

## Conflict of Interest Policy and Procedure

### Purpose

Clinical commissioning groups (CCGs) manage conflicts of interest as part of their day-to-day activities. Effective handling of such conflicts is crucial for the maintenance of public trust in the commissioning system. Importantly, it also serves to give confidence to patients, providers, parliament and tax payers that CCG commissioning decisions are robust, fair, transparent and offer value for money.

Equality and diversity is at the heart of the NHS. Throughout the development of this policy and procedure, we have given due regard to the need to:

- Reduce health inequalities in access and outcomes of healthcare services
- Integrate services where this might reduce health inequalities
- Eliminate discrimination, harassment and victimisation
- Advance equality of opportunity and foster good relations between people who share a relevant protected characteristic (as cited in under the Equality Act 2010) and those who do not share it.

### 1 Introduction and definitions

This document gives an overview on conflicts of interest; references a number of relevant publications, and sets out a procedure to mitigate the risks.

#### A conflict of interest is:

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

“For the purposes of Regulation 6 (NHS Procurement, Patient Choice and Competition) (No.2) Regulations 2013), a conflict will arise where an individual’s ability to exercise judgement or act in their role in the **commissioning of services** is impaired or influenced by their interests in the **provision of those services**.”

*Monitor - Substantive guidance on the Procurement, Patient Choice and Competition Regulations (December 2013)*

A range of interests in the provision of services may give rise to a conflict with the interests in commissioning them, including:

- **Direct financial interest** - for example, a member of a CCG who has a financial interest in a provider that is interested in providing the 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).
- **Indirect financial interest** - for example, a member of a 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.
- **Non-financial or personal interests** - for example, a member of a 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.

- **Professional duties or responsibilities.** For example, a member of a 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.

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

The NHS Clinical Commissioners, the Royal College of General Practitioners and the British Medical Association, has developed a set of key principles. These principles are:

- If CCGs are doing business properly (needs assessments, consultation mechanisms, commissioning strategies and procurement procedures), then the rationale for what and how they are commissioning is clearer and easier to withstand scrutiny. Decisions regarding resource allocation should be evidence-based, and there should be robust mechanisms to ensure open and transparent decision making.
- CCGs must have robust governance plans in place to maintain confidence in the probity of their own commissioning, and maintain confidence in the integrity of clinicians.
- CCGs should assume that those making commissioning decisions will behave ethically, but individuals may not realise that they are conflicted, or lack awareness of rules and procedures. To mitigate against this, CCGs should ensure that formal prompts, training and checks are implemented to make sure people are complying with the rules. As a rule of thumb, 'if in doubt, disclose'.
- CCGs should anticipate many possible conflicts when electing/selecting individuals to commissioning roles, and where necessary provide commissioners with training to ensure individuals understand and agree in advance how different scenarios will be dealt with.
- It is important to be balanced and proportionate – the purpose of these tools is not to constrain decision-making to be complex or slow.

There has been much debate nationally and locally about potential conflicts of interest for those involved in Clinical Commissioning Groups (CCGs).

Those involved need systems and processes to manage real and perceived conflicts of interest. If conflicts of interest are not managed effectively confidence in the probity of decisions and the integrity of those involved could be undermined.

The CCG recognises that there will be conflicts of interest, but these need not debar someone from working on CCG business. Procedures are designed to strike a balance between the CCG need for probity and the need for engagement to conclude tasks and decisions. They protect the work of the CCG and the person.

A perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;

If in doubt, it is better to assume the existence of a conflict of interest and manage it appropriately rather than ignore it;

For a conflict of interest to exist, financial gain is not necessary.

## 2 Legislative Framework

In section 140 of the Health Act sets out the minimum requirements in terms of what CCGs must do in terms of managing conflicts of interest. For Rotherham CCG, this means that we must:

- Maintain appropriate registers of interests;
- Publish or make arrangements for the public to access those registers;
- Make arrangements requiring the prompt declaration of interests by the persons specified (members and employees) and ensure that these interests are entered into the relevant register;

- Make arrangements for managing conflicts and potential conflicts of interest (e.g. developing appropriate policies and procedures); and
- Have regard to guidance published by NHS England and Monitor in relation to conflicts of interest.

The NHS (Procurement, Patient Choice and Competition) (No.2) Regulations 20139. In particular, regulation 6 requires the following:

- CCGs must not award a contract for the provision of NHS health care services where conflicts, or potential conflicts, between the interests involved in commissioning such services and the interests involved in providing them affect, or appear to affect, the integrity of the award of that contract; and
- CCGs must keep a record of how it managed any such conflict in relation to NHS commissioning contracts it enters into.

