

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 25 September 2018

#### **Present**

Andrew Dillon	Chief Executive
Ben Bennett	Director – Business Planning and Resources
Meindert Boysen	Director – Centre for Health Technology Evaluation
Paul Chrisp	Director – Centre for Guidelines
Gill Leng	Director – Health and Social Care
Alexia Tonnel	Director – Evidence Resources

#### **In attendance**

David Coombs	Associate Director – Corporate Office (minutes)
Moya Alcock	Associate Director – Corporate Communications and Deputy Communications Director
Sarah Cumbers	Associate Director – Guidance Transformation (item 7.1)
Mirella Marlow	Programme Director – Centre for Health Technology Evaluation (item 7.2)

#### **Observing**

Maria Von Hove	Clinical Fellow
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#### **Apologies (item 1)**

1. Apologies were received from Jane Gizbert who was represented by Moya Alcock.

#### **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.

#### **Declarations of interest (item 3)**

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

#### **Notes of the previous meeting (item 4)**

4. The minutes of the meeting held on 18 September 2018 were approved.

#### **Matters arising (item 5)**

5. The actions from the meeting held on 18 September 2018 were noted as complete or in hand.

#### **Board meetings (item 6)**

6. SMT reviewed the actions from the Board meetings on 19 September.
7. It was agreed that the staff survey responses should be analysed to identify any variations according to the gender, work base, and age of the respondents. The finance and workforce report to the November Board should confirm this analysis has taken place and highlight any material points of note. SMT noted that benchmarking against the public sector bodies in Survey Solutions' database had

initially been included in the draft report but this information had been removed as these organisations were not directly comparable to NICE.

**ACTION: BB**

8. SMT discussed the agenda and arrangements for the Board Strategy away-day on 17 October. There will be three discussion sessions in the morning, with the afternoon focused on the fourth area of discussion – the pilot. It was agreed that a briefing paper should be produced for each session. SMT will review these papers on 9 October, prior to circulation to the Board. SMT members leading each session were asked to consider the format for the discussions, including the extent to utilise break-out groups, which the NEDs could potentially facilitate.

**ACTION: AD/JG/GL/AT/MB/PC**

9. It was agreed that Sarah Cumbers and Alison Liddell could be invited to join the away-day, given their role in the pathways pilot and their earlier attendance at the SMT retreat from which the proposals evolved. Jane Giszbert could also consider whether it would be helpful for Philip Hemmings to join the meeting.

**NICE pathways pilot: topic selection, committee terms of reference and membership (item 7.1)**

10. Gill Leng presented the update on work undertaken to establish the NICE pathways pilot and asked SMT to approve the proposed committee terms of reference, which would enable committee member recruitment to commence. Gill highlighted the rationale for the steering group's decision to focus the pilot on the creation of a pathway for type 2 diabetes.
11. SMT discussed the committee's role and remit in developing content for the pathway, in particular the extent it is envisaged that pathway committees will replace existing published guidance development processes. Gill explained that the pilot committee will update guideline recommendations in areas where there is new evidence, and review technology appraisal (TA) recommendations and sequence these within the pathway. However to mitigate the risk of appeals it will not develop new, or update existing, TA recommendations. Andrew Dillon highlighted the importance of ensuring a clear evidence base and rationale for decisions on sequencing TA recommendations within the pathway.
12. SMT noted that the longer term implications for the guidance programmes and the existing advisory committees will require further consideration following the pilot. As the guidelines programme is increasingly focused on updating existing recommendations, it was suggested that this work could in future potentially be undertaken by the pathway committees.
13. SMT discussed the output from the pilot and noted that the pathway framework developed by the pilot committee will not be published as a formal NICE product. However, any new or updated recommendations developed by the committee will be embedded in published NICE guidelines, following established governance mechanisms including review by Guidance Executive, public consultation, and publication of formal minutes on the NICE website.
14. SMT discussed the risk assessment in the paper, and identified further risks to be added, including that the pathways product does not represent an improvement to NICE's existing output; the committee misinterpret the terms of reference which

compromises the vision for the pathways; and that the committee may not be sufficiently innovative in developing the pilot pathway.

**ACTION: GL/SC**

15. SMT reviewed the pilot committee's terms of reference. These were agreed, subject to clarifying that its meeting arrangements will be consistent with the guideline committees, that it will update published guideline recommendations in areas where there is new evidence, and that the committee will be accountable to the Health and Social Care Director.

**ACTION: GL/SC**

16. SMT confirmed its decision at a previous meeting that the positions on the pilot committee do not need to be openly advertised given the short timescales for commencing the pilot. SMT reviewed the proposed membership and agreed to add diagnostics expertise, with decision support/informatics expertise more appropriately accessed through the reference group rather than as part of the committee. It was noted that the declared interests of the proposed committee chair will be brought to SMT for approval, in line with the usual approach for guideline committee chairs.

