NHS
Derby and Derbyshire
Integrated Care Board

NHS Derby and Derbyshire Integrated Care Board

Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy

KEY POLICY MESSAGES	
1.	Ensures staff comply with ICB commercial sponsorship standards and their own professional codes of conduct
2.	Informs and advises staff of their main responsibilities when entering into joint working arrangements with the pharmaceutical industry
3.	Ensures the ICB and its staff respond consistently to approaches from the pharmaceutical industry and that the interests of patients, the public and the ICB are maintained

VERSION CONTROL

Policy Title:	NHS Derby and Derbyshire Integrated Care Board Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy
Supersedes:	NHS Derby and Derbyshire Clinical Commissioning Group Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy
Description of Amendment(s):	Version 0.1 to 0.5 – initial drafts Version 1.0 – final (approved)
Financial Implications:	N/A
Policy Area:	Clinical
Version No:	Version 1.0
Author:	Medicines Management & Clinical Policies Team
Approved by:	Derbyshire Prescribing Group, 4th August 2022 Audit & Governance Committee, 13th September 2022
Effective Date:	September 2022
Review Date:	August 2024
List of Referenced Policies	Fraud, Corruption and Bribery Policy Gifts and Hospitality Policy Prime Financial Policies Procurement Policy Secondary Employment Policy Standards of Business Conduct Policy Managing Conflicts of Interest Policy Standing Orders
Key Words section (metadata for search facility online)	Commercial Sponsorship Joint Working Pharmaceutical Industry Sponsorship
Reference Number	CD19
Target Audience	ICB approved policies apply to all employees, contractors, volunteers, and others working with the ICB in any capacity. Compliance with ICB policy is a formal contractual requirement and failure to comply with the policy, including any arrangements which are put in place under it, will be investigated and may lead to disciplinary action being taken.

CONTENTS

1. PURPOSE

The purpose of this policy is to:

1.1 assist the ICB in achieving its objectives and delivery of national and local priorities by building effective and appropriate working relationships with the pharmaceutical industry where deemed appropriate;

1.2 ensure the ICB and its staff respond consistently to approaches from the pharmaceutical industry and that the interests of patients, the public and the ICB are maintained;

1.3 ensure staff comply with ICB commercial sponsorship standards and their own professional codes of conduct, and that representatives of the pharmaceutical industry comply with the Association of British Pharmaceutical Industry (ABPI) Code of Practice for the pharmaceutical industry; and

1.4 inform and advise staff of their main responsibilities when entering into joint working arrangements with the pharmaceutical industry. Specifically, it aims to:

1.4.1 assist NHS employers and staff in maintaining appropriate ethical standards in the conduct of NHS business;

1.4.2 highlight that NHS staff are accountable for achieving the best possible health care within the resources available;

1.4.3 highlight that NHS staff may be vulnerable to marketing techniques that may attempt to show some pharmaceutical companies in a more favourable light than is appropriate.

2. SCOPE

2.1 This document is intended as a policy for NHS Derby and Derbyshire Integrated Care Board (hereafter referred to as the ICB) and its staff who are involved in working with the pharmaceutical industry. It is intended to complement the ICB's Policies on Standards of Business Conduct and Managing Conflicts of Interest.

2.2 While the ICB recognises that GP practices and PCNs are providers in their own right the ICB would encourage practices to adopt this policy.

2.3 Department of Health Guidance encourages NHS organisations and their staff to consider opportunities for joint working with the pharmaceutical industry, where the benefits that this could bring to patient care and the difference it can make to their health and wellbeing are clearly advantageous. Such advantages are to be clearly stated and evidenced to support such claims. The pharmaceutical industry are also able to be transparent about expected commercial gain of such initiatives.

2.4 Increasing financial pressures and a growing improvement agenda make it more important for Primary Care to consider strategic partnerships that will enable it to achieve national and local targets.

