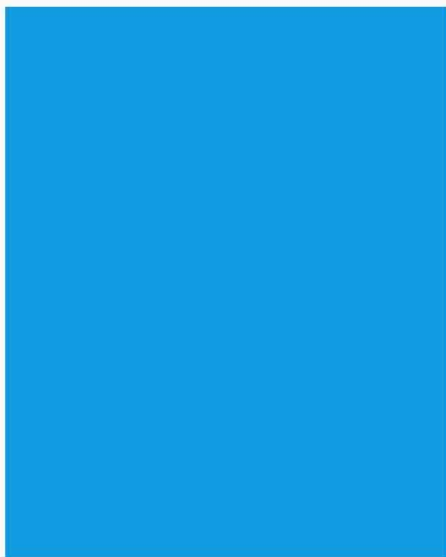


# Managing conflicts of interest

Towards Establishment:  
Technical appendix 1





# Managing conflicts of interests

## *Technical appendix 1*

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# Contents

This technical appendix has been produced to support, and should be read in conjunction with, *Towards establishment: Creating responsive and accountable clinical commissioning groups*, in particular Chapter 4 which explains the importance of having appropriate and proportionate safeguards to manage conflicts.

It provides links to a number of additional resources which should be useful for emerging clinical commissioning groups looking to establish good governance processes within their new organisations

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# Managing conflicts of interests

This appendix sets out:

- principles to help CCGs manage conflicts of interest
- best practice on systems and procedures for managing conflicts
- the existing legislation, rules and guidance on conflicts of interest
- specific examples of situations in which conflicts of interest may arise and the steps that CCGs should take to manage them.

## Principles for managing conflicts of interest

Conflicts of interest can be managed by:

**Doing business properly.** If CCGs get their needs assessments, consultation mechanisms, commissioning strategies and procurement procedures right from the outset, then conflicts of interest become much easier to identify, avoid or deal with, because the rationale for all decision-making will be clear and transparent and should withstand scrutiny.

**Being proactive not reactive.** Prospective CCGs should seek to identify and minimise the risk of conflicts of interest at the earliest possible stage, for instance by considering potential conflicts of interest when electing or selecting individuals to join the governing body or other decision-making roles, and by ensuring individuals receive proper induction and understand their obligations to declare conflicts of interest. They should establish and maintain registers of interests, and agree in advance how a range of different situations and scenarios will be handled, rather than waiting until they arise.

**Assuming that individuals will seek to act ethically and professionally, but may not always be sensitive to all conflicts of interest.** Most individuals involved in commissioning will seek to do the right thing for the right reasons. However, they may not always do it the right way because of lack of awareness of rules and procedures, insufficient information about a particular situation, or lack of insight into the nature of a conflict. Rules should assume people will volunteer information about conflicts and, where necessary, exclude themselves from decision-making, but there should also be prompts and checks to reinforce this.

**Being balanced and proportionate.** Rules should be clear and robust but not overly prescriptive or restrictive. They should protect and empower people by ensuring decision-making is efficient as well as transparent and fair, not constrain people by making it overly complex or slow.

## Points of best practice

There are some general points of best practice that will need to be followed by CCGs to manage conflicts of interest:

### Statement of conduct expected of individuals involved in the CCG

We recommend that CCGs set out in their constitution a statement of the conduct expected of individuals involved in the CCG, e.g. members of the governing body and members of committees and employees, that reflects the Nolan Principles.

### Identification of relevant and material conflicts that could arise

CCGs will need to provide clear guidance on what might constitute a conflict of interest, providing examples that are likely to arise.

The important things to remember are that:

- a perception of wrongdoing, impaired judgement or undue influence can be as detrimental as any of them actually occurring;
- if in doubt, it is better to assume a conflict of interest and manage it appropriately rather than ignore it;
- for a conflict to exist, financial gain is not necessary.

## Declarations of interest

CCGs will need to ensure that, as a matter of course, declarations of interest are made and regularly confirmed or updated. For example, in the following circumstances:

- *On appointment*  
Applicants for any appointment to the CCG or its governing body should be asked to declare any relevant interests. Further guidance on whether such interests should prevent an appointment being made is set out below. When an appointment is made, a formal declaration of interests should again be made and recorded.
- *Annually*  
All interests should be confirmed at least annually.
- *At meetings*  
All attendees should be asked to declare any interest they have in any agenda item before it is discussed or as soon as it becomes apparent. Even if an interest is declared in the Register of Interests, it should be declared in meetings where matters relating to that interest are discussed. Declarations of interest should be recorded in minutes of meetings.

