



House of Commons
Health and Social Care
Committee

**Appointment of the
Chair of NICE**

First Report of Session 2019–21

*Report, together with formal minutes relating
to the report*

*Ordered by the House of Commons
to be printed 10 March 2020*

Health and Social Care Committee

The Health and Social Care Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department of Health & Social Care.

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The Committee is one of the departmental select committees, the powers of which are set out in House of Commons Standing Orders, principally in SO No 152. These are available on the internet via www.parliament.uk.

Publication

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Appointment of the Chair of NICE

1. On 13 February 2020, the Secretary of State for Health and Social Care, Rt Hon Matt Hancock MP, informed us that following the conclusion of an open recruitment campaign, his preferred candidate for appointment as Chair of the National Institute for Health and Care Excellence (NICE) was Sharmila Nebhrajani OBE.
2. The Secretary of State asked us to hold a pre-appointment hearing with the preferred candidate. The hearing took place on 10 March 2020. A transcript of the session is available on our website. We have also published, as an Appendix to this report, the candidate's responses to a set of written questions we sent her in advance.
3. The hearing, and the written questions, addressed Sharmila Nebhrajani's background and experience, her motivation for taking up the role, and her understanding of NICE and views on the challenges facing NICE and its board. In accordance with the guidelines for pre-appointment hearings agreed with the Liaison Committee, we questioned her on her personal independence and relevant financial interests.
4. We examined Sharmila Nebhrajani's views on her short- and long-term priorities for NICE, potential challenges to these priorities and what criteria ought to be used to assess her first term in office, should she be appointed as Chair of NICE. We also assessed Sharmila's knowledge and understanding of NICE's practices, funding arrangements and relationship with other arm's-length bodies in the health and social care industry.
5. On the basis of the discussions during the pre-appointment hearing and of our consideration of her CV and the answers she provided to our questionnaire, **we are satisfied that Sharmila Nebhrajani has the professional competence and personal independence required of the Chair of NICE.** We are pleased to endorse her appointment and wish her well for her tenure as Chair.

Appendix 1: Letter to the Chair of the Committee from Rt Hon Matt Hancock MP, Secretary of State for Health and Social Care, 13 February 2020

Chair: National Institute for Health and Care Excellence

I am writing to inform you that following the conclusion of an open recruitment process, my preferred candidate for appointment as Chair of the National Institute for Health and Care Excellence (NICE) is Sharmila Nebhrajani OBE.

Sharmila is currently Chief Executive of Wilton Park. Formerly, she was Chair of the Human Tissue Authority, Director of External Affairs of the Medical Research Council and Chief Executive of the Association of Medical Research Charities. I have attached a copy of her CV.

I have also attached a background paper on the recruitment process and copies of the candidate information pack and advertisement for the recruitment campaign.

It would be helpful if a pre-appointment hearing could be held with the Committee in early March. Sharmila will attend and I look forward to receiving your report following the hearing.

I have copied this letter to Sharmila Nebhrajani QBE, Professor Sir John Bell, Senior Independent Panel Member and Rt Hon Oliver Dowden CBE MP, Minister for the Cabinet Office, and to the Clerk of the Liaison Committee.

Matt Hancock MP

Appendix 2: Candidate's responses to questionnaire

Pre-appointment hearing questionnaire – Sharmila Nebhrajani

1. What motivated you to apply for this role, and what specific experiences would you bring to it?

I am motivated by NICE's crucial purpose of helping to improve quality, sustainability and innovation within health and social care so that patients, now and in the future, can access the most effective treatments at a price our society can afford. My 30-year career has spanned the private sector, charities and public services. I have technical expertise in finance, strategy and business and have worked extensively at board level across a range of sectors as Chief Executive, Board Director and Chairman. This breadth of experience will, I feel, enable me to lead NICE and the Board through an upcoming period of significant change, to help develop its new strategy and its operations for the future.

2. Please elaborate on any health or social care experience you have that will be relevant to the role. In which areas do you feel well-qualified to make a contribution; and in which will you have to acquire new skills, or knowledge?

