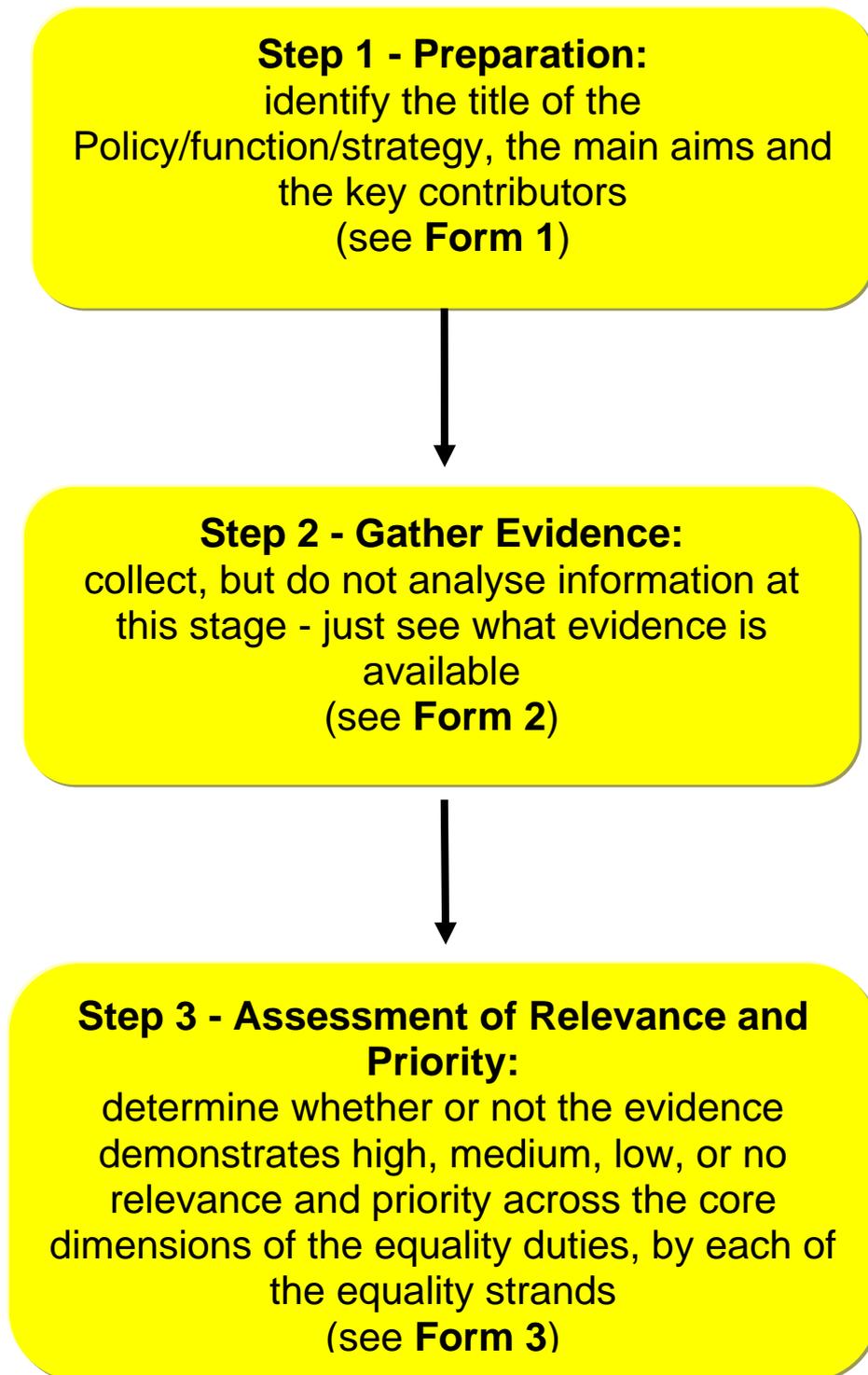


# ALL WALES POLICY: MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

## Part A: Preparation and Assessment of Relevance and Priority

Part A is a three step process which will help you to prioritise work and prepare for EQIA.



## Form 1: Preparation

Part A must be completed at the beginning of a policy/function/strategy development or review, and for every such occurrence.

