**National Institute for Health and CARE excellence**

Senior Management Team

# Minutes of the meeting held on 18 June 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

Laura Norburn Senior Manager – Public Involvement Programme (item 7.1)

Ian Watson Technical Adviser – Centre for Health Technology Evaluation (item 7.6)

Barney Wilkinson Associate Director – IT and Procurement (item 7.3)

## 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 11 June 2019 were agreed.

## Matters arising (item 5)

1. The actions from the meeting held on 11 June 2019 were noted as complete or in hand.
2. Ben Bennett noted that revised proposals for recompensing staff for additional travel costs and to recognise additional travel time following the office move to Stratford had been circulated by email to SMT. These will now be discussed with UNISON next week. Gill Leng suggested staff are given advice on the best routes to the new office from the main central London rail stations, as this could help mitigate any concerns about the location’s accessibility.

## June Board meetings (item 6)

1. The agenda, papers and arrangements for the Board meetings on 19 June were noted.

## Public involvement at NICE: annual review 2018/19 (item 7.1)

1. Laura Norburn presented the Public Involvement Programme’s (PIP) annual review for 2018/19. The report detailed the programme's progress against key performance indicators, highlights engagement activities, and provides an update on progress following the 2017 strategic review of public involvement.
2. SMT welcomed PIP’s work and the positive feedback. It was agreed that it would be helpful to add feedback from lay members on how NICE could improve and the action taken in response. Subject to this addition, the report was approved for submission to the Board. Jane Gizbert asked that PIP liaise with the communications team on any proposed materials to publicise the report more widely, to ensure consistency with the corporate branding.

ACTION: LN

## Developing and testing a new model for the evaluation and purchasing of antimicrobials in the UK (item 7.2)

1. Nick Crabb presented the paper on the collaborative project with NHS England (NHSE) to develop and test a new model for the evaluation and purchasing of antimicrobials. A similar paper has been prepared for the NHSE antimicrobial resistance (AMR) programme board, which together with the SMT, will oversee the project.
2. Ben Bennett asked about the funding for the project. Nick Crabb explained that NHSE will contribute approximately £107k per annum for two years towards NICE’s costs. He stated that Andrew Dillon has confirmed this work is a priority for NICE and is supportive of the proposal to cover the balance of the project resources from within the Centre for Health Technology Evaluation and Science Advice and Research programme. SMT agreed that it would be helpful to understand the impact of this reallocation of resources on existing activities. It was also agreed that the pilot should consider the resourcing implications of any wider roll-out of the proposed new approach to evaluating antimicrobials.

ACTION: NC

1. SMT discussed the evaluation framework and the anticipated output on each product. SMT members highlighted the need for the pilot to develop an approach that ties into NICE’s existing approaches for topic selection and evaluation, given the direction of travel under NICE Connect and CHTE 2020 projects to harmonise methods where possible. SMT were also clear that NICE’s work must add value and utilise independent advisory committees which are central to NICE’s methods. It was therefore suggested that the committee should develop a draft guidance report on each product that could inform commercial negotiations between NHS England and the company, with the outcome reported to the committee to enable it to agree its guidance. This would take a similar approach to the technology appraisal programme. SMT agreed that the evaluation framework should be revised accordingly and brought back to SMT for approval for targeted engagement.

ACTION: NC

1. SMT reviewed and approved the proposed approach to launching the project, subject to amending paragraph 3 of the launch statement and adding information to reflect the above changes to the evaluation framework. SMT approved the approach to topic selection and development of the commercial model, both of which will be the subject of targeted engagement. SMT also approved the project’s governance structure, subject to ensuring appropriate linkage with the Accelerated Access Collaborative (AAC).

ACTION: NC

## Public email folder migration (item 7.3)

1. Barney Wilkinson presented the paper that sought agreement for a partial limit on the use of public email folders in August to enable a migration from Exchange 2010 to Exchange 2016 over the August bank holiday weekend.
2. SMT agreed to the freeze on the creation of new public email folders in August, with teams required to create any folders that will be required before 1 August. SMT confirmed the importance of adhering to records management procedures when creating and operating public folders, and agreed teams should be strongly encouraged to review folders and ensure information is only retained in accordance with the retention and disposal schedule. This could take the form of a ‘competition’ between centres/directorates, with regular progress updates provided to directors. It was suggested that the quieter holiday period in August could provide a good opportunity for this review. Barney was asked to confirm whether this would disrupt the preparatory work for the migration and therefore would instead need to be done either before or after August.

