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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit
3 February 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)	
Mrs Fiona Woods (Lay representative)	

The meeting started at 1.30 pm

Apologies:
Dr Michael Thomas (Consultant in Public Health Medicine, HDUHB)

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 Joint Commissioning Committee (JCC) who will leave the meeting during discussions for these cases. The meeting remained quorate. Applications from the period October to December 2024, one from each panel, were considered at the meeting.

Feedback from previous QA meeting:

Feedback from the Swansea Bay IPFR Panel
Clare Elliott reported back responses from the Swansea Bay IPFR co-ordinator to issues raised in their QA panel report from the last quarter, these related to the decision rationale provided to the submitting clinician and signing of the panel meeting minutes. Gail Woodland confirmed that she had discussed these with the co-ordinator and that resolutions had been agreed.

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 panels were quorate or used Chair's action appropriately for urgent cases although the group noted no lay member representation in half of the full panel meetings convened. All applications were appropriate to be considered via the IPFR route. The group noted that one application requested an intervention not currently available on the NHS but only through a private contractor and that there was some uncertainty on whether this could be considered via IPFR. Panels are reminded that in these circumstances, the IPFR policy allows these interventions to be considered via IPFR as long as all governance arrangements are checked and verified.

The QA Group considered that sufficient information was provided in the submission for the case to go to panel in seven cases. For the remaining case, it was noted that there was minimal information provided by the clinician in Part 9B of the application form and the IPFR team could have asked for additional information for this section prior to consideration by panel.

All of the cases assessed met the urgency timelines requested on the form. For all requests considered by panels in the quarter October to December 2024, five panels met the urgency requested in all cases. Two panels did not report the urgency and the other met urgency in 86% of cases.

The Group noted inconsistencies between panel discussions indicating that not all panels are following the existing 2017 version that was being followed until the revised policy has been formally signed-off and adopted. In general, the Group felt that the panel discussions were in line with the decision making guide for five panels although the Group felt that the panel in one case would have benefitted from an evidence summary requested from the Pharmacy team. Panels are reminded of the value of having pharmacy input for medicine applications and Health Technology Wales input for non-medicines. These evidence summaries can then be added to the evidence library on the IPFR database and used to support future similar IPFR applications. For two panels, no cost-effectiveness or value for money considerations were documented and there was limited discussion on significant clinical benefit

The QA Group were pleased to note that one panel referred to value for money in their economic discussions, acknowledging that this is distinct to cost-effectiveness.

The decision rationale was too brief and not fully captured in the decision record for one application where the decision was made by Chairs action. The Group would like to highlight the importance of capturing this fully for decisions made by Chairs action where no discussion record is produced and most especially for applications not approved which may be subject to subsequent review.

The QA Group were pleased to note that the letters to the clinician and the patient were sent within the five-day deadline in all cases. For the two cases where the application was not approved, the Group were pleased to see that both stated the review deadline in the letter to the clinician. However, the Group noted that in one case, the clinician was directed to contact the IPFR team to request the review form. The request form and guidance notes should be sent with the letter as asking the clinician to request them may cause delay and could also create a barrier to requesting a review.

IPFR Policy

The Group suggested that AWTTC ask panels which version of the IPFR policy they are currently using and to bring the result to the Policy Implementation Group (PIG). PIG will then be asked to agree by consensus which version of the IPFR policy all panels should follow until further notice to ensure consistency of decision-making across all panels.

AOB

A query was raised about the reason for the increase in the number of IPFRs considered by panels this quarter compared to the same quarter in 2023 and whether this is having an impact on panel capacity. Ann Marie Matthews thought it may be due to panel activity recovering to pre-pandemic levels after the dip caused by COVID-19. Gail also stated that several patient cohorts for both licensed and off-label medicines are being identified by AWTTC and that these may be suitable for either One Wales (off-label) consideration or via the recently updated AWMSG assessment process for licensed medicines.

Future IPFR QA meetings

The next IPFR QA meeting is 19 May 2025 at 1.30-3.30 pm

The Chair closed the meeting at 3.30 pm.