



AWTTC

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

**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
31 July 2020 via Zoom**

Meeting minutes

Present:

Group members	Observers
Dr James Coulson (Chair)	Mrs Gail Woodland, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Ms Rosie Spears, AWTTC
Dr Susan Myles (Health Technology Wales representative)	
Mr Chris Palmer (Lay representative)	
Mrs Jayne Barnard (Lay representative)	

Apologies:

Dr Stuart Bourne (Public Health Consultant)

The meeting commenced at 1.00 pm.

Introduction:

Members were welcomed and asked to 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. Gail Woodland declared an interest in one of the Cardiff and Vale cases and would leave the meeting during that discussion. The meeting remained quorate.

Due to the COVID-19 pandemic, the meeting scheduled for May 2020 had been cancelled, during this meeting the group will consider applications from the first six months of 2020, two from each panel.

Feedback from previous QA meeting:

The minutes of the February QA meeting were agreed and will be made available on the AWTTC website. There were no action points to address from the previous meeting.

Consideration of the QA function:

The IPFR application and associated documentation had been provided to the QA members for two randomly-chosen anonymised applications per IPFR panel. One each for the quarters January to March 2020 and April to June 2020. There were no IPFRs considered by Swansea Bay in the latter quarter so just one application was assessed for this panel. 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.

There were a few additional comments for sharing across panels, the group were pleased to see that several panels had started to use the bilingual letter to patients which had been rolled out in January. It was noted that in quite a few cases additional redactions were required before the documents could be sent out to the group. AWTTTC will remind the IPFR teams of the level of redaction required prior to submitting the documents. The recoding of the decision rationale for Chair's action decisions should be aligned with the decision making guide in the IPFR policy. This will be raised at the next IPFR co-ordinators network meeting to clarify the level of documentation expected. The group were pleased to note in one case that costs had been provided for alternative treatment options. This was considered to be valuable for the panel decision making process and, where alternative treatments are mentioned, such costs should be provided routinely.

The QA Group acknowledged the disruption to some IPFR panel meetings in the second quarter due to the COVID-19 pandemic. The majority of panels have managed to convene virtual meetings. The group expect that this will become

common practice for all panels for the foreseeable future. Each IPFR panel will receive a copy of their individual report and actions which will be assessed at the next IPFR QA meeting.

AOB:

It was suggested that it may be appropriate to revise the IPFR application form to refer to non-medicine technology appraisal guidance, for example Health Technology Wales recommendations, NICE medical technologies guidance in Parts 5, 7 and 9. This will be considered for the next update of the form.

Due to continued disruption due to Covid-19 the group decided that the next meeting should be held in six months, once again assessing the documentation for two applications from each panel.

The next IPFR QA meeting is TBC
The Chair closed the meeting at 2.30 pm.