

Policy for NHS Brent, GP Practices & PBC Clusters for Working in Partnership with the Pharmaceutical Industry
Applicable to Medicines, Wound Care & Podiatric Products, Stoma Appliances, Food & Specialist Dietetic Products and other Specialist Products

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V1		Expired	Feb 2008
V2	Incorporation of NHS Brent Guidelines for Health care professionals working in partnership with the Pharmaceutical Industry & Inclusion of Practice Based Commissioning activities	Expired & Brent PBC inclusion	May 2010

To be read with:
Brent Standards of Business Conduct Policy

“ The PCT incorporates and support the human rights of the individual as set out in the European Convention on Human Rights and the Human Rights Act 1998”

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Governance Framework & Responsibilities for GP practices & GP Commissioning/PBC Federation

	Responsibilities for GP practices	GP Commissioning / GPCE (PBC Federation + PEC)
1	<p>Have a written policy regarding contact with the Pharmaceutical industry to include:</p> <ol style="list-style-type: none"> 1. Accepting gifts & Hospitality 2. Prior consent for seeing representatives from the industry 3. Acceptance of gifts/social evenings supported by the industry 4. Sponsorship/funding for meetings, conferences, educational programme & training 5. Sponsorship for external conferences and courses 6. Participating in post-marketing surveillance studies for new drugs 7. Sponsorship for printing costs for guidelines and patient leaflets 8. Commercial partnership/joint projects/disease management/ redesign of care pathways 9. Acceptance of samples of pharmaceutical products, wound care and podiatric products and food & specialist dietetic products 	<p>Ensure prior agreement to content of programmes, confirm non promotional agenda, preferably involving no more than one drug company if organising and endorsing cluster/practice</p> <ol style="list-style-type: none"> 1. Accepting gifts & Hospitality 2. Meetings, conferences, external conferences, courses education programme, social evenings supported by the industry 3. Research funds/educational grants 4. Sponsorship for printing costs for guidelines and patient leaflets 5. Commercial partnership/joint projects/disease management/redesign of care pathways 6. Equipment manufacturer offer to sponsor specialist nurse post 7. Clinical trials 8. Ensure that quality standards checklists for considering Commercial Partnerships with NHS Brent
2	<p>Policy to include control of access to patient database</p>	<p>Ensure Control of access to patient database is in place</p>
3	<p>Completion of Records, register and forms by entering details on register for the above in line with Section 6- page 12 and Appendices1 to 9</p>	<p>Completion of Records, register and forms by entering details on register for the above in line with Section 6- page 12 and Appendices1 to 9</p>
4	<p>Audit of Adherence to policy</p>	<p>Ensure Audit of Adherence to policy by practices</p>

POLICY FOR NHS BRENT & GP PRACTICES AND PBC CLUSTERS FOR WORKING IN PARTNERSHIP WITH THE PHARMACEUTICAL INDUSTRY
incorporating NHS Brent Guidelines for Health Professionals for Working in Partnership with the Pharmaceutical Industry

1. Purpose

1.1 This policy has been updated:

- and it is consistent with Brent Standards of Business Conduct Policy which must be followed at all times
- to offer policy guidance to the NHS Brent Board (Governance Executive Management Team), PBC Federation, PBC Executive and Professional Executive Committee (PEC) in relation to:
 - How the NHS Brent & GP Practices and PBC Clusters may work collaboratively with the pharmaceutical industry in a managed way
 - How to recognise and declare any potential or actual conflicts of interest, which may arise with such collaborative working.
- To provide a framework for NHS Brent, GP Practices and PBC Clusters with regards to working in partnership with the pharmaceutical industry.

The policy applies to medicines as well as Wound Care & Podiatric Products, Stoma Appliances, Food & Specialist Dietetic Products and other Specialist Products (including enteral nutrition, infant foods and milk formulae)

1.2 This policy is in keeping with the NHS Brent's Prescribing and Medicines Management Strategy, "To promote evidence based, rational, safety-conscious, consistent and cost-effective prescribing within NHS Brent and Practice Based Commissioning (PBC)."

1.3 This Policy provides a framework to help staff make a judgment as to the appropriateness of sponsorship. It is important that there is no undeclared or unresolved conflict of interest within any sponsorship agreement (examples of conflicts of interest are shown at **Appendix 1**).

1.4 This Policy must be applied in relation to arrangements with commercial organisations, regardless of whether the term 'sponsorship' is used. For example, many commercial organisations use the term 'partnership' to apply to mutually beneficial arrangements that fit this definition. In all cases, responsibility lies with the PCT to ensure the integrity of sponsorship arrangements.

1.5 Compliance with this Policy will ensure that the integrity and reputation of the PCTs and staff are not placed at risk as a result of a sponsorship arrangement

2. Background

2.1 The Department of Health encourages NHS organisations to "work with" commercial organisations such as pharmaceutical companies. In 2000, the DH published "**Commercial sponsorship – ethical standards for the NHS**" in which they stated that "The New NHS: Modern and Dependable, places an obligation on Primary Care Groups, Health

Authorities, NHS Trusts and Primary Care Trusts to work together and in collaboration with other agencies to improve the health of the population they serve and the health services provided for that population.”¹

- 2.2 In the past, contacts between the Pharmaceutical Industry and primary care health professionals usually involved the purchase or promotion of specific products. More recently, the Industry has begun to focus on enhancing its links with the NHS. Many companies have developed internal structures to encourage closer liaison with GP practices, PCO Boards and professionals working for the PCOs. With the “roll-out” of supplementary prescribing, other healthcare professionals have also become important contacts for the Pharmaceutical Industry.
- 2.3 There is an interdependent relationship that exists between the Pharmaceutical Industry and the NHS. However, there may be conflicts of interests between the NHS and the Pharmaceutical Industry - it is important to remember the NHS needs to ensure evidence-based decision-making and cost effective prescribing and the Pharmaceutical Industry needs to maintain their commercial profitability.
- 2.4 Overwhelming evidence indicates that single source sponsorship is associated with outcomes favourable to the sponsor’s product²⁻⁴ as it can influence decisions such as prescribing.⁵ Doctors’ acceptance of money and gifts in kind such as hospitality from sponsors creates a relationship with the sponsor, which may make them feel obligated to that sponsor.⁶⁻⁷ Gifts cost patients money and may change society’s perception of the profession as serving the best interests of patients.⁸ Accepting gifts and the resulting relationship have ethical implications as well.⁸

3. Principles Underlying Local Policy

- 3.1 Primary Care Organisations have a duty to ensure that all their dealings (business transactions) are conducted to the highest standards of openness, honesty, integrity and impartiality. The best interest of each patient in our care is of paramount consideration, utilising public funds to the best advantage of the service whilst ensuring value for money. See **Appendix 2** for details of the **Constraints of Corporate Governance in the NHS: The Regulations**.

