

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 2 May 2017

Present

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

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Meindert Boysen	Programme Director – Centre for Health Technology Evaluation (items 6.2 to 6.3)
Jenniffer Prescott	Associate Director – Planning and Operations – Centre for Health Technology Evaluation (items 6.2 to 6.3)

Apologies (item 1)

1. None.

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 25 April 2017 were approved as a correct record.

Matters arising (item 4)

4. It was noted that the actions from the meeting held on 25 April 2017 were complete or in hand.

Board meetings (item 5)

5. SMT reviewed the actions arising from the Board Strategy meeting on 26 April 2017, noting that the risk management policy has been amended in light of the Board discussion. The high and medium risks will now be presented to the Board in May in the new format.
6. SMT discussed the actions relating to the highly specialised technologies (HST) programme, noting that the amendments to the interim methods and process guide to reflect the Board discussion are in progress. SMT discussed the timescale for ending the interim status of the guide. It was agreed that in the autumn it would be appropriate to consider whether to consolidate NICE's approach to technology evaluation taking account of the Government's life sciences industrial strategy and response to the Accelerated Access Review. Carole Longson would include this proposal in her Director's report to the May Board. Andrew Dillon suggested that a

case study is used to inform the briefing to the Board on managed access arrangements.

ACTION: CL

7. It was agreed to add the proposal for a 'big data' laboratory to the May Board agenda. Alexia Tonnel stated that she would also brief the June Board Strategy meeting on options for NICE's future international activity.

ACTION: DC

8. Gill Leng noted the proposal to bring the new policy on declaring and managing interests to the July Board, in order to provide sufficient time to review and respond to the comments received on the initial first draft.

Draft annual report and accounts 2016-17 (item 6.1)

9. Ben Bennett presented the 2016-17 draft annual report and accounts. He asked SMT members to review the content, in particular the sections relating to their areas of work, and own remuneration.
10. Ben highlighted the information provided on pay by gender. Whilst public bodies are obliged to publicly report this information, it is not mandated content for the annual report. SMT discussed the disclosure and agreed to include information on staff paid through the payroll.
11. SMT briefly reviewed the draft annual report and accounts, noting sections where amendments were required. Andrew Dillon stated he would amend the foreword and 'future developments' section, and asked that pages 26 and 27 are amended to reflect recent amendments to the risk management process and the SMT terms of reference.

ACTION: DC

12. It was agreed that any further amendments would be provided to Natalie Sargent by 9 May. It was noted Natalie is shortly leaving NICE and SMT placed on record appreciation of her contribution.

Combination therapy in oncology (item 6.2)

13. Meindert Boysen presented the paper that set out challenges for the technology appraisal programme arising from the increased use of combinations of therapies in oncology. Using the example of the current appraisal of pertuzumab in combination with trastuzumab and docetaxel for metastatic breast cancer, he outlined the challenges for the programme and the appraisal committee. Meindert highlighted that an increased number of combination therapies are likely to be referred to NICE, and there is a broader challenge than this current appraisal. The decision support unit were therefore asked to consider this issue, following which, a number of potential options are proposed in the paper.
14. SMT reviewed the paper and considered the advice that could be provided to the appraisal committee when it meets to consider pertuzumab for the final time next week, and also the response to this wider challenge in the longer term. SMT considered the provisions in the methods of technology appraisal that state in the case of a 'life-extending treatment at the end of life', the appraisal committee will satisfy itself the treatment is indicated for patients with a short life expectancy,

normally less than 24 months and there is sufficient evidence to indicate that the treatment offers an extension to life, normally of at least an additional 3 months, compared with current NHS treatment. It was noted that the phrase 'normally' was used to indicate there may be circumstances when the precise criteria are not able to facilitate the original intentions of the policy.

15. SMT therefore agreed that Carole Longson should develop advice to the appraisal committee on the discretion it is reasonable for it to exercise, in this and in similar circumstances where the estimated survival benefits of current standard therapies and the treatment being appraised are significantly greater from the benchmarks set out in the end of life treatments protocol. It was agreed Andrew Dillon would then sign-off this advice on behalf of SMT, given the timeframe for the committee's discussion.

ACTION: CL / AD

Managing capacity in the technology appraisal programme (item 6.3)

16. Meindert Boysen presented the proposed actions for enabling the TA programme to respond to the substantial increase in demand for TA guidance in 2017 and beyond. He noted the immediate challenge arising from the topics already referred to NICE, and the longer term structural challenge of an additional 20-30 appraisals a year.
17. Ben Bennett noted that the cost pressure in the report is premised on the current assumption of partial recovery of the costs of the technology appraisal and highly specialised technologies programmes in 2018-19, prior to full cost recovery in the years after. The increase in topics in the TA programme will therefore further increase the financial shortfall should it not be possible to proceed with the cost recovery proposals.
18. SMT discussed the capacity challenge. It was noted that potential options include reducing the number of topics in the work programme, or increasing resources to the TA programme to cater for the increased demand. SMT noted the importance of seeking the Department of Health's (DH) view on this challenge and the mitigating actions. It was agreed that Carole Longson would discuss this with NICE's sponsor, prior to the planned meeting between NICE and the DH on 8 May. The SMT meeting on 9 May will then revisit this issue in light of the discussions with the DH.

ACTION: CL

19. Ben Bennett asked that the Centre for Health Technology Evaluation work closely with the finance team to develop a bottom-up costing of the impact of an expanded TA work programme.

ACTION: BB / CL

Referrals to the technology appraisal and highly specialised technologies (HST) programmes (item 6.4)

20. SMT noted the referrals.

Weekly staff SMT updates (item 7)

21. SMT agreed the staff updates.

Any other business (item 8)

22. None.

MAGICapp (item 6.5)

23. After the meeting, a demonstration of the MAGICapp software was given to SMT members who had not previously received this.

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