

**This form is required to be completed in accordance with the CCG's Constitution and Section 14o of the National Health Service Act 2006, the NHS (Procurement, Patient Choice and Competition)(No2) Regulations 2013 and the Substantive Guidance on the Procurement, Patient Choice and Competition Regulations.**

|  |            |       |
|--|------------|-------|
| <b>Please complete the form after referring to the guidance notes attached</b> |            |       |
| Name: <i>Print:</i>  | Signature: | Date: |
| Position:  |            |       |
| Organisation:  |            |       |

I declare that to the best of my knowledge and belief, the information I have given on this form is correct and complete. I understand that if I knowingly provide false information, this may result in disciplinary action and I may be liable for prosecution and civil recovery proceedings. I consent to the disclosure of information from this form to and by the CCG and NHS Protect for the purpose of verification, prevention, detection and prosecution of fraud.

I undertake to update as necessary the information provided and to regularly review the accuracy of the information provided.

| Please indicate which committees you sit on by selecting all that apply below | ✓                        | Please Tick                             | ✓                        |
|---|--------------------------|---|--------------------------|
| Governing Body  | <input type="checkbox"/> | I have no interests to declare          | <input type="checkbox"/> |
| Council of Representatives  | <input type="checkbox"/> |   | <input type="checkbox"/> |
| Audit Committee   | <input type="checkbox"/> |   | <input type="checkbox"/> |
| Remuneration Committee  | <input type="checkbox"/> | I wish to declare my interests overleaf | <input type="checkbox"/> |
| Quality and Finance Committee   | <input type="checkbox"/> |   | <input type="checkbox"/> |
| Primary Care Co-Commissioning Committee                                       | <input type="checkbox"/> |   | <input type="checkbox"/> |

| Type of Interest           | ✓        | Who                          | ✓        | Details of Interest        | Position                               | ✓        | Company                 |  | Start and End Date        |
|----------------------------|----------|------------------------------|----------|----------------------------|--|----------|-------------------------|--|---------------------------|
| Financial                  |          | Self                         |          |                            | Employee                               |          | GP Practice             |  |                           |
|                            |          | Spouse                       |          |                            | Partnership                            |          | Pharmacist              |  |                           |
| Non-Financial Professional |          | Relative                     |          |                            | Directorship (including non-executive) |          | Alliance                |  |                           |
|                            |          | Close friend                 |          |                            | Shareholder                            | %        | Research funding/grants |  |                           |
| Non-Financial Personal     |          | Practice                     |          |                            | All of the above                       |          | Political Party         |  |                           |
|                            |          | Other                        |          |                            | Trustee                                |          | Consultancy             |  |                           |
| Indirect                   |          | <i>If other please state</i> |          |                            | Any other role or relationship         |          | Voluntary organisation  |  |                           |
|                            |          |                              |          |                            | Other (Please state)                   |          | Please provide name     |  |                           |
|                            |          |                              |          |                            |  |          |                         |  |                           |
|                            |          |                              |          |                            |  |          |                         |  |                           |
| <b>Type of Interest</b>    | <b>✓</b> | <b>Who</b>                   | <b>✓</b> | <b>Details of Interest</b> | <b>Position</b>                        | <b>✓</b> | <b>Company</b>          |  | <b>Start and End Date</b> |
| Financial                  |          | Self                         |          |                            | Employee                               |          | GP Practice             |  |                           |
|                            |          | Spouse                       |          |                            | Partnership                            |          | Pharmacist              |  |                           |
| Non-Financial Professional |          | Relative                     |          |                            | Directorship (including non-executive) |          | Alliance                |  |                           |
|                            |          | Close friend                 |          |                            | Shareholder                            | %        | Research funding/grants |  |                           |
| Non-Financial Personal     |          | Practice                     |          |                            | All of the above                       |          | Political Party         |  |                           |
|                            |          | Other                        |          |                            | Trustee                                |          | Consultancy             |  |                           |
| Indirect                   |          | <i>If other please state</i> |          |                            | Any other role or relationship         |          | Voluntary organisation  |  |                           |
|                            |          |                              |          |                            | Other (Please state)                   |          | Please provide name     |  |                           |
|                            |          |                              |          |                            |  |          |                         |  |                           |
|                            |          |                              |          |                            |  |          |                         |  |                           |
| <b>Type of Interest</b>    | <b>✓</b> | <b>Who</b>                   | <b>✓</b> | <b>Details of Interest</b> | <b>Position</b>                        | <b>✓</b> | <b>Company</b>          |  | <b>Start and End Date</b> |
| Financial                  |          | Self                         |          |                            | Employee                               |          | GP Practice             |  |                           |
|                            |          | Spouse                       |          |                            | Partnership                            |          | Pharmacist              |  |                           |
| Non-Financial Professional |          | Relative                     |          |                            | Directorship (including non-executive) |          | Alliance                |  |                           |
|                            |          | Close friend                 |          |                            | Shareholder                            | %        | Research funding/grants |  |                           |
| Non-Financial Personal     |          | Practice                     |          |                            | All of the above                       |          | Political Party         |  |                           |
|                            |          | Other                        |          |                            | Trustee                                |          | Consultancy             |  |                           |
| Indirect                   |          | <i>If other please state</i> |          |                            | Any other role or relationship         |          | Voluntary organisation  |  |                           |
|                            |          |                              |          |                            | Other (Please state)                   |          | Please provide name     |  |                           |
|                            |          |                              |          |                            |  |          |                         |  |                           |
|                            |          |                              |          |                            |  |          |                         |  |                           |
| <b>Type of Interest</b>    | <b>✓</b> | <b>Who</b>                   | <b>✓</b> | <b>Details of Interest</b> | <b>Position</b>                        | <b>✓</b> | <b>Company</b>          |  | <b>Start and End Date</b> |
| Financial                  |          | Self                         |          |                            | Employee                               |          | GP Practice             |  |                           |
|                            |          | Spouse                       |          |                            | Partnership                            |          | Pharmacist              |  |                           |
| Non-Financial Professional |          | Relative                     |          |                            | Directorship (including non-executive) |          | Alliance                |  |                           |
|                            |          | Close friend                 |          |                            | Shareholder                            | %        | Research funding/grants |  |                           |
| Non-Financial Personal     |          | Practice                     |          |                            | All of the above                       |          | Political Party         |  |                           |
|                            |          | Other                        |          |                            | Trustee                                |          | Consultancy             |  |                           |
| Indirect                   |          | <i>If other please state</i> |          |                            | Any other role or relationship         |          | Voluntary organisation  |  |                           |
|                            |          |                              |          |                            | Other (Please state)                   |          | Please provide name     |  |                           |
|                            |          |                              |          |                            |  |          |                         |  |                           |
|                            |          |                              |          |                            |  |          |                         |  |                           |