2.5 It is important to recognise that a partnership already exists between the NHS and the pharmaceutical industry. Many GP practices already undertake collaborative work with drug companies to work on specific projects. Integrated Care Boards are keen to engage in collaborative working to facilitate service re-design. Clear guidance is required to ensure that such arrangements are fully transparent and deliver maximum benefits for patients and the health economy. Positively engaging with companies and practices may lead to larger, longer term collaborations that meet the needs of all parties including the pharmaceutical industry.

2.6 The benefits of greater collaboration must be weighed against any potential risks. It is essential therefore that all projects are subject to the widest scrutiny to enable likely pitfalls to be highlighted at an early stage.

2.7 It is vital to ensure that the business priorities of commercial organisations do not lead to a distortion of local priorities or investment. Upfront disclosure of expected commercial return will help negate this risk. Where a return on investment is expected by the pharmaceutical industry to be product sales this must be in line with the ICB prescribing policies and investment priorities as well as the ABPI Code of Practice.

2.8 It should be noted that the same principles should also apply to other commercial organisations that provide products and services.

3. APPLICABILITY

3.1 For the purposes of this policy, the term ‘staff’ refers to all employees of NHS Derby and Derbyshire ICB and those personnel not directly employed by the ICB but who sit on ICB working groups.

3.2 The ICB recognises that GP practices are providers in their own right but would encourage practices to adopt the policy, in particular the advice to GP practices contained in Appendix 1: Advice to GP practices regarding support provided by the Pharmaceutical Industry.

4. TERMINOLOGY

"Certification"

is required for the following:

- the written agreement for donations and grants;
- educational material for the public or patients issued by companies which relates to diseases or medicines;
- material relating to collaborative working;

- material and items for patient support;
- the written agreement for donations and grants.

Certification must be carried out by a designated signatory on behalf of the pharmaceutical company. This must be a registered medical practitioner, or a pharmacist registered in the UK or alternatively, in the case of a product for dental use only, a UK registered dentist, and must not be the person responsible for developing or drawing up the material;

"Commercial Sponsorship"

means NHS funding from an external source, including funding of all or part of the costs 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 (speakers), buildings or premises;

"Joint Working"

means situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery;

"Medical and Educational Goods and Services (MEGS)"

means donations or grants for a legitimate health or educational purpose with no expectation of anything in return for providing the support. They are provided to healthcare organisations to either benefit patients or benefit the NHS, whilst maintaining patient care. Pfizer's involvement in providing Medical and Educational Goods and Services (MEGS) grants is strictly limited to provision of the grant. Medical Educational Goods and Services grants or donations must relate to either: continuing professional education, patient or community education or community projects that promote better healthcare (e.g. disease screening);

"Sponsorship"

will be considered for the following:

- audit work;
- research;
- publications;
- training and other educational resources;
- provision of facilities (i.e. for meetings/seminars/training); or
- provision of free services (i.e. speakers), however

sponsorship will not be accepted for:

- pharmaceuticals, diagnostics, appliances, diagnostics or equipment which may influence a change in prescribing behaviour; or
- direct funding of ICB staff posts or staff employed by providers/contractors for services commissioned by the ICB.

5. MEETING WITH REPRESENTATIVES

5.1 Requests from the pharmaceutical industry to discuss their products and services will be made via the Derbyshire Medicines Management website contact form.

5.2 These requests will be screened and decision outcomes collated by the Medicines Management Clinical Policies and Decisions team.

5.3 If commissioners or service leads wish to meet with representatives the following guidance should be followed:

5.3.1 a clear agenda from the pharmaceutical representative is received by the ICB prior to the meeting taking place, listing names and job roles of the industries personnel attending wishing to attend a meeting; and

5.3.2 a record of the meeting should be made.

6. SAMPLES

Sample products should only be accepted to assess their physical properties. They will not be used to treat patients. Samples provided can only be provided to a health professional in response to a written request, which has been signed and dated (ABPI Code of Practice).

7. OUTSIDE OF WORK ACTIVITIES

Individuals who fail to disclose relevant interests, outside employment or receipts of gifts, hospitality, sponsorship or entertainment as required by the ICB's Secondary Employment Policy, Standards of Business Conduct Policy, and Managing Conflicts of Interest Policy or the Standing Orders and Prime Financial Policies may be subject to disciplinary action.

