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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit
30 January 2023 via Teams

Meeting minutes

Present:

Group members	Observers
Professor James Coulson (Chair)	Mrs Gail Woodland, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Dr Clare Elliott, AWTTC
Miss Sophie Hughes (Health Technology Wales representative)	Miss Laura Phillips, AWTTC
Mrs Jane Barnard (Lay representative)	
Mrs Pam James (Lay representative)	

Apologies: Dr Michael Thomas, Public Health representative

The meeting commenced at 1.00 pm.

Introduction:
Members were welcomed and asked to declare any interests. Interests were declared by Ann-Marie Matthews for Aneurin Bevan and Welsh Health Specialised Services Committee (WHSSC). The Chair informed the group that Dr Michael Thomas has been appointed as the new Public Health representative. Applications from the period October to December 2022, one from each panel, were considered at the meeting.

Feedback from previous QA meeting:

IPFR Policy update
Ann-Marie Matthews informed the group that WHSSC had received comments from the health board panels and the IPFR QA group which were generally consistent. WHSSC have agreed to work with PIG to finalise the policy taking into account all comments received. Legal advice is currently awaited but it is anticipated that the policy will again be circulated before going to Joint Committee in May 2023 with implementation expected in October 2023. Ann-Marie will keep the QA group updated as to progress.

IPFR workshop
Gail Woodland reported that sixty delegates have now registered for the IPFR Workshop on 28 February 2023 in Cardiff City Stadium. The programme and online registration form are available on the AWTTC website and delegates have been sent an Outlook invite as a diary marker of the event. Gail gave an

update on the sessions being delivered and that WHSSC, HTW, YCC Wales and AWTTC will be manning stands. Gail also mentioned that videos of a clinician and a patient sharing their experiences of IPFR are in development and hopefully will be shown at the workshop. QA group members are encouraged to attend and to register via the website if they haven't already done so.

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 for the quarter October to December 2022. 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.

The group were pleased to note that, overall, most panels met the majority of the criteria for the applications considered and three panels met all of the criteria.

In one case, the group agreed that the application should not have been considered by the health board panel but instead sent to the WHSSC IPFR panel.

In one case, the group considered that there was insufficient detail provided in the submitted IPFR QA documentation to demonstrate that all the decision-making criteria as outlined in the guidance had been considered. The group commented that, although all decision criteria were covered by panel discussions for the other cases, the specifics of these discussions were poorly documented in two cases. The group also noted that the term ‘good cost benefit’ is being used by some panels but without clear explanation as to what is meant by it. However, the group were pleased to note that the request for outcome data was clearly defined in the meeting minutes of one panel and that this request was followed up by letter.

The group agreed that one panel was not quorate and will be seeking clarification from one other panel on who is their current Chair. The group also request that the names of panel members, in addition to their roles, are included in meeting minutes.

One case used the terminology ‘exceptional case’ in the meeting minutes and in the letter to the clinician. The IPFR policy no longer refers to exceptionality in the criteria for consideration. The group reminds panels that the current policy should be signposted to all individuals involved in the IPFR process.

An example of good practice was noted by the group in the letter to a GP informing that the request had not been approved by the panel. The letter clearly outlined the clinical circumstances in which a new IPFR submission may be warranted for the individual. However, the group commented that the letter to the clinician in another case that was declined by the panel did not contain sufficient explanation as to why they felt that the requested procedure would not provide value for money.

AOB

Pembrolizumab for untreated metastatic non-small cell lung cancer

Gail Woodland highlighted that two of the IPFR cases considered were for the use of pembrolizumab outside of the NICE technology guidance. NICE guidance stipulates that pembrolizumab is stopped after 2 years of uninterrupted treatment or earlier in the event of disease progression. AWTTC will monitor these requests for any further cases coming through the IPFR process.

IPFR panel attendance
Gail Woodland reported back to the group on a WHSSC panel meeting she attended in January. Gail commented that the meeting was interesting with good discussion, noting it would be useful if evidence summaries were provided for medicines, if resources allowed.

Future IPFR QA meetings
James Coulson asked the group on whether there was a preference to have future meetings face-to-face or to continue with online meetings. The group expressed a preference to continue with online meetings at this time.

The next IPFR QA meeting is 3 May 2023 at 9.30 am
The Chair closed the meeting at 2.15 pm.