

**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

**Public Board Meeting held on 20 September 2017  
in the Education Centre, Heartlands Hospital, Birmingham, B9 5SS**

These notes are a summary record of the main points discussed at the meeting and the decisions made. They are not intended to provide a verbatim record of the Board's discussion. The agenda and the full documents considered are available in accordance with the NICE Publication Scheme.

Present

Professor David Haslam	Chair
Professor Sheena Asthana	Non-Executive Director
Dr Rosie Benneyworth	Non-Executive Director
Professor Angela Coulter	Non-Executive Director
Professor Martin Cowie	Non-Executive Director
Professor Tim Irish	Non-Executive Director
Dr Rima Makarem	Non-Executive Director
Tom Wright	Non-Executive Director

Executive Directors

Sir Andrew Dillon	Chief Executive
Professor Gillian Leng	Health and Social Care Director and Deputy Chief Executive
Ben Bennett	Business Planning and Resources Director
Professor Carole Longson	Centre for Health Technology Evaluation Director

Directors in attendance

Jane Gizbert	Communications Director
Alexia Tonnel	Evidence Resources Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Christine Carson	Programme Director and Deputy Centre for Guidelines Director

**17/073 APOLOGIES FOR ABSENCE**

1. Apologies were received from Elaine Inglesby-Burke and Professor Mark Baker.

**17/074 CONFLICTS OF INTEREST**

2. None.

### **17/075 MINUTES OF THE LAST MEETING**

3. The minutes of the Public Board Meeting held on 19 July 2017 were agreed as a correct record.

### **17/076 MATTERS ARISING**

4. The Board reviewed the actions arising from the Board meeting held on 19 July 2017, noting:
  - Activities to promote the Medtech Early Technical Assessment (META) tool include engagement with the Academic Health Science Networks.
  - NICE currently employs two graduate apprentices in the Evidence Resources Directorate, and the scope for employing graduate apprentices in health economics roles is under consideration.
  - The issues raised in the discussion of the annual workforce report will be considered as part of the HR work-plan.
  - The implementation plans for the changes arising from the public involvement strategic review had been circulated to the Board.
  - The consultation on the draft policy on declaring and managing interests for NICE advisory committees has closed. The responses will be reviewed and brought to the Board, along with any proposed amendments to the policy.

### **17/077 CHIEF EXECUTIVE'S REPORT**

5. Andrew Dillon presented his report, describing the main programme activities and the financial position to the end of August 2017. At this point in the year, there are no significant issues with the delivery of the business plan objectives to report.
6. The Board received the report.

### **17/078 FINANCE AND WORKFORCE REPORT**

7. Ben Bennett presented the report which outlined the financial position at 31 August 2017 and provided an update on the workforce strategy. At the end of this period there is a total underspend of £1.4m. The forecast outturn for the year is a £1.9m underspend, taking account of expected cost pressures in the second half of the year including investment in additional capacity for the technology appraisal (TA) programme. The business planning process for 2018-19 is shortly due to commence. A balanced budget is anticipated, although this

is contingent on NICE receiving approval to recover the costs of the TA and highly specialised technologies programmes from industry.

8. The Board received the report.

#### **17/079 INCREASING CAPACITY IN THE TECHNOLOGY APPRAISAL PROGRAMME**

9. Carole Longson presented the proposed amendments to the technology appraisal (TA) process to enable more topics to be processed through the four appraisal committees. All existing phases of the TA processes will be utilised, but the sequence of steps will be rearranged to increase internal and external efficiency. The changes provide clear, recognisable milestones for companies and other stakeholders, linked to key steps in the regulatory pathways. The changes give more time for NICE to engage with companies in the appraisal process, and enable guidance for all appraised drugs to be published within 90 days of marketing authorisation.
10. Subject to Board approval, a six week public consultation on the design principles is proposed, followed by a further six week consultation on the detailed changes to the Guide to the Process of Technology Appraisal. Splitting the consultation in this way will enable the stakeholder comments on the design principles to inform the amendments to the detailed process guide.
11. Board members expressed broad support for the proposals but sought assurance on a number of potential risks and issues, including whether bringing forward more work before the first committee meeting could affect the perceived independence of the appraisal committee. The impact of the proposed changes around inviting clinical, patient, and commissioning experts to committee meetings was discussed, including the potential negative stakeholder response. It was suggested that the decision making on whether to invite such experts to attend a meeting should be clearly documented to avoid subsequent challenge. Also, this assessment and any subsequent invitations must be sufficiently timely to give notice for these individuals to attend.
12. In response, Carole Longson assured the Board that the proposals do not diminish the scale of clinical, commissioner, and patient input, but seek to make this engagement more efficient. Likewise the proposals do not undermine the role of the appraisal committee, but will enable the committee to make a decision at an earlier point, with only one meeting required for the majority of topics. The impact of similar arrangements for the attendance of clinical, patient and commissioning experts in the Fast Track Appraisal process is being monitored, and to date no issues have been identified. The public consultation will though provide the opportunity to assess the level of stakeholder concern around the proposals.
13. It was agreed that the risk assessment in the report should be updated in response to the Board discussion and the introduction to the consultation should more clearly highlight the benefit to patients and clinicians of the changes in

