NICE INDUSTRY COUNCIL

MINUTES

Thursday 22nd February 2018
9.30am to 11.30am

ATTENDEES

Professor David Haslam, Chairman, NICE
Sir Andrew Dillon, Chief Executive, NICE
Meindert Boysen, CHTE Programme Director, NICE

Lisa Anson, ABPI President and Senior Vice President, Astra Zeneca
Ben Hickey, Co-Chair ABPI Value & Access Workstream & General Manager, BMS
Mike Thompson, Chief Executive, ABPI
Richard Torbett, Executive Director, Commercial Policy, ABPI
Paul Catchpole, Value & Access Director, ABPI

AGENDA

9.30am	Welcome and introductions
9.35am	Agreement of minutes / matters arising from last meeting
9.40am	NICE consultation on creating capacity and efficiency for TAs
10.00am	Charges for technology appraisals update
10.15am	CHTE 2020
10.45am	Accelerated Access Collaborative (AAC) Update
11.00am	PPRS Update
11.25am	AOB
11.30am	Close

Item 1: Introductory remarks

The minutes of the last meeting were agreed as an appropriate record. All matters arising were covered on the agenda as substantive items.

Item 2: NICE second consultation on creating capacity and efficiency for TAs

ABPI raised a number of key points around the consultation. The first point was about industry's proposal for retiring the MTA process and the rationale for this. NICE confirmed that it was unlikely that MTAs would be undertaken in future due to capacity constraints, and no MTAs had been referred to NICE for some time now. However, it was likely that the process would be retained and may have some applicability beyond medicines in the future. The second point raised was about industry's proposal for a NICE manager to co-chair the new Technical Team in order to ensure the right level of balance, consistency and continuity across teams and committees (95 individuals across all committees). NICE accepted the rationale for this proposal. The third point was about the challenges of sharing confidential clinical information with external stakeholders, including potentially competitor companies, during the regulatory process pre-licensing. ABPI believed that this was a red line for industry until such information was published and made available as part of the regulatory process, such as via the EPAR. The final point was about the industry ask to provide optionality and choice around the timing of filings with NICE which would be important for the process to work as intended. ABPI had recognised that this might need the performance metrics of NICE to be adjusted or qualified where companies had asked for a later appraisal and offered to support NICE with any changes that were required.

Item 3: Charges for technology appraisals update

NICE reported that its grant in aid allocation from DHSC has remained static and NICE will be challenged with managing a budget deficit in 2019/20, which may require transition support. Individual charges for appraisals will therefore need to be introduced from April 2019 to raise around £9m per annum unless an alternative solution can be found. ABPI proposed that the issue should be discussed as a topic in the forthcoming PPRS negotiations. Industry supported the work of NICE and ABPI would raise with DHSC.

Item 4: CHTE 2020

NICE shared that CHTE 2020 was an umbrella term for a number of different projects brought together under a common project management platform, it also included back office projects such as getting ready for the new GDPR regulations. It was also a mechanism to ensure that projects that were looking at evolving the

evaluation processes for medical devices, diagnostics and medicines were aligned. It also housed the current NICE consultation on achieving process efficiencies that industry had been involved in.

Item 5: Accelerated Access Collaborative

NICE shared that the AAC was looking for 'early wins' and wished to start with a tranche of products that were already established in the system and had been evaluated nationally. NICE considered that products with large incremental benefits that had not been widely adopted might made good candidates for inclusion. Exactly as to what the AAC 'offer' would be for each product would need to be developed on a bespoke basis in due course. For NICE there might be an opportunity to build on the NICE Implementation Collaborative (NIC). To incentivise uptake, it might be envisaged there could be an 'accelerated access tariff' for example.

Item 6: PPRS

ABPI stated that the PPRS is an holistic medicines policy agreement. It was an opportunity to look at medicines access architecture in the round with an opportunity to redefine NICE and NHSE relationships within that pathway. ABPI wished to commence discussions as soon as possible as time was moving on quickly. The 'buckets' for the negotiation had been identified and a proposed terms of reference and negotiation process had been identified. DH had requested that the decision about whether to roll out earlier appraisal timelines for non cancer medicines to match those already in place for cancer medicines should now be considered as part of the PPRS negotiations.

The negotiation would need to cover primary and secondary care medicines and not just those that go through NICE presently. Meindert Boysen would represent NICE in the negotiations. Beyond the PPRS, it was also important to understand the relationship with the new and emerging Life Science Council organisational structures such as the proposed Patient Access to Medicines Partnership.

ABPI considered that the next PPRS should be part of the next Sector Deal.

Item 6: AOB

It was agreed that the EC proposals for EU level harmonisation of Health Technology Assessments would be discussed at the next meeting of the Industry Council.