NHS
Mid and South Essex
NHS Foundation Trust

Document title:	**DEALING WITH COMPANY REPRESENTATIVES AND PRODUCT SAMPLES POLICY**		
Document reference/ register no:	MSEPO26002	**Version number:**	1.0
Document type: (Policy/ Guideline/ SOP/CCP)	Policy	**Target staff:**	All Trust staff
Published date: (date document is uploaded onto MyStaff app)	25 March 2026	**Review date:**	24 March 2029
Key word(s) to search for document on intranet:	Company representatives, product samples, representatives		
Developed in response to: (National guidance/recommendations (i.e., NICE; RCOG)	NHS Procurement and Standards MIA scheme		
Contributes to HSC Act 2008 (Regulated Activities) Regulations 2014(Part 3); and CQC Regulations 2009 (Part 4) **CQC Fundamental Standards of Quality and Safety:**	17		
Named asset owner:	Nicholas French	Head of Contract Management and Governance	
Division / Sub-Division / Service	Corporate Division	Commercial Services	Procurement
Author of current version:	Julie Savage	Head of Operations and Logistics	
Hospital sites: (Tick appropriate box(s) to indicate status of policy review i.e., Trust/site based)	☒ MSE NHS Foundation Trust ☐ Basildon Hospital ☐ Broomfield Hospital ☐ Southend Hospital ☐ Other (please state)		
Approval group(s)/ committee(s):	Procurement Senior Leadership Team		29 January 2026
Professionally approved by:	Mustafa Sheikh	Director of Procurement and Contracting	29 January 2026
Asset owner confirmation that they agree with the target staff and mode of communication (refer to approval and implementation section)	Nicholas French	Head of Contract Management and Governance	29 January 2026
Ratification group(s):	Document Management Group (DMG)		02 March 2026

Consulted with:		Date:
Medical Directors		16 December 2025
Clinical Directors	Clinical Directors	09 January 2026
Christine Blanchard	Chief Medical Officer	17 December 2025
Sharon McNally	Interim Chief Nursing Officer	09 January 2026
Eddie Lamuren	Clinical Director ED Basildon	12 January 2026
Alex Hieatt	Clinical Lead – Emergency Care	17 December 2025

Post/ approval committee/group: *(Must include **Medication Assurance Group** if the document has any reference to medication)*	**Date:**
Procurement Senior Leadership Team	29 January 2026

Related Trust documents (to be read in conjunction with/refer to the main body of this document)
MSEPO20233 Gifts, hospitality and conflicts of interest MSEFI04 Standing financial instructions MSEPO21001 Procurement policy

Document review history:			
Version no:	**Authored/ reviewer:**	**Summary of amendments/ record documents superseded by:**	**Published date:**
1.0	Julie Savage	Newly created policy which was created to stop representatives going directly to ward areas and staff and approach them to showcase/sell their products hindering due process and fairness rules.	25 March 2026

Contents

1 Introduction

1.1. The Trust works closely with is suppliers to deliver high quality healthcare services and to ensure that we operate an effective partnership with all parties. The Trust is working in partnership with the Medical Industry Accredited (MAI) LSI National Credentialing Register to raise standards, provide assurance and fulfil our duty of care. The MIA service allows suppliers to the NHS to apply for an ID card which demonstrates that they are qualified to be present within hospital environments.

1.2. The policy applies to all Medial/Clinical and Non-Medical Representatives and not to pharmaceutical companies or service personnel/engineers who visit the site with company representatives and product samples (the "policy") provides clear guidance to Mid and South Essex NHS Foundation Trusts' (the "Trust") employees in relation to the company representative's ("representative") activity.

2 Scope

2.1 The purpose of this document is to enable a consistent approach to dealing with company representatives seeking to promote the use of their companies' products within the Trust.

2.2 To ensure that where supplier representatives attempt to promote and sell their products and services, this is carried out in a proper and ethical manner and does not contravene relevant legislation and Trust, NHS or government policies.

2.3 To provide all staff with clear understandable guidelines on the process to follow when dealing with suppliers and manufacturers. All activities undertaken by staff are consistent with Trust policies for use of resources.

3 Definitions

Term	Definition
LSI	LSI National Credentialing Register
MIA	Medical Industry Accredited
NHS	National Health Service
Representative/s	In context of this policy –Company Staff (usually sales staff) engaging with the Trust.
Trust	Mid and South Essex NHS Foundation Trust.