This Policy & procedure is relevant to all:-

- a member of the CCG;
- a member of the governing body of the CCG;
- a member of the CCGs committees or sub-committees or committees or sub-committees of its governing body; or
- an employee of the CCG.

### 3 Principles and general safeguards:

The following principles will need to be integral to the commissioning of all services, including decisions on whether to continue to commission a service, such as by contract extension.

Conflicts of interest can be managed by:

- **Doing business appropriately.** When commissioners get their needs assessments, consultation mechanisms, commissioning strategies and procurement procedures right from the outset, then conflicts of interest become much easier to identify, avoid and/or manage, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny;
- **Being proactive, not reactive.** Commissioners should seek to identify and minimise the risk of conflicts of interest at the earliest possible opportunity, for instance by:
  - ✓ considering potential conflicts of interest when electing or selecting individuals to join the governing body or other decision-making bodies;
  - ✓ ensuring individuals receive proper induction and training so that they understand their obligations to declare conflicts of interest.

The CCG will establish and maintain registers of interests, and agree in advance how a range of possible situations and scenarios will be handled, rather than waiting until they arise;

- **Assuming that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest.** Rules should assume people will volunteer information about conflicts and, where necessary, exclude themselves from decision-making. There will be prompts and checks to reinforce this;
- **Being balanced and proportionate.** Rules should be clear and robust but not overly prescriptive or restrictive. They should ensure that decision-making is transparent and fair, but not constrain people by making it overly complex or cumbersome;
- **Openness.** Ensuring early engagement with patients, the public, clinicians and other stakeholders, including local Healthwatch and Health and Wellbeing Board, in relation to proposed commissioning plans;
- **Responsiveness and best practice.** Ensuring that commissioning intentions are based on local health needs and reflect evidence of best practice – securing ‘buy in’ from local stakeholders to the clinical case for change;
- **Transparency.** Documenting clearly the approach taken at every stage in the commissioning cycle so that a clear audit trail is evident;

- **Securing expert advice.** Ensuring that plans take into account advice from appropriate health and social care professionals, e.g. through clinical senates and networks, and draw on commissioning support, for instance around procurement processes;
- **Engaging with providers.** Early engagement with both incumbent and potential new providers over potential changes to the services commissioned for a local population;
- **Creating clear and transparent commissioning specifications** that reflect the depth of engagement and set out the basis on which any contract will be awarded;
- **Following proper procurement processes and legal arrangements**, including even-handed approaches to providers;
- **Ensuring sound record-keeping, including up to date registers of interests;** and
- **A clear, recognised and easily enacted system for dispute resolution.**

These general processes and safeguards should apply at all stages of the commissioning process, but will be particularly important at key decision points, e.g., whether and how to go out to procurement of new or additional services.

#### 4 Maintaining a register of interests and a register of decisions

##### Statutory requirements

‘CCGs must maintain one or more registers of interest of: the members of the group, members of its governing body, members of its committees or sub-committees of its governing body, and its employees. CCGs must publish, and make arrangements to ensure that members of the public have access to these registers on request’.

‘CCGs must make arrangements to ensure individuals declare any conflict or potential conflict in relation to a decision to be made by the group as soon as they become aware of it, and in any event within 28 days. CCGs must record the interest in the registers as soon as they become aware of it’.

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

When entering an interest on the register of interests, the CCG will ensure that it includes sufficient information about the nature of the interest and the details of those holding the interest.

The CCG will ensure that, as a matter of course, declarations of interest are made and regularly confirmed or updated. This includes the following circumstances:

- **On appointment:** Applicants for any appointment to the CCG or its governing body will be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests will again be made and recorded.
- **At meetings:** All attendees will be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the register of interests, it will be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of meetings.
- **Quarterly:** The CCG will have systems in place to satisfy themselves on a quarterly basis that their register of interests is accurate and up to date.
- **On changing role or responsibility:** Where an individual changes role or responsibility within the CCG or governing body, any change to the individual’s interests should be declared.

- **On any other change of circumstances:** Wherever an individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the CCG or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

In keeping with the regulations, individuals who have a conflict should declare this as soon as they become aware of it, and in any event not later than 28 days after becoming aware.

If the individual has any doubt about the relevance of an interest, it should be discussed with their line manager or the Accountable Officer.

Whenever interests are declared, they should be reported to the Board Secretary for the register of interests (as identified by the CCG or its governing body), who should then update the register accordingly.