terms of providing earlier access to technologies approved by the TA programme. Subject to these amendments, the Board approved the proposals for a six week consultation on the design principles, and then a further six week consultation on the detailed changes to the Guide to the Process of Technology Appraisal. It was agreed that should the initial consultation raise significant objection to the proposals, a report should be brought back to the Board prior to any subsequent consultation on the process guide. The Board thanked colleagues in the Centre for Health Technology Evaluation for their work on the proposals, in particular, Meindert Boysen and Jenniffer Prescott.

**ACTION: Carole Longson**

14. A member of the audience working in the life sciences industry stated that it would be helpful for the consultation document to provide further information on the proposed engagement meetings between NICE and industry.

**17/080 STAFF SURVEY RESULTS AND ACTION PLAN**

15. Ben Bennett presented the results of the 2017 staff survey and the proposed action plan in response. The paper also included an update on the action taken following last year's survey. He confirmed that the HR team will take account of the issues raised in an earlier Board discussion when responding to the survey results.
16. In response to a question from the Board, Ben Bennett confirmed that the free text comments in the survey had been reviewed, and the thematic analysis of these comments has informed the action plan. The HR team will work with Centres and Directorates to review the survey responses at a more detailed level to identify whether there are specific local issues.
17. The Board noted and welcomed the results, and congratulated management for the overall positive results given the challenging context over the last year. The Board endorsed the proposed action plan, noting the importance of keeping a close watch on several issues, including bullying and harassment, and stress.

**17/081 NICE SCIENTIFIC ADVICE MANAGEMENT ARRANGEMENTS**

18. Carole Longson presented the update on work to establish NICE Scientific Advice (NSA) as a business unit, with greater autonomy, within NICE. Following agreement to the proposal in principle by the Senior Management Team, proposals for how this would work in practice are being developed, including the extent of autonomy, the oversight arrangements, and the relationship between NSA and other NICE teams. The final proposals will be brought to the Board for approval.
19. Board members discussed the proposals, noting the importance of robust governance arrangements to ensure sufficient oversight of the proposed business unit. It was suggested that including a Non-Executive Director on the

proposed management board could help mitigate risks of providing greater autonomy to NSA, and ensure alignment with NICE's wider work. Questions were raised about the arrangements for managing the relationship between NICE and NSA including avoiding conflicts of interest, and the rationale for not including the Office for Market Access in the business unit.

20. Carole Longson responded that NSA operates on a fee for service model, providing advice to the life science industry and therefore appropriately has distinct operating arrangements from the rest of NICE. The proposals should be seen as an evolution in NSA's operating arrangements to take account of its growth since establishment in 2009. Andrew Dillon cautioned that including a Non-Executive Director on the management board could undermine the accountability and oversight arrangements through the Senior Management Team and the NICE Board. David Haslam suggested that if the proposals proceed, the Board should receive regular reports from NSA as part of this oversight and accountability.
21. The Board noted the update, and thanked Nick Crabb and Leeza Osipenko for their work in developing NSA to date.
22. A member of the audience working in the life sciences industry suggested the rationale for not including the Office for Market Access in the proposed business unit is explained further.