4 Roles and responsibilities within the Trust

4.1 The Associate Director of Procurement and Supply Chain and Head of Operations and Logistics will be responsible for reviewing and updating the policy on a three-year basis as a minimum. Updates will be incorporated into the policy when they have been approved following a change control process, signed off by the Nicholas French.

4.2 It is the responsibility of the Divisional Managers and Clinical Leads to ensure they and their colleagues are familiar with the contents of the policy.

4.3 It is the responsibility of Ward Managers, Matron's and Heads of Nursing to ensure any company representative visiting the department has an appointment to do so and has informed Procurement that that they are visiting the Trust.

4.4 It is the responsibility of the Procurement Department to monitor compliance with this policy. To provide guidance to all staff and suppliers on the application of this policy. Compliance will be monitored through incident reporting, referral of non-compliant visits, periodic reviews of MIA system activity, and feedback from clinical and non-clinical departments. Any breaches will be reviewed through the Procurement Senior Leadership Team.

4.5 It is the responsibility of the supplier representative to comply with this policy in all circumstances.

5 Appointments and visits

5.1 The Trust Procurement Department is the first point of contact for both current and potential suppliers. Unless invited, all sales representatives attending an appointment within the hospital are to pre-register their visit through the MIA System proving a minimum of 5 days' notice. Any representatives that are invited directly are to ensure that they inform Procurement of the visit. Procurement will manage all appointments within the Trust.

5.2 Representatives are not permitted to tour the hospital sites searching for staff, not allowed to enter any clinical areas without prior appointment and must be accompanied by the clinical speciality lead or procurement. "Cold calling "or visiting without permission or an appointment is strictly prohibited. All supplier representatives are subject to the Trust policies and procedures. Representatives should always behave professionally. If their behaviour is deemed unprofessional by the supervising Trust staff member at any time they will be asked to leave the Trust premises. Trust staff should seek advice from the Procurement Department where there are issues or queries. An appointment for the purpose of the visit should be explained, and product information should be provided.

5.3 Representatives must have their MIA ID with their name, photo and company always clearly visible when in the hospital. Representatives are to comply with the ABI code of practice environment to demonstrate that they are MIA registered. Failure of the representative to pre-register all their appointments or provide their

identification at the point of visiting the Trust will mean the representative is refused access.

5.4 The MIA booking-in system is also used as means to account for representatives in the event of a fire or other incident. Quick QR Check-In posters will be located at main entrances. All supplier representatives should respect their position as visitors to the Trust and recognise that the Trusts' interest and priorities may be different from their own and ensure professionalism and courtesy are shown and always reciprocated.

5.5 Promotional activities must not take place on the wards, in clinics or other clinical areas/ environments. Representatives are only permitted to leave samples for hospital use with Procurement and not with staff/departments as they cannot be evaluated or used without express authorisations of one of **the Procurement Leads.**

5.6 All medical samples must be CE/UKCA marked. Leaflets and posters produced by suppliers must not be distributed or displayed in clinical arears unless approved by the speciality lead or procurement.

5.7 Any representative visits or requests to discuss financial or commercial benefits to the Trust can only be conducted with the Procurement Specialist. Representatives are not permitted to receive information about usage of competitors' products. Details relating to contracts must only be discussed with the lead Procurement Specialist. All other staff must not engage in discussions of this nature, beyond initial conversations as this is beyond their professional remit. Orders for goods or

services must not be solicited for Trust staff - the only recognised documentation is an official order issued. The Trust operates a 'No Purchase Order No Pay policy'

6 Bribery and conflicts of interest

6.1 All representatives are advised that the Trust is bound by and must adhere to the requirements of the Bribery Act 2010, and The Trust Gifts, Hospitality and Conflict of Interest Policy. Gifts, hospitality or benefits from representatives or contractors doing (or likely to do business) with the Trust must be declined whatever the value.

6.2 The Trust has adapted a zero-tolerance stance for non-compliance with this. Failure to follow the agreed processes outlined in this document could result in suppliers being refused entry to all Mid & South Essex Hospital sites, termination of contracts and loss of business.

6.3 Trust staff should refer to their line manager and NHS England's Conflict of Interest Guidelines and Management for guidance.

7 Product trials and evaluations

7.1 Product trials must be arranged through Procurement Specialist lead who will coordinate with the ward or departments. Department Head must ensure that any trial or evaluation of equipment or consumables has been approved by the Procurement Department.

