



Oxford City Locality Group



Oxfordshire

Clinical Commissioning Group

Revised constitution for Oxford City Locality Group

1. Purpose / Aims

- 1.1 The Oxford City Locality Group (OCLG) has been established as part of Oxfordshire Clinical Commissioning Group (OCCG) to:
- Represent the views of Oxford City practices and patients when commissioning decisions are being made.
 - Actively participate in planning health services for the future.
 - Contribute actively to improved care pathways
 - take responsibility for delegated locality budgets/health planning.
 - Support the Locality Clinical Directors and deputies to deliver their role as defined in their job descriptions (attached at **Appendix 1 a & b**):
 - ensure an effective locality structure to involve and engage all practices within the locality
 - enable the effective performance management of locality practices to ensure the locality stays within its commissioning budget
 - deliver agreed milestones and savings targets through a clinically led project framework
 - ensure patient and public engagement within the locality
 - produce a commissioning plan for the locality which delivers the aims, ambitions and objectives of the OCCG and its accountability agreement with the locality.
 - deliver improvement of the quality of primary care within the locality
- 1.2 The Locality's aim is to act in the best interests of the population it represents (Oxford City) to further the health and wellbeing of its population in line with local and national targets. This includes making evidence based decisions where possible, tackling health inequalities and ensuring value for money.
- 1.3 OCLG will attach a high priority to sustainability of local health services when making decisions.

1. Membership

Voting Members

- 2.1 The member GP practices of Oxford City Locality are listed in Appendix 2.
- 2.2 The representatives from each of these practices are the voting members who individually represent the best interests of their practice population *and*

To be Agreed with effect 01.4.17 subject to adoption by OCCG

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together represent:

- the population of Oxford City;
 - the clinicians working in their practice (including sessional GPs and nurses);
 - their patients.
- 2.3 Practice Leads are normally a GP identified by the practice partners. Other clinical representatives would be acceptable with the full support of their practice.
- 2.4 *Where possible* practices *should* identify a clinical deputy for their Practice Lead to ensure greater consistency in attendance, and to allow the lead and deputy to engage their practice colleagues and patients together.
- 2.5 If a Practice Lead or deputy is unable to attend a meeting, someone else from the practice may attend on their behalf with notice provided to a Locality Clinical Director or Deputy, **or Locality Coordinator**, in advance of the meeting which will allow the representative to participate in a vote on behalf of their practice.
- 2.6 Practice Leads will participate fully in decision making as commissioners of local health services and will be mindful of any potential conflicts of interest in views and discussion at practice level. See Section 8 below.

Non-voting members

- 2.7 Oxford City locality welcomes wide involvement from stakeholders in local healthcare in carrying out its work. Locality Clinical Directors and Deputies will ensure effective engagement with other clinicians not directly represented by City practices, including sessional GPs.
- 2.8 Other non-voting members of the locality include a public representative and a practice manager representative with the potential for others to be invited as appropriate on a standing or ad hoc basis (for example, local authority, social services).
- 2.9 The public representative will assist the Practice Leads in bringing the views of patients and the public and will represent the views of the locality patients and public forum.
- 2.10 All City Practice Managers are able to attend and participate in Locality Meetings as non-voting members.

Locality Clinical Directors

- 2.11 Locality Clinical Directors and Deputies will be elected by practices using weighted votes. They work to the job descriptions defined by OCCG (Appendix 1 a & b).
- | 2.12 Locality Clinical Directors are members of the OCCG [Governing Body Board](#). Deputies attend in their absence.

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- 2.13 Together the elected Locality Clinical Directors and Deputies will be paid by OCCG for **nine** sessions to be divided between work for the locality and work for OCCG. In order to allow maximum flexibility for the Executive team, the Director must have a minimum of three sessions per week and a flexible approach will be taken to the remaining six sessions. Regardless of total number of sessions, each Director and Deputy must include a Thursday afternoon as one of their sessions.
- 2.14 The Locality Clinical Directors and Deputies will hold their posts for 3 years with elections on a staggered programme to avoid sudden loss of experienced members.

