Minutes of the Board Strategy Meeting held on the 17 June 2015 in the Derwent meeting room, NICE London Office

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 papers considered are available in accordance with the NICE Publication Scheme.

Present
Chair
Professor David Haslam

Non-Executive Directors
Dr Margaret Helliwell
Linda Seymour
Bill Mumford
Professor David Hunter
Professor Finbarr Martin
Jonathan Tross
Tim Irish
Andy McKeon
Professor Rona McCandlish

Executive Directors
Andrew Dillon
Professor Gillian Leng
Ben Bennett
Professor Carole Longson

Directors in attendance
Professor Mark Baker
Jane Gizbert

In attendance
Julian Lewis
Professor Bruce Campbell
Professor Andrew Stevens
Dr Peter Jackson
Professor Susan Jebb
Amanda Edwards
Dr Nick Crabb (deputising for Carole Longson)

Apologies
1 Apologies were received from Carole Longson, Professor Steve Pilling,
Professor Adrian Newlands, Professor Danny Keenan, Marie Burnham
and Alexia Tonnel.
Conflicts of interest

2 Professor Bruce Guthrie advised the Board that, in relation to item 7 on multi morbidity, the NIHR receives funding from the pharmaceutical industry. The Chair was content for him to remain for this item.

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3 The Board noted that Martin Underwood should have been listed as being in attendance. With this amendment and corrections to the numbering the minutes of the 15 April 2015 meeting were agreed as a correct record.

Matters Arising

4 The following matters were noted:
   - The Business Plan had been approved by the Board in March.
   - Mark Baker had written to stakeholders who had requested a second consultation on the type 2 diabetes guideline and an updated document would be sent for consultation on 26th June.
   - The scope for consultation on the guideline on age-related macular degeneration would be signed off by the Guidance Executive
   - Andrew Dillon said he would bring a substantive paper to the August Board strategy meeting relating to the establishment of a body to consider regenerative medicines by the DH.

ACTION: AD

   - A communications plan will be developed in relation to the transformation programme and this will be discussed with the DH to inform their discussions with Ministers.

ACTION: JG

Committee chair update

5 Amanda Edwards, Director of Knowledge and Evidence and Deputy Chief Executive of the Social Care Institute for Excellence (SCIE) gave a presentation on the work of the National Collaborating Centre for Social Care (NCCSC) in developing social care guidelines over the first 2 years. She explained that the NCCSC worked with a number of partners who contributed expertise to the guidelines including social care economists.

6 She explained that the main challenges were (i) recruitment (ii) working with committees and (iii) the evidence base.

7 Amanda Edwards said the committees had good chairs with a diverse and representative membership and there was always a strong field of applicants which had been helped by the joint reputation of NICE and SCIE.
She said that one of the challenges was to cope with the varied levels of knowledge of the processes and the differing requirements for detailed evidence to support recommendations. Discussions with the Health and Social Care Directorate had helped with the presentation of complex material.

Amanda Edwards explained that the evidence had to be clearly presented, especially in relation to grey material, in order to assist in the development of recommendations.

In conclusion, she said social care guidance development was a collaborative endeavour but there was a need to refine messages for different audiences and to ensure the guidance was easy to use and easy to find.

David Hunter queried whether the approach to the review of evidence drew on the experience of the public health team at NICE. Amanda Edwards responded that the approach was continuing to be refined but using the experience of committee members worked well.

Bill Mumford raised a concern that the scoping meeting for the new guidance: ‘A Service Model for People with Learning Disabilities and Challenging Behaviour’ had not included people with a learning disability. He made the point that NICE and its collaborating centre SCIE should uphold the core principle of “nothing about us without us” and asked that SCIE make reasonable adjustments to enable a person with a learning disability to sit on the guidance committee.

David Haslam thanked Amanda Edwards for the presentation.

Bruce Guthrie on a NIHR-funded research project on guidelines and multimorbidity

Professor Guthrie gave a presentation on and NIHR-funded project which considered the challenges involved in developing guidelines involving multimorbidity and highlighted some of the emerging findings of the research.

He set out the rationale for considering multimorbidity and explained the use of epidemiological data involving a systematic scan for interactions to identify which were common enough and serious enough to need comment, and the applicability of epidemiological data and whether or not recommendations needed qualifying.

Professor Guthrie outlined the issues to be considered when providing absolute benefit comparisons and challenges in incorporating a time horizon in consideration of benefit.
Finbarr Martin commented that in large databases a judgement was needed when considering competing risks and asked how robust the approach was to enable people to understand the risks.

Professor Guthrie replied that all risk models had built in evaluations which would enable decisions to be made on what may be reasonable for someone in their 50s but not necessarily in their 80s.