7.2 All suppliers must hold the DH Master Indemnity Insurance. Items of medical equipment on trial or loaned to the Trust will always be subject to our Medical Equipment Management procedures including the Master Indemnity Agreement. https://www.gov.uk/government/publications/master-indemnity-agreement-mia

8 Public procurement regulations

8.1 All Trust staff and suppliers are advised that the Trust, as a public sector organisation, is required to comply with Public Contract Regulations 2015. In the NHS there is a clear requirement to demonstrate that public funds are being spent efficiently, effectively and ethically at all times. This principle of public accountability is fundamental to all purchasing activities and is encompassed in the Trust's Standing Orders (SO), Standing Financial Instructions (SFI), and Procurement Strategy.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/181762/br ibery-act-2010-guidance.pdf

9 Contracting

9.1 Staff should not agree to or sign contracts without reference to the Procurement Team. This is to ensure that contracts are approved and signed by the appropriate person, and do not include overly restrictive or unfavourable terms and conditions.

10 Training requirements

10.1 No specific training requirements. However, individuals need to be familiar and adhere to this policy.

11 Monitoring and audit

11.1 Outlined below is the Trust's process of monitoring compliance with, and the effectiveness of the document's main points.

11.2 It is expected that each area/department monitors their own adherence to the policy and incident reports any breach

Aspect of compliance or effectiveness being monitored	Monitoring Method	Individual department responsible for the monitoring	Frequency of the monitoring activity	Group / Committee / forum which will receive the findings/monitoring report	Committee / individual responsible for ensuring the actions are completed
Breaches	Referral Incidents Reports	All department are responsible for monitoring their own adherence	Adhoc	Procurement SLT	Procurement SLT

11.3 A breach includes, but is not limited to:

- representatives entering clinical or non-clinical areas without an appointment
- failure to pre-register via the MIA system
- representatives without visible MIA ID
- cold calling or unapproved promotional activity
- unauthorised discussion of commercial, financial or contractual information
- samples left directly with departments without Procurement approval
- any behaviour deemed unprofessional by Trust staff and suppliers' representatives

12 Approval and implementation

12.1 This document will be approved by the Procurement SLT, which is the specialist group with the authority to approve local Procurement documents. These will then be forwarded to the Document control team for submission and ratification by the Document Management Group.

12.2 It is the asset owner's responsibility (this can be delegated to the asset administrator) to inform the target staff group of the approved documents when they are uploaded to the Trusts MyStaff app. Recently added ratified and amended documents can be viewed on the MyStaff app homepage under quick links.

12.3 This document will be communicated to target staff as per page 1.

12.4 This document will be communicated to the target staff by the following means:

- Chief Executive or Chief Financial Officer Communication
- Cascade emails (e.g. from matrons, DoN/ADoN, Service Leads)

13 Preliminary equality analysis

13.1 The Trust is committed to the provision of a service that is fair, accessible and meets the needs of all individuals.
(Refer to appendix 1)

14 References

Medical Industry Accredited.
http://www.miaweb.co.uk

Bribery Act 2010
https://www.legislation.gov.uk/ukpga/2010/23/contents

Gifts Hospitality and Conflict of Interest Policy
MSEPO-20233 -Gifts hospitality and Conflict of Interest Policy

NHS England Conflict of Interest Guidelines
https://www.england.nhs.uk/2017/02/coi-guidelines/

NHS England Management of Conflicts of Interest
https://www.england.nhs.uk/ourwork/coi/

Data Protection 2018 https://www.gov.uk/data-protection

Appendix 1: Preliminary equality analysis

This assessment relates to: Dealing with company representatives and product samples policy /MSEPO26002
(Please tick all that apply)

☐ A change in a service to patients	☐ A change to an existing document	☒ A change to the way staff work
☒ A new document	☐ Something else (please give details)	

Questions		Answers
1.	**What are you proposing to change?**	We propose to put a formal process in place for representatives to visit clinical and non-clinical areas within MSEFT. By having such a process, we ensure that representatives are fully accredited, qualified and demonstrate they are professionally competent to interact within a healthcare setting.
2.	**Why are you making this change?** (What will the change achieve?)	To ensure company representatives are fully qualified and demonstrate they are professionally competent to interact within a healthcare setting.
3.	**Who benefits from this change and how?**	Everyone, from staff, patients and the organisation.
4.	**Is anyone likely to suffer any negative impact as a result of this change?** If **no**, please record reasons here and sign and date this assessment. If **yes**, please complete a full EIA.	No
5.	**a) Will you be undertaking any consultation as part of this change?**	Yes
	b) If so, with whom?	Refer to pages 1 and 2.

Preliminary analysis completed by:				
Name	Julie Savage	**Job title**	Head of Operations and Logistics	02 July 2025