**National Institute for Health and CARE excellence**

**Senior Management Team**

**Minutes of the meeting held on 14 May 2019**

**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 – Science Advice and Research

Philip Hemmings Associate Director – Publishing (item 6.5)

Eric Power Programme Director – Health and Social Care Directorate (items 6.3 and 6.4)

Heather Stephens Senior Health Technology Adoption Manager – Health and Social Care Directorate (items 6.3 and 6.4)

Catherine Wilkinson Deputy Director – Business Planning and Resources (item 6.9)

Rebecca Willans Speciality Public Health Registrar (item 6.1)

**Apologies (item 1)**

1. Apologies were received from Andrew Dillon.

### Freedom of Information and publication scheme (item 2)

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

**Declarations of interest (item 3)**

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

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

1. The minutes of the meeting held on 7 May 2019 were approved.

**Matters arising (item 5)**

1. The actions from the meeting held on 7 May 2019 were noted as complete or in hand.
2. Paul Chrisp advised SMT that Rebecca Harrington’s appointment as chair of the guideline committee on adults with complex needs, including learning disabilities and mental health needs: social work interventions, had been confirmed following further review of the declared interests.
3. SMT briefly discussed NICE’s annual conference held on 9 May and agreed the event went very well. There were issues with Gill Leng’s slides in the closing session and some feedback about the distance between the venues for the lunchtime sessions and the food service; both of which will be discussed with Dods.

ACTION: JG

### Developing a shared understanding of NICE’s role and responsibilities

### for patient safety (item 6.1)

1. Rebecca Willans presented the paper that proposed establishing a senior responsible officer (SRO) role to provide leadership for patient safety matters at NICE, developing a central patient safety monitoring and response system as a feature of a data management strategy, and producing a patient safety policy to support joint working with external partners and enhance staff awareness of NICE’s patient safety role.
2. SMT discussed and supported the proposals. It was agreed that the first action should be to designate an SRO, who could then convene a group of appropriate colleagues at NICE to take forward a patient safety policy and central patient safety monitoring and response system. SMT agreed such monitoring system should be taken forward as part of the wider data management work following the Civica review.
3. It was agreed that a role description for the SRO should be developed and brought to SMT for review, after which expressions of interest would be sought from relevant staff at Associate Director level and above. It was agreed that the role would not be a significant time commitment and would be undertaken alongside existing responsibilities.

ACTION: RW

### Abdominal Aortic Aneurysms (AAA): publication of recommendations on repair of ruptured aneurysms (item 6.2)

1. Paul Chrisp presented the paper that set out options for the publication of the recommendations made by the guideline committee on the repair of unruptured aneurysms in the abdominal aortic aneurysms (AAA): diagnosis and management.
2. SMT discussed the background to the issue, including the negative feedback to the draft guideline that recommended the use of open repair of unruptured aneurysms over endovascular repair (EVAR) for the majority of cases. Paul Chrisp and Gill Leng outlined the subsequent engagement with the committee, and the additional committee meeting held to discuss the matter. Following which, the committee agreed to retain the recommendation, but add a new recommendation to reflect the need to discuss the options for repair with the individual patient.
3. SMT discussed the rationale for the committee’s recommendations, but noted the feedback from clinicians and patient groups about the merits of EVAR, particularly for people for whom open repair may pose greater risks. SMT discussed the challenges of implementing the proposed recommendation given current practice favours EVAR over open repair, and EVAR is subject of a positive technology appraisal recommendation.
4. Having considered these issues carefully, and reflected on the role of the advisory committee and the subsequent discussions with the committee following the consultation, SMT agreed to proceed with the committee’s recommendations. However, SMT were very mindful of the issues raised by stakeholders and agreed that the guideline should include a section that acknowledges how current practice will need to change and set out proposals for a phased implementation, in light of these challenges. SMT agreed on the importance of engaging key partners in developing this information, including NHS England and the relevant professional associations. It was agreed to discuss the matter at the next GRIP meeting, which would give an indication of the amount of work required to implement the guideline, and therefore inform this new section in the guideline.

ACTION: PC

### Process and methods statement for the production of IAPT evaluation in practice reports (item 6.3)

1. Eric Power presented the proposed process and methods statement for producing IAPT evaluation in practice reports (IEPRs). Eric reminded SMT of NICE’s role in relation to assessing digital therapies for the IAPT programme, and advised that IEPRs will be produced for 4-5 products.
2. SMT discussed the status of the IEPRs. Eric explained that as requested by NHS England (NHSE) the IEPRs will be a report to NHSE rather than formal NICE guidance. SMT noted the IEPRs would therefore have a similar status to the outputs from the observational data unit (ODU) and agreed the IEPRs should therefore follow an equivalent process for sign-off and publication. It was agreed the process and methods statement should be updated accordingly and note the status of the product.
3. SMT agreed further amendments to the process and methods statement, including to clarify the evaluation process in section 3 is led by NHSE, with support from North East Commissioning Support Unit. It was also agreed that it would be helpful to include a flow chart to summarise the process.
4. Subject to these amendments, the process and methods statement was approved.

