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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit
31 July 2023 via Teams

Meeting minutes

Present:

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

The meeting started at 2.30 pm

Introduction:
Members were welcomed by the Chair and asked to declare any interests. Interests were declared by Ann-Marie Matthews for Aneurin Bevan University Health Board and Dr Michael Thomas for Hywel Dda University Health Board. Applications from the period April to June 2023, one from each panel, were considered at the meeting.

Feedback from previous QA meeting:

IPFR Policy update
Ann-Marie Matthews informed the group that the updated policy was due to go to the Joint Committee meeting on 18 July but was removed from the agenda as governance issues raised by the Policy Implementation Group (PIG) had not yet been addressed. The PIG is waiting for WHSSC to respond to their requested changes but it is hoped that the updated policy will still be ready by October 2023. Ann-Marie will keep the QA group updated as to progress.

IPFR workshop
Gail Woodland informed the QA group that a date needs to be set for the 2024 workshop. The Powys IPFR panel has recently contacted Ann-Marie regarding the session on Judicial Review at the 2023 workshop requesting further support on how to define comparator groups. Ann-Marie and Gail have

offered training to the Powys panel on this topic and will include it in the next IPFR workshop.

Feedback from Cwm Taf Morgannwg Panel
Clare Elliott presented the response received from CTM with respect to the month-long delay noted in sending out the patient and clinician decision letters. The IPFR co-ordinator confirmed that the letters were delayed due to staff sickness and leave. However, the submitting clinician was informed of the decision on the day of the panel meeting to ensure that treatment could be started due to the urgency of the request. The IPFR co-ordinator also stated that the vacant post of Contracts Officer, with responsibility for the IPFR function, has been filled. This will enable more effective administration of the CTMUHB IPFR process.

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 April to June 2023. 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 four panels met all of the criteria.

Although the group agreed that sufficient information was provided in the submissions for all the cases considered, it was felt that Part 9 for one was poorly completed and only a limited case for the individual patient was presented in two other cases. Panels are reminded that further information can be requested from submitting clinicians to better support an application.

In one case, the QA group thought that there was insufficient rationale provided by the panel as to why they considered the patient would gain significant clinical benefit over that of other patients with the same condition and who had received the same previous standard treatment.

In two cases, the QA group was of the opinion that insufficient detail on the discussions was provided in the meeting minutes; for one of these cases, there was a lot of information submitted in the application but there was only very limited detail of any value for money discussions by the panel. The minutes from one other panel were considered adequate but repetitive and confusing and information could have been separated out into sections for clarity.

Two panels missed the five-day deadline for clinician and patient letters by a few days. However, the submitting clinician was informed of the decision by email within 3 working days for one case and verbally on the same day for the other case where the patient was a hospital in-patient.

For the two cases where the IPFR was not approved, both letters to the clinician met the criterion of including the review deadline date. However, one panel letter did not enclose the review form and IPFR policy but directed the clinician to download these from a link provided in the letter footer to the homepage of the health board website. The QA Group considered that this presents a significant barrier for clinicians to access these documents and that this approach is unhelpful and difficult.

There were a few comments to be shared across all of the panels. Although overall the discussions held by nearly all panels were deemed to be in line with the decision-making guide, the group noted that some panels used phrases that were unclear in meaning. Panels are reminded to avoid using terms that lack clarity or are ambiguous. The group would also like to suggest to all panels that any confidential NHS Wales contract prices for medicines/interventions which are disclosed and discussed should be marked as commercial in confidence in the meeting minutes.

IPFR panel attendance
Sophie Hughes reported back to the group on the Aneurin Bevan UHB panel meeting she attended in July. Sophie commented that the meeting was very interesting with good discussion and correct use of terminology, noting it would be useful to observe more. This was noted. Observations will be fed back to those panels attended via the QA group.

Ann-Marie will be observing a Betsi Cadwaladr UHB IPFR panel meeting in October.

A group member will be attending the Cardiff and Vale UHB IPFR panel meeting in January although the date of this is to be confirmed.

AOB
Sophie informed the group that she will be on maternity leave later this year. A colleague from Health Technology Wales will be nominated to cover her during her absence. The QA group send their warmest congratulations to Sophie and wish her all the very best.

Future IPFR QA meetings

The next IPFR QA meeting is TBC
The Chair closed the meeting at 3.30 pm.