East Suffolk and North Essex NHS Foundation Trust

Code of Practice for Medical Device Company and Pharmaceutical Representatives

Version 2.0

Approved by	Medical Devices Management Group (MDMG)
Approval date	25/04/2025
Implementation Date	01/05/2025
Next Review Date	30/04/2028
Accountable Director	Director of Finance
Policy Author	Liam Horkan, Head of Clinical Procurement Paul Mills, Assistant Chief Pharmacist Philip Harman, Medical Devices Safety Officer
Division and Department	Corporate – Finance – Commercial
Keywords/terms *List keywords related to the Policy so it can be easily found via the search facility when published on the Intranet*	Company Representative Medical Devices Pharmaceuticals Clinical Products
Supersedes	Code of Practice for Company Representatives, Version 1.0. Documents Registration Number 3519.

Summary of Key Changes Since Last Approved Version:

Insert summary of any key changes or amendments since the last version if applicable including implementation date of changes.

- *Code of conduct updated to healthcare company and pharmaceutical representatives*

Policy/Guideline Summary

To help you decide what to put here, imagine you only had two minutes to inform staff about the practice covered within your document – what key messages do you want them to remember?

Summary & Aim

This code of practice aims to be clear on the relationship between East Suffolk & North Essex NHS Foundation Trust (ESENFT) and medical device and pharmaceutical company representatives

The policy sets out the expectations from ESNEFT for industry partners in relation to the activities and support they may provide to ESNEFT as part of an ongoing contract or in relation to seek new business.

The policy supports existing Trust policies for how new medical devices and pharmaceuticals are introduced to the Trust and relevant guidance prior to agreement to evaluations or purchasing including clinical effectiveness, patient safety and appropriate procurement processes.

The code also helps staff and industry partners understand what procedures must be followed if a company representative is involved in supporting procedures or in clinical areas where patient care is delivered.

The guidelines will also ensure that all appropriate regulatory, indemnity and product information is provided prior to the agreement to undertake evaluations or introduce medical devices, clinical consumables and pharmaceuticals into the Trust

Applicable to:

All members of staff who have direct contact with Company Representatives as part of their role.

Training:

No specific training is required to ensure compliance with this document.

Staff should be aware of the standards of Business Conduct Policy and ensure that the principles set out are followed at all times.

Contents

SECTION 1 – INTRODUCTION

1.1 Policy Statement and Rationale

East Suffolk and North Essex NHS Foundation Trust is committed to ensuring that the relationship between the Trust and its suppliers is on a sound and professional basis.

It is recognised that in addition to providing information to health practitioners, the prime function of the Company Representative is to promote and sell their products and services. This function should be carried out in a proper and ethical manner and must not contravene any Trust policies or NHS terms and conditions of contract.

The Code of Practice applies to all areas of work within ESNEFT and will be read in conjunction with the Association of the British Pharmaceutical Industry (ABPI) Code of Practice for the Pharmaceutical Industry Code of Practice for the Pharmaceutical Industry 2024 and the Association of British Healthcare Industries Code of Business Practice. https://www.abhi.org.uk/code-of-ethical-business-practice/ ……..

1.2 Key Principles

- To ensure that all Company Representative Activity carried out throughout the organisation is done so in accordance with agreed best practice; thus protecting both parties and guaranteeing transparency in working relationships.

1.3 Definitions

Term	Definition
Company Representative	**An individual employed by a Company to promote the sale (and prescribing) or perform services/works in connection with drugs, dressings, medical equipment, medical devices, and clinical consumables within healthcare practice**

SECTION 2 – DUTIES AND RESPONSIBILITIES

2.1 The designated Responsible Officers for this policy are the Assistant Chief Pharmacists, Head of Clinical Procurement and Medical Devices Safety Officer (MDSO).

2.2 All members of Trust staff who have direct contact with Company Representatives as part of their role are responsible for ensuring that their practice complies with this document.

2.3 Department or Clinical Leads will be responsible for ensuring company representatives have the correct recognised qualification prior to entering any Interventional or Theatre area.

2.4 It is the responsibility of the Trust's Medical Devices Management Group to approve this document

2.5 It is the responsibility of the Medicines Optimisation Committee to ratify this document in accordance with Trust Policy.