Alongside my business career I have held several roles in health and science, in policy formulation, operations and as a non-executive. My time as NHS Director of Finance and Contracting on the South Coast gave me hands on experience of the challenges in running a local health system; sitting on the Management Board of the Medical Research Council and as Chief Executive of the Association of Medical Research Charities has afforded me insight into key issues in medical research, the importance of involving patients in the research agenda and the challenges in driving innovation uptake within the NHS. My last Ministerial appointment as Chair of the Human Tissue Authority offered experience of leading an Arm's Length Body, albeit one of smaller scale than NICE, dealing with ethical issues in live organ donation as it affected policy and patients.

I am less expert in the specific issues in social care. I have not worked in that sector before and will have to develop an understanding of the issues, the sources of evidence for interventions that drive NICE guidelines and the needs of practitioners, front line staff as well as commissioners, for guidelines that improve services for patients. I will also have quickly to familiarize myself with the many schemes that exist within the NHS to improve quality—NHS RightCare, NHSE/NHSI Getting it Right First Time for example—and to grow access—Accelerated Access Collaborative, Life Sciences Sector Deals etc., especially in the context of the UK leaving the EU. I would consider these areas as priority learning for my first few weeks in office.

3. How were you recruited? Were you encouraged to apply, and if so, by whom?

I was recruited via open competition including a written application letter and CV, a presentation and a panel interview. I was initially made aware of the vacancy by the Appointments Team at the Department of Health. Before I applied, I consulted reasonably

widely with others in the health sector to understand the nature of the role and to assess if my experience could be helpful to the task. Many of those individuals encouraged me to make an application.

4. Do you have any business or financial connections which might give rise to a conflict of interest, or perception of conflict of interest, in carrying out your new duties as Chair of NICE? If so, how do you intend to resolve them?

I am currently Chief Executive of Wilton Park, an executive agency of the Foreign & Commonwealth Office. The time commitment of that role is incompatible with the Chairmanship of NICE and I have already indicated my intention to relinquish that role on confirmation of my appointment to NICE. I am also a Non-Executive Director (NED) on the board of the BMJ, the publishing and technology business owned by the BMA. This presents a substantive conflict of interest and I have therefore indicated that I would also stand down from that role. I have no other connections that might give rise to actual or perceived conflicts of interest.

5. If appointed what professional or voluntary work commitments will you continue to undertake, or do you intend to take on, alongside your new role? How will you ensure that this will not impinge on your responsibilities as Chair of NICE?

The role at NICE will be my primary focus and the one where I will spend the largest portion of my time. I would expect to retain my NED appointments with NS&I and Lifesight Pensions Trust, neither of which present a subject matter conflict. Over time I would take on one more advisory or NED role in a sector unrelated to health and medicine. I would expect the totality of my non-NICE related work to be no greater than 3–4 days/month leaving sufficient time and diary flexibility for me fully to commit to the role at NICE.

I also serve on a voluntary basis as a Governor of the Health Foundation, a £1bn endowed charity dedicated to research evidence-based interventions to improve health care in the UK. This is a relatively light time commitment of 6–8 meetings a year. I am currently in discussion with DHSC colleagues to consider if I can continue this role with the option to recuse myself from any specific items of discussion which might present a conflict.

6. Have you ever held any post or undertaken any activity that might cast doubt on your political impartiality? If so how will you demonstrate your political impartiality in the role if appointed?

None

7. Do you intend to serve your full term of office, and do you intend to apply for another once it has ended?

I expect to serve my full term of office and would intend to apply for a second one if I felt I had support from colleagues to continue.

8. If appointed what will be your main priorities, both short and long term, on taking up the role? What do you envisage as being the main challenges to these priorities?

