**National Institute for Health and CARE excellence**

Senior Management Team

# Minutes of the meeting held on 2 July 2019

**Present**

Gill Leng Deputy Chief Executive and Director – Health and Social Care

Ben Bennett Director – Business Planning and Resources

Meindert Boysen Director – Centre for Health Technology Evaluation

Alexia Tonnel Director – Evidence Resources

**In attendance**

Moya Alcock Associate Director and Deputy Communications Director

Chris Carson Programme Director and Deputy Centre for Guidelines Director

David Coombs Associate Director – Corporate Office (minutes)

Nick Crabb Programme Director – Science Advice and Research

Colm Leonard Consultant Clinical Adviser – Centre for Health Technology Evaluation (item 6.4)

Rosie Lovett Senior Scientific Adviser – Science Policy and Research (item 6.1)

Eric Power Programme Director – Health and Social Care Directorate (for item 6.3)

Jonathan Underhill Medicines Clinical Adviser – Health and Social Care Directorate (for item 6.3)

Catherine Wilkinson Deputy Director – Business Planning and Resources (item 6.6)

Sarah Winchester Public Health Specialty Registrar (for item 6.2)

## Apologies (item 1)

1. Apologies were received from Andrew Dillon, Paul Chrisp and Jane Gizbert, with the latter represented by Chris Carson and Moya Alcock respectively.

## Freedom of Information and publication scheme (item 2)

1. The final minutes will be made available on the NICE website subject to the redaction of any exempt material.

## Declarations of interest (item 3)

1. The previously declared interests were noted. There were no conflicts of interest relevant to the meeting.

## Notes of the previous meeting (item 4)

1. The minutes of the meeting held on 25 June 2019 were agreed.

## Matters arising (item 5)

1. The actions from the meeting held on 25 June 2019 were noted as complete or in hand.

## Measures of health-related quality of life in children and young people (item 6.1)

1. Rosie Lovett presented the paper that asked SMT to consider whether, in principle, NICE should state a preferred method for measuring and valuing health-related quality of life in children and young people.
2. SMT discussed the rationale for the proposal, noting that the issue has been raised as a priority for methods development by NICE’s Internal Research Advisory Group (IRAG), there are a pipeline of guidance topics relating to children and young people, and two technology appraisal appeal panels asked NICE to consider whether there should be a distinct approach for evaluating quality of life for children.
3. SMT therefore agreed in principle that NICE should state a preferred method for measuring and valuing health related quality of life in children and young people, and supported the proposed work towards NICE being able to support a preferred method. SMT supported the intention to focus this initial activity on health-related quality of life and exclude wider aspects of quality of life such as those that may be affected by social care. This will keep the work manageable and align with the existing approach for adults. It was agreed that the Centre for Guidelines should be closely involved in the planned activities, and NICE should also seek to engage the Royal College of Paediatrics and Child Health. The work will largely be internally focused at this initial stage, with the scope for wider communications activity considered after the internal workshop. SMT highlighted the importance of engaging with the Department for Health and Social Care, and ensuring clarity over responsibility for determining valuation sets for the health system.

ACTION: RL/NC

## What Works Centres (item 6.2)

1. Sarah Winchester presented the paper that outlined the work of the current What Works Centres (WWCs) and options for strengthening the links between these and NICE.
2. SMT noted the diversity among the WWCs in terms of their activities and outputs, and also the differences between NICE and the other WWCs. It was agreed that it would however be helpful to review the scope for greater collaboration and whether NICE could potentially draw on the WWCs’ output as part of the surveillance process. It was noted that Andrew Dillon is due to attend the What Works Council meeting on 10 July, and SMT agreed to ask Andrew to highlight at this meeting that NICE would like to review the linkages between NICE and the other WWCs. This would set the context for bringing more specific proposals for collaboration to a future Council meeting, following further mapping of the synergies between the WWCs and NICE.

ACTION: GL/AD

1. SMT discussed NICE’s interaction with the what works network and agreed that it would be helpful to increase the capacity that is in place in the Centre for Guidelines to facilitate links between the guideline producing WWCs. Sarah stated that Paul Chrisp has suggested Fiona Glen may be able to provide further support, and Nick Crabb offered to provide input to facilitate linkages from a research perspective. It was also suggested that the clinical fellows may be able to assist with this work during their 12 month placements at NICE.

ACTION: PC/NC/GL

## University of Keele memorandum of understanding (MoU): 2018/19 annual report (item 6.3)

1. Jonathan Underhill presented the annual report on the work undertaken in 2018/19 under the MoU between NICE and Keele University using the residual funds available after the closure of the NPC Plus, a joint collaboration between the National Prescribing Centre and Keele University. He asked SMT to agree an extension to the MOU for a further three years, and to the proposed use of the residual funds to deliver post-doctorate research projects on using a virtual patient to develop shared decision making skills for hospital clinicians, and augmented reality to present patient information to facilitate informed shared decision making.
2. SMT reviewed the annual report and discussed the work undertaken under the MoU. It was noted that the work on a virtual patient had been ongoing for a number of years, and SMT members highlighted the importance of seeking to roll this out to the health and care system. It was suggested that the NHS England/Improvement work on medicines optimisation might be a useful mechanism for doing so.
3. SMT approved the annual report subject to removing the personal information from the financial section, and supported the two proposed projects to utilise the residual funds. SMT agreed to extend the MoU for a further three years subject to including the aim of rolling-out the work undertaken to date to the wider health and care system. SMT were mindful of the low level of residual funds after the two upcoming projects, and agreed that the need for the MoU should be reviewed annually, in light of whether it has been possible to secure research funding.