It is important that any arrangements for working with the Pharmaceutical Industry are conducted in a transparent and open manner

- 3.2 Arrangements for working with the Pharmaceutical Industry should comply with the relevant legislation and other number of documents/guidance. These include:
 - Commercial Sponsorship: Ethical Standards for the NHS (DH 2000)¹
 - HSC 1993/5 Standards of Business Conduct for NHS Staff⁹
 - EL 1994/5 Commercial Approaches to the NHS Regarding Disease Management Packages¹⁰
 - ABPI Code of Practice for the Pharmaceutical Industry 2006 edition¹¹
 - NHS Code of Practice on Confidentiality (DH 2003)¹²
 - Directive 2001/83/EC on the community code relating to medicinal products for human use, as amended by Directive 2004/27/EC¹³
 - Medicines (Advertising) Regulations 1994 and the Medicines (Monitoring of Advertising) Regulations 1994, as amended (primarily by 1999, 2004 & 2005 Regulations¹⁴
 - Professional Codes of practice for individual healthcare professionals

- Good Medical Practice (General Medical Council), updated 2001¹⁵
- Incentives for GPs for Referral or Prescribing (British Medical Association)¹⁶

3.3 Whatever type of agreement is entered into, clinicians' judgment should **always** be based upon clinical evidence that the product is the best for their patients. Sponsorship of any sort should not compromise any prescribing or purchasing decisions.

3.4 **Patient confidentiality:** The NHS Code of Practice on Confidentiality was issued in November 2003¹² and applies to those who work within or under contract to NHS organisations concerning confidentiality and patients' consent to the use of their health records. An appropriate contract should be drawn up that explicitly draws attention to the obligations of confidentiality and specifies security standards that should be applied, limits use of that information to purposes specified in the contract and makes it clear that the contract will be terminated if the conditions are not met. It should be such that it is an open and transparent, have agreed aims and objectives, and conflicts of interest should have been identified and resolved.

There are four main requirements to aid the improvement of a Confidential service

- **Protect** – look after the patient's information
- **Inform** – ensure that patients are aware of how their information is used
- **Provide choice** – allow patients to decide whether their information can be disclosed or used in particular ways
- **Improve** – always look for better ways to protect, inform and provide choice.

3.5 Any agreement should include arrangements for monitoring and Evaluation.

3.6 The British Medical Association's (BMA) Council issued the following Statement (1995, revised 1997): ***"It is unethical for a doctor to receive payment or other reward for prescribing in a way which was not in the patient's best interest."***

3.7 All practitioners / healthcare professionals must comply with their relevant professional code of conduct. Any offers that could possibly breach the code must be reported to the NHS Brent Board

4. Framework for Working in Partnership with the Pharmaceutical Industry

4.1 Any association with the Industry must be legal and comply with the following framework:

- The arrangement must be in line with the principles outlined in Section 3 and comply with the listed directives/legislation.
- Sponsorship of any sort should not compromise any prescribing or purchasing decisions. The latter must be based upon clinical evidence and what is in the best interests of patients. **Value for money in the use of public money must remain a priority at all times.**
- The best interest of patients and primary health care team members will be maintained. Patient information attracts a legal duty of confidence and is treated as particularly sensitive under Data Protection legislation. The NHS

Brent must ensure that sponsorship arrangements are both lawful and meet ethical standards.

- An appropriate contract should be drawn up that explicitly draws attention to the obligations of confidentiality and specifies security standards that should be applied and that limits use of that information to purposes specified in that contract.
- **As a rule sponsorship arrangements involving NHS Brent, GP Practices and PBC Clusters should be at a corporate level (Refer to NHS Brent Business Conduct Policy).**
- A framework to assess each offer should be worked out. The following framework should be used to assess any joint working initiative between the NHS Brent and the industry:
 - Expectations of the NHS Brent and the sponsor should be made explicit.
 - A minimum of two sponsors should be sought to support an initiative. Offers by a single pharmaceutical company to sponsor a whole initiative will be considered in the light of extenuating circumstances and the reasons for this (i.e. details of the extenuating circumstances) should be clearly documented.
 - Arrangements concerning sponsorship of a nursing or other post should be avoided where possible. If they are considered necessary it is important to ensure that any potential “conflicts of interest” for the future post-holder are fully considered and the contract of employment appropriately written to minimise / avoid any potential conflicts of interest. In addition, applicants for the post should fully understand the agreement and be happy with it.
 - The timeframe of joint working should be agreed and should not compromise any service or improvement in care planned.
 - All staff should declare and record with the NHS Brent details of any employment (paid or otherwise), research funding/educational grants (**current or past**) or sponsorship with the pharmaceutical industry, in the interests of “openness, honesty, integrity and impartiality”. See **Appendix 3** for declaration form.

Declarations should cover both paid work, as well as work undertaken outside the employment of NHS Brent (e.g. company share holding, research grants/funding both current or past, consultancy work, speaking/chairing at meetings).

- The NHS Brent Board, PBC Federation and PEC will consider implementation of mutually beneficial joint projects. The Medical Director will be informed by PBC Federation/PEC of these.
- The compromise between financial sponsorship and undue influence should be open to examination. Such undue influence should not be tolerated and any commitments terminated. Any offers that could possibly breach the code must be reported to the NHS Brent Board and PEC.
- The degree of involvement or sponsorship should be open to public scrutiny and acknowledged in reports and on printed documents.
- Any hospitality received from drug companies must be recorded; for example, if a company pays for a lunch, the approximate cost of this should be recorded. These records would be scrutinised periodically by audit processes and the Brent NHS Brent Audit Committee. See Section 5: Specific Scenarios for further details.