- *On changing role or responsibility*  
Where an individual changes role or responsibility within a CCG or its governing body, any change to the individual's interests should be declared.
- *On any other change of circumstances*  
Wherever an individual's circumstances change in a way that affects the individual's interests (e.g. where an individual takes on a new role outside the CCG or sets up a new business or relationship), a further declaration should be made to reflect the change in circumstances. This could involve a conflict of interest ceasing to exist or a new one materialising.

### Maintaining a register of interests

CCGs will need to keep a register of interests of all members. Whenever interests are declared, they should be reported to the person designated with responsibility for the Register of Interests (as identified by the CCG or its governing body), who should then update the Register accordingly.

The BMA has suggested that the register should be formally refreshed every three months and that the CCG's Accountable Officer should be informed within 28 days of a member taking office of any interests requiring registrations, or within 28 days of any change to a member's registered interests.

CCGs will need to have systems to check that the Register of Interests is accurate and up to date (e.g. annual checks).

The Register of Interests will need to be publicly available and easily accessible and this should be set out in the CCG's constitution.

### Excluding individuals from meetings or decision-making when a conflict of interest arises

A CCG, or its governing body, may consider that there are certain conflicts of interest that are so material that the individual concerned should be excluded from meetings, or relevant parts of meetings, during which related issues are discussed. Alternatively, there may be circumstances where it is felt appropriate for the individual concerned to attend the meeting and join in the discussion, having declared his or her interest, but not to participate in any decision-making resulting from such discussion (i.e. not having a vote in relation to the decision).

The chair of the meeting should have responsibility for deciding whether there is a conflict of interest and the course of action to take. In making such decisions, the chair may wish to consult the member of the governing body who has responsibility for issues relating to conflicts of interest. All decisions should be recorded in the minutes of the meeting.

There are certain circumstances where an individual's conflict of interest are likely to be so great as to preclude them from taking a role on the governing body, for instance where the individual is on the Board of a major local healthcare provider or an organisation that provides or seek to provide most of a CCG's commissioning support.

CCGs will need to decide in advance who will take the chair's role for discussions and decision-making in the event that the chair of a meeting is conflicted, or how that will be decided at a meeting where that situation arises. The National Health Service (Clinical Commissioning Groups) Regulations 2012 specify that the accountable officer, the chief finance officer, the registered nurse, hospital consultant, and the lay person who chairs the audit committee, are ineligible to be the chair of the CCG governing body. Where the governing body chair is a healthcare professional (for example, a GP), the deputy must be a lay person.

CCGs will need also to have arrangements in place where more than 50% of the members of a governing body or committee are prevented from taking a decision because of conflicted interests. Decisions could still be made by the remaining members of the governing body or committee (assuming that the meeting remains quorate), especially if constituted with lay or other independent members. CCGs may need to have arrangements to secure additional external involvement in these decisions, perhaps through the involvement of a neighbouring CCG. These arrangements should be set out in the CCG's constitution.

### Managing conflict of interests on an ongoing basis

As set out in Chapter 4 of *Towards establishment*, CCGs will need to ensure that they have systems for managing conflicts of interest on an ongoing basis, not only in developing commissioning proposals and in making commissioning decisions but, for instance, in monitoring a contract that has been awarded to a provider in which an individual has an interest.



## Existing rules and guidance

The National Health Service Act 2006 (as amended by the Health and Social Care Act 2012) contains provisions to support good governance and accountability of CCGs.

The Act requires that the constitution of a CCG must make provision for dealing with conflicts of interest and potential conflicts of interests, in relation to its members, its governing body members, the members of committees and sub-committees, including those of the governing body, and its employees<sup>1</sup>

The Act and the National Health Service (Clinical Commissioning Groups) Regulations 2012 also place a requirement for all governing bodies to include at least two lay members, one with a lead role in overseeing key elements of governance such as audit, remuneration and managing conflicts of interest<sup>2</sup>.

Regulations under section 75 of the Act will place requirements on commissioners to help ensure they adhere to good practice in relation to procurement, do not engage in anti-competitive behaviour which is against the interests of service-users, and promote the right of patients to make choices about their healthcare.

