



**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
28 August 2019**

Meeting minutes

Present:

Group members	Observers
Dr James Coulson (Chair)	Mrs Karen Samuels, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Mrs Gail Woodland, AWTTC
Dr David Jarrom (Health Technology Wales representative)	Ms Rosie Spears, AWTTC
Mr Chris Palmer (Lay representative)	

Apologies:

Dr Susan Myles (Health Technology Wales representative), Dr Stuart Bourne (Public Health representative), Jayne Barnard (lay representative)

The meeting commenced at 9.30 am.

Introduction:

Members were welcomed and asked to sign confidentiality agreements and declare any interests. It was noted that Ann-Marie Matthews, as a member of the Aneurin Bevan IPFR panel, would not directly score her own Health Board submission. The meeting remained quorate.

Feedback from previous QA meeting:

The minutes of the May QA meeting were agreed and will be made available on the AWTTC website.

Action points from the May QA review meeting:

- a) Grounds for independent reviews.
The groups had suggested that the grounds on which independent review of an IPFR decision had been made may inform a change in criteria assessed by the QA group. Rosie Spears reported back to the group that there had only been one review in the previous year and the ground was that the decision was irrational in the light of evidence. The group decided that there was nothing to suggest changing the criteria for the QA process. AWTTC will continue to monitor reviews to highlight any areas of process which may require further attention.
- b) The selection process for QA cases.
Rosie Spears presented the number of applications selected for assessment by the group in 2018, broken down by medicine and non-medicine IPFRs. Additional scenarios were provided where a different selection process had been used (5% of all apps, 10% of all apps and one each of a medicine and non-medicine application). The figures illustrated that proportionally the number of medicine and non-medicine IPFRs assessed were reasonably equitable apart from Welsh Health Specialised Services Committee (WHSSC)

and Anuerin Bevan University health Board (ABUHB), however the discrepancy was not considered significant enough to change the current randomisation process. The type and proportion of IPFR applications assessed will continue to be monitored.

- c) Panel reports, revised layout.
The group had suggested that the reports sent to each panel be revised to include a summary at the front of the report. The May reports were revised and an example of the new layout was presented to the group. The group were happy with the new format and this will continue for future reporting.
- d) Group members to attend as observers at IPFR panel meetings.
This has not as yet been actioned, the Chair, IPFR lead co-ordinator and AWTTTC IPFR lead have arranged to visit Betsi Cadwaladr University Health Board in October. It was decided that it would be appropriate to arrange for other QA group members to attend IPFR panel meetings as observers after this meeting has taken place.
- e) Lay member training.
The group discussed that lack of training for lay members across panels in general. Swansea Bay had arranged a training day for IPFR panel members and lay members in July, unfortunately this had to be cancelled. Gail has been provided with the slide presentation for the training day and the training session is to be re-scheduled.
- f) Aligning lay member training with next IPFR Workshop.
The suggestion to change the format of future IPFR Workshops to provide training in the morning for both lay and health professional panel members was suggested at the last IPFR network meeting. Co-ordinators were receptive to the idea and the structure of the workshop will be revised next year.
- g) Evidence support for non-medicines.
At the QA review meeting Dr Susan Myles reminded the group that HTW has offered support for improving the evidence available for non-medicine IPFRs. David informed the group that HTW have provided evidence summaries on request from IPFR teams. The group were pleased to note this collaboration and are keen to formalise the process to ensure that all panels are made aware of this opportunity. Gail requested that David send summaries (anonymised) produced to date to AWTTTC in order to upload them to the evidence section of the database.

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. The period covered was between April and June 2019. The QA Group were being asked to consider the processes followed for those IPFR applications by assessing against previously agreed and defined criteria (see Table 1).

Table 1. 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?

IPFR cases:

The group went through each panel IPFR application in reverse alphabetical 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. Gail Woodland declared an interest in the Cardiff and Vale IPFR and left the room until this case had been assessed by the group who remained quorate. One of the IPFRs assessed was a request for robotic surgery, the group flagged this as a potential area of interest for Health Technology Wales. The HTW representative confirmed that they have started to look into prioritisation of clinical areas for robotic surgery.

No additional comments received. Each IPFR panel will receive a copy of their individual report and actions which will be assessed at the next IPFR QA meeting.

AOB:

No further business was raised.

The next IPFR QA meeting is scheduled for 12 November 2019 at 9.30 am
The Chair closed the meeting at 12.00 pm.