



**Individual Patient Funding Request (IPFR) Quality Assurance (QA)  
Group Audit  
12 February 2026 via Teams**

**Meeting minutes**

**Present:**

<b>Group members</b>	<b>Observers</b>
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)	Ms Laura Phillips, AWTTC
Dr Michael Thomas (Consultant in Public Health Medicine, HDUHB)	
Mrs Pam James (Lay representative)	

The meeting started at 2 pm

**Apologies:** 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 Michael Thomas for Hywel Dda University Health Board who will leave the meeting during discussions for these cases. The meeting remained quorate.

The Chair opened the meeting by congratulating Gail Woodland, Ann Marie Matthews and the wider team on the success of the recent IPFR Workshop and thanking them for all their work in delivering the event.

**Consideration of applications:**

Applications from the period October to December 2025, one from each panel, were considered at the meeting.

**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	Was this an appropriate request to consider via the IPFR route?
		Was the IPFR application form signed?

	emails and IPFR panel minutes	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 six of the eight panels met all criteria assessed and nine of the ten criteria were met by all panels. All applications assessed were appropriate to be considered via the IPFR route, and all application forms were either signed or submitted via the clinician's NHS email account (accepted in lieu of a signature). All cases were considered by panels within the timescale stipulated or within revised timelines agreed with the clinician.

The Group considered that in all cases sufficient evidence was provided to the panel, although it was acknowledged that requesting a medicine evidence summary from Pharmacy may have been of benefit in one case. In all cases, the panel was considered quorate or, in one case, Chairs action was used appropriately. The Group also noted that three panels had no lay representative. Ann Marie Mathhews highlighted that the JCC panel had recently advertised for new lay members and had received ten applications. The Group suggested that applicants not recruited to the JCC panel could be signposted to the health board panel where they live; Ann Marie will raise this with the panel co-ordinators.

In two cases considered under Part 9B, the QA Group noted that the two panels followed the revised IPFR Policy; this was not adopted until 2 February 2026 and preceding this date, panels had agreed to continue to use the previous version of the IPFR policy. Therefore, as Part 9B considerations were not in line with the decision-making guide in operation at the time, these two cases did not meet this QA criterion. The Group also considered that the extent of value for money discussions was not captured in the decision record of two panels and detail on how the evidence was considered and the weighting accorded to it was lacking in one other case; however, discussions were still accepted as being in line with the decision-making guide. These observations led on to a wider Group discussion on whether this QA criterion needed amending to better align with the updated policy; Gail Woodland will draft some new wording for this criterion and send to the Group for comment. She also highlighted for members to feedback on any other criteria they felt needed amending or updating.

The minutes for all eight cases assessed were comprehensive and provided a clear record of the decisions and rationales for the IPFRs under consideration. The Group were pleased to note that all letters to clinicians clearly stated the decision and the associated rationale and had been sent within the five working-day deadline.

The letter to the patient was sent within five working days for all seven applicable cases; in one case the patient was already admitted to hospital and so a patient letter was not required.

### **Attendance at IPFR Panels**

Pam James attended the Aneurin Bevan UHB IPFR panel in early December. Pam noted that the agenda was very well prepared by the IPFR co-ordinator who also gave a useful overview of each application. Pam reported that the meeting was very well chaired, with opportunity given to all panel members to comment; she also highlighted that the Chair took into account the experience of the individual panel members and invited them to lead on discussions within their areas of particular expertise. All applications were discussed fully, and the decision-making guide was followed consistently. Pam noted that it was evident that all panel members had fully read the applications and evidence provided before the meeting and seemed well informed on each case.

## **AOB**

Gail Woodland provided feedback on the IPFR Workshop held online on 27 January 2026. She reported that it was very well attended which may be attributed to it being online. Feedback from attendees, mainly from comments left on the meeting chat, has been very positive although only a small number of completed feedback forms have been received; Gail will be asking co-ordinators to encourage attendees from their health boards to submit feedback. One point raised was that the programme focussed on IPFR applications for medicines and that it would be helpful to also look at non-medicine IPFRs in future workshops. Gail commented that holding the workshop online provided advantages in addition to increased attendance such as being able to pre-record video presentations which helped with time keeping and getting information straight onto the website afterwards. However, the facilitators of the interactive case studies session reported that it was harder to get volunteer chairs and there were a few minor IT glitches especially when screen-sharing video playbacks although there may be possible ways to mitigate this issue which will be explored. Gail proposed a new model for the workshop in future years, which is holding a face-to-face all-day meeting on alternate years for everyone with an online shorter workshop in intervening years aimed specifically for people newly involved with the IPFR process i.e. more of a training session. This will be more efficient to run as content can be reused and ensures that there is consistency in the training provided for new people coming in. Training sessions for clinicians on how to complete IPFRs would be included every year. The QA Group were supportive of this approach.

## **Future IPFR QA meetings**

The next IPFR QA meeting will be on Teams on 13 May 2026 at 1.30 pm. The Chair closed the meeting at 3.30 pm.