



**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
24 February 2021 via Zoom**

Meeting minutes

Present:

Group members	Observers
Dr James Coulson (Chair)	Mrs Gail Woodland, AW TTC
Dr Marysia Hamilton-Kirkwood (Public Health Consultant)	Ms Rosie Spears, AW TTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Mrs Karen Samuels, AW TTC (present from 11.00am)
Dr Susan Myles (Health Technology Wales representative)	
Mr Chris Palmer (Lay representative)	
Mrs Jane Barnard (Lay representative)	

Apologies:

Dr Stuart Bourne (Public Health Consultant)

The meeting commenced at 10.00 am.

Introduction:

Members were welcomed and asked to declare any interests. It was noted that Ann-Marie Matthews and Marysia Hamilton-Kirkwood, as members of the Aneurin Bevan IPFR panel, would leave the meeting during discussion of the Aneurin Bevan IPFRs. The meeting remained quorate.

Due to the COVID-19 pandemic, meetings have been scheduled every six months, during this meeting the group will consider applications from the latter six months of 2020, two from each panel.

Feedback from previous QA meeting:

The minutes of the July 2020 QA meeting were agreed and will be made available on the AW TTC website. There were no action points to address from the previous meeting.

Review of IPFR QA group Terms of Reference:

The Chair opened discussion on the terms of reference. The frequency and format of meetings was discussed. Due to disruption by the pandemic the last two meetings have been scheduled on a six-monthly basis, assessing two applications from each panel. The group were of the consensus that it would be preferable to return to quarterly meetings when appropriate. This was to ensure that any process issues may be picked up in a timely manner and to monitor the adoption of recommendations made by the group, whilst maintaining a manageable volume of applications. Members agreed that the preference would be to continue with virtual meetings after the pandemic restrictions have been lifted.

Susan Myles requested that the terms include reference to identification of topics suitable for referral to Health Technology Wales. The group agreed this could be incorporated.

The Chair opened discussion on the group membership. The group considered the membership and nomination procedures to be appropriate for the purpose of fair and impartial scrutiny and support of the IPFR process. It was highlighted that some members may be reaching the end of their first term of office. Members may continue through a second term. Members coming to the end of the first three year term will be contacted and asked to confirm if they wish to continue for a second term or can nominate a new member.

The group agreed that no other changes are required to the terms of reference.

Actions:

Susan Myles to provide wording regarding HTW topic referral.

AWTTC secretariat to update the terms of reference and republish on the AWTTC website

AWTTC secretariat to contact members who are reaching the end of their first term.

Consideration of the QA function:

The IPFR application and associated documentation had been provided to the QA members for two randomly-chosen anonymised applications per IPFR panel. One each for the quarters July to September 2020 and 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 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.

There were few additional comments for sharing across panels, the group were pleased to see that panels are using the bilingual letter to patients, this should now be considered standard practice. Additional redactions were required for several cases before the documents could be sent out to the group. AWTTTC will remind the IPFR teams of the level of redaction required prior to submitting the documents.

Action: Rosie Spears will stress the need to thoroughly remove all patient identifiable data in the next documentation request.

In several cases decisions had been made by Chair's action for requests that were specified with an urgency of soon or non-urgent. Although the group recognise that on occasion pragmatically a Chair's action may be appropriate this should be the exception. As a rule Chair's action decisions should be reserved for urgent requests, all other decisions should be made following a full panel discussion. This will be highlighted in the individual panel reports. The group also highlighted the need for full and clear documentation of panel discussions, even if discussion is held in the form

of a virtual panel by email. Likewise, the rationale of Chair's actions decisions should be fully reflected in the documentation.

The QA Group recognise that the majority of panels are now meeting regularly despite initial disruption due to the COVID-19 pandemic. The group expect that this may become common practice for panels in the future.

AOB:

Due to the expected easing of disruption due to Covid-19 the group decided that future meetings should resume on a quarterly basis, assessing the documentation for one application from each panel.

The next IPFR QA meeting is TBC

The Chair closed the meeting at 12.00 noon.