The process for elections to Locality Clinical Director and Deputy posts is shown at Appendix 3.

Application for membership

- 2.15 Any practice wishing to join Oxford City Locality should initially apply to one of the Oxford City Locality Clinical Directors in writing. When complete their application will be considered at the next suitable meeting of the Locality and the decision whether to support the application by the new practice will be confirmed following the meeting.
- 2.16 A new practice may apply to join if they are;
- Located in the appropriate geographical area;
 - already a member of OCCG;
 - willing to abide by the OCLG constitution and rules;
 - supported by practices representing 2/3 of the locality's registered patient population.

Voluntary Withdrawal

- 2.17 Any practice wanting to leave OCLG should first speak with one of the Locality Clinical Directors or their deputies to allow an opportunity to resolve any issues if possible.
- 2.18 Any member practice may apply to leave OCLG by writing formally to the Locality Clinical Directors. The member practice must inform the OCCG which will make the final decision.
- 2.19 If a practice leaves OCLG and then wishes to re-join, it will go through the application process set out in points above as if it were a practice that had no previous relationship with the Locality.

3.0 Structure

- 3.1 Each practice will nominate a clinical representative and a deputy who will be the lead for each practice and will represent their practice and their patients at

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locality meetings. The practice lead will act as a conduit for the views of the practice and its population and will make sure that important matters are discussed within the practice and their Patient Participation Group so that the lead can put forward practice views at meetings.

- 3.2 The Locality will be led by elected Locality Clinical Directors and Deputies who will have responsibility for running OCLG. Their responsibilities are detailed within their job descriptions (Appendix 1 a & b). Together they will have responsibility for the financial running of the locality and also be responsible for managing meetings, reporting to the practice leads regularly, and performance management. They will determine the management structure of the locality and appoint appropriate persons to help with the running of the locality including a practice manager representative and a board secretary.
- 3.3 The Locality Clinical Directors and Deputies will be supported by identified OCCG staff and together will ensure appropriate management and financial management support as necessary.
- 3.4 Oxford City Locality Group is part of Oxfordshire Clinical Commissioning Group. Two Locality Clinical Directors represent the locality on the OCCG Governing Body Board.
- 3.5 Annual accountability agreements with OCCG define:
 - how budgets and responsibilities are delegated
 - the support for the locality to meet those responsibilities
 - reporting and monitoring requirements between the locality and wider OCCG.

4. Responsibilities

- 4.1 It is important that all those participating in decision making do so from a position of knowledge and understanding both of the issue and of the views of those they represent.
- 4.2 **Locality Clinical Directors and Deputies** need to allocate time and resources to:
 - Contributing to the Locality's plan through proposals, actions and engagement
 - Working to support the agreed locality aims, objectives, targets and actions
 - Engaging member practices, their patient representatives and other key groups fully in developing aims, objectives, targets and actions for the locality
 - ensuring practices have timely, concise and useful information to enable good decision making

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- Effective two way communication with the wider OCCG and [Governing BodyBoard](#).
- 4.3 will also commit time and resources to OCCG wide projects. Their overall role is defined in their job descriptions attached at Appendix 1 a & b.
- 4.4 **Practice leads and deputies** need to allocate time and resources to:
- Contributing to the Locality's plan through proposals, actions and engagement;
 - Working to support the agreed aims, objectives, targets and actions for the locality;
 - preparing for meetings by reading relevant information, having regard to patients' views, engaging practice colleagues, raising queries with Locality Clinical Directors and Deputies;
 - Attending monthly locality meetings in full
 - Responding to requests or comments from the locality between meetings wherever possible
 - Following up agreed actions for them and their practices
 - Abiding by confidentiality requirements for information circulated through OCLG
 - Providing monitoring data and other agreed information relating to their practice required for locality meetings or projects
- 4.5 **Non-voting representatives** including public and patients' representative(s) and practice managers need to allocate time and resources to:
- Seeking the views of those they represent
 - preparing for meetings by reading relevant information, engaging and seeking the views of those they represent, raising queries
 - Respond to requests from Locality Clinical Directors and Deputies for comments between meetings wherever possible
 - Attend locality meetings wherever possible
 - Follow up agreed actions
 - Work to support the agreed locality aims, objectives, targets and actions