The CCG will update its register of interests whenever a new or revised interest is declared.

If an individual fails to comply with this policy on managing 'conflicts of interest' as set out in its constitution. The Managing Concerns with Performance at Work Policy will be followed. This could include that individual being removed from office.

### **Register of procurement decisions**

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.

The register will be updated whenever a procurement decision is taken.

In the interests of transparency, the register of interests and the register of decisions will be publicly available and easily accessible to patients and the public by:

- ensuring that both registers are available on the CCG's website; and
- the CCG making both registers available upon request for inspection.

The registers will form part of the CCG's annual accounts and will be signed off by external auditors.

### **Procurement issues**

The CCG needs to recognise and manage any conflicts or potential conflicts of interest that may arise in relation to procurement.

The Procurement, Patient Choice and Competition Regulations place requirements on commissioners to ensure that they adhere to good practice in relation to procurement, do not engage in anti-competitive 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 interests 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 the CCG has managed any conflicts in individual cases.

The CCG will evidence the deliberations on conflicts and make publicly available.

The CCG will seek and encourage scrutiny of its decision-making process; to the Health and Wellbeing Board, local Healthwatch and to local communities that the proposed service meets local needs and priorities; it will enable them to raise questions if they have concerns about the approach being taken;

- to the Audit, Quality and Assurance 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.

## 5 Designing service requirements

It is good practice to engage relevant providers, especially clinicians, in confirming that the design of service specifications will meet patient need. Such engagement, done transparently and fairly, is legal. However, conflicts of interest can occur if a commissioner engages selectively with only certain providers in developing a service specification for a contract for which they may later bid.

The CCG will seek, as far as possible, to specify the outcomes that we wish to see delivered through a new service, rather than the process by which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services.

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

Other steps include:

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

The CCG will ensure that a system is in place for managing conflicts of interest on an on-going basis, for instance, by monitoring a contract that has been awarded to a provider in which an individual commissioner has a vested interest.

## 6 Governance and decision-making processes

Statutory requirement

‘CCGs must make arrangements for managing conflicts of interest, and potential conflicts of interest, in such a way as to ensure that they do not, and do not appear to, affect the integrity of the group’s decision-making’.

The CCG will consider the following when reviewing governance structures.

- the make-up of the governing body and committee structures.
- whether there are sufficient management and internal controls to detect breaches of the CCG’s conflicts of interest policy, including appropriate external oversight and adequate provision for whistleblowing;
- how non-compliance with policies and procedures relating to conflicts of interest will be managed (including how this will be addressed when it relates to contracts already entered into). As well as actions to address non-compliance, the CCG will also have procedures in place to review any lessons to be learned from such cases, e.g., by the CCG’s Audit, Quality and Assurance committee conducting an incident review;

- reviewing and revising approaches to the CCG's registers of interest, together with the introduction of a record of decisions;
- Whether any training or other programmes are required to assist with compliance.

## **7 Appointing governing body or committee members**

The CCG will consider whether conflicts of interest should exclude individuals from being appointed to the governing body or to a committee or sub-committee of the CCG or governing body. These will need to be considered on a case-by-case basis but the CCG's constitution reflects the CCG's general principles.

The CCG will assess the materiality of the interest, in particular whether the individual (or a family member or business partner) could benefit from any decision the governing body might make. This will be particularly relevant for any profit sharing member of any organisation but should also be considered for all employees and especially those operating at senior or governing body level.

The CCG will determine the extent of the interest. If it is related to an area of business significant enough that the individual would be unable to make a full and proper contribution to the governing body, that individual should not become a member of the governing body.

Any individual who has a material interest in an organisation which provides, or is likely to provide, substantial services to a CCG (either as a provider of healthcare or commissioning support services) should not be a member of the governing body if the nature of their interest is such that they are likely to need to exclude themselves from decision-making on so regular a basis that it significantly limits their ability to effectively operate as a governing body member.

## **8 Decision-making when a conflict of interest arises: general approaches**

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

The chair of the meeting has responsibility for deciding whether there is a conflict of interest and the appropriate course of corresponding action. In making such decisions, the chair may wish to consult the member of the governing body who has responsibility for issues relating to conflicts of interest. All decisions, and details of how any conflict of interest issue has been managed, should be recorded in the minutes of the meeting and published in the registers.

The CCG will decide in advance who will take the chair's role for discussions and decision-making in the event that the chair of a meeting is conflicted, or how that will be decided at a meeting where that situation arises.