2.6 It is the responsibility of each Division to ensure that through their Governance framework:

2.6.1 This policy is disseminated within their area of responsibility

2.6.2 This policy is implemented within their area of responsibility and monitoring of compliance and effectiveness is carried out

•2.6.3 Any identified prescribing patterns of concern are highlighted to the relevant clinical team and rectified accordingly

SECTION 3 – POLICY DETAILS

3.1 Key related Trust policies

- Medication for Healthcare Professionals v.4 (4196)
- Non-medical Prescribing Policy v.3 (4292)
- Introduction of New Medicines Policy v.2 (3731)
- Medical Device Management Policy v.2 (4031)
- Introduction of New Clinical Techniques and Service Developments Policy v.2 (3619)
- Standards of Business Conduct Policy v.5 (4332)
- ESNEFT Procurement Procedure v.4 (3814)
- ESNEFT Tender Procedure v.4 (3815)

3.2 Guidance for Representatives / Trust staff

Appendix A of this Code of Practice contains a single page guidance document that is intended for dissemination to companies and Company Representatives. It is also recommended that a copy of this document is posted in a prominent position at department receptions and similar areas.

- Representatives shall not enter any clinical or non-clinical areas or visit the Procurement or Pharmacy departments without a prior appointment. Appointments shall be made with the person they wish to meet, the person requesting their attendance or the person supervising the area they wish to attend. Making appointments on arrival to the Trust is not acceptable. A Representative who does not have an appointment may be asked to leave the Trust premises.

- Healthcare representative appointments will be recorded on the electronic appointments register https://www.miaweb.co.uk/book-appointment.aspx so that a full audit of site visits can be maintained and appropriate qualifications checked in line with the national Life Science Industry register. (LSI)

- If the Healthcare representative does not have access to the electronic appointments register then appointments need to be booked in advance and the following informed of intention to visit site – Pharmaceuticals (Pharmacy), Clinical Products & Devices (Procurement) and maintenance of Medical Devices (EBME).

- Pharmaceutical Representatives wishing to promote medicines are asked to make an appointment advising the Trust Pharmacy Department of the products that they intend to promote and obtain approval for such promotion before making an appointment.

- An appointment unless otherwise stated by the Trust is for one visit to a specific department or area and does not provide access to other Trust departments or areas. Visits to the Trust must be limited to a reasonable number.

- Persons arriving for an appointment must be met by the person with whom they have made arrangements or a person designated by them, and will only visit clinical areas if specifically invited to do so and under the supervision of a member of Trust clinical staff.

- The Trust may have specific reporting, access or working practice requirements which must be complied with. Representatives are advised to confirm in advance if they are required to comply with any such arrangements and ensure that they have appropriate information or instruction before attending site. Representatives are required to on request by any member of Trust staff confirm that they comply with necessary requirements.

- Representatives shall at all times comply with any Trust instruction regarding special apparel to be worn, and take reasonable steps to ensure that they do not wear apparel that may be confused with Nursing, clinical or other apparel worn by Trust staff.

- Representatives will display an official identity badge (with photographs) at all times, which states name, Company and position. Such identifications must be easy to distinguish from Trust/ NHS identifications so as to avoid any possibility for confusion.

- Representatives must not be left unattended in a clinical area and if direct patient contact is required or possible, patient consent must be obtained.

- Company Representatives shall at no time have access to or sight of any form of patient details, and cannot be present at Trust meetings where patient details may be discussed. Supplier information or data can be communicated in such situations by Trust staff.

- Representatives may not use the telephone or IT systems of the Trust (excepting those provided for public use) without authorisation from an appropriate member of Trust staff.

- Should an emergency situation arise whilst on the hospital sites, e.g. fire alarm, all Representatives must obey any instructions given to them by Trust staff.

- Company Representatives must not accept, nor request authorisation of, orders for goods/services from individual Trust employees. All orders will be placed by the Procurement Department or the Pharmacy Department, using official orders only.

- Company Representatives failing to comply with this code of practice will initially be the subject of a complaint to their Company. Should they still fail to abide by this standard they will be banned from Trust premises and a formal complaint will be made to the

Prescription Medicines Code of Practice Authority (PMCPA)/Association of the British Pharmaceutical Industry (ABPI) or other relevant trade bodies.

Attention is also drawn to the following specific areas of guidance:

Promotional Activity

- Company Representatives must be well informed about the products they are promoting/demonstrating. In addition, standard technical, and where appropriate, clinical data, including information on product effectiveness must be available.

