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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit
03 May 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, PTHB)	Ms Rosie Spears, 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)	

Apologies: Mrs Jane Barnard (Lay representative)

The meeting commenced at 9.30 am

Introduction:
The Chair welcomed Dr Michael Thomas to his first meeting as the new Public Health representative. Members were welcomed and asked to declare any interests. Interests were declared by Ann-Marie Matthews for Aneurin Bevan and Dr Michael Thomas for Powys Teaching Health Board. Applications from the period January to March 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 Policy Implementation Group had provided comment on the changes to policy proposed by WHSSC. Legal advice has been sought and comments from the barrister have been returned to WHSSC, they will be provided to the PIG and are expected to be tabled at the July 2023 Joint Committee meeting. Ann-Marie will keep the QA group updated as to progress.

IPFR workshop
Gail Woodland provided feedback received following the IPFR Workshop in February. The delegate feedback was overall very positive with the stand out sessions being the video interview with the applicant clinician and the session

provided by Sophie Hughes on value for money considerations. Plans for next are underway. The day also highlighted the need for provision of training resources to be available nationally. AWTTC and the PIG will put resources together for both panel members and clinicians to be made available via the AWTTC website.

Feedback from Swansea Bay Panel
Rosie Spears presented the response received from Swansea Bay (SB) with respect to missing the criteria for quoracy. Following discussion, it was agreed that an amendment would be made to the last SB panel report. It was noted that there should be consideration of what training may be required for IPFR panel members prior to starting their role. This will be picked up for further consideration at the next full review of the IPFR policy.

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 January to March 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 five panels met all of the criteria.

In two cases, the group considered that there was insufficient information provided for the cases to proceed to panel. In both cases part 9 of the application form had been either poorly completed or not attempted. In addition, part 8 (economic assessment) was missing from the form for one of the cases. The group commented that this further highlights the need for IPFR training for applicant clinicians.

The group queried the quoracy of two panels, in both cases panel members had been consulted by email. If members have opportunity to discuss via email to arrive at a consensus decision then this is considered satisfactory although a meeting in person or via Teams is the preferred option. The QA group are of the opinion that if members do not have opportunity to discuss an application then Chair's action may be used for urgent applications.

In one case the panel did not consider value for money as part of the decision -making process. The decision was made only on a clinical basis. The group stress that whilst taking in to consideration the evidence base, panels should consider the criteria as defined in the IPFR Policy document which would include economic considerations.

There were a few comments to be shared across all of the panels. The group wanted to highlight that off-label or unlicensed medicines would not be considered for appraisal by NICE or AWMSG. There may be One Wales advice for off-label medicines. For non-medicine requests HTW advice should be considered where available, even for HTW non-recommendations the reports may provide relevant information for consideration.

The group have requested that panel member apologies be included in the meeting minutes, it had been noted that no public health representative was present at some of the panel meetings. The group were aware that attendance by public health consultants had been problematic during the pandemic but would like reassurance that representatives are returning to panel meetings.

It was good to see a request for outcome data through the IPFR questionnaire.

AOB

IPFR panel attendance
The group were asked about attendance at IPFR panels. Gail Woodland had attended a WHSSC panel during the quarter January to March 2023. Rosie Spears suggested that maybe a group member could visit a panel once every quarter. This would mean that a panel is observed by a QA group member

once every two years. The group agreed and AWTTC will liaise with panel Chairs and co-ordinators accordingly.

Future IPFR QA meetings

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