

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Senior Management Team

Minutes of the meeting held on 17 March 2015

Present

Andrew Dillon	Chief Executive
Gillian Leng	Deputy Chief Executive and Director – Health and Social Care Directorate
Mark Baker	Director – Centre for Clinical Practice
Ben Bennett	Director – Business Planning and Resources Directorate
Alexia Tonnel	Director – Evidence Resources

In attendance

Alana Christopher	Associate Director – Corporate Office
Nick Crabbe	Programme Director – Scientific Advice
Lynda Guttenberg	HR Consultant (item 6.2 only)
Meindert Boysen	Programme Director – HTE(items 6.4 AND 6.5 only)

Apologies

1. Apologies were received from Carole Longson and Jane Gizbert.

Freedom of Information and Publication Scheme

2. Final documents will be made available on the NICE website in accordance with the Publication Scheme, subject to the redaction of exempt material.

Note of the previous meeting

3. The minutes of the 10 March were approved as a correct record,

Matters arising

4. SMT noted that a separate email outlining the actions from the finance meeting had been circulated to directors.
5. SMT noted all matters were in hand.

March public Board meeting

6. SMT noted the report and arrangements. It was noted that a lay member will be present to give his perspective on being on a NICE committee.

2015 Citizen Council meeting

7. Nick Crabb presented the paper which proposed that the 2015 Citizen Council meeting be used to explore the topic of using data as part of evaluation and research of treatments. He explained that this is an important topic of direct relevance to guidance production, in particular to the managed introduction of new medicines and technologies where evidence at the point of launch is limited but where there is potential to create real value for patients and the NHS.
8. SMT discussed whether the topic was a good fit with the Citizens Council and whether it might already be being considered by the National Information Board. Concern was also expressed about the presumption that gathering and using real

world data was without risk and that any introduction to the topic should set this kind of research in a broader context.

9. Following further discussion, SMT agreed the following:

- Engage with the National Information Board to establish whether there is existing or proposed work in this area. If duplication of work does not exist, NICE should propose that the Council is used as the vehicle to explore this area of work.

ACTION: AT

- Brief the Council on real world date – its value, limitations and risks.

ACTION: NC

- The questions should be re-focused on the relevance to NICE and should inform the position NICE and other users of real world date should take.

ACTION: NC

Proposed changes to Health and Social Care Directorate

10. Gillian Leng presented the final proposal for the directorate following the collective consultation process and highlighted the recommendations for SMT approval. In particular, she highlighted the recommendation to not take forward the proposed Targeted Voluntary Redundancy (TVR) Scheme, based on the disadvantages that had been highlighted regarding the scheme.

11. SMT reviewed the paper and the final proposals and agreed the final changes, including the decision to not take part in the TVR scheme. SMT requested some changes to the paper, including the ratification of the number of FTE figures in the document. SMT also asked that a final review of the document is undertaken before it is made available to staff.

12. Gill informed the meeting that the first round of interviews will begin on the 26 March and she will be directly involved in the recruitment of senior posts.

13. SMT was informed that Dr Fiona Glen had been appointed as the Programme Director for Public Health.

Proposed Changes to the Finance and Facilities Structure

14. Ben Bennett presented the thematic summary of comments received on the consultation and the proposed responses. It was noted that staff had not provided comments and only Unison had provided comments.

15. SMT reviewed the comments and suggested amendments to the response to the comment on outsourcing facilities. It would be amended to state that the SMT had not yet considered the arguments for outsourcing.

16. SMT approved the final proposed changes.

Transforming the Technology Appraisal Programme

17. Meindert Boysen presented the proposal to transform the technology appraisals programme in order to respond to various factors such as an increase in demand for guidance, the requirement for continued development of its methods for assessing value and the need to make further efficiencies in the operation of the programme. He explained that the establishment of a transformation team is required to support the work and the senior staff in CHTE. He explained that the finance team has indicated that funding for the proposal for 2015-16 is available from within the CHTE budget. Agreement on funding for 6-months in 2016-17 is needed.
18. SMT agreed that all the related issues should be brought together as a project and the scale of the project requires a dedicated team. It was noted that there is some overlap already in progress with the guideline development project.
19. SMT also noted that the sequencing of the project is interdependent on related activities elsewhere in the system such as Cancer Drug Fund and the Innovative Medicines and MedTech review. SMT suggested that these external dependencies should be mapped and the sequencing of project activities should be considered as result of these dependencies.
20. Ben Bennett said that funding for 2015-16 would be from the existing funding envelope. Beyond 2016, funding will come from a reduced envelope.
21. Following a question about the planning database, Meindert explained that the existing TA database had not been part of the incremental improvements to NICE databases and is important for the new programme and any future charging model. Alexia Tonnel cautioned that some existing tools may not be the solution in the future and the team will need to work with the IM&T team.
22. SMT requested that the paper, outlining the case for a comprehensive review of the programme, is *subject to a further discussion at SMT prior to being presented to the Board in April.*

ACTION: MB/CL

Extending the default funding period for Technology Appraisal and Highly Specialised Technologies guidance

23. Meindert Boysen presented a proposal to manage circumstances where the period within which relevant health bodies are to provide funding for technology appraisal and highly specialised technologies recommendations is extended beyond the default period of 3 months. He explained that this is to ensure that the requirements for deferral of the funding period provide are effective in managing against the delay of publication of guidance.
24. SMT reviewed and amended the procedure to simplify it and to identify NHS England as the principal source of proposals for deferred funding. The case for an extension will be subjected to consultation or consideration at the ACD stage or at the FAD stage, in the case of straight to FAD appraisals. The NICE Guidance Executive will make a final decision.
25. The procedure will be updated in line with paragraph 19 and brought back to SMT for final approval.

ACTION: MB

NICE and NHS England Partnership

26. SMT noted the letter received from NHS England's Account Director for NICE. SMT welcomed the opportunity to work with the Account Director to build the relationship between both organisations.

Triennial review

27. Ben Bennett reported that he met with the DH finance team and not the triennial review team as previously reported.

Weekly staff SMT updates

28. SMT agreed the staff updates.

ACTION: AC

Any other business

29. Mark Baker reported that the BMJ will do a one off publication of a NICE guideline in exchange for preparing an online tool for GPs. This had previously not been possible because of licences arrangements. He also said that the BMJ's original decision to refuse publication of NICE's evidence summaries because of potential conflicts of interest on an author had been U-turned and they have now accepted the summary.