

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Public Board Meeting held on the 20 January 2016 at City Hall, Malthouse Lane, Salisbury, Wiltshire SP2 7TU

These notes are a summary record of the main points discussed at the meeting and the decisions made. They are not intended to provide a verbatim record of the Board's discussion. The agenda and the full documents considered are available in accordance with the NICE Publication Scheme.

Present

Professor David Haslam	Chair
Dr Rosie Benneyworth	Non-Executive Director
Professor David Hunter	Non-Executive Director
Tim Irish	Non-Executive Director
Professor Finbarr Martin	Non-Executive Director
Professor Rona McCandlish	Non-Executive Director
Andy McKeon	Non-Executive Director
Bill Mumford	Non-Executive Director
Jonathan Tross	Non-Executive Director

Executive Directors

Sir Andrew Dillon	Chief Executive
Professor Gillian Leng	Health and Social Care Director and Deputy Chief Executive
Ben Bennett	Business Planning and Resources Director

Directors in attendance

Professor Mark Baker	Centre for Clinical Practice Director
Jane Gizbert	Communications Director
Alexia Tonnel	Evidence Resources Director

In attendance

David Coombs	Associate Director – Corporate Office (minutes)
Mirella Marlow	Programme Director – Centre for Health Technology Evaluation

16/001 APOLOGIES FOR ABSENCE

1. Apologies were received from Linda Seymour and Professor Carole Longson, with the latter represented by Mirella Marlow.

16/002 CONFLICTS OF INTEREST

2. David Hunter stated that he is a specialist advisor to the House of Commons Health Select Committee's public health inquiry. David Haslam confirmed that this did not represent a conflict of interest given the items before the meeting.

16/003 MINUTES OF THE LAST MEETING

3. The minutes of the meeting held on 18 November 2015 were agreed as a correct record.

16/004 MATTERS ARISING

4. The Board reviewed the actions arising from the Board meeting held on 18 November 2015. It was noted that:
 - Information on the 'RepTrak' pilot was included in the Communications Directorate Report and further updates will be provided in future reports.
 - The balanced scorecard has been updated to reflect the revised evidence update process.
 - A further workforce briefing is scheduled for the April Audit and Risk Committee meeting.
 - NICE's response to the Accelerated Access Review is presented as a subsequent agenda item and the Board will be updated on the emerging proposals in the spring.
 - The link to the revised presentation of the quality standards on the NICE website will be circulated to Board members shortly.

ACTION: Gillian Leng

16/005 CHIEF EXECUTIVE'S REPORT

5. Andrew Dillon presented his report, describing the main programme activities to the end of December 2015 together with a summary of NICE's financial position for the same period.
6. Finbarr Martin noted and welcomed that almost 1000 volunteers, including health and social care professionals, have joined the insights community database. He asked whether the database could be a source of feedback on the adoption and uptake of NICE guidance. Jane Gizbert stated that the initial focus has been to seek feedback on changes to NICE's website, however there could be scope to consider whether the database could be utilised more broadly.
7. Following a question from David Hunter, Gillian Leng confirmed that NICE is establishing links with NHS Improvement (NHSI), building on existing relationships with the staff in the bodies transferring into NHSI.

8. Following a question from Bill Mumford, the Board discussed NICE's relationship with the Care Quality Commission (CQC) and the current work to map NICE quality standards to the CQC's inspection framework. Gillian Leng stated that she would clarify whether the mapping will be made available to providers and how the uptake of NICE guidance will feed into the CQC assessment process.

ACTION: Gillian Leng

9. The Board received the report.
10. A member of the audience from the pharmaceutical industry asked about the current work to explore the scope to charge industry for health technology appraisals and medical devices and diagnostics evaluations. Andrew Dillon stated that the possibility of charging formed a recommendation in NICE's 2015 Triennial Review. Initial discussions have been held with the Association of the British Pharmaceutical Industry and detailed proposals will be developed over the coming six months.

