



Declaration of Interests*

As a network board member I have set out below my interests.

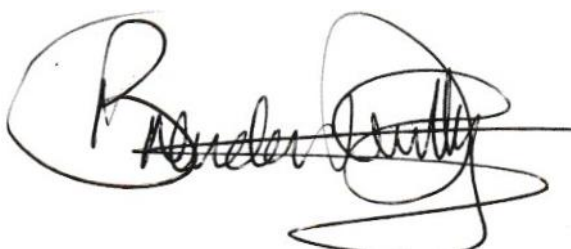
Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	nil
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	nil
Membership of any professional bodies, special interest groups or mutual support organisations	RCN
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	nil
Any contractual relationship with the charity or its subsidiaries	no
Any other conflicts that are not covered by the above	no

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.



Signed

Name Brenda Donnelly

Position PCN Network Board Member

Date 25th May 2021

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**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	? does this mean my practice?
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Board Director of Ways to Wellness
Membership of any professional bodies, special interest groups or mutual support organisations	
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	
Any contractual relationship with the charity or its subsidiaries	
Any other conflicts that are not covered by the above	

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To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.



Signed

Name Brigid Joughin

Position PCN Network Board Member

Date 19/4/21

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	<ul style="list-style-type: none"> • Head of Professional Standards and Leadership for Nurses, Midwives and AHPs: Nottingham and Nottinghamshire ICS • Deputy Clinical Director: Nottingham City East PCN • Senior Primary Care Practitioner: Nems Platform One Practice.
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Nurse co-opted member Notts LMC Co-founder and Lead NHSE/I BAME GPN Network
Membership of any professional bodies, special interest groups or mutual support organisations	RCN Membership NMC Registration
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	n/a

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Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any contractual relationship with the charity or its subsidiaries	n/a
Any other conflicts that are not covered by the above	n/a

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed 

Name: Robana Hussain-Mills

Position PCN Network Board Member

Date : 11th June 2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	Main employer: GTD Healthcare as ACP Secondary employer: City Centre & Ancoats PCN Board as CD Tertiary employer: Army Reserves as MSO Managing Director/Owner: An Turas (North) Ltd
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Company Secretary: Positive Adventure
Membership of any professional bodies, special interest groups or mutual support organisations	Member: College of Paramedics
Investments in unlisted companies, partnerships & other forms of business, major shareholdings & beneficial interests	Sole shareholder: An Turas (North) Ltd
Any contractual relationship with the charity or its subsidiaries	Nil
Any other conflicts that are not covered by the above	Nil

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed signed electronically

Name Andrew Carroll

Position PCN Network Board Member

Date 25 Mar 21

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	Practice Manager, Littledown Surgery Network Director, Bournemouth East Collaborative PCN
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	n/a
Membership of any professional bodies, special interest groups or mutual support organisations	n/a
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	n/a
Any contractual relationship with the charity or its subsidiaries	n/a

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	n/a

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed 

Name Emma Prince

Position Network Director/Practice Manager

Date 31/03/2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	<ul style="list-style-type: none"> Executive Manager at Canterbury Medical Practice. CEO of Canterbury Integrated Healthcare – a company owned by and run for the 7 practices which make up the 2 Canterbury PCNs
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	<ul style="list-style-type: none"> Director of CIH (as above) East Kent ICP Board member representing 5 Canterbury and Coastal PCNs
Membership of any professional bodies, special interest groups or mutual support organisations	Member of IGPM
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	None

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any contractual relationship with the charity or its subsidiaries	None
Any other conflicts that are not covered by the above	None

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed 

Name Emma Ray

Position PCN Network Board Member

Date 26th March 2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group

**Declaration of Interests*****Hazel Taylor**

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	no
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	no
Membership of any professional bodies, special interest groups or mutual support organisations	no
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	no
Any contractual relationship with the charity or its subsidiaries	no

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	no

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed



Name_____Hazel Taylor

Position____Advanced Nurse Practitioner
Clinical Director Washington PCN

Date____23-3-2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	N/A
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	N/A
Membership of any professional bodies, special interest groups or mutual support organisations	Member of MDU and RCN
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	N/A
Any contractual relationship with the charity or its subsidiaries	N/A

