



AWTTC

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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit 25 July 2018

Meeting minutes

Present:

Group members	Observers
Dr James Coulson (Chair)	Mrs Gail Woodland AWTTC
Dr Sharon Hopkins (Public Health representative)	Ms Rosie Spears AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	
Mr Chris Palmer (lay member)	
Ms Jane Barnard (lay member)	

Apologies:

Professor Phil Routledge (Chair)
Dr Susan Myles (HTA Wales 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 Dr Sharon Hopkins, as a member of the Cardiff and Vale IPFR panel, would not directly score her own Health Board submission. Likewise, Ann-Marie Matthews would not score the Aneurin Bevan IPFR submission. The meeting remained quorate.

Feedback from previous QA meeting:

The minutes of the April QA meeting were agreed and will be made available on the AWTTC website. Matters arising from the April meeting were:

- Guidance documentation and training for clinicians

Prior to the meeting the group had been provided with the guidance notes available for clinicians filling in the IPFR application form. The group decided that they would appreciate more time to go through the guidance notes, they will be discussed at the next QA meeting.

- Economic considerations/value for money checklist

A value for money checklist was presented 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 provided feedback on the form at the meeting and were asked to email any further comments to AWTTC. Gail Woodland will re-look at the form taking in to account the points raised. After further consultation with the IPFR coordinators this will be re-visited at the next QA meeting.

- Past precedent

The concept of considering previous similar cases when making IPFR decisions was discussed. James Coulson informed the QA group that the law is clear on this issue



and that discretionary committees are forbidden to consider past precedent, every case should be considered independently. Sharon Hopkins highlighted that if past precedent is taken into account then there is a risk that decisions become commissioning decisions rather than IPFR which is not the remit of these panels. James Coulson to supply the appropriate text to Gail Woodland who will take it to the IPFR coordinators for dissemination to all panels.

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 April and June 2018. There were no IPFRs considered by Betsi Cadwaladr UHB in this period, however, there were continued funding requests, one of these along with the original IPFR was considered. 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:



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The group went through each panel IPFR application in 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. 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:

Going forward the group agreed to continue to compare IPFRs across all panels and highlight any common themes or trends.

The Chair closed the meeting at 11.30 am.