- Where any teaching and/or promotional activity is planned, Representatives must advise the Department Manager and ensure that the intent of the meeting does not contravene or challenge existing Trust policies.

- Leaflets and Posters produced by suppliers must not be distributed or displayed in clinical areas unless approved in advance by the Trust.

- Representatives are not permitted to use the Trust policies for the promotion of their products or services without written permission from the Trust.

- Hospitality must only be provided where it is considered necessary to enable the proper conduct of a meeting and it is proportionate to the nature and purpose of event and staff must refer to the standards of business conduct policy.

- Staff or Company representatives must not to agree to sponsorship where it is linked to certain products or purchasing from particular outlets.

Samples/Evaluations of Products/Equipment

- All medical device samples must be UKCA/CE marked and meet relevant medical device standards in place at that time.

- The Trust has a process for the Introduction of Clinical Products or Diagnostic and Therapeutic Equipment that must be complied with; the paperwork contained therein must be completed and approved by the divisional team prior to any agreement to evaluate any clinical consumables, medical devices or equipment. No samples or equipment will be bought to site without this being fully completed.

- The Trust has a policy for the Introduction of New Medicines.

- All medical equipment brought to the Trust premises must have the appropriate indemnity certificates in place and indemnity forms must be completed by a member of the Electronics Biomedical Engineering (EBME) Department for all equipment and devices prior to any item being used for trial or evaluation. All equipment for evaluation or loan must be in a useable state and supplied with a decontamination certificate and a Pre-Acquisition Questionnaire (PAQ) must be provided. All equipment must be delivered to EBME in the first instance unless agreed otherwise with the Head of EBME.

- The Trust may require agreement through the Medical Devices Management group (MDMG) and/or the Clinical Effectiveness Group prior to the evaluation or introduction of any new equipment or clinical consumables where it is deemed to be new equipment or a service development for the Trust.

- Pharmaceutical Company Representatives will be made aware that the Trust adheres to a local joint formulary with both local Clinical Commissioning Groups and other healthcare organisations. Therefore, the introduction of any new medicinal product must have the prior approval of the Trust's Medicines Optimisation Committee (MOC).

- Any agreed Medication samples or free stock must only be left in and stored in the Pharmacy Department. No samples/free stock will be left with other members of Trust staff. This implicitly includes samples/free stock of all Controlled Drugs (CDs).

- All supply requests for any medicinal product (either as free or chargeable stock), may only be placed by Pharmacy staff using the relevant departmental/Trust paperwork and ordering systems. Stock supplied to the hospital outside of this route will be regarded as unsolicited and will not be accepted.

- Publication of the results of any trial will only be undertaken with the prior approval of the Manager in charge of the trial and the relevant Trust body.

Theatres and Specialist "Clean" Clinical Areas

- All Company Representatives must gain permission prior to entering these areas from the Theatre Coordinator, Speciality Lead, Theatre or Day Unit Manager.

- On arrival to each of the theatre suites the visitor signing in book will be completed and the Representative must report to the Speciality Lead or Theatre Coordinator stating who they are and with whom the visit has been authorised and confirmed.

- All visits by Healthcare Company representatives to Theatres and Specialist areas will be recorded on the Trust electronic appointments system https://www.miaweb.co.uk/book-appointment.aspx

- Any Company Representative gaining access to Theatres, to provide technical assistance during a surgical procedure, to observe, demonstrate, in service or commission new equipment or products during a surgical procedure must produce evidence of a recognised qualification such e.g. theatre access course along with vaccination records and Disclosure and Barring Service (DBS) check. These should be linked to the Life Sciences Industry register (LSI)

- Company Representatives will be provided with appropriate theatre attire and instructed on how it will be worn. Representatives must not wear their own theatre attire.

- Company Representatives must be supervised throughout their visit by a named member of theatre staff.

- Company Representatives are reminded that all procedures within the operating theatres are confidential in nature and that any information, discussion, technical details or documentation must be treated as such. They will only enter any theatre if required once the patient is fully anaesthetised and draped in order to maintain the patient's dignity.

- Company Representatives must not hold introductory or sales meetings within the theatre complex unless invited to and agreed with the Speciality Lead or Theatre Manager.

- Company Representatives will only be able to access staff rest areas on the invitation of a senior member of staff and must not use this space to conduct meetings with staff.