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	NONE

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed: 

Name: JENNY BOSTOCK

Position: CLINICAL DIRECTOR RAMSGATE PCN

Date: 24/03/2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	Fakenham Medical Practice General Practice Nurse Development Lead
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	N/A
Membership of any professional bodies, special interest groups or mutual support organisations	NMC
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	N/A
Any contractual relationship with the charity or its subsidiaries	No
Any other conflicts that are not covered by the above	

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed Electronically signed

Name Jo Parkes

Position PCN Network Board Member

Date 6/4/21

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	Practice Business Manager at The Orchard Surgery Exec Lead for Healthier South Wirral PCN Deputy Chief Officer for Primary Care Wirral
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Voluntary Director - One Wirral CIC
Membership of any professional bodies, special interest groups or mutual support organisations	N/a
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	N/a
Any contractual relationship with the charity or its subsidiaries	N/a

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed *K Livesey*

Name Karen Livesey

Position PCN Network Board Member

Date 29.04.2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

Dr Mark Spencer

As trustee/director/employee/volunteer I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	<p>GP Partner. Mount View Practice, Fleetwood</p> <p>Clinical Director. Fleetwood PCN</p> <p>Chair Fylde Coast PCN Network of Networks</p>
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	<p>Director & Shareholder. FCMS (North West) Ltd</p> <p>Director and clinical Lead. PDS (Medical Ltd)</p> <p>Director and shareholder: Healthier Fleetwood Ltd and Healthier Fleetwood Onward Ltd.</p> <p>Director and shareholder: Collaborate Connect Ltd</p>

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Membership of any professional bodies, special interest groups or mutual support organisations	Member Royal College of GPs
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	
Any contractual relationship with the charity or its subsidiaries	Trustee: Fleetwood Trust
Any other conflicts that are not covered by the above	National Leadership Team for NHS Collaborate

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

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**Other than employment within the NHS Confederation group



Signed____

Name_____Dr Mark Spencer_____

Position_____

Date_____21st April 2021_____

Please return to the Board Secretary, Penny Coombes, by emailing penny.coombes@nhsconfed.org or by post to NHS Confederation, Floor 15, Portland House, Bressenden Place, London SW1E 5BH

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	GP Partner Millfield Surgery- self-employed, personal. Training Programme Director- employed by Health Education England, personal.
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Nil
Membership of any professional bodies, special interest groups or mutual support organisations	Royal College of General Practitioners Faculty of Sexual & Reproductive Health British Medical Association
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	Nil
Any contractual relationship with the charity or its subsidiaries	Nil

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	Nil

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed_  _____

Name__Paula Evans_____

Position___GP, Clinical Director SHaR PCN_

Date_23/3/2021__

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**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	GP Partner @ Grey stone House Surgery - PCN Clinical Director - Core Collaborative - Primary Care Network Leader - Surrey
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Alliance for Better Care Ltd - Strategic Director
Membership of any professional bodies, special interest groups or mutual support organisations	- RCGP - BMA ✓
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	nil
Any contractual relationship with the charity or its subsidiaries	nil
Any other conflicts that are not covered by the above	None to declare.

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Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection

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Signed RPate

Name Pranvikumar Patel

Position PCN Network Board Member

Date 16/4/2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	<ol style="list-style-type: none"> 1. Managing Partner & CEO, Primary Care Network 2. Managing Partner & CEO, Health Partnership (GP) 3. Management Consultant contracts (ad-hoc)
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Panel member of National Data Guardian
Membership of any professional bodies, special interest groups or mutual support organisations	N/A
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	Personal company for management consulting
Any contractual relationship with the charity or its subsidiaries	N/A

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	Family association: <ul style="list-style-type: none"> - NHS clinical services - State Schooling - Pharmaceutical - IT Service

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed



Name

Rakesh Marwaha

Position PCN Network Board Member

Date

14/04/21

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	GP and Managing Partner at Woodley Centre Surgery Workforce Lead for Berkshire West GP faculty for Time for care NHSEI
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	n/a
Membership of any professional bodies, special interest groups or mutual support organisations	MRCGP, BMA, ILM, BSLM, IFM
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	n/a
Any contractual relationship with the charity or its subsidiaries	n/a

