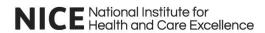


Interests Register

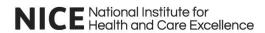
Perioperative Care Advisory Committee 13/05/2020

Publication Date:

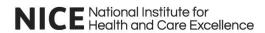
Name Role with				Re	Comments		
	NICE	interest		Interest arose	Interest declared	Interest ceased	
Paul Wallman	Guideline Chair	-	None.	-	-	-	-
Daniel Nevin	Early Committe e Member	Direct - financial	As part of NHS role at the Royal London Hospital, performs 1.25 PA's per week working in the High Risk Pre Assessment Perioperative clinic.		Upon applicatio n		No action other than the process of open declaration
		Direct - financial	Undertake limited private practice which amounts to occasional (1-2 days per month) anaesthetic lists in the private sector with no fixed regular surgeon – usually on an ad hoc basis when asked to cover for a colleague.		Upon applicatio n		Work is on a sessional basis and there is no influence over volumes of patients. Is not in a position to gain from the recommendat ions within the guideline. No action



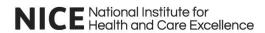
							other than the process of open declaration
		Direct non- financial Professio nal and personal	Publication by ARCTIC Group in March BJA 2018 – paper on CPET looking at inter observer variability. One of the study subjects and asked to interpret CPETs. No further role in the investigation apart from being a participant. Not a member of the investigating group nor involved in the subsequent paper.	March 2018	15/03/201 8	March 2018	Non specific No action other than the process of open declaration
Wal Baraza	Surgeon	Direct – non- financial	General Surgery Lead for Enhance Recovery at Wythenshawe Hospital, Manchester University Foundation Trust, August 2016 – present. This is a voluntary and unpaid position.		Upon applicatio n		No action other than the process of open declaration
Jason Cross	Perioperat ive nurse	Direct non- financial	On delegate log for following studies: PQIP (perioperative quality improvement program). PREVENTT (anaemia / IV iron study).		Upon applicatio n		No action other than the process of open declaration
		Direct non- financial	Advanced Nurse Practitioner, (Proactive care of Older People) POPS team, Guys and St Thomas' NHS Foundation Trust		Upon applicatio n		Declare, stay to answer questions and withdraw for decision making on reviews on preoperative optimisation



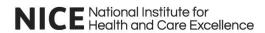
							clinics for older people.
			 Author of the following publications: Partridge JS, Harari D, Martin FC, Dhesi JK. The impact of pre-operative comprehensive geriatric assessment on postoperative outcomes in older patients undergoing scheduled surgery: a systematic review. Anaesthesia 2014; 69(Suppl 1): 8–16 Harari D, Hopper A, Dhesi J, Babic-Illman G, Lockwood L, Martin F. Proactive care of older people undergoing surgery ('POPS'): designing, embedding, evaluating and funding a comprehensive geriatric assessment service for older elective surgical patients. Age Ageing 2007; 36: 190–196. Partridge JS, Harari D, Martin FC et al. Randomized clinical trial of comprehensive geriatric assessment and optimization in vascular surgery. Br J Surg 2017; 104: 679–87 		Upon applicatio n		No action other than the process of open declaration
Sara Dalby	Theatre nurse	Direct – financial	Winston Churchill fellow: awarded the Winston Churchill travelling fellowship (a grant to travel to the USA in 2014). Topic was advanced practice in practice and education.	2014	15/03/18	2014	No action other than the process of open declaration
		Direct – non-	ACP surgery working group and Curriculum writing group- Health Education England.		15/03/18		No action other than the process of



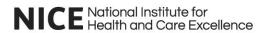
financial				open declaration
Direct – non- financial	Improving surgical training and wider workforce and Surgical care practitioner specialist advisory group – Royal College of Surgeons (England). Also was part of the working party for the Curriculum Framework for the Surgical Care Practitioner 2014.	15/03/18		No action other than the process of open declaration
Direct – non- financial	Secondment with Royal College of Nursing (and also additional project work) on numerous projects.	15/03/18		No action other than the process of open declaration
Direct – financial	Associate lecturer with ODP team- Edge Hill University. This is a paid role.	15/03/18	Decem ber 2018	No action other than the process of open declaration
Direct – non- financial	Specialist advisor- Care Quality Commission. Unpaid.	15/03/18		No action other than the process of open declaration
Direct – non- financial	Co-author Rapid series Perioperative practice- Wiley publishers.	15/03/18		No action other than the process of open declaration



