NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 15 May 2017

Present

Andrew Dillon	Chief Executive
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 (item 6.4)
Stephen Brookfield	Acting Associate Director – Resource Impact – Health and Social Care (item 6.2)
Mark Campbell	Associate Director – Medical Technologies Evaluation Programme – Centre for Health Technology Evaluation (item 6.1)
Chris Carson	Programme Director – Centre for Guidelines and Deputy Centre Director
Larraine Howard-Jones	Associate Director – Human Resources (item 6.9)
Mirella Marlow	Programme Director – Centre for Health Technology Evaluation (items 6.4 and 6.5)
Leeza Osipenko	Associate Director – NICE Scientific Advice – Centre for Health Technology Evaluation (item 6.3)

Apologies (item 1)

1. Apologies were received from Mark Baker who was represented by Chris Carson.

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 9 May 2017 were approved as a correct record.

Matters arising (item 4)

4. It was noted that the actions from the meeting held on 9 May 2017 were complete or in hand.

5. Chris Carson stated that she would confirm with Mark Baker the timetabling of the SMT paper and the TUPE obligations arising from the change in responsibility for developing social care guidelines for NICE.

FINAL

6. Carole Longson noted that the meeting with the Department of Health to discuss the capacity challenges in the technology appraisal programme had been rescheduled to this week.

May Board meeting (item 5)

7. SMT noted the agenda, papers and arrangements for the Board meeting on 17 May 2017.

Interim update of the medical technologies evaluation programme (MTEP) process and methods guides (item 6.1)

8. Mark Campbell presented the interim updates to the MTEP process and methods guides, in which it is proposed that the Medical Technologies Topic Oversight Group (MTTOG) will be solely responsible for medical technology topic selection and routing, removing this from the Medical Technologies Advisory Committee (MTAC) role. This will improve the efficiency of the process, and starts to align the process with the technology appraisal topic selection function.

9. Mark asked for SMT's agreement that the changes in the methods and process guides are minor, and can therefore be implemented without public consultation in accordance with clause 9 of the process guide.

10. Andrew Dillon outlined feedback from the MTAC chair on the proposals. The chair highlighted a potential reduction in the committee's workload once the topic selection function is removed, and also the increased time commitment for those required to attend MTAC and MTTOG meetings. The feedback also noted the importance of utilising the MTAC members' expertise in the topic selection process.

11. SMT members also raised queries on the proposals, including suggesting there could be scope to deliver further efficiencies from the transfer in topic selection to the MTTOG, beyond the single week shown in the paper. The role of the NHS England representative on the MTTOG was also discussed. Mark and Carole explained that the current topic selection process can exceed the 11 weeks shown in the paper, and therefore the time saving will likely be more than a week. In addition, the changes will deliver efficiencies to the supporting processes. They would though consider further the scope to deliver efficiencies from the changes.

ACTION: MC / CL

12. In terms of the impact on MTAC, Carole explained that the MTAC and Diagnostics Advisory Committee (DAC) chairs already attend the MTTOG, and there is no increase in commitment in this respect. Mark explained that the changes to the role of MTAC will be phased to ensure the committee has sufficient workload. Andrew Dillon suggested that if there is a reduction in workload in an interim period, consideration is given to reducing the number of MTAC meetings. Carole confirmed there will be a mechanism to utilise the expertise of the MTAC members in the topic selection process.

13. SMT approved the proposed changes to the medical technologies topic selection process, and the updated terms of reference for the MTTOG. SMT agreed the amendments to the MTEP process and methods guides, subject to clarification that clinical advisers require a license to practice, in line with the position previously agreed by SMT. It was agreed that the changes were minor and did not require public consultation. The Board should be briefed on the changes in Carole

FINAL

Longson's next Director's report, and feedback provided to the MTAC chair on the SMT's discussion of his feedback.

ACTION: MC / CL

Assessing resource impact process manual: guidelines (item 6.2)

14. Stephen Brookfield presented the process manual for assessing resource impact in guidelines. He noted that the manual has been subject to consultation within NICE and with external colleagues, including the Department of Health, NHS England, NHS Improvement, and commissioners.