ACTION: BW

## Scope of the methods review for health technology assessment programmes in the Centre for Health Technology Evaluation (CHTE) (item 7.4)

1. Meindert Boysen presented the paper that sought approval for the scope of the methods review for NICE's technology appraisals, highly specialised technologies, medical technologies evaluation, and the diagnostics assessment programmes. Subject to agreement by SMT, the scope will be presented to the public Board meeting in July.
2. SMT reviewed the areas within scope of the review and agreed that a topic on medicines sequencing should be added, in the context of NICE Connect. It was agreed that the existing topic on types of evidence should also consider the differences in assessing evidence between CHTE and guideline programmes and link with the work already underway in the data analytics team. Subject to these amendments, SMT supported the proposed scope for the review.
3. SMT agreed that for the Board meeting the paper should include more information on the background and context for the review and explain acronyms. It was agreed that Meindert should also liaise with the communications team to explore options for explaining the proposals to a lay audience when they are subject to consultation.

ACTION: MB/JG

## CHTE topic selection re-consideration of caplacizumab for treating acute acquired thrombotic thrombocytopenic purpura (item 7.5)

1. Meindert Boysen presented the paper on the outcome of the re-consideration of the routing decision for caplacizumab for treating acute acquired thrombotic thrombocytopenic purpura, following a challenge from the manufacturer.
2. SMT reviewed the topic selection decision making panel’s evaluation against the topic selection criteria and agreed with the decision to route the technology to the TA programme.

## Routing of medicines to the highly specialised technologies (HST) programme (item 7.6)

1. Meindert Boysen presented the paper that set out plans for developing changes to the routing criteria for the HST programme. He outlined the background to this work, and noted that the paper has been updated from the version submitted to last week’s SMT meeting following discussion with Andrew Dillon.
2. Meindert highlighted the context for the review and the views expressed by NHS England (NHSE) and the Department of Health and Social Care (DHSC) at a recent summit meeting. He noted that the potential for a ‘sliding scale’ that could potentially address the gap between TA and HST programmes sits outside of the scope of this current work.
3. SMT reviewed the proposed amended criteria and asked about the impact on previous and future topic selection decisions. In response, Ian Watson stated that he expects the amended criteria would not have affected previous routing decisions, but this will be examined through an impact assessment. SMT discussed the proposal to amend the topic selection criteria to include life threatening conditions such as ultra rare cancers. It was noted that this change in criteria would not open up the HST programme to a large number of anti cancer agents, due to the exclusions in the other criteria. The implications would however be explored further through the impact assessment. It was agreed that it would be clearer to amend this criterion to state *‘the condition is chronic and severely disabling or life threatening’*.
4. Subject to this amendment, SMT agreed the proposals for discussion with NHSE and DHSC with a view to returning to the Board in August with a final set of routing criteria to be subjected to public consultation.

ACTION: MB

## Guideline committee chair appointment (item 7.7)

1. Paul Chrisp presented the proposal to appoint Dr Mark Thomas to the position of chair of the NICE guideline committee on meningitis (bacterial) and meningococcal septicaemia: recognition, diagnosis and management. Dr Thomas is a consultant physician and nephrologist, and none of his declared interests are specific to the guideline.
2. SMT approved Dr Thomas’ appointment as chair of the guideline committee.
3. Gill Leng stated that it would be helpful if future reports seeking approval for a chair appointment confirm the proposed appointee’s interest in the guideline topic.

ACTION: PC

## Request for external secondment/career break (item 7.8)

1. Meindert Boysen presented the request for a member of the TA and HST team to be offered a career break or external secondment to take up a research role at Imperial College. He confirmed that arrangements could be put in place to cover the absence.
2. SMT agreed that the request met the accepted criteria for a secondment, namely that it is less than six months long, would benefit both the individual and NICE, and CHTE management are content with the back-fill arrangements. SMT therefore agreed the secondment to run until February 2020.

## EU exit (item 7)

1. Meindert Boysen noted that NICE has been invited to a meeting with the MHRA, Office for Life Sciences and senior life science stakeholders to discuss the UK’s future economic partnership with the EU.

## NICE Connect project (item 8)

1. SMT noted the positive engagement at the first lunch and learn session. Alexia Tonnel fed back from a planning meeting with Associate Directors last week and stated this, and the enthusiasm at the lunch and learn session, demonstrate the need for SMT to further consider the plan for the required transformation, including the governance, priorities and resources.
2. Paul Chrisp stated that the Centre for Guidelines senior management team discussed the proposed changes to NICE’s role in public health, which SMT considered last week. While the team were broadly supportive, they highlighted the need to keep aspects of the public health guidelines under review where they are relevant to the proposed pathways for NICE Connect.

## Weekly staff SMT updates (item 9)

1. SMT agreed the staff updates.

ACTION: DC

## Any other business (item 10)

1. SMT noted the revised timelines for appointing a new chair for NICE.
2. Gill Leng advised SMT that the Guidelines International Network will soon advertise for a guideline developer to work part time for a year on collaborations across the network. SMT agreed this would be a positive opportunity for NICE and supported promoting this to staff.