The IPFR Quality Assurance group – an update

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All Wales Therapeutics & Toxicology Centre

Background

- The IPFR QA group was formed in January 2018 in response to findings of the 2016 independent review to address variation between panels in relation to consistency in decision-making processes.
- The group monitors data on workload from all IPFR panels on a quarterly basis.
- Each quarter an IPFR application selected at random from each panel is reviewed in relation to completeness, timeliness and efficiency of communication on a quarterly basis.
- To date the group have met five times and reviewed a total of 39 IPFRs.

IPFR Group 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

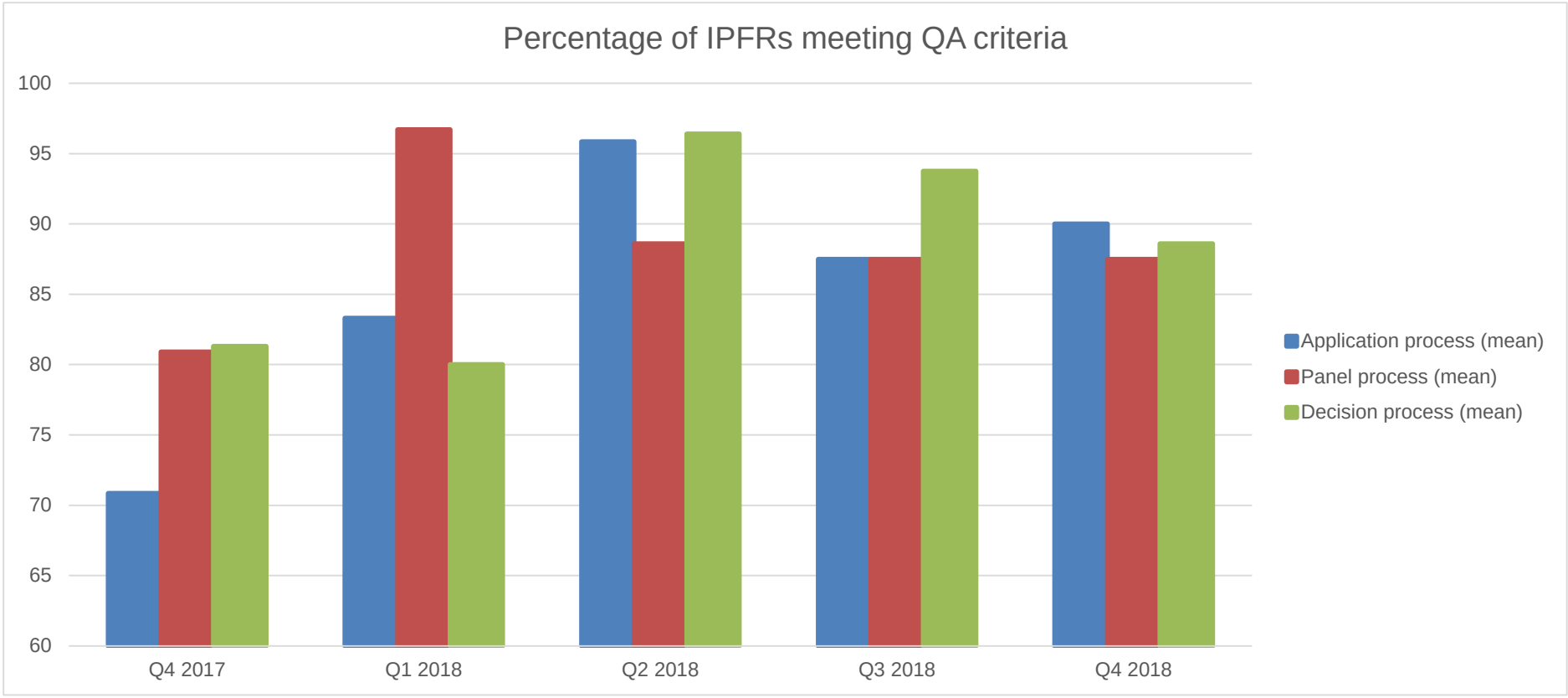
Process

- One IPFR from each panel is randomly selected every quarter. AWTTC are provided with redacted documentation associated with that IPFR.
- At the meeting members review the IPFR process against pre-defined criteria. The group decide by consensus as to whether the process followed has met each criteria.
- Each panel is provided with individualised feedback including recommendations for improvement of their process.
- Examples of good practice and common themes are shared across all panels.
- Every six months a combined report is sent to Welsh Government.

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

Combined results from Q4 2017 to Q4 2018



Improvements in panel results

- The group have reviewed a total of 39 IPFRs since January 2018
- All areas have shown improvement between Q4 2017 and Q4 2018
- Particular improvement has been seen in communication with patients with a letter sent within 5 days of a panel decision in 87.5% of cases in Q4 2018 compared with just 50% in Q4 2017

Recommendations resulting from the QA process

Application Process

- The statement in support of the application was poorly completed in some cases. Guidance notes have been updated to provide further clarity for the clinician in completing the IPFR Form.

- The stipulated urgency may be changed following consultation with the applicant clinician. This should be clearly documented on the IPFR database so that panels can be fairly assessed against this criteria.

Panel process

- A checklist of the IPFR process was very helpful for the QA group, this has been shared across all panels and are submitted with documentation to the QA group.
- Panel minutes should ensure that value for money discussions are captured, if value for money has not been discussed, for example in cases where clinical effectiveness is not proven, this should be highlighted.
- Past cases should not be considered as part of the panel discussion. Each case must be considered on its merits and decided as to the circumstances at the time.

Panel Process continued

- It should be made clear whether a decision is a Chair’s action or a virtual panel. For a Chair’s action opinion may be sought by email from other panel members but this would not constitute a virtual panel decision.

Decision Process

- A patient letter should be sent irrespective of urgency.

Summary

- In general, the QA group were impressed by the quality of the documentation provided as part of the QA assessment. The group considered that, based on the small number of randomly selected cases they assessed in detail at the meeting, the IPFR process was generally being used for appropriate cases and was fair.

The year ahead

- At the next meeting the group will be reviewing the QA process one year on.
- AWTTC have invited feedback from panel members and the IPFR admin teams to consider if current criteria considered are still relevant and if there are any other aspects of the process that may require attention.
- Improving the quality of completed application forms, particularly in relation to non-medicine applications where a the group have identified a paucity of supporting evidence.

Thank you

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