NHS
Thames Valley

ICB Policy for Sponsorship and Joint Working with the Pharmaceutical & Commercial Industry

Applies to: Thames Valley ICB and system provider organisations; recommended for PCNs & GP practices.

Version: 1.1 (Harmonised from BOB & Frimley legacy policies)

Document Control

Approving Group	Ratifying Committee	Date Approved	Next Review
Thames Valley Executive	Thames Valley ICB Board	1 April 2026	April 2029

Executive Summary

This policy provides a single, system-wide framework covering:

(a) joint working projects and

(b) sponsorship of education and related activities.

It prioritises patient benefit, transparency, robust conflict management, and independence of clinical decision-making, aligning to the ABPI Code and NHS conflicts guidance. Explicit sections on Primary Care Rebate Schemes (PCRS) and Free-of-Charge (FoC) medicines schemes are included. Certification requirements for MEGS, donations/grants and patient/public materials are adopted.

1. Purpose

• Set common standards for engagement with pharmaceutical & commercial representatives.
• Ensure patient-benefitting, ethical collaborations with demonstrable outcomes.
• Ensure consistent handling of approaches and robust declarations across the system.
• Align with ABPI Code and NHS conflicts policies.

2. Scope & Applicability

Applies to all ICB/ICS staff (including secondees, agency, trainees) and recommended for GP practices and PCNs. Provider organisations should align local SOPs to this policy.

Outside scope: Research & Development partnerships and secondary employment. Secondary employment must be declared and managed under the Managing Conflicts of Interest Policy.

3. Definitions

Key terms used in this policy are defined below.

- Joint working: 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. Joint working agreements and management arrangements are conducted in an open and transparent manner.
- Commercial sponsorship: NHS funding or support from an external source, including funding of all or part of the costs of a member of staff, NHS research, staff training/education, pharmaceuticals, equipment, meeting rooms, costs associated with meetings, meals, gifts, hospitality, hotel and transport costs (including trips abroad), provision of free services (e.g., speakers), buildings or premises.
- Pharmaceutical industry / commercial organisations: Pharmaceutical companies and other organisations potentially supplying the NHS with clinical products or support, such as homecare companies, manufacturers of nutritional products, manufacturers/suppliers of stoma and continence products, and other third-party commercial organisations whose products are subject to medicines licensing provisions.
- Meeting (with pharmaceutical industry representatives): An interaction that may be in person or remote/virtual. A meeting should be treated as a formal meeting (and recorded using the relevant meeting record form) where there is a set agenda and/or formal minutes or agreed actions.
- Secondary employment: Includes paid or unpaid work (PAYE, voluntary, consultancy/self-employment and/or bank/agency contracts) undertaken in a personal capacity. This falls outside the scope of this policy (which pertains to corporate collaboration). Permission must be sought from line managers; the role must be declared on the individual's register of interests; and any actual or perceived conflicts must be managed in accordance with the Managing Conflicts of Interest Policy.
- MEGS (Medical & Educational Goods and Services): Donations or grants of goods and services for legitimate health/education purposes with no inducement. They must be prospective and set out in an appropriate written agreement.
- Certification: Where required, specified materials and/or written agreements must be certified (signed off) by an appropriate signatory to confirm compliance with relevant standards and codes.

4. Roles & Responsibilities

All staff: comply with this policy and professional codes; seek line manager approval before engagement; declare and manage conflicts.

Line managers: ensure awareness; scrutinise/approve requests; confirm benefits and that conflicts are managed.

System governance: Medicines Board/Medicines Optimisation Leadership Board takes final decisions on joint working; Information Governance sign-off when data are involved; Procurement records collaborations on the procurement register where applicable; Governance Team maintains central registers.

5. Access to Staff & Conduct of Representatives

Appointment-only access to ICB staff. The Industry Appointment Request Form (Appendix A1) should be used.

MIA credentialing recognised; where required by site, representatives must be MIA-accredited and register visits.

No ward tours or uninvited approaches. All meetings must be recorded using standard forms (Appendices A6/A7).

Samples: not to be left with staff or in clinical areas. If samples are exceptionally required for physical assessment only, they must be procured via Pharmacy with prior committee approval and must not be used for patient care.

6. Joint Working (Proposals, Approval, Delivery)

Principles: patient benefit; transparency; alignment with local formulary/guidelines; undertaken on a corporate basis; clear exit strategy.

