



AWTTC

All Wales Therapeutics & Toxicology Centre
Canolfan Therapiwteg a Thocsicoleg Cymru Gyfan

**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
23 April 2022 via Teams**

Meeting minutes

Present:

Group members	Observers
Dr James Coulson (Director, AWTTC) Chair	Mrs Gail Woodland, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Ms Rosie Spears, AWTTC
Miss Sophie Hughes (Health Technology Wales representative)	
Mrs Jane Barnard (Lay representative)	

Apologies: Dr Kelechi Nnoaham, Public Health Consultant, Cwm Taf Morgannwg; Mrs Karen Samuels, AWTTC.

The meeting commenced at 1.00 pm.

Introduction:

Members were welcomed and asked to declare any interests. Interests were declared by Ann-Marie Matthews for Aneurin Bevan and would leave the meeting during discussion of this case, the group remained quorate. During the meeting the group considered applications from the period January to March 2022, one from each panel. It was noted that Mr Christopher Palmer has stepped down from his role as lay member on the QA group. A replacement for Chris is currently being sort.

Powys Teaching Health Board feedback from last QA:

In response to the comment made by the group in the PTHB panel report: *“although the clinician letter was within the five-day deadline the group would expect the clinician to be informed of the outcome of an urgent Chair’s action decision on the day of the decision.”*

Rosie spoke to the IPFR admin lead Trudy Slade who wanted to explain the reason for the perceived delay in informing the applicant of the decision. The request was received on Friday afternoon (2 pm) and the Chair made the decision at their first opportunity on the Friday evening (6pm) outside of office hours. The applicant clinician was informed by email first thing on the Monday morning. The group were satisfied by the explanation.

Consideration of the QA function:

The IPFR application and associated documentation had been provided to the QA members for one randomly-chosen anonymised application per IPFR panel for the quarter January to March 2022. The QA Group were being asked to consider the processes followed for those IPFR applications by assessing against previously agreed and defined criteria (see Appendix).

IPFR cases:

The group went through each panel IPFR application in randomised order. The group looked at each criterion in turn and were asked as to whether the criterion was met, not met, undecided or not applicable. For any criterion that wasn't met the group provided reasons for their opinion. The group were also encouraged to make general comments which could be shared across all panels, in particular examples of good practice and any common themes highlighted by this audit process.

For the eight applications assessed all criteria were met by all of the panels with the exception of six instances.

Feedback from attendance at IPFR panels

Sophie has attended two panel meetings, in the first meeting she noted discussion by the panel on precedent setting with respect to a case that was similar to a previous application. Although the group were clear that prior precedent must be avoided in IPFR decision making they had deferred the case to consider previous rationale.

A Health Technology Wales (HTW) evidence summary was used for one of the cases and she was asked to present the summary to the group, Gail informed the group that it is not uncommon for evidence summaries to be presented by the author if they are present but this differs between panels. She noted that no evidence summaries were used in the other panel meeting that she attended. She asked about the number of IPFRs considered in one meeting and commented on the time allocated for consideration of each IPFR. Sophie found the experience provided a valuable insight and would like to observe some other panel meetings to gain further insight into how the different panels operate.

AOB

Jane raised the issue of the low levels of lay membership for IPFR panels. Gail informed the group that AWTTC are in the process of embarking on a recruitment drive for lay membership for both AWTTC groups and IPFR panels. The group will be given a progress update at the next meeting.

The 2022 IPFR Workshop was discussed. The group thought that it would be a good idea to explore the issues raised by the judicial review and lessons learnt/training opportunities.

Judicial review of WHSSC IPFR decision and revision of the IPFR Policy

Ann-Marie Matthews provided the group with an update of the issues raised following the judicial review in December. WHSSC would like to revise the terms of reference for the WHSSC panel quoracy. There are ongoing discussions as to how to progress and Ann-Marie will keep the QA group informed. It was noted that WHSSC did not hold full panel meetings from January to March 2022, all IPFR decisions were by Chair's action with WHSSC staff present. Full WHSSC panel meetings have been scheduled for April, however the first meeting was not quorate as only three weeks' notice

was given making it difficult for clinical members to re-arrange clinical commitments.

The next IPFR QA meeting is TBC. The Chair closed the meeting at 2.00 pm.

Appendix
Criteria used for IPFR quality assessment audit

Process	Evidence to assess whether the process has been adhered to	Criteria
Application process	IPFR application form, clinic letters/associated emails and IPFR panel minutes	Was this an appropriate request to consider via the IPFR route?
		Was the IPFR application form signed?
		Was there sufficient information provided for the case to proceed to panel?
	Date of receipt of IPFR versus date of IPFR meeting versus urgency ticked	Was the case taken to panel within the timescale stipulated on the application form?
Panel process	IPFR panel minutes	Was the panel quorate?
		Was the discussion held by the panel in line with the decision-making guide?
		Was the decision and rationale for the decision clearly described in the minutes?
Decision process	IPFR panel minutes, IPFR decision letter to clinician, IPFR decision letter to patient, date on letter vs. date of meeting	Did the letter to the clinician clearly state the decision and explain the reason for the decision?
		Was the decision letter sent to the clinician within 5 working days of the panel's decision?
		Did the letter to the clinician state the review deadline date, and enclose the review form and guidance notes where applicable?
		Was the letter to the patient sent within 5 working days of the panel's decision?

