Implementation of the 2016 IPFR Review Recommendations

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All Wales Therapeutics & Toxicology Centre

COMMISSIONING

- A clear and consistent national process for dealing with requests to access routine treatments outside LHBs; local arrangements should be developed.
- A short, simple national application form should be developed to support the process.
- The services commissioned by WHSSC should be set out more clearly and accessibly.
- The 2007 ethical framework for commissioning healthcare in Wales should be updated in light of best practice, so that it is useful in making and explaining commissioning decisions.

EXCEPTIONALITY

- The existing decision making criteria based on ‘exceptionality’ should be replaced substantially in line with the proposed criteria in the report.
- Where possible, clinical outcomes from IPFR decisions should continue being recorded so that the effectiveness can be recorded over time.
- IPFR panel should record in their decisions a description of their broad estimate of the likely incremental clinical benefit and their broad estimate of the likely incremental cost so that their judgement on value for money are clear and transparent.

CONSISTENCY

- IPFR panel should document the reasons for their decision clearly and in sufficient detail to enable the applying clinician to understand the reasoning and to check that the panel took into account all relevant factors.
- A national IPFR quality function should be established to support all IPFR panels to ensure quality and consistency . The quality function will provide quality assurance around the decision making of panels and will promote consistency across Wales.

ACCESS TO MEDICINES

- It is vital that all pharmaceutical companies submit their medicines to the AWMSG (if they are not already on the NICE work programme) as soon as possible after licensing to obtain a timely, fair and transparent appraisal of the medicine’s benefit to patients for the particular indication to reduce the need for IPFR requests.

COMMUNICATION

- New or improved training materials should be created for clinicians and separately for patients to explain in detail the IPFR process, how it is used, and what to expect.
- Clinicians should not make an IPFR application for interventions that have little or no realistic chance of clinical benefit solely in response to a patient request.

THE IPFR APPLICATION PROCESS

- The IPFR form should be reviewed and make further improvements to streamline and simplify the process and make it easier and quicker for clinicians to apply.

Thank you

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