

Revised statutory guidance on managing conflicts of interest for CCGs: Summary Guide for CCG Lay Members

We have developed a series of summary guides to the revised *statutory guidance on managing conflicts of interest for CCGs*, which was published in June 2016. The guides are intended to be a helpful resource, which pull out the essentials you need to know. Conflicts of interest are inevitable in commissioning and it is how we manage them that matters. Conflicts of interest can affect anyone, although it is likely that some roles will have greater exposure to them than others. We have therefore developed a series of role specific guides - this guide is for CCG lay members (there is also a separate guide for Conflicts of Interest Guardians). This guide is not intended to be a substitute for the full guidance, which can be accessed [here](#).

I am a CCG lay member...

What do I need to know?

- A conflict of interest occurs where an individual's ability to exercise judgement, or act in a role is, could be, or is seen to be impaired or otherwise influenced by his or her involvement in another role or relationship. In some circumstances it could be reasonably considered that a conflict exists even when there is no actual conflict. In these cases it is important to still manage these perceived conflicts in order to maintain public trust.
- NHS England has published revised *statutory guidance on managing conflicts of interest* to support CCGs to manage conflicts of interest. Your CCG should also have a **conflicts of interest policy**.
- Everyone is responsible for managing conflicts of interest, but your Accountable Officer has overall accountability in the CCG. Lay members can support the management of conflicts of interest by providing scrutiny, challenge and an independent voice in decision-making processes. Each CCG should also appoint a **Conflicts of Interest Guardian** (recommended to be the CCG's Audit Chair) to support with any queries or concerns relating to conflicts of interest.
- By law, conflicts of interest must be declared within **28 days** of them becoming apparent, but it is best to declare them as soon as possible. They should also be declared at the start of each meeting, where a conflict is likely to arise. If you have a genuine concern that an interest has not been declared or appropriately managed, you should raise this in accordance with your CCG's policy and be supported by your CCG in doing so.
- The **chair** of the meeting has ultimate responsibility for agreeing how to manage the conflict of interest in the meeting. Possible actions may include (but are not limited to):
 - Asking conflicted individuals to leave the meeting when the relevant matter(s) are being discussed
 - Allowing conflicted individuals to participate in some of the discussion, but asking them to leave the meeting at the point of decision-making
 - Restricting access to papers in advance of the meeting
- CCGs with delegated or joint commissioning arrangements should establish a **primary care commissioning committee** (PCCC). The PCCC should have a lay and executive majority (i.e., non-clinical) and a lay chair and vice-chair. To ensure appropriate oversight and assurance, and that the CCG audit chair's position as Conflicts of Interest Guardian is not compromised, the audit chair should not hold the position of chair of the PCCC.
- In light of lay members' expanding role in primary care co-commissioning, we strongly recommend that all CCGs consider increasing the number of CCG lay members on their Governing Body to a minimum of three. Where there are difficulties in recruiting additional lay members, CCGs could consider 'sharing' lay members between, for instance, CCGs in the same Sustainability and Transformation area.

- By law everyone must speak up if they have any concerns about how conflicts of interest are being managed. Details of how to report suspected or known **breaches** will be set out in the CCG's conflicts of interest policy.
- To raise awareness of the different types of conflicts of interest and to support individuals to manage them, we are introducing **mandatory conflicts of interest online training** for all CCG employees. The training will be made available in the autumn of 2016. NHS England will also deliver face-to-face training for lay members on conflicts of interest management. The dates will be advertised through the CCG and lay member network bulletins.

What should be declared?

- The types of interests that should be declared include, but are not limited to:
 - **Financial interests**, where individuals may directly benefit financially from the consequences of a commissioning decision e.g., being a partner in a practice that is commissioned to provide primary care services;
 - **Non-financial professional interests**, where individuals may benefit professionally from the consequences of a commissioning decision e.g., having an unpaid advisory role in a provider organisation that has been commissioned to provide services by the CCG;
 - **Non-financial personal interests**, where individuals may benefit personally (but not professionally or financially) from a commissioning decision e.g., if they suffer from a particular condition that requires individually funded treatment;
 - **Indirect interests**, where there is a close association with an individual who has a financial interest, non-financial professional interest or a non-financial personal interest in a commissioning decision e.g., spouse, close relative (parent, grandparent, child etc.) close friend or business partner.
- If in doubt, it is better for an interest to be declared, and managed appropriately, than to for it to be ignored.

What gifts and hospitality can be accepted?

- A 'gift' is any item of cash or goods, or any service, which is provided for personal benefit at less than its commercial value. Any personal gift of cash or cash equivalents or gifts offered by suppliers/contractors linked (currently or prospectively) to the CCG's business should be declined. Individuals must declare any offers of this nature (even if they are declined).
- Gifts from other sources should also be declined if accepting them might give rise to perceptions of bias or favouritism. However, items of little financial value (i.e., less than £10) could be accepted such as diaries and flowers and do not need to be declared.
- There is a presumption that offers of hospitality which go beyond modest or a type that the CCG itself might offer, should be politely refused. This includes (but is not limited to):
 - Hospitality of a value of above £25; and
 - In particular, offers of foreign travel and accommodation.
- There may be some limited and exceptional circumstances where accepting the types of hospitality described above may be contemplated. Express prior approval should be sought from a senior member of the CCG (e.g., the CCG governance lead or equivalent) before accepting such offers, and the reasons for acceptance should be recorded in the CCG's register of gifts and hospitality.
- In addition, particular caution should be exercised where hospitality is offered by suppliers or contractors linked (currently or prospectively) to the CCG's business. Offers of this nature can be accepted if they are modest and reasonable but advice should always be sought from a senior member of the CCG (e.g. the CCG governance lead or equivalent) as there may be particular sensitivities, for example if a contract re-tender is imminent. All offers of hospitality from actual or prospective suppliers or contractors (whether or not accepted) should be declared and recorded.