

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 15 January 2019

Present

Andrew Dillon	Chief Executive
Meindert Boysen	Director – Centre for Health Technology Evaluation
Paul Chrisp	Director – Centre for Guidelines
Jane Gizbert	Director – Communications
Gill Leng	Director – Health and Social Care
Alexia Tonnel	Director – Evidence Resources
Catherine Wilkinson	Acting Business Planning and Resources Director

In attendance

Mark Campbell	Acting Programme Director – Centre for Health Technology Evaluation (items 6.2 and 6.5)
David Coombs	Associate Director – Corporate Office (minutes)
Jenniffer Prescott	Associate Director – Centre for Health Technology Evaluation (items 6.3 and 6.4)
Mark Salmon	Programme Director – Evidence Resources (item 6.5)

Apologies (item 1)

1. Apologies were received from Ben Bennett who was represented by Catherine Wilkinson.

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 previously declared interests were noted. There were no conflicts of interest relevant to the meeting.
4. It was agreed that Catherine Wilkinson's role as a trustee of Age UK Lancashire should be added to the SMT register of interests while she is acting Business Planning and Resources Director.

ACTION: DC**Notes of the previous meeting (item 4)**

5. The minutes of the meeting held on 8 January 2019 were approved.

Matters arising (item 5)

6. The actions from the meeting held on 8 January 2019 were noted as complete or in hand.
7. Andrew Dillon stated that he will discuss with Rosie Benneyworth the most appropriate way of addressing the action arising from the November Board meeting to keep the Board regularly updated on the risk register.

Indicating the strength of NICE recommendations: the use of 'consider' and 'offer' (item 6.1)

8. Jane Gizbert presented the paper that outlined the feedback about the use of the words 'consider' and 'offer' to indicate the strength of NICE recommendations. In summary, the feedback indicates that the approach can be confusing and open to misunderstanding; however there was no consensus on a better approach. Jane stated that the NICE Connect project presents an opportunity to address the issue in more depth as part of the general assessment of the guidance development process.
9. SMT discussed the feedback and confirmed the importance of recommendations being clear to the intended audience. It was agreed that while a degree of standardisation is helpful in promoting consistency across NICE guidance, it is important to ensure there is sufficient flexibility to ensure recommendations are clearly conveyed. In addition, SMT agreed that it would be helpful to have a method for visually presenting the strength of evidence underpinning a recommendation.
10. SMT supported the proposal to explore this issue through the NICE Connect project. It was agreed that a workshop should be convened for NICE staff to develop options for a method of visually demonstrating the strength of recommendations, which the pathways advisory committee could then consider.

ACTION: JG/GL

External Assessment Centre operations and finance groups (item 6.2)

11. Meindert Boysen presented the proposed terms of reference for two groups to oversee the External Assessment Centre (EAC) contracts. Mark Campbell explained that the operations group would focus on the quality of work and allocation of work packages, while the finance group would monitor and manage the financial performance of the contracts.
12. SMT confirmed the importance of robust arrangements to oversee and manage the contracts given their value, complexity, and impact across a range of NICE programmes. However, SMT were mindful of the overlapping membership of the proposed two groups, and agreed that it would be more efficient to have a single group, which would hold distinct finance discussions attended by finance staff.

ACTION: MC

Extension of tenure of chairs of the technology appraisal and medical technologies advisory committees (item 6.3)

13. Meindert Boysen presented the paper that sought SMT's approval to appoint the current chairs of two technology appraisal committees and the medical technologies advisory committee for further terms of office that would take them each beyond 10 years' on the respective committees. Meindert highlighted the rationale for seeking an extension of the chairs' tenure, notably the period of change in the technology evaluation programmes, and requested SMT's agreement to make these reappointments without open competition in order to retain the chairs' expertise at this challenging time.
14. SMT discussed the proposal and noted NICE's policy on appointments to advisory committees states that the SMT, in consultation with the chair of the NICE Board, can approve a term beyond 10 years in exceptional circumstances, and after the

person has reapplied for the reappointment in open competition. SMT expressed sympathy for the argument presented and the value of retaining the chairs' expertise, but were mindful of the requirements in the policy and the value of subjecting positions to open recruitment. It was agreed that the request to waive the provisions in the policy and allow the three chairs to be reappointed for a further term, taking them each beyond 10 years' on their respective committee, without subjecting this to open recruitment, should be escalated to the Board for a decision.

