**National Institute for Health and CARE excellence**

Senior Management Team

# Minutes of the meeting held on 24 September 2019

**Present**

Andrew Dillon Chief Executive

Ben Bennett Director – Business Planning and Resources

Meindert Boysen Director – Centre for Health Technology Evaluation

Jane Gizbert Director – Communications

Gill Leng Director – Health and Social Care

Alexia Tonnel Director – Evidence Resources

**In attendance**

David Coombs Associate Director – Corporate Office (minutes)

Nick Crabb Programme Director – Science Advice and Research

Chris Carson Programme Director and Deputy Centre for Guidelines Director

Andrew Kenyon Programme Manager – Centre for Health Technology Evaluation (for item 7.1)

Catherine Wilkinson Deputy Business Planning and Resources Director (for item 7.3)

## Apologies (item 1)

1. Apologies were received from Paul Chrisp who was represented by Chris Carson.

## 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 17 September 2019 were agreed.

## Matters arising (item 5)

1. The actions from the meeting held on 17 September 2019 were noted as complete or in hand.
2. Andrew Dillon stated that Catherine Wilkinson has confirmed it is not feasible to substantially reconfigure the toilet facilities in the new London office. It is therefore proposed to designate one of the intended male toilet facilities as unisex. Alexia Tonnel noted that a set of high level of principles for the required functionality of the IT facilities has been developed and will be brought to next week’s SMT meeting. Andrew noted the need to consider the arrangements for the office’s official opening.

## Board meetings (item 6)

1. SMT reviewed the actions from the Board meetings on 18 September.
2. SMT noted the interest in the consultation on the NICE principles and agreed that it would be helpful to publicise the proposed next steps, including informing Peter Littlejohns and anyone else particularly interested in this work about the paper to the November Board meeting. Nick Crabb stated that he would liaise with Sophie Cooper to action this. In addition, it was agreed that Jane Gizbert would develop a communications and implementation plan. This would include sending the principles to all committee members once approved by the Board, along with a covering letter from Andrew Dillon.

ACTION: NC/JG

1. It was agreed that once agreed by the Board, the principles should be implemented with immediate effect as they codify existing arrangements, rather than reflecting a substantive change in how NICE operates.
2. Jane Gizbert stated that she is looking at how the Board can receive information on NICE’s coverage in digital media, and it may be necessary to commission this from an external agency, similar to the approach for broadcast and print media coverage. Jane noted that the latter contract is due for renewal and she is considering what is required in the future. In the interim, SMT agreed to discontinue the daily emails to directors about media coverage, as there were other options for receiving this information if required, including through ‘google alerts’.

ACTION: JG

1. SMT briefly discussed the agenda for the November Board meetings and agreed to include an update on EU exit on the morning session agenda. Meindert Boysen stated that he would like to defer the Board’s consideration of the CHTE topic selection criteria to the December Board meeting.

ACTION: DC

## Technology appraisal data: timely access to drugs and treatments (item 7.1)

1. Andrew Kenyon briefed SMT on proposed new webpages that will present data on the timeliness of NICE’s technology appraisal (TA) guidance and the committees’ recommendations. He noted that he is meeting with the communications team to discuss arrangements for publicising the pages internally and externally, and confirmed the pages meet accessibility requirements. It is hoped in future to extend the pages to include information on orphan drugs and guidance in development.
2. SMT reviewed and welcomed the new webpages. It was agreed to include additional contextual narrative about NICE’s target for producing timely guidance, and to explain why NICE seeks to publish guidance before a marketing authorisation is granted. Jane Gizbert stated that she would also look at how to make the new pages easier to find on the website.

ACTION: AK/JG

1. SMT expressed support for the aspiration of updating the data on a real time basis and noted it would be helpful to present similar information on other guidance outputs, including the interventional procedures programme.