- Company Representatives must behave professionally at all times and noise levels must be kept to a minimum, if a nurse in charge considers the behaviour falls below the standard expected then they will be ask to leave the theatre immediately and be reported to their Company.

- Should a Company Representative feel unwell, they must immediately inform a member of the theatre staff who will take the appropriate form of action.

SECTION 4 – TRAINING AND EDUCATION

No specific training is required to ensure compliance with this document.

SECTION 5 – DEVELOPMENT AND IMPLEMENTATION INCLUDING DISSEMINATION

This policy has been developed by the Procurement and Pharmacy Departments.

The policy will be placed on the intranet and will be disseminated through appropriate CDG meetings.

SECTION 6 – MONITORING COMPLIANCE AND EFFECTIVENESS

No formal audit requirements are necessary with this standard. Ad-hoc deviation from the standard will be managed on a when-required basis.

The process for monitoring compliance with the effectiveness of this policy is as follows:

Aspect being monitored	Monitoring Methodology	Reporting		
		Presented by	Committee	Frequency
Review of Document	NA	Responsible Officer	MDMG, Medicines Governance Group	3 Years
Staff compliance with the standard	Ad-HOC	Responsible Officer	MDMG	Annual
Representative compliance with the standard	Register of Appointments	Responsible Officer	MDMG	Annual

SECTION 7 – CONTROL OF DOCUMENT INCLUDING ARCHIVING ARRANGEMENTS

7.1 Once ratified by the Medicines Governance Group and Medical Devices Management Group, the Responsible Officer will forward this document to the Information Governance Department for a document index registration number to be assigned and for the document to be recorded onto the central hospital master index and central library of current documentation.

7.2 In order that this document adheres to the hospital's Records Optimisation Policy, the Information Governance Department will:

- Ensure that the most up-to-date version of this document is stored on the documentation library.

- Archive previous versions of this document.
- Retain previous versions of this document for a period of time in accordance with the NHS Records Retention and Disposal Schedule.

SECTION 8 – SUPPORTING COMPLIANCE AND REFERENCES

8.1 This policy supports compliance with:

- Code of Practice for the Pharmaceutical Industry, 2019 - https://www.abpi.org.uk/publications/code-of-practice-for-the-pharmaceutical-industry-2019/
- Association of British Healthcare Industries Code of Business Practice http://www.abhicodeofpractice.org.uk/

DOCUMENT CONTROL

Archive date i.e. date guideline no longer in force	*To be inserted by Information Governance Department when this document is superseded. This will be the same date as the implementation date of the new document.*
Date document to be destroyed i.e. 25 years after archive date	*To be inserted Information Governance Department when this document superseded*

Previous published version history:

This will inform the reader to the previous versions of this document and the time periods they were applicable.

Registered document number	Version Number	Date of Issue	Date of archive

This is a Controlled Document

Printed copies of this document may not be up to date. Please check the Trust intranet for the latest version and destroy all previous versions.

Trust documents may be disclosed as required by the Freedom of Information Act 2000.

Sharing this document with third parties

You need to decide if this document can be shared. ***If yes – apply and insert the following****:*

As part of the Trust's networking arrangements and sharing best practice, the Trust supports the practice of sharing documents with other organisations. However, where the Trust holds copyright to a document, the document or part thereof so shared must not be used by any third party for its own commercial gain unless this Trust has given its express permission and is entitled to charge a fee.

Release of any strategy, policy, procedure, guideline or other such material must be agreed with the Lead Director or Deputy/Associate Director (for Trust-wide issues) or Business Unit/ Departmental Management Team (for Business Unit or Departmental specific issues). Any requests to share this document must be directed in the first instance to *(insert the name of the Responsible Officer)*.

For further advice see the Development and Management of Trust wide Procedural Documents Policy

If no then insert and apply the following and give reasons for non-disclosure e.g. release of information would jeopardise security e.g. location of safes

Full Equality Analysis (Impact Assessment) Template

Please complete Step 1 below;
If an Equality Analysis is found to be relevant in Step 1, please go on to complete Steps 2 - 9 below

Please ensure that the MANDATORY FIELD in STEP 1 is completed
If an Equality Analysis is found to be required,
Please also ensure that the MANDATORY FIELD in STEP 7 is completed
For support with undertaking this Equality Analysis please contact Head of Equality Diversity and Inclusion at: EDI.Team@esneft.nhs.uk

Step 1: Screening & Establishing Relevance

Public Sector Equality Duty (PSED)
Under the Equality Act 2010, all policies, decision, projects, proposals should be assessed for their relevance to equality. The public sector equality duty (PSED) requires that when exercising its functions a public body must have due regard to the need to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Act;
- Advance equality of opportunity between people who share a protected characteristics and those who do not;
- Foster good relations between people who share a protected characteristic and those who do not.