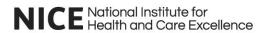
Direct – financial	Regional, national and international presentations on perioperative, nursing and surgical topics at meetings/conferences. Travel and accommodation expenses only.		15/03/18		No action other than the process of open declaration
Direct – non-financial	 Media work: RCN 'This is Modern Nursing' video Published in the Guardian newspaper and France 24 Interviewed for BBC news and article on BBC online Multiple videos for RCS (Eng) and part of the 'A question of balance; the extended surgical team' case study document. 		15/03/18		No action other than the process of open declaration
Direct – financial	Secondment (6 months) with NHSi and HEE to support Advanced Clinical Practice agenda. Covering NHS Salary and travel and accommodation costs. Not receiving additional income.	March 2019	13/03/201 9		No action other than the process of open declaration
Direct - financial	One additional day with Edge Hill University examining pre-reg students presenting a change management project. Paid.	22/03/19	22/07/19	22/03/1 9	No action other than the process of open declaration
Direct – non-	On the editorial panel for a journal called 'Surgery'. Travel and potential accommodation costs will be covered but will not be paid for time.	30/08/19	19/09/19		No action other than the



		financial			process of open declaration
Dhesi s	Physician specialisin g in proactive surgery preparatio n in older people	Direct - financial	Consultant Geriatrician, Guy's and St Thomas' NHS Foundation Trust	Upon applicatio n	Declare, stay to answer questions and withdraw for decision making on reviews on preoperative optimisation clinics for older people.
		Direct – non- financial	Local PI on PREVENTT – a multicentre study investigating impact of preoperative iv iron in patients undergoing elective major abdominal and pelvic surgery.	Upon applicatio n	Responsible for recruiting patients only. No action other than the process of open declaration
		Direct – non- financial	Local PI on CAVIAR – a multicentre observational study examining assessment and management of anaemia in elective vascular patients.	Upon applicatio n	Responsible for recruiting patients only. No action other than the process of open declaration



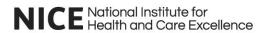
Direct – non- financial	Local PI in PQIP – a multicentre observational study examining outcomes in major/complex elective surgical patients.		Upon applicatio n		Responsible for recruiting patients only.
					No action other than the process of open declaration
Direct – financial	Consultancy fee received for appearing on expert panel regarding the use of preoperative IV iron by Vifor.	01/12/18	20/12/18	14/12/1 8	Declare, stay to answer questions and withdraw for decision making regarding IV iron.
	Author of the following publications: 1. Perioperative comprehensive geriatric assessment: what do we need to know? Br J Hosp Med (Lond). 2019 May 2;80(5):258-262. doi: 10.12968/hmed.2019.80.5.258		Upon applicatio n		No action other than the process of open declaration
	 White S, Griffiths R, Baxter M, Beanland T, Cross J, Dhesi J, Docherty AB, Foo I, Jolly G, Jones J, Moppett IK, Plunkett E, Sachdev K. <u>Guidelines for the peri-operative care of people with dementia: Guidelines from the Association of Anaesthetists.</u> Anaesthesia. 2019 Mar;74(3):357-372. doi: 10.1111/anae.14530. Epub 2019 Jan 11 				
	3. Joughin AL, Partridge JSL, O'Halloran T, Dhesi JK. Where				



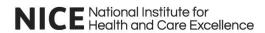
are we now in perioperative medicine? Results from a repeated UK survey of geriatric medicine delivered services for older people. Age and Ageing 2019; https://doi.org/10.1093/ageing/afy218
4. Rogerson A, Partridge JSL, Dhesi JK. A Foundation Programme educational placement in peri-operative medicine for older people: mixed methods evaluation. Anaesthesia 2018; doi:10.1111/anae.14410 [epub ahead of print]
5. Partridge JSL, Sbai M, Dhesi JK. Proactive care of Older People undergoing Surgery. Ageing Clinc Exp Res. 2018; 30(3):253-257. doi: 10.1007/s40520-017-0879-4
6. Gordon AL, Evans BJ, Dhesi JK The physician's role in perioperative management of older patients undergoing surgery. Clin Med (Lond). 2017 Jul;17(4):357-359. doi: 10.7861/clinmedicine.17-4-357.
7. Partridge JSL, Harari D, Martin FC, Peacock JL, Bell R, Mohammed A, Dhesi JK. Randomized clinical trial of comprehensive geriatric assessment and optimization in vascular surgery. Br J Surg 2017; 104:679-687.
8. Biasi L, Patel SD, Lea T, Donati T, Katsanos K, Partridge JS, Dhesi JK, Zayed H. Complex Infra-Popliteal Revascularisation in Octogenarians and Nonagenarians with Critical Limb Ischaemia: Impact of Multidisciplinary Integrated Care on Mid-Term Outcome. J Cardiovasc Surg (Torino). 2017 Oct;58(5):665-673. doi: 10.23736/S0021-9509.16.09159-X. Epub 2016 May 19.



