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Bwrdd Iechyd Prifysgol
Abertawe Bro Morgannwg
University Health Board



Meeting Date	4 th October 2018	Agenda Item	6c
Meeting	Quality and Safety Committee		
Report Title	2017/18 Individual Patient Funding Decisions		
Report Author	Anne Simpson, Individual Patient Care Services Manager		
Report Sponsor	Sandra Husbands, Executive Director of Public Health		
Presented by	Sandra Husbands, Executive Director of Public Health		
Freedom of Information	Closed		
Purpose of the Report	This report provides the Committee with the funding decisions made by the Individual Patient Funding Request (IPFR) panel, the Prior Approval panel and the Cross Border European Economic Area (EEA) panel in 2017/18		
Key Issues	Key issues to highlight in the report include: <ul style="list-style-type: none"> • The number of individual patient funding decisions • The financial implications of IPFR, prior approval (where known) and EEA decisions 		
Specific Action Required <i>(please ✓ one only)</i>	Information	Discussion	Assurance
	✓		
Recommendations	Members are asked to: <ul style="list-style-type: none"> • Note the contents of the report. 		

1. PURPOSE

The Quality & Safety Committee is asked to note the funding decisions made by the Individual Patient Funding Request (IPFR) panel, the Prior Approval panel and the Cross Border European Economic Area (EEA) panel in 2017/18

2. IPFR

ABMUHB has an IPFR Panel established with delegated authority from the Board to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that the Health Board has agreed to provide routinely. This can include a request for any type of healthcare including a specific service, treatment, medicine, device or piece of equipment

Such a request will normally be within one of the three following categories;

- a patient and NHS clinician have agreed together that they would like a treatment that is either new, developing, or unproven and is not within the Health Board's routine schedule of services and treatments (for example, a request to use a cancer drug that has yet to be approved by the Health Board for use in that particular condition);
- a patient and NHS clinician have agreed together that they would like a treatment that is provided by the Health Board in certain clinical circumstances, but the patient does not meet the clinical policy criteria for that treatment (for example, a request for treatment for varicose veins for cosmetic reasons alone);
- a 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 usual clinical policy criteria for treatment (for example, a request for plastic surgery where the indication is personal preference rather than medical need).

2.1 2017/18 IPFR Decisions

During the financial year 2017/18 the IPFR panel considered 24 requests in total, 20 drug requests and 4 non drug requests. Out of the 24 requests, 7 were approved and 17 were not approved.

A summary of the decisions reached by the IPFR panel during this period is presented below in Tables 1 and 2.

Table 1. Decisions made by speciality and drug

SPECIALTY	TREATMENT/INTERVENTION	APPROVED	NOT APPROVED	TOTAL
Dermatology	IgA Pemphigus	1		1
	Human Normal Immunoglobulin (Gammaplex)	2		2
	Tocilizumab		1	1
Dermatology Total		3	1	4

Haematology	Brentuximab	1		1
	Dabrafenib	1		1
	Ibrutinib		1	1
	Lenalidomide		1	1
Haematology Total		2	2	4
Oncology	Bevacizumab		3	3
	Abiraterone	1		1
	Pertuzumab		6	6
	Regorafenib		1	1
Oncology Total		1	10	11
Ophthalmology	Idebenone	1		1
Ophthalmology Total		1		1
Grand Total		7	13	20

Please note this is the number of requests and not the number of individual patients, i.e. more than one request may have been submitted for the same patient

Table 2. Decisions made by speciality and non drug

SPECIALTY	TREATMENT/INTERVENTION	NOT APPROVED
Gynaecology	Labia reduction	2
Hepatology	Alfapump	1
Pain Management	Chronic Pain – 2 week residential programme	1
Grand Total		4

A continuing decline in the number of IPFRs considered within ABMU HB was seen in 2017/18 compared with previous years (28 drug requests considered in 2016/17). Possible reasons for the reduced number of drug requests may be a greater awareness by the clinicians of Health Technology Appraisal (HTA) advice, or a better understanding of the most appropriate route for accessing a medicine on behalf of patients.

2.2 Financial implications of the IPFR Approved decisions

The financial implications of the approved requests for 2017/18 are shown below in Table 3.

