



25<sup>th</sup> October 2016

NHS England

## **Managing Conflicts of Interest in the NHS**

### **Response from the Guild of Healthcare Pharmacists**

Thank you for the opportunity to respond to this consultation. The Guild of Healthcare Pharmacists represents UK wide around 4,500 pharmacists including the majority of hospital pharmacists, pharmacists employed by NHS Primary Care organisations and pharmacists employed by other public bodies such as Prisons and the Care Quality Commission. The Guild is part of the health sector of the union Unite.

Overall, the Guild is supportive of the principles, which aim to provide greater transparency of interests, and standardise the way this information is recorded and reported. We believe this will reassure the public that decisions taken about delivery of care and use of public resources is done so independently and free of any conflicts arising from potential personal gain.

- We recognise the value of collaboration and believe that the final guidance should not prevent or discourage this
- We are disappointed that there was no representation from pharmacy professional representative or regulatory bodies on the task and finish group, particularly as medical equivalents were involved. We believe that Pharmacists, in particular in dealings with the Pharmaceutical Industry and both as independent contractors as well as within the managed services, have a legitimate reason to engage with private industry however do so in a different way from Medical staff and as such have a different perspective.
- We believe greater clarity should be given to the burden of demonstration, and where this lies. The document refers to perception; where an observer could reasonably suspect there to be a conflict. Whilst we recognise this is difficult to provide detailed clarity on we believe this should be explained in further detail i.e. in the event of accusations of conflict, is the presumption that of a conflict unless proven otherwise? This is particularly important when considering which information should be publically registered and how conflicts are managed within the HR process.
- We do not agree with the description of 'senior staff'. This is proposed to include all medical staff and anybody at Agenda for Change band 7 and above. It also includes all NHS contractor professions, including Pharmacists. Whilst we agree with the principle of minimising the administrative burden for declarations on staff who are less likely to experience a conflict we do not believe this is the correct differentiation or terminology for the following reasons:
  - Junior Medical staff are included in the description

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- Staff at band 7 or above are not necessarily ‘Senior’, and those below band 7 are not necessarily ‘Junior’. Agenda for Change grading reflects a number of aspects of an individual role including knowledge and skills and working conditions. This can lead to relatively junior members of certain workforces e.g. Pharmacists being employed at higher bands than more senior members of other professions/teams.
  - Imposing conditions which may have disciplinary implications on NHS contractors who are employed by private companies may prove problematic. Whilst it is appropriate for standards to be agreed and maintained through the contract, imposing a significant administrative burden on contractors is not necessarily proportionate.
  - In relation to all of the group listed, but most specifically NHS contractor professions, the balance between individual responsibility and corporate/central responsibility for maintaining and publishing registers of interest must be clarified. In particular, the position of locum staff needs addressed.
- We do not agree with the principles regarding outside employment. The responsibility to declare outside employment should not apply exclusively to ‘senior’ staff. As it is less likely ‘junior’ staff would need to declare a conflict it should not add significantly to the administrative burden to apply this to all staff
  - We would welcome clarity on the section relating to ‘Private Practice’. Although it describes this as being ‘Private Medical Practice’ we seek confirmation that this only applies to work undertaken by Medical staff (e.g. not locum pharmacists). In addition we do not believe Private Practice in its entirety constitutes a conflict of interest. In particular we see no benefit in declaring the value of earnings. As the consultation mentions clinical staff are in the main capable of balancing NHS and private duties appropriately and we do not believe that private practice fits in with any of the previously made definitions about a conflict of interest. In addition, private practice is not always consistent or patterned, and as such declaring this in the level of detail proposed would represent a significant administrative burden for both the individual and the organisation.
  - We do not agree with the proposals regarding sponsored events. We believe that phrasing the guidance in the way done so in the consultation prevents attendance at educational events organised entirely by the private sector.
  - We believe the definition of the ‘appropriate individual as identified by the organisation’ needs greater clarity, particular where this applies to NHS contractor professions.
  - In the section regarding ‘Loyalty Interests’ there is a requirement for ‘Senior’ staff to declare any political affiliations where they hold an active role. We believe the definition of ‘active role’ requires clarification i.e. does this apply to campaigning on behalf of a political party, or holding a position within in affiliated organisation e.g. Trade Union etc.
  - We welcome the template for registers. We believe this will provide greater transparency. We also support the proposal for work to be done in future which aims to collate these onto a single register, however we would wish to be assured that the systems underpinning this are robust and that data quality is assured. Within this we recognise the risks to individuals should incorrect or misleading information about potential or perceived conflicts of interests be made public.
  - We believe the same principles should be applied to NHS regulatory bodies such as the CQC/NHS Improvement etc.
  - We would wish to see the same principles and level of transparency being applied to those individuals who are contracted or commissioned by the government or NHS England to report on aspects of NHS governance, structure or operations.

We hope these comments are of assistance. Our reply may be made freely available.

Yours faithfully

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