5. Specific Scenarios

5.1 SEEING REPRESENTATIVES FROM THE INDUSTRY IN NHS BRENT/SURGERY/CLINICS

- 5.1.1 Industry representatives request meetings with GPs, nurses, other healthcare professionals including the NHS Brent's Prescribing team and NHS Brent managers to promote their company's products. There may be educational benefits of attending such meetings. However, these representatives are **not** independent and the information may not be complete or comprehensive. For example, any "new" clinical trial evidence suggesting superiority of a medicinal product that the representative may be promoting (over other medicines) needs to be considered in the context of other evidence.
- 5.1.2 Individual NHS Brent employed healthcare professionals and GP Practices and PBC Clusters seeing representatives in this context are advised to consult the NHS Brent Prescribing team to obtain independent advice on the medicinal product(s) before making decisions to prescribe it (/them) **and** to ensure adherence to any existing prescribing decisions across the Local Health Economy – e.g. has the drug been approved or rejected by the local Drugs & Therapeutics Committees.
- 5.1.3 All NHS Brent staffs, GP Practices and PBC Clusters should keep a written record of pharmaceutical representatives seen and the products discussed. **See Appendix 4 for template.**
- 5.1.4 It is recommended that practitioners require drug companies to obtain their written consent before appointments are made or initiatives affecting the practice are undertaken

5.2 ACCEPTANCE OF GIFTS/ SOCIAL EVENINGS SUPPORTED BY THE INDUSTRY

- 5.2.1 NHS Brent and GP Practices and PBC Clusters is strongly encouraged to have a hospitality register. The NHS document **Commercial Sponsorship: Ethical Standards for the NHS** states that "NHS bodies, members of NHS staff and independent contractors should use local arrangements to publicly declare sponsorship or any commercial relationship linked to the supply of goods or services and be prepared to be held to account for it". **They suggest that a simple ledger may be sufficient for documenting the receipt of such sponsorship.**
- 5.2.2 There are some exceptions to the above. For example, these arrangements do not apply for personal gifts of less than £25 per gift (e.g. pens or post-it pads), but gifts should be declared if several small gifts worth a total of over £100 are received from the **same or closely related source** in a 12 month period. However, it would be good practice to document **all** forms of gifts received to ensure compliance with the recommendations and for transparency.

Recommendation:

All are encouraged to keep such a ledger of **all forms of gifts received**, either individually or collectively as a practice (GP practice/PBC cluster).

See Appendix 4 for template

5.2.3 Acceptance of gifts and hospitality should be in keeping with the guidance issued by the General Medical Council document “Duties of a doctor” and comply with the Medicines (Advertising) Regulations 1994 (Regulation 21 “inducements and hospitality”)¹⁴. Any gifts must be inexpensive and relevant to the practice of medicine or pharmacy (Medicines (Advertising) Regulations 1994). The level of hospitality offered must be appropriate and secondary to the purpose of the meeting (NHS document **Commercial Sponsorship: Ethical Standards for the NHS**⁷). This is consistent with the ABPI Code of Practice (2006)¹¹.

5.3 SPONSORSHIPS/FUNDING FOR MEETINGS, CONFERENCES, EDUCATIONAL PROGRAMME & TRAINING

5.3.1 A minimum of **two sponsors** should be sought towards the **overall cost** of providing funding/s, sponsorship for meetings, conferences educational programme & training with the NHS Brent, GP practices or PBC clusters making a contribution as well. One sponsor can be sought for a smaller group/cluster meeting with a written agreement that the sponsorship is **non-promotional**. A ledger of all sponsorship should be maintained by the Cluster PBC administrators for auditing purposes (**Appendix 5a**)

Support should be negotiated and details of what this covers for the above events agreed. Attendees should be informed of the support obtained from the Pharmaceutical Industry and the context of it. This recommendation is consistent with the Association of the British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry which states that if meetings are sponsored, this should be declared in all relevant documentation e.g. invitations. – Sponsorship from an individual sponsor/company should **not** be assigned to a specific meeting or part of the Programme. See **Appendix 5b**.

5.3.2 Prior agreement about the content of educational meetings, training courses, identity of speakers, “right to reply” and nature of displayed promotional material must be clearly established. If the industry wants to host a stand at the event, this should be allowed during the registration period only, whether the meeting is clinical or not. *It must be clear that sponsorship does not imply Brent NHS / PBC’s endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance. A proforma is available to facilitate this. See **Appendix 5b, 5c**.*

5.3.3. It is recommended that practitioners require drug companies to obtain their written consent before appointments are made or initiatives affecting the practice are undertaken

5.4 SPONSORSHIP FOR EXTERNAL CONFERENCES AND COURSES ATTENDED BY NHS BRENT, BRENT GP PRACTICES AND PBC CLUSTERS

5.4.1 NHS Brent-employed staff and Brent GP Practices and PBC Clusters can be commercially sponsored to attend relevant conferences and courses, but the staff/GP Practices and PBC Clusters must formally request and be granted in advance the appropriate authority from the Chief Executive or his/her relevant Director and from the appropriate Cluster board respectively. For GP Practices and PBC Clusters, this agreement must be highlighted in the final minutes of the

PBC Cluster meeting. Details of the sponsorship received by the staff/GP Practices and PBC Clusters must be recorded on the appropriate form. Details of the sponsorship received should be documented on **Appendix 5a**.

5.5 PERSONAL RESEARCH FUNDS / EDUCATIONAL GRANTS

5.5.1 As a Primary Care Organisation, we have a duty to ensure that all dealings are conducted to the highest standards of openness, honesty, integrity and impartiality. In the interests of openness, honesty, integrity and impartiality, NHS Brent staff, Brent GP Practices and PBC Clusters is required to declare the details of any personal research funds/ educational grants / sponsorship received from the Pharmaceutical Industry, both current and past. The written declaration should be made to a responsible person at Executive Director level for NHS Brent staff and Brent GP Practices and PBC Clusters. The written declarations should be presented at the Federation meeting for GP Practices and PBC Clusters using **Appendix 3**.

5.6 PARTICIPATING IN POST-MARKETING SURVEILLANCE STUDIES FOR NEW DRUGS

5.6.1 It is against clause 18 of the ABPI Code of Practice¹¹ as well as Medicines Advertising Regulations 1994¹⁴ for pharmaceutical companies to offer and professionals to accept, financial incentives as “inducement” to prescribe, supply, administer, recommend, buy or sell **any** medicine. Therefore, prescribers should not accept any form of financial incentive for prescribing (supplying, administering, recommending, buying or selling) of “new” drugs.

