



AWTTC

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

**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
19 May 2025 via Teams**

Meeting minutes

Present:

Group members	Observers
Professor James Coulson (Director, AWTTC) Chair	Mrs Gail Woodland, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Ms Rosie Spears, AWTTC
Ms Rebecca Boyce (Health Technology Wales representative)	Miss Laura Phillips, AWTTC
Mrs Pam James (Lay representative)	Mrs Lorraine Coyle, AWTTC

The meeting started at 1.30 pm

Apologies:

Dr Michael Thomas (Consultant in Public Health Medicine, HDUHB)

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 for the NHS Wales Joint Commissioning Committee (NWJCC) who will leave the meeting during discussions for these cases. The meeting remained quorate. Applications from the period January to March 2025, one from each panel, were considered at the meeting.

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.

For this quarter despite an application being considered by the panel twice and then by Chair's action it was decided that it did not meet criteria for IPFR as the patient met criteria to receive treatment as per NICE. This case was not assessed further by the Group. However, the group did note that the documentation provided clearly recorded the progress of the case. Of the remaining seven cases assessed, four met all criteria assessed.

In all but one case the group felt that there was sufficient information for the application to proceed to panel. The group did comment that several of the cases assessed in this meeting had well completed forms and comprehensive associated documentation with two providing offset costs for economic consideration. For the one case which did not meet this criterion the Group

could not see any information provided as to how the patient was different to others with the same condition or any economic information included.

It was unclear to the group if the application had been considered within the timescale stipulated for one of the cases. The case had been considered and deferred by a non-quorate panel within the urgency but then was considered by Chair's action on receipt of additional information. As the urgency was requested as 'soon' the group felt that it should have been considered by a full panel. Except for this case all other panels were either quorate or used Chair's action appropriately.

The discussion held by the panels in relation to the decision-making guide was assessed for six of the cases. In one case the panel initially decided that the patient did not differ from others with the same condition and so they did not consider the case further. This case was therefore not assessed for this criterion. In another case it was difficult to determine the nature of the Chair's considerations as the notes referred to cost effectiveness where there was no cost-effectiveness evidence provided, it was also unclear whether the case was considered under part 9A or part 9B. The Chair's action notes also referred to patient exceptionality which is a term no longer used in the context of IPFR.

The Group were pleased to note that for all panels the decision and rationale was clearly described in the letter to the clinician and that the letter was sent within 5 working days of the panel decision. Only one application assessed was not approved; the group were pleased to note that the review date deadline and review process guidance were included in the letter.

In one case no letter was sent to the patient, this had been considered as an urgent application. The associated documentation confirmed that the patient was not in hospital; the group are of the opinion that a letter should be set to the patient regardless of the urgency of the application.

The group have noted a general improvement in the completed application forms and documents submitted for assessment.

Attendance at IPFR Panels

Rebecca Boyce attended the Swansea Bay UHB IPFR panel in February. There were no IPFRs considered by the panel at this meeting. It was noted that the panel discussed the new IPFR Policy and the discrepancy between consideration of Part 9 A and B between panels. The policy was subsequently raised in the QA meeting to obtain an update on progress by NWJCC.

Fiona Woods will be observing NWJCC panel in June and will feedback to the Group.

IPFR Policy

Ann-Marie Matthews reported that there is no update on the IPFR policy following discussions between NWJCC and the CTMUHB panel Chair. The QA group will request an update from NWJCC.

AOB

Rebecca Boyce asked for clarity around an HTW rapid evidence summary that had been requested to support an IPFR. The intervention was for a non-medicine intervention and Part 9 of the application form had not been completed. It was queried by the Group as to whether the IPFR team were likely to be requesting additional information as Part 9 of the form should have been completed. Rebecca was aware that the intervention had been approved by NICE in a clinical guideline and so wondered whether an IPFR was required, whilst noting that the procedure was only available in NHS England. The Group informed Rebecca that clinical guidelines are not mandated in Wales and so IPFR would be appropriate and part 9B would be applicable.

Future IPFR QA meetings

The next IPFR QA meeting will be over Teams on 14 August 2025 at 1.30 pm.

The Chair closed the meeting at 3.00 pm.