

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

## **Senior Management Team**

### **Minutes of the meeting held on 14 February 2017**

#### **Present**

Andrew Dillon	Chief Executive
Gill Leng	Director – Health and Social Care
Mark Baker	Director – Centre for Guidelines
Ben Bennett	Director – Business Planning and Resources
Jane Gizbert	Director – Communications
Carole Longson	Director – Centre for Health Technology Evaluation

#### **In attendance**

David Coombs	Associate Director – Corporate Office (minutes)
Sarah Acton	Senior HR Business Partner (item 6.4)
Jennifer Prescott	Associate Director – Planning and Operations – Centre for Health Technology Evaluation (item 6.2)
Mark Salmon	Programme Director – Evidence Resources (Deputy Evidence Resources Director)

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

1. Apologies were received from Alexia Tonnel who was represented by Mark Salmon.

#### **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.

#### **Note of the previous meeting (item 3)**

3. The minutes of the meeting held on 7 February 2017 were approved.

#### **Matters arising (item 4)**

4. The meeting reviewed the actions from the meeting held on 7 February 2017 and noted that all actions were complete or in hand.

#### **February Board strategy meeting (item 5)**

5. SMT noted the agenda, papers and arrangements for the Board strategy meeting on 15 February 2017.

#### **Consultation on changes to the technology appraisal (TA) and highly specialised technologies (HST) programmes (item 6.1)**

6. SMT discussed the comments received in the recent consultation on proposed changes to the TA and HST programme. SMT noted the varying levels of support for the four main components of the proposed changes: the introduction of a budget impact threshold which would signal the need to develop special arrangements for the introduction of a new technology; the proposal for NICE to consider requests from NHS England to vary the funding direction when the budget impact threshold is exceeded; the introduction of a cost per QALY threshold in the

HST programme; and the introduction of a fast track appraisal process. SMT discussed options for responding to the comments received, noting the consultation was jointly held with NHS England.

7. In relation to the budget impact threshold, it was suggested there could be scope to consider how NICE could facilitate uptake of technologies that have been subject to a variation in the funding direction. Gill Leng agreed to confirm the adoption and uptake support currently provided for technology appraisal guidance, to inform consideration of whether this could be enhanced.

**ACTION: GL**

8. SMT agreed that it would be beneficial if NICE publicly sets out further information on how it will consider a request from NHS England to vary the funding direction for a product which exceeds the budget impact threshold. SMT agreed therefore that a discussion paper should be prepared for the SMT setting out draft principles for how the Guidance Executive would consider any such request.

**ACTION: AD / CL**

9. SMT discussed the implications of the proposed QALY threshold in the HST programme, noting the need to ensure any such threshold does not undermine the value and purpose of the HST programme. SMT discussed options for responding to the consultation feedback, noting the matter will be discussed further with NHS England.
10. SMT discussed the feedback on the proposals for the fast-track appraisal process, in particular the concerns that the changes are not equitable and may not incentivise innovation. Carole Longson outlined the possible response to the feedback, and instead incorporate aspects of the proposed fast-track process into the standard TA process. This would also help address the previously noted challenges around the volume of TA topics. These proposals, together with the potential responses to the other aspects of the consultation, will be discussed further at the upcoming Board Strategy meeting.

#### **STAR project guidance production (item 6.2)**

11. Jenniffer Prescott presented the proposal to publish TA and HST guidance weekly, rather than once a month on 'super Wednesday'. Publishing the guidance weekly will facilitate earlier access to recommended treatments, provide increased opportunities to promote TA and HST guidance, and deliver internal efficiencies for NICE teams. It will also improve NICE's ability to publish draft and/or final guidance within 90 days of a cancer drug receiving marketing authorisation, in line with the Government's target for NICE. Jenniffer noted the feedback from the ABPI and NHS England on the proposal.
12. Gill Leng highlighted the rationale for the introduction of 'super Wednesday', which was in response to concerns from NHS providers and commissioners about the challenges of putting in place arrangements to implement NICE TA and HST guidance. She noted the importance of clearly explaining the rationale for the shift to weekly publication, and also considering whether NICE could help organisations ensure they have appropriate mechanisms in place to respond to the more frequent publication of NICE guidance.
13. SMT agreed the proposal to publish TA and HST guidance weekly, rather than monthly on 'super Wednesday'. It was agreed that the rationale for this change,