5.6.2 If the reason given for such use is to gain experience in a wider population outside the confines of clinical trials, then this should be undertaken within the structure and criteria drawn up by local Ethics Committees. Professionals are, therefore, advised to submit details of any such studies to the Local Research Ethics Committee for guidance. The Applied Research Unit at Brent NHS Brent may be able to offer advice/guidance.

5.6.3 *The BMA agrees fees for GPs completing post-marketing surveillance forms for pharmaceutical companies annually, with the ABPI – no charge can be made for the notification of adverse drug reactions.*

<p>Recommendation: NHS Brent and GP Practices and PBC Clusters are reminded that they should not accept any form of financial incentive/gift for prescribing, supplying, administering, recommending, buying or selling any medicine.</p>

5.7 SPONSORSHIP FOR PRINTING COSTS E.G. FOR PRINTING CLINICAL GUIDELINES AND PATIENT INFORMATION LEAFLETS

Production costs (i.e. actual printing costs) **only** should be funded. A minimum of two sponsors should be sought for funding of printing costs. Commercial logos should **not** appear on printed documents. Details of the sponsorship received should be documented on **Appendix 5a**.

5.8 COMMERCIAL PARTNERSHIPS/ JOINT PROJECTS/ DISEASE MANAGEMENT

- 5.8.1 The DH encourages NHS organisations to “work with” commercial organisations such as pharmaceutical companies. In 2000, the DH published “**Commercial sponsorship – Ethical standards for the NHS**” in which they stated that “The New NHS: Modern and Dependable places an obligation on Primary Care Groups, Health Authorities, NHS Trusts and Primary Care Trusts to work together and in collaboration with other agencies to improve the health of the population they serve and the health services provided for that population.”¹
- 5.8.2 However, the potential conflicts of interests between the NHS and the pharmaceutical industry need to be recognised. **There is a high potential risk of undue influence on prescribing.** When considering participation in a commercial partnership, joint project or disease management programme with the pharmaceutical industry, the NHS Brent should review all the available evidence and develop guidelines with preferred drug choices. This exercise should preferably be undertaken with involvement of secondary care and independently from the industry sponsor(s). If sponsorship is needed all (potentially) affected pharmaceutical companies should be approached and a copy of the guidelines shared. It is particularly important that more than one company is involved. Any learning or products (protocols, guidelines, etc) developed through sponsored projects should be shared with other NHS organisations.
- 5.8.3 Definite written agreement of the extent of commitment of the industry involvement should be drawn up at the start of any joint venture, clarifying rights to publication, issues of confidentiality etc. This should be open to public scrutiny. All projects should be regularly reported to the relevant subcommittees of Board and would be subject to quarterly reports to the NHS Brent Board. Details of sponsored projects and research initiatives should be recorded in a clear and open manner in the trust’s Annual Reports.
- 5.8.4 The trust should not accept sponsorship from the Pharmaceutical Industry to support initiatives that are not in line with its strategic priorities. The trust should consider the implications for the entire Local Health Economy and other key stakeholders of any project prior to commissioning the project. Sponsorship would not be accepted for projects that have the prime objective of increasing the usage of a specific brand of pharmaceutical or other product.
- 5.8.5 All staff (employed and associated with the Brent NHS Brent) involved in setting up and implementing joint projects and disease management initiatives must take note of and comply with, the code of conducts for the NHS and relevant professional bodies such as the GMC.

All commercial partnership agreements, joint projects, disease management arrangements MUST be considered using the Quality Standards Checklist for Considering Commercial Partnerships with NHS Brent. See Appendix 6 for Quality Standards Checklists.

5.9 ACCEPTING SAMPLES OF PHARMACEUTICAL PRODUCTS, WOUND CARE AND PODIATRIC PRODUCTS AND FOOD & SPECIALIST DIETETIC PRODUCTS

- 5.9.1 A “sample” is defined by the ABPI Code of Practice as “a small supply of a medicine provided to healthcare professionals so that they may familiarise themselves with it and acquire experience in dealing with it. A sample of a medicine may be provided only to healthcare professionals qualified to prescribe that particular medicine”.¹¹
- 5.9.2 Clause 17 of the ABPI Code covers the provision of medicines and samples of medicines.
- 5.9.3 **Wound Healing and Podiatric Products:** Non-medicated wound/surgical dressings are controlled under the Medical Devices Regulations (MDR). Some medicated dressings are controlled under the MDR and others under the Medicines Act depending on the “claims” of the manufacturer¹⁷. It may be appropriate for a single example of a “novel product” to be given to a health care professional for teaching/training purposes **not for issuing to patients (see reminder below)**.
- 5.9.4 **Food and Specialist Dietetic Products (Including Enteral Nutrition, Infant Foods and Milk Formulae):** Many of these products are available in a range of flavours. To enable patients to choose the product that they find most palatable, dieticians may hold a small stock of samples. When the patient has chosen a suitable flavour or range of flavours, the products **must** be prescribed (on FP10 prescription) or supplied via a NHS contract. Manufacturers’ sales representatives should **only** leave sample with dieticians and no other staff.

Reminder

Any health professional who issues a “sample” to a patient or client **may be held liable for any adverse effect that occurs**. Particular issues of concern relating to the use or supply of “samples” include the management of drug/medical devices/product recalls.

- 5.9.5 Issuing **Pharmaceutical Samples** to patients without a prescription or outside a specific Patient Group Direction is in breach of the Medicines Act 1968.
- 5.9.6 Samples should **not** be used to bypass the “normal” procedure for drugs to be used in the Local Health Economy.

Recommendation

Samples of pharmaceuticals, including blood glucose monitors wound care and podiatric products and **food & specialist dietetic products** (including enteral nutrition) should generally **not** be accepted by healthcare professionals (**exceptions** may be single examples of novel products e.g. inhalation device, given for teaching/training purposes – see above for more details) and should **never** be issued to patients

5.9.7 Any NHS Brent staff who accepts a sample should complete **Appendix 7**, Pharmaceutical, Blood Glucose Monitors, Wound Care, Podiatric products, and Food & Specialist Dietetic Product Samples Received.

5.10 AN EQUIPMENT MANUFACTURER OFFERS TO SPONSOR AN URGENTLY NEEDED SPECIALIST NURSE POST

NHS Brent or GP Practices and PBC Clusters should not accept the sponsorship if there is any expectation that the specialist nurse would recommend the sponsor's products in preference to other clinically appropriate options, nor if it requires NHS Brent or GP Practices and PBC Clusters to recommend patients to use a particular service or to withhold information about other products/services. **See Appendix 8**

5.11 CLINICAL TRIALS

Industry-directed research, such as clinical trials, is counted as income generation and is subject to different rules²⁵ outside of the scope of this Policy.