15. SMT discussed the definition of a 'substantial' impact of implementing a guideline. Stephen highlighted the consultation with Clinical Commissioning Groups on the definition, and outlined the rationale for the five year timeframe and adopting a different approach to the budget impact test recently introduced in the technology appraisal and highly specialised technologies programmes.

16. SMT approved the process manual, subject to the amendment of the first bullet point in section 2.1 to clarify that resource impact changes usually cover only those services commissioned and funded by the public sector. The guide should also clarify that in the case of a partial guideline update, the resource impact assessment will only examine the aspects of the guideline that have been updated.

ACTION: SB / GL

17. Andrew Dillon referred to section 6 of the process manual, which relates to quality assurance and publication. He highlighted the expectations on technical staff and queried whether it is the role of medical editors to check technical data and adherence to templates. Andrew asked Stephen to consider the most appropriate method for undertaking the quality assurance of the resource impact reports, templates and statements. The process manual should then be revised as necessary.

ACTION: SB

NICE Scientific Advice – Preliminary Independent Model Advice (PRIMA) service (item 6.3)

18. Leeza Osipenko presented the proposal for NICE Scientific Advice (NSA) to develop a new service to the healthcare industry offering independent advice on economic models they are developing for market access and reimbursement. This could include advice on products that will not ultimately be presented to NICE for evaluation.

19. SMT members highlighted the potential risks to NICE from the proposed service, and asked about the rationale for the new service, in particular if the products are being developed for consideration by decision-makers other than NICE. The importance of a clear boundary between the PRIMA service and the work of the Evidence Review Group (ERG) and technology appraisal programme in any subsequent appraisal was highlighted.

20. In response, Leeza and Carole confirmed that PRIMA will primarily focus on structural errors in the model, such as errors in formulae and macros, logical inconsistencies, transparency and general housekeeping. Judgements on the model inputs, key assumptions and outputs will not be made. Advice offered on

FINAL

these models will be given at least three months before the scoping process. There will be boundaries to ensure the separation of information; the ERGs and appraisal committees will not be involved in the PRIMA service. Legal advice has been provided, which confirms that the proposal raises no new legal issues over and above the existing services provided by NSA. Carole highlighted that disclaimers will emphasise the extent of the review by NSA.

21. SMT approved the piloting and launch of the PRIMA service in 2017, subject to explicit confirmation from NICE's legal advisers that the service is permissible within NICE's statutory framework. Once this has been provided, SMT approved the external recruitment of a band 8b Technical Adviser – Health Economic Modelling, on a two year contract. A report should also be provided to SMT on the service after the first year.

ACTION: LO / CL

22. Andrew Dillon stated that moving forward, SMT papers that propose a substantive new development or an evolution of existing activities should include a risk assessment using the format in the recently updated risk management policy. He would liaise with David Coombs to update the format for SMT papers accordingly.

ACTION: AD / DC

Concept and design outcomes for CHTE 2020 (item 6.4)

23. Carole Longson presented the vision and design principles for the CHTE 2020 change management project. The overall concept is to simplify and streamline CHTE's guidance and advice outputs, supported by a unified process for identifying, selecting and routing topics. The aim is to enable CHTE to meet the ever increasing demand for outputs, whilst also delivering financial savings. CHTE 2020 is a three to four year project, but actions will also be required to address the capacity challenges in the technology appraisal programme in 2017-18.

24. Andrew Dillon highlighted the importance of engaging the Department of Health and NHS England with any potential changes to the remit and scope of the technology appraisal (TA) programme. Any such proposals should also be consistent with the Government's response to the Accelerated Access Review and the life sciences industrial strategy, when published.

25. Gill Leng noted that a number of the advice products referenced in the CHTE 2020 vision are currently produced by the Health and Social Care Directorate. It was agreed that the Health and Social Care Directorate should be represented on the project group. Carole confirmed that the project is focused on CHTE and is not considering NICE's wider organisational structure or activities.