5. Making decisions

- 5.1 OCLG makes decisions primarily through locality group meetings which are:
- Normally held monthly on a date published at least four weeks previously
 - Chaired by one of the Locality Clinical Directors or Deputies
 - Supported by agendas and where relevant other papers sent to Practice Leads at least one week before the meeting

- 5.2 OCLG members may request that Locality Clinical Directors and Deputies include items on the agenda. Where possible they should do this in writing before the published agenda planning deadlines. Leads will respond formally within 3 working days of the deadline.
- 5.3 Papers for Oxford City Locality meetings will be distributed to Practice Leads at least one week before Locality meetings. Practice Leads should share the information with their practice and seek views before a decision is required at the following Locality meeting. Locality Clinical Directors and Deputies will make every effort to ensure as many decisions as possible follow this timescale as a minimum for engaging practices.
- 5.4 There may be occasions where a decision is required more quickly. In this case Practice Leads will need to gather as many views as possible in the immediate time before the Locality meeting and the decision will be based on the views available at that meeting. The Practice Leads will have the authority to vote on behalf of their practice and the weighted majority decision should stand and be implemented.
- 5.5 Voting is required:
- for making a decision when there is no consensus
 - Electing Locality Clinical Directors and Deputies
 - Approving a new practice joining the locality
 - when the locality wish to censure the Leads.
- 5.6 If member calls for a vote on an agenda item the Chair of the meeting will confirm this by asking for a show of hands among voting members (unweighted). If a majority wish a vote to be held, then the Locality Clinical Directors and Deputies will ensure this is clearly publicised to members and takes place at the next suitable meeting.
- 5.7 Where there is no consensus and there has been sufficient opportunity to consult with practice colleagues and patients before the meeting, a weighted vote will be taken at the meeting.
- 5.8 Where there is no consensus and there has been no opportunity to consult with practice colleagues and patients before the meeting, *and a decision is required before the next meeting*, a vote will take place following the meeting via email. The votes will be cast by the Practice Leads or their deputy and will be weighted by practice size. Locality Clinical Directors and Deputies will aim to allow reasonable time for Leads to consult with their practices within the time constraints of the issue.
- 5.9 Votes are cast by the Practice Leads or nominated deputies and will be weighted by practice size. It is the responsibility of the practice lead to make sure they or a deputy is present at locality meetings to cast the votes. A decision (other than whether to hold a vote of censure) is binding if practices

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representing at least 50% of Oxford City's registered population participate in the vote.

- 5.10 A vote of censure indicating a lack of confidence in the governing structure of the locality can occur in 2 circumstances
 1. When the locality membership have lost confidence in the ability of the Locality Clinical Director(s) to take the locality in the direction which the practices feel is right for their populations. Passing a vote of censure in this case will trigger an election for the LCD(s) at the next possible opportunity. The current LCDs will continue in their role until the election is completed and new leads voted in.
 2. When the locality has lost confidence in the OCCG leadership and feel that the locality need to represent this view at the next [governing bodyBoard](#) meeting. If passed the Locality Clinical Director(s) will be mandated to take this issue to the next [governing bodyBoard](#) meeting and represent the reasons for the lack of confidence and their desired outcome.
- 5.11 A vote of censure can be triggered if by a show of hands at the locality meeting 10 voting members feel the issues raised are serious enough to engage in a vote of censure.
- 5.12 If a vote of censure is triggered, an appropriate question will be framed and then put to the locality by email vote, before the next locality meeting. A vote of censure will be passed if at least 50% of the weighted population support the motion. If passed the consequent steps in 5.10 will be initiated.
- 5.13 Weighting is defined by the number of registered patients on practice lists as obtained by Locality Clinical Directors and Deputies from the responsible commissioning body on the previous 1st of April. Votes will be calculated by totalling the registered population for each voting practice. Weighted voting means that practice votes cannot be anonymous. Current weighting is shown in Appendix 2.