"Income generation powers enable NHS bodies (abiding by specific rules) to raise additional income from marketing any spare capacity resulting from a non-core function ..."

6. Completion of Records / Forms & Audit of Adherence To Policy

6.1 The completed records/forms detailing any joint working with the Pharmaceutical Industry (either personal e.g. educational grant, or on behalf of the NHS Brent, e.g. receipt of sponsorship for printing costs) should be considered in line with the following options:

- Kept by the individual (for a minimum of two years) for production, if required
- Submitted to the Secretary /Business Manager to the Chief Executive where a central record will be kept
- Kept by the individual's line manager in the relevant department (for a minimum of two years) for production, if required

6.2 The Governance Executive Management Team (GEMT) will be responsible for reviewing and monitoring compliance of this policy. Line managers will use the Policy Assurance form (**Appendix 9**) to document staff compliance with this policy.

6.3 The Sponsorship Register will be reviewed against the requirements of the Local Counter Fraud Specialist Services, as ultimately any failure to comply with Commercial Sponsorship Policy could lead to fraud.

7. Constraints & Regulation of Pharmaceutical Industry Promotion

7.1 The advertising of medicines in the UK is controlled by a combination of statutory measures (with both criminal and civil sanctions) enforced by the Medicines and Healthcare products Regulatory Agency (MHRA), and self-regulation through Codes of Practice for the Pharmaceutical Industry, administered by trade associations. A Memorandum of Understanding, setting out the arrangements for the regulation of the promotion of medicines for prescribing, has been agreed

between the MHRA, the Prescriptions Medicines Code of Practice Authority (PMCPA) and the Association of the British Pharmaceutical Industry).¹⁸⁻¹⁹

7.2 UK Law

7.2.1 Legal requirements were first introduced in the UK by the Medicines Act 1968. Current UK law is based on Directive 2001/83/EC on the community code relating to medicinal products for human use, as amended by Directive 2004/27/EC. European law is implemented in the UK by the Medicines (Advertising) Regulations 1994 and the Medicines (Monitoring of Advertising) Regulations 1994, as amended (primarily by 1999, 2004 & 2005 Regulations).

7.2.2 The MHRA has a statutory duty on behalf of Ministers to consider breaches of The Medicines Act 1968 and Regulations on the promotion of medicines. Breach of these regulations can lead to fines or imprisonment. In practice, this part of the law is rarely invoked.

7.3 The Association of the British Pharmaceutical Industry's (ABPI) Code of Conduct

7.3.1 The ABPI represents the UK Pharmaceutical Industry – it is the “trade association” representing manufacturers of prescription medicines. Formed in 1930, the ABPI now represents about 75% of companies that supply more than 80% of the medicines used by the NHS.

7.3.2 The ABPI developed a Code of Practice for the Pharmaceutical Industry. The Code covers the promotion of medicines for prescribing to both health professionals and appropriate administrative staff (NHS Managers) and sets standards for the provision of information about prescription only medicines to the public and patients.

7.3.3 The Code of Practice is not legally enforceable – it is a voluntary code. However, it is a condition of membership of the ABPI to abide by the Code. In addition, approximately 60 companies that are not members of the ABPI have formally agreed to abide by the code. The ABPI Code of Practice was revised and updated in 2006.

7.3.4 The Prescription Medicines Code of Practice Authority (PMCPA) was established by the ABPI in 1993 and operates the Code of Practice independently of the ABPI.

7.3.5 The PMCPA arranges for advertising and meetings to be regularly monitored. Where the Code is breached, there are a number of sanctions that can be enforced including a public reprimand, the issue of a corrective statement and even suspension or expulsion from the ABPI.¹¹

7.3.6 **The ABPI Code of Practice for the Pharmaceutical Industry – What does it cover?**

7.3.6.1 The ABPI Code of Practice covers the controls on the promotion of prescription medicines in the UK. Included in the Code's scope are²⁰:

- Journal and direct mail advertising
- Activities of representatives, including detail aids
- Supply of samples
- Provision of inducements, whether in money or kind
- Provision of hospitality for promotional purposes
- Sponsorship of promotional meetings
- Sponsorship of scientific meetings, including payment of traveling and accommodation expenses

- All other sales promotion, including exhibitions and the Internet

7.3.7 Gifts (covered in clause 18 of the ABPI Code of Practice)

7.3.7.1 ABPI Code of Practice states that “No gifts may be given to a health professional or manager as an inducement to prescribe, supply, administer, recommend, sell or buy any medicine except that low value promotional aids may be given that are relevant to the recipient’s work.”

- Low value promotional aid is defined as “one that has cost the donor company no more than £6, excluding VAT”
- Unacceptable items are those for use at home e.g. table mats, road atlas
- Acceptable items include: pens and diaries
- Promotional aid does not need to include prescribing information **provided** it bears no more about the product than the brand or proprietary name and the company name.

7.3.7.2 The Code does **not** prevent the provision of medical and educational goods and services which will enhance patient care or benefit the NHS while maintaining patient care, providing this is carried out in a way that does not constitute an inducement to prescribe etc. They should not bear a product name, but may bear a corporate name.

7.3.7.3 The Code includes detailed recommendations for the provision of such services:

- Material must be non-promotional
- The relevant NHS etc is notified

7.3.8 Meetings & Hospitality (covered in clause 19 of the ABPI Code of Practice)

7.3.8.1 The ABPI Code of Practice includes controls on meetings and hospitality.

7.3.8.2 Key Point:

- Hospitality must not be provided to health professionals and managers except in association with scientific and promotional meetings or similar.

The requirements for meetings and hospitality include:

- If meetings are sponsored, this should be declared in all relevant documentation e.g. invitations
- Meetings must have a clear educational content
- The venue must be appropriate e.g. not lavish
- Subsistence (meals and drinks) must be secondary to the purpose of the meeting and not out of proportion
- Hospitality must not extend to a spouse or similar unless that person qualifies in their own right as an attendee
- Spouses or similar, unless qualified as above, must not attend the actual meeting or receive, at the company’s expense, any associated hospitality

7.3.9 Representatives (covered in clause 15 of the Code of Practice)

The Code covers the training of representatives and the claims or comparisons that are made.

