

Perioperative Care Committee meeting 14

Date: 05/02/20

Location: NGC Boardroom, Royal College of Physicians, 11 St Andrews Place, Regent's Park, London, NW1 4LE

Minutes: Final

Committee members present:	
Paul Wallman (PW) (Chair)	(Present for notes 1 - 5)
Daniel Nevin (DN) (via phone)	(Present for notes 3 - 5)
Wal Baraza (WB)	(Present for notes 1 - 5)
Jason Cross (JC)	(Present for notes 1 - 5)
Sara Dalby (SD)	(Present for notes 3 - 5)
Jugdeep Dhesi (JD)	(Present for notes 1 - 5)
Nicholas Levy (NL)	(Present for notes 1 - 5)
Terry McCormack (TD)	(Present for notes 1 - 5)
John Moore (JM)	(Present for notes 1 - 5)
Ben Teasdale (BT)	(Present for notes 1 - 5)
Stephen Thomas (ST)	(Present for notes 1 - 5)
Danielle Wigg (DW)	(Present for notes 1 - 5)

In attendance:		
Kate Ashmore (KA)	Project Manager, NGC	(Present for notes 1 - 5)
Vimal Bedia (VB)	Research Fellow, NGC	(Present for notes 1 - 5)
Annabelle Davies (AD)	Health Economist, NGC	(Present for notes 1 - 5)
Ben Mayer (BM)	Senior Research Fellow, NGC	(Present for notes 1 - 5)
Sharon Swain (SS)	Guideline Lead, NGC	(Present for notes 1 - 5)
Catrina Charlton (CC)	Guideline Commissioning Manager, NICE	(Present for notes 1 - 5)
Sarada Chunduri-Shoesmith (SCS)	Implementation team, NICE	(Present for notes 1 - 5)
Judith McBride (JMc)	Editor, NICE	(Present for notes 1 - 5)

Apologies:

Sheba Joseph (SJ)

Lay member

1. Welcome and objectives for the meeting

The Chair welcomed the Committee members and attendees to the fourteenth meeting on Perioperative Care.

The Chair informed the Committee that apologies had been received. These are noted above.

2. Confirmation of matter under discussion, and declarations of interest

The Chair asked everyone to verbally declare any interests that have arisen since the last meeting.

Name	Job title, organisation	Declarations of Interest	Type of interest	Decision taken
Terry McCormack	GP and Honorary Professor in Primary Care Medicine	Appointed honorary professor of primary care medicine at Hull York Medical School	Direct – non-financial	No action other than the process of open declaration.
		Gave a talk about the NICE Perioperative Care consultation document at an Anaesthetics conference in Val d'Isere	Direct – non-financial	No action other than the process of open declaration.
Nicholas Levy	Consultant in Anaesthesia and Perioperative Medicine, West Suffolk Hospital	Anaesthetic lead for CPOC's diabetes guideline (centre for perioperative care)	Direct – non-financial	Declare, stay to answer questions and withdraw for decision making for reviews on diabetes
		New publications: 1. Levy N, Mills P.	Direct – non-	Declare, stay to answer