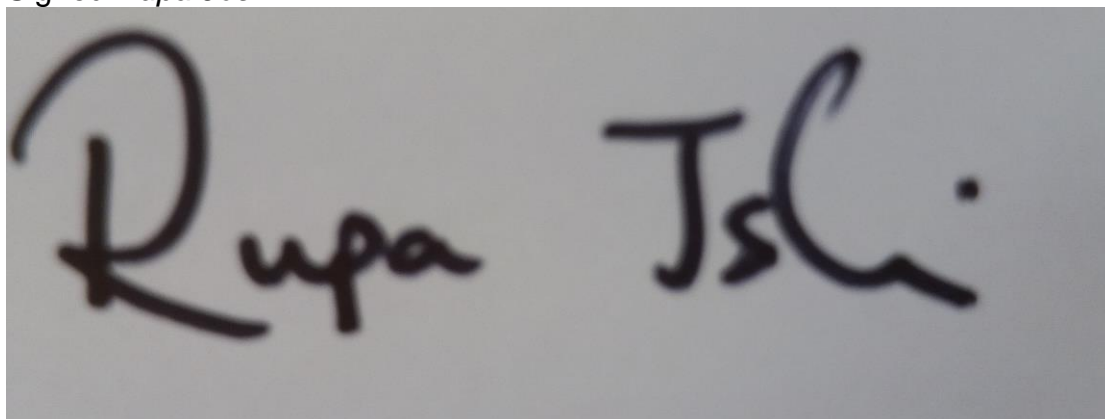
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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	Speaker for ELC/ Redmoor Group (voluntary) attendance at HSJ awards dinner

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed *Rupa Joshi*



Name Dr R Joshi

Position PCN Network Board Member

Date 16/5/2021

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**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

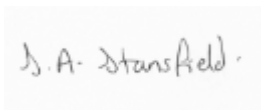
Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	Managing Partner at Oxford Terrace and Rawling Road Medical Group.
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Practice representative NHS Newcastle Gateshead CCG Council member NAPC
Membership of any professional bodies, special interest groups or mutual support organisations	none
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	none
Any contractual relationship with the charity or its subsidiaries	none

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	none

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.



Signed

Name_Sheinaz Akhtar Stansfield

Position - Managing Partner. OTRR-MG

Date - 6th April 2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	Church Street Medical Centre
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	nil
Membership of any professional bodies, special interest groups or mutual support organisations	nil
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	nil
Any contractual relationship with the charity or its subsidiaries	nil
Any other conflicts that are not covered by the above	nil

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed *Sian Stanley*

Name Sian Stanley

Position PCN Network Board Member

Date 13.05.2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*
Dr Simone M Yule

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	Senior Partner The Blackmore Vale Partnership Clinical Director The Vale Network (BVP) Clinical Lead Action on Addiction Clinical Lead PHM Dorset CCG National advisor NHSE PHM Director Yule Medical Ltd
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Trustee The Vale Pantry
Membership of any professional bodies, special interest groups or mutual support organisations	
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	
Any contractual relationship with the charity or its subsidiaries	

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.



Signed

Name Dr Simone Yule

Position PCN Network Board Member

Date 15/04/21

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	Practice Manager The Murree Medical Centre, Basildon SS13 1AJ East Basildon PCN.
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Director SW6 Management Consultancy Ltd, Rectory Road Medical Services Ltd, Dr Aslam Medical Services Ltd, Murree Support Services Ltd, Chalverdon Medical Support Services Ltd.
Membership of any professional bodies, special interest groups or mutual support organisations	The PMA Professional Member The Royal Society of Medicine, Senior Associate Member.
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	None.
Any contractual relationship with the charity or its subsidiaries	None.
Any other conflicts that are not covered by the above	None that I am aware.

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed 

Name Dr Sue Truman

Position Network Board Member

Date 25th March 2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	GP Partner and PCN CD at GPS Healthcare, Solihull Chair Solihealth Executive (but not a share-holder)
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Faculty member at Time For Care, Primary care improvement directorate, NHS England and NHS Improvement
Membership of any professional bodies, special interest groups or mutual support organisations	RCGP
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	Own £5000 shares in Nye, digital start up company from Oxford
Any contractual relationship with the charity or its subsidiaries	None

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	None

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.



