Ashford and St. Peter's Hospitals
NHS Foundation Trust

Supplier Representatives Policy

Compiled by: Associate Director of Procurement

Status:

Approval date: July 2020

Ratified by: Finance & Procurement Strategic Management Group

Review date: July 2022

Patients first • Personal responsibility • Passion for excellence • Pride in our team

History

Issue	Date Issued	Brief Summary of Change	Approved by
1	Aug 2013	New policy	TEC
2	Sep 2018	General review and update	
3	Jul 2020	General review and update	Finance & Procurement Strategic Management Group

For more information on the status of this document, please contact:	Associate Director of Procurement
Date of issue	July 2020
Review due	July 2022
Ratified by	Finance & Procurement Strategic Management Group
Audience	All staff

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SUPPLIER REPRESENTATIVES POLICY

See also: Gift and Hospitality Policy,

Clinical Procurement and New Products Introduction Policy

Consignment Stock Policy

1.0 INTRODUCTION

The Trust is aware of the important role that healthcare companies and other suppliers play to assist healthcare practitioners in providing safe, cost effective products and services, including pharmaceuticals and nutritional products to the patients in their care.

To establish and maintain a good working relationship with our suppliers we insist that the guidelines contained in this policy are followed. In doing so it is hoped that the relationship between Ashford and St. Peter's Hospitals NHS Foundation Trust and its suppliers will be a constructive one.

Should you require any clarification please do not hesitate in contacting a member of the Procurement or Pharmacy Departments.

2.0 PURPOSE

The purpose of this policy is to provide guidance to staff on the actions that can, or should, be taken when dealing with supplier representatives.

The policy is designed to help ensure a professional relationship between Ashford and St. Peter's Hospitals NHS Foundation Trust and its suppliers.

This policy sets out the standards and procedures that staff should follow to ensure they work within the legal framework and to ensure that procurement processes are carried out in fair and open competition.

3.0 SCOPE

3.1 The policy applies to all employees of the Trust and any staff who are seconded to the Trust, contract and agency staff and any other individual working on Trust premises.

3.2 The policy also applies to members of the Board and its Committees.

3.3 The policy applies to all supplier representatives who visit the Trust.

3.4 The policy does not apply to supplier representatives and employees who are permanently based at the Trust as part of the delivery of a supplier service to the Trust.

4.0 LEGAL FRAMEWORK & NATIONAL GUIDANCE

4.1 The large trade associations representing businesses supplying the NHS have guidance in place outlining the standards of business conduct expected of their members.

4.2 The Bribery Act 2010 provides a legal framework to combat bribery in the public or private sectors and replaces the fragmented and complex offences at common law and in the Prevention of Corruption Acts 1889-1916.

4.3 Under NHS Standing Orders and European Commission Directives on Public Purchasing for Works and Supplies, the requirement is for fair and open competition between prospective contractors or suppliers.

5.0 ACTIVE PROCUREMENT PROCESS

5.1 Trust staff and supplier representatives should exercise extreme caution when meeting or visiting the Trust whilst an active procurement process is underway for the particular goods or services being discussed or promoted. Inappropriate discussions could jeopardise the procurement process and potentially result in increased risk and costs for both parties.

5.2 Trust staff and supplier representatives should be aware of the requirements of the Bribery Act 2010 which creates two general offences covering the offering, promising or giving of an advantage, and requesting, agreeing to receive or accepting of an advantage.

6.0 APPOINTMENTS

6.1 To reduce any disruption to the Trust, all suppliers or representatives must make an appointment in advance with the hospital personnel they wish to see. These appointments should be arranged to be held during normal working hours - between 08.30 hrs and 16.30 hrs Monday to Friday.

Cold calling is not permitted. Any representative found to be cold calling will be asked to leave the premises.

6.2 Supplier Representatives must register all appointments on the Medical Industry Accreditation Scheme (www.miaweb.co.uk). The Appointments will be reviewed by a member of the Procurement Department on a regular basis. Adherence to this scheme is compulsory.

Supplier representatives visiting main theatres at St Peter's must report to the theatres stores/procurement store area via the link corridor and sign in before entering the theatres area and proceeding to their appointment. Representatives must not enter the theatres area via the main theatres entrance.

Representatives from pharmacy suppliers should sign in at the Pharmacy Department.

6.3 Representatives must not enter any stores location or storage area unless accompanied at all times by Trust staff.

6.4 Representatives must not add or remove any goods or equipment from the Trust (including consignment stock) without the express permission of the Trust.