Table 3. Financial implications of approved IPFR drug decisions

Specialty	Drug	Approved	Committed (estimation)	Actual (paid)	Comments
Dermatology	Human Normal Immunoglobulin (Gammaplex)	3	£60,000		£5,000 per cycle – 12 cycles approved Treatment started on 02/05/2017.
			£20,250	£27,010.43	Approved end of Jan 18 – deceased middle of May 18. £6,750 per cycle; £20,250 for 3 cycles.
Haematology	Brentuximab	1			
	Dabrafenib	1	£100,800	£4,771.20	Approved end of March 18 –

					deceased end of May 18 (2 months) Year 1 of therapy - £67,200 plus VAT; Year 2 of therapy - £33,600 plus VAT
			£52,470	£3711 in 17/18	£52,470 for 33 months incl. VAT Treatment started on 27/07/2018 and patient is continuing to receive this. Consultant has reported a complete response to the treatment as PSA has been undetectable
Oncology	Abiraterone	1			
Ophthalmology	Idebenone	1	£9,600	£4,800	£400 per month for 2 years (£9,600)
Grand Total		7			

Please note this is the number of requests and not the number of individual patients, i.e. more than one request may have been submitted for the same patient

3. Prior Approval

In May 2018 the HB introduced the new NHS Wales Prior Approval Policy for decision making around prior approval requests for an individual patient. Prior approval is normally required when a patient is seeking routine treatment/care outside of local services or established contractual arrangements. Such a request will normally fall within one of the following categories:

- Second opinion
- Lack of local/commissioned service provision/expertise
- Clinical continuity of care (considered on a case by case basis)
- Transfer back to the NHS following self-funding in the private sector
- Re-referral following a previous tertiary referral
- Students
- Veterans

The policy was produced by an all Wales working group, comprising representatives from each health board and from WHSSC.

In the main, the ABMU HB prior approval panel receives requests for the following types of cases:

- **Second opinion** – The patient and/or their consultant would like a second opinion out of area: they may wish to seek a definitive diagnosis, which they have not been able to achieve locally. Or they may wish to seek advice on the future management/treatment for the patient.
- **Lack of local/commissioned service provision/expertise** – The Consultant would like to refer the patient out of area to attend an inpatient rehabilitation programme, which is not available locally. Or the Consultant would like to refer the patient to a neighbouring HB but the particular request falls outside the existing contract.

- **Students** – A student moves into the ABMU HB area, for the period of their studies, and is already receiving treatment or being followed up by a provider outside of Wales.
- **New residents to ABMU HB area** – A patient who moves into the ABMU HB area who may have been placed on the waiting list, started treatment or is receiving follow up care by a provider outside of Wales prior to their move
- **Routinely commissioned services/treatment** – A GP may submit an out of area request without knowledge that ABMU HB or a neighbouring HB provides that service. For example requests to a headache clinic or for Chronic Fatigue Syndrome (CFS), which are both routinely provided within ABMU HB.

3.1 2017/18 Prior Approval Decisions

During the financial year 2017/18 the prior approval panel considered 178 requests in total: 22 drug requests and 156 non drug requests. Out of the 22 drug requests, 21 (95%) were approved and 1 was not approved. Of the 156 non drug requests, 134 (86%) were approved and 22 (14%) not approved.

A summary of the decisions reached by the prior approval panel for the top 10 specialties requested during this period is presented below in Table 4.

Table 4. Prior approval requests by decision and specialty

Specialty	Approved	Not Approved	Grand Total
Orthopaedics	30	8	38
Oncology	16	1	17
Ophthalmology	14	2	16
Neurology	9	4	13
Urology	12	1	13
Gastroenterology	10	1	11
Rheumatology	7	2	9
ENT	3	1	4
Paediatric CFS	4		4
Gynaecology	3		3
TOTAL of top 10	108	20	128
30 mixed specialties	48	2	50
TOTAL	156	22	178

Please note this is the number of requests and not the number of individual patients, i.e. more than one request may have been submitted for the same patient

• 2017/18 Orthopaedic Requests

From table 4 the main prior approval requests were for Orthopaedics (21%), with the majority of these to either Robert Jones & Agnes Hunt Orthopaedic Hospital in Oswestry (39%) or Royal National Orthopaedic Hospital in Stanmore (16%). Out of the 30 approved requests, 14 (46%) were for surgery/treatment or some other kind of intervention. The remaining 16 approved requests (54%) were for second opinions/ or follow up appointments, usually due to surgery that had been previously

undertaken out of area. The main reason for not approving requests was because the patients could be seen and treated locally and receive a high quality of care.

