# WRITTEN STATEMENT

# BY

# THE WELSH GOVERNMENT

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| **TITLE** | Annual Individual Patient Funding Request (IPFR) Report, 2018-19 |
| **DATE** | **03 October 2019** |
| **BY** | Vaughan Gething, Minister for Health and Social Services |

An IPFR is a request to a health board or the Welsh Health Specialised Services Committee (WHSSC) to fund NHS healthcare for patients who fall outside the range of services and treatments that an NHS organisation routinely provides. An IPFR can cover any type of healthcare, including a specific service, treatment, medicine, device or piece of equipment. There are several hundred IPFRs every year and the majority are accepted.

Following the 2014 IPFR review and the implementation of its recommendations, Members may recall that in 2016 I had agreed the time was right for a new, independent review of the IPFR process. The group of independent experts who carried out the review comprised a range of relevant expertise and knowledge and had sole responsibility for the content of their report, their findings and their recommendations. I accepted all of the 27 recommendations – several of which endorsed and built on existing good practice in the NHS in Wales – and committed to implementing them.

Changes introduced as a result included improving access to information about the IPFR process for clinicians and patients; providing more training for clinicians about the IPFR process and the processes NHS organisations use to commission services in other health boards; establishing the NHS Wales Quality Assurance Advisory Group (QAAG) to monitor NHS organisations’ IPFR processes and streamlining the process.

The QAAG reviews a sample of IPFRs from all NHS organisations every six months. The Group considers that overall the IPFR process is being followed in line with IPFR policy.

Another of the recommendations was to revise the criteria an NHS organisation’s IPFR panel use to assess an IPFR by requiring the clinician to show a patient would gain significant clinical benefit at reasonable value for money for the NHS, rather than showing that a patient had clinical exceptionality. The latest annual report about the IPFR process (<https://www.awttc.org/ipfr>) is the first to cover a full year since the IPFR guidance was revised in June 2017.

The number of IPFRs made has been falling since 2015 and the small number in 2018-19 (358) means it would be difficult to generalise or draw definitive conclusions about the impact of the changes made to the IPFR process. Nonetheless, I am pleased to report the approval rate for all IPFRs has been rising since 2016-17, reaching the highest level to date - 68% - in 2018-19. Similarly, the approval rate for medicine IPFRs has been increasing for the past four years reaching the highest level to date - 71% - last year. The approval rate for non-medicine IPFRs has varied over time but last year’s approval rate - 66% - is the highest to date. As well as IPFRs, in 2018-19, there were 34 continued funding requests, to fund extensions to original IPFRs. Of these, there were 28 for medicines and six for non-medicines, which indicate that patients were benefitting from the requested treatments.

IPFRs are a small but significant part of the services NHS Wales provides and their impact on patients should not be underestimated. I believe the independent review has improved understanding of the IPFR process for both patients and clinicians and the regular monitoring being undertaken by the QAAG means that patients and clinicians can have every confidence that IPFRs are being carried out to the highest standards.