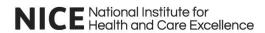
9. Braude P, Fertleman M, Dhesi JK Collaborative working: who is responsible? Future Hospital Journal May 2016
10. Mehdi Z, Birns J, Partridge J, Bhalla A, Dhesi J. Perioperative management of adult patients with a history of stroke or transient ischaemic attack undergoing elective non-cardiac surgery. Clinical Medicine 2016; 16: 535-40.
11. Braude P, Partridge JS, Shipway DB, Martin FCM, Dhesi JK Perioperative medicine for older patients: how do we deliver quality care? Future Hospital Journal 2016 Vol 3, No 1: 33–6
12. Braude P, Goodman A, Elias T, Babic-Illman G, Challacombe B, Harari D, Dhesi JK. Evaluation and establishment of a ward-based geriatric liaison service for older urological surgical patients: POPS-Urology (Proactive Care of Older People Undergoing Surgery). BJU Int. 2016 May 11. doi: 10.1111/bju.13526.
13. Braude P, Partridge JS, Hardwick J, Shipway DJ, Dhesi JK. Geriatricians in perioperative medicine: developing subspecialty training. Br J Anaesth. 2016 Jan;116(1):4-6. doi: 10.1093/bja/aev403.
14. Dhesi JK, Swart M. Specialist pre-operative assessment clinics. Anaesthesia. 2016 Jan;71 Suppl 1:3-8. doi: 10.1111/anae.13307.
15. Whiteman AR, Dhesi JK, Walker D. The high-risk surgical patient: a role for a multi-disciplinary team approach? Br J



Anaesth. 2016 Mar;116(3):311-4. doi: 10.1093/bja/aev355.
16. Partridge JS, Collingridge G, Gordon AL, Martin FC, Harari D, Dhesi JK. Where are we in perioperative medicine for older surgical patients? A UK survey of geriatric medicine delivered services in surgery. Age Ageing. 2014 Sep;43(5):721-4.
17. Abu-Ghanem Y, Dhesi JK, Challacombe BJ <u>The</u> <u>challenges of managing urological malignancy in the</u> <u>elderly.</u> BJU Int. 2014 Jul;114(1):12-5.
18. Griffiths R, Beech F, Brown A, Dhesi J, Foo I, Goodall J, Harrop-Griffiths W, Jameson J, Love N, Pappenheim K, White S; Association of Anesthetists of Great Britain and Ireland Peri-operative care of the elderly 2014: Association of Anaesthetists of Great Britain and Ireland. Anaesthesia. 2014 Jan;69 Suppl 1:81-98.
19. Partridge JS, Harari D, Martin FC, Dhesi JK. The impact of pre-operative comprehensive geriatric assessment on postoperative outcomes in older patients undergoing scheduled surgery: a systematic review. Anaesthesia. 2014 Jan;69 Suppl 1:8-16.
20. White SM, Dhesi JK, Foo IT. Anaesthesia for the Elderly. Foreword. Anaesthesia. 2014 Jan;69 Suppl 1:1-2.
21. Braude P, Dhesi JK Tailoring risk assessment to older and frailer patients. Br J Anaes May 2014



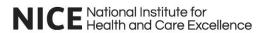
22. Shipway DJH, Harari D' Dhesi JK. Peri-operative Management of Older People Undergoing Surgery.
Reviews in Clinical Gerontology. August 2013
23. Dhesi JK Setting up a proactive service to make surgery
safer for older people. The Health Foundation 2013
24. Partridge I Harari D. Casasas I Phasi I Angerris in the
24. Partridge J, Harari D, Gossage J, Dhesi J. A <u>naemia in the</u> older surgical patient: a review of prevalence, causes,
implications and management. J R Soc Med. 2013
Jul;106(7):269-77.
25. Partridge JS, Martin FC, Harari D, Dhesi JK. <u>The delirium</u>
experience: what is the effect on patients, relatives and
staff and what can be done to modify this? Int J Geriatr Psychiatry. 2013 Aug;28(8):804-12.
F Sychiatry. 2013 Aug, 20(8): 804-12.
26. Dhesi JK, Griffiths R The older surgical patient: minimizing
risk and maximizing outcomes. Clinical Risk 2012 18: 177-
181
27. Dhesi JK Access to surgery: a geriatrician's perspective
Ann R Coll Surg Engl (Suppl) 2012; 94: 302–03
28. <u>Dhesi</u> JK Improving outcomes in older patients
undergoing elective surgery. Aging Health, 2012; 8(4):
329-332
29. Kalsi T, Wilson F, Kinirons M, Dhesi JK The Geriatrician's
Guide to Preoperative Cardiac Risk Assessment &



