

# Implementation of the 2014 IPFR Recommendations

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**AWTTC**  
All Wales Therapeutics  
& Toxicology Centre

# What is an Individual Patient Funding Request?

- A request to a health board to fund NHS healthcare for individual patients who fall outside the range of services and treatments that a health board has agreed to routinely provide
- This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment



# Categories suitable for IPFR

- A treatment that is either new, novel, developing or unproven and is not within the health board's routine schedule of services and treatment (e.g. A drug that has yet to be approved for use in a particular condition)
- A treatment that is provided by the health board in certain clinical circumstances but is not eligible in accordance with the clinical policy criteria for that treatment (e.g. Treatment for varicose veins)
- The patient has a rare or specialist condition that falls within the service remit of the Welsh Health Specialised Services Committee(WHSSC) but is not eligible in accordance with the clinical policy criteria (e.g. Plastic surgery)

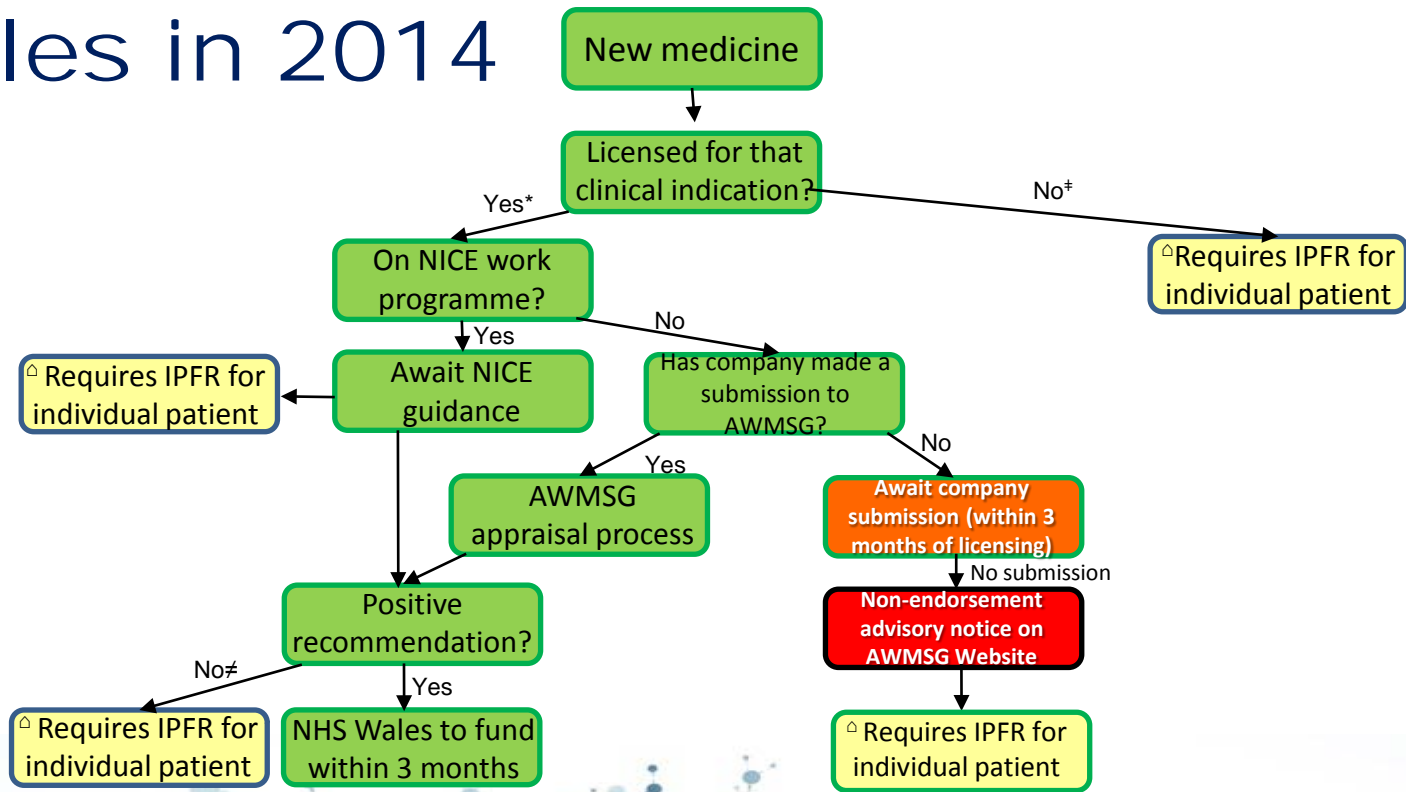


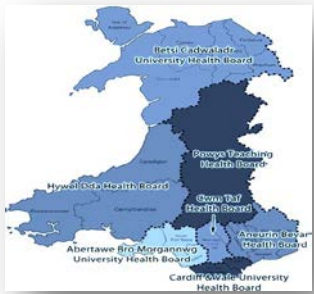
# Access to medicines issues in Wales

- Negative appraisal of Medicines
- Delayed appraisal of licensed medicines
- Non-appraisal of licensed medicines
- Off-label use of medicines



# Pathways To Medicines access in Wales in 2014





# Implementation of the 2014 IPFR Recommendations Recommendation 4

The existing IPFR panels linked to the seven Health Boards and WHSSC should continue. A move to hold joint meetings of neighbouring panels may be considered further once the recommendations of this report have been implemented and reviewed by October 2015





# Implementation of the 2014 IPFR Recommendations

## Recommendation 5

IPFR panels should increase their lay representation to two voting members whilst the CHC representative should become a non-voting member. This will allow the CHC representative to focus, unfettered, on their role as a patient representative







