



AWTTC

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

**Individual Patient Funding Request (IPFR) Quality Assurance (QA)
Group Audit
7 November 2022 via Teams**

Meeting minutes

Present:

Group members	Observers
Dr James Coulson (Chair)	Mrs Gail Woodland, AWTTC
Mrs Ann-Marie Matthews (lead IPFR co-ordinator)	Ms Rosie Spears, AWTTC
Miss Sophie Hughes (Health Technology Wales representative) from 2.30 pm	Laura Phillips, AWTTC
Mrs Jane Barnard (Lay representative)	
Mrs Pam James (Lay representative)	

Apologies: Dr Kelechi Nnoaham, public health representative

The meeting commenced at 3.00 pm.

Introduction:

Members were welcomed and asked to declare any interests. Interests were declared by Ann-Marie Matthews for Aneurin Bevan who would leave the meeting during discussion of this case. The Chair welcomed Mrs Pam James who has joined the group as a lay member. Applications from the period July to September 2022, one from each panel were considered at the meeting.

Feedback from previous QA meeting:

Feedback regarding the case assessed for CAVUHB at the last meeting was provided. The group had queried why the request had not been referred to WHSSC panel as a paediatric referral. The CAVUHB IPFR co-ordinator informed the group that they had confirmed with WHSSC that the case did not fall under their remit as the patient was being treated and monitored by adult neurology services, not paediatrics, and therefore not under the remit of WHSSC.

IPFR workshop

The IPFR Workshop has been rescheduled and will now be held on 28 February 2023 in Cardiff City Stadium. The number of delegates registered is still low, at the next IPFR Policy implementation group meeting co-ordinators will be reminded to promote this event locally.

IPFR Policy update

Ann-Marie Matthews informed the group that the timescales for the IPFR Policy update are yet to be finalised by the Joint Committee. The IPFR Policy Implementation Group will be meeting on the 24th November and will consider additional changes to be made as part of this review. 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 2022. 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.

In four cases the group were pleased to note that the costs provided by the applicant had been independently verified before consideration by panel. Despite all decision criteria being covered by panel discussions, value for money considerations remain poorly documented in the majority of cases. However, the group did note that in two cases value for money had been considered thoroughly and documented.

The group commented on two application forms which had been particularly well completed including alternative treatment costs and value for money concepts such as resource use and hospitalisations.

In a couple of cases an applicant and a group providing expert advice referred to 'exceptionality'. The IPFR policy no longer refers to exceptionality in the criteria for consideration, the group request that the current policy is signposted to applicants and all individuals involved in the IPFR process.

For one case, it was unclear if the application should have been considered via the IPFR route. The group would like some clarification as to the contractual arrangements between Health Boards for the intervention in question as the Prior Approval route may have been more appropriate.

The group noted that for all the cases considered for this quarter only two panels met all of the criteria. However, in one situation the case missed the urgency timeline of three weeks by just one day and in two other cases the letters to the patient and clinician were sent just one day outside of the five working days.

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IPFR QA group quoracy

Gail Woodland highlighted that the current Public Health Wales representative had struggled to attend a QA group meeting for the past three meetings. The group agreed that another Public Health representative should be sought. AWTTC to action.

The next IPFR QA meeting is TBC
The Chair closed the meeting at 4.15 pm.