8. RESEARCH AND DEVELOPMENT

8.1 Clinicians undertaking sponsored research or post-marketing surveillance must be guided by their patient's best interests and not be influenced by any sponsorship.

8.2 All research must be approved by the appropriate research and ethics committees.

9. SPONSORSHIP

For staff attending conferences and courses, the following process should be followed:

9.1 approval must be sought from line managers before accepting commercial sponsorship to attend relevant courses and conferences;

9.2 managers must be satisfied that the acceptance will not compromise purchasing or commissioning decisions or influence prescribing; and

9.3 a record will be made of all sponsorship by completing a Gifts, Hospitality and Sponsorship Form, which can be found on the ICB's staff intranet (please see the ICB's Gifts and Hospitality Policy for more information).

9.4 no payment may be offered or paid to individuals to compensate merely for the time spent in attending events/meetings.

10. MEDICAL AND EDUCATIONAL GOODS AND SERVICES

Donations and grants must:

10.1 not be accepted by individuals;

10.2 be prospective in nature;

10.3 not be an inducement to recommend and/or prescribe, purchase, supply, sell or administer specific medicines or bear its name;

10.4 have a written agreement in place for each donation or grant which must be certified.

11. EDUCATIONAL MEETINGS AND TRAINING ARRANGED BY THE ICB

11.1 Industry representatives organising meetings are permitted to provide appropriate hospitality and/or meet any reasonable, actual costs, which may have incurred.

11.2 It must be clear that the sponsorship does not imply the ICB's endorsement of any product or company. There should be no promotion of products apart from that agreed in writing.

11.3 Where an educational or training event is being considered and sponsorship is being sought, all relevant manufactures/companies should be approached in order to avoid any suggestion of preferential treatment.

11.4 There will be prior written agreement of the content of the meeting/event and the identity of the speakers and nature of the displayed promotional material agreed including, where possible, a breakdown of agreed costs.

11.5 Where training is being provided by the industry, the ICB must be satisfied that training complies with the ABPI Code of Practice, and guidance complies with current evidence based, NHS and local prescribing guidance.

11.6 The company cannot promote its products through the work it is supporting by direct advertisement, except by manning a promotional stand at the sponsored meeting/event. This stand will be manned at the registration period only and will preferably be in a separate area to that of the main meeting.

11.7 Sponsorship should not compromise purchasing, commissioning decisions or prescribing advice. See the following ICB policies for more guidance: Procurement Policy; Fraud, Corruption and Bribery Policy; Standards of Business Conduct Policy; and Managing Conflict of Interest Policy.

12. DEVELOPMENT OF GUIDELINES

12.1 ABPI guidance states it is legitimate for a pharmaceutical company to support the development and implementation of NHS or other accepted clinical guidance, provided the company is open and transparent about its involvement in the guidelines development process.

12.2 The involvement of pharmaceutical industry representatives will be managed by the ICB with full transparency.

12.3 The final decision to approve guidelines will be made through designated ICB approval processes and will be independent of any consideration of financial or other support.

13. COLLABORATIVE WORKING

13.1 Collaboration between the ICB and pharmaceutical industry or other non-NHS organisations shall be on the basis of a signed and dated written agreement. The agreement will define the exact nature of the support provided. See Appendix 2 – Agreement for Collaborative Working.

13.2 All projects will ensure:

13.2.1 a named ICB representative and/or steering group;

13.2.2 a clear project plan which will be reviewed regularly;

13.2.3 clear reporting arrangements to enable process to be monitored;

13.2.4 a mutually agreeable exit strategy; and

13.2.5 all meetings connected to the development or delivery of the project are formally minuted and recorded.

13.3 Where the collaborative working involves the commissioning of new services from an external provider or the provision of additional services from an existing provider, a business case and service specification should be developed. This will detail:

13.3.1 services to be provided;

13.3.2 how these will be procured;

13.3.3 payments/costs for services;

13.3.4 who will be responsible for monitoring service quality/performance management of service in line with ICB commissioning guidelines.

