NICE / ABPI INDUSTRY COUNCIL

MINUTES

Tuesday 17th February 2pm – 4pm

ATTENDEES

Professor David Haslam, Chairman, NICE
Sir Andrew Dillon, Chief Executive, NICE
Tim Irish, Non Executive Director, NICE

John Kearney, President ABPI
Mike Nally, Chair of ABPI HTA Strategy Group
Richard Torbett, Executive Director, Commercial, ABPI
Paul Catchpole, Value & Access Director, ABPI

Item 1: Formalities

It was agreed that the minutes of the Industry Council would be published on the NICE web site **[Action: NICE to organise publication].**

Item 2: CDF

ABPI talked through industry's concerns on the CDF consultation. NICE made it clear that the latest consultation proposals were aligned with NHSE's ambition for access to cancer medicines. Inclusion of breakthroughs would need a signal to be given from policy makers.

STAR will provide an opportunity to make changes to NICE's decision making framework including progressing managed access agreements (MAA). The CDF consultation will enable companies to submit PAS's for approval and evaluation by Appraisal Committee (as per the current process) but the CDF Investment Group discussion to agree an MAA only takes place post-hoc NICE decision. A further conversation is needed on this in terms of alignment of timings**. [Action: ABPI to follow up with NICE on evaluation mechanism / timings of CAA/MEA v PAS].**

Tim Irish noted that he saw two issues the first about data uncertainty and how to manage risk in that context and the second about system alignment, i.e. cost effectiveness + affordability, which he noted would become increasingly challenging

with the growing increase in combination drugs. A different way of buying was required and the AAR work on new commercial models would help, including using these to potentially incentivise volume and speed of uptake.

David Haslam shared that there would be an NHSE Board meeting on 25th February at which the CDF would be discussed.

Item 3: AAR

NICE noted that the AAR would help create a more level playing field across Rx, Dx, devices and digital and were expecting to have to respond to the AAR with a range of new products. Positives were noted as being encouraging partnership working across agencies and the earlier signalling of promising new products.

We discussed the NHSE proposal to create four regional medicines optimisation committees and a potential request from NHSE for NICE to undertake evidence synthesis work to support the revised NHSE Specialised Commissioning Process. ABPI outlined the importance of not reinventing the wheel and the importance of NICE being involved in both the development and shaping of the proposals and in providing ongoing support such as quality assurance of the products developed by the new regional groups.

Item 4: STAR

It was agreed that the ABPI/NICE Operational Effectiveness Group would be re-purposed to undertake a forward looking role and become the engagement mechanism for input into the STAR projects going forwards.

ABPI will look at the size and composition of the group and open up further discussions with NICE colleagues **[Action: ABPI to discuss further internally and make proposals]**

Item 5: AAWG

NICE shared their perspectives on AAWG including: that the group was being led by DH, had representation from all the ALBs, and in scope were all appraisals undertaken in the various parts of the system, including DH policy and impact analyses.

Andrew Dillon suggested that it would be helpful to understand Simon Steven's view on the approval threshold **[Action: ABPI to raise at next SS meeting].**

A helpful discussion took place on the economics around the threshold including the need for broader academic work to be progressed across a plurality of academics

covering industrial economics, behavioural economics and what the effect of PPRS type agreements, such as a capped medicines bill, could have on the implementation and approval for use of new innovative medicines in the system.

[Action: ABPI to pursue further discussions with DH NICE Sponsor Team on the threshold]