

SUNDERLAND LOCAL MEDICAL COMMITTEE

CONFLICT OF INTERESTS POLICY

EXECUTIVE SUMMARY

This policy aims to protect the LMC and its members from having, or being perceived to have, a conflict of interest. It ensures transparency by requiring all representatives to declare regularly all their interests. It suggests a simple scoring system by which representatives can assess whether they have interests that could be perceived as conflicting and when they should discuss these potential conflicts of interest with the LMC Chair and/or Secretary to consider whether they may need to step down from one or more posts. It does not, in any way, intend to suggest or infer that reps should not or cannot be involved in or work for CCGs or other organisations. The policy is intended to provide some objectivity to an issue, which because of the large number of potential variables will require an element of subjective assessment by LMC officers.

1. Aim

To ensure that all LMC representatives declare all areas of interest outside the LMC in order to avert potential criticism from any party that a representative may unduly influence decisions taken by the LMC on topics discussed and issues debated during any main committee or other meetings. It also aims, through a scoring system, to help reps identify when their various roles may lead to an actual or perceived conflict of interest and gives guidance as to what action they should take. It is important to note that even a perception of conflict is potentially damaging.

2. Background

Potential conflicts of interest exist in all walks of life and it is sometimes the case that those with a conflict caused by personal involvement in an issue are nevertheless best placed to provide expert advice because of their knowledge. The Committee on Standards in Public Life (established by the Nolan Committee) has a code of practice for dealing with potential conflicts of interest. This states that:

"The purpose of these provisions is to avoid any danger of committee members being influenced, or appearing to be influenced, by their private interests in the exercise of their public duties."

It has long been recognised that overall the LMC benefits from reps involvement in a number of groups and committees (in the same way, these other groups and committees benefit from the experience of LMC members and officers). However, it is imperative that reps understand that there might be a perceived

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or actual conflict brought about by working on a number of different committees. Unfortunately, it must also be realised, that there is a finite number of GPs willing to work on the various committees that require GP input, but this itself does not mean that potential conflicts should be accepted without proper consideration. Further, the majority of GPs are independent, self-employed contractors to the NHS and, therefore, often have pecuniary and other interests relating to their own businesses.

The document Responsibilities, Code of Conduct and Sessional Payments for LMC Members and Chair states: "If matters are being discussed in which a member has a direct pecuniary interest, this should be declared and the member should be prepared to withdraw. Issues relating to a member's own practice should not be raised unless they illustrate a point of principle affecting other constituent GPs." This document is also under-pinned by the Constitution of the committee, which highlights representatives' obligations to "disclose" the fact that he or she has a "pecuniary or other significant interest" to the meeting.

Annually, all representatives are asked to complete a Conflicts of Interest declaration form and a summary of these is present at all meetings. Representatives who do not complete such a form are not able to speak or vote at meetings until they have returned their form. Further, at each meeting representatives are asked to specifically declare any specific personal interest, pertinent to an item on the agenda, which might represent a conflict. If a representative's potential conflicts change they should inform the LMC Secretary at the earliest opportunity in order that the summary can be kept up to date.

As GPs move into far more influential positions within Clinical Commissioning Groups (CCGs), then the potential for interests to conflict becomes more likely. The aim of this policy is to ensure that all interests are declared, potential criticism regarding a conflict avoided, and the reputation of representatives and the LMC as a whole is maintained.

3. Co-commissioning and Conflicts of Interest

The LMC has consistently argued that clinicians – especially GPs – should have an integral role in commissioning decisions. Similarly, the LMC acknowledges that co-commissioning has the potential to be a mechanism for GPs to have greater influence over the commissioning of services, including the ability to enhance the funding and provision of general practice, for the benefit of patients and the NHS.

However, the LMC is clear that the proposals set out in NHS England's Next

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Steps document, coupled with the statutory requirement for GP practices to be members of a CCG, significantly increases the frequency and range of potential conflicts of interest, both real and perceived.

