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

Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit
26 September 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)	Dr Clare Elliott, AWTTC
Miss Sophie Hughes (Health Technology Wales representative) from 2.30 pm	Mrs Pam James, observer
Mrs Jane Barnard (Lay representative)	Laura Phillips, AWTTC

Apologies: Dr Kelechi Nnoaham, public health representative, Mrs Karen Samuels, AWTTC

The meeting commenced at 1.30 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. Sophie Hughes joined the meeting at 2.30 pm but the group remained quorate throughout the meeting. The Chair welcomed Mrs Pam James as an observer and who is considering accepting the second lay member position on the group. Applications from the period April to June 2022, one from each panel were considered at the meeting.

Feedback from previous QA meeting:

Lay membership for IPFR panels
An update on lay membership recruitment was given by Gail Woodland. The group heard that a recruitment campaign led by AWTTC during Volunteers Week resulted in some interest and the recruitment of new lay members to some AWTTC/AWMSG committees. Some interest was also expressed for IPFR panels. Channels used included Sabercomms (TV screens in GP surgeries and hospital waiting areas), Facebook and Twitter. A package of information has been created to be sent out to all IPFR co-ordinators to help recruitment. Jane Barnard suggested that adverts should be shown to lay members for feedback which the group thought a good idea. These will be shown and discussed at the next AWTTC Patient and Public Interest Group meeting on 21 October. The group agreed that this was a good start but more

needs to be done. Further advertising campaigns will be run in the near future.

IPFR workshop
The group heard that the number of delegates signed-up for the annual IPFR workshop on 13 October is lower than expected and thought to be the result of several other conferences and board meetings happening on the same day. The group agreed that maximising attendance is important and so rescheduling the workshop may be best. Dialogue with the venue is ongoing to see whether this is feasible and other options, such as holding the workshop online, are also being considered.

Judicial review of WHSSC IPFR decision and revision of the IPFR Policy
Ann-Marie Matthews shared with the group that a new project manager from WHSSC attended the last IPFR Policy Implementation Group meeting who was working on the Terms of Reference (ToR) for WHSSC. WHSSC had asked the Joint Committee if they could implement some proposals to their ToR which was supported but, on the proviso, that the IPFR Policy Implementation Group were involved. Further updates are awaited.

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 April to June 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.

For a couple of applications, the group considered that insufficient information was provided by the submitting clinician resulting in the panel having to 'pull-out' the case from the accompanying correspondence. This led to a review of the original decision in one case as the original submission contained insufficient information to justify the treatment choice. In the other case, the group felt that it should not have proceeded as Part 9 of the submission form was not completed by the submitting clinician. The group agreed that the message that clinicians need to ensure that the best case is put forward in the submission and to not rely on IPFR panels to pull-out the case needs re-enforcing.

The group also noted that, although the discussion held by the panels in all cases were in line with the decision-making guide, there was limited discussion on value for money in four cases. The group acknowledge that this can be difficult, especially if there is not much clinical evidence, although this topic has been addressed in previous IPFR workshops.

For one case, the application was made by a health professional other than an NHS clinician (GP or local hospital consultant or out-of-area hospital consultant) as stated in the IPFR policy. The group agreed that it was appropriate in this case and that the wording of the policy may need slight revision to reflect that the most appropriate health professional for the case in question can make the submission.

The group were pleased to note that for all the cases considered, all criteria were met by six of the panels with the remaining two panels meeting all criteria with the exception of one instance each.

AOB

Use of IPFR database

Gail Woodland raised the issues around two health boards not recording IPFR submissions on the IPFR database which causes reporting issues and cohort identification for medicines suitable to be considered via the One Wales Medicines process difficult. For one health board this issue will shortly be resolved due to the imminent recruitment of a post which includes responsibility for maintaining the IPFR database. A further discussion on issues relating to a batch of IPFRs not going to one panel was discussed, this is being investigated.

The next IPFR QA meeting is on 7 November 2022.
The Chair closed the meeting at 3 pm.