additional question 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)</u>	
<u>How have you determined a fair price for the service?</u>	
<u>Additional question when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers</u>	
<u>How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?</u>	
<u>Additional questions for proposed direct awards to GP providers</u>	
<u>What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?</u>	
<u>In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</u>	
<u>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?</u>	

¹ Taking into account all relevant regulations (e.g. the NHS (Procurement, patient choice and competition) (No 2) Regulations 2013 and guidance (e.g. that of Monitor).

APPENDIX 7 – Policy Consultation Process

Title of document	Declarations of Interest and Potential Conflicts of Interest Policy
Author	Laura Parsons, Head of Business and Corporate Services
New / Revised document	Revised
Lists of persons involved in developing the policy	Visseh Pejhan-Sykes, Chief Finance Officer
List of persons involved in the consultation process	All CCG employees Audit Committee Internal and external auditors Local Counter Fraud Specialist