Process: Stage 1 Proposal (Appendix A2) to Medicines Optimisation Leadership Board; if supported,

Stage 2 Business Case (Appendix A3) for final approval; then execute Joint Working Agreement (Appendix A4) and register with Governance.

Where commissioning is affected, complete procurement documentation and record on the Procurement Register. Final materials for collaborative working must be certified by the company signatory (summary materials certified; agreement itself need not be certified).

7. Sponsorship of Educational/Training Events

Hospitality must be secondary and proportionate. Approach multiple companies to avoid preferential treatment. No payment for mere attendance/time. Use the Sponsorship Form (Appendix A5) and complete conflicts declarations as required. Sponsor presentations must be pre-agreed and strictly non-promotional; any stands should be outside the main meeting room.

8. Development of Guidelines & Education Materials

Industry support may be accepted with full transparency. Final clinical content must be independently approved (e.g., Prescribing Committee/Formulary). No promotion through

supported work other than an agreed logo acknowledgement. Patient/public materials supported by companies must be certified and comply with ABPI Code and local guidance.

9. Conflicts of Interest, Fraud & Bribery

Comply with the Managing Conflicts of Interest policy; declare and manage all relevant interests (personal/non-personal; specific/non-specific).

Bribery Act 2010: offering/requesting advantages to improperly influence decisions is unlawful; breaches may lead to prosecution and significant penalties.

10. Donations, Grants & MEGS

Donations/grants/MEGS must be prospective, not inducements, not display medicine names, supported by a certified written agreement (Appendix A8), with clear company involvement and cost breakdown, and publicly disclosed annually per Gifts/Hospitality policy.

11. Primary Care Rebate Schemes (PCRS) & Free-of-Charge (FoC) Schemes

PCRS: follow separate approval policy/route; decisions recorded by Governance/Medicines Board.

FoC schemes: do not sign up to FoC schemes solely offering a licensed medicine free of charge pre-NICE approval; other FoC schemes require prior governance approval.

12. Information Governance & Data Protection

Complete DPIAs for projects handling personal data; agree ownership, access and permitted use; remove patient identifiers where not necessary; seek DPO/IG advice as required.

13. Monitoring, Enforcement & Publication

Governance Team maintains Sponsorship and Joint Working registers; Procurement register updated for collaborations. Quarterly review of registers and, where applicable, cross-check against ABPI Disclosure UK. Non-compliance may trigger disciplinary action consistent with Freedom to Speak Up, Disciplinary, and Fraud/Corruption policies. Policy and forms are available on the intranet/public website as appropriate.

14. Equality & FOI

Equality analysis to be undertaken at approval; documents may be released under FOI where permitted.

15. References

• ABPI Code of Practice (current edition).
• NHS England Managing Conflicts of Interest.
• Bribery Act 2010 guidance.
• Department of Health: Commercial Sponsorship – Ethical Standards for the NHS.
• Local Standards of Business Conduct and Procurement policies.

Appendices

All appendices are structured as tables for consistency and ease of completion.

Appendix A1 – Industry Appointment Request Form

	Details
Name & Role of Industry Representative(s)	
Company Name	
Contact Email	
Contact Phone	
Purpose of Meeting (incl. medicine(s) – trade/generic)	
Licensed indication(s)/therapeutic area	
Medicine-specific or service design?	
Is this a new product? If yes, anticipated launch date	
Estimated population impact and cost impact/savings	
Summary of topics to discuss (agenda)	

For ICB/Provider Staff Use Only	Record
Date of last appointment with company	
Decision (Offer appointment? Yes/No)	
Appointment date/time offered	

Brief rationale for decision	
Key aspects discussed (post-meeting)	
Actions to be taken forward	

Appendix A2 – Stage 1: Joint Working Proposal Form

	Detail
Project title	
Aims & objectives (pilot?)	
Contribution to system priorities	
Expected outcomes	
Partner organisations	
Lead representatives (each organisation)	
Exact nature of joint working	
Estimated start and finish dates	
Exit strategy	
Financial implications (overall cost; resource/cost recording; VFM)	
Proposed sponsor contribution	
Committee triage decision (Approved to proceed? Yes/No)	
Reviewer name/role/date	