Protected Characteristics
If the work being undertaken is going to have an effect or impact on people, i.e. patients, staff and/or the public, you need to analyse the effect on equality for all protected characteristics – namely: Age, Disability, Sex, Race, Gender Reassignment, Sexual Orientation, Religion and Belief, Pregnancy and Maternity, Marriage and Civil Partnership and any other identified groups (for example Carers, homeless people, Gypsies and Travellers, sex-workers and migrant groups).

Brief summary of the work being undertaken

The policy sets out the expectations from ESNEFT for industry partners in relation to the activities and support they may provide to ESNEFT as part of an ongoing contract or in relation to seek new business.

Is there a potential for this work to have an effect or impact on patients, staff and/or members of the public?

Yes

Is the PSED relevant to this work?

No

MANDATORY FIELD

Please explain how you have reached your conclusion that the work being undertaken is or isn't relevant to the PSED/affects protected characteristics:

The policy sets out expectations of healthcare company representatives on their behaviours and activities on ESNEFT sites

If you have concluded that an Equality Analysis is necessary, please continue the equality analysis below by following Steps 2 to 9:

Step 2: Responsibility, Development, Aims and Purpose

Which organisation, including named individual lead, holds overall responsibility for the policy / strategy / service redesign, review?

Type here…

Who else has been involved in the development?

Type here…

Purpose and aims:
Briefly describe the overall purpose and aims of the work. For a new service, describe the rationale and need for the proposal, referring to evidence sources. For a change in service or pathway, specify exactly what will change and the rationale / evidence, including which system priority this will contribute to.

Who is intended to benefit from the implementation of this piece of work?

Type here…

What are the key outcomes/ benefits for the groups identified above?

Type here…

Does it meet any statutory requirements, outcomes or targets?

Type here…

Does it contribute to the NHS Equality Delivery System (EDS2) Goals? i.e.
- Goal 1 – Better health outcomes
- Goal 2 – Improved patient access and experience
- Goal 3 – Representative and supported workforce
- Goal 4 – Inclusive leadership

Type here…

Step 3: Protected Characteristics and the PSED – Analysis of Impact

Provide analysis of both the positive and negative impacts of the proposal against each of the protected characteristics, providing details of the evidence used.
Use both qualitative and quantitative evidence as appropriate. If the work is targeted towards a particular group or groups – provide justification e.g. women only services. Any gaps in evidence should be accounted for and included in your Action Plan (Step 8).
The following links provide the most recent population, demographic and health inequalities information to support your analysis:

Background Documents: Suffolk JSNA Essex JSNA

Age Consider and detail impact and evidence across all age groups.	Type here…
Disability Consider and detail impact and evidence on disability (this includes physical, sensory, learning, long-term conditions and mental health).	Type here…
Sex Consider and detail impact and evidence on both males and females.	Type here…
Race Consider and detail impact and evidence on all ethnic groups.	Type here…
Religion and/or Belief Consider and detail impact and evidence on people of different religions, beliefs and on people of no religion.	Type here…
Sexual Orientation Consider and detail impact and evidence on people of different sexual orientations.	Type here…
Gender Reassignment Consider and detail impact and evidence on transgender people.	Type here…
Pregnancy and Maternity Consider and detail impact and evidence on work arrangements, breastfeeding etc.	Type here…
Marriage and Civil Partnership Consider and detail impact and evidence on employees who are married or in a civil partnership.	Type here…

Other Excluded Groups / Multiple and social deprivation Consider and detail impact and evidence on groups that do not readily fall under the protected characteristics such as transient communities, ex-offenders, asylum seekers, sex-workers, people living in rural areas etc.	Type here…
Public Sector Equality Duty (PSED) Provide detail on how the proposal impacts on: • Eliminating unlawful discrimination, harassment and victimisation; • Advancing equality of opportunity between people who share a protected characteristic and those who do not; • Fostering good relations between people who share a protected characteristic and those who do not.	Type here…
Duties as to Reducing Inequalities Provide detail on how the proposal impacts on: • Reducing inequalities between patients with respect to their ability to access health services; • Reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services.	Type here…

Step 4: Human Rights

The FREDA principles (fairness, respect, equality, dignity and autonomy) are a way in which to understand human rights and is a core element of the NHS Constitution.