ACTION: EP/GL

### Refocusing the NICE adoption and impact team support from the NICE Implementation Collaborative (NIC) Board to the Accelerated Access Collaborative (AAC) (item 6.4)

1. Eric Power presented the proposal to step down support from the NIC board to release capacity within the adoption and impact team to consolidate its support for the adoption of innovative technologies as partner support to the AAC. Eric explained the rationale, noting that organisational membership of both initiatives is similar, and the AAC’s current activities around rapid uptake technologies and NIC projects have overlapped. The NIC does not have the visibility, capacity, funding or system support of the AAC, and therefore it could be considered that the NIC is redundant in terms of its influence in the innovation landscape.
2. Meindert Boysen noted that not all of the topics selected by the NIC have been taken up by the AAC, and asked about the arrangements for supporting the adoption of technologies that are not selected by the AAC. Eric suggested utilising NHS England’s adoption oversight panel to take forward topics that are not selected by the AAC, or alternatively promoting these through the academic health science networks.
3. SMT discussed the proposal and supported withdrawing support from the NIC, with the aim of holding the last NIC board meeting in July. It was agreed that Eric Power and Heather Stephens should consider the appropriate arrangements for standing down the NIC, including whether to offer the opportunity for actively engaged NIC members to participate in virtual reference groups or AAC sub groups.

ACTION: EP/HS

### Annual report and accounts 2018/19: update (item 6.5)

1. Philip Hemmings presented the latest draft of the 2018/19 annual report and accounts. He highlighted the changes made in response to SMT’s previous feedback, and those still to be made. Production remains on track, with Board members due to receive the latest version by email for comment next week.
2. SMT reviewed the draft and identified a series of drafting amendments throughout.

ACTION: PH

### NHS England planned off-label (re-purposing) medicines programme (item 6.6)

1. SMT discussed the proposed off label medicines programme at NHS England. It was agreed that Meindert Boysen would be the lead member for NICE on the proposed oversight board, with support from Eric Power and Judith Thornton to ensure linkages with the medicines and technologies programme and the Centre for Guidelines respectively. Nick Crabb highlighted the science advice and research programme’s interest in methodological developments and asked also to be kept updated.

ACTION: MB

### British Medical Journal (BMJ) breastfeeding initiative (item 6.7)

1. SMT discussed the proposed initiative led by the BMJ to increase breastfeeding rates. SMT supported the aims but noted that as a general position NICE does not participate in campaigns.
2. It was agreed that Jane Gizbert should draft a response to the BMJ for David Haslam to review, which would set out this position and note that the initiative may be interested in utilising NICE’s relevant guidance in this topic.

ACTION: JG

### Guideline committee chair appointment (item 6.8)

1. Paul Chrisp presented the proposal to appoint Dr Jeremy Isaacs to the position of chair of the NICE guideline committee on self harm in over 8s. Dr Isaacs is a consultant neurologist specialising in dementia. None of his declared interests are specific to the guideline.
2. SMT discussed the declared interests. It was noted that while none of the interests were related to the guideline, some involved relationships with the life sciences sector. It was agreed that the extent Dr Isaacs has an ongoing relationship with a company that produces medication within the scope of the guideline should be checked. If there is no ongoing relationship with a relevant manufacturer SMT agreed the appointment could proceed. Should such relationship exist, then the matter should be discussed with Gill Leng and then SMT as appropriate for agreement on how to proceed.

ACTION: PC/GL

### Spending review 2019 (item 6.9)

1. Catherine Wilkinson briefed SMT on the information request from the Department for Health and Social Care (DHSC) to inform the spending review that will set out the three year resource allocations from 2020/21 to 2022/23. Catherine explained that the response will highlight how NICE’s work is aligned to the Secretary of State’s priorities and the NHS Long Term Plan, the extent of the efficiencies delivered following the last spending review, and note the funding required to realise the potential of NICE Connect. She would be contacting relevant SMT members for input by email.

### EU exit (item 7)

1. There was no further update.

### NICE Connect project (item 8)

1. Gill Leng reminded SMT of Thursday’s meeting at Warren House.

### Weekly staff SMT updates (item 9)

1. SMT agreed the staff updates.

ACTION: DC

### Any other business (item 10)

1. SMT requested a briefing on the arrangements for the Parliamentary reception, including the expected contribution from SMT members.

ACTION: JG