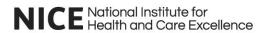
				duction in Elective Non-C tients GM 2012	ardiac Surgery for Older				
			surg	rtridge JS, Harari D, Dhesi Jh rgical patient: a review. Age A r;41(2):142-7					
			Hov	oss J, Dhesi J. <u>Practice ques</u> w can ward nurses improve t tients? Nurs Older People. 20	he care of older surgical				
			elec	esi J. Improving outcomes in octive surgery. J R Coll Physic; 40(4):348-53.					
				rari D Dhesi JK. The ageing Clinical Gerontology. 2007;17					
			Mar <u>surc</u> <u>func</u> olde	rari D, Hopper A, Dhesi J, Ba artin F. <u>Proactive care of olde</u> rgery ('POPS'): designing, em ading a comprehensive geriat ler elective surgical patients. ar;36(2):190-6	r people undergoing nbedding, evaluating and ric assessment service for				
Sheba Joseph	Lay Member	Direct – non- financial		r of the Patient and Lay lege of Surgeons.	Group (PLG) of the	April 2016	Upon applicatio n	April 2019	No action other than the process of open declaration



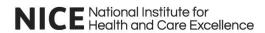
	Direct – financial	Lay panel member for the regulatory hearings with the Health and Care Professions Council (HCPC) and the General Pharmaceutical Council (GPhC).		Upon applicatio n		Non-specific to the guideline. No action other than the process of
						open declaration
	Direct – financial	Lay representative HEE North East.	April 2019	24/04/19	Current	Non-specific to the guideline.
						No action other than the process of open declaration
Anaesthet ist	Direct – financial	Occasional private practice (anaesthetising patients in the local private hospital for general surgery and orthopaedic cases).		Upon applicatio n		Work is on a sessional basis and there is no influence over volumes of patients. Is not in a position to gain from the recommendat ions within the guideline. No action
		Direct – financial Anaesthet Direct –	Direct - financial Direct	financial Health and Care Professions Council (HCPC) and the General Pharmaceutical Council (GPhC). Direct – financial Lay representative HEE North East. April 2019 Anaesthet ist financial Direct – financial financial the local private hospital for general surgery and	Financial Health and Care Professions Council (HCPC) and the General Pharmaceutical Council (GPhC). application	Financial Health and Care Professions Council (HCPC) and the General Pharmaceutical Council (GPhC). April 24/04/19 Current



			other than the process of open declaration
Direct – non- financial	Member of RCoA Perioperative medicine leadership group.	Upon applicatio n	No action other than the process of open declaration
Direct – non-financial	 Author of the following publications: Levy N. Fernando R. Reducing the incidence of technical failures and paraesthesia in combined spinal-epidural techniques. <i>Anaesthesia</i>. 2000; 55:1230-1. Levy N. Extending the oesophageal doppler into the peri-operative period. <i>Anaesthesia</i>. 2001; 56:1123-1124. Levy N. Fernando R. Postoperative pain - management options after Gynaecological surgery and Caesarean Section. In: Maclean A, William Stones R and Thornton S, editors. Pain in Obstetrics and Gynaecology. RCOG press 2001.p.267-282. Levy N, Green J, Mohan G, Boustead G. A new protocol for pain relief for radical perineal prostatectomy allowing early hospital discharge. <i>BJU international</i>. 2002; 90(supplement 2):19 Levy N. A study of the initial fluid resuscitation and pain management of patients with fractured neck of femur. <i>Anaesthesia</i>. 2002; 57:1148. 	03/05/18	Papers did not form part of the evidence review. No action other than the process of open declaration