It is envisaged that these procurement, choice and competition regulations will build on existing rules and guidance and establish the minimum standards procurement and contracting for healthcare services. The Department of Health is currently consulting on proposals for these regulations which are expected to come into effect from April 2013. The consultation document is available at the following link:

<https://www.wp.dh.gov.uk/publications/files/2012/08/PCCR-consultation-Final.pdf>

The Department intends to engage prospective CCGs and a range of other stakeholders in developing these regulations, which will build on existing rules and guidance and come into effect from April 2013

## Specific examples of conflicts of interest

Conflicts of interest may arise in a number of situations, including:

- appointing governing body or committee members;
- designing service requirements, and
- procurement of services.

## Appointing governing body or committee members

CCGs will need to consider whether conflicts of interest should exclude individuals from being appointed to the governing body or to a committee or sub-committee of the CCG. These will need to be considered on a case by case basis but the CCG's constitution should reflect the CCG's principles on this.

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<sup>1</sup> Schedule 2, introducing new Schedule 1A to the 2006 Act, Part 1, paragraph 4(2)

<sup>2</sup> Government Response to the NHS Future Forum Report (Department of Health, June 2011)

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_127444](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_127444)

Any individual who has a material interest in an organisation which provides or is likely to provide substantial business to a CCG (either as a provider of healthcare or commissioning support services) should not be a member of the governing body.

The CCG will need to assess the materiality of the interest, in particular whether the individual (or a family member) could benefit from any decision the governing body might make. This will be particularly relevant for any profit sharing member of any organisation but should also be considered for all employees and especially those operating at senior or board level.

The CCG will also need to determine the extent of the interest. If it is related to such a significant area of business that the individual would be unable to make a full and proper contribution to the governing body as this interest would preclude them from so many discussions and decisions, then that individual should not become a member of the governing body.

### Designing service requirements

It is good practice to engage relevant providers – especially clinicians – in confirming the design of service specifications. Such engagement – done transparently and fairly – is entirely legal and not contrary to competition law. However, the Procurement Guide for commissioners of NHS-funded services highlights that conflicts of interest can occur if a commissioner engages selectively with only certain providers (be they incumbent or potential new providers) in developing a service specification for a contract for which they may later bid. The same difficulty could arise in developing a specification for a service that is to be commissioned using the ‘Any Qualified Provider’ route, i.e. where there is not a competitive procurement but patients can instead choose from any qualified provider that wishes to provide the service and can meet NHS standards and prices.

Commissioners should seek, as far as possible, to specify the outcomes that they wish to see delivered through a new service, rather than the way in which these outcomes are to be achieved. As well as supporting innovation, this helps prevent bias towards particular providers in the specification of services.

Although designed for different types of procurements, The Office of Government Commerce produced some helpful guidance on pre-procurement engagement with potential bidders. The same principles could be followed by CCGs in engaging with potential providers when designing service specifications.

Such engagement should follow the three main principles of procurement law, namely equal treatment, non-discrimination and transparency. This includes ensuring that the same information is given to all.

The following points should be remembered when engaging with potential service providers:

- Use engagement to help shape the requirement but take care not to gear the requirement in favour of any particular provider(s).
- Ensure at all stages that potential providers are aware of how the service will be commissioned, e.g. through competitive procurement or through the ‘Any qualified provider’ route.
- Work with participants on an equal basis, e.g. ensure openness of access to staff and

information.

- Be transparent about procedures.
- Maintain commercial confidentiality of information received from providers.

Engagement with potential providers should be used to:

- frame the requirement;
- focus on desired outcomes rather than specific solutions;
- consider a range of options for how a service is specified.

The *Procurement guide for commissioners of NHS-funded services* suggests some further practical steps such as to:

- *Advertise the fact that a service design/re-design exercise is taking place widely (e.g. on NHS Supply2Health) and invite comments from any potential providers and other interested parties (ensuring a record is kept of all interactions) – i.e. do not be selective in who works on the service specifications unless it is clear conflicts will not occur.*
- *As the service design develops, engage with a wide range of providers on an ongoing basis to seek comments on the proposed design – e.g. via the commissioner’s website or workshops with interested parties.*
- *If appropriate, engage the advice of an independent clinical adviser on the design of the service.*
- *When specifying the service, specify desired (clinical and other) outcomes instead of specific inputs.*

## Procurement of services

The safeguards needed to manage conflicts of interest will vary to some degree depending on the way in which a service is commissioned.

### Competitive tender

Where a CCG is commissioning a service through **competitive tender** (i.e. seeking to identify the best provider or set of providers for a service), a conflict could arise where GP practices or other providers in which CCG members have an interest are amongst those bidding.