### Guidance Notes

- Section 8 of the CCG Constitution and its related Business Conduct and Conflicts of Interest Policies require CCG Shadow Board Members, Council of Members, Members of its Committees and Sub-Committees, CCG staff and individuals working on behalf of the CCG to declare interests which are relevant and material and any positions of influence they hold or are held by a family member, close friend or other acquaintance, in the categories outlined on the form.
- If there are no interests to declare **a nil return must be submitted**
- Declarations should be made within 28 days of a relevant event occurring.
- Any changes to declarations should also be made within 28 days of a relevant event occurring by completing and submitting a new declaration form.
- Any changes should be reported at the start of each Committee/Sub Committee meeting. This should be a standing agenda item at all meetings, including Vale of York Clinical Commissioning Group staff meetings.
- Members and employees completing this form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the member has and the circumstances in which a conflict of interest might arise.
- **If in doubt as to whether a conflict of interest could arise, a declaration of the interest should be made.**
- If any assistance is required to complete the form, please contact the Policy and Assurance Manager
- The signed hard copy of the completed form should be sent to the Policy and Assurance Manager
- Details of directorships of companies and organisations likely or possibly seeking to do business with the NHS will be published in the Vale of York Clinical Commissioning Group's annual report.
- All declarations (apart from those of employees on Grade 7 and below) will be published on the Vale of York Clinical Commissioning Group's website.

### Examples of Potential Types of Conflict

- roles and responsibilities held within pharmaceutical company;
- directorships, including non-executive directorships, held in the companies or PLCs;
- acceptance of benefits, hospitality, etc. from pharmaceutical companies;
- sponsorship received from pharmaceutical companies in respect of meetings/conferences/educational programmes/clinical trials in relation to products, medicines, devices, patient treatment options;
- shareholdings of pharmaceutical companies;
- research funding/grants that may be received by the individual or any organisation in which they have an interest or role;
- member of any body or charity that might be described by some as a related pressure group (excluding membership of professional bodies such as GPhC or GMC etc);
- any other role or relationship which the public could perceive would impair or otherwise influence the individual's judgment or actions in their role within the CCG.
- any other potential conflict of interest that is not listed here

### What level of detail is to be provided in outlining a conflict of interest?

- Relevant individuals completing this declaration form must provide sufficient detail of each interest so that a member of the public would be able to understand clearly the sort of financial or other interest the person concerned has and the circumstances in which a conflict of interest with the business or running of the CCG might arise.
- **If in doubt as to whether a conflict of interests could arise, a declaration of the interests should be made.**