

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 7 March 2017

#### Present

Andrew Dillon	Chief Executive
Mark Baker	Director – Centre for Guidelines
Gill Leng	Director – Health and Social Care
Alexia Tonnel	Director – Evidence Resources

#### In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Moya Alcock	Associate Director – Corporate Communications (Deputy Communications Director)
Meindert Boysen	Programme Director – Centre for Health Technology Evaluation (item 5.1)
Carla Deakin	Associate Director – Office for Market Access – Centre for Health Technology Evaluation
Gill Fairclough	Project Manager, Science Policy and Research – Centre for Health Technology Evaluation (item 5.2)
Moira Godbert-Laird	Associate Director – IP and Content Business Management – Evidence Resources (item 5.5)
Mark Minchin	Associate Director – Quality and Leadership – Health and Social Care (item 5.3)
Jan Phillips	Programme Manager – Science Policy and Research – Centre for Health Technology Evaluation (item 5.2)
Judith Richardson	Programme Director – Quality and Leadership – Health and Social Care (item 5.3)

#### Apologies (item 1)

1. Apologies were received from Ben Bennett, Jane Gizbert and Carole Longson, with the latter represented by Moya Alcock and Carla Deakin respectively.

#### 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.

#### Notes of the previous meeting (item 3)

3. The minutes of the meeting held on 28 February 2017 were approved.

#### Matters arising (item 4)

4. The meeting reviewed the actions from the meeting held on 28 February 2017 and noted that all actions were complete or in hand.
5. SMT briefly discussed the proposed redesign of the cost savings section of the NICE website. It was agreed that options for the new page would be provided to Paul Chriss, and then the favoured option will be shared at the morning session of the March Board meeting.

**ACTION: MA / GL**

**Outcome of consultation on changes to the technology appraisal (TA) and highly specialised technologies (HST) programmes (item 5.1)**

6. Andrew Dillon introduced the updated draft Board paper, which had been revised in light of the discussion at last week's SMT meeting and subsequent feedback from NHS England. He noted that the proposed changes to the methods and process guides will be attached as annexes to the main Board paper, and a small number of matters remain to be finalised with NHS England.
7. SMT reviewed the proposed paper, agreeing a number of amendments. In addition to minor amendments to improve clarity, SMT agreed:
  - The period for which NICE will usually accept applications to vary the funding direction should be revised.
  - A request to vary the funding direction, and the accompanying submission will be publically available, subject to the redaction of any commercially sensitive information.
  - The arrangements for reviewing a decision to defer the funding direction when subsequent products for treating the same condition are brought to market, should be clarified and added to the paper.
  - Additional information should be added on the timescale for NHS England submitting applications to vary the funding direction, to clarify these should be received in sufficient time to enable Guidance Executive (GE) to consider any such request alongside the Final Appraisal Determination (FAD).
  - The next steps regarding the fast track appraisal (FTA) process should be clarified in the report.

**ACTION: AD**

8. SMT discussed the response to the consultation comments on the proposed changes to the HST programme. It was noted that discussions between NICE and NHS England continue on the changes to make to the programme. If it is not possible to finalise a proposal by Thursday, the Board paper will be amended to note the response to this aspect of the consultation remains under consideration.

**ACTION: AD**

9. In light of the above, it was agreed that the printing of the full Board paper pack would be delayed until Friday. Electronic copies of the other Board papers would be issued prior to this, in line with usual timescales.

**ACTION: DC**

**Social Value judgements document (item 5.2)**

10. Gill Fairclough introduced the paper that set out options for the future of NICE's Social Value Judgements (SVJ) document following a survey of NICE committee members. Gill summarised the feedback from the survey, noting that whilst awareness of the SVJ document amongst committee members is low, when prompted with a particular principle, most committee members are able to recognise that it is applied at least occasionally within their committee's work.