We are exploring a number of options that CCGs could use to ensure that those with an interest are not involved in assessing bids and that there are additional checks and balances to monitor the quality of services. These will build on existing rules and guidance for procurement, including the current Procurement Guide.

### Any Qualified Provider

Where a CCG is commissioning a service through **Any Qualified Provider**, a conflict could arise where one or more GP practices (or other providers in which CCG members have an interest) are amongst the qualified providers from whom patients can choose. In these circumstances (and more generally), there are a number of options for demonstrating that GP practices have offered fully informed choice at the point of referral and for auditing and

publishing referral patterns. These will build on well-established procedures for declaring interests when GPs or other clinicians make a referral.

The GMC's core guidance *Good Medical Practice (2006)*, reiterated in its document *Conflicts of interest (2008)*, indicates that:

*74 "You must act in your patients' best interests when making referrals and when providing or arranging treatment or care. You must not ask for or accept any inducement, gift or hospitality which may affect or be seen to affect the way you prescribe for, treat, or refer patients. You must not offer such inducements to colleagues.*

*75 If you have financial or commercial interest in organisations providing healthcare or in pharmaceutical or other biomedical companies, these interests must not affect the way you prescribe for, treat or refer patients.*

*76 If you have a financial or commercial interest in an organisation to which you plan to refer a patient for treatment or investigation, you must tell the patient about your interest. When treating NHS patients you must also tell the healthcare provider."*

The GMC provides further specific guidance, such as:

- *You may wish to note on the patient's record when an unavoidable conflict of interests arises.*
- *If you have a financial interest in an institution and are working under an NHS or employers' policy, you should satisfy yourself, or seek other assurance from your employing or contracting body, that systems are in place to ensure transparency and to avoid, or minimise the effects of, conflicts of interest. You must follow the procedures governing the schemes.*

Where a CCG has decided that patients would benefit from a choice of provider in a particular services, the CCG should ensure that the arrangements work effectively and can address potential conflicts, including through transparent contractual requirements and monitoring processes.

## Commissioning services from GP practices

There will clearly need to be particularly robust safeguards in any circumstances where CCGs are proposing to commission services on a **single tender** basis from GP practices. CCGs will need to be able to demonstrate that the service they are commissioning is not one that should be provided under the GP contract, that it is suitable for single tender (e.g. there are no other competent providers), and that the service will provide good value for money.

We are working with CCGs and the profession to develop a 'code of conduct' to cover this scenario, complementing and building on the future procurement regulations. This includes a number of options for securing additional external involvement in these decision-making processes to provide assurance that a CCG is making optimal decisions about use of

resources – and for providing reassurance that the service goes beyond what would reasonably be expected under the GP contract.<sup>3</sup>

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<sup>3</sup> A draft code of conduct is available at: <http://www.commissioningboard.nhs.uk/files/2012/09/c-of-c-conflicts-of-interest.pdf>

# Annex 1: Existing rules and guidance - additional material

The Nolan Principles of Public Life<sup>4</sup> provide seven principles to be followed by those in public office, including those employed by NHS bodies, namely the principles of selflessness, integrity, objectivity, accountability, openness, honesty and leadership, all of which should ensure that conflicts of interest either do not arise or are managed appropriately when they do.

The General Medical Council (GMC) has also previously issued specific guidance on conflicts of interest, both in its general core guidance<sup>5</sup> and in separate supplementary Guidance<sup>6</sup>.

The GMC's guidance recommends that:

*"If you have a financial or commercial interest in a business case being considered by your Primary Care Trust under Practice Based Commissioning arrangements, you should declare your interest and exclude yourself from related discussions in accordance with the Department of Health and your PCT's guidance."*

The Principles and Rules of Cooperation and Competition<sup>7</sup> provide ten principles for the commissioning and provision of NHS services in England. Following these rules and principles should help to ensure that conflicts of interest are either avoided or appropriately managed, for instance by commissioning services from providers who are best placed to deliver the needs of patients and populations. Conflicts of interest are dealt with specifically in Principle 5 (promoting patient choice to ensure that patients can exercise choice and control over their healthcare), which includes the rules that:

- all parties to a contract must declare conflicts of interest and
- when making referrals to services subject to patient choice, all referring clinicians must tell their patients about any financial or commercial interest in an organisation to which they plan to refer the patient for treatment or investigation.

The Department has developed the S75 regulations on procurement choice and competition that are closely consistent with the current principles and rules and will replace them when the regulations come into effect from April 2013.