NICE is both trusted and widely respected internationally and nationally for its rigorous evidence-based approach to clinical and cost effectiveness. It has successfully extended

from health to social care interventions and is seen as “playing fair”, effectively managing complex stakeholder relationships, including with industry, in often challenging circumstances. That said, there are near-term challenges ahead:

- **Working at pace** – NICE’s evidence-based guideline production and technical volumes of data and evidence grow there is a risk that guideline production will slow and up to date advice for practitioners will be delayed. A key priority will be to identify priority guidelines for rapid updating without losing the rigour and quality for which NICE is known.
- **Growing health price inflation** – may be felt especially acutely in interventions for small population groups. A key priority will be to review the health economic analysis used to assess rare disease interventions as well as improving linkages to enable NICE to better engage with patient groups
- **Supporting the NHS in transformation** – NICE must ensure that guidelines are relevant and useful, enabling the health system to use this advice to provide high quality, cost effective service and catalyse better adoption of carefully calibrated innovation to support the transformation of the NHS and enhance its sustainability.
- **A new Chair and CEO** – NICE has had an extended period of leadership stability unusual in the health sector. Acquiring new CEO and Chairman simultaneously presents a challenge. It will be important quickly to provide a sense of strong new leadership. Forming a strong working partnership with the new CEO and quickly gaining the trust of staff, Board, DHSC and wider system colleagues will be a very important first step.

9. What criteria should the Committee use to judge your performance over your term of office? Please explain why.

I believe that my performance should be judged against three key criteria. Firstly measurable progress in setting the new strategy and subsequent delivery of the business plan objectives set for the organisation, secondly establishing with the new CEO and the Board a stable, energetic and confident organisation capable of delivering against its priorities in a rapidly changing world and finally being able to support the wider health and social care system to deliver high quality, innovative services for patients and for taxpayers.

10. How will you protect and enhance your personal independence and the institutional independence of NICE from the Government/Ministers?

I recognise the importance of a strong trusted relationship between NICE and Ministers, Government and the Executive. However, as an arm’s length body, institutional independence is vitally important. Staying close to our “founding principles” of highlighting and signposting evidence-based decisions with clear rationale will be the best way to safeguard that independence. Harnessing the power of expertise and analysis will also help to ensure decisions are taken in an analytical, robust and defensible manner. At a personal level I appreciate the fact that the Chairman and the Board must be and be seen to be independent in setting priorities and taking decisions, whilst also open to

evidence and argument from the broadest set of constituents in coming to those decisions. My independence will be preserved by maintaining an open, even handed but respectful distance from any one set of stakeholders and ensuring no conflicts of interest in the pursuit of my work—even in the face of an unpopular decision.

11. How do you assess the public profile and reputation of NICE?

The reputation of NICE is very strong worldwide with experts, clinicians, industry and health policy makers. This is a huge advantage and means that its decisions are treated as authoritative and as a kind of “kite mark” of quality. The changes that need to be made as NICE gears up for the challenges of the future must be achieved without dilution of this strong reputation. The standing of NICE with the public is a more complex issue. The media play a key role in presenting its reputation to patients and the public. It will usually be set in the context of a “human interest” story, perhaps a drug that is not approved or a decision that is slow to arrive for example. It is therefore important that NICE has a clear face to the media setting out the principles it follows in its work and emphasising these when explaining decisions that may be controversial or negatively reported. Most of all it must retain a human and sympathetic approach in its discussions with the public recognising that its decisions make real differences to the health and the lives of people in our country.

12. What risks do you think NICE will face over your term of office? How do you intend to manage them?

I pick out four key risks for the longer term:

- (1) **Increased cost pressures** – On the demand side we see an increasing population, a greater proportion of whom are ageing, the rise of non-communicable diseases, long term chronic multiple conditions and increased dependence on social care provision. On the supply side we see a the rise in the number of potential treatments and interventions available not all of which are clinically effective compared to alternatives. We also see the rise of treatments that may be curative, and their higher price point means cost effective evidence-based guidance on usage is critical. Longer lives also means more drugs taken/person for longer and greater integration required between the health and social care systems. These pressures require a change to the way NICE has traditionally operated.
- (2) **Rise of precision medicine.** Linking medicine and genetic data means that smaller populations can be treated with great success but often with expensive drugs. This creates both an upward pressure on QALY thresholds and a difficulty in amassing sufficient efficacy data alongside strong expectations of availability from patients. NICE will face growing numbers of decisions balancing the interests of small groups against those of larger populations and needs confidently to be able to explain and defend those decisions.
- (3) **Growth of med tech.** We will likely see rapid growth in apps for self-care and technology for ageing, monitoring, re-ablement, diagnostics and screening. The guidance and evaluation model for these will differ from that for traditional drugs and devices. These products are not produced by pharma or medical companies used to regulation and medical standards but more usually by tech companies who may not be used to a sector regulated with common standards. The services

may not be used by “professionals” well used to standards and pathways but by patients and the lay public in “real life”. This will create challenges for the way NICE amasses evidence, the experts it needs to deal with as it collects that evidence, the way it drafts guidance and assesses technologies and the way it disseminates good practice.