		<p>Controlled-release opioids cause harm and should be avoided in management of postoperative pain in opioid naïve patients. <i>British journal of Anaesthesia</i>. 2019 ;122:e86-90.</p> <p>2. Levy N, Hall GM. National guidance contributes to the high incidence of inpatient hypoglycaemia. <i>Diabetic Medicine</i>. 2019 36: 120–121.</p> <p>3. Levy N, Dhatariya K. Pre-operative optimisation of the surgical patient with diagnosed and undiagnosed diabetes: a practical review. <i>Anaesthesia</i>. 2019;74:58-66.</p> <p>4. Levy N, Grocott MP, Carli F. Patient optimisation before surgery: a clear and present challenge in peri-operative care. <i>Anaesthesia</i>. 2019 ;74:3-6.</p> <p>5. Levy N, Lobo D, Ljungqvist O, Scott M, Fawcett W. Postoperative opioid stewardship: a survey of international practice. <i>Anaesthesia</i> 2019; 74 (S2): 71.</p>	<p>financial</p>	<p>questions and withdraw for decision making for reviews on pain.</p>
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		<p>6. Levy N, Mills P. Reply to 'Opioids in the postoperative period: a call for consensus'(Br J Anaesth 2019). British Journal of Anaesthesia. 2019 Jan 31.</p> <p>7. Levy N, Lobo DN, Fawcett WJ, Ljungqvist O, Scott MJ. Opioid stewardship: a need for opioid discharge guidance. Comment on Br J Anaesth 2019; 122. British Journal of Anaesthesia. 2019 Feb 26.</p> <p>8. Jafferji D, Morris R, Levy N. Reducing the risk of confirmation bias in unrecognised oesophageal intubation. <i>British journal of anaesthesia</i>. 2019 ;122:e66-8.</p> <p>9. Levy N, Mills P, Fawcett WJ. Avoiding an opioid crisis in the UK. BMJ 2019;364:l1033</p> <p>10. Mills P, Levy N. Prescribed opioid dependence-Is there a crisis in the UK.? Anaesthesia News. 2019. 381. 6-8</p> <p>11. Fawcett WJ, Levy</p>		
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		<p>NA, Scott MJ, Ljungqvist O, Lobo DN. The ERAS® Society's 2018 Survey On Post-Operative Opioid Stewardship. <i>Clinical Nutrition</i> 2019;31:122</p> <p>12. Levy N, Mills P, Rockett M. Post-surgical pain management: time for a paradigm shift. <i>British journal of anaesthesia</i>. 2019; 123:e182-186</p> <p>13. Stubbs D, Levy N , Mooningsinghe R. Good intra-operative anaesthesia is more than an “ABCD with a three, two and a one. <i>Anaesthesia</i> 2019 doi:10.1111/anae.14809</p> <p>14. Levy N, Hall G. Time to GRADE recommendations. <i>Diabetic Medicine</i> 2019. 00: 1– 2</p> <p>15. Singleton G, Levy N. Age-adjusted minimum alveolar concentration and standards of monitoring. <i>Anaesthesia</i>. 2019 ;74:1615-6.</p> <p>16. Grocott MP, Levy N. Improving quality of care. <i>RCoA Bulletin</i>. 2019. 117:36-37</p> <p>17. Quinlan J, Rann S, Bastable R, Levy N. Perioperative opioid</p>		
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<p>Jugdeep Dhesi</p>	<p>Consultant Geriatrician, Guy's and St Thomas' NHS Foundation Trust</p>	<p>use and misuse. <i>Clinical Medicine</i> 2019;19: 441-445</p> <p>18. Dhatariya K, Levy N. Peri-operative diabetes care. <i>Clinical Medicine</i> 2019;19: 437-440</p> <p>19. Levy N, Grocott MP, Lobo DN. Restoration of function – the holy grail of perioperative care. <i>Anaesthesia</i> 2020; 75: e14-e17. doi:10.1111/anae.14893</p> <p>20. Quinlan J , Lobo DN, Levy N. Post-operative pain management: time to get it back on track . <i>Anaesthesia</i> 2020 ; 75: e10-e13. doi:10.1111/anae.14886</p> <p>Deputy director Centre for Perioperative Care</p>	<p>Direct – non-financial</p>	<p>No action other than the process of open declaration.</p>
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The Chair and a senior member of the Developer's team noted that NL could not participate in discussions around the diabetes and pain recommendations. NL was present during discussions but did not participate. JC and JD were present but did participate in discussions on POPS and JD was present but did not participate in discussions on IV iron.

3. Minutes of last meeting

The Chair asked the Committee if it wanted any changes made to the minutes of the last meeting. The Committee agreed that the minutes were a true and accurate account of the meeting.

4. The committee discussed the stakeholder comments and made amendments to the recommendations and evidence reviews.

5. KA reminded the committee of upcoming deadlines.

Any other business

None.