Key points for representatives include:

- Must not use inducements or subterfuge to gain an appointment
- Should ensure that the frequency and duration of calls do not cause inconvenience

- Payment of a fee for an appointment is not permitted (even to a charity)
In addition, a representative must have available a copy of the Summary of Product Characteristics (SPC) for each medicine which they are to promote.
- 7.4 How to Complain to the ABPI?
- 7.4.1 Complaints should be submitted to the Director of the Prescriptions Medicines Code of Practice Authority, 12 Whitehall, London SW1A 2DY, telephone 020-7930 9677, fax 020-7930 4554, email complaints@pmcpa.org.uk
- 7.5 The House of Commons Health Committee Report
- 7.5.1 While work on the 2006 ABPI Code of Practice was in progress, the House of Commons Health Committee report into the influence of the Pharmaceutical Industry was published and the Government response to it. Both criticised the Pharmaceutical Industry.
- 7.5.2 The Health Committee report, published in March 2005, was the result of the first major Select Committee inquiry into the Pharmaceutical Industry in almost 100 years. The Committee looked at the influence of the Pharmaceutical Industry on areas such as research and development as well as its marketing practices. The report described the industry's promotional efforts as "relentless and pervasive" and stated that the evidence presented to the committee showed "the lengths to which the industry goes to ensure that promotional messages reach their targets", which included not only prescribing groups but also the general public.
- 7.5.3 The Government response agreed that "intensive marketing which encourages in-appropriate prescribing of drugs must be curbed". The Director of the PMCPA stated that the updated Code of Practice (2006) now specifies that, for a particular medicine, no more than **eight** mailings of promotional material may be sent to a health professional each year. Similarly, advertising in journals must be limited (to two pages per issue).²⁰⁻²³

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Appendix 1

Examples of Potential Conflicts of Interest

A1. A clinician wishes to recommend a new drug, manufactured by a company with which he/she has links (for example has company shares or a research grant, or has received sponsorship).

The clinician who recommends this drug should provide a declaration of interest to the Prescribing & medicines Management Committee and the committee will need to ensure that the decision is based on clinical and cost effectiveness.

A2. A member of PCT staff is on a prescribing committee that is discussing drug choices. The staff member has benefited from sponsorship from the manufacturer of one of the drugs (or has company shares, etc).

The staff member should declare an interest relating to that drug and withdraw from that part of the business. In exceptional circumstances, the chairperson may rule that the sponsorship benefit was minor and would be unlikely to influence any decision. This must be recorded in the formal minutes.

A3. An equipment manufacturer offers to sponsor an urgently needed specialist nurse post.

The PCT/PBC should not accept the sponsorship if there is any expectation that the specialist nurse would recommend the sponsor's products in preference to other clinically appropriate options, nor if it requires the PCT/PBC to recommend patients to use a particular service or to withhold information about other products/services.

A4. A manufacturer of a particular type of nicotine replacement therapy offers to provide their product at a reduced rate to the PCT/PBC. The same manufacturer has previously sponsored PCT/PBC events.

This may be acceptable if similar events have been sponsored by other companies and potential accusations of collusion are therefore unlikely.

This arrangement may be clinically acceptable provided that there is a clear view that those products are appropriate to particular patients and there is no obligation to prescribe those products to other patients for whom an alternative product would be just as beneficial and there would be no serious deleterious effect on the usual supply chain and appropriate arrangements are in place for product recalls.

A6. A medical equipment company that is currently tendering for PCT business offers to provide a highly desirable training package for PCT staff.

Such training should be part of the tendering process if it is related to use of the equipment concerned. Unrelated training may be acceptable but should be cleared with the tendering authority first.

A7. A manufacturer offers to supply equipment at a reduced cost in return for business linked to a related consumable.

Contract negotiators should advise the commercial organisation that any contract will not prejudice the provision of the most appropriate service to patients, and will not bear any relation to other contracts or policies.

A8. A manufacturer offers to pay the travelling, conference, or accommodation costs for a PCT-employed clinician to attend a conference. Only clinicians with a specific interest in the topics covered should attend, as agreed through training needs analysis. The costs incurred should be paid by the PCT and reclaimed by the PCT from the sponsor.

Appendix 2
Constraints of Corporate Governance in the NHS: The Regulations

We are accountable for public monies and must not be subject to inducements that influence the way we use such money.

Extract from Code of Conduct for NHS Boards (Authorities and Trusts) adopted April 1994

“There are three crucial public service values which underpin the work of the health service:

Accountability - everything done by those who work in the NHS must be able to stand the test of parliamentary scrutiny, public judgments of propriety and professional codes of conduct

Probity - there should be an absolute standard of honesty in dealing with the assets of the NHS: integrity should be the hallmark of all personal conduct in decisions affecting patients, staff and suppliers, and in the use of information acquired in the course of NHS duties

Openness - there should be sufficient transparency about NHS activities to promote confidence between the NHS Authority or Trust and its staff, patients and the public”

Relationship with suppliers:

NHS Boards should have an explicit procedure for the declaration of hospitality and sponsorship offered by, for example its suppliers. Their authorisation should be carefully considered and the decision recorded. NHS Boards should be aware of the risks in incurring obligations to suppliers at any stage of a contracting relationship. The NHS Executive has issued guidance to NHS Trusts and Authorities about standards of business conduct - HSG (93)5. Suppliers should be selected on the basis of quality, suitability, reliability and value for money.

Appendix 3
Declaration of Employment (Paid or Otherwise), Research Funding / Educational Grants (Current or Past) or Sponsorship with the Pharmaceutical Industry

NHS Brent/ GP Practices and PBC Clusters name	
Job title	

Details of employment, research funding, educational grants or sponsorship (past or present) with the pharmaceutical industry

Position No.	
Pharmaceutical industry / sponsor	
Nature of employment / research funding / educational grant / sponsorship	
Approximate value of employment / funding / grant / sponsorship	£
Time period of employment or receipt of funding / grant / sponsorship	From: To:
Details of any "on-going" working with the pharmaceutical industry	

Position No.	
Pharmaceutical industry / sponsor	
Nature of employment / research funding / educational grant / sponsorship	
Approximate value of employment/ funding / grant / sponsorship	£
Time period of employment or receipt of funding / grant / sponsorship	From: To:
Details of any "on-going" working with the pharmaceutical industry	

Signed	
Dated	

Please make further copies of this form as necessary to record the details of all relevant employments, funding / grants/ sponsorship.