Andrew Dillon said creative ways were needed to present the information on the website in light of the estimated efficiency savings to be achieved through utilising digital media. He asked to what extent the information could be presented on apps and similar media in a user-friendly way.

Professor Guthrie advised that one option would be to consider presenting risk factors which could then be customised to the needs of the user rather than making a general recommendation but consideration would need to be given to the amount of data presented.

David Haslam thanked Professor Guthrie for the presentation.

Chief Executive’s update

Andrew Dillon updated the Board on the following matters:

5 Year forward view

Andrew Dillon reported that NICE had been invited to join the NHS 5 Year Forward View Board which had responsibility for implementing the 5 year strategy including a new architecture for the NHS. He said he had attended and there were both opportunities and risks attached to being a member of the Board but on balance is was a positive development as NICE was a national organisation and should be involved in national decision making. He advised the Board that one immediate benefit was as a sponsor for Vanguard sites which provided an opportunity for NICE to raise its profile in social care and he would be visiting the sites with Gill Leng as part of an introductory set of meetings.

ACTION: AD/GL

Andrew Dillon provided an overview of the structure of the Board and its remit including the management of the most important risks in delivering the Forward View commitments. He noted that the Gill Leng is a member of the National Quality Board.

In response to a question from Finbarr Martin, Andrew Dillon said he had suggested at the first meeting he had attended that there should be a standardised approach to economic evaluation. He added it was important to influence how these matters were assessed to ensure the approach was evidence based with a supporting structure to deliver this.
Accelerated Access Review
26 Andrew Dillon updated the Board on progress with the review. He advised the Board that Nina Pinwill, a senior member of staff at NICE, is seconded to the review.

Cancer Drugs Fund
27 Andrew Dillon advised the Board that NICE was proactively engaged in this initiative. He said NHS England would be considering a plan in the summer to take forward the CDF into 2016 and NICE was closely involved in these discussions. He said any significant developments would be brought to the Board in July.

ACTION: CL/AD

Triennial Review
28 Andrew Dillon updated the Board on the Triennial Review and said the review team had sent the final report to Una O’Brien, the Department of Health Permanent Secretary, for submission to the Cabinet Office. He advised the Board that he had seen the report and that the review team had been very good at reflecting the views of NICE. He said the report was still confidential but could be viewed by Board members. A communications strategy would be developed for handling publication of the Triennial Review later this year.

ACTION: JG

3 Year Strategy
29 Andrew Dillon advised the Board that there was a need to take a more strategic approach in shaping the NICE business to match the needs and preferences of our audiences and within projected resources. He said a 3 year strategy to 2018-19 would be needed taking account of risks and opportunities and aligned to the Business Plan.

30 He outlined the key elements of the strategy which included a need to understand the changing expectations of NICE and aligning our products with user needs reconciled within the resource envelope. Andrew Dillon explained that in managing the changes it would be necessary to engage with funders and use NICE membership of the 5 Year Forward View Board and sponsorship of Vanguard sites to help assess user needs and preferences. This would include a review of how to embrace the changing nature of technology and digital innovation in the provision of health.

31 Bill Mumford said it was important for NICE to have a sense of direction to steer the Institute through a complex time and there was a need to consider competitive pressures on NICE.

32 Jonathan Tross highlighted the risks for NICE and the need for a strategic approach to the prioritisation of services.
Tim Irish welcomed that fact that NICE was now a member on the 5 Year Forward View Board in light of the pressures facing NICE.

David Haslam said there was a need to consider the devolution agenda and its impact on NICE.

**Safe staffing programme**

Andrew Dillon updated the Board on the background to the decision by NHS England to take forward safe staffing guidance as part of a related service transformation work. He said the priority was to find suitable alternative employment for affected staff. Andrew Dillon explained that existing NICE guidance on acute adult wards and maternity settings will remain in force and NHS England may ask NICE to support them in further evidence reviews.

He explained that he had spoken to the chair of the Safe Staffing Committee and the staff of the programme to thank them for their work and to reassure staff that every attempt would be made to find suitable alternative employment.

David Haslam acknowledged that NICE had been faced with a fait accompli and expressed his backing for the action of the Chief Executive.

Mark Baker emphasised that nothing had been done by the team that could lead to a reasonable expectation that the programme would be closed.

**Any other business**

Linda Seymour highlighted press comment on the review of statins and David Haslam said that he and Gillian Leng would discussing this at a meeting later in the afternoon.

**Date of the next meeting**

The next Board strategy meeting will take place at 10.30 on Wednesday 19 August 2015 in the Derwent Room in the NICE London offices.