You should consider and evidence how your proposal impacts on these principles and so respects human rights. For example, the principle of Autonomy informs the right to respect for private and family life and so could be about involving people in decisions made about their treatment and care. *Note*: as the Equality principle is evidenced in previous steps it is not included below.

FREDA principle:	Evidence of Impact:
Fairness	Type here…
Respect	Type here…
Dignity	Type here…
Autonomy	Type here…

Step 5: Engagement and Involvement (Duty to involve)

How have you involved users, carers and community groups in developing this proposal?

Please give details of any research / consultation drawn on (desk reviews – including complaints, PALS, incidents, patient and community feedback, surveys etc.)	Type here…
Also please give details of any specific discussions or consultations you have carried out to develop this proposal: For example, discussions or consultations with users, carers, protected characteristic groups and / or their representatives, other communities of interest (e.g. user groups, forums, workshops, focus groups, open days etc.)	Type here…
How have you used this information to inform the proposal? For example, has the proposal been altered in consideration of any the information outlined above?	Type here…

Have you involved any other partner agencies?
For example, Local Authorities, Health and Well-being boards, Public Health, NHS Trusts, GP Practices, CSU or CCGs - please give details of any involvement to date or planned.

Type here…

Step 6: Monitoring Arrangements

Please outline how equality and diversity issues will be monitored to ensure that the proposal/service does not result in a disproportionate impact on any protected group:

For example, are there contractual requirements to provide equality monitoring data on those accessing the service or making complaints?

Type here…

Which committee or group will receive updates on the monitoring?

Please include details of how often reports will be presented.

Type here…

Step 7: Decision Making

Next Step

Taking the equality analysis and the engagement into consideration, and the duties around the Public Sector Equality Duty, you should now identify what your next step will be for the proposal.

Four decision steps are available:

A. **Continue with the proposal as it is**
B. **Adjust the proposal to consider the issues identified above**
C. **Stop and remove the current proposal**
D. **Carry out further analysis of data/information prior to any final recommendations**

Please select

Type here…

Please give a rationale for the decision that you have chosen:

Type here…

Step 8: Action Plan

Action	What will it achieve or address?	Lead Person	Deadline

Review date:

Step 9: Sign Off

Director / Senior Responsible Officer*

Date signed

Presented to <INSERT NAME> Committee

Publication date

***The Director / Senior Responsible Officer needs to be assured that there is sufficient information about the likely effects of the proposal in order to ensure proper consideration is given to the statutory duties.**

1) For review and support send the completed draft Equality Analysis with your document to the Head of Equality Diversity and Inclusion: **EDI.Team@esneft.nhs.uk**
2) Once reviewed make arrangements to have the EA put on the relevant Committee agenda
3) Use the Action Plan (Step 8) to record the changes you are intending to make to the document and specify a review date.

Local Counter Fraud Specialist Proforma (financial docs only)

East Suffolk and North Essex NHS Foundation Trust

LCFS Proforma

To: Trust Local Counter Fraud Specialist (LCFS)

Date: _____

Please find attached a document entitled:

_____

As agreed within the consultation process outlined within the *Development and Management of Trust wide Procedural Documents Policy*, I am sending the above document to you so that you can advise the Trust on any fraud and corruption risks, based on the assessment outlined below:

Assessment	✓	Page/Section Reference
It includes the requirement for a claim form or a declaration form e.g. expenses, receipt of key information/codes of practice (subject of disciplinary proceedings)		
It includes the recruitment of staff at any level e.g. procedures for identifying staff and confirming qualifications etc.		
It includes the payroll function e.g. procedures and arrangements for paying staff, including paying expenses		
It includes Trust assets, stocks and supplies, stores etc. e.g. purchase, receipt, monitoring, destroying		
It includes patient assets e.g. possessions and cash whilst on site		
It includes procurement processes e.g. the process for awarding contracts		
It includes signing of contracts e.g. with NHS or non-NHS organisations		
It includes a financial administration process e.g. invoices, creditors, debtors, accounts		
It includes financial transactions e.g. cash, cheques, invoices		

