**Declaration of Interest**

**Bedfordshire, Luton and Milton Keynes Area Prescribing Committee (BLMK APC)**

|  |  |
| --- | --- |
| **Full name:** |  |
| **Position/role within, or relationship with the Bedfordshire, Luton & Milton Keyes Integrated Care Board (the ICB):** |  |
| **Department / Team:** |  |
| **Do you have any interests to declare?**  Please select one and follow the instructions | |
| **Yes**  Please document them in the table below, sign the declaration, then send to [sharon.wilmore@nhs.net](mailto:sharon.wilmore@nhs.net) | **No**  Please go straight to the declaration section, sign, then send to [sharon.wilmore@nhs.net](mailto:sharon.wilmore@nhs.net) |

The information provided in this form will be held by the ICB in accordance with Data Protection Act 2018 and will be processed to enable compliance with the ICB’s statutory duties and its Conflict of Interest Management & Standards of Business Conduct Policy.

Please be aware that the information provided in this form will be added to the ICB’s register of interests, held for inspection by the public and published on the ICB’s website. If you have provided information about third parties in this form, please make them aware of this.

Information may be disclosed to third parties in accordance with the Freedom of Information Act 2000.

**Detail of interests held**

(complete all fields below, sign and forward to [sharon.wilmore@nhs.net](mailto:sharon.wilmore@nhs.net))

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **What type of Interest is it?**  (refer to table at end of form, then type yes or no for each) | | | | **Description of interest**  Please include:   * Company details (if relevant): registered office address, company number etc. * For indirect interests, include details of the relationship with the person who has the interest e.g., partner, daughter etc.   **Please note:** You MUST declare any ‘Active’ Directorships. | **Date** | | **Actions to be taken to mitigate risk**  (to be agreed with line manager or a senior ICB manager) |
| **Financial** | **Non-Financial Professional** | **Non-Financial Personal** | **Indirect** | **From**  (dd/mm/yy) | **To**  (dd/mm/yy) |
|  |  |  |  |  |  |  | e.g., Declare in line with conflicts of interest policy |
|  |  |  |  |  |  |  | e.g., Exclusion from involvement in related meeting or decision-making |

**Declaration:**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that the information provided above is complete and correct. I acknowledge that any changes in these declarations must be notified to the ICB as soon as practicable and **no later than 28 days after the interest arises**.  I am aware that if I do not make full, accurate and timely declarations then civil, criminal, or internal disciplinary action may be taken. | | | |
| **Signature** |  | **Date** |  |

Please return to [sharon.wilmore@nhs.net](mailto:sharon.wilmore@nhs.net)

|  |  |
| --- | --- |
| **Interest** | **Description** |
| **Financial Interests** | This is where an individual may get direct financial benefits from the consequences of a decision. This could, for example, include being:   * A director, including a non-executive director, or senior employee in a private company or public limited company or other organisation which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations. This includes involvement with a potential provider of a new care model; * A shareholder (or similar ownership interests), a partner or owner of a private or not-for-profit company, business, partnership or consultancy which is doing, or which is likely, or possibly seeking to do, business with health or social care organisations; * A management consultant for a provider; or * A provider of clinical private practice.   This could also include an individual being:   * In employment outside of the ICB; * In receipt of secondary income; * In receipt of a grant from a provider; * In receipt of any payments (for example honoraria, one-off payments, day allowances or travel or subsistence) from a provider; * In receipt of research funding, including grants that may be received by the individual or any organisation in which they have an interest or role; and * Having a pension that is funded by a provider (where the value of this might be affected by the success or failure of the provider). |
| **Non-Financial Professional Interests** | This is where an individual may obtain a non-financial professional benefit from the consequences of a decision, such as increasing their professional reputation or status or promoting their professional career. This may, for example, include situations where the individual is:   * An advocate for a particular group of patients; * A GP with special interests e.g., in dermatology, acupuncture etc.: * An active member of a particular specialist professional body (although routine GP membership of the Royal College of General Practitioners (RCGP), British Medical Association (BMA) or a medical defence organisation would not usually by itself amount to an interest which needed to be declared); * An advisor for the Care Quality Commission (CQC) or the National Institute for Health and Care Excellence (NICE); * Engaged in a research role; * The development and holding of patents and other intellectual property rights which allow staff to protect something that they create, preventing unauthorised use of products or the copying of protected ideas; or * GPs and practice managers, who are members of the Board or committees of the ICB, should declare details of their roles and responsibilities held within their GP practices. |
| **Non-Financial Personal Interests** | This is where an individual may benefit personally in ways which are not directly linked to their professional career and do not give rise to a direct financial benefit. This could include, for example, where the individual is:   * A voluntary sector champion for a provider; * A volunteer for a provider; * A member of a voluntary sector board or has any other position of authority in or connection with a voluntary sector organisation; * Suffering from a particular condition requiring individually funded treatment; * A member of a lobby or pressure group with an interest in health and care. |
| **Indirect Interest** | This is where an individual has a close association with an individual who has a financial interest, a non-financial professional interest or a non-financial personal interest in a decision (as those categories are described above) for example, a:   * Spouse / partner; * Close family member or relative e.g., parent, grandparent, child, grandchild or sibling; * Close friend or associate; or * Business partner |