6. Levy N, Mauger J. Hand washing. <i>Anaesthesia</i> . 2004; 59: 411.
7. Levy, N. Gel pads for the difficult airway trolley. Anaesthesia .2005;60:102-102.
8. Sinha A, Levy N. Pre-emptive use of haloperidol in ICU to prevent emergence agitation. Anaesthesia.2007, 62: 753–754.
9. Simpson A, Levy N. Monitoring guidelines: a missed opportunity? Anaesthesia. 2007. 62: 857–858.
10. Simpson AK, Levy N, Hall GM. Peri-operative iv fluids in diabetic patients – don't forget the salt. Anaesthesia. 2008; 63: 1043-1045.
11. Thakor A, Levy N. A new effective non-invasive method of cooling patients with malignant hyperthermia. <i>Anaesthesia</i> . 2008; 63: 1266-1267.
12. Levy N, Hall G. National Patient Safety Agency surgical safety checklist and glycaemic control. Anaesthesia. 2009; 64: 1371-1372.
13. Levy, N. Hall G. NPSA recommendations on intravenous fluids. <i>Anaesthesia</i> . 2009; 64: 1371–1372.
14. Management of adults with diabetes undergoing surgery and elective procedures: improving standards, 2011. London. Joint British Diabetes Societies Inpatient Care Group for NHS Diabetes. (



Major Author)	
15. Dhatariya K, Levy K, Kilvert A, Watson B, Cousins D, Flanagan D, Hilton L, Jairam C, Leyden K, Lipp A, Lobo D, Sinclair–Hammersley M, Rayman G for the Joint British Diabetes Societies. Diabetes UK Position Statements and Care Recommendations. NHS Diabetes guideline for the perioperative management of the adult patient with diabetes. <i>Diabetic medicine</i> , 2011, 28(5) 508-515	
16. Banham-Hall E, Levy N, Mills P. The effect of the introduction of a dedicated prescription chart on the prescription of peri-operative drugs. <i>Journal of One day Surgery</i> . 2011;21:30-33	
17. Lobo D, Dhatariya K, Levy N et al. The perioperative management of the adult patient with diabetes. <i>Issues in professional practice</i> . Association of Surgeons of Great Britain and Ireland. 2012	
18. Haddon R, Levy N, Vohra A. Current BNF recommendations on peri-operative cessation of clopidogrel. <i>Anaesthesia</i> 2012; 67: 1052-3.	
19. Modi A, Levy N, Lipp A. A national survey on the perioperative management of diabetes in day case surgery units. <i>Journal of Day Surgery</i> 2012	
20. Kubitzek C, Levy N. Charles Egerton Jennings and his contribution to Intravenous Fluid Resuscitation. <i>The History of Anaesthesia Society Proceedings</i> . 2012,45: 86-94	
21. Rudd B, Patel K, Levy N, Dhatariya K. A survey of the implementation of the NHS diabetes guidelines for management of diabetic ketoacidosis in the	



intensive care units of the East of England. Journal of the Intensive Care Society 2013, 14:61-64
22. The management of diabetic ketoacidosis in adults (september 2013). http://www.diabetes.org.uk . 2013. London, Joint British Diabetes Societies Inpatient Care Group for NHS Diabetes
23. Turnbull C, Levy N, Webb S. Venous thromboembolism and the anaesthetist. <i>Bulletin of the Royal College of Anaesthetists</i> 2013, 80, 6-9
24. Lawrence N, Levy N. Effects of an intraoperative infusion of 4% succinylated gelatine (Gelofusine) and 6% hydroxyethyl starch (Voluven) on blood volume Br. J. Anaesth. 2013 111: 678-679.
25. Turnbull C, Levy N, Parsons S. Delayed fixation of a fractured neck of femur due to the use of dabigatran. Anaesthesia Cases. July 2013. http://www.anaesthesiacases.org/case-reports/2013-0074
26. Levy N, Frost I, Fry A. Improving the hospital management of acute kidney injury. <i>Journal of the Intensive Care Society</i> 2014, 15, 8-9
27. Grimes L, Levy N. Is 10 litres of 4% dextrose in 0.18% saline NICE? <i>Anaesthesia</i> 2014; 69: 934-5
28. Kohler K, Levy N. Management of diabetic ketoacidosis: a summary of the 2013 Joint British Diabetes Societies guidelines. <i>Journal of Intensive care society</i> 2014;15 (3);2-5.



