



**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
28 January 2019**

Meeting minutes

Present:

Group members	Observers
Professor Phil Routledge (Chair)	Mrs Karen Samuels, AWTTC
Dr James Coulson (deputy Chair)	Mrs Gail Woodland, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Ms Rosie Spears, AWTTC
Dr David Jarrom (Health Technology Wales representative)	
Mr Chris Palmer (Lay representative)	

Apologies:

Dr Sharon Hopkins (Public Health representative)
Mrs Jane Barnard (Lay representative)

The meeting commenced at 9.30 am and was quorate.

Introduction:

The chair opened the meeting and welcomed members. The group were 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. Matters arising from the November meeting were:

- Value for money checklist

Gail Woodland presented the revised and simplified value for money checklist to the group prior to the meeting. This checklist has been developed as a potential tool to support IPFR panel members in considering value for money as part of their decision making process. The group were happy with the changes made and the update will be shared with the IPFR co-ordinators.

- Response to issues raised by a health board panel

The chair gave a summary of issues raised. The group discussed previous correspondence and finalised a letter to be sent on to the health board.

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 and December 2018. 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). The Chair reminded the Group that they were not being asked to make any judgements on the decision reached by the individual panels for the IPFR application under scrutiny, but only on the processes followed in relation to the NHS Wales IPFR policy, which had been sent to all QA Group members before the meeting.

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. Mrs Jane Barnard provided her comments on each IPFR application prior to the meeting, and this was shared with the QA Group. 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.

Feedback/considerations for future meetings:

Karen Samuels commented that all of the requests considered by the panel in this meeting had been for medicines and questioned if this provided a fair representation of IPFRs considered in Wales as a whole. It was acknowledged that the proportion of



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IPFRs for non-medicines was significant, however, WHSSC tend to receive the majority of non-medicine requests. Rosie Spears will provide figures at the next QA meeting on the number of medicines and non-medicines that have been considered by the QA panel since the first meeting.

The chair suggested that at the next meeting the group could review the Quality Assurance process now that it has been in operation for one year. Rosie Spears suggested that we request feedback on the process from the IPFR panels and admin teams when the panel reports for this meeting are sent out. The group agreed that a review would be welcome and additional time should be allowed at the next meeting.

No additional comments received. Each IPFR panel will receive a copy of their individual report and actions which will be assessed at the next IPFR QA meeting.

The Chair closed the meeting at 11.30 am.