



AWTTC

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

**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
9 November 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)	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)	
Mrs Jane Barnard (Lay representative)	

The meeting started at 9.30 am

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 (ABUHB) and Welsh Health Specialised Service Committee (WHHSC) and Dr Michael Thomas for Hywel Dda University Health Board (HDUHB). Applications from the period July to September 2023, one from each panel, were considered at the meeting.

Feedback from previous QA meeting:

Cardiff and Vale University Health Board (CAVUHB) coordinator asked the group if it is acceptable for panel meeting minutes to be agreed at the following panel meeting verbally. Verbal agreement is noted in the meeting minutes as all meetings are now held on Teams. The group decided that this would be acceptable, although were puzzled as to why the minutes could not be signed by the Chair. As letters to clinicians including the decision rationale are signed by the chair within five working days of the panel decision, could the meeting minutes be signed at the same time?

Betsi Cadwaladr University Health Board (BCUHB) provided feedback in response to points raised in previous QA panel reports:

- Names of Panel Members

The BCUHB Panel agreed not to change the approach within the individual decision record sheet, circulated with the decision letter which names the Chair only. The coordinator will provide the “Agenda and record of attendance” as part of the QA pack, as this does identify Panel attendees by name for each meeting.
The group were happy with this approach.

- **Wording of the ‘Economic Considerations’**
The wording of economic considerations has been raised in the last two reports. BCUHB panel have adopted a clearer way of wording this element of the decision record to reflect consideration of ‘value for money’ rather than simply affordability. The application considered at the previous panel had been considered before the QA report had been received. New wording has been adopted now and should be apparent in the application assessed in this meeting.
The group are pleased this is being addressed and look forward to seeing the new improved wording.
- **Signposting to the Review form**
For the application considered at the previous meeting the letter to the clinician did not include a review request form or a link to the form. They are in the process of updating their website and will provide a link to the review request form in the letter to the clinician. In the meantime they will consider providing a copy of the form with the clinician letter where a request has been declined.
The group were satisfied that this point has been addressed.

IPFR Policy update

Ann-Marie Matthews informed the group that the updated policy will be going to the Joint Committee (JC) meeting in December. Following JC endorsement the reviewed policy will be sent to Health Boards for implementation in January 2024. Ann-Marie will keep the QA group updated as to progress.

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 July to September 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.

The group agreed that sufficient information was provided in the submissions for all but one of the cases considered. In one case the request had been submitted by a primary care practitioner and little information on the patient's clinical condition was included. The request had been submitted as non-urgent and the group felt that there was opportunity to request additional information or to suggest that the request be made by secondary care.

In one case the group were unable to ascertain if the panel had discussed the application as the request had been considered by email. This is acceptable if there is evidence of discussion between panel members, no such documentation had been provided. In another case the panel decided that the request could be approved in principle, however they requested clarity on what criteria for stopping treatment would be. The panel were content for this to be actioned as a Chair's action on receipt of stopping criteria, the QA group considered this to be reasonable and proportionate.

In one case, although the clinician had been emailed on the same day as the decision, the letter including the decision rationale was sent one week outside of the five day deadline. In another case no letter was sent to the patient. The rationale provided was that the patient was already receiving treatment and the request was to increase the dose frequency. The group felt that as the clinician had discussed the IPFR request for dose escalation with the patient a letter should have been sent to the patient to alert them that the panel had made a decision.

The group were pleased to note that for the four requests that had not been approved appropriate documentation to request a review had been included.

There were a few comments to be shared across all of the panels. The group were pleased to note the use of a Health Technology Wales (HTW) rapid evidence report for one of the cases. HTW are keen for panels to know that they are once more in a position to provide evidence summaries to aid the decision-making process. The group have noticed that on a few occasions in recent cases assessed there has been reference to patient cohorts as a reason to decline a request. Panels are encouraged to consider the specific patient circumstances provided in the IPFR form.

IPFR panel attendance

Ann-Marie Matthews reported back to the group on the Betsi Cadwaladr UHB panel meeting she attended in October. Feedback will be included in the panel report for BCU and in the Welsh Government six monthly report.

Pam will be observing a CAVUHB IPFR panel meeting on the 22nd January 2024.

AOB

IPFR workshop

Gail Woodland informed the QA group that a date needs to be set for the 2024 workshop. She would like value for money considerations to be reinforced in one of the sessions. Sophie informed the group that she will be on maternity leave as of next month and so this is her last meeting for a while and she will not be available for the Workshop. A colleague from Health Technology Wales will be nominated to cover her during her absence and will contribute to the Workshop next year. The QA group wish her all the very best.

Future IPFR QA meetings

The next IPFR QA meeting is 5 February 2024 at 1.30 pm
The Chair closed the meeting at 11.00 am.