

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 6 November 2018

Present

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

In attendance

Chris Carson	Programme Director and Deputy Centre for Guidelines Director
David Coombs	Associate Director – Corporate Office (minutes)
Sophie Cooper	Scientific Adviser – Science Advice and Research (item 6.4)
Linda Landells	Associate Director – Centre for Health Technology Evaluation (item 6.5)
Grace Marguerie	Associate Director – Human Resources (item 6.3)

Apologies (item 1)

1. Apologies were received from Paul Chrisp who was represented by Chris Carson.

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 30 October 2018 were approved.

Matters arising (item 5)

5. The actions from the meeting held on 30 October 2018 were noted as complete or in hand.

UK exiting the EU: implications for NICE of a “no deal” scenario (item 6.1)

6. Andrew Dillon presented the proposed paper for the morning session of the November Board meeting, drafted by Nick Crabb. Andrew noted that the paper is primarily focused on the implications for the technology appraisal programme, and briefed SMT on his recent meeting with the MHRA on their proposed arrangements in the event of a “no deal” scenario.
7. SMT discussed the report and the implications for the technology appraisals programme of a “no deal scenario”, in particular for the timeliness of publishing NICE guidance. SMT welcomed the action underway to seek agreement between NICE and the MHRA on the ability to share information between the two

organisations. Meindert Boysen outlined the options for mitigating the impact of not resolving this issue, including seeking the required information from industry. He stated that the key issue is to ensure ongoing updates on the MHRA's work programme.

8. SMT agreed that it would be helpful for the report to clarify the proposed arrangements in the event of a "deal" scenario, and also to add information on the proposed arrangements for Medtech and devices in both a "deal" and "no deal" scenario. Subject to these and other drafting points, SMT agreed the report for submission to the Board. Andrew Dillon stated that he would alert Nick Crabb to the required changes.

ACTION: NC/AD

Pathways pilot (item 6.2)

9. Gill Leng presented the proposed paper to the November Board that seeks the Board's formal approval for the pilot. The paper takes account of the discussion at the Board Strategy away-day, including on the phasing of the digital development activities.
10. SMT reviewed the report and agreed a number of amendments, including to add the resources required for the pilot, and to clarify that one of the primary questions to answer in the pilot will be whether stakeholders feel the proposals represent an improvement on NICE's current approach. Alexia Tonnel offered to revise the text to clarify the extent of the digital development activities in the pilot phase, and to confirm there will be a user led design process. Subject to these, and other drafting points, the report was approved for submission to the Board.

ACTION: GL/AT

11. SMT discussed the implications of the proposals on those who currently develop guidance, both within NICE and in the guideline centres. Andrew Dillon noted that a standard briefing for such teams would be helpful, and Gill Leng also offered to meet with the external guideline centres.

ACTION: GL

12. SMT noted that while the diabetes pathway produced in the pilot will not be formal NICE guidance, it should be accessible from the NICE website to enable user feedback.
13. Andrew Dillon stated that he would provide an update on the pilot at this week's staff meetings.

ACTION: AD

14. In response to a question from SMT, Gill Leng confirmed the regrading of a previous Associate Director role into a new Programme Director role had followed due process. Andrew Dillon noted the benefit of briefing SMT when material changes are made to the positions that report directly to Directors, so that SMT members can respond to any subsequent queries from their teams.

Executive and senior managers (ESM) pay 2018/19 (item 6.3)

15. SMT noted the letter from the Department of Health and Social Care (DHSC) that set out the arrangements for payment of the 2018/19 consolidated pay award and the non-consolidated performance related pay awards for 2017/18.
16. Andrew Dillon highlighted that NICE's Remuneration Committee will meet on 19 November to consider the letter. He stated that it would be helpful for the paper to the Committee to reference the approach being taken by other Arm's Length Bodies who, like NICE, have some Directors on the ESM and others on the predecessor pay frameworks.

ACTION: GM

Utility values for NICE evaluations: review of position statement on the use of the EQ-5D-5L valuation set (item 6.4)

17. Sophie Cooper presented the proposed update to NICE's position statement on the use of the EQ-5D-5L valuation set, following a quality assurance exercise.
18. SMT discussed the arguments in favour of adopting the 5L valuation set, but noted the outcome of the quality assurance exercise undertaken by the DHSC's Policy Research Unit in Economic Evaluation of Health and Care Interventions (EEPRU). In light of this report, and the recommendations of the 2013 Macpherson report, SMT agreed NICE would continue to use the 3L valuation set.
19. SMT agreed the proposed position statement, subject to amending paragraph 7 to state that NICE is committed to working with the DHSC and other parties to introduce a new valuation set.

ACTION: SC

Cancer drugs fund treatments as comparators in NICE technology appraisals (item 6.5)

20. Meindert Boysen presented the paper that asked SMT to consider whether cancer treatments that are available following a recommendation for use in the cancer drugs fund (CDF) should be included as comparators in relevant subsequent appraisals.
21. Meindert stated that CDF drugs are nationally available treatments prescribed in NHS practice, and it would seem logical to clinicians for NICE to use these as comparators in technology appraisals in order to reflect current clinical practice. However, he noted that drugs available through the CDF are not routinely commissioned and therefore not subject to the funding direction. Establishing the appropriate price to be used for a CDF comparator would be challenging because the long-term price that would be offered after its time in the CDF would not be known.
22. Meindert highlighted that NHS England and the DHSC are supportive of NICE's proposed clarification that CDF treatments will not be used as comparators. Linda Landells noted this approach reflects the change in the nature of the CDF since 2016.
23. SMT discussed the proposals, noting the arguments for and against the revised position. SMT agreed on balance with the proposal that CDF treatments should not

be used as comparators due to the difficulty of determining the long-term price. Given the support from NHS England and DHSC, it was agreed that consultation on the position statement was not required.

ACTION: MB

NICE pathways (item 7)

24. No further update.

Weekly staff SMT updates (item 8)

25. SMT agreed the staff updates.

ACTION: DC

Any other business (item 9)

26. Andrew Dillon highlighted the extensive volume of correspondence received about the membership of the committee that will update NICE's guideline on ME/CFS, including allegations that some of the members may be biased in favour of graded exercise therapy and cognitive behavioural therapy. Chris Carson stated that the website has been amended to clarify that recruitment to the committee is not yet complete. In addition, the recruitment panel have been asked to provide her with information on the interests declared by the committee members and how they were taken into account in making the appointments to the committee. SMT noted the review. SMT highlighted the importance of Chris Carson and Paul Crisp maintaining personal oversight of this topic.

ACTION: CC/PC

27. SMT noted that providing an intervention as part of NHS practice would not normally be treated as a conflict of interest, and also that it is not uncommon for committee members to hold an interest that prevents their involvement in one or more aspects of the committee's work. SMT discussed the proposed response to the correspondence, which should be sent after the review of the committee members' interests noted above. David Coombs was asked to liaise with the Enquiry Handling team accordingly.

ACTION: DC/JG

28. Jane Gizbert highlighted a request to close the Enquiry Handling phone line over the Christmas period, due to staffing challenges that will make it challenging to maintain the minimum required number of staff to operate the phone line. Jane highlighted the low level of phone calls over this period in previous years and confirmed that the team would continue to respond to email enquiries over this time. SMT considered the request, but agreed that the line should continue to operate to avoid calls being redirected to other teams in NICE. SMT asked Jane to consider alternative options for ensuring sufficient support is available for the staff covering the phone line over the Christmas period.

ACTION: JG