

# Working with the Pharmaceutical Industry

The Department of Health issued the following guidance in January 2008:

**[Best Practice Guidance on Joint Working between the NHS and Pharmaceutical Industry and other Relevant Commercial Organisations](#)**

The guidance document is supported by a toolkit "[Moving beyond sponsorship](#)" updated in August 2010.

It is recommended that this guidance is read in full where joint working is being considered. For the purpose of this Mid Essex Policy some key points have been taken from the above document:

NHS organisations and staff are encouraged to consider the opportunities for joint working with the pharmaceutical industry, where the benefits that this could bring to patient care and the difference it can make to their health and well-being are clearly advantageous. A philosophy of developing appropriate partnerships to help achieve high quality patient care could further enhance the objectives of a patient-centred NHS. Such initiatives should be managed in an effective and efficient way.

Joint working between the pharmaceutical industry and the NHS must be for the benefit of patients or the NHS and preserve patient care. Any joint working between the NHS and the pharmaceutical industry should be conducted in an open and transparent manner. All such activities, if properly managed, should be of mutual benefit, with the principal beneficiary being the patient. The length of the arrangement, the potential implications for patients and the NHS, together with the perceived benefits for all parties should be clearly outlined before entering into any joint working.

Joint working is defined as situations where, for the benefit of patients, organisations pool skills, experience and/or resources for the joint development and implementation of patient centred projects and share a commitment to successful delivery. Joint working differs from sponsorship, where pharmaceutical companies simply provide funds for a specific event or work programme.

Industry representatives must follow the "[ABPI Code of Practice for the Pharmaceutical Industry](#)". It is a condition of membership of the Association of the British Pharmaceutical Industry (ABPI). The Code of Practice for the pharmaceutical industry is designed to ensure a professional, responsible and ethical approach to the promotion of prescription medicines in the UK through a self-regulatory system. If NHS staff believe that an industry representative has broken the Code, they can report their complaint to the Director of the Prescription Medicines Code of Practice Authority (PMCPA) at [complaints@pmcpa.org.uk](mailto:complaints@pmcpa.org.uk).

NHS employers should also ensure that monitoring arrangements are established to ensure that staff record and monitor any joint working arrangement for which the NHS body is accountable.

## **With respect to sponsorship for hospitality, meetings, training and prescribing support provided by the pharmaceutical industry, the following guidance should be adhered to:**

### **Hospitality, Meetings and Training**

- When companies offer to put on education or training this will be to sell their products, which is clearly acceptable in a free market economy but needs to be explicit.
- Industry representatives organising meetings are permitted to provide appropriate hospitality and/or meet any reasonable, actual costs, which may have been incurred.
- Hospitality should be secondary to the purpose of the meeting and must be appropriate and not out of proportion to the occasion.
- Sponsorship must be disclosed in any publicity/papers relating to the meeting and in any published proceedings.
- Samples should not be available for patients/carers, nor should any direct promotional activity, including providing details of direct supply activities be made available.
- Drug representatives should not be present when an invited speaker makes his/her presentation without prior permission.
- At least two companies should sponsor each meeting involving more than one practice/department
- A record should be kept of all invitations to sponsor meeting. This can be a simple register listing the name of the company, the purpose of the meeting and the date when it took place.
- A register of interests should be kept in which all practitioners should keep notes all the freebies of £25 or greater - including meals, trips etc. which should be included in appraisal documentation and available for inspection on demand.
- Drug companies exist to sell their products and to make a profit. This is right and proper but in this context there is no such thing as a free lunch.

### **Meeting with Company Representatives**

- It is good practice to only see representatives by appointment, rather than on an ad hoc basis.
- The purpose of the visit and who will be attending should be stated in advance, allowing time for preparation.
- NHS Staff must not ask for or accept fees for agreeing to meet representatives.
- Do not ask for, or accept, any material gifts except those, which are of insignificant value e.g pens, memo pads, diaries, calendars, etc.
- Samples may be left with appropriate practitioners for personal use only, in response to a written request, signed and dated by the recipient. No more than 10 samples of a medicine may be provided in the course of a year. They must not be used for patients.
- Purchasing decisions should always be taken on the basis of best clinical practice and value for money and take into account their impact for the CCG and the Mid-Essex wide drugs budget
- Sponsorship linked to the purchase of particular products, or to supply from particular sources, are not allowed, unless as a result of a transparent competitive tender for a defined package of goods and services.
- Deals must be avoided where they require staff to recommend patients themselves use the sponsor's products or services, in preference to other options open to them. This includes sending patients' prescriptions to a company supplying dressings or appliances. It does not include allowing pharmacies to operate a collection service from a surgery, provided that all pharmacies that request it can offer this service.

### **Prescribing Support from Pharmaceutical Industry**

- It is right to have a good working relationship with the pharmaceutical companies and joint working can be beneficial BUT check the finer details:
  - Is the company offering a nurse supplied by an agency or employed by the company itself?
  - What surgery data the nurse is releasing to the company? Practices must ensure that they have complete control of confidential patient data.
  - Is the company offering to review patients with a view to transferring them to their own product?
  - Is there a specific protocol?
  - Does the practice retain full clinical control?
  - Who makes the changes and who authorises it?
  - Is there a full audit trail for each change?
  - Is the work proposed to the benefit of the patient and evidence-based?
  - Are any proposed cost savings robust? Changing circumstances in the drug market e.g. expiry of patent protection can have a dramatic effect on drug prices.
- Purchasing decisions, including those concerning pharmaceuticals and appliances, should always be taken on the basis of best clinical practice and value for money. Weigh the evidence both clinical and economical from unbiased, independent sources.

## Working with the Pharmaceutical Industry



### Drug company representatives are asked to adhere to the following guidelines:

1. Representatives are reminded that there is a Mid Essex Locality formulary which encompasses Mid Essex CCG and all providers commissioned by the CCG. Promotional activities which conflict with the recommendations of the formulary will not be tolerated.
2. Within Providers -Samples may only be left following agreement with the lead pharmacist and must be stored in the pharmacy department. No samples will be left with other provider staff. Within General Practice samples may be left with the appropriate practitioner on receipt of a written request.
3. **Samples must not be used in clinical practice** unless the appropriate Medicines Management Committee has given prior authorisation, and for providers this usage is totally contained within the provider and does not require General Practice to prescribe to support continuing care.
4. Representatives wishing to promote medicines or devices within the Mid Essex Locality should first visit the CCG Chief Pharmacist and provider lead pharmacists to inform them of the new drugs, formulations, indications, etc. which they intend to promote.
5. Representatives will see CCG, practice staff or provider staff **by appointment only**, or after personal invitation. Appointments must be planned for a suitable time and location and must not take place in clinical areas. When arranging an appointment the purpose of the visit should be explained and product information should be provided.
6. Representatives will not promote non-formulary drugs, indications etc. to junior staff/nurses without the permission of the relevant senior manager/partner
7. In order to preserve patient confidentiality, representatives sponsoring meetings that involve the discussion of individual patients will be asked to leave.
8. Representatives must not go onto wards or other clinical areas.

The Mid Essex Area Prescribing Committee reviewed these guidelines in November 2013. They will be closely monitored. Companies whose representative(s) fail to adhere to these guidelines will be excluded from entering healthcare premises.