Signed_____

Name____Dr Sunaina Khanna____

Position____ConFed PCN Network Board

Date____25/03/21

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	<p>Self employed gp partner at wide way medical centre Draw a salary as east merton pcn clinical director via my practice. Employed by central london community health care as a Clinical Director of Community Services for Merton Employed by Merton Health as a medical director. Merton Health are a GP Federation in Merton</p>
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	NIL
Membership of any professional bodies, special interest groups or mutual support organisations	RCGP
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	NIL

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any contractual relationship with the charity or its subsidiaries	NIL
Any other conflicts that are not covered by the above	NIL

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed
Sent via electronic email

Name Sy Ganestheran

Position PCN Network Board Member

Date

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	I am the Founder and CEO of THC primary care that provides training and interim management to PCNs.
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	N/A
Membership of any professional bodies, special interest groups or mutual support organisations	N/A
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	N/A
Any contractual relationship with the charity or its subsidiaries	N/A

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	N/A

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed T. Humphrey

Name Tara Humphrey

Position PCN Manager for Cranbrook PCN

Date 22.3.2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	GP partner - Newport Pagnell Medical Centre Director of Transformation, BLMK CCG
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Board member – PCN Network of NHS Confed Director - Kufeji Healthcare Ltd Trustee – Arts for Health Charity Trustee – Milton Keynes Christian Centre Charity
Membership of any professional bodies, special interest groups or mutual support organisations	RCGP Primary Care Rheumatology Society
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	N/A
Any contractual relationship with the charity or its subsidiaries	N/A

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	N/A

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed O Kufeji

Name Dr Omotayo Kufeji

Position PCN Network Board Member

Date 15/04/2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	GP Partner Reach Healthcare GP Tutor HEKSS CCG Clinical Lead Kent & Medway CD Medway South PCN NHSE Appraiser
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Visiting Reader Canterbury Christchurch University
Membership of any professional bodies, special interest groups or mutual support organisations	BMA RCGP RCOG
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	Co Director Medway CEPN CIC Co Director Medway And Swale IVP CIC Director Cosmedica (dormant)
Any contractual relationship with the charity or its subsidiaries	

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Any other conflicts that are not covered by the above	

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed

Dr Satvinder K Lal

Name

Dr Satvinder K Lal

Position PCN Network Board Member

Date

18/7/2021

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	No
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Director of Somerset Primary Health
Membership of any professional bodies, special interest groups or mutual support organisations	No
Investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests	No
Any contractual relationship with the charity or its subsidiaries	No
Any other conflicts that are not covered by the above	No

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**Other than employment within the NHS Confederation group

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed

Name

Position PCN Network Board Member

Date

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**Other than employment within the NHS Confederation group



Declaration of Interests*

As a network board member I have set out below my interests.

Category	Please give details of the interest and whether it applies to yourself or, where appropriate, a member of your immediate family or some other close personal connection
Current employment** and any previous employment in which you continue to have a financial interest	Main employer: GTD Healthcare as ACP Secondary employer: City Centre & Ancoats PCN Board as CD Tertiary employer: Army Reserves as MSO Managing Director/Owner: An Turas (North) Ltd
Appointments (voluntary or otherwise) e.g. trusteeships, directorships, local authority membership, tribunals etc	Company Secretary: Positive Adventure
Membership of any professional bodies, special interest groups or mutual support organisations	Member: College of Paramedics
Investments in unlisted companies, partnerships & other forms of business, major shareholdings & beneficial interests	Sole shareholder: An Turas (North) Ltd
Any contractual relationship with the charity or its subsidiaries	Nil
Any other conflicts that are not covered by the above	Nil

To the best of my knowledge, the above information is complete and correct. I undertake to update as necessary the information provided, and to review the accuracy of the information on an annual basis. I give my consent for it to be used for the purposes described in the conflicts of interest policy and for no other purpose.

Signed signed electronically

Name Andrew Carroll

Position PCN Network Board Member

Date 25 Mar 21

* This form to be used for all companies within the NHS Confederation group

**Other than employment within the NHS Confederation group