6. Relationship with OCCG

- 6.1 The Locality Clinical Directors will represent the locality on the OCCG [Governing BodyBoard](#) with the number of votes defined in the OCCG Constitution. Locality Clinical Directors will ensure that they or a deputy participates actively in all [Governing BodyBoard](#) meetings.
- 6.2 The Locality Clinical Directors will represent the views of the City Locality on the [Governing BodyBoard](#) and will make clear when they express a personal view.
- 6.3 However Locality Clinical Directors and Deputies have a role that is broader than representing their locality and will each be leading work streams that will require them to present proposals and make recommendations on behalf of the county. In doing this they will need to consider the views of all localities.

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In these circumstances, the Oxford City Locality Clinical Director not leading the work stream will ensure the views of the City Locality are represented in any discussions and decisions.

- 6.4 Wherever possible, those leading projects needing decisions to be made by OCCG should build time into the project plan to share progress and seek locality views before decisions are required by the OCCG [governing bodyBoard](#). This could be achieved in a number of ways including using technology to support wider engagement. Locality Clinical Directors will use electronic voting via survey and email and ensure the website and intranet support timely decision making, effective communication and access to information.
- 6.5 The Locality Clinical Directors should always be mindful that some decisions will need consultation within the locality before the decision is made by OCCG [Governing BodyBoard](#). If at all possible, they should make sure that the OCCG [Governing BodyBoard](#) defers decisions until these discussions have been had. Broadly speaking any OCCG decision which would result in a significant change in health care for the city population or has a significant impact on NHS finances should be discussed with the locality first, making sure all appropriate information is available in time to help guide the process.
- 6.6 It is left to the discretion of the Locality Clinical Directors to decide if these criteria have been met. However, records of OCCG [Governing BodyBoard](#) meetings will be shared with practice leads who can challenge whether wider consultation was/is appropriate both before [Governing BodyBoard](#) meetings and after them.
- 6.7 Where a Practice Lead wishes to challenge a [Governing BodyBoard](#) decision they should do this via one of the Locality Clinical Directors as soon as possible. The Locality Clinical Director will first clarify and understand and the nature of the disagreement. If the challenge remains the Locality Clinical Director should explain the context of the decision and agree a course of action:
 - Decision made at OCCG is irreversible – Locality Clinical Directors should provide further explanation at the next Locality meeting.
 - Decision made at OCCG was a consensus or had sufficient majority for it not to be changed by City vote. Information should be provided to Locality members in advance of the next meeting to allow a discussion and vote on the matter. The Locality Clinical Director will then inform OCCG of the formal position taken by the locality to ensure this is appropriately recorded.
 - Decision made at OCCG was a majority decision that would be changed by Oxford City Locality casting different votes. Information should be provided to Locality members in advance of the next meeting to allow a discussion and vote on the matter. The Locality Clinical Director to inform OCCG of the intention to take a vote and, if necessary, to correct the position of the City Locality at the next OCCG meeting.

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- 6.8 A Practice Lead can only challenge a [Governing Body Board](#) decision where a discussion and decision was not possible at an Oxford City Locality meeting. It will not be possible to challenge decisions that have been made with the full engagement of the Locality in advance of a decision at OCCG.
- 6.9 Ideally, all decisions made at OCCG will be with a consensus of views from all localities. However, this will not always be the case and voting will be necessary to determine a majority decision at times when there is disagreement. To avoid introducing unnecessary delays and bureaucracy, decisions should not routinely be deferred and Locality Clinical Directors should attend OCCG already equipped with the view from their Locality which may have been determined by a vote.
- 6.10 There may be occasions where a decision is made for the county that does not have the support of the Oxford City Locality and that this majority decision should still stand and will need to be implemented.
- 6.11 There will be times when an immediate decision may be required at OCCG [Governing Body Board](#) that does not allow time for discussion at Locality level. At these times, the Locality Clinical Directors will have the authority to participate in that decision on behalf of the locality and report back to the Oxford City Practice Leads as soon as possible.
- 6.12 Please note that the OCCG Constitution states: "There is no power of veto of [Governing Body Board](#) decisions. If two or more Localities (though their Locality Clinical Directors) are opposed to a decision the [Governing Body Board](#) will review this decision at its next meeting with additional information on the proposal and the counter arguments."

