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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit
10 November 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)	Mr Jomi Jose, Swansea Bay IPFR Commissioning Officer
Dr Michael Thomas (Consultant in Public Health Medicine, HDUHB)	
Mrs Pam James (Lay representative)	
Mrs Fiona Woods (Lay representative)	

The meeting started at 9.30 am

Apologies: none

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 Michael Thomas for Hywel Dda University Health Board who will leave the meeting during discussions for these cases. The meeting remained quorate.

Feedback from Swansea Bay panel:
In October Gail Woodland met with the coordinator, commissioning officer and panel Chair for Swansea Bay panel to discuss the QA group reports sent out to panel following each quarterly meeting. The Swansea Bay panel felt that it would be useful to have opportunity to respond to points raised through the QA process before the panel report is finalised. Gail agreed that in the future, if any issues are identified on the initial review of documents by the AWTTC team prior to the QA meeting, the IPFR team will be contacted to clarify any points raised to relay to the QA group. Gail took the opportunity to compliment the Swansea Bay team on the consistently high quality of their process, documentation and adherence to the All Wales IPFR Policy.

IPFR Policy:
Ann-Marie Matthews informed the group that the 2025 update of the All Wales IPFR Policy is currently with Health Board committees and is expected to be agreed by all by 1 December. There may be a delay with Cardiff and Vale as there was a delay with it going to committee for approval. However, the Policy

implementation group are hopeful that this may be expediated and launch can proceed in December. Ann-Marie has also received confirmation that the amended Policy with updated decision-making guide will be taken to the Joint Commissioning Committee for endorsement on 26 November. The Chair thanked Ann-Marie for her hard work in getting this document to final stages.

Consideration of applications:
Applications from the period July to September 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.

The Group were pleased to note that four of the eight panels met all criteria assessed and seven of the eleven criteria were met by all panels. All applications assessed were appropriate to be considered via the IPFR route, and all application forms were either signed or submitted via the clinician's NHS email account (accepted in lieu of a signature). All cases were considered by panels within the timescale stipulated or within revised timelines agreed with the clinician.

The group considered that in only one case sufficient evidence was not provided to the panel, although the group did acknowledge that the IPFR team had made every effort to obtain additional information from the applicant clinician. The group did note some excellent examples of medicine evidence summaries provided by pharmacy within the local health boards. The group encourage IPFR teams to ensure that any non-confidential evidence summaries are uploaded to the IPFR database to allow access by users across other teams.

In two cases the panel not found to be quorate. In one case correspondence between the clinician and the IPFR team confirmed that time allowed for the application to be considered at the following panel meeting. However, a decision was made by Chair's action ahead of the scheduled panel meeting. In the other case the applicant clinician confirmed that an urgent request could wait to be considered at the next full panel. On the day of the meeting the panel was not quorate on the and the decision was made by Chair's action. The group did also note correspondence in one case referring to the Quality Assurance group discouraging decisions made by Chair's action. The group would like to stress that a decision by Chair's action may be considered for clinically urgent cases to ensure that there is no delay to accessing appropriate vital treatments. However, a Chair's action decision is not considered an appropriate substitute for full panel consideration for all other requests. There is an expectation that panels are convened with sufficient frequency to ensure that requests can be considered within 'soon' or 'non urgent' timelines.

In two cases the group noted that the application had been considered under the revised guidance for part 9B. The updated NHS Wales IPFR policy has

not yet been launched and so considerations were not in line with the current decision-making guide.

The minutes for all eight cases assessed were comprehensive and provided a clear record of the decisions and rationales for the IPFRs under consideration. The group were pleased to note that all letters to clinicians clearly stated the IPFR panel or Chair's decision and the associated rationale and had been sent withing the five working-day deadline. For all three letters where the intervention had not been approved a date for the deadline for a review request had been provided. The group were also pleased to note that one of the clinician letters included a request to complete a patient outcome questionnaire.

Seven of the eight panels sent a letter to the patient was sent within five working days. In one case the situation was unusual because there had been direct correspondence between the patient and the IPFR team, the team had decided that the standard letter to the patient was therefore not required. The group felt that a letter should still have been sent out to the patient to ensure that due process was adhered to as per the IPFR Policy.

AOB

The Chair informed the group that the next IPFR Workshop is to be held on 27 January 2026 and will be an online event. Gail Woodland was invited to provide more detail on the workshop programme. Registration will be open soon and the workshop will be conducted via Teams for a half day. James Coulson will commence the day with a summary of the year's IPFR activities, there will be a session on the recent changes to the IPFR Policy, a session for clinicians on completing and submitting IPFR forms via the electronic submission facility. There will also be two cases to be considered by delegates as mock panels and a session on the review process.

Michael Thomas updated the group on issues that have been experienced by Hywel Dda University Health Board IPFR panel who have recently struggled with quoracy. They have been unable to appoint a Deputy Chair and have also been challenged in terms of representation from the Therapies Directorate. These issues have now been resolved and so normal operation of the IPFR panel should resume.

Rebecca Boyce informed the group that Health Technology Wales (HTW) have received requests recently for rapid evidence reviews for non-medicine IPFRs. On several occasions the documentation provided to HTW has not been redacted of patient identifiable information, Rebecca requests that IPFR teams are reminded to redact all documents before sending them to HTW. AWTTC will ensure that this is included as a shared comment in all of the QA panel reports sent out following the meeting.

Future IPFR QA meetings

The next IPFR QA meeting will be on Teams on 12 February 2026 at 2.00 pm.

The Chair closed the meeting at 10.30 am.