

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Specialist Adviser questionnaire

Before completing this questionnaire, please read [Conflicts of Interest for Specialist Advisers](#). Certain conflicts exclude you from offering advice, however, please return the questionnaire to us incomplete for our records.

Please respond in the boxes provided.

Please complete and return to: Rishma.Malde@nice.org.uk

Procedure Name: IP 1524: processed nerve allograft to repair peripheral nerve discontinuities

Name of Specialist Advisor: Mr Alex Woollard

Specialist Society: BAPRAS, BAAPS

1 Do you have adequate knowledge of this procedure to provide advice?

Yes.

No – please return the form/answer no more questions.

1.1 Does the title used above describe the procedure adequately?

Yes.

No. If no, please enter any other titles below.

Comments:

2 Your involvement in the procedure

2.1 Is this procedure relevant to your specialty?

Yes.

Is there any kind of inter-specialty controversy over the procedure?

- No. If no, then answer no more questions, but please give any information you can about who is likely to be doing the procedure.

Comments:

The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.

2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:

- I have never done this procedure.
- I have done this procedure at least once.
- I do this procedure regularly.

Comments:

I perform nerve grafts regularly. They are all autografts, as allografts are not the gold standard of care.

2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

- I have never taken part in the selection or referral of a patient for this procedure.
- I have taken part in patient selection or referred a patient for this procedure at least once.
- I take part in patient selection or refer patients for this procedure regularly.

Comments:

I select patients for this and perform the surgery.

2.3 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.

Other (please comment)

Comments:

I did my PhD in nerve regeneration. I have also done clinical research on patients undergoing facial reanimation

3 Status of the procedure

3.1 Which of the following best describes the procedure (choose one):

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

Comments:

Whilst autografting is well established, allografting involves a departure from this procedure in several key stages: immune reaction and preservatives.

3.2 What would be the comparator (standard practice) to this procedure?

autografting

3.3 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

Comments:

4 Safety and efficacy

4.1 What is the potential harm of the procedure?

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

1. Adverse events reported in the literature (if possible please cite literature)

Inflammatory reaction to preservatives in allografts (strattice)

2. Anecdotal adverse events (known from experience)

Immunological reaction/rejection, inflammatory reaction to preservatives

3. Theoretical adverse events

Immunological reaction/rejection, inflammatory reaction to preservatives

4.2 What are the key efficacy outcomes for this procedure?

Reinnervation of target organs (sensory/motor)

4.3 Are there uncertainties or concerns about the *efficacy* of this procedure? If so, what are they?

Poor reinnervation vs autograft

4.4 What training and facilities are needed to do this procedure safely?

Handling and processing allografts prior to implantation. Surgical procedure same as autograft.

4.5 Are there any major trials or registries of this procedure currently in progress? If so, please list.

Not to my knowledge

4.6 Are you aware of any abstracts that have been *recently* presented/ published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.

Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).

Not to my knowledge

4.7 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

Not to my knowledge

5 Audit Criteria

Please suggest a minimum dataset of criteria by which this procedure could be audited.

5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures). Please suggest the most appropriate method of measurement for each:

MRC grading of sensory and motor recovery

5.2 Adverse outcomes (including potential early and late complications). Please state timescales for measurement e.g. bleeding complications up to 1 month post-procedure:

early inflammatory reaction, early/late immunological rejection, failure of reinnervation

6 Trajectory of the procedure

6.1 In your opinion, how quickly do you think use of this procedure will spread?

Depends on cost vs autograft and would be dependent on efficacy.

6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

Tertiary hospitals offering plastic surgery

6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:

- Major.
- Moderate.
- Minor.

Comments:

Peripheral nerve injuries account for a significant burden on NHS workload and loss of work hours. However only a proportion of nerve injuries require grafting.

7 Other information

7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

Not to my knowledge

8 Data protection and conflicts of interest

8. Data protection, freedom of information and conflicts of interest

8.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The specialist advice questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

X I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above and in accordance with the Data Protection Act 1998.