11. Andrew Dillon welcomed the report and the survey, and asked for clarification of the response rate.

**ACTION: GF**

12. SMT considered which of the three options in the paper to pursue, in light of the survey results. It was agreed that it remains helpful to articulate the principles to inform judgements by NICE's committees. Whilst presenting these in a standalone document could aid communication with stakeholders, incorporating the principles into the relevant programme methods and process guides could raise the profile of the principles with the committees.
13. SMT noted the work undertaken to update the SVJ document in 2014 and agreed that the amendments arising from that update should be brought to an upcoming SMT strategy meeting. SMT could then consider whether the revised document should be brought to the Board, or if further amendments are required to incorporate judgements on a wider range of issues. It was agreed that the work undertaken by Peter Littlejohns and colleagues at Kings College London on SVJ should be brought to SMT to inform this discussion.

**ACTION: GF**

14. SMT noted the resource pressures within the Science Policy and Research team, and the need to consider how to fund any further update of the SVJ document beyond the 2014 changes.

**The future role of NICE in the development of indicators for quality improvement (item 5.3)**

15. Mark Minchin and Judith Richardson presented the summary of work undertaken by the Indicator Programme, together with proposals for the recommended future positioning and outputs for the programme.
16. SMT discussed the future of the programme, in the context of potential long-term developments in national measurement and quality improvement frameworks. Mark and Judith highlighted the positive feedback on the programme from key partners in the health and care system, and external reports by the King's Fund and Health Foundation. SMT discussed the work with Wirral Clinical Commissioning Group (CCG) to measure care against the NICE hypertension in adults quality standard. The scope to undertake further similar work to support local quality improvement initiatives was noted. Whilst this could form part of NICE's role in supporting the implementation of guidance, the resourcing for such activities would need to be considered further if these initiatives increased.
17. SMT broadly supported the recommendations set out in the paper. In relation to recommendation 1, it was agreed that NICE should seek a commitment from NHS England and key partners in the health and care system on NICE's long-term role in developing indicators for primary care. As part of this, SMT supported the proposals to raise awareness of the indicator programme as outlined in recommendation 4. In relation to recommendation 2, SMT supported the proposal to diversify the development of indicators to include the public health and social care sectors within the current funding envelope for the programme. SMT supported the completion of the work to publish an indicator support pack for the hypertension in adults quality standard set out in recommendation 3, noting that any further expansion of similar local initiatives is contingent on confirming the funding arrangements for such activity.

**ACTION: GL / JR / MM**

**Capacity requirements in the field team (item 5.4)**

18. SMT agreed the proposal to appoint a second implementation facilitator for the south region, as outlined in the report.

**International knowledge sharing services (item 5.5)**

19. Alexia Tonnel presented the proposals for a formalised 'knowledge sharing service' from NICE in response to international enquiries, together with a supporting costing and charging framework.

20. SMT discussed the framework and welcomed the work to clarify the approach to responding to such requests. Andrew Dillon highlighted the need for greater differentiation in the nature of requests for knowledge sharing. He stated that NICE should not seek reimbursement for high level meetings with representatives of similar organisations in other countries as such meetings are part of NICE's role as a public body. On the other hand, it is appropriate for NICE to seek reimbursement for contributing to events that require greater bespoke preparation. SMT agreed that where charges are levied, these should apply equally to all bodies regardless of background. It was agreed that the framework should be amended to reflect these changes.

**ACTION: AT / MGL**

21. Alexia noted that the Intellectual Property and Content Business Management team will also now also coordinate requests for NICE to provide speakers at overseas conferences.

**Referrals to the technology appraisal and highly specialised technologies evaluation work programmes (item 5.6)**

22. SMT noted the referrals.

**Strategy (item 6)**

23. None.

**Weekly staff SMT updates (item 7)**

24. SMT agreed the staff updates.

**ACTION: DC**

**Any other business (item 8)**

25. Gill Leng highlighted a draft paper from NHS Improvement on patient safety that was discussed at a recent meeting of the National Quality Board. She is liaising with the interventional procedures programme to include reference to NICE's work in the document.