13.4 All final material relating to collaborative working must be certified by a representative of the pharmaceutical company , including any summary of the collaborative working agreement, however the collaborative working agreement itself does not need to be certified. Only the final documents etc for any collaborative working project need be certified.

13.5 All documents etc used during the development of the project should be of the same standard as certified material, but there is no requirement to certify such material.

14. CLINICAL ACCOUNTABILITY

14.1 Clinical aspects of projects must always remain under local control.

14.2 The development of prescribing guidelines and protocols will be developed via the usual ICB processes.

14.3 The ICB may decide that advice or guidelines developed by the pharmaceutical industry are consistent with the ICB's policies and suitable for local distribution.

15. CONFIDENTIALITY AND DATA PROTECTION

Where access to, or processing of patient confidential data is required all staff will comply with the ICB Information Governance Policies.

16. CONFLICTS OF INTEREST, PAYMENTS AND HOSPITALITY

16.1 All ICB staff will comply with the ICB's Standards of Business Conduct Policy and Managing Conflicts of Interest Policy.

16.2 Clinical staff must comply with their own professional codes of conduct.

16.3 Pharmaceutical companies are required to conduct themselves within the legal framework for the promotion of pharmaceutical products – the ethical code of the ABPI.

17. APPROVAL OF COLLABORATIVE WORKING

17.1 Approval will be submitted to the ICB Medicines Management Team/Information Governance team, who will maintain an overview of all projects.

17.2 Collaborative working will be confirmed by the pharmaceutical company's compliance officer in conjunction with the ICB.

17.3 All collaborations of any value will be recorded on the ICB's procurement register and a Procurement Decisions and Contracts Awarded Form must be completed (please see the ICB's Procurement Policy for more information).

17.4 All proposals which may affect prescribing will be referred to the appropriate prescribing group to ensure consistency with local and national guidance.

18. DOCUMENTATION

18.1 Other related ICB policy documents

- Fraud, Corruption and Bribery Policy
- Gifts and Hospitality Policy
- Procurement Policy
- Standards of Business Conduct Policy
- Managing Conflicts of Interest Policy

18.2 Legislation and statutory requirements

- Public Contracts Regulations 2006 (as amended)
- Bribery Act 2010

18.3 Best practice recommendations

Document	Owner	Website Link
The Code of Practice for the Pharmaceutical Industry 2021	Association of the British Pharmaceutical Industry	https://www.pmcpa.org.uk/the-code/2021-interactive-abpi-code-of-practice/
Notes on Joint Working Between Pharmaceutical Companies and the NHS and Others for the Benefit of Patients.		https://www.networks.nhs.uk/nhs-networks/joint-working-nhs-pharmaceutical/documents/ABPI_Code_Guidance_Notes_joint%20working.pdf
Joint Working: A ten-step process		https://www.abpi.org.uk/partnerships/working-with-the-nhs/joint-working-a-toolkit-for-industry-and-the-nhs/joint-working-a-ten-step-process/
Ethical standards for providers of public services	Department of Health	https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/336942/CSPL_EthicalStandards_web.pdf

19. POLICY ENFORCEMENT

The ICB will view instances where this policy is not followed as serious and may take disciplinary action against individuals, which may result in removal from office in accordance with the provisions of the ICB's constitution and/or dismissal. The following ICB policies (as amended) will apply to breaches of this policy where appropriate:

- Whistleblowing Policy;
- Disciplinary Policy; and
- Fraud, Corruption and Bribery Policy.

Appendix 1 – Advice for GP Practices and PCNs regarding support provided by the pharmaceutical industry

GP practices in NHS Derby and Derbyshire ICB should consider adopting the following best practice guide when entering into discussions about joint working with Pharmaceutical Industry

The Association of the British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry (July 2012) allows for medical and educational goods and services (MEGS) to be provided by pharmaceutical companies to healthcare organisations, such as GP surgeries and hospital departments, in order to enhance patient care and benefit the NHS. MEGS must not be provided to individuals or as an inducement to prescribe, supply, administer, recommend, buy or sell any medicine.

The provision of such services is strictly regulated through the ABPI Code of Practice and the conditions under which companies can offer and provide these services is summarised below.