The Procurement Guide for commissioners of NHS-funded services<sup>8</sup> provides specific guidance for commissioners in procuring health services. This covers conflicts of interest that can arise at different stages of a procurement process, for example in developing a services specification, during the procurement process itself, and in monitoring services. The Procurement Guide states that "when conflicts of interest arise, it is the responsibility of the

<sup>4</sup> Committee on Standards in Public Life – Including the seven "Nolan" principles of public life <http://www.public-standards.gov.uk/>

<sup>5</sup> [http://www.gmc-uk.org/guidance/good\\_medical\\_practice/probity\\_conflicts\\_of\\_interest.asp](http://www.gmc-uk.org/guidance/good_medical_practice/probity_conflicts_of_interest.asp)

<sup>6</sup> [http://www.gmc-uk.org/guidance/ethical\\_guidance/conflicts\\_of\\_interests.asp](http://www.gmc-uk.org/guidance/ethical_guidance/conflicts_of_interests.asp)

<sup>7</sup> Principles and Rules for Cooperation and Competition (NHS & Department of Health, July 2010)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_118221](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118221)

<sup>8</sup> Procurement Guide for Commissioners of NHS-Funded Services (NHS & Department of Health, July 2010)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_118218](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_118218)

commissioner to manage them appropriately to ensure a robust and transparent procurement” and provides practical suggestions of how to do this.

Other publications have been produced recently providing commentary on how CCGs could deal with the issue of conflicts of interest. The Royal College of General Practitioners (RCGP) Centre for Commissioning sets out some principles for managing conflicts of interest in its guidance *‘Managing Conflicts of Interest in Clinical Commissioning Groups’*<sup>9</sup> written jointly with the NHS Confederation. The BMA’s *‘Ensuring Transparency and Probity’* (May 2011)<sup>10</sup> sets out suggested principles to follow in order to manage conflicts.

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<sup>9</sup> Managing Conflicts of Interests i Clinical Commissioning Groups NHS Confederation and RCGP (September 2011)  
[http://www.nhsconfed.org/Publications/Documents/Managing\\_conflicts\\_of\\_interests\\_in\\_CCGs/pdf](http://www.nhsconfed.org/Publications/Documents/Managing_conflicts_of_interests_in_CCGs/pdf)

<sup>10</sup> Ensuring Transparency and Probity British Medical Association General Practitioners Committee (May 2011)  
[http://www.bma.org.uk/images/whitepapergpcguidance10transparencymay2011\\_tcm41-206907.pdf](http://www.bma.org.uk/images/whitepapergpcguidance10transparencymay2011_tcm41-206907.pdf)

## Annex 2: Model templates

- Declaration of interests for service providers/bidders
- Declaration of interests for members/employees
- Register of interests



## Template declaration of conflict of interest for bidders/contractors

**[Name of Organisation] Clinical Commissioning Group**

### **Bidders/potential contractors/service providers [other?] declaration form: financial and other interests**

This form is required to be completed in accordance with the CCG's [Constitution].

#### **Notes:**

- All potential bidders/contractors/service providers, including sub-contractors, members of a consortium, advisers or other associated parties (Relevant Organisation) are required to identify any potential conflicts of interest that could arise if the Relevant Organisation were to take part in any procurement process and/or provide services under or otherwise enter into any contract with the CCG.
- If any assistance is required in order to complete this form, then the Relevant Organisation should contact [specify].
- The completed form should be sent to [specify].
- Any changes to interests declared either during the procurement process or during the term of any contract subsequently entered into by the Relevant Organisation and the CCG must notified to the CCG by completing a new declaration form and submitting it to [specify].
- Relevant Organisations completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- If in doubt as to whether a conflict of interests could arise, a declaration of the interests should be made.

#### Interests that must be declared:

1. The Relevant Organisation or any person employed or engaged by or otherwise connected with a Relevant Organisation (Relevant Person) has provided or is providing services or other work for the CCG;
2. A Relevant Organisation or Relevant Person is providing services or other work for any other potential bidder in respect of this project or procurement process;
3. The Relevant Organisation or any Relevant Person has any other connection with the CCG, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions

whether such interests are those of the Relevant Person themselves or of a family member, close friend or other acquaintance of the Relevant Person.