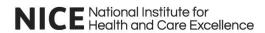
29. Stubbs D, Levy N. Oxycodone as part of Enhanced Recovery for lower limb arthroplasty. Continuing Education in Anaesthesia, Critical Care and Pain. 30. Aldam P, Levy N, Hall GM. Perioperative management of diabetic patients: new controversies. Br J Anaesth 2014; 113: 906–9 31. Perioperative management of diabetic patients: new controversiesauthors' reply. P. Aldam; N. A. Levy; G. M. Hall. British Journal of Anaesthesia 2015 115:
640-641
32. Grimes L, Stubbs D, Levy N. Should The WHO surgical safety checklist be updated? <i>RCoA Bulletin</i> . 2015;92:26-28
33. Grimes L, Clayton S, Grimsdel R, Levy N. New Drug-driving laws and Implications for Anaesthetists. RCoA Bulletin. 2015;93:45-46
34. Dhatariya K, Levy N, Flanagan D, Hilton L, Kilvert A, Rayman G, Watson B, for the Joint British Diabetes Societies. Management of adults with diabetes undergoing surgery and elective procedures: Improving standards. Revised September 2015. Accessed from http://www.diabetologists-abcd.org.uk/JBDS/JBDS IP Surgical Guideline 20 15 Full.pdf. 2015. (accessed 5 November 2015)
35. Barker, P., Creasey, P. E., Dhatariya, K., Levy, N., Lipp, A., Nathanson, M. H., Penfold, N., Watson, B. and Woodcock, T. (2015), Peri-operative management of the surgical patient with diabetes 2015. <i>Anaesthesia</i> , 70: 1427–1440.
36. Mahendrayogam T, Levy N. Implications of NAP5 on



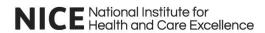
training in the East of England School of Anaesthesia. Anaesthesia 2015; 70: S25
37. Hallet A, Modi A, Levy N. Developments in the management of diabetic ketoacidosis in Adults: implications for anaesthetists. <i>BJA Education</i> . 2016;16: 8-14
38. Chen P, Huda W, Levy N. Chlorhexidine anaphylaxis: implications for post-resuscitation management. <i>Anaesthesia</i> . 2016 Feb 1;71(2):242-3.
39. Grimes L, Stubbs D, Levy N. "Confirmation that intravenous lines and cannulae have been flushed" should be part of NHS WHO Surgical Checklist. RCoA Bulletin.
40. Levy N, Penfold N, Mythen M. Perioperative management of diabetes and the emerging role of anaesthetists as perioperative physicians. <i>British Journal of Anaesthesia</i> . 2016;116: 443-7.
41. Dhatariya K, Levy N, Hall GM. The impact of glycaemic variability on the surgical patient. <i>Current Opinion in Anesthesiology</i> . 2016 ;29:430-7.
42. Modi A, Levy N, Hall GM. Controversies in the peripartum management of diabetes. Anaesthesia. 2016: 71:750-755
43. Levy N, Mills P, Mythen M. Is the pursuit of DREAMing (drinking, eating and mobilising) the ultimate goal of anaesthesia? <i>Anaesthesia 2016</i> ; 71:. 1008-1012
44. Fawcett W, Levy N . Controversies in preoperative carbohydrate loading. <i>RCoA Bulletin 2016;:</i> 99: 6-9



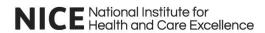
45. Sidana J, Phillips C, Sinha A, Levy N. Therapeutic challenges in the management of Diabetic Ketoacidosis. <i>Journal of Intensive Care Society</i> . 2016; 17: 353-355.
46. Hermanowski J, Levy N, Mills P, Penfold N. Deprescribing: implications for the anaesthetist. Anaesthesia. 2017;72:565-9.
47. Levy N, Penfold NW, Dhatariya K. Perioperative management of the patient with diabetes requiring emergency surgery. <i>BJA Education</i> . 2016;17:129-36.
48. Stubbs DJ, Levy N, Dhatariya K. Diabetes medication pharmacology. <i>BJA Education</i> . 2017 Feb 22:mkw075.
49. Stubbs DJ, Levy N, Dhatariya K. The rationale and the strategies to achieve perioperative glycaemic control. <i>BJA Education</i> . 2017 Feb 20:mkw071.
50. Peirce B, Levy N. Should blood glucose measurement be a standard of monitoring?. <i>Anaesthesia</i> . 2017;72:658-9.
51. Joint British Diabetes Society. Management of glycaemic control in pregnant women with diabetes on obstetric wards and delivery units. http://www.diabetologists-abcd.org.uk/JBDS/JBDS.htm
52. Levy N, Dhatariya K. Metformin. In. Essence of Anesthesia Practice. Edited by Fleisher LA, Roizen MF, Roizen J. Elsevier Health Sciences; 2017



