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

IPFR Quality Assurance Advisory Group

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Chair, IPFR QA Group

Grŵp Strategaeth Meddyginiaethau Cymru Gyfan
All Wales Medicines Strategy Group

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The remit of the IPFR Quality Assurance Advisory group

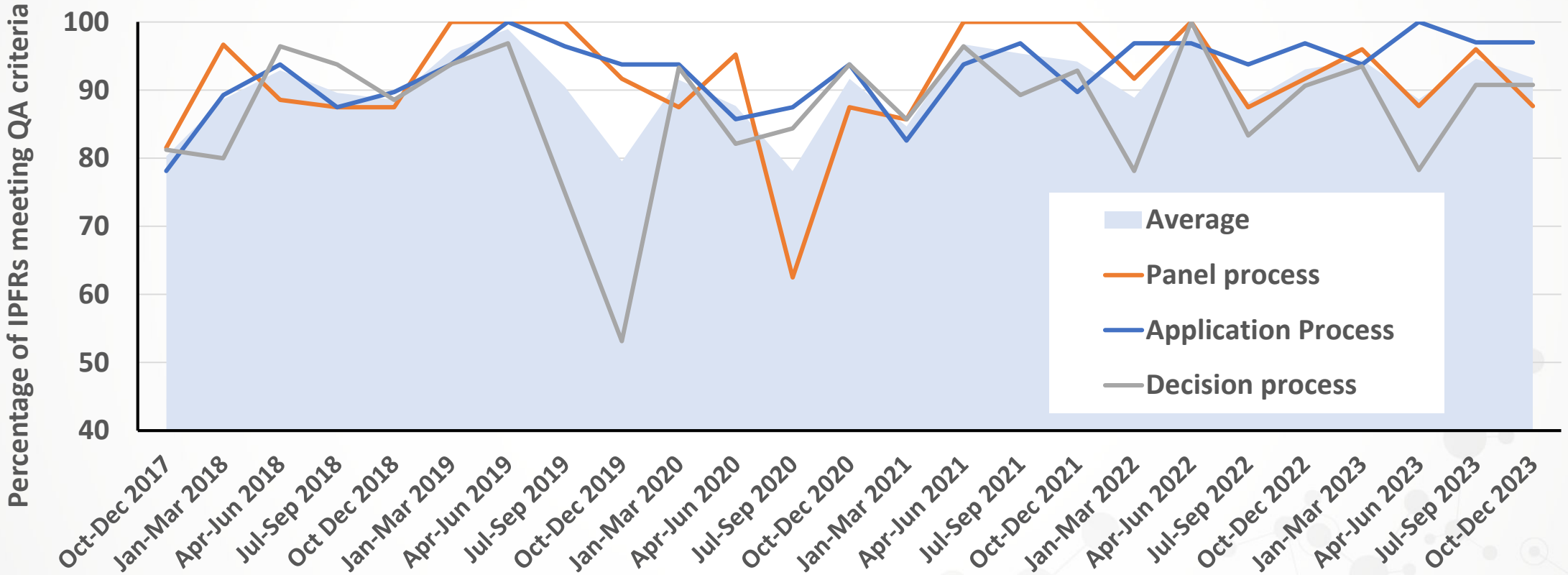
- In January 2017 Welsh Government published their findings and recommendations following an independent review of the IPFR process in Wales.
- One of the recommendations was to establish a national quality function for IPFR.
- The IPFR Quality Assurance Advisory group was established in 2017.
- The remit of the group is to promote quality in decision-making and consistency across Wales.

How does the QA group work?

- The group meet on a quarterly basis.
- AWTTC staff randomly select one IPFR for each panel for the quarter.
- The group is provided with all paperwork for the IPFR (redacted) and assess the documentation against pre-defined criteria in line with the NHS Wales IPFR policy.
- Each panel is provided with a report on the results, comments from the group, shared good practice and common themes arising across panels.

- Every six months a summary report is sent to Head of Pharmacy and Prescribing Policy at Welsh government.
- A member of the group observe a panel meeting each quarter and report back to the QA group. Each panel will be observed every 2 years.
- The group will also discuss and advise on issues arising from the IPFR service in general as required.