**Declarations:**

<b>Name of Relevant Organisation:</b>	
<b>Interests</b>	
<b>Type of Interest</b>	<b>Details</b>
Provision of services or other work for the CCG	
Provision of services or other work for any other potential bidder in respect of this project or procurement process	
Any other connection with the CCG, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions	

<b>Name of Relevant Person</b>	[complete for all Relevant Persons]	
<b>Interests</b>		
<b>Type of Interest</b>	<b>Details</b>	<b>Personal interest or that of a family member, close friend or other acquaintance?</b>
Provision of services or other work for the CCG		

Provision of services or other work for any other potential bidder in respect of this project or procurement process		
Any other connection with the CCG, whether personal or professional, which the public could perceive may impair or otherwise influence the CCG's or any of its members' or employees' judgements, decisions or actions		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information.

Signed:

On behalf of:

Date:

## Template declaration of interest

### [Name of Organisation] Clinical Commissioning Group

#### Member, governing body member, committee and sub-committee member and employee declaration form: financial and other interests

This form is required to be completed in accordance with the CCG's [Constitution].

#### Notes:

- Within 28 days of a relevant event, CCG members, the members of its governing body, members of its committees or sub-committees (including those of its governing body) and employees need to register their financial and other interests.
- If any assistance is required in order to complete this form, then the member or employee should contact [specify].
- The completed form should be sent by both email and signed hard copy to [specify].
- Any changes to interests declared must also be registered within 28 days of the relevant event by completing and submitting a new declaration form.
- The register will be published [how?] or otherwise made accessible to members of the public on request [will any information be redacted?].
- Members, governing body members, committee and sub-committee members and employees completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest that person has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- If in doubt as to whether a conflict or potential conflict of interests could arise, a declaration of the interests should be made.

#### Interests that must be declared:

1. Roles and responsibilities held within member practices;
2. Directorships, including non-executive directorships, held in private companies or PLCs;
3. Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
4. Shareholdings (more than 5%) of companies in the field of health and social care;
5. Positions of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
6. Any connection with a voluntary or other organisation contracting for NHS services;
7. Research funding/grants that may be received by the individual or any organisation they have an interest or role in;
8. [other specific interests?]; and
9. Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG

whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual.

**Declaration:**

<b>Name:</b>		
<b>Position within the CCG:</b>		
<b>Interests</b>		
<b>Type of Interest</b>	<b>Details</b>	<b>Personal interest or that of a family member, close friend or other acquaintance?</b>
<b>Roles and responsibilities held within member practices</b>		
<b>Directorships, including non-executive directorships, held in private companies or PLCs</b>		
<b>Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG</b>		
<b>Shareholdings (more than 5%) of companies in the field of health and social care</b>		
<b>Positions of authority in an organisation (e.g. charity or</b>		

<b>voluntary organisation) in the field of health and social care</b>		
<b>Any connection with a voluntary or other organisation contracting for NHS services</b>		
<b>Research funding/grants that may be received by the individual or any organisation they have an interest or role in</b>		
<b>[Other specific interests?]</b>		
<b>Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG</b>		

To the best of my knowledge and belief, the above information is complete and correct. I undertake to update as necessary the information provided and to review the accuracy of the information provided regularly and no longer than annually. I give my consent for the information to be used for the purposes described in the [CCG's Constitution] and published accordingly.

Signed:

Date:

## Template register of interests

### [Name of Organisation]

This Register of Interests (**Register**) includes all interests declared by members. governing body members, committee and sub-committee members (including those of the governing body) and employees of [name] Clinical Commissioning Group (the **CCG**). In accordance with the CCG's [Constitution] the CCG's [accountable officer] will be informed of any conflict or potential conflict of interest that needs to be included in the Register within not more than 28 days of any relevant event (e.g. appointment, change of circumstances) and the Register will be updated regularly (at no more than 3-monthly intervals).

Interests that must be declared:

- Roles and responsibilities held within member practices;
- Directorships, including non-executive directorships, held in private companies or PLCs;
- Ownership or part-ownership of private companies, businesses or consultancies likely or possibly seeking to do business with the CCG;
- Shareholdings (more than 5%) of companies in the field of health and social care;
- A position of authority in an organisation (e.g. charity or voluntary organisation) in the field of health and social care;
- Any connection with a voluntary or other organisation contracting for NHS services;
- Research funding/grants that may be received by the individual or any organisation they have an interest or role in;
- [other specific interests?]; and
- Any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgement or actions in their role within the CCG

whether such interests are those of the individual themselves or of a family member, close friend or other acquaintance of the individual.

### Register

Name	Position	Details of interests



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