



**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
26 February 2020**

Meeting minutes

Present:

Group members	Observers
Dr James Coulson (Chair)	Mrs Gail Woodland, AWTTC
Dr Stuart Bourne (Public Health Consultant)	Ms Rosie Spears, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	
Dr Susan Myles (Health Technology Wales representative)	
Mr Chris Palmer (Lay representative)	

Apologies:

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 November QA meeting were agreed and will be made available on the AWTTC website.

- a) Grounds for independent reviews.
Rosie Spears had requested more information on the grounds for the review that was reported at the previous meeting. The review was requested on Ground 2 - that the Panel considered (or gave undue weight to) factors not relevant to the application. This was not upheld and the applicant did not subsequently come forward with any further information or 'appeals'. So the single review was the conclusion of the case.
- b) Health Technology Wales (HTW) evidence support for non-medicines
Rosie Spears and Ann-Marie Matthews discussed the provision of non-medicine evidence support with the IPFR co-ordinators network group. It was decided that the best way forward would be for co-ordinators to request evidence summaries in the same way that requests are currently made for medicine summaries from Medicines Information pharmacists. Rosie is in the process of liaising with HTW staff to refine the process.
- c) Feedback from visit to BCUHB
James Coulson briefly updated the group on the visit made to BCUHB in October 2019. James, Ann-Marie and Gail Woodland met with the IPFR Chair, co-coordinator and the clinical director of BCUHB. The meeting was

positive and it was felt that the ongoing issues were taken on board and the Health Board will endeavour to hold regular IPFR panel meetings to allow for a full discussion of cases and fewer Chair's action decisions following email input from the panel members.

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 October to December 2020. 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.

There were few additional comments for sharing across panels, the group were pleased to see a request for completion of the outcome questionnaire included in the approval email as a condition for continued funding in the future and would endorse this approach across other panels. Each IPFR panel will receive a copy of their individual report and actions which will be assessed at the next IPFR QA meeting.

AOB:

The draft IPFR Workshop programme for May 2020 was shared with the group, it was suggested that Continuing Professional Development (CPD) points could be offered to clinicians for attending the Workshop, this will be explored as an option.

James Coulson informed the group of a piece of research he is interested in commencing in collaboration with Professor Newdick. They intend to investigate the impact of the recommendations implemented following the 2016 Independent Review of the IPFR service. He is looking for suggestions as to how to identify potential participants; ideally patients and clinicians who have experience of the service before and after the review. Due to the infrequency of individuals using the IPFR service it was acknowledged that there will be very few with such experience. It was suggested that some panel members may be able to give a perspective from before and after the review.

The next IPFR QA meeting is TBC
The Chair closed the meeting at 11.00 am.