Welsh Government Consultation on the
Individual Patient Funding Request System
NHS Wales

Response from the Royal College of Surgeons Professional Affairs Board in Wales

Introduction

1. The Royal College of Surgeons is a professional body that sets the highest possible standards for surgical practice and training in order to deliver safe and high quality patient care.
2. The Royal College of Surgeons Professional Affairs Board in Wales provides a means by which surgeons at the front line can share information, bring concerns to local decision-makers and look for solutions which will lead to better patient outcomes.
3. Our submission considers some of the barriers to efficacy of the current IPFR process and some of the steps we believe need to be taken in order to improve the IPFR process in Wales.

Summary of key recommendations

- The Royal College of Surgeons welcomes the recognition in the review of the IPFR process that there are a number of shortcomings which need to be addressed. We welcome the majority of the recommendations and proposals which have been made in the review's report.
- As the review recognises, there is currently a lack of strategic coordination in the IPFR process in Wales. The Royal College of Surgeons would like to see better coordination among Health Boards, WHSSC and Welsh Government and a more joined-up approach to the IPFR process in order to contribute to improved outcomes for patients.
- Although we would welcome any move to improve the level of clinical advice to IPFR panels as outlined in the review's recommendations, our view is that consideration should also be given to improving the professional input from across medicine into IPFR decision making processes at both a national and local level.

The Current IPFR Process

4. The Royal College of Surgeons welcomes the review of this important policy area and the opportunity to provide our thoughts. We recognise that the IPFR process is an important and necessary part of sensible decision making and service commissioning within the NHS in Wales.
5. IPFR applications can be made for any type of healthcare in Wales including a service, treatment, medicine, device, or piece of equipment that is not normally provided by the NHS in Wales[1].
6. However, as the review of the IPFR process recognises, there are a number of shortcomings with the IPFR process which limit its effectiveness in Wales.
7. WHSCC describes the IPFR as constituting "*the lowest grade and quality of appraisal process currently in Wales. Each Health Board is required to run an IPFR Panel which considered*

[1] Further information available from: http://www.wales.nhs.uk/sitesplus/863/page/55331

individual cases on the basis of 'exceptionality'. The quality of appraisal varies considerably between Health Board and most Panels operate without robust methods of evidence appraisal.[2]"

8. The Royal College of Surgeons agrees with the findings of the review that there should be better coordination among Health Boards, WHSSC and Welsh Government and a more joined-up approach to the IPFR process across Wales in order to contribute to improved outcomes for patients. We also agree with the review's findings that the transparency of Local Health Boards' IPFR is poor and that the Welsh Government should consider steps to address this issue.
9. In our view, there is merit in bringing forward a national all Wales strategic approach to ensure a consistent IPFR process. We agree with the review's recommendation that there may be a role for the All Wales Therapeutics and Toxicology Centre to play in ensuring a more cohesive and consistent IPFR process, particularly with regard to medicines and treatments for exceptional clinical cases. This will reduce the variation in the current system and the risk of post code lottery of decision making. However it will be important that the process does not focus on just medicines but all treatments which often include surgical interventions.
10. The current IPFR process has a poor reputation among clinicians. There is a perception among our members and fellows that individual IPFR panels are primarily based on managerial processes and fiscally driven, with limited clinical input, clinical governance or ethical agenda. Furthermore, the IPFR process is used in different ways by clinical groups. Concerns have also been raised about the amount of time IPFR panels take to make decisions which is another area we believe needs to be addressed.
11. Currently, the recruitment of experts is ad hoc and risks resulting in an individual opinion of the process, which is not necessarily consistent with national professional body's views. As such, there is a risk that assessment of IPFR requests by the panel have a limited understanding of the clinical scenario and the options for treatment are decided on the basis of a single expert opinion.
12. Although we would welcome any move to improve the level of clinical advice to IPFR panels as outlined in the review's recommendations, our view is that consideration should also be given to improving the professional input into IPFR decision making processes at both a national and local level. This would allow IPFR panels to access networks of clinicians with the relevant expertise.
13. There are a range of patients with conditions for whom there are established treatments for which there is limited or no provision in Wales. Many of these are urgent conditions so there needs to be a mechanism by which decisions can be made expeditiously. Currently these cases are dealt with by local IPFR panels which can delay urgent treatment. An alternative mechanism is to have established agreed routes of out of area referral in place with funding arrangements pre-established.
14. We would also welcome any move to monitor patient outcomes to IPFR decisions in order to demonstrate consistency in clinical approaches and outcomes across Local Health Boards. We also agree that lay and patient representation on IPFR panels should be increased as outlined in the review's recommendations.
15. The role of the IPFR process as defined by the Welsh Government's review is to provide a mechanism for accessing treatment for clinically exceptional cases. Our view is that there is a need to further define what constitutes 'clinical exceptionality' and how this can be transferred into guidance relating to the appropriateness of case referrals.

[2] WHSSC submission to the NAfW Health and Social Care Committee, further information available from: http://www.senedd.assemblywales.org/documents/s500001650/MT%2036%20-%20Welsh%20Health%20Specialised%20Services%20Committee%20WHSSC.pdf

16. In surgical specialities the role of the IPFR is related to, and somewhat confused with, Health Boards' policies on 'Interventions Not Normally Undertaken' (INNU). The RCS has concerns that the INNU policy, which has now been adapted and adopted by Local Health Boards across Wales, has been devised and implemented without any reference to the national professional bodies and this is an area that we believe needs to be addressed.
17. The RCS, through its National Surgical Commissioning Centre, has worked with the national surgical speciality associations and other stakeholders to devise evidence based pathways of care. The guides are NICE accredited and are devised to assist decision-making on high quality, evidence based surgical care and are also suitable to be applied for the NHS in Wales.
18. Over the last ten years, clinical decision making has developed from being the responsibility of an individual consultant to a multi-disciplinary approach. This now the case in almost all surgical areas including cancer treatment, cardiac surgery and cardiology, vascular surgery, endocrinology etc. In this environment, risk assessment for each patient is reviewed and the options for treatment discussed and an individualised decision made about each case. In addition, an audit of outcomes takes place in a multidisciplinary environment. It is our view that consideration should be given to seeing what lessons could be learnt and applied from this multi-disciplinary team approach, and the greater knowledge and expertise it brings, to the IPFR process.
19. Currently the Welsh Health Specialised Services Committee (WHSSC) is responsible for ensuring that population of Wales has fair and equitable access to the full range of specialised services in Wales. We believe that WHSSC must ensure greater clarity and transparency around its processes in commissioning specialised services in Wales.

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