This will especially be the case for CCGs taking on delegated co-commissioning arrangements. Where appropriately dealt with, concerns around conflicts of interest should not act as a barrier to GPs embracing new models of collaborative work (i.e., GP networks), or as a barrier to delivering general practice at scale.

It is important for practices to be aware that co-commissioning, especially delegated responsibility - enables CCGs to hold and manage the core GP contract of their members, with powers to issue breach notices and terminate contracts. LMCs have consistently and vigorously opposed granting CCGs greater control over these functions. *"As CCGs are membership organisations and must be accountable to their member practices, the LMC's position is that this is therefore **fundamentally incompatible** with CCGs holding and managing core practice contracts."* (GPC Guidance Document)

Clearly CCGs that have delegated co-commissioning (Level 3) and their executive GPs have greater conflicts than joint co-commissioning (Level 2) but some flexibility is needed in some areas to allow proper functioning of LMCs. This can be aided by co-option/observation status of certain members rather than elective representative members. In addition this also allows protection of individuals from external criticism and the flexibility that is required in some cases.

4. Summary

This policy has been agreed by the Local Medical Committee as the correct and transparent way to deal with the complex area of potential conflicts of interest. It must be understood that a representative cannot declare too many interests; it is far better to over-declare than to be found with a serious conflict of interest which results in the individual or the LMC being brought into disrepute. It confirms that:

- The LMC secretariat will hold a register of representatives' interests, accessible on the LMC website
- Representatives must also declare interests of first-degree relatives if there is any chance that an actual or perceived conflict of interest might exist.
- Representatives will have a responsibility to keep this register up to date.

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- Representatives will be required to update their declaration of interests on a regular basis.
- Representatives will not be allowed to speak at committee meetings until their signed declaration of interests has been received by the secretariat.
- At the beginning of each committee meeting representatives will be given the opportunity to express any potential conflicts of interest pertaining to items on the agenda.
- Should a member declare an interest, at the beginning or during the meeting, that might be perceived as a potential conflict, the chair will decide whether that member should participate in the debate, remain silent or withdraw completely.
- By default, GPs that hold any Board position on a CCG may also be members of the LMC (subject to eligibility as determined by the scoring grid system), but are not eligible to stand as Officers of the LMC or its sub- committees. **(See Scoring Grid below)**

5. LMC Policy

The LMC prides itself on its openness, transparency and strong governance; we have a responsibility to maintain the highest standards and this policy aims to deal with an area which can lead to accusation of unprofessional behaviour by allowing actual or perceived potential conflicts of interest to influence advice given by the LMC. The policy should be viewed as protecting individuals against the perception that they have un-declared interests or are acting for personal gain, by having the additional benefit of making different areas of expertise known to other members.

i) LMC Members attend meetings as representatives of their constituents

- The default position is accepted that at LMC meetings, a rep is speaking in their capacity as a LMC rep unless specifically requested by the committee to speak in another capacity or he or she specifically states that he or she is speaking in a different capacity (in such a circumstance, it is incumbent upon the rep to say in which capacity they are speaking).

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- The default position is accepted that at LMC meetings, a rep is voting in their capacity as a LMC rep. If the potential conflict is significant, in the view of the chair, then the LMC rep will be asked to abstain from voting

ii) The LMC will keep a register of members' interests

- Reps will be responsible for ensuring that their entry on the register is kept up to date by notifying the secretariat of any changes as soon as possible and not longer than within four weeks of the change occurring
- Reps will also be responsible for declaring interests of first degree relatives (parents, siblings and children) if there is any chance that an actual or perceived conflict of interest might exist
- The register shall be available on the LMC website but will not be actively disseminated outside the LMC
- Reps will be required to update their declaration of interests on a regular basis
- A copy of the register will be distributed by email to all reps once a year after it has been updated
- Reps will not be allowed to speak or vote at committee meetings until their declaration of interests has been received by the secretariat

iii) There shall be a standing item at the beginning of each meeting which asks members to declare any conflict of interest not already covered by the register pertaining to the agenda for that meeting

Should a member declare a conflict of interest the chair will decide whether that member should participate in the debate, remain silent or withdraw completely

iv) The LMC promotes a culture whereby potential conflicts of interest can be explored with individual members by the Chair, Secretary or other members without offence

