

# IPFR – Exceptional – v – Significant

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# IPFR

- Start from the beginning
- The five evils in the Beveridge Report
- The reason for the NHS
- What do we do?

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- Act on the direction of the Minister
- S.3 NHS Wales Act 2006 – our job description
- Based on “reasonable”

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- What is “reasonable”
- The person on the Clapham Omnibus
- No target duty
- Dyer and Sunderland apply

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- Dyer – the facts
- Duty to discharge functions
- Have to take into account many different factors

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- Old regime of IPFR
- Exceptional
- Reports conclusions – unwieldy term and the seven recommendations
- New proposals

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- The King is dead long live the King
- Exceptionality – no one understands it
- New rule
- (a) the patient is likely to obtain significant clinical benefit from it and
- (b) the intervention offers reasonable value for money, given its impact on the resources available to others and the availability of other suitable and cost-effective interventions.

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- Break it down
- the patient is likely to obtain **significant clinical benefit** from it and
- Significant - ??
- Clinical - ??
- Benefit - ??



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- the intervention offers **reasonable value for money**, given its impact on the resources available to others and the availability of other suitable and cost-effective interventions
- VFM - ??
- NAO – The three Es [Economy, Efficiency, Effectiveness]

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- Remember
- The NHS Job description in S.3
- Reasonable provision, not a target duty
- What is significant, clinical benefit
- What is reasonable value for money
- The three Es.

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- Any questions
- Christian Young