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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit
20 July 2021 via Teams

Meeting minutes

Present:

Group members	Observers
Dr James Coulson (Chair)	Mrs Karen Samuels
Dr Stuart Bourne (Public Health Consultant)	Mrs Gail Woodland, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Ms Rosie Spears, AWTTC
Miss Sophie Hughes (Health Technology Wales representative)	
Mrs Jane Barnard (Lay representative)	
Mr Chris Palmer (Lay representative)	

The meeting commenced at 9.30 am.

Introduction:
Members were welcomed and asked to declare any interests. Interests were declared as follows and group members would leave the meeting during discussion of these cases:

- James Coulson – Aneurin Bevan
- Dr Stuart Bourne - Powys
- Gail Woodland - Cardiff and Vale
- Ann-Marie Matthews - Aneurin Bevan

Despite these declared interests the group remained quorate. During the meeting the group considered applications from the second three months of 2021, one from each panel.

Feedback from previous QA meeting:

Arranging for QA Group members to observe at panel meetings
Gail Woodland has been liaising with co-ordinators and QA group members. Members from HTW and lay will be observing IPFR panels over the coming months. The group agreed that it would be useful if observers were to feedback their impressions at following QA meetings. As the observers will be able to experience the less objective aspects of IPFR panel discussions it was agreed that a list of specific areas of interest to feedback to the group would be useful.

Actions
Gail Woodland to prepare a checklist for IPFR panel observers, James Coulson will finalise the list before it is used.

Consideration of the QA function:
The IPFR application and associated documentation had been provided to the QA members for one randomly-chosen anonymised applications per IPFR panel for the quarter April to June 2021. 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 all criteria were met by all of the panels the exception of just three instances. It was also gratifying to note that only two cases required minor additional redactions before sending to the group members.

AOB

Clinician letter and rationale

One of the panels had queried the need for the rationale to be included in the letter to the clinician within the five working day deadline or could it be sent at a later date. In particular is this in the IPFR policy? The group discussed this issue and reviewed section 7.5 of the policy. The group are of the opinion that the rationale is an integral part of the decision letter and should be included within the five working day deadline. Reasons given were that the rationale is required if a review of the process is to be requested and also for approved requests the rationale provides detail as to

any conditions contingent with the approval. It was suggested that it would be good practice for panels to agree the rationale for the decision as part of the panel meeting which would also help to clarify the important points following discussions.

Action
Gail Woodland will feed back the groups decision to the IPFR panel in question.

The next IPFR QA meeting is TBC
The Chair closed the meeting at 11.00 am