7. Declaring interests

- 7.1 OCCG is a commissioning organisation; members of the Oxford City Locality Group must declare any interests and exclude themselves from decisions, but not necessarily discussions, on matters where they might benefit financially as individuals or as a practice.
- 7.2 All Locality Clinical Directors, Deputies, Practice Leads and their deputies need to be aware of their role in representing the City of Oxford population and should be bound by the Nolan Principles in Public Life (Appendix 4). Any interests which conflict with the commissioning process need to be appropriately declared.
- 7.3 A Register of Interests will be maintained by OCCG staff for Practice Leads and their deputies in the same format as the Register for OCCG [Governing Body Board](#). Except for specific local variations below, conflict of interest follows the definition in the OCCG Constitution (see Appendix 5).
- 7.4 Additionally, Oxford City's Locality Clinical Directors may not have any shareholding in organisations seeking to do business with the NHS.

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- 7.5 Each locality meeting will include Declaration of Interests as a standing agenda item. Participants not on the register of interests will be invited to complete a declaration of interests.
- 7.6 The Chair of the meeting has the responsibility for deciding whether there is a conflict of interest. Where the Chair is potentially affected by a conflict of interest another Locality Clinical Director or Deputy will take the Chair.
- 7.7 Candidates for election as Locality Clinical Director or Deputy must declare potential conflicts of interest when they stand. (See Appendix 3)

Types of Interest:

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<u>Type of Interest</u>	<u>Description</u>
<u>Financial Interests</u>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • <u>A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</u> • <u>A shareholder (or similar owner interest), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing or which is likely, or possibly seeking to do business with health or social care organisations</u> • <u>A management consultant for a provider</u> • <u>In secondary employment</u> • <u>In receipt of secondary income from a provider</u> • <u>In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</u> • <u>In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role</u> • <u>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)</u>
<u>Non-financial professional interests</u>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • <u>An advocate for a particular group of patients</u> • <u>A GP with special interests e.g. in dermatology, acupuncture, etc.</u> • <u>A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared)</u> • <u>An advisor for the Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE)</u>

<u>Non-Financial Personal Interests</u>	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none">• <u>A voluntary sector champion or provider</u>• <u>A volunteer for a provider</u>• <u>A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation</u>• <u>Suffering from a particular condition requiring individually funded treatment</u>• <u>A member of a lobby or pressure groups with an interest in health</u>
<u>Indirect interests</u>	<p>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</p> <ul style="list-style-type: none">• <u>Spouse / partner</u>• <u>Close relative e.g. parent, grandparent, child, grandchild or sibling</u>• <u>Close friend</u>• <u>Business partner</u>

8 Review

- 8.1 This constitution for Oxford City Locality Group will be reviewed at least every three years to ensure it remains fit for purpose.
- 8.2 Review, update and changes may be necessary at earlier intervals in response to legislation and guidance, changes in the OCCG constitution, lessons learnt or other circumstances.
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Appendix 1 – a) Locality Clinical Director & b) Deputy job descriptions attached

Appendix 2 - List of member practices in Oxford City Locality (weighting)