16/006 FINANCE AND WORKFORCE REPORT

11. Ben Bennett presented the report which outlined the draft financial position as at 31 December 2015 and provided an update on the workforce strategy. He stated that the financial position is consistent with that previously reported to the Board and the forecast underspend, £3.2m, provides a sound base to respond to the significant reductions in NICE's Grant in Aid income in 2016-17. He highlighted the activities underway as part of 'Healthy Work Week'.
12. Jonathan Tross, chair of the Audit and Risk Committee, noted that recruitment is underway for 30 of the 54 currently vacant posts. He asked for assurance that this takes account of the impact of the forthcoming reductions in headcount following the reductions in NICE's income. Ben Bennett stated that this is a challenging issue in that additional staff are required for new activities, prior to the likely reductions in other areas of activity. This is being closely managed and he is chairing a group that is planning the implementation of the required savings.
13. The Board received the report and thanked those involved in organising the Healthy Work Week.

16/007 ANNUAL UPTAKE REPORT

14. Gillian Leng presented the annual report which provided an overview of the information NICE has about how its guidance and quality standards are being used. She stated that in future, this information, which is taken from the uptake database, will be combined with other sources of feedback such as from the Field Team, and be presented to the Board as twice yearly progress reports.

These will then provide a coherent and overarching picture of the work being undertaken across health and social care to put NICE guidance into practice.

15. Rosie Benneyworth suggested that it would be helpful to include information on outcomes alongside uptake. Also, greater information on cross-system impact would reflect the current drive to integrate care.
16. Finbarr Martin and Andy McKeon suggested exploring whether the National Clinical Audit and Patient Outcomes Programme (NCAPOP) and the Care Quality Commission (CQC) could provide information on the uptake of NICE guidance.
17. David Hunter noted the low level of uptake data available for public health guidance. Gillian Leng stated that NICE has been engaging with the Local Government Association on this matter; however the localised nature of local government affects the ability to collate national data. NICE will continue to engage with Public Health England to encourage further audits of guidance.
18. The Board approved the report. Board members highlighted the need to note that the report is based on information in the uptake database and that other sources of information are available on the uptake of NICE guidance. The Board therefore welcomed the proposal to combine the report with other sources of feedback for future six monthly reports.

16/008 ACCELERATED ACCESS REVIEW: NICE RESPONSE TO THE INTERIM REPORT

19. Andrew Dillon presented the submission to the Accelerated Access Review (AAR) in response to the review's interim report that was discussed at the last Board meeting. He confirmed that NICE continues to be closely involved in the review and has been asked to make a further submission to inform the development of the review's final report.
20. Andrew Dillon highlighted that the central thrust of the review is to speed up the process for innovative health technologies being available to patients. He noted that this may entail additional activities for NICE, and if so, NICE will need to discuss the implications of this with the Department of Health given the reductions in NICE's overall funding.
21. The Board noted the submission.

16/009 RESOURCE IMPACT IN GUIDELINES

22. Mark Baker and Gillian Leng presented the proposed advice and principles on resource impact in guidelines, and the accompanying proposed amendments to the guidelines manual. Mark Baker stated that cost impact is currently part of the guideline process and is undertaken after recommendations have been formulated. Given the need to be sensitive to the environment in which

recommendations will be implemented, it is proposed to undertake this cost impact analysis at an earlier stage in the guideline development process. Under the proposals, the resource impact team will undertake an analysis of the recommendations prior to, rather than post, consultation.

23. Mark Baker stated that the proposals do not seek to prevent recommendations that increase costs. Rather, they confirm that such cost must be justified. Where recommendations have a high cost impact then there must be a higher degree of assurance on evidence. Also, it is proposed that when draft scopes are issued for consultation, NICE will ask stakeholders to suggest interventions or forms of practice that could result in cost savings.
24. Mark Baker stated that these amendments may increase the legitimacy of NICE's guidance and increase the uptake of recommendations. He stated that some existing recommendations may be stood down when the guidelines are subject to future review under the amendments proposed to the manual.
25. The Board discussed the proposals at length. Gillian Leng confirmed that there is sufficient capacity within the Resource Impact team to deliver the proposals. She also highlighted the importance of recognising the legitimacy of current guideline recommendations which had been developed in accordance with a robust process and subject to consultation. The amendments should not be seen as undermining these recommendations or discourage their implementation
26. In particular, the Board discussed the proposed amendments to section 7.2 of the guidelines manual. It was noted that the final sentence of the proposed amendment – '*...the potential cost impact of the recommendations should not alone determine the Committee's decision*' reflects NICE's role in reviewing evidence rather than solely considering cost. However there were concerns that this sentence could undermine the preceding amendments. Board members also queried whether the preceding proposed amendments implied that the evidence must be robust only when there is a substantial cost increase overall. The Board agreed that the wording should be revised to make clear that the Committee must be increasingly certain of the cost effectiveness of a recommendation as the cost of implementation increases.
27. The Board delegated to Andrew Dillon the authority to revise the relevant section of chapter 7 of the guideline manual in line with the Board's discussion.