# Implementation of the 2014 IPFR Recommendations Recommendation 8

AWTTC should work with Health Boards and WHSSC to establish a common dataset and patient consent process, for local and national reporting by September 2014





# Implementation of the 2014 IPFR Recommendations

## Recommendations 9 & 10

9: AWTTTC in conjunction with IPFR co-ordinators and panel members should update the NHS Wales policy and supporting guidance on IPFR panels to reflect the recommendations of this report

10. Patient outcomes linked to IPFR decisions should be monitored. AWTTTC and Health Boards should work together to devise a process to collect this information for all technologies



# IPFRs conducted since 2012

Year	2012-13		2013-14		2014-15		2015-16	
	No.	%	No.	%	No.	%	No.	%
IPFR (medicines)	406	60	437	59	348	67	309	45
IPFR (medicines) - approved	216	53	223	51	176	51	176	57
IPFR (treatments)	275	40	303	41	173	33	374	55
IPFR (treatments) – approved	131	48	160	53	86	50	226	60
Total IPFR	681	100	740	100	521	100	683	100
Total IPFR – approved	347	51	383	52	262	50	402	59

**IPFR system**

**2014 IPFR Review**

**Present Review**

## Top 10 medicine-indication combinations considered by IPFR panels in 2015/2016

Medicine	Indication	License Status
Pertuzumab <sup>†</sup>	First-line treatment of metastatic advanced breast cancer	Licensed
Apremilast <sup>†</sup>	Severe psoriasis	Licensed
Bevacizumab 7.5mg	First-line treatment of adult patients with advanced epithelial ovarian, fallopian tube, or primary peritoneal cancer	Off-label
Ruxolitinib <sup>*</sup>	Myelofibrosis	Licensed
Cetuximab <sup>‡</sup>	≥ 2 <sup>nd</sup> line treatment of advanced colorectal cancer	Licensed
Ibrutinib <sup>†</sup>	Mantle cell lymphoma	Licensed
Bevacizumab <sup>‡</sup>	Metastatic colorectal cancer	Licensed
Vedolizumab <sup>*</sup>	Crohn's disease	Licensed
Adalimumab	Severe uveitis	Off-label
Enzalutamide <sup>*</sup>	Prostate cancer	Licensed