8.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the “Conflicts of Interest for Specialist Advisers” policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures.

Do you or a member of your family¹ have a **personal pecuniary** interest? The main examples are as follows:

¹ ‘Family members’ refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual).

Consultancies or directorships attracting regular or occasional payments in cash or kind YES
 NO

Fee-paid work – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice** YES
 NO

Shareholdings – any shareholding, or other beneficial interest, in shares of the healthcare industry YES
 NO

Expenses and hospitality – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences YES
 NO

Investments – any funds that include investments in the healthcare industry YES
 NO

Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic? YES
 NO

Do you have a **non-personal** interest? The main examples are as follows:

Fellowships endowed by the healthcare industry YES
 NO

Support by the healthcare industry or NICE that benefits his/her position or department, eg grants, sponsorship of posts YES
 NO

If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.

Comments:

I am a specialist advisor to the MHRA in the field of nerve regeneration and synthetic nerve conduits. I have received a fee for my report in this regard.
Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair

Professor Carole Longson, Director, Centre for Health Technology Evaluation.

Jan 2016

Conflicts of Interest for Specialist Advisers

1 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

- 1.1 Any conflicts of interest set out below should be declared on the questionnaire the Specialist Adviser completes for the procedure.
- 1.2 Specialist Advisers should seek advice if required from the Associate Director – Interventional Procedures.

2 Personal pecuniary interests

- 2.1 A personal pecuniary interest involves a current personal payment to a Specialist Adviser, which may either relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**' or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples are as follows.

- 2.1.1 **Consultancies** – any consultancy, directorship, position in or work for the healthcare industry that attracts regular or occasional payments in cash or kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).

- 2.1.2 **Fee-paid work** – any work commissioned by the healthcare industry for which the member is paid in cash or in kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).

- 2.1.3 **Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual). This does not include shareholdings through unit trusts, pensions funds, or other similar arrangements where the member has no influence on financial management.

- 2.1.4 **Expenses and hospitality** – any expenses provided by a healthcare industry company beyond that reasonably required for accommodation, meals and travel to attend meetings and conferences (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).

- 2.1.5 **Investments** – any funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.

- 2.2 No personal interest exists in the case of:

- 2.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)

- 2.2.2 accrued pension rights from earlier employment in the healthcare industry.

3 **Personal family interest**

- 3.1 This relates to the personal interests of a family member and involves a **current payment** to the family member of the Specialist Adviser. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as **'specific'**, or to the industry or sector from which the product or service comes, in which case it is regarded as **'non-specific'**. The main examples include the following.
- 3.1.1 Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2 Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
- 3.1.3 Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (for example, children, or adults whose full Power of Attorney is held by the individual).
- 3.1.4 Expenses and hospitality provided by a healthcare industry company (except where they are provided to a general class of people such as attendees at an open conference)
- 3.1.5 Funds which include investments in the healthcare industry that are held in a portfolio over which individuals have the ability to instruct the fund manager as to the composition of the fund.
- 3.2 No personal family interest exists in the case of:
- 3.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
- 3.2.2 accrued pension rights from earlier employment in the healthcare industry.

4 **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1 a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2 a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3 holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4 other reputational risks in relation to an intervention under review.

5 **Non-personal interests**

- 5.1 A non-personal interest involves payment that benefits a department or organisation for which a Specialist Advisor is responsible, but that is not received by the Specialist Advisor personally. This may either relate to the product or service being evaluated, in which case it is regarded as **'specific,'** or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as **'non-specific'**. The main examples are as follows.

5.1.1 **Fellowships** – the holding of a fellowship endowed by the healthcare industry.

5.1.2 **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:

- a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible
- a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Advisor is responsible. This does not include financial assistance for students
- the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
- one or more contracts with, or grants from, NICE.

5.2 Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.

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Interventional Procedures Programme

Specialist Adviser questionnaire

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Please respond in the boxes provided.

