CONSISTENCY IN DECISION MAKING AND THE NEW QA PROCESS

AWTTC
All Wales Therapeutics & Toxicology Centre

The IPFR situation in 2016

Despite significant progress since the last (2014) review, variation still existed between panels in relation to:

- timelines
- workload
- consistency of decision-making processes
- communication between IPFR panels, clinicians & patients/carers

Independent IPFR review, Jan 2017

- Retain current system of separate IPFR panels
- Move from “clinical exceptionality” to “level of expected clinical benefit and reasonable value for money”
- Develop a new national IPFR quality function, to monitor IPFR panels

Independent IPFR review, Jan 2017

Recommendation 19

- A national IPFR quality function should be established to support all the IPFR panels to ensure quality and consistency. This quality function will provide quality assurance around the decision-making of panels and will promote consistency across Wales.
- It will include facilitation, advice, training and auditing of the IPFR process, and will have an obligation to report on the quality of the processes and to highlight any concerns through the existing quality and clinical governance processes in NHS Wales.

Quality Assurance Advisory Group (i of ii)

Mechanisms

- To monitor the data on workload from all IPFR panels on a quarterly basis.
- Review in detail, a random sample of IPFR applications from all health boards in relation to completeness, timeliness and efficiency of communication on a quarterly basis.
- Contribute to simulation exercises at the annual IPFR training day and comment on the feedback.

Quality Assurance Advisory Group (ii of ii)

Membership

- Chair: Director / Deputy Director AWTTC
- Deputy chair: NHS Wales Public Health Consultant
- Lead IPFR Coordinator
- Two lay representatives
- One non-medicines technologies group representative nominated by Health Technology Wales

IPFR Quality Assurance Group Audit

Process	Evidence	Criteria
Application process	• Application Form • Clinical letters/E-mails • Panel minutes	• Request appropriate? • Application form signed? • Sufficient information? • Acceptable timelines?
Panel Process	• Panel minutes	• Panel quorate? • Discussion in line with decision-making guide? • Decision and rationale clearly described in the minutes?
Decision process	• Panel minutes • Decision letter to clinician • Decision letter to patient	• Letter to clinician state decision and reason? • Above sent within 5 working days? • Did above state review deadline date and enclose review form/guidance notes where applicable? • Letter to patient sent within 5 working days

IPFR Quality Assurance Group Audit (January 2018)

- **APPLICATION PROCESS**
  - IPFR being used appropriately and considered fair
  - Not always sufficient information provided to proceed to panel
  - Possible delays in case being taken to panel within timescales stipulated
  - Use of an IPFR process checklist was very helpful to the group
- **PANEL PROCESS**
  - The majority of panels were quorate, however in the documentation provided by 2 panels, this was unclear.
- **DECISION PROCESS**
  - No letter sent to the patient by 4 panels
  - Possible delays in sending letter to clinician

IPFR Quality Assurance Group Audit (April 2018)

- **APPLICATION PROCESS**
  - All applications were submitted on new forms in line with the recommendations.
  - All were considered appropriate for the IPFR process.
  - The urgency of some cases had been revised following agreement with the applicant clinician.
  - It was good to see patient outcomes for one of the cases assessed.

PANEL PROCESS

- All panels were quorate, it was noted that there was no lay member present at one of the panels.
- In general it was unclear from the panel meeting minutes whether economic considerations had been discussed by the panels in line with the decision making guide.
- It was felt that in some cases the evidence provided was scant, in particular in relation to non-medicine technologies

DECISION PROCESS

- Letters provided a clear decision and rationale and were sent to clinicians in a timely manner.
- Patient letters were sent in all cases including following urgent chair's action requests. In one case no letter was sent as the patient was in hospital.

Conclusions

- Overall well documented, greater use of record sheets resulting in consistency of approach and adherence to policy.
- Examples of good communication with clinicians and patients.
- Further work needed on improving the quality of submissions.

Recommendations

- The IPFR quality assurance group will continue to review one case from each panel on a quarterly basis.
- A report will be sent to the Chief Medical Officer every six months.
- Panels will be asked to look at how they record discussions and decision rationale with regard to the concept of value for money.
- Guidance documents will be reviewed to improve support for clinicians in making a submission.
- Use of the electronic submission option for applications and of the evidence section of the IPFR database will be promoted.
- Clinicians will continue to be encouraged to attend IPFR training days.

Thank you

Questions/ comments?

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