

# **NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE**

## **Senior Management Team**

### **Minutes of the meeting held on 2 October 2018**

#### **Present**

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

#### **In attendance**

David Coombs	Associate Director – Corporate Office (minutes)
Nick Crabb	Programme Director – Scientific Affairs (items 6.1 and 6.2)
Zoe Garrett	Senior Technical Adviser – Science Policy and Research (item 6.2)
Pall Jonsson	Associate Director – Science Policy and Research (item 6.1)
Catherine Wilkinson	Associate Director – Finance and Estates (item 6.3)

#### **Apologies (item 1)**

1. Apologies were received from Andrew Dillon.

#### **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 25 September 2018 were approved.

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

5. The actions from the meeting held on 25 September 2018 were noted as complete or in hand.
6. SMT discussed the draft agenda for the Board Strategy meeting on 17 October that is focused on NICE pathways and agreed that the flow would be more logical if the digital session came before the one on benefits realisation. This means the order would be:
  - Session 1: the strategic context and audience feedback on NICE's current approach.
  - Session 2: information on digital developments which are a driver for change and digital aspects of the pilot.
  - Session 3: the benefits to be realised from the proposals, both in terms of internal efficiencies and for external users.

- Session 4: the proposals for the pilot and the potential longer-term organisational and financial implications.

**ACTION: DC**

7. It was agreed that the lead Directors would produce a briefing paper for each session, which will include questions for the Board to consider. Next week's SMT meeting will review these draft papers and consider the scope to utilise small discussion groups. Directors would also develop short PowerPoint presentations to introduce each session.

**ACTION: SMT**

8. Gill Leng highlighted a suggestion for a new name for the project from the Health and Social Care Directorate. SMT noted that the pilot could provide an opportunity to seek feedback on the terminology.

#### **EU funded SP&R research projects (item 6.1)**

9. Pall Jonsson presented the paper that outlined the portfolio of projects funded from EU grants within the Science Policy and Research (SP&R) programme and updated SMT on the future of such projects after the UK leaves the EU.
10. SMT discussed the Government's position on the UK's participation in Horizon 2020 projects after Brexit, and the funding guarantee announced in a written ministerial statement in July. It was noted this commitment covers schemes started before the end of the Horizon 2020 in the event of a 'no deal' Brexit and therefore may extend a number of years beyond 2020 given NICE is seeking to participate in schemes that end in 2023 and 2024.
11. SMT noted that this issue features on the corporate risk register, and also the project risk register for the NICE Foundation. SMT agreed to receive a further update once the implications of the UK's exit from the EU are known. This paper would also provide an opportunity to brief SMT on the outcome of current funding applications.

**ACTION: NC**

#### **European Commission proposals for a regulation in health technology assessment (item 6.2)**

12. Zoe Garrett presented the update on European Commission proposals for a regulation in health technology assessment (HTA), which would require Member States to harmonise their clinical assessments to a set of common rules, to use the Union-level outputs, and not to duplicate their contents. Zoe stated that the impact on NICE is currently unclear, as this will depend on the future relationship between the UK and the EU post Brexit; whether the regulation is adopted and comes into force; and if so, the final wording of the regulation.
13. SMT discussed the potential implications for NICE, in particular on NICE's Scientific Advice service, and the timescales for publishing technology appraisal guidance. Nick Crabb highlighted NICE's activities to seek to influence the content of the final regulation, working closely with the sponsor team at the Department for Health and Social Care (DHSC).

14. SMT noted the update and agreed the proposed paper for submission to the morning session of the November Board meeting. SMT agreed to receive a further update when there is clarity on the final proposed wording for the regulation, and therefore the implications are clearer.

**ACTION: NC**

15. SMT also discussed the implications of Brexit on the medicines regulatory and assessment process in the UK. Nick noted that he is drafting a briefing paper to support Andrew Dillon's forthcoming meeting with the Chief Executive of the MHRA, and this may evolve into a subsequent paper to SMT and the NICE Board.

### **Business planning (item 6.3)**

16. Catherine Wilkinson presented the paper that set out the proposed 2019/20 business planning process and timetable. Catherine highlighted that this year Centres and Directorates will be asked to consider the implications of the pathways pilot on their work; the resources required to support the technology appraisal (TA) and highly specialised technologies (HST) programmes in the context of cost recovery; and forthcoming procurement activity.
17. Catherine reminded SMT of the potential deficit of approximately £5m in next year's financial plan. It is hoped to receive £3.5m income from TA/HST cost recovery, leaving a gap of approximately £1m which NICE has highlighted to DHSC that it will require transitional funding to close. Ben highlighted that DHSC has not however given a firm commitment to provide this funding, and so there remains a risk around the financial position in 2019/20. He also highlighted that NICE may be required to deliver further savings in 2021 under the next spending review. This would further constrain NICE's ability to invest resources in new initiatives.
18. SMT discussed the business planning process, noting in particular the need to free capacity within teams to contribute to the pathways pilot. SMT agreed the template and guidance, subject to adding additional text to reiterate that Centres and Directorates will need to consider the implications of pathways for their outputs, in terms of whether these would sit within or outside of the pathway. Catherine was asked to produce amended text for consideration at tomorrow's pathways steering group meeting, and then to include in the advice for teams.

**ACTION: CW**

19. Meindert Boysen highlighted discussions with NHS England about potentially including reference to NICE undertaking additional evaluations of digital technologies in the NHS long-term plan. It was agreed that Meindert should discuss the resource implications of this with Catherine.

**ACTION: MB/CW**

20. Gill Leng and Alexia Tonnel noted the benefits of seeking to gain access to external transformation funding to realise the benefits from the pathways vision more quickly. It was suggested that it might be helpful to include text on this in the corporate business plan.

**NICE pathways (item 7)**

21. Paul Chrisp briefly noted staff feedback at the recent Centre for Guidelines meeting on the proposals. Jane Gizbert noted that tomorrow's steering group meeting includes a paper on communications and proposed Q&As.

**Weekly staff SMT updates (item 8)**

22. SMT agreed the staff updates.

**ACTION: DC**

**Any other business (item 9)**

23. None.