In addition to ensuring the pharmaceutical company and any sponsored healthcare professionals adhere to the ABPI Code of Practice, GP practices should also consider whether the service on offer will genuinely improve the care of patients of the practice:

- Will the service in question help to address a clinical priority for the practice, PCN or the ICB?
- What are the potential benefits and risks for patients and for the practice? – (e.g. is it likely that prescribing costs, pathology costs, referrals or admissions will change? Will patients have better health outcomes, are better informed about their condition or be inconvenienced in any way?)
- What are the insurance arrangements for the industry personnel delivering the service?
- Are arrangements for access to patient records consistent with other activities within the practice and other information governance arrangements?
- Ensure any recommendations that relate to medicines are in line with the local formulary approvals.
- Ensure results of any work including ownership and next steps are agreed and clearly documented to provide an audit trail.

We would strongly advice practices seek advice from the Medicines Management Team or ICB Information Governance Managers before agreeing to participate in therapeutic review services offered by third parties.

An agreement is attached to the bottom of this document for use when entering into joint working with a company.

The ABPI Code of Practice gives the following guidance to companies offering such services;

1) The involvement of a pharmaceutical company in such activities must be made clear to relevant health professionals and/or practice staff.

2) The involvement of a pharmaceutical company in therapy review services should also be made clear to patients, if materials for patients are provided in connection with the service. (e.g. it must be obvious on any information for patients on healthcare or medicines that the material is sponsored by a pharmaceutical company). If there are no materials for patients this would be a matter for the relevant professional.

3) Companies should consider using staff other than medical/generic representatives when offering MEGS as these goods and services must not be linked to the promotion of products. This means that representatives must not promote the company's products AND offer a service at the same visit, although they could indicate that a service is available and provide materials e.g.an introductory letter.

4) If a change in medication to one of the company's products is agreed at a promotional visit the representative may not then offer a therapy review service to facilitate the change as this would be seen as a way for the company to ensure that the agreed change would in fact be made.

5) If the goods and services require patient contact, for example either directly or by identification of patients from patient records and the like, then medical representatives must not be involved. Only an appropriately qualified person, for example a sponsored registered nurse or pharmacist, may undertake activities relating to patient contact and/or patient identification.

6) Neither the company nor its medical/generic representatives may be given access to data/records that could identify or be linked to particular patients.

7) Sponsored health professionals should not be involved in the promotion of specific products.

8) The remuneration of those not employed as medical representatives but who are sponsored or employed as service providers must not be linked to sales in any particular area or to sales of a specific product may not include a bonus scheme linked to such sales.

9) Companies must ensure that patient confidentiality is maintained at all times and that data protection legislation is complied with.

10) Service providers must operate to detailed written instructions provided by the company. The written instructions should set out the role of the service provider and should cover patient confidentiality issues.

11) Service providers must take reasonable steps to ensure that they do not mislead as to their identity or that of the company they represent.

12) A recipient of a service must be provided with a written protocol to avoid misunderstandings as to what the recipient has agreed. The identity of the sponsoring pharmaceutical company must be given. (e.g. a GP allowing a sponsored registered nurse access to patient records should be informed in writing of any data to be extracted and the use to which those data will be put).

13) Any printed material designed for use in relation to the provision of services must be non-promotional and must identify the sponsoring pharmaceutical company.

14) Companies are recommended to inform relevant parties such as Primary Care organisations of their activities where appropriate. This is particularly recommended where companies are proposing to provide services which would have budgetary implications for the organisations concerned.

15) Switch services paid for or facilitated directly or indirectly by a pharmaceutical company whereby a patient's medicine is simply changed to another, without clinical assessment, are prohibited under the ABPI Code of Practice. Companies may promote a straightforward switch, but may not help to implement it in any way.

16) A therapeutic review (as distinct from a switch service) which aims to ensure that patients receive optimal treatment following a clinical assessment is a legitimate activity for a pharmaceutical company to support and/or assist. A genuine therapeutic review should include a comprehensive range of relevant treatment choices for the health professional and should not be limited to the medicines of the sponsoring pharmaceutical company. The decision to change or commence treatment must be made for each individual patient by the prescriber and every decision to change an individual patient's treatment must be documented with evidence that it was made on rational grounds.