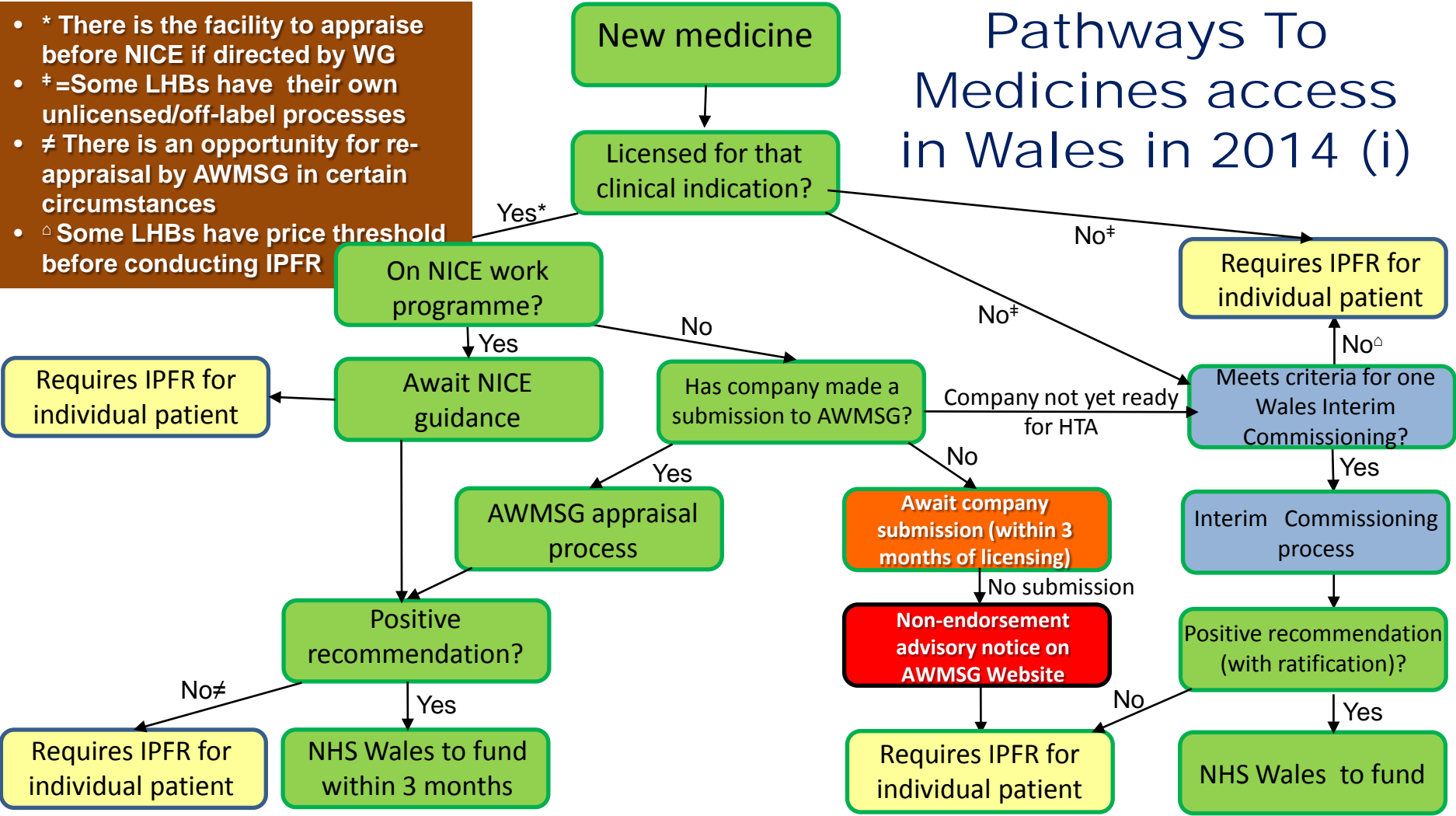
\*IPFR requests prior to positive HTA advice becoming available, <sup>†</sup>HTA in progress, <sup>‡</sup>HTA negative recommendation

