

# British Healthcare Trades Association, Urology Trade Association & Specialist Independent Appliance Contractors Association

## DAC Code of Ethical Business Conduct





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# Why do we need a Dispensing Appliance Contractor Code of Ethical Business Conduct?

- To demonstrate that DACs provide the right product to their patients in their home and follow a transparent process if patients need a more clinically appropriate product
- To support the challenges that patients may have in managing their long term condition
- To communicate with all stakeholders the principles and processes we all follow – removing any ambiguity or misunderstanding
- The NHS is currently reviewing Part IX Categories through a consultation, this document reinforces the benefits DACs provide to the overall system

# The Code of Ethical Business Conduct

## Introduction

- Background to DACs for external stakeholders
- Relevant legislation context
- Introduces aim of strengthening role of DACs by encouraging best practice

## Aims and Principles

- To ensure consistent levels of service – focussed on patient.
- To foster partnerships and collaboration with NHS, in a way that builds trust
- To influence the perception of integrity, show we are compliant as an industry
- Follow the letter and the spirit of the regulations
- To understand the inherent COI with vertical integration but to show we manage that and it does not compromise patient service

## Additional DAC services

- Shows what value we add to the patient journey
- Often more than the regulations require

# The Code of Ethical Business Conduct development process

- We canvassed members views for examples of good and bad DAC practice
  - 4 key themes were common – AUR's, sampling, product changes and engaging with patients when developing new products
  - Some comments stated there is more interest in commercial activity than patient outcomes
- We engaged with PIPS, nursing groups and patient associations - feedback
  - ASCN – all clinical issues which could lead to a product change need to be referred
  - ACA – verbally felt sampling had a place but needed to be responsible and not biased
  - PIPS and Patient Groups – responsible sampling can improve patient's quality of life
- The code aims to address and rebalance this so that
  - The NHS has confidence that DACs operate in the patient interest first
  - DACs are trusted not to exploit the patient
  - COI's, because of vertical integration, are effectively managed
  - The current market is not radically altered
- The code cannot account for every circumstance
  - It's a framework and guide to best practice

# The four areas highlighted by members where best practice is required

## 1. AURs

- Significant misunderstanding of AUR's in the regulations by Nurses, some DACs and some parts of the NHS - **We need to ensure AURs that are delivered are carried out correctly**
- We need to clarify what an AUR is and why it is carried out - **Demonstrate that it is NOT a sales activity but a patient benefit activity**

## 2. Sampling

- Operate sampling to reflect that these are clinical and Part IX prescribed products
- Ensure Clinical nurse specialist or prescribers input into the selection of clinical products – Help to preserve DT
- Prescribers do the prescribing – This stops viewing of appliances as commodities
- Manage the potential COI of vertical integration
- Remove the perception of using sales techniques in a clinical service

# The four areas highlighted by members where best practice is required

## 3. Conversions

- Patients have clinical needs and appliances are clinical products
- Product change must have a clinical input from an HCP or prescriber
- DACs are NHS contractors, not manufacturers' distributors
  - DACs must value the trust given to them to look after patient data
  - Patient data is treated confidentially, even within an integrated organisation and should only be used for the dispensing process

## 4. New Product Development

- Product development is important, patients need to be involved
- NPD process must not be seen as a sales tool

# Progress to date and next steps

## Current status

- All BHTA, SIACA and UTA members have adopted the code
- NHSE made some initial comments which led to some minor updates, final document sent to all members and discussed with NHSE

## Next Steps

- NHSE have committed to communicating it through their channels to the ICB's (Done)
- The code is now ready to be distributed to stakeholders (Initial list attached, all have been contacted)
- Training, on an annual basis, should be put in place in all organisations to ensure all staff are aware of the code and the DAC terms of service and regulations in full
- The DAC Position paper should also be used to demonstrate the value we deliver to the NHS and patients
- Any complaints or queries should be directed to your Trade association in the first instance. (Process included in the code)



# Stakeholder distribution list

- Patient groups – Stoma and Continence both PIPs members and others
- DHSC MedTech Directorate
- NHSE Community Pharmacy team
- NHSSC – Associated consumables category
- Nursing associations – ACA, ASCN, BAUN
- The Urology Foundation

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