**ACTION: GL/SC**

17. It was agreed that the November Board should receive a paper on the proposals, which would provide the Board with the opportunity to formally approve the pilot.

**ACTION: GL/SC**

**Bid to host the Health Technology Assessment international (HTAi) 2021 annual meeting in Manchester (item 7.2)**

18. Mirella Marlow presented the paper that outlined NICE's bid to host the HTAi annual meeting in Manchester in 2021. Mirella highlighted that SMT accepted in principle the need for additional resources for a project manager in the lead-up to the conference when it approved the expression of interest in December 2017. Based on the experience of the recent Guidelines International Network conference, this post may be required for up to 18 months. There is no other financial cost or liability for NICE in terms of hosting the conference, although senior staff will need to dedicate time to promote the event.
19. SMT discussed the resourcing for the project manager support, noting that depending on the financial position in 2020 and 2021, it may be necessary to fund the capacity by reallocating existing resources.
20. SMT discussed the proposed conference theme. It was suggested this should include how to incorporate health technology appraisals with guideline development, drawing on NICE's remit covering both areas. It was also suggested that the programme should include assessment of digital technologies.
21. Subject to these comments on the conference theme, SMT approved the submission of the bid.

**ACTION: MM**

### **Medicinal cannabis: overview of planned NICE guidance and advice (item 7.3)**

22. Paul Chrissp presented the paper that summarised the guidance and advice being developed by NICE over the next 12 months on cannabis-derived products for medicinal use.
23. SMT noted the update, and asked Paul to clarify NHS England's position regarding the commissioning of cannabis-derived products as this could affect the current intention to commence technology appraisals in this area in October.

**ACTION: PC**

### **Guideline committee chair appointment (item 7.4)**

24. Paul Chrissp presented the proposal to appoint Dr Raymond Jankowski to the position of Chair of the NICE Guideline Committee on prevention and non-surgical treatment of pelvic floor failure. Dr Jankowski is the National Lead for Healthcare Public Health within Public Health England, and Chair of the multidisciplinary and multiagency National Falls Prevention Coordinating Group.
25. SMT approved the appointment of Dr Jankowski as chair of the guideline committee. It was agreed that Dr Jankowski's declaration of interests should be updated to reflect that his brother is a Clinical Adviser in NICE's Centre for Guidelines.

**ACTION: PC**

### **NICE Pathways (item 8)**

26. Discussed under items 6 and 7.1.

### **NICE Foundation (item 9)**

27. Gill Leng briefed SMT on the discussions at the implementation group's meeting on 20 September. The group considered the challenges in establishing the Foundation on 1 April 2019, given the pressures on the finance and HR teams, the process for establishing the Foundation, and the extent this can begin without approval from the Department for Health and Social Care. The group therefore concluded that it would be prudent to delay formally establishing the Foundation until later in 2019, although steps to register the company and charity could potentially be completed before this time.
28. Andrew Dillon noted these challenges but stated that he felt it was important to retain the discipline of working towards a fixed date. He suggested planning on the basis of transferring staff to the Foundation on 1 September 2019, with the organisation potentially existing in an unincorporated form with appointed trustees from April. It was agreed that Andrew and Gill would consider options for the initial non-NICE trustees.

**ACTION: AD/GL**

29. Andrew asked Ben Bennett to liaise with the finance team to produce financial projections for the Foundation for year three and beyond, taking account of various scenarios including the impact of potential changes in level of demand for NICE Scientific Advice's products in relation to the European medicines regulatory process.

**ACTION: BB**

**Weekly staff SMT updates (item 10)**

30. SMT agreed the staff updates.

**ACTION: DC**

**Any other business (item 11)**

31. Alexia Tonnel advised SMT of the potential for NICE to seek to access funding as part of the digital transformation strand of the NHS 10 year plan. SMT supported seeking access to this funding, which would support activities on digitisation and use of real world data.

32. SMT considered a request from the Centre for Guidelines for £150k of additional funding to complete the end of life guideline, and agreed that the guideline did not require this extent of work for it to be published. Instead, the committee should be asked to review the feedback from Professor Bee Wee, NHS England's National Clinical Director for End of Life Care, and submit a proposed final guideline.

**ACTION: PC**

33. SMT sent their best wishes to David Haslam for his upcoming medical treatment. Andrew Dillon stated that Dr Rosie Benneyworth, Vice Chair, will be acting up in David's absence and be compensated for giving up some of her existing work commitments to spend one a day week with NICE.