- **2017/18 Oncology Requests**

The next most frequently requested specialty is oncology (table 4). This is due to the number of drug requests for Radium 223, which are undertaken at Bristol Oncology Centre. Radium 223 is NICE approved, but AMBU HB is not as yet setup to deliver it locally. Out of the 16 approved oncology prior approval requests, 15 were for Radium 223 at approximately £15,000 per case (approx. £225,000 in total).

- **2017/18 Ophthalmology Requests**

The majority of ophthalmology requests were for follow up appointments, either for students or people who had recently moved into the area.

- **2017/18 Neurology Requests**

The prior approval panel received 13 neurology requests, 9 were approved and 4 not approved. The 4 were not approved because the patients could be seen locally within ABMU HB. Out of the 9 approved requests, 6 were for second opinions and 3 were for assessments with a view to receiving specialist inpatient therapy/rehabilitation. These inpatient programmes can be costly, and for the three requests the panel financially committed to approximately £20,350 (one programme was £14,000 alone). Out of the 3 approved specialist inpatient therapy/rehabilitation programmes, 2 were for functional neurological disorder and 1 for Idiopathic Parkinson's Disease. Currently, in Wales, we do not have a service for functional neurological disorders (FND), although a business case is currently being developed by local services.

- **2017/18 Urology Requests**

The prior approval panel received 13 urology requests, 12 were approved and 1 was not approved. Out of the 12 approved requests, 3 requests were to Cwm Taf all for the consideration of penile prosthesis, which falls outside of our existing contract with them. 5 requests were to Cardiff and Vale UHB for various specialist urological procedures that we are unable to provide locally and which, again, all fall outside of our existing contract. 4 requests were for patients to go to trusts in England for treatments we cannot provide locally.

4. Requests for Treatments in Countries of the European Economic Area (EEA)

The European Directive on patients' rights to cross border healthcare came into force on 29th March 2011. On 25th October 2013 the Directive became enshrined in European and UK law. The Directive seeks to support individuals' (Treaty) rights to travel within the EEA to receive healthcare that they would have been entitled to receive in their home state's healthcare system and to be reimbursed for the cost of

treatment. Reimbursement is restricted to the cost of the equivalent treatment the patient would have been entitled to receive from the home healthcare system.

4.1 EEA requests

Since 2014, the HB has received 43 requests for cross border treatment in the EEA, with the majority being orthopaedic requests. The reason is primarily due to local waiting times.

Table 5. EEA requests by financial year and specialty

Financial Year	Cardiac	General Surgery	Orthopaedics	Urology	Grand Total
2014/15			2		2
2015/16	1		9		10
2016/17			4		4
2017/18		1	14		15
2018/19 (end of August 18)			11	1	12
Grand Total	1	1	40	1	43

Please note this is the number of requests and not the number of patients, i.e one patient may have submitted 2 requests

4.2 2017/18 EEA requests

Out of the 15 requests all were approved, 1 of the patients who had requested approval to travel to the EEA for orthopaedic treatment opted out of going abroad, as they had subsequently received a date for the surgery locally. In total the sum of £90,398.66 was reimbursed for the 14 patients (1 scoliosis patient reimbursed at a cost of £21,504.93).

5. RECOMMENDATIONS

The Quality & Safety Forum is asked to note the funding decisions made by the Individual Patient Funding Request (IPFR) panel, the Prior Approval panel and the Cross Border European Economic Area (EEA) panel in 2017/18

Governance and Assurance							
Link to corporate objectives (please ✓)	Promoting and enabling healthier communities		Delivering excellent patient outcomes, experience and access		Demonstrating value and sustainability		Embedding effective governance and partnerships
			✓				
Link to Health and Care Standards (please ✓)	Staying Healthy	Safe Care	Effective Care	Dignified Care	Timely Care	Individual Care	Staff and Resources
			✓		✓	✓	
Quality, Safety and Patient Experience							
This report sets out the requests for treatments in Countries of the EEA, the quality and safety of the chosen EEA hospital is not verified by the HB as this is the responsibility of the patient.							
Financial Implications							
This report sets out some of the financial implications of individual patient funding requests.							
Legal Implications (including equality and diversity assessment)							
No implications for the Committee to note.							
Staffing Implications							
No implications for the Committee to note.							
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)							
No implications for the Committee to note.							
Report History	Update requested by the IPFR panel						
Appendices	N/A						