<sup>‡</sup>HTA



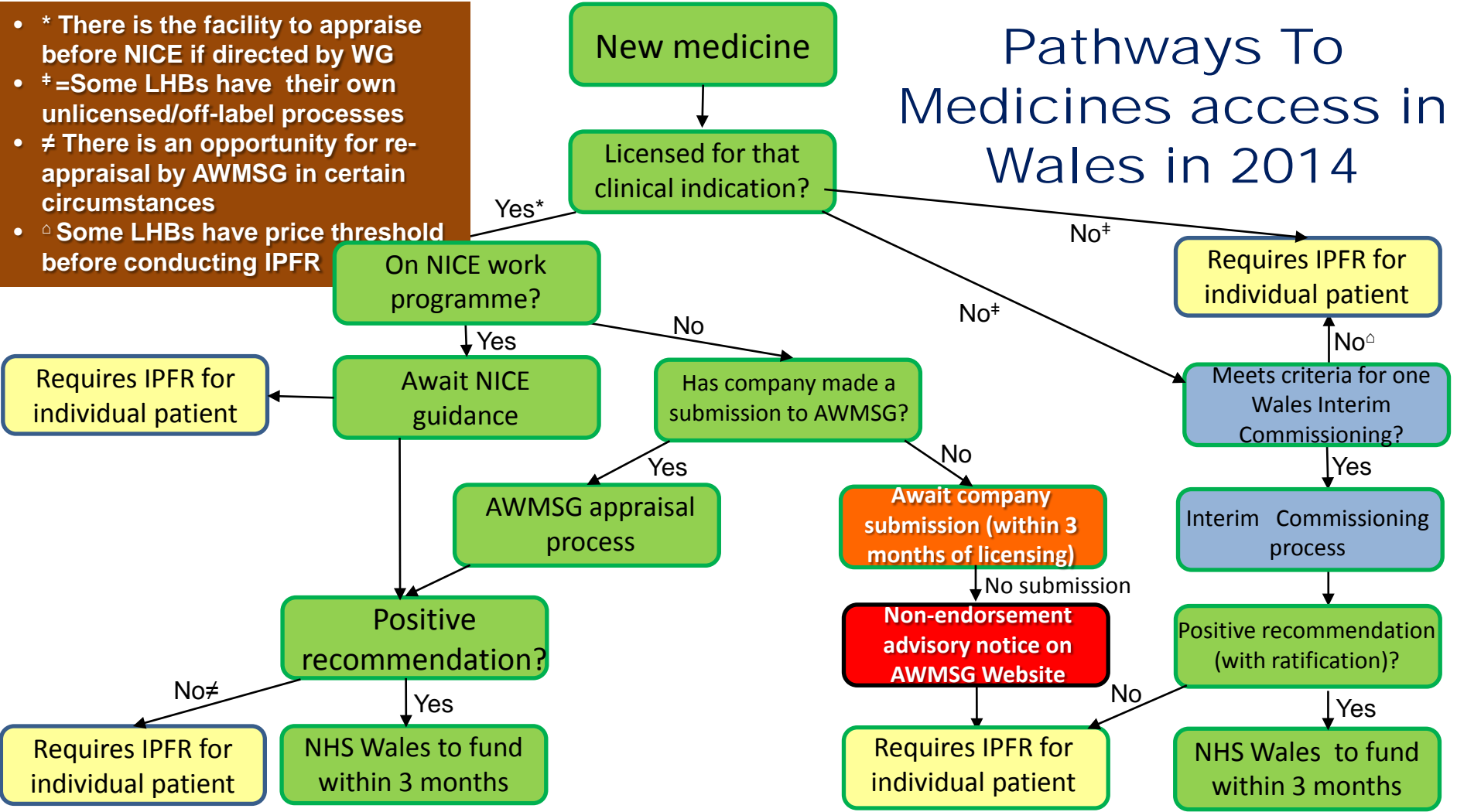
# Pathways To Medicines access in Wales in 2014 (i)

- \* There is the facility to appraise before NICE if directed by WG
- ‡ =Some LHBs have their own unlicensed/off-label processes
- ≠ There is an opportunity for re-appraisal by AWMSG in certain circumstances
- △ Some LHBs have price threshold before conducting IPFR



# Pathways To Medicines access in Wales in 2014

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- ‡ =Some LHBs have their own unlicensed/off-label processes
- ≠ There is an opportunity for re-appraisal by AWMSG in certain circumstances
- ◊ Some LHBs have price threshold before conducting IPFR



# Implementation of the 2014 IPFR Recommendations

- Working towards increased consistency of processes
- Working towards increased lay involvement
- Working towards increased transparency
- Working towards increased opportunity for access



## 2016-17 Review of IPFR Process

“It is right that we have a process in Wales to enable access to treatments and devices which are not normally available via the NHS. Each health service in the UK has such a process, with clinical criteria to determine accessibility”



Vaughan Gething AM  
Cabinet Secretary for  
Health, Well-being and  
Sport

“The NHS Wales process has been improved following a review in 2013-14. A further review will now take place to ensure better consistency of decisions across Wales and make recommendations about what clinical criteria should be applied when determining eligibility”





# Diolch yn fawr



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IPFR Workshop, Sytner Suite, Cardiff City Stadium Wednesday 22nd March 2017