ACTION: EP/JU

## Developing and testing a new model for the evaluation and purchasing of antimicrobials in the UK (item 6.4)

1. Nick Crabb presented the proposed topic selection and evaluation framework for the project that is seeking to develop and test a new model for the evaluation and purchasing of antimicrobials in the UK. The paper seeks to address the points made in the SMT discussion on 18 June.
2. SMT discussed the evaluation framework and welcomed the clarification that the output would be NICE guidance. The need to avoid developing a new type of guidance product was reiterated, and Meindert Boysen highlighted the product should be technology appraisal (TA) guidance. As with the TA programme, the committee’s draft recommendations should inform commercial negotiations, with the outcome brought back to the committee so that it can finalise the guidance recommendations, before sign-off by Guidance Executive. Meindert stated that the key difference to the rest of the TA programme would be the wording of the recommendations in the guidance, given the intention is not to routinely use the antimicrobials under review.
3. Nick Crabb acknowledged the merit of this approach in the long-term but highlighted that the output from this project should be not seen as formal TA guidance. SMT agreed that the pilot should however seek to follow the envisaged future process as far as possible in order to fully utilise the learning opportunity from the pilot. Subject to adding these additional steps following the commercial negotiation, the evaluation framework was agreed for targeted engagement.

ACTION: NC

1. SMT agreed that legal advice should be sought at an appropriate point on the wording of the committee’s recommendations in the context of the TA funding direction and the NHS Constitution.

ACTION: NC/MB

1. SMT then went on to review the proposed topic selection arrangements. Meindert noted that the arrangements should be seen only in the context of this project, and any future roll-out should seek to align with the topic selection process for the TA programme, including for example, a Ministerial referral. It was agreed that it would be helpful to evaluate and review the topic selection criteria at the end of the project.
2. SMT agreed that the September Board meeting should receive an update on the project.

ACTION: NC/MB

## Risk register (item 6.5)

1. David Coombs presented the latest version of the risk register and noted that risk 16/19, which refers to the establishment of the NICE Foundation, is proposed for removal following the Board meeting on 19 June. There are no other deleted risks, new risks or changes to risk scores.
2. SMT reviewed the risk register and agreed:

* The further planned mitigations for risk 02/19 should be amended to state that the video on NICE Connect is now likely to be available in November.
* The planned mitigations for risk 03/19 that relates to the TA and HST methods review should include development of a communications strategy.
* The dates for reporting the strategic engagement metrics to the Board, which is a mitigation for risk 06/19, should be checked.
* Risk 16/19 relating to the NICE Foundation could be removed given the Board’s decision not to proceed with the proposals, with additional text on the concurrent advice product developed by NICE Scientific Advice added as a mitigation to risk 14/19.
* Risk 18/19 relating to the London office move should be refocused on the potential disruption to the business, including the need to put in place the IT and other arrangements that will enable collaborative working among the five ALBs that will share the office.

ACTION: BB/ER

## Finance and workforce report (item 6.6)

1. Catherine Wilkinson presented the report that gave an update on the financial position as at 31 May 2019, the current forecast outturn for 2019/20, the income generated through TA and HST charging, and funding from NHS England. Catherine highlighted the challenges in accurately forecasting the year-end position, due to the uncertainty over these latter two income streams.
2. SMT discussed the financial position to date, in particular the income received and projected from TA and HST charging and NHS England. SMT noted the uncertainty about income projections, and welcomed the intention to develop a dashboard with key information about TA and HST income received and forecast. SMT asked that, if the graph showing projected income is used again, the axes are accurately labelled.
3. Catherine asked directors to let her know of any further potential cost pressures or proposals for non-recurrent spending, beyond those already noted in the report.

ACTION: SMT

## EU exit (item 7)

1. Meindert Boysen noted that he attended a meeting at the Department for Health and Social Care yesterday to discuss the relationship with the EU following the UK’s exit from the EU. He noted that the arrangements for the MHRA acting as a sovereign UK-only regulator in the event of a ‘no deal’ departure have also been confirmed.

## NICE Connect project (item 8)

1. Gill Leng noted the final lunch and learn session has now taken place, and next week’s SMT meeting will include an update on NICE Connect.

## Weekly staff SMT updates (item 9)

1. SMT agreed the staff updates.

ACTION: DC

## Any other business (item 10)

1. Gill Leng reminded SMT of the agreed position that up to five staff could attend international conferences outside of Europe, and that SMT would need to consider any proposal to send further staff, and if so, the travel arrangements. Gill stated that she and Paul Chrisp will meet to review the requests from NICE staff to attend the G-I-N conference in Adelaide in the context of this agreed position statement.
2. Ben Bennett reminded SMT of the deadline for nominating senior staff for the 2025 health and care leaders programme.