- (4) **Interventions with AI and data.** NICE guidance will need to adapt to medical Interventions which use AI using so called black box systems supported by machine learning. There is some opacity about the way in which these interventions work. And produces may cross many silos e.g. services that link say histological images with genomic data and electronic health care records. These will need a multifaceted agile approach to guidelines development, testing and evaluation.

13. How do you assess the role of NICE in working alongside the other arms’ length bodies in the health and social care sector? What role do you see for the Chair of NICE in these relationships?

NICE is an integral part of the NHS system and the Chair should be a key lever in building relationships with other ALBs. DHSC mediated groupings of Chairman and NEDs are an important means of building those linkages but I would seek to build personal trusted relationships with other Chairman and CEOs in the healthcare system by regular bilateral meetings, including Board to Board discussions, to create understanding of the objectives’ of each organisation, to identify likely pressure points between institutions as well as ways to develop shared priorities that can support system wide change.

14. Please add anything you wish to bring to the Committee’s attention that has not been covered by the above questions. Please keep your answer to 250 words.

None

Appendix 3: Candidate's CV

Sharmila Nebhrajani OBE MA ACA

Experienced Chief Executive and NED with strong private, Government and charitable experience across wide range of sectors:

- **Biomedical science and research policy experience** (MRC, HTA, AMRC) including consideration of research evaluation, CRSF support for charities, Animal research, charity/industry collaboration;
- **Chief Operating Officer BBC New Media & Technology** the division which developed the iPlayer and digital TV services running a budget of £300m;
- **NHS and DHSC experience** in commissioning, contracting and finance roles (NHS) and providing quality inspection and licencing service via HTA to NHS Trusts and private health care providers;
- **Experience of patient data issues** – chaired recent Understanding Patient Data Taskforce established by Wellcome, MRC and PHE;
- **Strong complex stakeholder and ambassadorial expertise** – well used to dialogue with parliamentarians, industry, the media and other key influencers on complex issues including NHS; often spoken in the media and given evidence to Select Committees;
- **Business, strategy and financial expertise – qualified chartered accountant** with operational experience of running high profile organisations;
- Appointed **OBE** in Queen's Birthday Honours 2014 for **services to medical research**.

Executive Roles

2017 to date Chief Executive, Wilton Park, Foreign & Commonwealth Office – Semi commercial operation convening international policy dialogue with Governments, Multi-lateral agencies, NGOs, Senior policy makers and academics on key issues from global health, international patient safety and nuclear non-proliferation to climate risk, marine litter and sexual violence in conflict zones.

2014–2017 Director of External Affairs, Medical Research Council – Board position representing the MRC, its grants and the resulting science and the wider cause of medical and health research to Government, Civil Servants, pharmaceutical industry partners, Institutes and University units, charities and patient groups.

2014 Chief Executive, charity think tank start-up London – Start up in the ageing field which could not secure funding in original timescale envisaged. Left because of funding which coincided with personal reasons. (REDACTED).

2011–2014 Chief Executive, Association of Medical Research Charities, London – Representing the UK's most prominent 126 medical research charities funding c£1bn

medical research. Developed models for possible commercialisation of charity funded research in partnership with industry; policy and public affairs formulation including support of the APPG Medical Research; representing the interests of the sector to Government and key stakeholders.

2009 to 2011 Executive Director of Finance, Contracting and Performance, NHS Sussex – Executive Finance Director of four of the largest (now merged) PCTs on the South Coast responsible for a budget c£2.6bn commissioning local health services. Responsible for strategy and efficiency initiatives to prepare acute and community NHS institutions for cuts and restructuring, in the face of public expectations about availability of health services and growing health price inflation.