#### **17/082 PUBLIC INVOLVEMENT STRATEGIC REVIEW: ESTABLISHMENT OF AN EXPERT PANEL**

23. Gill Leng presented the follow-up report that provided additional information on the implementation of the public involvement strategic review in response to the discussion at the last Board meeting. Further information is provided on the proposed Expert Patient Panel, and the Board-level metrics to support roll-out of the strategic review.
24. The Board discussed the proposals, emphasising the need for sufficient turnover in the composition of the Expert Patient Panel, to balance continuity of expertise with fresh input. As such, the proposed term limit for panel members should be reconsidered. The importance of diversity amongst members was noted, including age, condition and region of residence. Board members referred to paragraph 9 in the report and asked for a person rather than condition focused approach when recruiting panel members. Subject to these amendments, the Board approved the proposals for implementation.

#### **ACTION: Gill Leng**

25. A member of the audience stated she was an expert on a medical condition and would welcome the opportunity to be involved in the Expert Patient Panel, but had not been previously involved in a NICE committee. Gill Leng confirmed that in addition to recruiting 'alumni' from NICE committees, opportunities to join the Panel will be advertised on the NICE website shortly. Leeza Osipenko,

Associate Director for NICE Scientific Advice, who was present in the audience, extended an invitation to contribute as a patient expert to any relevant work by NICE Scientific Advice in this area.

26. A member of the audience asked about the implementation of the other changes to public involvement following the strategic review that was discussed at the last Board meeting. In response, it was noted that the implementation plans had been circulated to the Board and were under review.

### **17/083 NICE'S CONTRIBUTION TO ANTIMICROBIAL RESISTANCE**

27. Gill Leng and Carole Longson presented the update on NICE's work relating to antimicrobial resistance, including a methods research project to explore a potential role for the NICE technology appraisals programme in the evaluation of new antimicrobials with high potential for addressing unmet need.
28. Martin Cowie referred to his work as a hospital clinician and highlighted the importance of balancing prudence in the use of antimicrobials with ensuring these are available to prevent and tackle infections, particularly in high risk groups. There must be appropriate clinical judgement to enable a suitably nuanced approach in the use of antimicrobials.
29. In response to questions from the Board, Gill Leng explained the scope to trial the development of shared decision making aids in the new antimicrobial prescribing guidelines; and Carole Longson agreed to consider the scope to widen the horizon scanning and topic selection beyond antimicrobials.

**ACTION: Carole Longson**

30. The Board received the report and requested ongoing updates on this work.

**ACTION: Gill Leng / Carole Longson**

### **17/084 ANNUAL EQUALITY REPORT**

31. Ben Bennett presented the annual equality report for 2016-17, which provides an update on NICE's equality objectives; information on the characteristics of those applying to join the advisory committees in 2016-17, and those subsequently appointed; and the results of the annual survey of committee members. It also includes information on equality considerations in guidance published in 2016-17 and summarises the workforce profile at 31 March 2017.
32. Rosie Benneyworth highlighted inequalities arising from rurality, particularly in terms of access to services. She suggested information is collated on the geographical spread of committee members, in particular the proportion drawn from urban and rural areas. Ben Bennett agreed to explore this further for next year.

**ACTION: Ben Bennett**

33. The Board noted the report. It was agreed that in future the report should include a summary that outlines key issues of note, including changes in data from previous years, learning points, and any actions arising from the data.

**ACTION: Ben Bennett**

#### **17/085 DIRECTOR'S REPORT FOR CONSIDERATION**

34. Jane Gizbert presented the update from the Communications Directorate, and highlighted particular areas of note within the report. She outlined work underway to procure a new customer relationship management (CRM) system following an internal audit into stakeholder management, and the envisaged benefits from this software. Jane also highlighted the continued increase in NICE's social media activity and profile.
35. The Board noted the report and thanked Jane for the work of the Directorate.

#### **17/086 – 17/089 DIRECTORS' REPORTS FOR INFORMATION**

36. The Board received the Directors' Reports.
37. In response to a query from the Board, Alexia Tonnel provided a brief update on the position with the Health App Briefings. These were produced as a pilot, and NICE would be able to produce further briefings if commissioned and funded to do so.

#### **17/090 ANY OTHER BUSINESS**

38. None.

#### **NEXT MEETING**

39. The next public meeting of the Board will be held at 1.30pm on 15 November 2017 in Exeter Corn Exchange, 1 George Street, Exeter, EX1 1BU.