

## Revised statutory guidance on managing conflicts of interest for CCGs: Summary Guide for Healthwatch members of CCG Primary Care Commissioning Committees

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 2017. 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 Healthwatch Representatives on CCG Primary Care Commissioning Committees. You can access the full conflicts of interest guidance [here](#).

### I am a Healthwatch member of a CCG Primary Care Commissioning Committee...

#### What do I need to know?

- For the purposes of this document, a conflict of interest is defined as “a set of circumstances by which a reasonable person would consider that an individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold”.
- NHS England has published revised *statutory guidance on managing conflicts of interest* to support CCGs to manage conflicts of interest. In addition to the statutory guidance, your CCG should have its own **conflicts of interest policy**.
- By law, the CCG must make arrangements to ensure that any person who is required to declare any conflict or potential conflict, does so as soon as they become aware of it, and in any event within **28 days**. 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 anyone has a genuine concern that an interest has not been declared or appropriately managed, they should raise this in accordance with the CCG’s policy and be supported by the CCG in doing so.
- The **Primary Care Commissioning Committee** (PCCC) should have a lay and executive majority (i.e., non-clinical) and a lay chair and vice-chair. Clinical input is vital in commissioning and we strongly encourage clinicians and GPs to be members of the PCCC; however, as an additional safeguard against conflicts of interest, it is recommended that GPs do not have voting rights on this particular committee.
- All CCGs should invite a local **Healthwatch representative** to join the PCCC as a non-voting member. This is to provide scrutiny, challenge and an independent voice in primary care decision-making processes. In addition, Healthwatch members are encouraged to share their insights of patients and local populations at these meetings. Where primary care commissioning covers more than one local Healthwatch, you may wish to nominate a single representative from across the region to attend the PCCC.
- The **chair** of the meeting has ultimate responsibility for agreeing how to manage any 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.

- Everyone should 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.
- CCGs need to undertake an **annual audit of conflicts of interest management** as part of their internal audit plan. The results of the audit should be incorporated into the CCG's annual governance statement. CCGs will also need to report compliance with the conflicts of interest guidance, as part of the **CCG Improvement and Assessment Framework** ([available here](#)).

### What should be declared?

- The types of interests that should be declared include, but are not limited to:
  - **Financial interests:** This is where an individual may get direct financial benefits from the consequences of a commissioning decision;
  - **Non-financial professional interests:** 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;
  - **Non-financial personal interests:** 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;
  - **Indirect interests:** 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).