Percentage of IPFRs meeting assessment criteria October 2017 to December 2023



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Application process

The application process is being followed in line with the policy, in 2023 the four criteria have been met in 97% of the 32 cases assessed.

Was this an appropriate request to consider via the IPFR route?

100%

In all cases assessed in 2023 the IPFR process was being utilised appropriately.

Was the application form signed?

100%

A signature (or equivalent) is required to confirm that the applicant clinician has discussed the application fully with their patient.

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Was there sufficient information provided for the case to proceed to panel?

92%

Teams may request additional information or send forms back if they are poorly completed.

Was the case taken to panel within the timescale stipulated on the application form?

100%

The percentage of requests that meet urgency have increased since the first meeting in 2017

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Application process actions and comments

- A checklist was shared across panels to help ensure that all paperwork for the panel was completed before and after the meeting.
- Each IPFR panel should schedule meetings routinely every two weeks to ensure timely decisions for applications with urgency stipulated as ‘soon’ (within three weeks) or ‘non-urgent’ (within four to six weeks).
- Urgency may be re-classified on discussion with the clinician, this is taken into account by the QA group.

Cont…

- Although improving, IPFR forms are still submitted with poor or incomplete information, clinicians are being targeted for training and encouraged to complete the online e submission form. Incomplete forms can lead to delays in the process and ultimately delay patient treatments.
- Costs for interventions should be corroborated before panels meet, cost of alternative treatments should be provided for fully informed value for money considerations

Panel process

The panel process criterion were met in 92% of cases assessed in 2023, the group are still providing feedback to improve and to promote consistency in decision making considerations

Was the panel quorate?

Most often quoracy was not considered met when a case that was not requested as urgent was considered by Chair's action.

Was the discussion held by the panel in line with the decision making guide?

88%

Panels most often struggle with discussions around value for money. Training sessions today aim to help with this concept.

Was the decision and rationale for the decision clearly described in the minutes?

92%

Overall decision records are of a high standard and provide a clear record of discussions.

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Panel process actions and comments

- The use of Chair's action should be reserved for applications which require an urgent decision (within 24-48 hours). All other applications should be considered by a full quorate panel.
- The group advised that panels should not refer to past cases as part of the panel decision; since this recommendation use of past precedent has not been identified as an issue.
- The lack of clarity around value for money discussions, despite improvement, remains a challenge. Training and continued QA feedback aims to improve consideration of this criteria.

Decision process

The decision process assesses how the decision is communicated with the clinician and the patient. In 2023 the decision process criterion were met in 88% of cases considered.

Did the letter to the clinician clearly state the decision and explain the reason for the decision?

100%

Clinician letters consistently provide a clear decision and rationale.

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Was the decision letter sent to the clinician within 5 working days of the panel's decision?

84%

Clinicians are nearly always informed within five days, on occasion the letter including the decision rationale falls outside of the deadline.

Did the letter to the clinician state the review deadline date, and enclose the review form and guidance notes where applicable?

89%

Only one of the cases that were not approved in 2023 failed to include the appropriate details and paperwork for review.

Was the letter to the patient sent within 5 working days of the panel's decision?

74%

The group stress the importance of informing the patient that an IPFR decision has been reached by the panel.

Decision process actions and comments

- An example of good practice was shared across panels where a completed outcome reporting questionnaire is requested as part of a continued funding application.
- It is good practice to provide in the decision letter clearly defined outcome measurements of what is considered success to treatment.
- It is considered good practice to send a letter to the patient when a decision has been deferred to keep them informed of a possible delay.
- A decision letter should be sent to the patient in all cases unless they are an in-patient.

Feedback from IPFR teams

- I feel it is reassuring to know there is monitoring across Wales for consistency and fairness.
- I have received a few comments as a result of the QA feedback that I have since implemented and I feel the feedback is delivered in a way that strengthens the process and improves outcomes.

Diolch yn fawr
Thank you

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