ACTION: CL / GL

26. SMT approved the design principles subject to the addition of responding to the Government's priorities as one of the drivers for the project. The paper should also clarify there are no changes currently proposed to the scope of the TA programme, and the immediate actions in the programme are focused on addressing the current known increased topic referrals. Subject to these clarifications, the design principles should be shared with the Department of Health and NHS England. The Board should then be briefed on the project, taking account of this feedback.

ACTION: CL

FINAL

27. It was agreed that the business case for the development of a commercial/managed access unit at NICE should be subject of a separate paper to SMT.

ACTION: CL

Resource implications of proposed MedTechScan development (item 6.5)

28. Mirella Marlow presented the briefing on the resource implications of the MedTechScan development that was agreed at the SMT meeting on 25 April, and is due for approval at this week's Board meeting. Mirella highlighted the project structure and the allocation of costs between the Evidence Resources Directorate and Centre for Health Technology Evaluation (CHTE).

29. Alexia Tonnel stated that in addition to examining the technical viability of the proposal, the discovery phase will also examine whether the MedTechScan will meet the users' requirements. The Evidence Resources Directorate will oversee the technical build, but CHTE will oversee this second aspect of the discovery phase. Mirella confirmed that the project plan will clearly outline the balance of responsibilities.

30. SMT noted and confirmed the costs and staffing as outlined in the paper.

Annual complaints report (item 6.6)

31. David Coombs presented the annual complaints report for 2016-17, which follows a similar format to previous years. Whilst there are no recurring themes in the general complaints, NICE clinical guideline 53 was the subject of the majority of the Freedom of Information Act internal reviews.

32. SMT discussed the report, including the lessons learnt from the complaints and whether these could be more prominently referenced in the report.

33. SMT approved the report for presentation to the June Audit and Risk Committee. The Committee could then consider whether information from the report should be published more widely, and whether to amend the report for future years.

Meeting with Health Improvement Scotland (item 6.7)

34. SMT noted the actions arising from the recent meeting between NICE and Health Improvement Scotland.

35. Gill Leng stated that as part of the review of the Fellow and Scholars programme, Nicola Bent, Programme Director – System Engagement, will consider how to develop more joint activity with clinicians in Scotland.

MagicApp (item 6.8)

36. Following the discussion at last week's SMT meeting, Alexia Tonnel outlined the rationale for the proposed pilot of the MagicApp software in guidance production, noting the potential efficiency benefits. She stated there are no other similar products commercially available, and NICE does not have the capacity to develop similar software internally.

37. Alexia outlined a number of risks and issues to resolve covering aspects such as procurement regulations, information governance, and financial stability of the

FINAL

software owner. She outlined the actions underway to resolve and mitigate these, including confirming the organisational status of the entity that owns the software, and reviewing their financial accounts. Also, to seek assurance around the data protection implications of the software being hosted outside of the European Union. In light of these risks, it is proposed to limit NICE's investment in the pilot to £50k. Given the limited alternative suppliers, this could be facilitated through a tender waiver, which would require approval from Ben Bennett.

38. Ben Bennett highlighted the importance of undertaking appropriately robust due diligence, and mitigating the risk of any initial pilot committing NICE to future investment. Also, there must be clarity over the identity and status of the beneficiary of the expenditure, and the outputs for NICE.

39. Andrew Dillon asked that the request for the tender waiver makes clear the ring-fenced nature of the pilot and the actions taken to mitigate the risks. The tender waiver should only be signed if appropriate due diligence has taken place.

ACTION: AT / BB

40. SMT noted the importance of examining the strategic requirements for software to support guidance production, to inform any longer term investment beyond the proposed pilot.

ACTION: AT / MB

HR (item 6.9)

41. Larraine Howard-Jones briefed SMT on the plans for HR services in the coming three to four months, in light of her departure from NICE at the end of the week. Andrew Dillon thanked Larraine for her outstanding contribution to NICE and wished her well for her future career.

Strategy (item 7)

42. None.

Weekly staff SMT updates (item 8)

43. SMT agreed the staff updates.

ACTION: DC

Any other business (item 9)

44. None.

FINAL