

Lipid Management Service Request & Booking Form

Guidance: All fields require complete population in order for any application to be valid. For queries regarding data processing and storage, please visit the Daiichi Sankyo UK Ltd website. For any difficulties in populating this document, please email grantsanddonations@daiichisankyo.co.uk

Please ensure you also submit a fully completed anti-bribery questionnaire (see appendix) with your application, as all donations' applications must be accompanied by this questionnaire.

The objective of the lipid management services is to enhance patient outcomes in areas of highest clinical need. These initiatives aim to assist primary care practices in identifying patients whose lipid management could be optimised.

Lipid Optimisation Programme

GP practices who meet the eligibility criteria will be approved for the service. The criteria ensures the service is delivered for GP practices with the highest levels of disease burden and therefore the highest need. Eligibility criteria as follows:

- GP practice has a cardiovascular disease prevalence of $\geq 5.52\%$ based on 2022-23 Quality and Outcomes Framework (QOF) data and a practice population of over 10,000 patients.
- Only GP practices who can confirm they have the capacity to support the delivery of the service will be considered.

Upon submission of an application, DSUK undertake an assessment of your request and respond to you in a timely manner. If your application is successful, we aim to have these services commenced **within 6 weeks** from submission of application.

During this period DSUK and providers will engage to ensure timely completion of:

- Confirming approval for a lipid management service donation for eligible practices & assigning a provider
- Communication of the service offer & sharing practice level contact details with the provider
- Supporting practice level data processing assurances and access to onboard the service

If your organisation would like to request a donation from DSUK, please ensure the form below is fully completed.

Lipid Management Service Request:

This is a booking request form for the Lipid Optimisation Programme (Therapy Review) and by returning this completed form you are requesting consideration for this service.

Application details

Name of Organisation & address	
Name of legal entity if different from above	
Name of Practice Lead/Manager	
Email address	
Direct line no.	
PCN Name	
Practice population size	
GP IT System (e.g. SystemOne/EMIS/Both)	

Please Tick

Please confirm that the applicant for this lipid management service has notified the ICB and have the authority to subcontract this activity to a third-party service provider:

Please tick this box if you would like to be contacted to discuss the above service in more detail:

Practice authorised signatory for and on behalf of the Primary Care Organisation (one signature required):

As authorised signatory for and on behalf of the practice, I accept full responsibility for communicating the activities contained herein to all members within practice whom these activities will affect. As main signatory for and on behalf of the practice I consent to the release of anonymised statistical data for the purpose of research into cardiovascular disease.

Practice Authorised Signatory	
Name	
Date	
Signature	

Please return this form to:

Grantsanddonations@daiichi-sankyo.co.uk

Please note: This form is for donation requests only.

Appendix: Anti-bribery questionnaire

'Bribery' is defined as:

'Giving someone a financial or another advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so. This could cover seeking to influence a decision-maker by giving some kind of extra benefit to that decision maker rather than by what can legitimately be offered as part of a tender process.'

In order to prevent any unwitting engagement in behaviour which might raise the suspicion of bribery each application for a Grant or Donation must be accompanied by a completed anti-bribery assessment form.

Please read and act in accordance with the Anti-bribery Act.

Please complete the following questions. Daiichi Sankyo will not be able to review your application for a Grant unless these are completed.

1. Are you aware of the Bribery Act of 2010? Yes No

2. Have you or your organisation previously received a grant or donation from Daiichi Sankyo – if so when was it received and what were the nature and purpose of the Grant & donation?

3. Has anyone employed by Daiichi Sankyo, including third parties retained by Daiichi Sankyo, offered any payments or gifts to you or your organisation that were dependent on a benefit in kind being given to Daiichi Sankyo?

Yes No

4. Have you or your organisation ever violated any anti-bribery laws? If so, please provide details.

5. Does anyone in your Organisation make or influence decisions on any of the following in relation to Daiichi Sankyo products? Please respond with a YES or a NO.

Approval of Product Licenses

Yes No

Health Technology Appraisals

Yes No

Inclusion into Formularies, Guidelines or Protocols

Yes No

6. If you responded, or responded on behalf of anyone in your organisation with a YES to any of the question above please complete the following section.

Title and Name of Person(s) in the Organisation associated with any of the activities specified in question 5

Name of Organisation

Role within the Organisation

Name of Daiichi Sankyo Product(s) that the activities in question 5 relate to

Nature of Influence

I have to the best of my knowledge answered the questions above accurately and am authorised to do so by my Organisation.

Name and Title of Person completing the questionnaire.