

<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 Director</b>	<b>Director of Nursing</b>
<b>Date of last meeting</b>	<b>JCC IPFR Panel meeting 5 March 2025</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>Number of Requests discussed as Chair's Actions</b>	<b>Number of Requests discussed by WHSSC IPFR Panel</b>
<b>January</b>	1	5
<b>February</b>	1	11

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

**Health Board Attendance progress**

There are no concerns to escalate during this reporting period.

**Vice Chair Vacancies**

Unfortunately no expressions of interest for the position of Vice Chair of the All Wales IPFR Panel have been received from the non-JCC Panel members. Governance advice has been sought from the Corporate team to ascertain if it was appropriate for JCC members to apply.

**Individual Patient Funding Request (IPFR) Quality Assurance Group (QAG) Audit Report – February 2025**

One of the roles of the QAG 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. During this meeting the group considered one application from each panel considered between **October and December 2024**.

The report highlighted that all ten criteria were met for the IPFR assessed from the JCC.

Although there was information provided and discussions were in line with the decision-making guide, the QA Group felt that the panel would have benefited

from an evidence summary by the pharmacy team to further inform discussion. In particular, this would have highlighted that the reported relative risk of adverse drug reactions including headache for the medicine being requested was similar for the medicine the patient had been previously treated with but had had to stop due to intolerable side effects. It was also noted that VTE risk could not have been compared in the review due to low numbers or lack of reporting.

The QA Group was pleased to note that the panel did not, at the request of the clinician, pre-approve treatment with a different in-class drug should the intervention under consideration not be effective or not tolerated. The rationale for this decision was outlined in the letter to the clinician with the comment that a new IPFR submission would have to be made.

The QA Group noted that the JCC panel were using the most up to date version of the IPFR policy.

No redactions were required prior to sharing documents with the QA Group members. Between October and December 2024 86% of application considered by the NWJCC panel met the urgency stipulated in the application form which was similar to the previous quarter but a slight decrease compared to the same quarter in 2023.

**Matters referred to other Committees**

- None

**Date of next meeting**

**19 March 2025**