<b>Step 1 - Preparation</b>		
1.	<b>Title of Policy</b> - what are you equality impact assessing?	<b>All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)</b>
2.	<b>Policy Aims and Brief Description</b> - what are its aims? Give a brief description of the Policy (The What, Why and How?)	<p>An IPFR is a request to a health board or the Welsh Health Specialised Services Committee (WHSSC) to fund healthcare for an individual who falls 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.</p> <p>This policy formalises guidance from the Welsh Government (issued in August 2010) requesting the development of a fair, rational and robust All Wales approach to decision making on IPFR. It sets out a set of values, principles and criteria that will underpin all decisions on IPFR and describes a clear system for making and communicating these decisions to patients and clinicians. It also describes how a review of these decisions can be requested.</p> <p>This policy was developed by an All Wales Working Group, together with Morgan Cole Solicitors, and was approved for publication as part of the full EqIA process by the Welsh Government on 18 June 2011.</p>
3.	<b>Who Owns / Defines the Policy?</b> - who is responsible for the policy/work?	<p>The Policy is released on an All Wales basis and is corporately owned by the Board of each health board in Wales.</p> <p>Each individual health board has their own executive lead for the day-to-day oversight of the policy and its implementation. In Cardiff and Vale UHB, this executive lead is held by the Director of Public Health.</p>

**Step 1 - Preparation**

4.	<b>Who is Involved in undertaking this EqlA?</b> - who are the key contributors to the EqlA and what are their roles in the process?	<p>The All Wales IPFR Policy Working Group (representatives from each health board in Wales and WHSSC) developed the policy and will ensure wider EqlA engagement in their own areas of Wales.</p> <p>Those undertaking the assessment for us are the Director of Public Health and the Senior Public Health Associate.</p>
5.	<b>Other Policies</b> - Describe where this Policy/work fits in a wider context. Is it related to any other policies/activities that could be included in this EqlA?	<p>This policy provides the overarching set of values, principles and criteria for individual health board decision making on IPFR across NHS Wales.</p> <p>It is linked to a wide range of other activities, procedures and policies – such as policies setting out interventions not normally undertaken by health boards, procedures for patients to ‘top-up’ medicines, procedures for patients to visit other countries in the European Economic Area for healthcare and health board resource allocation choices. Each one of these activities will need to be subject to their own EqlA as they are developed although cross referencing to this EqlA will occur.</p>
6.	<b>Stakeholders</b> - Who is involved with or affected by this Policy?	<p>The policy applies to all residents of Wales who are eligible for NHS care. It also involves all healthcare professionals who make individual patient funding requests and the panel members listed in the policy.</p>
7.	<b>What factors may contribute to the outcomes of the Policy? What factors may detract from the outcomes?</b> These could be internal or external factors.	<ul style="list-style-type: none"><li>• Good public understanding of the current pressures faced by NHS Wales and a recognition and acceptance that not all services and treatments can be routinely provided;</li><li>• Confidence in the policy and system of decision making of health boards and acknowledgment that sometimes very difficult decisions will have to be made;</li><li>• Commitment to a fair, transparent and robust system of decision making by health boards which is resourced and implemented properly by professional, patient-centred staff;</li><li>• Inconsistency of approach and poor implementation across NHS Wales will detract from the outcomes of the policy.</li></ul>