	Practice name	Registered population	%age of locality popn.
K84004	Donnington Medical Practice	14,994	7.1%
K84005	Kennington Health Centre	6,499	3.1%
K84007	Temple Cowley Health Centre	7,845	3.7%
K84009	Bury Knowle Health Centre, incl Wood Farm & Marston	20,808	9.9%
K84011	Summertown Health Centre	15,341	7.3%
K84013	St. Bartholomew's Medical Centre	19,381	9.2%
K84016	19 Beaumont Street	14,298	6.8%
K84021	Banbury Road Medical Centre	7,860	3.7%
K84025	Botley Medical Centre	9,298	4.4%
K84026	Observatory Medical Practice	11,020	5.2%
K84031	The Leys Health Centre	10,839	5.2%
K84032	Bartlemas Surgery	9,132	4.3%
K84044	Manor Surgery	14,778	7.0%
K84048	Hollow Way Medical Centre	8,386	4.0%
K84049	27 Beaumont Street	6,591	3.1%
K84060	St. Clement's Surgery	4,558	2.2%
K84063	Cowley Road Medical Centre	8,004	3.8%
K84066	Luther Street Medical Practice	374	0.2%
K84078	Jericho Health Centre (Leaver)	6,735	3.2%
K84080	28 Beaumont Street	4,710	2.2%
K84605	9 King Edward Street	4,597	2.2%
K84617	South Oxford Health Centre	3,884	1.9%
		209,932	

*Registered population for City locality practices as of 31.03.16
(Source Carina Dunford CSU)*

Appendix 3 - Process for electing Locality Clinical Director or deputy

1. When a Locality Clinical Director or deputy completes their term, or leaves office for any other reason there must be an election to fill the post.
2. The OCCG Medical Director will identify a suitable person to oversee the election (Election Manager) to ensure a fair, recorded outcome which best represents the views of member practices.
3. Eligibility for election – please see OCCG-wide person specification attached.
4. The Election Manager will announce: the opportunity for candidates to stand, the process of election, the up to date job description and the date of the locality meeting at which votes will be cast (Election Meeting).
5. Clinicians wishing to stand for election:
 - then complete an expression of interest (see below) including:
 - a statement showing how they meet the person specification included in the job description for the role (Appendix 1) to enable the locality to assess their competence
 - the experience and direction they would offer to the locality
 - a declaration of potential conflicts of interest;
 - return the expression of interest to the Election Manager four weeks before the Election Meeting.
6. The Election Manager will circulate the list of candidates and their expressions of interest to Practice Leads at least two weeks before the Election Meeting.
7. Locality Deputy Lead or Deputies will be elected by member Practice Leads or their nominated deputy at the Election Meeting. Practice Leads will have two weeks to discuss with their practice partners in advance of voting to assess whether candidates meet the requirements of the person specification, and how they wish to vote. They and their practice partners may contact the candidates directly during this time to clarify any comments in their expression of interest.
8. Candidates will not be expected to make an additional presentation or answer questions about their candidacy at the Election Meeting. Practice Leads will have already consulted and decided on their practice's vote.
9. Each practice will be able to vote for one candidate only. Their votes will be weighted to represent the different practice populations. Ballots cast will identify practices, but will remain confidential to the Election Manager and their staff, and will be destroyed one month after the outcome of the election is confirmed.
10. Practice Leads unable to attend the Election Meeting may vote by directly e-mailing the Election Manager up to 24 hours before the Election Meeting to
 - name the candidate they wish to vote for; or,
 - identify their deputy, who will then vote in person for their practice.

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11. The election will be valid if the totalled practice population of all practices voting represents more than 50% of the locality practice population.
12. The Election Manager will calculate the weighted votes for each candidate. The candidate receiving most weighted votes will be appointed.
13. In the unlikely event that two or more candidates tie on receiving the greatest number of weighted votes, the Election Manager will arrange and publicise a further election at the next locality meeting at which only the tied candidates may stand.
14. The Election Manager will announce the outcome to all member practices as soon as possible.
15. The appointment will be formally confirmed by OCCG and take effect from a date mutually agreed between the successful candidate and the OCCG Accountable Officer.
16. The previous incumbent will normally continue in post until that date to ensure continuity. Where there is a change of incumbent, the OCCG Accountable Officer and other Locality Clinical Directors will ensure appropriate induction and handover.

