**NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

# Minutes of the Board Strategy Meeting

Wednesday 17 June 2020 via Zoom

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.

## Present

**Non-Executive Directors** Sharmila Nebhrajani

 Professor Martin Cowie

 Elaine Inglesby-Burke

 Professor Tim Irish

 Dr Rima Makarem

 Tom Wright

**Executive Directors** Professor Gillian Leng

 Meindert Boysen

 Paul Chrisp

 Alexia Tonnel

 Catherine Wilkinson

**Directors in attendance** Jane Gizbert

 Judith Richardson

**In attendance** Dr Jane Adam (item 8)

 Dr Amanda Adler (item 8)

 Ralph Bagge (items 1 to 7)

 Dr Peter Groves

 Dr Peter Jackson

 Professor Daniel Keenan (items 1 to 7)

 Dr Mark Kroese

 Dr Hugh McIntyre

 Professor Gary McVeigh (item 8)

 Professor Stephen O’Brien

 Norma O’Flynn

 Mirella Marlow

 Jane Newton

 David Coombs (minutes)

 Helen Knight (item 8)

 Ian Watson (item 8)

 Sheela Upadhyaya (item 8)

## Apologies (Board and Senior Management Team) (item 1)

1. None.

## Declarations of interest (item 2)

1. Rima Makarem noted that she has been appointed as the independent chair of Bedfordshire, Luton and Milton Keynes integrated care system.
2. It was confirmed there were no conflicts of interest relevant to the meeting.

## Minutes of April 2020 Board strategy meeting (item 3)

1. The minutes of the Board strategy meeting held on 22 April 2020 were agreed as a correct record.
2. The Board reviewed the actions from the Board strategy meeting on 22 April 2020 and noted that all actions from the meeting were complete. Alexia Tonnel confirmed that the risks around the use of Zoom had been reviewed and robust safeguards are in place.
3. Sharmila Nebhrajani asked that in future an action log be produced of actions outstanding so that progress and completion could be noted.

## Chief Executive’s update (item 4)

1. Gill Leng briefed the Board on a range of recent developments and topical issues. She noted that the claimants have received permission to appeal their unsuccessful judicial review of NICE’s decision to route Sapropterin for treating phenylketonuria (PKU) to the technology appraisals programme rather than the highly specialised technologies programme. The Department of Health and Social Care’s (DHSC) and NICE’s planning for EU exit has recommenced, with the potential implications of the Northern Ireland protocol on medicines licensing an area for NICE to consider further. Gill summarised the latest staff feedback on the current homeworking arrangements and noted that the senior management team (SMT) are currently putting in place arrangements to restart using the offices, when certain criteria are met, and reviewing how the office space might be used in the future.
2. Gill highlighted the funding allocated to NICE for two projects on artificial intelligence (AI). The first, in partnership with other Arm’s Length Bodies (ALBs) is to develop a multi-agency advice service on AI, with a second grant for NICE to consider the methods for evaluating AI technologies. NICE was unsuccessful in a third grant that was more internally focused and would have been used to explore the scope to utilise AI in guidance development. In response to a question from the Board, Gill confirmed this area will still be pursued by the new Science, Evidence and Analytics Directorate, but less quickly than if the bid had been successful.
3. Gill briefed the Board on proposed changes to the SMT portfolios, including broadening the Centre for Guidelines’ remit to drive the development and updating of integrated pathways that would present NICE’s content. The Board discussed the proposals and supported renaming the Centre for Guidelines as the Centre for Guidelines and Pathways, with the Centre Director as the lead for NICE’s content. There was support for moving the medicines team to the renamed Centre to support NICE’s COVID-19 work as soon as possible, and to move the publishing team to the Centre to support the development of a new content strategy and pathways following discussion with staff and due HR process. It was agreed that any other changes to the organisational structure should be reviewed in light of the new strategy.

ACTION: Gill Leng

## London office move (item 5)

1. Gill Leng reminded the Board of the planned size and layout of the new London office in Stratford, and noted that the SMT have been reflecting on these plans given the changed ways of working following the COVID-19 pandemic. Due to the uncertainty about the ongoing and future impact on working arrangements, and following discussions with the DHSC and the other ALBs who will be sharing the office, it is proposed to continue to take the planned space, with ongoing discussions about the rental arrangements, but only for 1-2 years to give time to reflect on the longer term requirements.
2. The Board supported the proposal.