Requested by: (signature) _____ Job Title: _____

E-mail address: _____Telephone No: (in full) _____

This completed request is to be sent to the LCFS:

mark.kidd@rsmuk.com or mark.kidd@nhs.net

For LCFS use only:

As per the above request, I have received the document and provide the following advice:

_____

_____

_____

Signed: _____ **E-mail address:** _____ **Date:** _____

Intranet Document Upload Request form for Strategies, Policies, Protocols, Procedures, Guidelines and Other Guidance Material

Please complete all sections below

Name of Responsible Officer	Liam Horkan
Group/Division	Corporate/Finance
Department	Procurement
Email address/tel ext.	Liam.horkan@esneft.nhs.uk
Date to be uploaded on intranet (implementation date)	1st May 2025
Title of document to be uploaded	Code of Practice for Healthcare Company Representatives
Location document is to be uploaded to. NB, policies and guidelines will be listed A-Z and under relevant department sections. Please let us know which department(s) it must be listed under.	
Is this a new document or a replacement for one already on the intranet? • If a replacement, please give the title and document's name that this supersedes so that it can be removed	Replacement of Code of Conduct for Company Representatives V1.0 (3519)
Is this a request for a new web page to be created? If yes, please enter details here.	No
Any other comments	

Guidance Notes

If you are submitting the document as part of the Document Registration process, please email this form, together with your document, to the Information Governance Department at FOI@esneft.nhs.uk
The Information Governance Department will register your document, return the registered Word version to you, and upload a PDF to the Trust intranet

On the 'implementation date' specified above, the IG team will

- upload the new document on the specified intranet page(s)
- arrange for the existence of this document to be publicised in the next month's general staff publication of documents ratified
- if appropriate, remove the previous version or the document that has been superseded by the new document and forward this to the Information Governance Department for archiving on the central Trust database.

Appendix A: Code of practice for Healthcare Company Representatives

1. East Suffolk & North Essex NHS Foundation Trust has a process for the Introduction of Clinical Products or Diagnostic and Therapeutic Equipment that must be complied with; the paperwork contained therein must be completed and approved by the divisional team prior to any agreement to evaluate any clinical consumables, medical devices or equipment.
   No samples or equipment will be bought to site without this being fully completed.
   Guidance for this can be obtained from the Trust's Procurement department.

2. The Trust has a policy for the Introduction of New Medicines which must be followed at all times.

3. NO ORDER – NO PAY. Any goods or services supplied to the Trust without an official order will not receive payment.

4. Company representatives must see consultants and managers **by appointment only.** Junior members of the medical staff may only be approached with the agreement of their consultant.

5. Representatives must not visit or interview staff in working areas unless specifically invited to do so by the ward or department manager.

6. The representative must have an identification card, preferably with photograph, that clearly states name, company and position.

7. Representatives must not use the internal telephone system of East Suffolk and North Essex NHS Foundation Trust.

8. Conduct and protocol will be discussed and agreed prior to commencement of any evaluation which should include agreement from relevant areas (e.g. EBME, Infection Control, Procurement and Pharmacy) as appropriate.

9. Any company involved in research must contact the R&D office for advice. Any research trial must have R&D and Local Research Ethics Committee approval prior to commencing

10. A NHS Supply Chain indemnity form must be completed for equipment prior to any item being brought onto Trust premises.
    A PAQ form should also be provided for review.

    Under no circumstances must any equipment be brought onto Trust Premises without the correct indemnity or prior approval.

11. Nursing apparel or garments similar to any staff working within the Trust must not be worn by company employees when visiting hospital premises unless agreed in advance.

12. East Suffolk and North Essex NHS Foundation Trust has agreed guidelines, to which all members of staff must adhere with regard to business gifts and hospitality.

13. The introduction of any new medication onto the Trust formulary or any proposed change in licensed use of a product must have the prior approval of the Medicines Optimisation Committee. Guidance for this can be found via the Trust's "Introduction of New Medicines Policy" or by contacting senior members of Pharmacy.

14. Representatives must not leave with Trust staff any samples of medication, dressings or dietetic products for use on patients without the specific authorisation of the Medicines Optimisation Committee, Tissue Viability Lead or Dietetic Manager.