1996 to 2009 BBC, Chief Operating Officer, Future Media & Technology – Built and ran bbc.co.uk and BBC iPlayer. Deputy to the Chief Executive, responsible for all business functions including finance and investment, supplier management, business development, legal and business affairs, property and facilities. Managed budget of £300m; Head of Corporate Planning and Senior Strategy Adviser working for the then Director General, Lord Birt, responsible for strategy development and performance management across all services including implementation of balanced scorecard, negotiation of JVs to form UKTV and review of the BBC Magazines business.

1995–1996 Price Waterhouse – Assistant Director, Corporate Finance – Range of multi-national, multi-disciplinary project teams working on telecoms and media projects primarily in Asia.

1993–1995 Cable & Wireless plc – Strategic Planning Manager – Development and execution of new business strategy for liberalising telecoms markets of Western Europe.

1988–1993 Coopers & Lybrand – Senior Consultant, Strategy and Marketing Group – Fast track graduate entry scheme for top ten graduates recruited in 1988. Financial and business analysis, corporate strategy, market entry strategy; qualified Chartered Accountant.

Selected Non-Executive Roles

Chair, Human Tissue Authority, DH Ministerial appointment (2014–2018) regulating the storage and use of human tissue and the regulatory and ethical framework for organ donation. Licencing c800 health organisations, pharma, biotech and NHS transplant units. Responsible for all stakeholder engagement, accountability to Minister and DH officials.

NED British Medical Journal (2014 to date) a for-profit business owned by the BMA, developing journals (including the BMJ), applications and decision support tools for doctors and clinical staff e.g. BMJ Evidence and BMJ Learning.

Governor – Health Foundation (2018 to date) developing strategy and grants and investment plans for this £1bn endowment aiming to improving health and health care in the UK.

NED Trustee Director Lifesight (2015 to date) – a commercial startup pensions master-trust funded by WillisTowersWatson to provide high quality, cost effective DC pensions services to commercial clients.

NED National Savings & Investment (2017 to date) – appointed by Chancellor of the Exchequer as non-executive director of this arm of Government raising funds for Government from Premium Bonds and other financial products; Chair of Audit Committee.

General Council Member, University of Sussex; Brighton and Sussex Medical School (2011 to 2018) – board member and audit committee member. Involved in the development of the strategic vision for the university and ensuring its operational efficiency and effectiveness.

Lay Member & Deputy Chair – Human Fertilisation and Embryology Authority. (1998 to 2007, Deputy Chair 2005–07) Chair of Licence Committee and Regulatory Strategy Committee deciding on some of the most sensitive research and clinic practice cases – for example egg sharing for research and the ethics of creating human/animal hybrids for stem cell research. (Past Ministerial appointment).

Qualifications

2007–2008 Yale World Fellowship University of Yale, New Haven Connecticut, USA

1991 Member, Institute of Chartered Accountants of England and Wales (ICAEW)

1985–1988 MA (Hons) Physiological Sciences (Medicine), 1st Class St Anne’s College University of Oxford

1984 City of London School for Girls A levels (Physics, Chemistry, Maths – All A Grade) S level (Chemistry - Distinction)

1982 9 O Levels (all A Grade)

Formal minutes

Tuesday 10 March 2020

Members present:

Rt Hon Jeremy Hunt, in the Chair

Paul Bristow	James Murray
Amy Callaghan	Taiwo Owatemi
Rosie Cooper	Dean Russell
Dr James Davies	Laura Trott
Dr Luke Evans	

Draft Report (*Appointment of the Chair of the National Institute for Health and Care Excellence (NICE)*), proposed by the Chair, brought up and read.

Ordered, That the draft Report be read a second time, paragraph by paragraph.

Paragraphs 1 to 5 read and agreed to.

Papers were appended to the Report as Appendices 1 to 3.

Resolved, That the Report be the First Report of the Committee to the House.

Ordered, That the Chair make the Report to the House.

Ordered, That embargoed copies of the Report be made available, in accordance with the provisions of Standing Order No. 134.

[Adjourned till Tuesday 17 March at 2.00pm]

Witness

The following witness gave evidence. The transcript can be viewed on the [inquiry publications page](#) of the Committee's website.

Tuesday 11 March 2020

Sharmila Nebhrajani OBE MA ACA