

## **The Bribery Act 2010**

### **Summary guidance for LMCs from the General Practitioners Defence Fund (GPDF)**

The Bribery Act came into force on July 1<sup>st</sup> 2011 and it has potentially far-reaching consequences for both the public and private sectors. The following points are aimed at LMC officers in order to highlight the key purpose of the Act, and to provide assistance to LMC officers in taking any necessary action. It is the responsibility of each organisation to take note of this Act and to ensure they have taken the appropriate defensive measures. It is unlikely that this subject will have a major impact on the work of LMCs, but in the environment of a rapidly changing NHS, where GPs are being given greater responsibility for public funds, it would be foolhardy to ignore this legislation.

Included with this summary are the GPDF Bribery Policy, and the slides from the GPDF presentation on this subject. Neither of these can be used as a substitute for a locally produced policy.

“Bribery is defined as giving someone a financial or other advantage to encourage that person to perform their functions or activities improperly or to reward that person for having already done so”

(Ministry of Justice)

A relevant function or activity is defined in the presentation. The Act applies to all corporate bodies, and includes all associated individuals or agencies. The key factor in a defence is to have in place “Adequate procedures to prevent a person associated bribing another”. Slide 9 illustrates the Act in the context of NHS Primary Care.

The Six principles for any organisation are in the presentation, and are:

- Proportionate Procedures
- Top Level Commitment
- Risk Assessment
- Due Diligence
- Communication
- Monitoring and Review

There is currently an enormous effort within shadow CCGs to address potential conflicts of interests, and GPs will increasingly expect their representative bodies to be in a position to give advice on such probity issues.

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