namely the benefit to patients and the ability to respond to the Government's intention for faster access to cancer drugs, should be clearly explained to stakeholders. To provide sufficient time for NHS providers and commissioners to prepare for this more frequent publication, it was agreed that the change should be deferred to June or July 2017. NICE should also consider the appropriate support that could be provided to NHS organisations to prepare for the change.

**ACTION: CL**

#### **TA and HST appeal process guide (item 6.3)**

14. Ben Bennett presented the proposed amendments to the TA and HST appeals process guide.
15. Gill Leng queried the proposed amendments to the guide regarding the health service representative on the appeals panel. David Coombs stated that the amendment was proposed by NICE's legal advisers to better reflect the language in the Regulations. It was agreed that it would be helpful to refine the proposed amendment in order to clarify the eligibility for this role.
16. Subject to the amendment of the reference to the health service representative, and minor amendments to paragraphs 1 and 80, SMT agreed the amended guide. SMT agreed that the amendments did not require Board approval given the changes were relatively minor. Andrew Dillon would note the amended guide in the next Chief Executive's report to the Board.

**ACTION: DC / AD**

#### **NICE staff survey 2017 (item 6.4)**

17. Sarah Acton presented the proposed questions for the 2017 staff survey, highlighting the proposed additional questions in the survey to aid benchmarking with NHS organisations. She also asked SMT to consider the timing of the survey.
18. SMT reviewed the draft questions and noted that the proposed additional questions overlapped with existing questions in the survey. It was agreed therefore not to include these additional questions, and maintain the existing questions. This would enable year-year comparison of the results, which SMT agreed would be more beneficial than direct benchmarking with NHS organisations. It would still be possible to compare the NICE questions with the NHS results given the broad similarity in the matters covered. It was agreed that the questions on staff health should also be removed and included in a standalone survey to inform the work of the health and well-being group.
19. SMT agreed the survey should be distributed in March 2017, which would be one year after the last survey. The results will therefore be presented to the Board in September.

**ACTION: SA**

#### **NICE Scientific Advice award (item 6.5)**

20. Carole Longson presented the proposal for NICE Scientific Advice to launch a competition for life science start-ups, small and medium sized enterprises and academic groups developing new healthcare technologies. Under the proposals, up to two applicants would receive a complimentary NICE scientific advice service.

21. SMT discussed the proposal and SMT members raised a number of queries. Ben Bennett highlighted the need to consider whether the proposal complies with the requirements in Managing Public Money. Gill Leng queried whether the proposal could lead to questions around NICE's role as an independent evaluator, whilst Jane Gizbert noted the need to consider the resources required to promote the awards.
22. Carole Longson stated that the award should be considered a business development activity, generating interest and publicity in the programme. She highlighted the use of similar initiatives in this sector, notably the Small Business Research Initiative for Healthcare (SBRI Healthcare), which is an NHS England initiative, championed by the Academic Health Science Networks.
23. It was agreed that SMT would consider further the proposal at next week's meeting, drawing on Carole Longson's response to the matters raised by SMT members.

**ACTION: CL**

**Referrals to the clinical guidelines and quality standards programme (item 6.6)**

24. SMT noted the referrals for NICE to develop clinical guidelines and quality standards for:
- Infant, children and young people's experience of health care
  - Safe prescribing and withdrawal management of prescribed drugs associated with dependence and withdrawal.

**Strategy (item 7)**

25. None.

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

26. SMT agreed the staff updates.

**ACTION: DC**

**Any other business (item 9)**

27. None.