AGREEMENT BETWEEN THE PROVIDER PRIMARY CARE PRACTICES AND THE PHARMACEUTICAL COMPANIES LISTED

Primary Care to the Pharmaceutical Companies:

- We recognise and acknowledge that as businesses a key aim for you is the generation of revenue and a return on investment.
- We acknowledge the pharmaceutical sector is a key stakeholder in the health economy.
- We recognise and acknowledge the important contribution the pharmaceutical industry has made to the health of the nation over decades, with regards to the development of new treatments and medications, and innovations in patient care.
- We seek to work with you for the good of our patients, in an open, honest and transparent manner, acknowledging that at times we may have to step back from a piece of work for ethical and business reasons.
- We will endeavour to create time for good quality clinical discussions around medications and treatments as well as patient pathways, and value based proposals in conjunction with colleagues as appropriate.

Pharmaceutical Companies to Primary Care:

- We recognise and acknowledge that you are driven by a desire to provide the best outcomes for your patients, and that such outcomes are driven by clinical as well as value based considerations.

- We recognise and acknowledge the importance of Primary Care's role in the delivery of excellent quality for patients and we will endeavour to support this work by being mindful and respectful of the limited time clinicians and managers have.
- We acknowledge and respect any decisions made regarding medications, treatments or patient pathways must by clinicians and colleagues in light of national and local guidelines and principles and that we will only promote medications, treatments or patient pathway that are in line with such guidelines and principles.
- We acknowledge our work should be focussed on ICB priorities.
- We seek to work with you for the good of your patients, in open, honest and transparent manner.

Appendix 2 – Agreement for collaborative working with non-NHS organisations

Title of Project:			
Summary of intended aims and objectives;			
Name of company providing funding (sponsor);			
Start date		**Finish date**	

Application for funding – please submit the following supporting	
Documentation to be submitted	**Detail required/ Rationale**
Basis for the work	Justification for the work, brief background, purpose and objectives of the work to be funded. Status of work, is this a pilot?
Description of the work and Personnel involved	Synopsis of the work involved including objectives, personnel/ organisation involved, expected benefits and outcomes.
Financials	Detail of Sponsor funding in £
Project Plan	Provide detailed description of the project, should include the following; • Resources and Costs • Milestones • Governance Arrangements inc risk and issue management • Monitoring and Evaluation • Roles and Responsibilities
Quality & Equality Impact Assessment	QEIA assess the impact of commissioning decisions, QIPP plans, organisational Cost Improvement Plans, Business Cases and any other plans for change, ensuring mitigations are put in place where necessary. It is recognised that the NHS is a co-dependent system and that therefore a systems approach is required to understand the full impact of QIPP and CIPs in order to prevent adverse impact on the quality of care.
Data Protection (Privacy) Impact Assessment	Details privacy risks to individuals in the collection, use and disclosure of personal information where necessary. The DPIA will identify personal and sensitive information requirements and show that steps are place to ensure GDPR is complied with and risks are identified and mitigated.
Exit Strategy	Describe the steps that will be taken upon completion of the work. Also steps to be taken should either party wish to terminate the arrangement before the planned finish date.
1. The Sponsor agrees to abide by the NHS Derby and Derbyshire Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy. 2. The Sponsor may only be involved to the extent defined in this agreement consistent with the Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy. 3. Any reports resulting from the work may acknowledge the Sponsor's contribution. Such reports will be used for the purposes described above. The Sponsor cannot use any reports or information from this work without explicit permission from NHS Derby and Derbyshire ICB.	

Details of Lead Representatives for each Organisation		
Detail required	**NHS Derby and Derbyshire Details**	**Sponsor Details**
Company/ Department		
Lead Representative		
Signature		
Date		
Contact Phone		
Contact Email		

Submission Details
Submit completed form to ddicb.meds.man@nhs.net for review and approval.

