GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu Joint Commissioning Committee

Item 3.3
Appendix 1

Individual Patient Funding Request
Deep Dive

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(v6 16/09)

Recommendation One

Minimum IPFR panel application value

Over half (54%) of IPFR applications are below £5k. A standardised All-Wales minimum panel threshold would improve efficiency, reduce delays, and promote equity across Wales.

Benefits: reduced referral to treatment time (RTT), simplify pathways, improve patient experience and outcomes and reduced IPFR administrative burden.

Recommendation: Review minimum value for cases to go to panel on an all-Wales basis and update IPFR policy to reflect this.

Recommendation Two

Automatic consideration of treatments repeatedly approved at IPFR

IPFRs for the same intervention/indication submitted for three or more patients within 12 months often indicate emerging clinical demand. Repeated IPFR requests to precipitate a formal evidence review and decision on whether commissioned or for a decision not to commission

Benefits: reduced RTT, simplify pathways, improved patient experience and outcomes, reduce burden for clinical teams completing requests and reduced IPFR administrative burden

Recommendation: Develop Standard Operating Procedure (SoP) for the process of automatic consideration of treatments repeatedly approved at IPFR.

Recommendation Three

Improving access to care

3,588 prior approvals were submitted across 117 providers. Reviewing policies, contracts and referral pathways, alongside KPI-triggered repatriation assessments, could improve access, increase care closer to home and deliver better value.

Benefits: improve patient experience and outcomes, potential cost saving, increased value and reduced IPFR administrative burden.

Recommendation: A review of contracts and policies relating to top requests and development of process for ongoing review.

Recommendation Four

HPN prescribing practices

The deep dive has shown large regional variation of median HPN costs across Wales. Further analysis of the prescribing and associated community nursing support approaches within HPN services to ensure equity across Wales.

Benefits: improve patient experience and outcomes, potential cost saving, increased value and reduced IPFR administrative burden.

Recommendation: Review of HPN prescribing practices to ensure equity of care across Wales.

Recommendation Five

Clarity on commissioning responsibilities

40% of declined prior approvals relate to treatments outside NWJCC commissioning responsibility. Publishing clear NWJCC and UHB commissioning responsibilities would reduce ambiguity, improve signposting, and streamline funding decisions.

Benefits: reduced RTT, simplify pathway, improve patient experience and outcomes and reduced IPFR administrative burden.

Recommendation: Clarity on NWJCC commissioning responsibilities and published list of JCC and UHB commissioning responsibilities.

Recommendation Six

Expansion of IPFR collaboration between UHB and NWJCC

Endorsement of these recommendations will require early engagement and coordinated implementation planning between UHBs and NWJCC to ensure seamless delivery and minimise operational disruption. Increased collaboration will also support adoption of successful NWJCC service changes, promoting consistency and reducing inequity across Wales.

Benefits: reduced RTT, simplify pathway, improve patient experience and outcomes and reduced IPFR administrative burden.

Recommendation: All Wales IPFR and PA service feasibility study

Recommendation Seven

Digitalisation

For all NWJCC PA and IPFR applications to be received via online platform. NHS England currently utilises such a platform for IFR requests. All Wales standardised libraries for treatments, drugs, and indications would improve data quality and reduce manual inputting.

Benefits: reduced RTT, improve data quality, improve evaluation of value and effectiveness and reduce IPFR administrative burden

Recommendation: Online IPFR and prior approval application system

Recommendation Eight

Patient reported outcomes

PROMs and PREMs could be integrated into a future digital referral platform, supported by existing national audits and registries to strengthen monitoring of treatment outcomes and patient experience.

Benefits: reduced RTT, simplify pathway, improve patient experience and outcomes and reduce IPFR administrative burden.

Recommendation: Implementation of process for PREM and PROM collection along with process for ensuring clinically reported outcomes.

Recommendation Nine

MOD Fasttrack and war veteran applications

Transfer MOD Fast Track referrals directly to Health Boards and treating services, ensuring consistent implementation of the Armed Forces Covenant, equitable cost allocation, and care delivered closer to home where appropriate.

Benefits: reduced RTT, simplify pathways, improved patient experience and outcomes and reduce IPFR administrative burden.

Recommendation: MOD Fasttrack and war veteran applications to be transferred back to HBs

Recommendation Ten

Implementation plan and resource requirements

A comprehensive implementation plan, including required resources, is needed to maximise the benefits of these recommendations for patients accessing services through the NHS Wales Joint Commissioning Committee and health boards.
Benefits: improved value, increased financial savings and optimised patient care.

Recommendation: Review team capacity and establish new posts within the team.

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Diolch/Thank you