6.5 Representatives are not allowed to tour the hospital looking for staff, and are strictly forbidden from entering clinical areas without a prior appointment with a senior member of the clinical staff.

6.6 Visits must not contravene Trust, NHS or government policies or the Association of British Pharmaceutical Industry (ABPI) Code of Practice.

6.7 Representatives should respect their position as visitors to the Trust, and recognise that the interests and priorities of the Trust may differ from their own.

6.8 Representatives should be well informed about the products they are promoting. In addition to standard technical and clinical data, including information on comparative efficiency, the Trust will wish to know what is being promoted, the basis for the promotion, and the specific place that the product is expected to have in therapy.

6.9 Price comparisons should not be used unless they have been verified and approved by a senior member of the Procurement or Pharmacy Departments.

6.10 The purpose of any meeting between representatives and Trust staff should be identified when an appointment is made.

7.0 PRODUCTS AND SAMPLES

7.1 The introduction of new products into the Trust is strictly controlled. The procedure for the introduction of new products (including product trials) is detailed in a separate document – Clinical Procurement and Introduction of New Products Policy.

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7.2 Approval to leave (free) samples or on loan goods must be sought from the Procurement Department. Samples must not be left with medical staff or clinical units without prior approval.

7.3 Samples should only be accepted by Trust personnel to inspect the product and get a look and feel of the product qualities and potential capabilities. Under no circumstances should samples be used on patients or as part of clinical procedures other than as part of a formal approved trial.

7.4 Samples provided for product trials should be new (unused) products supplied in appropriate sealed packaging.

7.5 A hospital formulary operates at the Trust. Non-formulary products are not routinely purchased or stocked. Requests that drugs be added to the formulary must come from a consultant and will be examined by the Hospital Drugs & Therapeutics Committee before a decision is made about the drug. Medical and pharmaceutical company representatives must not seek to lobby members of the Drugs & Therapeutics Committee in pursuance of their products.

7.6 No drugs samples are permitted at all.

8.0 CLINICAL TRIALS

8.1 All clinical trials undertaken within the Trust require the prior approval of the Trust R&D Department and have received Research Ethics Committee approval. Pharmaceutical and nutritional products companies planning to undertake clinical trials in the hospital must contact the relevant medical staff, and provide such information as is required by the Local Research Ethics Committee in order for it to grant approval for the trial to commence.

8.2 Contact should also be made with the relevant Chief Pharmacist and the Clinical Trials Pharmacist prior to the trial commencing. Pharmacy will require a copy of the trial protocol, and will fulfil its responsibility to provide appropriate support for the trial, to protect patient safety and ensure compliance with all statutory requirements.

9.0 EQUIPMENT

9.1 The introduction of new equipment into the Trust is strictly controlled. The procedure for the introduction of new equipment (including equipment trials) is detailed in a separate document.

9.2 Equipment must not be left on Trust premises without prior approval by the Procurement Department and the Electrical Biomedical Equipment (EBME) Department.

This also applies to goods that are being left whilst Trust equipment is being repaired or serviced.

9.3 Any equipment brought into the Trust without prior approval will be removed.

9.4 All electro mechanical equipment must comply with current safety regulations and be CE marked. This equipment must be safety tested before use by the Electrical Biomedical Equipment (EBME) Department.

10.0 INFECTION PREVENTION AND CONTROL GUIDELINES

10.1 Supplier representatives must be aware that all personnel who visit the Trust have the potential to introduce and transmit micro-organisms. Supplier representatives are required to comply with the Trust Infection Prevention and Control policies and practices and should familiarise themselves with these policies before entering the Trust. This relates primarily to hand hygiene and the “Bare Below the Elbow” policy for everyone who enters a clinical area. Representatives will be expected to use the hand sanitizer or wash their hands when entering and leaving each clinical area.

10.2 Whenever a piece of equipment is brought into the Trust there is a risk of transmission of infection. Micro-organisms can be carried not only from one patient to another but from hospital to hospital. All goods and equipment must be clean and appropriately decontaminated to the appropriate manufacturers’ standard before being brought into the Trust and must have a decontamination certificate attached. It is the responsibility of the suppliers’ representative to ensure that the equipment is clean and sterile and that a certificate is attached. It is the responsibility of the person receiving the equipment on behalf of the Trust to check the decontamination certificate attached to the equipment and to file the certificate appropriately.

