The Newcastle upon Tyne Hospitals NHS Foundation Trust

Code of Practice for Continence Company Representatives and Staff with whom they interact

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<th>Version No.:</th>
<th>2.0</th>
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<tr>
<td>Effective From:</td>
<td>1st July 2014</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>1st July 2017</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>1st May 2014</td>
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<td>Ratified By:</td>
<td>Continence Formulary Review Group</td>
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1 Introduction

1.1 To establish the activities of company representatives within the operational and managerial framework of the Newcastle upon Tyne Hospitals NHS Foundation Trust.

1.2 The code is to be used as a reference guide to all clinical staff who work within the Newcastle upon Tyne NHS Foundation Trust.

2 The Code

2.1 Company representatives should conduct themselves in a professional manner, appropriate to the provision of information and selling of continence products in accordance to their own industry code of practice.

2.2 All representatives visiting the Trust for the first time must report to either the Continence Service or Supplies Department (pre-booked appointment – no cold calls) 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.

2.3 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):

2.4 In hospital, company representatives need to pick up a “Visitor” badge from the main receptions prior to visiting wards.

2.5 In the community, the company badge will suffice.

2.6 Acute: Company representatives must not enter wards or other clinical areas of the hospital without the permission prior invitation of a senior member of medical/ nursing staff after approval of proposed activities from the continence service or supplies department.

2.7 Community: Company representatives must not enter GP practice or other clinical areas without the permission prior invitation of a senior member of medical/ nursing staff after continence approval of proposed activities.
2.8 Company representatives must not offer refreshments as an incentive to get time with district nurses, practice nurses and/or hospital nursing staff, therefore training sessions must be booked outside staff breaks.

2.9 Company representatives must send regular updates of activities by e-mail to the continence service in order to keep a record of activities in the organisation.

2.10 Representatives invited into all clinical areas must comply with Trust policies and procedures, particularly those relating to infection prevention and control and patient confidentiality, where these are appropriate.

2.11 Samples must not be left with medical, nursing or any other member of the multidisciplinary team unless their use has been specifically approved by the continence service, colorectal service, uro gynaecology and urology services.

2.12 The Continence Formulary Review Group (part of the Essence of Care Bladder and Bowel Group) may request an evaluation of a new product to monitor cost-effectiveness in the Trust. Products for the evaluation must be:

a) Provided free of charge by the manufacturer or
b) Purchased using Directorate finances (with prior approval of the Clinical Director).
AND adherence to:
c) Code of Practice for Supplier Representatives (other than Pharmaceutical)
   http://intranet.xnuth.nhs.uk/Policies/CorporateGov/CodeofPracticeNonPharm201305.pdf

2.13 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.

2.14 Company representatives not complying with this policy may be removed or barred from Trust sites and/or reported to the company and commercial/professional organisations.

3 Formulary and Non-Formulary Products

3.1 Continence care products included in the Trust Continence Formulary may be promoted for use in accordance with the recommendations in the Formulary.

3.2 The promotion of non-formulary continence care products is not allowed other than for the purpose of informing relevant Medical and Nursing staff who may wish to consider submitting a request for the product(s) to be included in the Formulary.
4 Role of the Continence Formulary Group

4.1 The Newcastle Upon Tyne Hospitals NHS Foundation Trust Continence Formulary Review Group exists to promote the safe and cost effective use of continence care products within the Trust (Acute and Community).

4.2 The Continence Formulary Review Group is established to ensure products for inclusion to the Continence Formulary are evidence based and adequate for clinical usage.

This will:
- Ensure standards of care are maintained
- Highlight areas of difficulty and of best practice
- Facilitate dissemination of best practice: it is the responsibility of each member to communicate changes and/or decisions and best practice to their directorates, to include medical staff
- Monitor the development of appropriate evidence based assessment criteria for the selection of continence containment aids.

5 Role of the Continence Service

5.1 Representatives will only be seen by advanced appointment.

5.2 Continence Care is central to the establishment of the Continence Formulary and works in conjunction with the Continence Formulary Review Group.

5.3 The Nurse Consultant for Continence and the Continence Specialist Nurse along side associated Specialists may wish to see representatives for information on new products, new indications for existing product or for discussion of major commercial consideration including training opportunities for staff across Acute and Community.

6 Monitoring and Review

The policy will be monitored by the Continence Formulary Review Group, part of the Essence of Care Bladder and Bowel Group: areas of non-compliance with the policy will be dealt with by this group.

To be reviewed by the Continence Service and the Continence Formulary Review Group