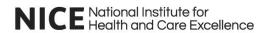
	 53. Levy N, Mills P, Penfold N. The US prescribed opioid epidemic: lessons for perioperative medicine in the UK. Part 1. <i>RCoA Bulletin</i>. 2018.107. 48-49 54. Levy N, Mills P, Penfold N. The US prescribed opioid epidemic- lessons for perioperative medicine. Part 2. <i>RCoA Bulletin</i>. 2018.108. 46-47. 55. Levy N, Sturgess J. Mills P. "Pain as the fifth vital sign" and dependence on the "numerical pain scale" is being abandoned in the US: Why?. <i>BJA</i>. 2018: 120: 435-438 56. Modi A, Penfold, Levy N, Hall GM. Peripartum management of diabetes: Time for a NICE rethink. <i>RCoA Bulletin</i>. 2018. 109: 44-45 57. "Primum non nocere" (first do no harm). Intrapartum glycaemic control and neonatal hypoglycaemia. 				
Direct – non- financial	Modi A, Levy N, Hall G. <i>Diabetic Medicine</i> Member of RCOA & FPM committee examining response to opioid crisis.	24/01/19	30/01/19	Current	No action other than the process of open declaration
Direct – non- financial	Had an editorial on management of post-surgical pain accepted for publication in BJA subject to minor changes.		24/04/19		Declare, stay to answer questions and withdraw for decision making for reviews on pain.



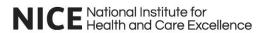
		Direct – non- financial	Draft manuscripts submitted to BJA, Anaesthesia and Diabetic Medicine on pain, restoration of function, minimisation of persistent periopertiave opioid use, minimisation of opioid-induced ventilatory impairment and reduction of harm from glucose lowering medication.		21/08/19	No action other than the process of open declaration
			Asked to be joint national lead for producing national guidance on perioperative management of diabetes. Official offer letter received.	09/09/19	20/09/19	No action other than the process of open declaration
John Moore	Intensivist with expertise in anesthesi	Direct – financial	CARE conference: Acute Resp care June 2017. Cochaired a day for Fischer Paykal and was compensated a fee of £750.		Upon applicatio n	No action other than the process of open declaration
	а	Direct – non- financial	ERAS+ pathway: Published work around the perioperative pathway ERAS+ for major surgery patients which was developed at Manchester Foundation Trust. Currently undertaking a Heath Foundation sponsored scale and implementation of the ERAS+ model across Greater Manchester 2018-20. The impact of this will not be known until 2020. Have also developed an ERAS+ APP to support the implementation of the ERAS+ pathway – this is free and non-profit making. This is due to be launched in the next 2 months and will provide support to the Health Foundation project in GM. ERAS+ is promoted through the NHS in role as a National Innovation Accelerator Fellow by NHS		Upon applicatio n	No action other than the process of open declaration



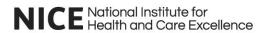
			England appointed in November 2016, running until 2019.			
		Direct - non- financial	Clinical head of division for anaesthesia, critical care and peri-operative medicine.	May 2018	25/07/18	No action other than the process of open declaration
		Direct - non- financial	Greater Manchester Cancer Lead for prehabilitation and recovery package	August 2018	25/07/18	No action other than the process of open declaration
Terry McCorm ack	General Practition er	Direct – non- financial	Publication of the following paper; Anderson S, Beckett N, Pichel A, McCormack T. Optimising BP measurement and treatment before elective surgery: taking the pressure off. <i>Br J Cardiol 2017:24:11-12</i>		Upon applicatio n	No action other than the process of open declaration
		Direct non- financial	Member of the Royal College of Anaesthetists and the Association of Anaesthetists of Great Britain and Ireland.		Upon applicatio n	No action other than the process of open declaration
		Direct – financial	Research grants from Amgen (lipids), Boehringer Ingelheim (atrial fibrillation anticoagulation), Daiichi-Sankyo (atrial fibrillation anticoagulation), Leo Pharma (dermatology), Novartis (heart failure), Pfizer (lipids) and the National Institute for Health Research. These research payments are paid to Whitby Group Practice,		Upon applicatio n	Non-specific - advisory services on matters unrelated to



	of which a variable 6-7% shareholder. They support the employment of two research nurses and one research administrator.		interventions included in the guideline. No action other than the process of open
Direct – financial	Speaker fees from Merck Sharpe & Dohme (MSD). Travel grants for scientific meetings from Amgen and MSD (both lipid therapies).	Upon applicatio n	Non-specific - advisory services on matters unrelated to interventions included in the guideline. No action other than the process of open declaration
Direct – financial	Received a fee from AstraZeneca for advising them about a new treatment for raised potassium.	Upon applicatio n	Non-specific - advisory services on matters unrelated to interventions included in the guideline. No action other than the