ACTION: MB

15. Andrew Dillon stated that his preference would be for the Board to consider this at a Public Board meeting given the profile of the committees, and he would seek Rosie Benneyworth's view on this matter.

ACTION: AD

Topic selection consideration of sapropterin for treating phenylketonuria (item 6.4)

16. Meindert Boysen presented the paper that briefed SMT on the decision to revisit the routing of sapropterin for treating phenylketonuria through the technology appraisal (TA) programme, and to seek a new referral from the Secretary of State which specifies whether the drug should be considered by either the TA or highly specialised technologies (HST) programme.
17. SMT discussed the next steps, and supported the proposal to seek a new referral from the Secretary of State to a specific programme once the topic selection panel has considered the new information available since the original referral. It was agreed that the panel should also have access to the legal advice provided to NICE on this matter, and the outcome of the topic selection process should be reported to SMT for information.

ACTION: MB

18. SMT also supported the proposal to bring forward a review of the topic selection criteria, which was previously planned to be part of the wider review of the HST methods and process guide. Meindert Boysen stated that this review of the criteria would be undertaken within the next couple of months.

Evaluation of digital health technologies (item 6.5)

19. Andrew Dillon introduced the item and noted that as the life sciences sector deal and the NHS Long Term Plan both refer to NICE having an expanded role in evaluating digital health technologies (DHTs), it is important to clarify what this means in practice. He highlighted NHS England's request for NICE to put in place a pilot programme for evaluating DHTs.
20. Mark Campbell and Mark Salmon gave a presentation that briefed SMT on this issue, including NICE's work to date on DHTs, the wider policy context, and options for potentially taking this forward either as part of existing NICE programmes or through a new DHT evaluation programme.
21. SMT agreed that a number of matters require consideration and clarification, including the purpose of the evaluation and its audience; the type of technologies that will be evaluated; the process for identifying and selecting topics for

evaluation; the interdependencies with existing NICE products and programmes; and the mechanism for funding the proposed new DHT evaluations.

22. SMT agreed that a pilot would be helpful in resolving some of these questions, including the methodology that could be used. It was noted that the matter is being discussed with NHS England later this week, and agreed the outcome should be brought to next week's SMT meeting for consideration of the next steps.

ACTION: MC/MS

EU exit (item 7)

23. Andrew Dillon highlighted the actions arising from the Delivery Partners EU Exit 'No Deal' Readiness meeting with the Health Minister. SMT noted that colleagues from NICE's medicines and technologies programme are in contact with the DHSC to support the Operational Response Centre.
24. Andrew Dillon stated that the main operational issue to resolve is the impact on the timescales for producing TA guidance if there is a 'no deal' scenario and the MHRA has to act as a sovereign regulator outside of the European regulatory process. He noted the discussions with the MHRA on this issue, and proposed that unless the DHSC advises otherwise, in the event of a 'no deal' scenario NICE would continue to utilise the CHMP decision in order that NICE can publish TA guidance within 90 days of marketing authorisation. SMT supported this proposal and agreed that the DHSC may wish to consider setting a target for compliance with the 90 day publication timescale that reflects that for some drugs it may not be appropriate to publish NICE's draft guidance before the MHRA had published a UK marketing authorisation. Andrew Dillon asked Meindert Boysen to update the draft letter to DHSC accordingly.

ACTION: MB

NICE Connect project (item 8)

25. No further update.

Weekly staff SMT updates (item 9)

26. SMT agreed the staff updates.

ACTION: DC

Any other business (item 10)

27. Catherine Wilkinson stated that it is necessary to reconsider the current provision of biscuits at meetings as a result of the government's commitment to eliminate single use plastics from the government estate. Andrew Dillon stated that he would consider the matter further outside of the meeting.