1 Introduction

The policy establishes the activities of pharmaceutical company representatives within the operational and managerial framework of the Newcastle upon Tyne Hospitals NHS Foundation Trust.

2 Scope

This policy applies to all pharmaceutical company representatives visiting the Trust and any Trust staff members who deal directly with them.

3 Aims

This policy describes the code to which representatives must work, the role of the Medicines Management Committee and the role and responsibilities of pharmacists who deal with such representatives.

4 The Code

Promotional activities for products must be consistent with policies agreed by the Trust Drug and Therapeutic Panel as set out in the North of Tyne Formulary.

All representatives visiting the Trust for the first time must report to a senior member of the pharmacy department to discuss any information they wish to provide to Trust staff. They will be given a copy of the ‘Code of Practice’ and information about relevant Trust policies and procedures. The following Pharmacy staff wish to see representatives generally for information on new products, new indications for existing products or for discussion of major commercial consideration – Director of Pharmacy, Procurement Pharmacist, Medicine Management Unit Pharmacists, Directorate Pharmacists and Medicines Information Pharmacist.

Company representatives should wear an identification badge – this should include the individual’s name and the company name and/or logo (photographic identity badges are preferred).
Visits to members of hospital staff should be by prior appointment whenever possible.

Company representatives must not enter wards or the clinical areas of the hospital without the express prior invitation of a senior member of medical/ nursing staff or other healthcare professionals.

Representatives invited into wards or clinical areas must comply with Trust policies and procedures, particularly those relating to infection control and patient confidentiality, where these are appropriate. This may involve microbiological screening and signing of confidentiality/indemnity agreements where considered necessary.

The Trust policy is not to accept samples unless their use has been specifically approved as outlined in paragraph 7 below. They must not be left with medical, nursing or other non-pharmacy staff as all supplies of medicines (including trials) must be accepted and dispensed through the Department of Pharmacy.

The Trust Medicines Management Committee may permit the use of a product by a Consultant to enable him/her to evaluate its efficacy and/or safety, with a view to submitting a request to the North of Tyne Area Prescribing Committee for its inclusion in the North of Tyne Formulary.

For this evaluation, objective measures should be used which will form part of the written evidence required on the Request Form. Product for the evaluation must be:

Provided free of charge by the manufacturer or
Purchased using Directorate finances. This purchase would require the prior approval of the Clinical Director.

To proceed with this evaluation the Consultant must submit a request in writing to Chairperson of the Newcastle upon Tyne Hospitals NHS Trust Medicines Management Committee. If stock is obtained via b) above, written approval of the Clinical Director should be enclosed with the request.

The Trust also allows samples of approved pharmaceutical products to be provided by manufacturers/suppliers:

For demonstration purposes e.g. placebo inhaler devices.
For evaluation of acceptability in individual patients where their use for this purpose has been specifically approved by the Trust (through the Trust’s Medicines Management Committee).

Any samples of consumable products provided for evaluation purposes to wards and other clinical areas or departments must meet all appropriate international, national or NHS standards (e.g. CE marking) and be provided free of charge, with full user-instructions and training as necessary. Suppliers should be included in the indemnity agreement list, managed and published by the NHS Purchasing and Supply Agency.
(see [www.pasa.nhs.uk/purchasing/mia](http://www.pasa.nhs.uk/purchasing/mia)) and appropriate indemnity forms (i.e. A or B) and delivery note should be provided to a senior member of staff at the point of delivery.

**Investigational Medicinal Products used in Clinical trials** – A pharmacy procedure for the supply, receipt and control of clinical trial drugs is operated through the Pharmacy Clinical Trials Units on RVI, NCCC, Freeman Hospital and CAV sites. Medication for use in clinical trials must have ethics committee approval and must be supplied to the pharmacy for dispensing in the appropriate manner.

**Unlicensed medicines** – Representatives are not permitted to promote or discuss unlicensed medicines unless specifically requested to do so by consultants or senior pharmacy staff. Requests for the use of a non-formulary unlicensed medicine should normally go through the Chairperson of the Trust Medicines Management Committee for clinical approval, usually after liaison with the clinical pharmacist for the clinical specialty. If the specialty does not have a clinical pharmacist the doctor should contact Medicines Information for the Trust which is based at the RVI (ext. 25398 or 24793).

Formulary and Non-Formulary Products - Medicines and other products included in the North of Tyne Formulary may be promoted for use in accordance with the recommendations in the Formulary. The promotion of non-formulary medicines (and other pharmaceutical products) is not allowed other than for the purpose of informing consultants and other senior professional staff that may wish to consider submitting a request for the product(s) to be included in the Formulary.

All activities including the provision of hospitality and gifts must conform to the professional code of conduct of the Department of Health for pharmaceutical company representatives.

Pharmaceutical company representatives should conduct themselves in a professional manner, appropriate to the provision of information on and selling of medicines.

Representatives not complying with this policy may be removed or barred from Trust sites and/or reported to the company and commercial/professional organisations if the ABPI or ABHI codes of conduct are breached.

5 **Duties (Roles and responsibilities)**

5.1 **Role of the Medicines Management Committee**

The Newcastle Upon Tyne Hospitals NHS Foundation Trust Medicines Management Committee exists to promote the safe and cost effective use of medicines within the Trust including the Royal Victoria Infirmary, Centre for Age and Vitality, the Dental Hospital and Freeman Hospital.

