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| <b>Reporting Committee</b>     | <b>JCC - All Wales Individual Patient Funding Request (IPFR) Panel</b> |
| <b>Chaired by</b>              | <b>Elizabeth Abderrahim</b>                                            |
| <b>Lead Executive Director</b> | <b>Professor Iolo Doull, Medical Director</b>                          |
| <b>Date of last meeting</b>    | <b>All Wales IPFR Panel meeting 15<sup>th</sup> July 2026</b>          |

**Summary of key matters considered by the Committee and any related decisions made.**

The following table demonstrates the number of requests considered at the Chair's Action Panel meetings and All Wales IPFR Panel meetings during this reporting period.

| <b>Month</b> | <b>Number of Requests discussed as Chair's Actions</b> | <b>Number of Requests discussed by JCC IPFR Panel</b> | <b>Number of requests approved</b> | <b>Anticipated costs from Panel cases</b> |
|--------------|--------------------------------------------------------|-------------------------------------------------------|------------------------------------|-------------------------------------------|
| July         | 2                                                      | 10                                                    | 10                                 | £530,304.00                               |

**Key risks and issues/matters of concern and any mitigating actions**

**Health Board Attendance progress**

No All Wales IPFR Panel meetings have been cancelled during this reporting period due to attendance. However, it still appears that some Health Boards are not providing regular representation. PTHB and Cardiff & Vale HB are still struggling to establish a rota of representatives to attend.

**Lay Members**

Following successful Induction, the two new Lay Members have been welcomed by the All Wales IPFR Panel and have attended each meeting since their appointment.

**Individual Patient Funding Request (IPFR) Quality Assurance (QA) Group Audit Report – August 2026**

One of the roles of this group is to consider an anonymised random sample of IPFR reports (one from each IPFR panel in Wales) in relation to their completeness, timeliness and efficiency of communication in line with the NHS Wales IPFR policy process. The full terms of reference of the group are available on the AWTTCC website. During this meeting the group considered one application from each panel considered between April and June 2026.

There are no actions for NWJCC.

The Group was pleased to note that for this quarter all nine criteria were met for the IPFR assessed, an improvement from last quarter where eight of the nine criteria were met. No issues were raised by the Group in relation to the case assessed for the NWJCC panel.

In the quarter April to June 2026, 94% of requests considered by NWJCC panel met the urgency stipulated in the application form. This is an increase from 83% which met urgency in the previous quarter and from 87% in the same quarter in 2025.

Very few issues were raised to share across all panels. The QA Group was pleased to note that seven of the eight panels met all of the criteria assessed. This demonstrates that, in general, panels are providing a timely and well documented service in line with the IPFR Policy.

All applications assessed were appropriate to be considered via the IPFR route although in two cases, the patient had already started treatment prior to an IPFR submission being made by the clinician in order to allow continuation of the treatment. This situation may cause an ethical dilemma for panels as they may find it difficult to make a decision, based on the evidence presented, to not support an application if it means withdrawing a treatment a patient is already receiving. The IPFR QA Group asks all panels and IPFR co-ordinators to remind clinicians that an IPFR application should be submitted and the outcome issued before any requested treatments are started. Ann Marie Matthews, lead IPFR co-ordinator, will also discuss with the co-ordinators on how best to deal with this scenario at their next Policy Implementation Group meeting.

The Group considered that the decision record for one case made by Chairs action did not contain sufficient detail for them to ascertain whether the clinical benefits of the intervention and value for money had been considered and so it could not be confirmed that a decision was reached in line with the criteria in the IPFR policy. The Group again remind all panels the importance of capturing the decision rationale fully for decisions made by Chairs action where no discussion record is produced and that this may be especially important for applications not approved which may be subject to subsequent review.

At the QA meeting it was highlighted that AW TTC and the Policy Implementation Group will be providing training sessions for panel members to give further clarity and guidance on consideration under Part 9 decision making criteria. Additionally, refresher training on this will also be included in the clinician session on how to complete an IPFR application form at the next annual IPFR workshop.

Finally, the Group was pleased to note some excellent examples of medicine evidence summaries provided by health board pharmacy teams. The Group would like to remind the IPFR teams to ensure that any non-confidential evidence is uploaded to the IPFR database to enable access for users from other panels.

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| <b>Matters referred to other Committees</b>                          |                                                          |
| <ul style="list-style-type: none"> <li>• None</li> </ul>             |                                                          |
| Confirmed Minutes for each of the meetings are available on request. |                                                          |
| <b>Dates of next meetings</b>                                        | <b>05<sup>th</sup> &amp; 19<sup>th</sup> August 2026</b> |