

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 20 February 2018

Present

Andrew Dillon	Chief Executive
Mark Baker	Director – Centre for Guidelines
Ben Bennett	Director – Business Planning and Resources
Jane Gizbert	Director – Communications
Gill Leng	Director – Health and Social Care
Mirella Marlow	Acting Director – Centre for Health Technology Evaluation
Alexia Tonnel	Director – Evidence Resources

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Emma McClay	Clinical Fellow – Health and Social Care (item 6.4)

Apologies (item 1)

1. None

Freedom of Information and publication scheme (item 2)

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

Notes of the previous meeting (item 3)

3. The minutes of the meeting held on 13 February 2018 were approved.

Matters arising (item 4)

4. The actions from the meeting held on 13 February 2018 were noted as complete or in hand.

Board meetings (item 5)

5. SMT noted the agenda, papers and arrangements for the Board Strategy meeting on 21 February.
6. SMT discussed the agenda items for the March Board meetings. It was agreed that Ben Bennett would prepare a draft of the paper on succession planning, and that the papers on the updated guidelines manual and technology appraisal process guide should summarise the key changes rather than present the full documents. Given the pressures on the March agenda, it was agreed to defer the audience insight report on implementing NICE guidance to the May Board meeting.

Data Protection Officer (item 6.1)

7. Ben Bennett presented the paper that asked SMT to reconsider the appointment of NICE's Data Protection Officer (DPO) in light of a recent internal audit report and guidance published on the role of the DPO. He noted that SMT initially decided to allocate this role to himself as the Business Planning & Resources Director, but would review this in light of any further guidance. The decision was informed by the

requirement for the DPO to report to the highest level of management, and provisions around the DPO's autonomy and independence. However, guidance is clear that the DPO must be free from conflicts of interest, and also outlines the roles that could present such conflict of interest, including those leading finance, HR and IT functions.

8. SMT extensively considered the issues outlined in the paper and discussed the most appropriate role to designate as the DPO. The similarities between the existing role description for the Governance Manager: information and the DPO's responsibilities were noted, as was the same technical knowledge required for both roles. SMT considered whether designating the DPO role to the Governance Manager: information posed a conflict of interest, in terms of the ability to challenge NICE's information governance arrangements for which the Governance Manager is responsible. However, it was agreed other roles at NICE would have greater risk of conflict of interest as they have operational responsibility for overseeing the processing of personal data. It was also noted that other roles within NICE will not have the level of technical knowledge on data protection matters expected for the DPO.
9. On balance, it was agreed to designate the Governance Manager: information as the DPO. This will be reviewed after one year, or before in light of any guidance published that indicates an alternative approach is required. It was agreed that a letter should be sent from the Chief Executive to the Governance Manager: information outlining the designation and highlighting the ability to communicate any concerns about data processing directly to the Senior Management Team.

ACTION: AD

Proposals for a new London School of Economics Executive MSc (item 6.2)

10. Mirella Marlow presented the proposal to collaborate with the London School of Economics and Political Science (LSE) on a new Executive MSc course on the Evaluation of Healthcare Interventions and Outcomes. The input would be from senior staff in NICE Scientific Advice (NSA), and the collaboration would not therefore impact on other NICE teams.
11. SMT discussed the proposal and supported the collaboration in principle. Reservations were expressed about the level of proposed income for NICE, given the level of contribution in NICE staff time and the use of the NICE brand in marketing the course. It was agreed this should be discussed further with LSE, highlighting NICE's contribution to the course, and NICE's stake in its success.

ACTION: MM/LO

12. In addition to the resolution of the financial arrangements, it was noted that once there is greater clarity on the topics covered by the NICE teaching, consideration could be given to whether the input should be extended beyond NSA.

Evidence Resources planning 2018/19 (item 6.3)

13. Alexia Tonnel delivered a presentation on potential digital services priorities in 2018/19 following an analysis of draft centre and directorate business plans.
14. SMT discussed the presentation, with support expressed for investing resources on developing NICE pathways. Gill Leng highlighted the importance of completing projects already started, in addition to developing new innovations.

15. It was agreed that each Director should provide Alexia with three priorities for transformation digital projects, and three priorities for maintaining/developing existing digital products. Alexia will then consolidate these into a proposed digital work-plan for review and approval by SMT.

ACTION: SMT

16. It was noted that a proposal to retire the NICE guidance app will be brought to SMT in light of the reduced usage following improvements to the NICE website, and the resources required to update the app.

ACTION: AT

NICE position statement: chemotherapy dose standardisation (item 6.4)

17. Emma McClay introduced the item and noted that chemotherapy dose banding has been taking place, to variable degrees, in hospital trusts within England for the previous 10 years. There is however considerable variation in both the methods of dose banding used and the range of drugs for which dose banding has been applied to. The proposed position statement will sit on the NICE website, linking to the medicines optimisation key therapeutic topic on chemotherapy dose standardisation.
18. Emma confirmed that NHS England's Clinical Reference Group had reviewed and supported the statement. SMT discussed the implications for the technology appraisal programme, noting that the base case will continue to be calculated on the basis of the Summary of Product Characteristics (SPC). The implications of dose banding may form part of the Evidence Review Group's critique as appropriate.
19. SMT agreed the statement for publication on the NICE website.

ACTION: EMcC

Referrals to the technology appraisal (TA), highly specialised technologies (HST), and public health work programmes (item 6.5)

20. SMT noted the referrals.
21. Andrew Dillon asked for an analysis of whether the number of indications for each product is increasing. Also, for a paper to the Board on the guidelines catalogue, including published and aspirant topics.

ACTION: MM/MB

Business planning (item 7)

22. No further items discussed.

Weekly staff SMT updates (item 8)

23. SMT agreed the staff updates.

ACTION: DC

Any other business (item 9)

24. The condition of the reception area and initial first floor corridor in the Manchester office was highlighted. It was agreed that minor decorative works should be undertaken.

ACTION: BB

25. Alexia Tonnel highlighted interest from Quebec province in purchasing ten NICE guidelines, and stated that she will discuss further with SMT colleagues the approach to such requests, including pricing, and any conditions on the reuse of the content.
26. Andrew Dillon reminded SMT of the changes to the TA and HST programmes agreed by the Board in March 2017. One of these was the introduction of a budget impact test. Should the budget impact of a technology exceed the set threshold in any of the first three years, a commercial negotiation would be triggered. Should this negotiation fail to conclude or not fully resolve the budget impact issues, NHS England would be able to apply to NICE to vary the funding requirement in order to phase introduction of the product over a longer period to help manage its impact on the NHS.
27. Andrew noted that the paper, agreed by the Board, stated that the test would apply to topics for which a first evidence submission is received after 1 April 2017. A question has arisen of whether the test should apply only to new technology appraisals, or to the review of previous appraisals/evaluations. NHS England favour the latter option, highlighting that circumstances may have changed since the original appraisal/evaluation. Given the scope for material changes in circumstances since the original appraisal/evaluation such as the price or eligible population, SMT supported applying the test to all re-appraisals/evaluations. It was agreed that any request to vary the funding direction following a re-evaluation/appraisal would need to be very carefully considered if this withdraws access to a technology that has previously been available.