



AWTTC

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

**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
7 May 2021 via Zoom**

Meeting minutes

Present:

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

The meeting commenced at 10.00 am.

Apologies:

Karen Samuels, AWTTC

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 - Cwm Taf Morgannwg
- Dr Stuart Bourne - Powys
- Gail Woodland - Cardiff and Vale
- Ann-Marie Matthews - Aneurin Bevan

Despite these declared interests the group remained quorate. Following rescheduling of meetings to be held every six months during the Covid pandemic, quarterly meetings have resumed and during the meeting the group considered applications from the first three months of 2021, one from each panel.

Feedback from previous QA meeting:

Following the review at the last meeting the revised IPFR QA Group Terms of Reference were presented and agreed by the group.

Feedback received from the panel reports was reported by AWTTC. An error in the Powys Teaching Health Board report was identified by the panel, this was re-scored and the panel were sent an updated report.

A response to comments in the last panel report had been received from Betsi Cadwaladr University Health Board (BCUHB) with respect to the number of named Chairs that they have for their IPFR panel. BCUHB informed the group that they require a number of IPFR Chairs due to the geography and size of the Health Board and are reluctant to change their arrangements. The panel believe that despite there being multiple Chairs, individually they are each chairing IPFR panels frequently and

therefore are suitably experienced. The IPFR QA group will continue to monitor for any impact on the QA process.

The group were informed that the Welsh Health Specialised Services Committee (WHSSC) IPFR panel are now meeting regularly every two weeks with Health Board representation within the current Terms of Reference. The panel reports issues with attaining quoracy. A member of the group who also sits on the WHSSC panel reported that the panel meetings have been well attended with good health board representation and consistency of membership. The panel is meeting on Teams and the two weekly scheduling has resulted in a more manageable number of cases per meeting. AWTTTC have met with the medical director and chair of the WHSSC panel to discuss any ongoing issues and agreed to provide training sessions tailored to the WHSSC panel members' requirements at the next IPFR workshop.

Arranging for QA Group members to observe at panel meetings

QA group members have provided their availability and preference for observing at panel meetings. There is an IPFR co-ordinators network meeting on 13 May 2021, Gail Woodland will take the request to this meeting and will then liaise with the QA Group members who wish to observe.

Actions

Gail Woodland to arrange for QA members to observe at panel meetings.

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 January to March 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.

There were few additional comments for sharing across panels. The group were pleased to see that a patient letter had been sent to inform the patient that the panel had deferred the decision, this was considered to be general good practice. Despite additional instructions in the email to the IPFR teams as to the level of redaction expected, again additional redactions were required for several cases before the documents could be sent out to the group. AWTTTC will continue to work with the IPFR teams to ensure the redaction required prior to submitting the documents is sufficient.

The group felt in a couple of cases IPFRs were submitted to panels that were either unsuitable or had insufficient documentation. The suitability of the request and level of supporting documentation should be considered regardless of the urgency. Where IPFRs teams are uncertain or less experienced advice may be sought from other members of the IPFR co-ordinators network group. The group would also like to remind the IPFR teams to check the evidence section of the IPFR database as an

additional source of supporting evidence, including evidence summaries compiled by health board pharmacists and Health Technology Wales.

Action

Gail Woodland and Ann-Marie Matthews will provide feedback from the IPFR QA group to Co-ordinators at the next IPFR network meeting on 13 May 2021.

AOB

The next IPFR QA meeting is TBC

The Chair closed the meeting at 11.00 am