

North West London Primary Care Co-Commissioning CCG Conflicts of Interest Policy (addendum)

Decision-making in primary medical care: the role of the Primary Care Co-commissioning Joint Committee in decisions on the commissioning of primary medical services

1. It is acknowledged that for a GP or any other individual involved in commissioning, a conflict of interest may arise when their own judgment as a NHS service commissioner could be, or be perceived to be, influenced and impaired by their own concerns and obligations as a healthcare or related provider, as a member of a particular peer, professional or special interest group, or as a friend or family member.
2. Within decision-making on the commissioning of primary medical care, perceived and real conflicts of interest will be managed through the following approaches:
 - 2.1. **Doing business properly.** Getting processes right from outset so that the rationale for all decision-making will be clear and transparent and should withstand scrutiny.
 - 2.2. **Being proactive, not reactive.** Seeking to identify and minimise the risk of conflicts of interest at the earliest possible stage, for instance by considering potential conflicts of interest when electing or selecting individuals to join the Joint Committee, and by ensuring members receive proper induction and understand their obligations to declare conflicts of interest. To that end the Joint Committee will maintain a register of interests (which will be available publically).
 - 2.3. **Assuming individuals may not always be sensitive to all conflicts of interest.** Most individuals involved in commissioning will seek to do the right thing for the right reasons. However, they may not always do it the right way because of lack of awareness of rules and procedures, insufficient information about a particular situation, or lack of insight into the nature of a conflict. The established protocols for co-commissioning will assume people will volunteer information about conflicts and, where necessary, exclude themselves from decision-making. To quality assure this, prompts and checks will be put in place.
 - 2.4. **Being balanced and proportionate.** Rules will be clear and robust. They will protect and empower people engaged in co-commissioning by ensuring decision-making is efficient as well as transparent and fair. Further, decisions will not be constrained people by making it overly complex or slow.
3. Procurement decisions relating to the commissioning of primary medical services will be made by the Primary Care Co-commissioning Joint Committee, which comprises members from the CCG and NHS England.

Membership in decision-making

4. Membership of the Joint Committee will be constituted so as to ensure that the majority is held by lay and executive members.
5. 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).
6. The Joint Committee may call on additional lay members or CCG members when required, for example where the committee would not be quorate because of conflicts of interest.
7. It may 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).
8. The chair and vice-chair of the Joint Committee will be lay members of the committee.

9. National training to support and strengthen the role of lay people in decision-making, specified by NHS England, will be adhered to as per statutory requirements.
10. An invitation will be made to the CCG's local Healthwatch and Health and Wellbeing Board to join a sub-group that will nominate representatives to attend the meetings in common of the Joint Committees of the North West London CCGs. (This will be as an alternative to a representative from each local Healthwatch and Health and Wellbeing Board attending the meetings in common of the Joint Committees.) The representatives' attendance will include, where appropriate, where the public is excluded from a particular item or meeting for reasons of confidentiality. The representative will not form part of the membership of any Joint Committee.
11. As a general rule, meetings of the Joint Committee, including the decision-making and the deliberations leading up to the decision, should be held in public (unless the Joint Committee has concluded it is appropriate to exclude the public and this is evidenced and recorded).
12. 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.

Record keeping – register of conflicts

13. As a matter of course, declarations of interest will be made and updated, in the following circumstances:
 - 13.1. On appointment – applicants for any appointment to the Joint Committee will be asked to declare any relevant interests. When an appointment is made, a formal declaration of interests should again be made and recorded.
 - 13.2. Annually – all interests should be confirmed at least annually; if not through refreshing the register quarterly.
 - 13.3. 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 should be declared in meetings where matters relating to that interest are discussed. Declarations of interest will be recorded in minutes of Joint Committee sessions.
 - 13.4. On changing role or responsibility – any change to the individual's interests will be expected to be declared should their role in the Joint Committee vary.
 - 13.5. On any other change of circumstances.
14. Individuals must declare an interest as soon as they become aware of it, and within 28 days.
15. A public register of conflicts of interest will include information on the nature of the conflict and details of the conflicted parties. The register will form part of the annual accounts and be signed off by external auditors.
16. This register will be maintained and published every three months, in line with best practice recommendations. The register will be maintained by the Secretary of the Joint Committee.

Record keeping – register of procurement decisions

17. A clear record of all procurement decisions made, and details of how any conflicts that arose in the context of the decision have been managed will be maintained.
18. A public register of conflicts of interest will include information on the nature of the conflict and details of the conflicted parties. The register will form part of the annual accounts and be signed off by external auditors.

19. This will be maintained and published every three months, in line with best practice recommendations. The register will be maintained by the Secretary of the Joint Committee.
20. Details of all contracts, including the contract value, will be published on the website as soon as contracts are agreed.
21. Where the committee decides to commission services through Any Qualified Provider (AQP), it will publish on the website the type of services they are commissioning and the agreed price for each service.
22. Each CCG will ensure that such details are also set out in their annual report. Where services are commissioned through an AQP approach, information will be publicly available about those providers who qualify to provide the service.

Role of commissioning support in procurement of services

23. The NW London CCGs brought commissioning support services in-house in October 2014 and therefore directly manage services previously provided by the Commissioning Support Unit.
24. However, the procurement service element is outsourced to SBS (NHS Shared Business Services) and is provided under contract to the eight North West London CCGs.
25. The SBS role includes:
 - Provision of advice to the Joint Committee and CCGs on the most appropriate procurement route for any given service for example, Any Willing Provider or single provider procurement and any risks associated with each route
 - Legal and compliance advice, ensuring managers are kept informed of legislation changes and understand how to discharge their responsibilities
 - Maintenance of a procurement database
 - Provision of benchmarking and value for money reviews and advice
 - Development of procurement documentation such as the Invitation to Tender
 - Running the procurement process from issue of the PQQ to selection of preferred provider and award of contract.
26. The SBS service provides advice and hands on support with procurement processes, ensuring the CCGs and Joint Committee act within current legislative requirements and secures best value for money for the services they commission. This will encompass services commissioned from primary care.
27. The CCGs' Conflict of Interest Policies attached in the section above set out an approach to decision making in relation to choice of procurement route where Governing Bodies and members of the Committee may be conflicted. This includes taking account of advice provided by SBS.