ACTION: Andrew Dillon

28. The Board agreed that given the amendments to the guidelines manual clarify, rather than substantively amend the existing manual, consultation was not required. Therefore, once the wording had been amended by Andrew Dillon, the Board agreed that:
 - The advice and principles on resource impact in guidelines should be distributed to Committees, Developers and Quality Assurance teams.

- The revised guideline manual and principles should be adopted for draft guidelines issued for consultation from April 2016.

ACTION: Mark Baker / Gillian Leng

16/010 BOARD EFFECTIVENESS REVIEW

29. Andrew Dillon presented the proposed terms of reference for the Board effectiveness review that will seek to address a recommendation within the Triennial Review of NICE. He outlined the proposal to undertake the review as an extension of the internal audit plan.
30. The Board approved the terms of reference for the review to be undertaken by NICE's internal auditors. The Board agreed that the findings should be presented to the April Board Strategy meeting.

16/011 BOARD APPOINTMENTS

31. The Board received the paper from David Haslam and:
 - Noted the appointment of Dr Rosie Benneyworth as a Non-Executive Director of NICE and Dr Benneyworth's declared interests.
 - Agreed to appoint Tim Irish to the Remuneration Committee following Dr Maggie Helliwell's retirement from the Board.

16/012 RAPID RECONSIDERATION OF DRUGS CURRENTLY FUNDED THROUGH THE CANCER DRUGS FUND

32. Andrew Dillon presented the paper that outlined the proposed process for the re-consideration of drug-indication pairs that are currently funded through the Cancer Drugs Fund (CDF), and for which NICE has published guidance. He highlighted that, subject to the outcome of the public consultation on the changes to the CDF, these appraisals can be undertaken relatively quickly given that only in exceptional cases will new clinical evidence be considered.
33. Andrew Dillon also asked for the Board's approval to amend the Terms of Reference and Standing Orders of the Technology Appraisal (TA) Committees to refer to five TA committees, to accommodate the establishment of an additional committee which will reconsider these drugs.
34. The Board:
 - Supported the proposed process to reconsider drug-indication pairs currently funded by the CDF and for which NICE has published guidance.
 - Approved the constitution of a separate Appraisal Committee, by amending the existing terms of reference and standing orders, and with membership drawn from the existing Appraisal Committees.

35. A member of the audience from the pharmaceutical industry asked about the arrangements for the drugs currently funded through the CDF, which have not been subject to a NICE appraisal. Andrew Dillon confirmed that it is his understanding that these drugs will be subject to a full NICE appraisal, and continue to be funded by the CDF until such appraisal is completed.

16/013 DIRECTOR'S REPORT FOR CONSIDERATION

36. Mark Baker presented the update from the Centre for Clinical Practice (CCP). He drew the Board's attention to key items of note in the report, including the field work to test the feasibility of implementing aspects of the asthma diagnosis and monitoring guideline; the recruitment of a reference panel and database of topic experts for CCP activities; and the changes to the Clinical Guideline Updates Standing Committees, which enhance the ability to update guidelines in a cost effective and timely manner.
37. Mark highlighted the dissonance between NICE's guidance on foetal monitoring contained within the Intrapartum Care (low risk) guideline and the recent guidance from the International Federation of Gynaecology and Obstetrics (FIGO). He stated that given the professions are split in terms of which to follow, NICE is expediting a review and update of its guidance during the development of the sister guideline on Intrapartum Care (high risk). Rona McCandlish noted stakeholders' positive feedback to this decision and asked this is fed back to the staff involved.
38. The Board received the report.

16/014-16/017 DIRECTORS' REPORTS FOR INFORMATION

39. Andy McKeon referred to the Evidence Resources Directorate Progress Report and asked for further information on the re-procurement of the digital services hosting capability. Alexia Tonnel and Ben Bennett outlined the background to the procurement and noted the learning points.
40. The Board received the Directors' Reports.

16/018 ANY OTHER BUSINESS

41. None.

NEXT MEETING

42. The next public meeting of the Board will be held at 1.45pm, 16 March 2016 at Morriston Hospital, Swansea, SA6 6NL.