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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit
14 August 2025 via Teams

Meeting minutes

Present:

Group members	Observers
Professor James Coulson (Director, AWTTC) Chair	Mrs Gail Woodland, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Dr Clare Elliott, AWTTC
Ms Rebecca Boyce (Health Technology Wales representative)	Miss Laura Phillips, AWTTC
Mrs Pam James (Lay representative)	

The meeting started at 1.30 pm

Apologies:
Dr Michael Thomas (Consultant in Public Health Medicine, HDUHB)
Mrs Fiona Woods (Lay representative)

Introduction:
Members were welcomed by the Chair and asked to declare any interests. Interests were declared by Ann-Marie Matthews for Aneurin Bevan University Health Board and for the NHS Wales Joint Commissioning Committee (NWJCC) who will leave the meeting during discussions for these cases. The meeting remained quorate. Applications from the period April to June 2025, one from each panel, were considered at the meeting.

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 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.

The Group were pleased to note that five of the eight panels met all of the criteria. All applications were appropriate to be considered via the IPFR route although the Group noted the comment of the NWJCC panel who thought that requests for PET scans should not be considered through the IPFR process but dealt with via routine commissioning after assessment by a 'gate-keeper'. Seven of the eight panels were quorate; the remaining panel had only two voting members in attendance at the meeting and so was not quorate. The application under review was marked as an urgent request and so it would have been appropriate for a decision to be made by Chair's action with comment provided by other panel members. The QA Group also noted no lay member representation in half of the panel meetings convened although was pleased to see that two panels had two lay members.

The QA Group considered that sufficient information was provided in the submission for the case to go to panel in all cases. The Group felt that the panel discussions were in line with the decision-making guide for six panels. The Group noted that the revised IPFR Policy was followed by the remaining two panels although this has not been formally endorsed and adopted. Panels using the revised policy are reminded that the decision-making guide included as an appendix has not yet been updated to reflect the changes made in the policy for the consideration of Part 9B applications and so, the decision-making guide is not now aligned to the updated Part 9B criteria.

All of the cases assessed met the urgency timelines requested on the form. For all requests considered by panels in the quarter April to June 2025, five panels met the urgency requested in all cases. One panel did not report the urgency and the other two met urgency in 86% and 87% of cases.

The Group was pleased to note that for seven panels the decision and rationale was clearly described in the letter to the clinician and that the letter was sent within 5 working days of the panel decision. The remaining panel sent a letter to the clinician stating the decision outcome within 5 days with a follow-up letter including the decision rationale sent later. This request was approved but should it have been a non-approval this may have caused issues should the clinician wish to request a review of the decision.

Attendance at IPFR Panels
Fiona Woods attended an NWJCC IPFR panel in June. Feedback will be provided directly to NWJCC. Fiona reported that the meeting was well chaired, was quorate with five of the seven health boards represented although no lay member was present as these positions remain vacant. Eight cases were considered, and, in all cases, discussions followed the decision-making guide consistently.

Fiona noted that there was some debate about whether consideration of additional relevant information provided by the healthcare professionals on the panel from their own clinical experience was permissible or whether the only evidence that could be considered was that provided by the requesting clinician. The QA Group will provide clarification that within the terms of the IPFR policy additional information presented at the meeting is permissible provided the resulting discussions are fully documented in the meeting records. This includes information provided by panel members and supportive evidence requested in advance of the meeting such as evidence reviews completed by pharmacy for medicine requests or Health Technology Wales for non-medicine requests. Additionally, the IPFR database provides a central repository of evidence and is available for clinicians making an application and for panels when considering applications.

AOB
Ann-Marie Matthews provided an update to the Group on the progress of implementation of the revised IPFR Policy across all IPFR panels in Wales. Health boards will endorse the revised policy through their local committees in

September, but this is dependent on updates being made to the decision-making guide (which is included as an appendix within the policy) to bring it in line with the changes included in the revised policy. Gail Woodland confirmed that updates to the database, application form and guidance notes are in hand with AWTTC to reflect the changes to the IPFR Policy.

Future IPFR QA meetings
The next IPFR QA meeting will be on Teams on 10 November 2025 at 1.30 pm.

The Chair closed the meeting at 3.00 pm.