## The EQ-5D-5L measure of quality of life: new valuation study in England (item 7.2)

1. Nick Crabb presented the paper that set out NICE’s proposed involvement in a new EQ-5D-5L valuation study for England. He reminded SMT of the background to this issue and noted NICE’s proposed supporting role in the study, with the academic experts taking the key methodological decisions. Nick highlighted the proposed communications plan and the suggestion to retain NICE’s existing position statement on the EQ-5D-5L valuation set until the study is undertaken and the results are quality assured.
2. SMT noted and endorsed NICE’s supporting role for the study and agreed the communications plan. It was agreed the position statement should be updated to refer to the upcoming study, and NICE’s work to support it.

ACTION: NC

## Business planning 2020/21 (item 7.3)

1. Ben Bennett presented the paper that set out proposals for the 2020/21 business planning process. It is proposed to seek centre and directorate submissions later than usual, so the process can take account of SMT’s and the Board’s discussions on NICE Connect in September and October. Also, by this point there may be greater clarity on NICE’s grant in aid (GIA) funding from the Department of Health and Social Care (DHSC).
2. SMT discussed the potential funding scenarios for 2020/21 in the context of the Government’s 2019 spending review. Catherine Wilkinson and Ben Bennett stated they are working on a scenario of NICE receiving the same GIA budget from DHSC as 2019/20, plus potentially additional funding to expand the Medtech and diagnostics programmes. This ‘flat cash’ scenario would require NICE to absorb inflationary pressures and identify the resources for NICE Connect.
3. SMT discussed the feedback from the DHSC on the format for the business plan and supported the proposal to produce a shorter document, drawing on the examples from other ALBs. Andrew Dillon noted the importance of seeking the Board’s view on any new format, and noted that this Board engagement should be incorporated into the timetable.
4. SMT discussed the approach for engaging NHS England (NHSE) in the business planning process. It was agreed that the most appropriate process would be to seek NHSE’s agreement at an early stage to assumptions about the areas of work they would like to commission from NICE and the associated funding. This would be more productive than NHSE reviewing the full draft business plan at a later stage.
5. SMT noted the context for developing the business plan and the rationale for engaging centres and directorates later than usual. It was noted that NICE Connect has less impact on the Centre for Health Technology (CHTE) outputs and resourcing than other parts of NICE, and CHTE is less dependent on GIA funding given the cost recovery arrangements now in place. It was therefore agreed to commence the business planning process in CHTE in October, with the Centre for Guidelines and directorates waiting until the Board has agreed the next steps for NICE Connect. It was agreed that in the interim, the Directors and their senior teams would continue working on high level plans for resourcing NICE Connect, which would inform the Board’s discussion on 16 October. SMT agreed that the centre and directorate submissions should be streamlined to focus on the business level objectives and developments with material cost pressures.
6. Alexia Tonnel noted potential sources of funding for digital developments from other parts of the health system. It was agreed that it would be helpful to formally seek clarification from DHSC at the next quarterly accountability meeting about the arrangements for accessing this.

ACTION: AD/BB

1. It was agreed that next week’s SMT meeting should receive a revised timetable for the business planning process taking account of this discussion.

ACTION: CW/DC/BB

## EU exit (item 8)

1. No further update.

## NICE Connect project (item 9)

1. It was noted that the interviews for the Programme Director, Transformation are taking place tomorrow.

## London office move (item 10)

1. Ben Bennett noted that visits to the new office will take place every Thursday. Andrew Dillon asked that SMT members are prioritised for early visits.

ACTION: BB

## Weekly staff SMT updates (item 11)

1. SMT agreed the staff updates.

ACTION: DC

## Any other business (item 12)

1. SMT noted that lunch was provided for staff participating in the NICE Connect ‘hackathon’. While lunch is not usually provided for staff unless it is an all day training course, SMT agreed this was an appropriate decision given the nature of the event which required intensive and focused input from staff.
2. Alexia Tonnel noted that negotiations are underway with Wiley about access to the Cochrane library, taking account of the increasing volume of content that is now available through open access. Alexia noted that the sponsor team at DHSC have expressed an interest in these discussions.