Depending on the nature of the conflict, GPs or other practice representatives could be permitted to join in discussions by the governing body, or such other decision-making body as the CCG has created, about the proposed decision, but should not take part in any vote on the decision.

In many cases, e.g., where a limited number of GPs have an interest, it should be straightforward for relevant individuals to be excluded from decision-making. In the context of delegated commissioning, the committee structure set out below in relation to decision making for primary medical care below has been designed to ensure that lay member and executive involvement ensures that robust decisions can be taken even where there are actual or potential conflicts of interest identified.

In some cases, all of the GPs or other practice representatives on a decision-making body could have a material interest in a decision, e.g., where the CCG is proposing to commission services on a direct award basis from all GP practices in the area, or where it is likely that all or most practices would wish to be qualified providers for a service under AQP.

Where such a situation relates to primary medical services, the arrangements set out below provide a mechanism for decision-making. (It could also be used for any other CCG responsibilities where decision-making has been delegated to the committee responsible for primary medical care decision making and where such a conflict of interest arises).

For decision making where such a conflict arises and which are not covered by the primary medical care arrangements, the CCG will:

- where the initial responsibility for the decision does not rest with the governing body, refer the decision to the governing body and exclude all GPs or other practice representatives with an interest from the decision-making process, i.e., so that the decision is made only by the non-GP members of the governing body including the lay and executive members and the registered nurse and secondary care doctor;
- where the decision rests with the governing body, consider inviting the Health and Wellbeing Board or another CCG to review the proposal – to provide additional scrutiny. Any such arrangements would need to be compliant with the CCG's constitution; and ensure that rules on quoracy (set out in the CCG's constitution) enable decisions to be made.

## **9 Decision-making when a conflict of interest arises: primary medical care**

Procurement decisions relating to the commissioning of primary medical services should be made by The Primary Care Commissioning Committee.

The membership of the committee will be constituted so as to ensure that the majority is held by lay and executive members. In addition to existing CCG lay members, members may be drawn from the CCG's executive members, except where these members may themselves have a conflict of interest (e.g. if they are GPs or have other conflicts of interest). Provision could be made for the committee to have the ability to call on additional lay members or CCG members when required, for example where the committee would not be quorate because of conflicts of interest. It could also include GP representatives from other CCG areas and non-GP clinical representatives (such as the CCG's secondary care specialist and/or governing body nurse lead).

Any conflicts of interest issues will be considered on an individual basis. The chair and vice-chair will always be lay members of the committee.

A standing invitation will be made to the CCG's local Healthwatch and Health and Wellbeing Board to appoint representatives to attend the Primary Care Commissioning Committee meetings, including, where appropriate, for items where the public is excluded from a particular item or meeting for reasons of confidentiality. These representatives would not form part of the membership of the committee.

As a general rule, meetings of these committees, including the decision-making and the deliberations leading up to the decision, should be held in public (unless the CCG has concluded it is appropriate to exclude the public).

The CCG may wish to include decisions on other commissioning issues within the remit of the committee. It also may wish to designate an existing committee to incorporate the above responsibilities within their remit. Where the CCG does this, they should ensure that the membership and chairing arrangements are compliant with the above requirements, or that, when dealing with primary care procurement issues, the participating membership and chairing arrangements are adjusted to meet these requirements. Where an existing committee is so designated, the above requirements on Healthwatch and Health and Wellbeing Board participation and on meeting in public would apply for co-commissioning decisions.

The arrangements for primary medical care decision making do not preclude GP participation in strategic discussions on primary care issues, subject to appropriate management of conflicts of interest. They apply to decision-making on procurement issues and the deliberations leading up to the decision.



## **10 Record keeping**

As set out above, a clear record of any conflicts of interest will be kept by the CCG in its register of interests. The CCG will ensure that it records procurement decisions made, and details of how any conflicts that arose in the context of the decision have been managed. These registers will be available for public inspection as detailed above.

The CCG will ensure that details of all contracts, including the contract value, are published on their website as soon as contracts are agreed.

Where the CCG decides to commission services through Any Qualified Provider (AQP), we will publish on the website the type of services we are commissioning and the agreed price for each service. Further, the CCG will ensure that such details are set out in their annual report. Where services are commissioned through an AQP approach, the CCG will ensure that there is information publicly available about those providers who qualify to provide the service.

## **Declaration of conflict of interests for bidders/contractors template**

### **NHS Rotherham Clinical Commissioning Group Bidders/potential contractors/service provider's declaration form: financial and other interests**

This form is required to be completed in accordance with the CCG's Constitution, and is 140 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, 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 board secretary of the CCG.
- The completed form should be sent to the board secretary.
- 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 be notified to the CCG by completing a new declaration form and submitting it to the board secretary.
- 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 (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;
- a Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
- the Relevant Organisation or any Relevant Person has any other connection with the CCG, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions.

