



# AWTTC

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

**Individual Patient Funding Request (IPFR) Quality Assurance (QA)  
Group Audit  
5 February 2024 via Teams**

**Meeting minutes**

**Present:**

<b>Group members</b>	<b>Observers</b>
Professor James Coulson (Director, AWTTC) Chair	Mrs Gail Woodland, AWTTC
Dr Michael Thomas (Consultant in Public Health Medicine, HDUHB)	Dr Clare Elliott, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Miss Laura Phillips, AWTTC
Ms Rebecca Boyce (Health Technology Wales representative)	Ms Rosie Spears, AWTTC
Mrs Pam James (Lay representative)	
Mrs Jane Barnard (Lay representative)	

The meeting started at 1.30 pm

**Introduction:**

The Chair welcomed Rebecca Boyce to her first meeting as the Health Technology Wales representative deputising for Sophie Hughes who is currently on maternity leave. 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 Dr Michael Thomas for Hywel Dda University Health Board. Applications from the period October to December 2023, one from each panel, were considered at the meeting.

**Feedback from previous QA meeting:**

**Feedback from Swansea Bay Panel**

Clare Elliott presented the response received from SBUHB with respect to the concern raised regarding panel members attendance at meetings, most particularly lack of public health and medical representation. Members were informed of the current position in SBUHB and the work ongoing to mitigate this risk.

**Table 1. Criteria used for IPFR quality assessment audit**

<b>Process</b>	<b>Evidence to assess whether the process has been adhered to</b>	<b>Criteria</b>
<b>Application process</b>	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?
<b>Panel process</b>	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?
<b>Decision process</b>	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, overall, most panels met the majority of the criteria for the applications considered although only two panels met all of the criteria.

The group agreed that sufficient information was provided in the submissions for seven of the eight cases considered. The group felt that for one case, the form was so poorly completed and lacking in presented evidence, that the panel did not have sufficient information from which to make a robust decision. In one instance where Part 9 had not originally been completed, the group was pleased to note that the IPFR co-ordinator requested the clinician to complete it before the submission could progress.

The group also considered that for two panels, the use of Chairs action to make the decision was inappropriate. In both cases the timescale stipulated on the application would have allowed sufficient time for the case to be considered at a subsequent panel meeting, therefore these cases were considered as 'non-quorate'. The group would like to remind panels of the importance of medical and public health representation at meetings.

In the majority of cases letters to the clinician and patients were sent within the five-working day deadline. In one case, no letter was sent to the patient with the reason given that due to the urgency of the case, the clinician had been informed that it was their responsibility to contact the patient and discuss the next steps in their treatment. As this patient was not a hospital in-patient, the group felt this approach was inappropriate and the patient should have received a letter.

There were a few comments to be shared across all of the panels. The group would like to remind panels of the importance of ensuring confidential pricing information is handled appropriately and suggest to all panels that any confidential NHS Wales contract prices for medicines/interventions which are disclosed and discussed should be marked as commercial in confidence in the meeting minutes. The group also noted that the meeting papers submitted to AWTTTC required more redactions than usual with only two cases requiring none. The group queried whether some electronic redacting tools render redacted information visible on printing; Ann Marie Matthews will raise this at the next IPFR co-ordinators meeting.

### **IPFR panel attendance**

James Coulson reported back to the group on the Cardiff and Vale UHB panel meeting he attended on 11 January 2024. James commented that the meeting was well attended with a good range of panel members. James was pleased to observe that the meeting started with an update on decisions taken at previous meetings with the panel looking at reported clinical outcomes and value for money considerations. Some issues around comparators and costs were highlighted and Gail Woodland reported back to the group that there will be sessions at the next annual IPFR workshop in May on comparators and

value for money. The panel also raised some concerns about the advocacy skills shown by some clinicians in presenting the best case for their patient in the application form. Gail confirmed that resources are currently in development by IPFR co-ordinators and AWTTTC to support clinicians in how to complete IPFR applications. These include 'how-to' videos and quick help guides for form completion alongside a training session at the IPFR workshop. Clinicians should be encouraged to make use of the option to use the IPFR database for online submissions where they can also access evidence already available on the IPFR database.

A QA group member is invited to view a Cwm Taf Morgannwg UHB IPFR panel meeting between April-June 2024. Dates will be circulated in due course.

### **IPFR QA Terms of Reference**

Gail presented the draft updated terms of reference and highlighted the main changes. These have been updated to be consistent with those of other AWTTTC committees. Michael Thomas requested that the public health representative should be a consultant in public health medicine and so this will be specified in the terms of reference after agreement from the group. No other changes were requested and so Gail will finalise before sending to James for sign-off and adoption.

### **IPFR workshop**

Gail presented the draft programme for the IPFR workshop to be held on 16 May 2024. The group agreed that the programme was relevant and comprehensive. Consideration will be given to how many cases are covered in the afternoon session to ensure the mock panels have sufficient time. Registration will be opening imminently and the group discussed ways to encourage more clinicians to register. Co-ordinators will be asked to share the workshop invite with directorate managers within their health boards for further dissemination and HEIW will be asked to share the invite with final year speciality trainees. James will investigate the possibility of getting the workshop CPD accreditation.

### **AOB**

None

### **Future IPFR QA meetings**

The next IPFR QA meeting is TBC  
The Chair closed the meeting at 3.30 pm.