Appendix A3 – Stage 2: Joint Working Business Case Form

I. Project Summary

	Detail
Title of project	
Intended aims & objectives	

Expected outcomes	
Partner organisations involved	
Lead representatives (each organisation)	
Exact nature of joint working proposal	
Start date	
Finish date	
Exit strategy	

II. Resources & Costs

	Detail
Overall cost	
Direct & indirect resources/costs by partner	
Method for monitoring & recording resource/costs	
Evidence of value for money	
Longer-term funding implications	

III. Governance Arrangements

Field	Detail
Parties consulted and how	
How patients will be informed	
Decision-making processes (open & transparent)	
Operational/management accountabilities (incl. conflicts)	
Pilot arrangements (if applicable)	
Relation to existing systems of care	

Indemnity & liability (for clinical services)	
Confidentiality/security standards & limits of information use	

IV. Monitoring & Evaluation

	Detail
Management arrangements	
Designated responsibilities (by stage)	
Method to evaluate patient benefits	
Learning opportunities	
Audit arrangements	
Escalation method for significant issues	

V. Data & Patient Protection

	Detail
Interests of partners and where these coincide	
Potential conflicts of interest	
Ownership of data generated	
Access arrangements & format (Data Protection & confidentiality)	
Intended use of data	

Approving Committee	Decision (Approve/Reject)	Conditions	Chair/Authoriser	Date

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Appendix A4 – Joint Working Agreement (Template)

Organisation	Lead Representative	Role	Email	Phone

Principle	Description	Accepted (Y/N)
Patient benefit	Project must deliver clear benefits to patients and preserve patient care.	
Transparency	Arrangements conducted in an open and transparent manner; no promotion or perceived endorsement.	
Mutual benefit	Arrangements are of mutual benefit with the patient as principal beneficiary.	
Control	NHS retains overall control of the project and final clinical decisions.	
Confidentiality & Data	Identifiers removed unless strictly necessary; DPIA completed where required; access/ownership defined.	
ABPI compliance	Company complies with ABPI Code at all times; materials certified as required.	

NHS Signatory	Name	Role	Signature	Date

Company Signatory	Name	Role	Signature	Date

Appendix A5 – Sponsorship Form for Educational/Training Events

Field	Detail
Company lead name & organisation	
Event title	
Date	
Venue	
Nature and value of sponsorship (venue/refreshments/fees etc.)	
Sponsor attendance (names/designations)	
Honoraria declared (speakers/chairs)	

Condition	Compliant (Y/N)	Notes
Organiser retains overall control of event		
Any sponsor presentation pre-agreed; content non-promotional		
No product advertising in educational content		
Stands outside main meeting room		
Hospitality proportionate and secondary to purpose		
Entries recorded on Gifts/Hospitality register		

Appendix A6 – Questionnaire for Pharmaceutical Representatives (requesting appointment with MOT)

Question	Response
Is your request medicine-specific or service design?	
Trade & generic names (if medicine-specific)	
Is the medicine PBR-excluded?	
Is the medicine a new product? If yes, expected launch date	
Is this request pre-licensing? If no, licensed indication	
Budget impact (summary)	
Short summary of topics to discuss	

Appendix A7 – Meeting Record: Representatives from Commercial Organisations

	Detail
Date	
Company	
Attendees	
Products discussed	
Key points	
Actions (NHS)	
Actions (Company)	

Appendix A8 – Written Agreement for Donations & Grants

F	Detail
Description of donation/grant	
Date of agreement	
Aims & objectives (supporting healthcare/scientific research/education)	
Nature of contribution (funding/in kind; breakdown; timeframe)	
ICB staff member receiving	
Role/Department	

Guideline (must be met)	Yes/No	Notes
Supports healthcare/research/education (not inducement)		
Prospective in nature (not retrospective)		
Does not display medicine name (company name allowed)		
Certified written agreement in advance		
Company involvement and cost breakdown are clear		
Company keeps records and annual public disclosure made		

Appendix A9 – Advice for GP Practices on Support from Industry (Checklist)

Checklist item	Completed (Y/N)	Notes
Aligns to PCN/ICB priorities and local pathways		
Benefits/risks for patients and practice assessed		
Insurance arrangements for industry personnel verified		
Access to patient records compliant with IG and DPIA completed (if applicable)		
Recommendations align with local formulary approvals		
Outcomes, ownership and next steps documented (audit trail)		
Advice sought from Medicines Optimisation/IG before third-party therapeutic review		