The Committee has endorsed the principal that prescribing within the Trust should be limited to those preparations approved by the North of Tyne Area Prescribing
Committee and included in the North of Tyne Formulary. Requests for new medicines to be entered into the Formulary can only be made by consultant, other senior clinical staff and general practitioners. They require completion of a written submission to the Committee via the Formulary Pharmacist. Successful applications will have demonstrated to the Committee sound evidence of increased efficacy, improved safety, lower cost or new clinical indication when compared to current standard treatments.

Prescribed medicines and related products for patients are available only from the hospital pharmacy, in keeping with recognised professional practice as detailed in the policy document for the “Procedures for the Prescribing, Recording and Administration of Medicine”.

The committee has ratified this policy providing a code of practice for pharmaceutical company representatives and staff with whom they interact within the Trust.

5.2 Role and Responsibilities of Pharmacists

Pharmacists who deal with representatives must ensure that they NEVER divulge information of a commercial nature; examples would be costs of another company’s product, usage figures (except in certain circumstances), or allow representatives to see such data on pharmacy computer screens.

Pharmacists should not provide usage figures to the representative of his/her products (pharmacist are not there to do the representative’s job for him), although it is permissible to make general statements as to usage and as to which speciality uses it.

Pharmacists should not disclose the names of members of the Trust Medicines management Committee other than the name of the Chairperson.

Copies of the North of Tyne Formulary or medical staff lists are not provided from the pharmacy (although representatives may be directed to information which is in the public domain via the Trust’s or Area prescribing Committee’s websites). Pharmacists should remind representatives that common courtesy is required in all their dealings with hospital staff.

Representatives will normally only be seen by advance appointment.

The following Pharmacy staff wish to see representatives generally for information on new products, new indications for existing product or for discussion of major commercial consideration – Director of Pharmacy, Directorate Pharmacist, Medicines Information Pharmacist, Procurement Pharmacist, Medicines Management Unit Pharmacists.
6 Definitions

No Definitions

7 Training

Staff engaged within the structure outlined in this policy should be familiar with this policy.

8 Equality and diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This document has been appropriately assessed.

9 Monitoring compliance

On an annual basis, the Director of Pharmacy will ensure that each committee/group described in this policy is continuing to practice in accordance with their terms of reference.

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td></td>
<td>By</td>
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<tr>
<td></td>
<td>Committee</td>
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<tr>
<td></td>
<td>Frequency</td>
</tr>
</tbody>
</table>

| The policy will be monitored by the Trust’s Procurement Pharmacist¹, to whom serious and persistent breaches of the policy should be reported. | Frequency of meetings Reporting |
| Areas of non-compliance with the policy will be dealt with by the Procurement Pharmacist, the director of Pharmacy or officers of the Trust’s Medicines Management Committee. | Ian Campbell |
| The Professional Secretary of the Trust’s Medicines Management Committee is responsible for ensuring that the policy is reviewed when the next review is scheduled or beforehand should the need arise. | Medicines Management Committee |
|                                                                    | Annually |

¹ Based in the pharmacy department at the Royal Victoria Infirmary
10 Consultation and review

This Policy was developed in conjunction with the Trust Medicines Management Committee. Further consultation has been undertaken directly with the following: The Policy will be reviewed and approved by the Medicines Management Committee and ratified by the Clinical Policy Group. It is intended that review of this document will begin in October 2017, with a view to reissue in November 2017.

11 Implementation (including raising awareness)

The policy has been circulated to all members of the Medicines Management Committee and cascaded to all sub groups. In addition, the revised policy will be announced in the Trust Policy Newsletter.

12 References

Nil
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

PART 1

1. **Assessment Date:** 27th October 2015

2. **Name of policy / strategy / service:**
   - Code of Practice for Pharmaceutical Company Representatives and Staff with whom they Interact Trustwide

3. **Name and designation of Author:**
   - Ian Campbell Assistant Director Pharmacy

4. **Names & designations of those involved in the impact analysis screening process:**
   - Ian Campbell Assistant Director Pharmacy

5. **Is this a:**
   - Policy x
   - Strategy 
   - Service 

   **Is this:**
   - New 
   - Revised x

   **Who is affected**
   - Employees x
   - Service Users 
   - Wider Community x

6. **What are the main aims, objectives of the policy, strategy, or service and the intended outcomes?** (These can be cut and pasted from your policy)
   - The policy establishes the activities of pharmaceutical company representatives within the operational and managerial framework of the Newcastle upon Tyne Hospitals NHS Foundation Trust.

7. **Does this policy, strategy, or service have any equality implications?** Yes [ ] No x

   **If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:**
   - The policy establishes the activities of pharmaceutical company representatives within the operational and managerial framework of the Newcastle upon Tyne Hospitals NHS Foundation Trust.
8. **Summary of evidence related to protected characteristics**

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>All staff involved undertake mandatory equality and diversity training</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Maternity / Pregnancy</td>
<td>As above</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

9. **Are there any gaps in the evidence outlined above? If ‘yes’ how will these be rectified?**

No

10. **Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.**

Do you require further engagement?  Yes ☐  No ☑

11. **Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?**

No
PART 2

Name: Ian Campbell

Date of completion: 28th October 2015

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified, please refer to the Policy Author identified above, together with any suggestions for action required to avoid/reduce the impact.)