Please complete and return to: Rishma.Malde@nice.org.uk

Procedure Name: Processed nerve allograft to repair peripheral nerve discontinuities

Name of Specialist Advisor: Andrew Hart

Specialist Society: British Society for Surgery of the Hand

1 Do you have adequate knowledge of this procedure to provide advice?

Yes.

No – please return the form/answer no more questions.

1.1 Does the title used above describe the procedure adequately?

Yes.

No. If no, please enter any other titles below.

Comments:

Should be split into a) use for nerve injuries where direct repair is possible, vs. b) where a segmental gap must be reconstructed.

2 Your involvement in the procedure

2.1 Is this procedure relevant to your specialty?

Yes.

Is there any kind of inter-specialty controversy over the procedure?

- No. If no, then answer no more questions, but please give any information you can about who is likely to be doing the procedure.

Comments:

Nerve surgery commonly falls between Orthopaedic, Plastic, and Neurosurgeons, not all of whom will be trained through the British Society for Surgery of the Hand approved schemes. I am a Plastic & Hand Surgeon, also running a national Brachial Plexus Injury Service with an Orthopaedic colleague.

The next 2 questions are about whether you carry out the procedure, or refer patients for it. If you are in a specialty that normally carries out the procedure please answer question 2.2.1. If you are in a specialty that normally selects or refers patients for the procedure, please answer question 2.2.2.

2.2.1 If you are in a specialty that does this procedure, please indicate your experience with it:

- I have never done this procedure.
- I have done this procedure at least once.
- I do this procedure regularly.

Comments:

I undertake considerable volumes of major nerve surgery, and research into products for nerve reconstruction (tissue engineering).

2.2.2 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

- I have never taken part in the selection or referral of a patient for this procedure.
- I have taken part in patient selection or referred a patient for this procedure at least once.
- I take part in patient selection or refer patients for this procedure regularly.

Comments:

Appropriate specialty for this procedure, see answer above. I have not yet used or referred for use of this specific product since the evidence base has not mandated that as yet (to my reading), and other techniques are available.

2.3 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.

- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.
- Other (please comment)

Comments:

~20 years of pertinent neurobiology / tissue engineering lab-based research.

3 Status of the procedure

3.1 Which of the following best describes the procedure (choose one):

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

Comments:

3.2 What would be the comparator (standard practice) to this procedure?

Either direct nerve repair by microsurgical suture, or use of nerve autograft. Other artificial products are available too, but not standard practice.

3.3 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

Comments:

4 Safety and efficacy

4.1 What is the potential harm of the procedure?

Please list adverse events and major risks (even if uncommon) and, if possible, estimate their incidence, as follows:

1. Adverse events reported in the literature (if possible please cite literature)

2. Anecdotal adverse events (known from experience)

3. Theoretical adverse events

Main risk is uncritical use in preference to more established options and potential for sub-optimal results due to that.

4.2 What are the key efficacy outcomes for this procedure?

Pain, nerve regeneration rate, clinical sensory & motor outcome scales, certain PROMs (e.g. DASH)

4.3 Are there uncertainties or concerns about the *efficacy* of this procedure? If so, what are they?

Yes, the current evidence base is incomplete, and concern exists about the specific indications for use, as opposed to other more standard techniques.

4.4 What training and facilities are needed to do this procedure safely?

Any standard microsurgical centre familiar with nerve reconstruction could use the product.

4.5 Are there any major trials or registries of this procedure currently in progress? If so, please list.

Not to my knowledge

4.6 Are you aware of any abstracts that have been *recently* presented/ published on this procedure that may not be listed in a standard literature search, for example PUBMED? (This can include your own work). If yes, please list.

Please note that NICE will do a literature search: we are only asking you for any very recent or potentially obscure abstracts and papers. Please do not feel the need to supply a comprehensive reference list (but you may list any that you think are particularly important if you wish).