Please send completed form(s) to the Board Secretary /Business Manager to the Chief Executive. Fax No: 020 8 795 6483

Appendix 4
Record of Pharmaceutical Industry Representatives Seen (or Other Industry Staff) & Hospitality Received (e.g. drug lunches, gifts)

Date	Pharmaceutical Company	Products discussed	NHS Brent/GP Practices and PBC Clusters(s) who saw representative	Details of hospitality received e.g. lunch, pens, gifts	Other comments

Please send completed form(s) to the Board Secretary /Business Manager to the Chief Executive.
Fax No: 020 8 795 6483

Appendix 5b
Sponsorship for Meeting/Conferences/Educational Programme

To

Of (state company).....

Thank you for agreeing to partially sponsor the meeting* on
 (*meeting, conference or educational programme)

Entitled.....

Sponsorship is accepted on the understanding that: -

- ◆ The course organiser retains overall control of the training event.
- ◆ More than one sponsor will usually be approached to sponsor an event.
- ◆ The sponsor does not have a right to present teaching material.
- ◆ Where the organiser considers the sponsor may gain additional value from a presentation, that the content of the material is agreed in advance of the meeting.
- ◆ The sponsor does not use the NHS Brent contact to promote products outside the meeting.
- ◆ Any stand the sponsor uses to promote products is to be outside the main meeting room.
- ◆ Attendance of the meeting by the sponsor is at the discretion of the course organiser.
- ◆ Where a pharmaceutical company provides course material there is no promotion of specific products (the name of the company supporting the training event is acceptable).

Please confirm that you accept the terms detailed above

Signature	
Print Name	
Company	
Date	

Please send completed form(s) to the Board Secretary /Business Manager to the Chief Executive. Fax No: 020 8 795 6483

Appendix 5c
Sponsorship for Meeting/Conferences/Educational Programme

Example:

From
Brent PBC Federation

To
Pharmaceutical Company XXX

Date

Dear Pharmaceutical Company

Re: Pharmaceutical Sponsorship for Meeting/Conferences/Educational Programme

Thank you for your recent agreement to provide sponsorship at our next Workshop/Cluster meeting/training. It is important for us to ensure that any arrangements for working with the Pharmaceutical industry are conducted in a transparent and open manner.

We have a have a duty to ensure that all our business transactions are conducted to the highest standards of openness, honesty, integrity and impartiality.

In accordance with NHS Brent Policy we are writing to confirm initial discussions with you and reiterate that in accordance with agreed guidelines your sponsorship of the event is of a non-promotional manner.

In accordance with NHS Brent policies we may at our discretion additionally invite a further pharmaceutical organisation to also attend the workshop/ cluster meeting/training. In the event that your organisation is providing training/funding for our event a further organisation may not be utilised but we must emphasis again that all sponsorship will be of a non-promotional nature.

In the event that your organisation will be hosting a stand at our event you will be allocated definite time frames.

Pharmaceutical representatives will not be permitted to remain in event/meeting/workshop during unallocated time frames due to confidentiality. Please provide us with information regarding all promotional material that will be used during the event, It must be clear that sponsorship does not imply Brent PBC endorsement of any product or company, and there should be no promotion of products apart from that agreed in writing in advance.

Appendix 6

Quality Standards Checklist for Considering Commercial Partnerships with NHS Brent

1. Is the company or organisation “legitimate” – that is, is it a registered company, capable of being independently audited?
2. What does the package offer in relation to the following aspects of health care? Does the scheme have aims and objectives?
 - Diagnosis and referral
 - Investigations and measurements (who would make them, and how?)
 - Informing and educating patients (is the educational material non-promotional, accurate and culturally appropriate, and how would this be checked?)
 - Informing and educating health professionals (is the information valid, complete, balanced, and up to date?)
 - Therapeutic menu, which should include options for no specific treatment, and non-drug treatment, as well as those of drug treatment, for the condition (where possible, the effectiveness of therapeutic interventions should be expressed in terms of absolute, not relative, benefit for specific subgroups). Has an assessment of the costs and benefits of the package in relation to alternative options been investigated?
 - Monitoring or review of patients (who will monitor the patients, and at what time points? By what criteria will therapeutic success be judged, and will these specifically include patients’ perceptions?)
 - Audit of the service (how will this be done, by whom, and with what outcome measures?)
3. Have patient interests been taken into account?
4. How will patients be informed about the package?
5. What interests does the organisation and the NHS have in relation to each of the aspects of the package listed in no. 2 above? Where do these interests coincide, and where are the potential conflicts of interest?
6. Who “owns” the data generated by audit, and monitoring for the managed care package- for example, number of patients, proportion enrolled, proportion completing the programme (successfully or not), drugs used and so on:
 - Who has access to the data, bearing in mind the Data Protection Act and the requirements for patient confidentiality of healthcare records and Caldicott Guardian?
7. Has the scheme been piloted or are there plans to do this?
8. Is there valid and relevant information on the cost effectiveness of the package? If so, does this take into account indirect and opportunity costs and does it include one or more sensitivity analyses? If so, has value for money been shown?
9. Who would have designated clinical responsibility for the patient at each stage of the package?
10. How would the package relate to, and mesh with, existing systems of care (primary and secondary care)?
11. What are the implications of the scheme on other aspects of healthcare?
12. Has this package been compared with other packages currently on offer and with “usual care” as currently provided? (Competing tenders should preferably be heard at a multilateral meeting)
13. Will there be joint management of the scheme throughout its duration by a committee or working group, with representation from all parties? Who is accountable for financial and managerial arrangements?
14. On completion of the scheme, how will it be evaluated in terms of:
 - What have been the costs and benefits to patients? What has each side learnt and gained? Is the NHS expected to pick up recurrent costs of the scheme?

Appendix 6 Continued:
Quality Standards Checklist for considering Commercial Partnerships with NHS Brent

No	Question	Comments
1	Is the commercial organisation a legitimate registered company?	
2	Does the scheme have aims and objectives? Are they written, and been signed by a responsible officer?	
3	Do we have protocols that will be used? Who will be using them?	
4	Are the clinical aspects of the scheme of sufficiently high quality? E.g. in line with local guidelines and best evidence	
5	Are there any patient-related clinical responsibility or accountability issues to consider?	
6	Will outcomes be measured or will the scheme be audited?	
7	Are there any patient interest issues to consider?	
8	Are there any potential conflicts of interest for the NHS and the organisation?	
9	Who owns the data and how will it be used?	
10	Are there any legal issues to consider? Does the scheme comply with the law?	
11	How does the scheme fit in with existing NHS services?	
12	Does the scheme have any implications for other aspects of healthcare? e.g. create demand for lab tests	
13	How will the scheme be managed and who is accountable for the scheme?	
14	Will there be any recurrent costs to pick up, and who will be responsible for these?	