### Declaration of conflict of interests for bidders/contractors

**Declarations:**

Name of Relevant Organisation	<i>Your own organisation</i>
<b>Interests</b>	
Type of Interest	<i>Please give details</i>
Provision of services or other work for the CCG	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with the CCG, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions	

### Declaration of conflict of interests for bidders/contractors template

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

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Date:

## Declaration of interests for members/employees template

### NHS Rotherham Clinical Commissioning Group

#### Member / employee / governing body member / committee or sub-committee member [*delete as appropriate*] declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's Constitution and section 14O 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:

- NHS Rotherham Clinical Commissioning Group has made arrangements to ensure that the persons mentioned above declare any interest which may lead to a conflict with the interests of the CCG and the public for whom we commission services in relation to a decision to be made by the CCG which may affect or appear to affect the integrity of the award of any contract by the CCG.
- A declaration must be made of any interest likely to lead to a conflict or potential conflict as soon as the individual becomes aware of it, and within 28 days.
- If any assistance is required in order to complete this form, then the individual should contact The board secretary of the CCG.
- The completed form should be sent by both email and signed hard copy to the Governance officer of the CCG [sue.hart@rotherhamccg.nhs.uk](mailto:sue.hart@rotherhamccg.nhs.uk).
- 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 Groups website.
- Any individual – and in particular members and employees of the CCG must provide sufficient detail of the interest, and the potential for conflict with the interests of the CCG and the public for whom they commission services, to enable a lay person to understand the implications and why the interest needs to be registered.
- If there is any doubt as to whether or not a conflict of interests could arise, a declaration of the interest must be made.

Interests that must be declared (whether such interests are those of the individual themselves or of a family member, 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 (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.

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

## Declaration of interests for members/employees template

### Declaration:

<b>Position within or relationship with, the CCG:</b>	<i>complete for all Persons</i>	
<b>Interests</b>		
Type of Interest	<i>Details</i>	<i>Personal interest or that of a family member, close friend or other acquaintance?</i>  <i>Please specify</i>
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		
Positions of authority in an organisation (e.g. charity or voluntary organisation (e.g. charity or voluntary organisation) in the field of health and social care		
Any connection with a voluntary or other		

organisation contracting for NHS services		
Research funding/grants that may be received by the individual or any organisation they have an interest or role in		
Other specific interests		
Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the CCG.		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and 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.

Signed:

Date:



## Procurement template

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

Service:	
Question	Comment/Evidence
<p>How does the proposal deliver good or improved outcomes and value for money – what are the estimated costs and the estimated benefits?</p> <p>How does it reflect the CCG’s proposed commissioning priorities?</p> <p>How does it reflect the CCG’s commissioning obligations?</p>	
How have you involved the public in the decision to commission this service?	
What range of health professionals have been involved in designing the proposed service?	
What range of potential providers have been involved in considering the proposal	
<p>How have you involved your Health and Wellbeing Board?</p> <p>How does the proposal support the priorities in the relevant joint health and wellbeing strategy (or strategies)?</p>	
What are the proposals for monitoring the quality of the service?	
What systems will there be to monitor and publish data on referral patterns?	
<p>Have all conflicts and potential conflicts of interests been appropriately declared and entered in registers which are publicly available?</p> <p>Have you recorded how you have managed any conflict or potential conflict?</p>	

<p>Why have you chosen this procurement route<sup>1</sup>?</p> <p>What additional external involvement will there be in scrutinising the proposed decisions?</p> <p>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?</p>	
<p>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).</p>	
<p>How have you determined a fair price for the service?</p>	
<p>Additional questions when qualifying a provider on a list or framework or pre selection for tender (including but not limited to any qualified provider) where GP practices are likely to be qualified providers.</p>	
<p>How will you ensure that patients are aware of the full range of qualified providers from whom they can choose?</p>	
<p>Additional questions for proposed direct awards to GP providers.</p>	
<p>What steps have been taken to demonstrate that the services to which the contract relates are capable of being provided by only one provider?</p>	
<p>In what ways does the proposed service go above and beyond what GP practices should be expected to provide under the GP contract?</p>	
<p>What assurance will there be that a GP practice is providing high-quality services under the GP contract before it has the opportunity to provide any new services?</p>	

<sup>1</sup> 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).