There is a body of results owned by the company selling the current market leader, some of which I have heard presented but is not published. Not aware of other pertinent non-accessible data. My group is undertaking a Cochrane review of this field at present.

4.7 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

An element of controversy exists as to whether or not there has been sufficient rigorous scientific trialling of the product, to merit a full roll out into the marketplace.

5 Audit Criteria

Please suggest a minimum dataset of criteria by which this procedure could be audited.

5.1 Outcome measures of benefit (including commonly used clinical outcomes, both short and long - term; and quality-of-life measures). Please suggest the most appropriate method of measurement for each:

Pain scales (e.g. Likert); Clinical Sensory tests (e.g. the Malmo Model Outcome System, or mix of measures such as 2pd, Semmes-Weinstein monofilaments threshold testing, vibration awareness, thermal threshold testing), Clinical Motor Tests (MRC scale, dynamometry). PROMs (e.g. Michigan Hand Score, DASH). Return to work measure. Longterm follow up (0-18months).

5.2 Adverse outcomes (including potential early and late complications). Please state timescales for measurement e.g. bleeding complications up to 1 month post-procedure:

Pain, infection, ruptured nerve repair, inadequate functional recovery (e.g. MRC sensory 3 or less, motor 3 or less).

6 Trajectory of the procedure

6.1 In your opinion, how quickly do you think use of this procedure will spread?

If uncritically available then very rapidly.

6.2 This procedure, if safe and efficacious, is likely to be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

Given the range of nerve injuries for which it may be used, it could be used in DGHs and Specialist centres.

6.3 The potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources, is:

Major.

Moderate.

Minor.

Comments:

Multi-million £ market

7 Other information

7.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

There is an incomplete clinical evidence base, in my view, and risk of uncritical application leading to excess cost (vs current techniques) or worsened outcomes for thousands of patients.

8 Data protection and conflicts of interest

8. Data protection, freedom of information and conflicts of interest

8.1 Data Protection

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I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above and in accordance with the Data Protection Act 1998.

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Do you or a member of your family¹ have a **personal pecuniary** interest? The main examples are as follows:

Consultancies or directorships attracting regular or occasional payments in cash or kind YES

NO

Fee-paid work – any work commissioned by the healthcare industry – **this includes income earned in the course of private practice** YES

NO

Shareholdings – any shareholding, or other beneficial interest, in shares of the healthcare industry YES

NO

Expenses and hospitality – any expenses provided by a healthcare industry company beyond those reasonably required for accommodation, meals and travel to attend meetings and conferences YES

NO

Investments – any funds that include investments in the healthcare industry YES

NO

Do you have a **personal non-pecuniary** interest – for example have you made a public statement about the topic or do you hold an office in a professional organisation or advocacy group with a direct interest in the topic? YES

NO

Do you have a **non-personal** interest? The main examples are as follows:

Fellowships endowed by the healthcare industry YES

NO

Support by the healthcare industry or NICE that benefits his/her position or department, eg grants, sponsorship of posts YES

NO

If you have answered YES to any of the above statements, please describe the nature of the conflict(s) below.

Comments:

My disclosure is that I undertake grant funded research (currently MRC, University of Glasgow; previously AstraZeneca) into peripheral nerve injury, tissue-engineered solutions for nerve reconstruction, and nerve injury. I have no objection to use of

¹ ‘Family members’ refers to a spouse or partner living in the same residence as the member or employee, children for whom the member or employee is legally responsible, and adults for whom the member or employee is legally responsible (for example, an adult whose full power of attorney is held by the individual).

allograft, but do not at present feel the evidence base justifies widespread uncritical application(as is the case for many other proposed [products in this clinical field, including ones I have been involved in developing, which I also do not use or promote for widespread use). I have been involved in the past with developing a proposal for research into an NHS nerve allograft product, led by NHS-BT and workers in the University of Leeds.

Thank you very much for your help.