Appendix 4 - The Nolan Principles in Public Life

- Selflessness;
- Integrity;
- Objectivity;
- Accountability;
- Openness;
- Honesty, and
- Leadership.

Appendix 5 – Conflict of Interest

Types of Interest:

<u>Type of Interest</u>	<u>Description</u>
<u>Financial Interests</u>	<p>This is where an individual may get direct financial benefits from the consequences of a commissioning decision. This could, for example, include being:</p> <ul style="list-style-type: none"> • <u>A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations;</u> • <u>A shareholder (or similar owner interest), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing or which is likely, or possibly seeking to do business with health or social care organisations</u> • <u>A management consultant for a provider</u> • <u>In secondary employment</u> • <u>In receipt of secondary income from a provider</u> • <u>In receipt of any payments (for example honoraria, one off payments, day allowances or travel or subsistence) from a provider</u> • <u>In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role</u> • <u>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)</u>
<u>Non-financial professional interests</u>	<p>This is where an individual may obtain a non-financial professional benefit from the consequences of a commissioning decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:</p> <ul style="list-style-type: none"> • <u>An advocate for a particular group of patients</u> • <u>A GP with special interests e.g. in dermatology, acupuncture, etc.</u> • <u>A member of a particular specialist professional body (although routine GP membership of the RCGP, BMA or a medical defence organisation would not usually by itself amount to an interest which needed to be declared)</u> • <u>An advisor for the Care Quality Commission (CQC) or National Institute for Health and Care Excellence (NICE)</u>
<u>Non-Financial Personal Interests</u>	<p>This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:</p> <ul style="list-style-type: none"> • <u>A voluntary sector champion or provider</u> • <u>A volunteer for a provider</u> • <u>A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation</u> • <u>Suffering from a particular condition requiring individually funded</u>

	<p><u>treatment</u></p> <ul style="list-style-type: none"> • <u>A member of a lobby or pressure groups with an interest in health</u>
<u>Indirect interests</u>	<p><u>This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a commissioning decision (as those categories are described above). For example, this should include:</u></p> <ul style="list-style-type: none"> • <u>Spouse / partner</u> • <u>Close relative e.g. parent, grandparent, child, grandchild or sibling</u> • <u>Close friend</u> • <u>Business partner</u>

~~1.1. A conflict of interest may include but shall not be limited to a Member (or close family member) of the Governing Body or any of its sub-committees:~~

- ~~• Holding Directorships, to include non-executive directorships in private companies or plc.~~
- ~~• Having ownership or part-ownership of private companies, business or consultancies seeking business with the NHS.~~
- ~~• Having shareholdings (major or controlling; deemed to be >5%) in organisations seeking business with NHS.~~
- ~~• Holding a position of authority in charity or voluntary body in health or social care.~~
- ~~• Having connections with voluntary or other body contracting for NHS services.~~
- ~~• Having research funding / grants that may be received by an individual or their department.~~
- ~~• Having interests in pooled funds that are under separate management (any relevant company included in this fund that has a potential relationship with the Clinical Commissioning Group must be declared).~~
- ~~• Holding position of authority or have any significant association with any provider.~~
- ~~• Holding simultaneous office in both the CCG and as an executive officer of the LMC.~~
- ~~• If registered with the General Medical Council (GMC) would be required to declare in accordance with paragraph 55 of the GMC's publication "Management for Doctors" or any successor code including the referral of any patient by a member to a Provider or the Governing Body or its sub-committees in which the member has a conflict of interest.~~
- ~~• If registered with the Nursing and Midwifery Council (NMC) would be required to declare in accordance with paragraph 7 of the NMC's publication Code of Professional Conduct or any successor code~~

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~~including the referral of any patient by a member to a Provider in which the member has a conflict of interest.~~

- ~~• Having any interest whatsoever that should be declared under The Health and Social Care Act 20[] and guidance issued by the Department of Health from time to time.~~