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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit
14 May 2019

Meeting minutes

Present:

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

Apologies:
Dr Stuart Bourne (Public Health 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 January QA meeting were agreed and will be made available on the AWTTC website. Matters arising from the January meeting were:

- Assessment of medicine and non-medicine IPFRs

The proportion of medicine and non-medicine IPFRs assessed by the QA group were presented to the group. It was noted that overall the percentage of non-medicine requests assessed by the group was lower than medicines (5% versus 16%). The chair suggested this be discussed in more detail as part of the review.

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 January and March 2019. 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 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. 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 chair declared an interest in the Cwm Taf Morgannwg IPFR and left the room until this case had been assessed by the group who remained quorate.

Review of the IPFR quality assurance process:
In the second half of the meeting the group reviewed the quality assurance process, several points were discussed. All panel chairs and coordinators were contacted by AWTTC in March requesting comments, suggestions and feedback on the QA group process and reports, no responses have been received.

Should IPFRs be decided through consensus or a majority vote?
The group discussed whether panels should cast votes or reach a consensus decision following discussions. The IPFR policy does not specify how a decision should be reached. The Chair suggested that it should be up to the individual IPFR chairs and panels to decide how the decision is reached. Internal review of the panel

process may be helpful, the Chair suggested that we raise this at the next IPFR Network meeting.
Action: Ann-Marie Matthews will add an agenda item to the next IPFR coordinators network meeting to investigate if there is an appetite for internal IPFR panel reviews.

Virtual panels, Chair's action and voting by email
The group were of the opinion that a Chair's action decision is only appropriate for urgent (within 24-48 hours) requests.
The Chair opened discussion regarding virtual panels and voting by email. The group noted that there is no guidance in the IPFR policy regarding virtual panels. In some cases it has been difficult to establish if a decision has been made by virtual panel or chair's action. It may be in the best interests of the panel to hold virtual discussions at times and that they should not be overburdened by a requirement to meet in person. The group agreed that virtual panels should follow due IPFR process and be transparent and well documented with minutes reflecting the considerations as per any other panel meeting and clearly stating that the panel was virtual. Virtual panel discussions by email would not include input from a lay member where, although still quorate, lay input provides important contributions to the panel decision. It was suggested that the QA group continue to monitor and flag issues relating to virtual panels through the QA group. Guidance on virtual panels will be added to the IPFR Policy, this will be at the next policy update.
Action: QA Group to continue to monitor virtual panels and discussions by email and flag any cases where discussions are unclear.

Criteria for the QA process
The group were informed that there had been no feedback from the panel chairs or coordinators on the criteria assessed as part of the QA process. The Chair suggested that the group request information on any Independent Reviews that had been undertaken and the grounds upon which the request was made, this may inform areas of process which require attention. Overall the Group agreed that the criteria assessed should remain the same.
Action: Rosie Spears to request details of independent review grounds and outcome for the review case.

Number of IPFRs assessed per panel, should it be proportional to the number of IPFRs considered by each panel?
Figures were provided to the group showing the numbers of medicine and non-medicine IPFRs assessed for each panel since the inaugural QA meeting. Concerns were raised that the group assumes that the same process is followed for medicine and non-medicine considerations but there may not be sufficient information on which to base this assumption. On further discussion it was suggested the group continue with the random selection process but select a minimum proportion of a panel's applications, for example 5% of cases. The Chair requested that scenarios selecting a minimum proportion of cases and selecting one medicine and non-medicine case for each panel are run for the past year's data and the results shared with the group before changes to the selection process are made.
Action: Rosie Spears to run different selection method scenarios and share the results with the group.

Frequency of QA meetings
Members were of the opinion that if the meeting became less frequent continuity could be compromised. Also if meeting were held every six months it would be

difficult to monitor implementation of recommendations made by the group in a timely fashion. The Chair suggested that the meeting remain quarterly and if the assessment results are 100% compliant regularly than the group may review the frequency. The group agreed to continue meeting on a quarterly basis.

Report format
An example of an individual panel report was provided to the group. The Chair suggested that the recommendations be presented at the front of the report with detail to follow. The group agreed that this would improve the readability of the report. All other aspects of the report are to remain unchanged.
Action: Rosie Spears to revise the order in which the information in the report is presented to panels.

Mock cases to panels
In the past it has been suggested that a mock case be sent to each panel. Concerns were raised that this may be outwith the remit of the QA Group; the group agreed. It was suggested that members of the QA group could visit panels as observers. The Chair agreed that it may be timely to re-visit the panels as previous visits had been made before the QA group was formed. It was suggested that other members of the QA group may want to visit panels to provide more insight.
Action: Gail Woodland and Ann-Marie Matthews to coordinate QA members to observe at IPFR panels.

IPFR Workshop/remit to support QA
Gail Woodland provided feedback from the May IPFR Workshop. Feedback was excellent overall with useful comments provided on areas that the attendees particularly liked or would like to see improved.
Feedback from the lay member session highlighted a lack of lay members in some health boards, it was suggested that current lay members may be called upon to aid recruitment, for example in wording of adverts. If a recruitment drive results in a number of new lay members recruited at one time feedback from the workshop session suggested that a training session could be beneficial to cover the remit of the role and how non-medical individuals may interpret evidence. The group were informed that some health boards have provided lay member training.
Action: Gail Woodland will look at current training provision in health boards and form a task and finish group to further investigate and develop lay member training needs.

A concern that IPFR panel members were not returning to the workshops year on year was raised with a suggestion that the time commitment may be difficult for some. It was suggested that the day be reduced to a half day for all members, possibly with the other half day used as an opportunity to provide training and networking for new members. The Chair proposed that the next workshop date is aligned with any new influx of lay members following recruitment drives.
Action: Gail Woodland, Ann-Marie Matthews, Rosie Spears to take to IPFR network meeting to further discuss.

Gail Woodland provided further feedback from the meeting, attendees have expressed an interest in further value for money/cost training, in particular in relation to non-medicine IPFRs. The group were informed that Health Technology Wales (HTW) have a training resource which could be used in the future, HTW resources have also been offered for IPFR panels. Where evidence for non-medicines or treatment pathways are patchy panels may refer to HTW for addition input.

Action: Susan Myles and Gail Woodland to consider how to take forward provision of additional evidence support for non-medicine requests.

Feedback/considerations for future meetings:
Actions from the QA review above will be reported 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 12.00 pm.