**Dr Tom Clutton-Brock, Interventional
Procedures Advisory Committee Chair**

**Professor Carole Longson, Director,
Centre for Health Technology
Evaluation.**

Jan 2016

Conflicts of Interest for Specialist Advisers

1 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

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- 2.1 A personal pecuniary interest involves a current personal payment to a Specialist Adviser, which may either relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as '**specific**' or to the industry or sector from which the product or service comes, in which case it is regarded as '**non-specific**'. The main examples are as follows.
 - 2.1.1 **Consultancies** – any consultancy, directorship, position in or work for the healthcare industry that attracts regular or occasional payments in cash or kind (this includes both those which have been undertaken in the 12 months preceding the point at which the declaration is made and which are planned but have not taken place).
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 - 2.1.3 **Shareholdings** – any shareholding, or other beneficial interest, in shares of the healthcare industry that are either held by the individual or for which the individual has legal responsibility (for example, children, or relatives whose full Power of Attorney is held by the individual). This does not include shareholdings through unit trusts, pensions funds, or other similar arrangements where the member has no influence on financial management.
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- 2.2 No personal interest exists in the case of:
 - 2.2.1 assets over which individuals have no financial control (for example, wide portfolio unit trusts and occupational pension funds) and where the fund manager has full discretion as to its composition (for example, the Universities Superannuation Scheme)
 - 2.2.2 accrued pension rights from earlier employment in the healthcare industry.

3 **Personal family interest**

- 3.1 This relates to the personal interests of a family member and involves a **current payment** to the family member of the Specialist Adviser. The interest may relate to the manufacturer or owner of a product or service being evaluated, in which case it is regarded as **'specific'**, or to the industry or sector from which the product or service comes, in which case it is regarded as **'non-specific'**. The main examples include the following.
- 3.1.1 Any consultancy, directorship, position in or work for a healthcare industry that attracts regular or occasional payments in cash or in kind.
- 3.1.2 Any fee-paid work commissioned by a healthcare industry for which the member is paid in cash or in kind.
- 3.1.3 Any shareholdings, or other beneficial interests, in a healthcare industry which are either held by the family member or for which an individual covered by this Code has legal responsibility (for example, children, or adults whose full Power of Attorney is held by the individual).
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4 **Personal non-pecuniary interests**

These might include, but are not limited to:

- 4.1 a clear opinion, reached as the conclusion of a research project, about the clinical and/or cost effectiveness of an intervention under review
- 4.2 a public statement in which an individual covered by this Code has expressed a clear opinion about the matter under consideration, which could reasonably be interpreted as prejudicial to an objective interpretation of the evidence
- 4.3 holding office in a professional organisation or advocacy group with a direct interest in the matter under consideration
- 4.4 other reputational risks in relation to an intervention under review.

5 **Non-personal interests**

- 5.1 A non-personal interest involves payment that benefits a department or organisation for which a Specialist Advisor is responsible, but that is not received by the Specialist Advisor personally. This may either relate to the product or service being evaluated, in which case it is regarded as **'specific,'** or to the manufacturer or owner of the product or service, but is unrelated to the matter under consideration, in which case it is regarded as **'non-specific'**. The main examples are as follows.

- 5.1.1 **Fellowships** – the holding of a fellowship endowed by the healthcare industry.
- 5.1.2 **Support by the healthcare industry or NICE** – any payment, or other support by the healthcare industry or by NICE that does not convey any pecuniary or material benefit to a member personally but that does benefit his/her position or department. For example:
- a grant from a company for the running of a unit or department for which a Specialist Advisor is responsible
 - a grant, fellowship or other payment to sponsor a post or member of staff in the unit for which a Specialist Advisor is responsible. This does not include financial assistance for students
 - the commissioning of research or other work by, or advice from, staff who work in a unit for which the specialist advisor is responsible
 - one or more contracts with, or grants from, NICE.
- 5.2 Specialist Advisers are under no obligation to seek out knowledge of work done for, or on behalf of, the healthcare industry within departments for which they are responsible if they would not normally expect to be informed.