10.3 The potential exists for supplier representatives to come into contact with blood and body fluids. It is their responsibility to ensure they have adequate immunisation. They should also familiarise themselves with the potential risk and report any incidents to the Trust.

10.4 In certain circumstances it may be necessary for the Trust to enforce additional infection prevention measures, these may include: an outright block on all non-essential visitors, mandatory compliance with additional controls such as; the application of PPE (masks, gloves, gowns, etc.), temperature checks may also be compulsory upon visiting the hospital sites or departments. All visitors must ensure that they are familiar with the latest guidance from the Trust in advance of their visit.

11.0 EDUCATION, TRAINING AND PROMOTIONAL ACTIVITY

11.1 Any education, training or promotional activity which is to be undertaken at the Trust by suppliers representatives should be approved by the Pharmacy and/or Procurement Departments in advance. Existing hospital policies should not be compromised, and any comparisons drawn with medicines, nutritional products or practices in use in the hospital should be in the form of properly controlled published studies.

11.2 Leaflets and posters produced by suppliers/industry must be approved by a senior member of the Pharmacy and/or Procurement Departments prior to distribution or display.

11.3 Before promoting a product you should establish its formulary status and gain approval from the Pharmacy Department of your intention.

11.4 Representatives must not encourage use of a product that contravenes any existing Trust contracts.

12.0 GIFTS, HOSPITALITY AND COMMERCIAL SPONSORSHIP

12.1 Supplier representatives are required to comply with the Trust policies on Gifts, Hospitality and Commercial Sponsorship and should familiarise themselves with these policies before entering the Trust.

12.2 Any financial relationships between Suppliers and Clinical Staff should be reported to the Procurement Department in increase the transparency of these relationships and to ensure there are no potential conflicts of interest.

13.0 INFORMATION GOVERNANCE GUIDELINES

13.1 Trust staff and supplier representatives should be aware that the Trust has strict Information Governance policies in place. Supplier representatives are required to comply with the Trust Information Governance policies at all times and should familiarise themselves with these policies.

13.2 It is particularly important that Information Governance requirements are carefully considered where a supplier representative may have access to clinical areas; be in contact with patients; or where there is a chance of incidental access to patient data, such as patient notes.

13.3 Suppliers should never be left alone where it is possible to access patient data.

14.0 CONSIGNMENT STOCK POLICY AND PROCEDURES

14.1 The Trust has its own Consignment Stock to which all suppliers of consignment stock to the Trust must adhere. A copy of the Policy can be found on the Trust's website.

14.2 The Policy covers that all products consigned to the Trust by suppliers are consigned only when it is appropriate; and that suitable arrangements are in place to manage the consignment.

14.3 Failure to comply with the Consignment Stock Policy will result in your consignment being removed from site and any goods used will be deemed to be free of charge.

15.0 EQUALITY IMPACT ASSESSMENT

The Equality Impact Assessment is included in Appendix 1.

16.0 ARCHIVING

This is a Trust-wide policy and archiving arrangements are managed by Quality Department who can be contacted to request master/archived copies.

17.0 REFERENCES

The Bribery Act 2010

Association of British Pharmaceutical Industry (ABPI) Code of Practice

18.0 APPENDICIES

Appendix 1 - Equality Impact Assessment

APPENDIX 1

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Equality Impact Assessment Summary

Name:

Policy/Service:

Background • Description of the aims of the policy • Context in which the policy operates • Who was involved in the Equality Impact Assessment
The aims of the policy are described in sections 1 & 2. The context in which the policy operates is the Trust-wide selection, introduction and procurement of clinical products. The assessment was prepared by Procurement Consultant for review by the Associate Director of Procurement.
Methodology • A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age) • The data sources and any other information used • The consultation that was carried out (who, why and how?)
The policy was assessed as not impacting upon an individual's race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age. The information was a review of policy itself. Consultation was therefore considered not applicable in this case.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
As outlined in methodology section. No adverse impacts identified
Conclusion • Provide a summary of the overall conclusions

As outlined in methodology section.
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
No changes recommended. The assessment will be reviewed as part of the overall policy review.

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)

APPENDIX 2

Ashford and St. Peter's Hospitals NHS
NHS Foundation Trust

Supplier Representatives Policy

Supplier Acknowledgement Form

I confirm that the Ashford and St Peter's Hospitals NHS Foundation Trust Supplier Representatives Policy has been received.

The policy has been appropriately distributed internally and relevant members of staff have been briefed.

Company/Organisation……

Name……

Signature……

Date……...