

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Senior Management Team

### Minutes of the meeting held on 28 November 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)
Nick Crabb	Programme Director – Centre for Health Technology Evaluation (item 5.2)
Fiona Glen	Programme Director – Centre for Guidelines (items 5.3 to 5.5)
Kay Nolan	Associate Director – Centre for Guidelines (items 5.3 to 5.5)
Sue Spiers	Associate Director – Centre for Guidelines (items 5.3 to 5.5)

#### Also present

Julia Maier-McAlpine	Public Health England (item 5.1)
Cathy Morgan	Public Health England (item 5.1)

#### 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 21 November 2017 were approved.

#### Matters arising (item 4)

4. The actions from the meeting held on 21 November were noted as complete or in hand.
5. SMT discussed the implementation of the proposed new policy on declaring and managing interests for advisory committees, noting that directors are currently collating information on the implications of implementing the policy from April 2018. This information can be used to produce a clear statement on how the policy will be introduced for each committee, and the approach to mitigating any initial challenges with existing appointments.

### Public Health England business planning (item 5.1)

6. SMT welcomed Cathy Morgan and Julia Maier-McAlpine to the meeting who outlined Public Health England's (PHE) business planning process and potential priorities for 2018/19. Cathy asked for feedback on the priorities, and areas of joint working between NICE and PHE.
7. SMT members noted areas of current and potential collaboration, including antimicrobial resistance, cardiovascular disease, air quality, smoking, mental health well being, and the assessment of digital technologies. The collaboration on the SACT dataset for the appraisal of cancer drugs was welcomed, and NICE supports developing this further. To aid future collaboration, it was agreed that it would be helpful for PHE and NICE to share information on planned campaigns and guidance topics as early as possible. The scope for PHE to commission NICE to undertake evidence reviews, particularly in topics covered by NICE's existing guidance was noted.
8. It was agreed to share the two organisations' draft business plans.

**ACTION: DC / CM**

### Value frameworks and assessment methods (item 5.2)

9. Carole Longson and Nick Crabb outlined a policy proposal to support the PPRS discussions and negotiations.
10. SMT noted the proposed policy and supported initial informal discussions with the Department of Health (DH) on the policy framework prior to discussion with the Board in January, and then more formal engagement with the DH and NHS England. The timescale for implementing any of these changes, and the extent public consultation would be required, should also be explored.

**ACTION: NC / CL**

### Proposed changes to the Centre for Guidelines surveillance process (item 5.3)

11. Mark Baker and Kay Nolan presented the proposed changes to the surveillance process for NICE guidelines ahead of the planned consultation on 'Developing NICE guidelines: the manual'. It is proposed to switch from the current two year cycle to a five year cycle, and where possible, to batch surveillance on multiple guidelines on the same theme. This themed approach is in place in the public health portfolio and delivers efficiencies in both searching evidence, engaging topic experts, and updating guidelines. To mitigate against potential risks of the revised cycle, several additional changes are proposed including an enhanced event tracker with a rapid surveillance process, and increased upfront intelligence gathering to identify key issues within a guideline area.
12. SMT discussed the proposals, noting the need to ensure arrangements are in place to review the portfolio within the available resources. It was noted however that a switch to a five year surveillance cycle could run counter to the shift internationally to 'living guidelines'. It also does not reflect that surveillance could take place at shorter intervals as a result of the themed surveillance and enhanced intelligence gathering.

13. SMT agreed the proposals for piloting, subject to refinement of the way the changes to the surveillance process are presented. The move from a fixed two year cycle to an intelligence based approach should be highlighted, along with NICE's longer term intention to explore how technology could facilitate more frequent updates.

**ACTION: KN / MB**

14. Gill Leng highlighted the importance of clearly defined measures to evaluate the pilot, including efficiencies and increased stakeholder engagement.

#### **Virtual committees for responsive updates (item 5.4)**

15. Mark Baker and Kay Nolan presented the proposal to pilot the use of virtual committees for small guideline updates to allow NICE to be responsive to new evidence. The mechanism would be used for a very small number of guidelines each year, which meet the criteria outlined in the report. These updates would be limited in scope, and would generate limited debate.
16. SMT noted the benefits of increased efficiency and supported piloting the approach for responsive updates. SMT noted the risk of a potential loss of engagement amongst committee members, and agreed there should be a telephone conference to sign-off the proposed updates following the virtual review of the evidence to decision framework. In the longer term, these discussions could utilise web-based video conferencing if this technology is approved for use across NICE.

**ACTION: KN / MB**

17. Andrew Dillon asked that the risk assessment for this and the preceding agenda item are completed.

**ACTION: KN / MB**

#### **Clinical Guideline updates – standing committees (item 5.5)**

18. SMT noted the standing down of the three standing committees in the clinical guidelines update team. It was agreed that Andrew Dillon would write to thank each of the three former committee chairs for their contribution.

**ACTION: SS / AD**

#### **Digital services update (item 5.6)**

19. Alexia Tonnel presented the report on Digital Services' delivery against the agreed priorities at the end of the second quarter of 2017/18, noting the progress in deploying non-pay resources since the first quarter.
20. Alexia outlined the action taken, and that proposed, to address the trend of lower priority defects remaining open outside of the service level agreement. Jane Gizbert highlighted the importance of promptly addressing any defects visible to, or affecting, external users.
21. Ben Bennett queried the year-end forecast for Digital Services and asked Alexia to check this is consistent with the overall forecast for the Evidence Resources Directorate.

**ACTION: AT**

22. Gill Leng asked about the prioritisation of Digital Services resources for 2018/19. Alexia confirmed that the centre and directorate business plans will be reviewed to identify any implications for allocating Digital Services' capacity.

**Proposal for establishment of a new function in CHTE (item 5.7)**

23. Carole Longson presented the proposal to establish a commercial and managed access programme under a newly created Programme Director role. The programme will be responsible for the suite of 'managed access' activities in the existing technology appraisal Programme Director's role, and also develop the capability for commercial liaison with companies and NHS England.
24. The programme will be funded through the existing allocation from NHS England for technology appraisal and cancer drugs fund activities, covered by the memorandum of understanding that expires at the end of March 2019. Longer term, it could be funded by cost recovery in the technology appraisal and highly specialised technologies programme.
25. The proposed changes affect the role of one existing member of staff (the technology appraisal Programme Director) and involve a transfer of line management for some programme teams. The Associate Director, HR, has advised that a management of change exercise is not required. Once the existing Programme Director has expressed a preference for one of the Programme Director roles, the other position will be advertised externally.
26. Ben Bennett stated that the Department of Health have responded positively to NICE's requirement for transitional funding until cost recovery is introduced, which helps mitigate the risk around funding the new programme.
27. SMT supported the proposal and the implementation approach outlined in the paper.

**ACTION: CL**

28. Andrew Dillon stated that he would include the establishment of the new programme in his update to the December Board Strategy meeting.

**ACTION: AD****Business planning (item 6)**

29. Ben Bennett briefed SMT on the recent meeting for the Finance Directors of the Department of Health Arm's Length Bodies.

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

30. SMT agreed the staff updates.

**ACTION: DC**

**Any other business (item 8)**

31. Carole Longson highlighted that the META tool developed by NICE Scientific Advice and Digital Services has won a digital innovation award. SMT congratulated those staff involved.
32. Alexia Tonnel highlighted that as previously agreed, it is now proposed to discontinue NICE's BNF app following the ongoing increased use of the app published by the BNF. Alexia agreed to check how users of the NICE's discontinued app will be redirected to the BNF app. SMT thanked Digital Services for their work in developing the soon to be discontinued app.

**ACTION: AT**

FINAL