## COVID-19 (item 6)

1. Gill Leng updated the Board on NICE’s work on COVID-19 and highlighted three areas of work by the Diagnostics Assessment Programme. Firstly, adapted medtech innovation briefings (MIBs) on SARS-CoV-2 viral detection and antibody tests will be developed. They will include an independent expert view on whether tests meet Target Product Profiles and inform national procurement decisions pending formal guidance. Secondly, exploratory economic models are being developed on Target Product Profiles, which will help guidance to be developed rapidly on actual tests and give feedback to developers and policy makers on evidence gaps and key parameters that drive value. Thirdly, an Evidence Standards Framework on diagnostic testing for SARS-CoV-2 and anti-SARS-CoV-2 antibodies has been developed to advise developers on collection of best possible evidence.
2. Gill advised the Board that NICE has also been asked by NHS England and NHS Improvement (NHSE&I) to maintain a single integrated, up-to-date, suite of guidance on the clinical management of COVID-19, pulling together the specialty guides on COVID-19 produced by NHSE&I alongside NICE’s own COVID-19 rapid guidelines. Gill noted this work represents a significant task and without additional resources, it will have significant opportunity costs for the routine work programme, including guidelines and NICE Connect.
3. Meindert Boysen noted that NICE’s work on the RAPID C-19, which seeks to facilitate use of innovative treatments for COVID-19, continues. The scope to improve the visibility of NICE’s contribution in this area, including on the recent approval for dexamethasone, is being explored.
4. The Board welcomed NICE’s work to support the COVID-19 response, including the recent request from NHSE&I. The Board confirmed the importance of seeking additional funding for this work from NHSE&I or DHSC and asked Gill Leng to pursue this and highlight the implications for NICE’s other work if this is not forthcoming. They asked that Gill provides an update at the next meeting.

ACTION: Gill Leng

## Developing a strategic plan for NICE (item 7)

## Centre for Health Technology Evaluation methods review: progress and priorities (item 8)

1. Meindert Boysen presented the paper that updated the Board on the progress and priorities of the health technology evaluation methods review. He noted that the review should support the NHS’ ambition to provide high quality good value care; acknowledge the changing landscape and needs of NICE’s system partners; support faster patient access to new technologies and through that support the life sciences sector; facilitate alignment of NICE’s technology evaluation programmes; and provide an opportunity to make an important difference in the way NICE’s works in response to COVID-19. Meindert noted the context and constraints for the review, including the 2019 voluntary scheme for branded medicines pricing and access.
2. Helen Knight updated the Board on progress to date, the perspectives from stakeholders, and areas of likely challenge. Helen outlined the priority areas for NICE, including describing the range of factors that may quantitatively or qualitatively influence decision-making ('modifiers'), updating the approach to uncertainty, and resolving specific methodological challenges such as health-related quality of life in children. Meindert explained the proposed next steps for engagement with the Board and the two stage consultation process.
3. Peter Jackson, chair of the Highly Specialised Technologies Evaluation Committee noted that personalised medicines is not included in the initial priority areas for this review and highlighted the importance of NICE having a clear position on this issue. Meindert agreed this was an important issue but it is too early to adopt a position, and therefore it will be addressed as part of the subsequent set of modular updates.
4. Board members discussed the proposals and proposed priority areas set out in the paper. The context for the review, including the 2019 voluntary scheme and policy positions of key stakeholders, was noted. However, Board members highlighted the need for NICE to be sufficiently ambitious in the review. It was suggested that it would be helpful to consider whether NICE could more clearly divide its thinking into a near term phase describing what is possible within the current constraints, and a second phase with possible broader changes that could be explored for the future.
5. The Board discussed the proposed work on modifiers and noted this will be a challenging area involving value judgements. It was suggested that it may be helpful to look at reconvening the Citizens Council to advise on this issue, particularly given that societal values may have changed since the Council previously considered these issues. In response, Gill Leng confirmed that proposals for re-energising the Council are being explored and are due to come back to the Board in August. The importance of having a clear justification for any modifiers was noted; as was the need to be aware of any unintended consequences of modifiers, including for example, on health inequalities. Likewise, it was noted that the work on uncertainty will also be challenging and is tied to wider policy decisions on the system’s appetite for risk in the context of enabling earlier access to innovative treatments.
6. Questions were raised about the current ‘gap’ between the technology appraisals (TA) and highly specialised technologies (HST) programmes. In response it was noted that accepting value propositions between TA and HST ranges would expose the NHS to large opportunity costs, and clarifying the HST selection criteria, which is in progress, is felt to be a better way of accommodating the small number of technologies at the margin of the HST programme.
7. Subject to the comments noted above, the Board supported the priorities for the review and proposed next steps including the two stage consultation. It was agreed that Meindert Boysen would seek further information on the specific comments and concerns raised by individual Board members and committee chairs at the meeting to feed this into the next stages of work.

ACTION: Meindert Boysen

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## Board self-assessment (item 9)

1. The Board discussed the summary report produced by the audience insight team on the feedback given by the Board and senior management team (SMT) in the annual Board self-assessment that was undertaken as an anonymous web-survey between January and March 2020. It was felt that events had moved on since the survey was undertaken when respondents were asked to reflect on 2019. Board members suggested that it would be appropriate to consider an alternative approach to future Board evaluations.
2. Sharmila Nebhrajani stated that she would use the feedback in the report, along with the issues raised in her individual induction meetings with the non-executive directors (NED) and SMT members, to inform the upcoming NED recruitment and any future Board development.

ACTION: Sharmila Nebhrajani

## Any other business (item 10)

1. None.

## Date of the next meeting

1. The next Board strategy meeting will be on Wednesday 19 August 2020, via Zoom.