Approval – to be completed by the Derbyshire Prescribing Group

Approval status	**Approved**		**Not approved**		**Date**	
Name of ICB Executive/Functional Director						
Signature					**Date**	

Following review/approval – forms should be submitted to suzanne.pickering1@nhs.net and frances.palmer1@nhs.net

Appendix 3 – Agreement for non-NHS funding of educational events

Name of event		**Date of event**	
Summary of intended aims and objectives			
Name of ICB staff member requesting sponsorship			
Role of staff member		**Department**	
Signature		**Date**	

Details of Non-NHS Organisation/ Sponsor

Name of non-NHS organisation			
Name of non- NHS organisation staff member			
Signature		**Date**	

Details of Products/services to be Promoted at Event		
Product to be sponsored	**Method of Promotion**	**Approval Status (Approved/Not Approved)**

Guidelines for Non-NHS Funding of Educational Events
1. Pharmaceutical sponsorship is defined as including NHS funding from external sources, 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 building or premises. 2. The Sponsor will abide by the NHS Derby and Derbyshire Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy. 3. Only products in the NHS Derby and Derbyshire ICB prescribing formularies may be promoted at the meetings. Products can only be promoted in line with the ICBs prescribing guidelines. 4. Prior to the meeting the Sponsor will; • Confirm the products they wish to promote. There should be no promotion of products apart from that agreed in writing. • Provide information as to the content of the meeting/ event and the identity of the speakers and nature of the displayed promotional material agreed.

5. All speakers will be asked to declare their commercial interests to the audience at the beginning of the event and on any papers/ advertising material supplied/ used at the event. 6. The company cannot promote its products through the work it is supporting by direct advertisement, except by manning a promotional stand at the sponsored meeting/ event. This stand will be manned at registration period only and will preferably be in a separate area to that of the main meeting. 7. Where training is being provided by the industry the ICB must be satisfied that training complies with ABPI Code of Practice, guidance complies with current evidence based and NHS and local prescribing guidance. 8. No employee or associated representative from the non-NHS organisation will be allowed to be a delegate at the event without written approval from the ICB. Approval for sponsorship is **not** approval for non-NHS delegate attendance.
Submission Details
Submit completed form to ddicb.meds.man@nhs.net for review and approval.

Approval - to be completed by the Derbyshire Prescribing Group

Approval status	**Approved**		**Not Approved**		**Date**	
Name of ICB Executive/Functional Director						
Signature					**Date**	

Following review/approval – forms should be submitted to suzanne.pickering1@nhs.net and frances.palmer1@nhs.net

Appendix 4 – Written Agreement for Donations and Grants

Description of donation/grant		**Date of agreement**	
Summary of intended aims and objectives (including how it will support healthcare, scientific research or education)**;**			
Nature of contribution (description of funding, indirect/ non financial, in kind donation, including full breakdown of costs where possible and time frame if applicable)			
Name of ICB staff member receiving donation/grant			
Role of staff member		**Department**	
Signature		**Date**	

Details of Non-NHS Organisation/ Sponsor

Name of non-NHS organisation			
Name of non- NHS organisation staff member			
Role of staff member			
Signature		**Date**	

Guidelines for Non-NHS Donations or grants
Donations and grants to healthcare organisations, patient organisations or other organisations must; - be made only for the purpose of supporting healthcare, scientific research or education - not be an inducement to recommend and/or prescribe, purchase, supply, sell or administer specific medicines - be prospective in nature - not display the name of any medicine – although they may display the name of the company providing them - have a written agreement in place which must be certified in advance - make clear company involvement to the extent possible, and to include a full breakdown of costs if known - be kept on record by the company - be publicly disclosed annually as set out in the gifts and hospitality policy
Submission Details
Submit completed form to ddicb.meds.man@nhs.net for review and approval.

Approval - to be completed by the Derbyshire Prescribing Group

Approval status	**Approved**		**Not Approved**		**Date**	
Name of ICB Executive/Functional Director						
Signature					**Date**	

Following review/approval – forms should be submitted to suzanne.pickering1@nhs.net and frances.palmer1@nhs.net