NICE / ABPI INDUSTRY COUNCIL
MINUTES
1.00pm – 3.00pm Thursday 2\textsuperscript{nd} July 2015
NICE London

ATTENDEES
Professor David Haslam, Chairman, NICE (Co-Chair)
Sir Andrew Dillon, Chief Executive, NICE
John Kearney, President ABPI
Mike Nally, Chair of ABPI HTA Strategy Group
Paul Catchpole, Value & Access Director, ABPI

Item 1: Purpose of NICE Industry Council

It was agreed that the NICE/ABPI Partnership Agreement was useful and remained relevant and that the industry council remained important in the context of the rapidly evolving environment for medicines policy.

It was agreed that industry council meetings would be alternately co-chaired between NICE and ABPI.

A discussion was held on the need for alignment with NHSE and that three way dialogue would be productive when necessary.

Item 2: Accelerated Access Review / NICE Transformation

It was reported that NICE considered that AAR could be transformative in some areas. NICE had seconded a member of staff into the review team. ABPI would be fully engaging with the review.

NICE reported that there is a desire in future to better integrate its guidance into the NHS in order to support better adoption by the NHS. AAR workstreams 3 and 4 were noted as being particularly relevant to this.
Industry was encouraged to engage in both AAR and NICE’s strategic technology appraisals review, in due course. It was noted that the latter programme will attempt to deal with all stimuli for change, including AAR outputs and will enable consideration of all relevant issues, ideas and solutions. There will be engagement groups for industry to participate. Carole Longson will lead the project with appropriate governance arrangements in place and with a public consultation at the end of the process.

NICE shared that NICE is doing what it can on EU Relative Efficacy Assessment (REA) with the backing of DH. NICE is enthusiastic but clear about the limits, and it will be a process of evolution.

**Item 3: Cancer Drugs Fund**

The process for managing ongoing discussions about the CDF across the NICE, NHSE and ABPI Boards was agreed.

**Item 4: Affordability challenges**

NICE’s Directions do not permit budget impact to be taken into account in appraisal decision making. DH would need to amend regulations if NICE were to have any role in affordability in the future. The Hepatitis C medicines were discussed as one area which had presented the NHS with affordability challenges with the new immunotherapy oncology products perhaps being the next.

NICE outlined a vision for supporting a process of managing adoption as part of a connected system: prioritising innovation; appropriately valuing the greatest breakthroughs, thereby supporting the life sciences industry; managing adoption (but without destabilising the system).

It was noted that the AAR will explore new commercial and funding models and that these would need to be considered by all stakeholders in due course in terms of how these might be utilised.