Appendix A – Categories of information that should be declared

The categories of information which members should consider declaring as potential conflicts of interest are as follows:

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- **Directorships:** Both paid and unpaid directorships of public or private companies, including Medical Directorships of public or private organisations.
- **CCG positions:** including Chair, Vice-Chair, board and executive management positions; locality Chair or locality board position; advisor; joint co-commissioning committees or primary care co-commissioning committees or equivalent
- **Other remunerated work:** Any paid employment or other sources of income outside their normal medical work. Examples might be paid consultancy or advisory positions with government departments, pharmaceutical companies or the medical press, articles sold to the paramedical press or remunerated speaking engagements. Also included should be work for companies active in other health care fields or NHS trusts.
- **Gifts, benefits and hospitality:** This includes any substantial gift or material advantage received by a member which in any way relates to his/her membership of the LMC. This would include trips or visits arising out of membership of the LMC, where the costs have not been wholly borne by the member of LMC. Gifts of less than £500 in value and other benefits of less than £500 in value would be exempt as would events to which all members of the LMC are invited.
- **Shareholdings:** Declaration of the name of any public or private company, active (holds or has the potential to hold a relevant contract) in the field of healthcare, in which the member holds significant shareholdings. Significant is defined as either (a) greater than 1% of the issued share capital of the company or body, or (b) less than 1% of the issued share capital but more than £25,000.
- **Family Interests:** These would include financial and other interests of close family members that might be considered relevant to an individual's position as a member of the LMC.
- **Miscellaneous and unremunerated interests:** This includes other interests which do not fall clearly within any of the above categories, for example, an active role within a political party. Membership of, or work for, other bodies such as charities or trusts which could possibly influence a member's position with regard to his/her LMC activities should also be included, as well as membership of Government or Department of Health

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committees/working groups on which the member is not a designated LMC representative.

Administrative arrangements The administrative arrangements for the establishment and maintenance of the register of interests are as follows:

- On a regular basis, members will be asked to register their interest on a proforma reflecting the above categories.
- The secretariat will hold the information submitted. It will be made available on request for inspection by any member.
- LMC Members will be responsible for notifying any changes in their registerable interests within four weeks (maximum) of the change occurring so that the register can be updated.
- Information held in the register will not be processed in any way or disseminated outside the process outline above. At the end of each session, the register will be closed and access only granted to it in any case of dispute arising over the conduct of business relevant to the session which a conflict of interest may have occurred. This later access procedure will be subject to the decision of the LMC Officers, if appropriate.

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SCORING GRID

<u>LMC ROLE</u>	<u>POSITION</u>	<u>SCORE</u>
Office Holder	Chair/Vice/Secretary	4
LMC Member	Elected member	3
	Co-opted member	2
	Observer	1
<u>CCG ROLE</u>	<u>POSITION</u>	<u>SCORE</u>
Exec. GP	Chair/Vice/Medical Director/Accountable Officer	5
	On Co-commissioning (for primary care) exec. Board i.e. PCCC or equivalent	4
	Exec. Board GP (no primary care commissioning)	3
Other GP	Clinical Lead or equivalent	2
	Council of Practices rep.	1

ACTION TO BE TAKEN

Total Score is Sum of the two roles.

<u>TOTAL SCORE</u>	<u>RATING</u>	<u>ACTION</u>
8	Red	V. significant conflict between these posts but the officers of the LMC can decide re co-option or observer status if
7	Red	

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		required
6	Amber	Significant conflict between these posts but the officers of the LMC can decide re elective, co-option or observer status if required
5	Amber	
4	Green	Whilst conflict present this level should not pose issues.
3	Green	
2	Green	

If there is any doubt the member with a perceived conflict must discuss it with the Chair or Secretary of the LMC. Decision to lie with the Chair. Appeal to North East and Cumbria Regional LMC if decision disputed but decision of chair stands until appeal heard.

The chair/secretary reserve the right to raise a potential issue with a member even when not declared to be a conflict by the member himself or herself.