Please send completed form(s) to the Board Secretary /Business Manager to the Chief Executive

Fax No: 020 8 795 6483

Appendix 7: Record of Pharmaceutical, Wound Care, Podiatric and Food & Specialist Dietetic Product

Date	Sample Received by ¹	Pharmaceutical* Company	Product(s) Received	Details of Product(s) Received e.g. quantity, pack size ²	Batch Number(s) and Expiry Date(s)	Confirmation that NO SAMPLE has/will be issued or used in patients – tick to confirm ³	Details of Reason for Accepting Samples ⁴

* Pharmaceutical or related company, e.g. manufacturer of wound care products or food & specialist dietetic products

1. Samples should only be received by health professionals qualified to prescribe that product
2. There are limits on the quantities of pharmaceutical samples that should be received - see the ABPI Code of Practice 2006 for details
3. It is recommended that pharmaceutical samples are **not** issued to or used in patients – see section 10 of Brent NHS Brent guidelines for Health Professionals Working in Partnership With The Pharmaceutical Industry
4. Samples of pharmaceuticals should generally **not** be accepted by healthcare professionals (**exceptions** may be single examples of novel products e.g. inhalation device, given for teaching/training purposes) and should **never** be issued to patients

Please send completed form(s) to the Board Secretary /Business Manager to the Chief Executive

Fax No: 020 8 795 6483

Appendix 10: Equality Impact Assessment Form



Do you think the policy/service will impact upon any group within the population based upon?

Race/ethnicity	No	Lower socio-economic groups	No
Gender	NO	Involvement in the criminal justice system	No
Religion/belief	NO	Homelessness	NO
Disability (including long term conditions and mental health)	NO	Looked after children	No
Age	NO	Population groups more at risk of developing certain conditions (based on community health profile data)	NO
Sexual orientation or gender identity	NO	Any other groups	NO

What impact will the policy/service have on lifestyles? For example:

- Diet and nutrition
- Exercise and physical activity
- Substance use; tobacco, alcohol, drugs
- Risk taking behaviour
- Education and learning or skills
- Functional ability
- Quality of life

NONE

Will the policy/service have any impact on the social environment? eg example:

- Social status
- Employment (paid or unpaid)
- Social/family support
- Stress
- Income

NONE

Will the policy/service have any impact upon?

- Discrimination?
- Equality of opportunity?
- Relations between groups?
- Improving uptake of services by under represented groups?

NONE

Will the policy/service have any impact on the physical environment? eg



- Living conditions
- Working conditions
- Pollution or climate change
- Accidental injuries or public safety
- Infection control

NONE

Will the policy/service impact on access to and experience of services? eg

- Healthcare
- Transport
- Social services
- Housing services
- Education

NONE

Equality impact assessment screening checklist summary sheet	
1. Positive impacts (Note groups affected) Conforms with good practice on all the listed areas.	2. Negative impacts (note groups affected) There is no adverse impact in respect of any areas listed above.
3. Additional information/evidence required N/A	
4. Recommendations N/A	
5. As a result of completing the impact checklist, have any negative impacts been identified, and if so is a full impact assessment recommended? N/A	
6. If impact assessment has not been recommended please state the reasons why. N/A	
Date for completion of screening checklist review /completion of full impact assessment : 25 June 10	
Managers name and signature: All individuals who took part in the EqIA are required to sign this document. Signature:  Print:...Rashmi Rajyaguru Signature:  Print: Dr Peter Savege	Date: 25 June 10
Approved by Equality and Diversity Manager(name and signature)	Date:

APPENDIX 11

PCT & PBC Contacts		
Title	Name	Contact details
Medical Director	Dr Peter Savege	Peter.Savege@brentpct.nhs.uk Tel: 020 8795 6469
PEC Co- Chairs	Dr Carol Amobi Dr Manish Prasad	camobi@nhs.net Tel: 020 8795 7439 mprasad@nhs.net Tel: 020 8795 6759
Head of Corporate Governance	Bridget Pratt	Bridget.Pratt@brentpct.nhs.uk Tel: 020 8796 6395
Board Secretary/ Business Manager to the Chief Executive	Sue Little	Sue.Little@brentpct.nhs.uk Tel: 020 8795 6485
Chief Pharmacist	Rashmi Rajyaguru	Rashmi.Rajyaguru@brentpct.nhs.uk Tel: 020 8795 6226
PBC Federation Cluster Contacts		
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Willesden Cluster Lead	Dr Sarah Basham Dr Cherry Armstrong Samantha Sharkey	Sarah.basham@nhs.net Tel: 020 8903 3974, 020 8902 4792 cherry.armstrong@nhs.net Tel: 020 8452 4100 samantha.sharkey@nhs.net Tel:0208 438 7330
Harness Co-operative Lead	Dr Ethie Kong Caroline Kerby	etheldreda.kong@nhs.net Tel:020 8930 6267 caroline.kerby@nhs.net Tel: 020 8459 9595
Wembley Cluster Lead	Dr Ashwin Patel Dr Jahan Mahmoodi	ashwin.patel@nhs.net Tel: 020 8904 4447 jahan@nhs.net Tel: 020 8902 4792
Kingsbury Clinical Leads	Dr Alan Selwyn Willow Tree Family Doctors Dr Upma Shah Stag Lane Medical Centre Dr Ibtihal Al-Tamimi Chalkhill Family Practice Dr Devendra Patel The Fryent Way Surgery Dr Ajit Shah Primary Care Medical Centre Mr. Ravilal Gorsia Stag Lane Medical Centre	alan.selwyn@gp-884015.nhs.uk Tel: 020 8204 7456/6464 upma.shah@nhs.net Tel: 020 8204 0777 ibtihal.al-tamimi@nhs.net Tel: 020 8736 7033 devendrapatel@nhs.net 020 8206 9910 ajit.shah@nhs.net 020 8204 2650 ravilal.gorsia@nhs.net 0208 206 0124