INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) REVIEW

Response from BMA Cymru Wales

28 October 2016

INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the independent review of the Individual Patient Funding Request (IPFR) process which has been commissioned by the Welsh Government and is being undertaken by a panel chaired by Andrew Blakeman.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 160,000, which continues to grow every year. BMA Cymru Wales has over 7,500 members in Wales from every branch of the medical profession.

RESPONSE

BMA Cymru Wales recognises that the issues surrounding IPFR are clearly not straightforward. The system is designed to fund treatments and procedures in circumstances that are regarded as exceptional. However, we would recognise that there can be many circumstances that might be regarded as exceptional, and funding will always be limited to a certain degree. We therefore feel it is important to ensure that the system can be as open and transparent as possible to maximise any perceived equity and fairness in the way that decisions are taken.

We would note that treatments or procedures may be declined in certain circumstances because of a lack of evidence that they might work. This is clearly not the same as there being firm evidence in existence that they won’t work. However, it should be recognised that asking for clinical evidence to support such an IPFR request may not be realistic since it may not be possible to provide such evidence.

There would appear to be a degree of inconsistency regarding what can automatically be funded, and what may only be considered for funding via an IPFR request that may in turn not be granted. This may therefore be something to which the Panel may wish to give some consideration. Just one example
would be the situation regarding maternity services in Wales. We note that patients and their GPs have considerable freedom to request maternity care from a maternity unit of their choosing, even if outside of Wales, with funding then following. At the same time, however, patients in Wales are limited to no more than two cycles of NHS-funded IVF treatment before they would need to invoke an IPFR request (and then only on the basis of exceptionality) even though NICE (the National Institute for Health and Care Excellence) has called for women under 40 to be offered three cycles.

Many of our members would report a degree of frustration with the current application process and the expectations which it places upon them. They would therefore welcome this aspect being considered as part of this review. Amongst the concerns they raise are the following:

- The process may be viewed by patients as lengthy, with doctors in both primary and secondary care sectors often therefore having to manage patients’ concerns that they cannot obtain an answer as quick as they might wish.
- The forms that doctors are asked to complete are very long and detailed, and we are unclear of the reason for the inclusion of some of the questions they contain. Additionally, some of the questions are not necessarily ones which doctors might reasonably be expected to be able to answer. We would therefore suggest that the forms themselves need to be reviewed.
- Our GP members have noted that the application process and forms have not been formally negotiated with the BMA’s General Practitioners Committee (GPC) Wales which has recognised negotiating rights on behalf of GPs in Wales. In the absence of that, we are concerned that it may simply have been assumed that such forms and processes are fit for purpose, therefore by-passing the formal mechanisms which exist for agreement. We are also concerned that it may have been incorrectly assumed that the mechanisms in place are covered by a contractual obligation.
- The time involved for doctors can be significant. In the case of independent contractor GPs, this work is also not currently resourced, and nor would it appear that the impact of this on other responsibilities and demands has been considered. This is something we believe should be addressed given the recognised pressures which currently exist within Welsh general practice. Increasing challenges to GP recruitment and retention already mean that some GPs are dealing with unsustainable workloads and patient list sizes and cannot therefore absorb additional work that is neither contractual nor resourced. It is arguable, for instance, that the degree of referral management involved lies outside of obligations in the GMS (General Medical Services) contract – and might therefore be better handled by a separate body following a referral from a GP.
- Some of our GP members have reported that there is often a requirement for them and patients to prove that all other avenues have been explored. This may not be something that is necessarily straightforward, and it may therefore involve significant work to be undertaken by the GP.
- We are concerned by the inclusion within the terms of reference the Welsh Government has given to the review panel of the request to consider ‘strategies at Welsh Government and health board level to secure positive clinical behaviour at the interface with an individual patient and throughout the IPFR process’. We are unsure what this is intended to mean and how it sits with the duties placed upon doctors under the GMC’s Good Medical Practice, which states that: ‘The investigations or treatment you provide or arrange must be based on the assessment you and the patient make of their needs and priorities, and on your clinical judgement about the likely effectiveness of the treatment options.’
- Another concern raised by GPs is that they may be prevented from referring a patient on for a secondary care consultation until after an IPFR request has been determined. However, a secondary care opinion may be required to establish if a patient would be likely to benefit from an alternative treatment or procedure that may be ordinarily available, rather than that which they are requesting through an IPFR request. Being able to refer a patient on for secondary care in such circumstances without having to wait for the outcome of an IPFR request, might negate the need for that IPFR request to then be pursued.