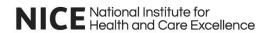
			process of open declaration
Direct – non-financial	Papers and posters: 1. Carr S, Shaikh R, O'Donnell R, McCormack T. The Awareness and Implementation of the AAGBI/BHS Guideline on Management of Hypertension Before Elective Surgery in the Hull York Medical School Region. Journal of Human Hypertension (2018) 32:S9 P-04. doi.org/10.1038/s41371-018-0109-3 2. Shaikh R, Carr S, O'Donnell R, McCormack T. The Significance of Blood Pressure in Cancellations of Elective Surgery: An Audit of the Hull York Medical School Region Following Recent New Guidelines. Journal of Human Hypertension (2018) 32:S9 P-03. doi.org/10.1038/s41371-018-0109-3	25/10/18	No action other than the process of open declaration
Direct – financial	The Whitby Group Practice Research Fund has received a payment from Roche for work on a guideline to manage high blood pressure caused by treatments for cervical and ovarian cancer. The Whitby Group Practice Research Fund has received additional payments from Sanofi and Weight Watchers for research activities.	25/10/18	No action other than the process of open declaration
Direct – financial	I have received speaker fees and expenses from AstraZeneca for a talk on hyperkalaemia management.	25/10/18	Non-specific - advisory services on matters unrelated to



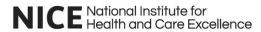
					interventions included in the guideline. No action other than the process of open declaration
Indirect – financial	Principal investigator for CLEAROutcomes, a Bempedoic acid outcome study. Sponsored by Esperion funding going to Whitby Group Practice research fund.	March 2019	24/04/19	Current	No action other than the process of open declaration
Indirect – financial	Received a fee from Amgen to attend an advisory board to discuss management of cholesterol and PCSK9 inhibitors.	27 June 2019	04/07/19	27 June 2019	No action other than the process of open declaration
Indirect – non- financial	Principal investigator for Vesalius, a PCSK9 inhibitor outcome study. Sponsored by Amgen with funding going to Whitby Group Practice research fund.	July 2019	04/07/19	Current	Amgen do not produce any drugs or devices looked at in this guideline. No action other than the process of open declaration



		Indirect – non- financial	Principal investigator for Discover Me, a genetics study. Sponsored by Sanger Institute, University of Cambridge with funding going to Whitby Group Practice research fund.	July 2019	04/07/19	Current	Sanger Institute do not produce any drugs or devices looked at in this guideline. No action other than the process of open declaration
Stephen Thomas	Lay Member	Direct - financial	Paid employee of Healthwatch Hartlepool.		Upon applicatio n		No action other than the process of open declaration
		Direct – financial	Councillor – Hartlepool Borough Council. Includes an allowance.		Upon applicatio n		No action other than the process of open declaration
		Direct – non- financial	Chair of Adult Services Policy Committee - Hartlepool Borough Council.		Upon applicatio n	May 2019	No action other than the process of open declaration
		Direct – non-	Member of Health and Wellbeing Board - Hartlepool Borough Council.		Upon applicatio		No action other than the process of



		financial			n		open declaration
		Direct – non- financial	Member of council of governors at Tees Esk Wear Valley Foundation Trust. Unpaid role put can claim travel expenses.		25/07/18	May 2019	No action other than the process of open declaration
		Direct – non- financial	Adult Services Policy Committee - Hartlepool Borough Council (no longer Chair)	May 2019	30/05/19		No action other than the process of open declaration
Danielle Wigg	Pharmaci st	Direct – non- financial	Committee member on the UKCPA (United Kingdom Clinical Pharmacy Association) Surgery & Theatres Committee		17/04/18		No action other than the process of open declaration
		Direct – non- financial	Contributor to the Handbook of Peri-Operative Medicines 1st & 2nd editions.		17/04/18		No action other than the process of open declaration
		Direct – non- financial	Bristol Lead for the Great Western Local Practice Forum of the Royal Pharmaceutical Society.		17/04/18		No action other than the process of open declaration



Direct – financial	Practice Educator at the University of Bath. Role is managed via a service level agreement with North Bristol NHS Trust, where the university pays the Trust for 0.5 fte,		17/04/18		No action other than the process of open declaration
Direct – non- financial	GLIDE Study (North Bristol NHS Trust) – https://www.hra.nhs.uk/planning-and-improving-research/application-summaries/research-summaries/glide-gastric-band-and-liraglutide-intervention-in-diabetes-evolution-2/	2019	15/05/19	2019	No action other than the process of open declaration
	Assisted in the feasibility review of a clinical research project, specifically the capability to clinically deliver and support the study which included the reviewing of a summary of the study and providing feedback on a locally designed prescription template prior to submitting for sponsor approval.				

¹ Non-financial professional and personal interests will now be referred to throughout the table as non-financial