## Form 2: Evidence Gathering

Equality Strand	Evidence Gathered	Does the evidence apply to the following with regard to this Policy/work? Tick as appropriate.									
<b>All strands:</b>	<p><i>Documents last accessed on 18 June 2011:</i> R v North West Lancashire Health Authority Ex Parte A(2000)1WLR 977CA</p> <p>Race NHS (Wales) Act 2006</p> <p>Disability R the application of Colin Ross v West Sussex Primary Care Trust 2008 EWHC 2252 (admin)</p> <p>Gender Health Commission Wales: A Review (2008), Professor Sir Mansel Aylward</p> <p>Sexual Orientation Priority Setting: Managing Individual Funding Requests (2008), NHS Confederation</p> <p>Age Routledge Report 2009</p> <p>Religion or Belief Improving the Availability of Medicines for Patients in Wales: Report of the Routledge Report Implementation Group 2011</p> <p>Welsh Language R (on the Application of AC) v Berkshire West Primary Care Trust [2011] EWCA Civ 247.</p> <p>Oxfordshire PCT Equality Impact Assessment on Individual Funding Request Policy (March 2011) <i>Last accessed on 05 July 2011</i></p>	<b>Eliminating Discrimination and Eliminating Harassment</b>	✓	<b>Promoting Equality of Opportunity</b>	x	<b>Promoting Good Relations and Positive Attitudes</b>	x	<b>Encouraging participation in Public Life</b>	x	<b>Take account of difference even if it involves treating some individuals more favourably*</b>	x
Race											
Disability											
Gender											
Sexual Orientation											
Age											
Religion or Belief											
Welsh Language											
<p><b>People have a human right to: life; not to be tortured or treated in a degrading way; to be free from slavery or forced labour; to liberty; to a fair trial; not to be punished without legal authority; to respect for private and family life, home and correspondence; to freedom of thought, conscience and religion; to freedom of expression and of assembly; to marry and found a family and to not be discriminated against in relation to any of the rights contained in the European Convention.</b></p>											
<b>Human Rights</b>	<p>The referenced caselaw provides a commentary over time on the applicability of such a policy in the context of both equality and human rights legislation and concludes that the existence and implementation of such a policy is lawful, appropriate and non-discriminatory. We fully take into account not only case law but the legislative obligations we have in relation to all the applicable articles to this Act, as well as that of the UN convention on the rights of the Child.</p>										

**\* This column relates only to Disability due to the specific requirement in the DDA 2005 to treat disabled people more favourably to achieve equal outcomes. This is not applicable to the other equality strands.**

### Form 3: Assessment of Relevance and Priority

Equality Strand	Evidence: Existing evidence to suggest some groups affected. Gathered from Step 2. (See Scoring Chart A)	Potential Impact: Nature, profile, scale, cost, numbers affected, significance. Insert one overall score (See Scoring Chart B)	Decision: Multiply 'evidence' score by 'potential impact' score. (See Scoring Chart C)
Race	3	0	0
Disability	3	0	0
Gender	3	0	0
Sexual Orientation	3	0	0
Age	3	0	0
Religion or Belief	3	0	0
Welsh Language	3	0	0
Human Rights	3	0	0

**Scoring Chart A: Evidence Available**

3	Existing data/research
2	Anecdotal/awareness data only
1	No evidence or suggestion

**Scoring Chart B: Potential Impact**

-3	High negative
-2	Medium negative
-1	Low negative
0	No impact
+1	Low positive
+2	Medium positive
+3	High positive

**Scoring Chart C: Impact Decision**

-6 to -9	High Impact (H)
-3 to -5	Medium Impact (M)
-1 to -2	Low Impact (L)
0	No Impact (N)
1 to 9	Positive Impact (P)

## FORM 4: (Part A) Outcome Report

<b>Policy Title:</b>	<b>All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR)</b>
<b>Organisation:</b>	NHS Wales
<b>Name:</b>	All Wales IPFR Working Group
<b>Summary of Assessment:</b>	<p>The body of evidence supporting this policy concludes that its existence and application is required, lawful, appropriate and non-discriminatory. This position is reinforced by legal challenges made to the Court of Appeal who have defended the right of the NHS to apply such policies and that their impact (when applied properly) is not discriminatory.</p> <p>Our assessment as applicable to the UHB is that there is no impact. However, it is vital that the public are aware of the existence of such a policy, that they understand the rationale for its introduction and how it might apply to them, and how they are able to seek a review of decisions that are made using it.</p> <p>It is also vital for the NHS to communicate the existence of the policy as widely as possible, to engage with the public on how it will be applied and to listen and respond to concerns and feedback. It may be that individuals, groups of patients or local communities raise valid issues that can be accommodated within the legal framework of the policy to inform how it is applied.</p>
<b>Decision to Proceed to Part B Equality Impact Assessment:</b>	<p><b>Yes</b></p> <p>Given the importance of this policy – and the assessment summary above which indicates the need for wide public awareness and understanding – it has been agreed to undertake a 4-week engagement exercise across Wales.</p>

## Action Plan

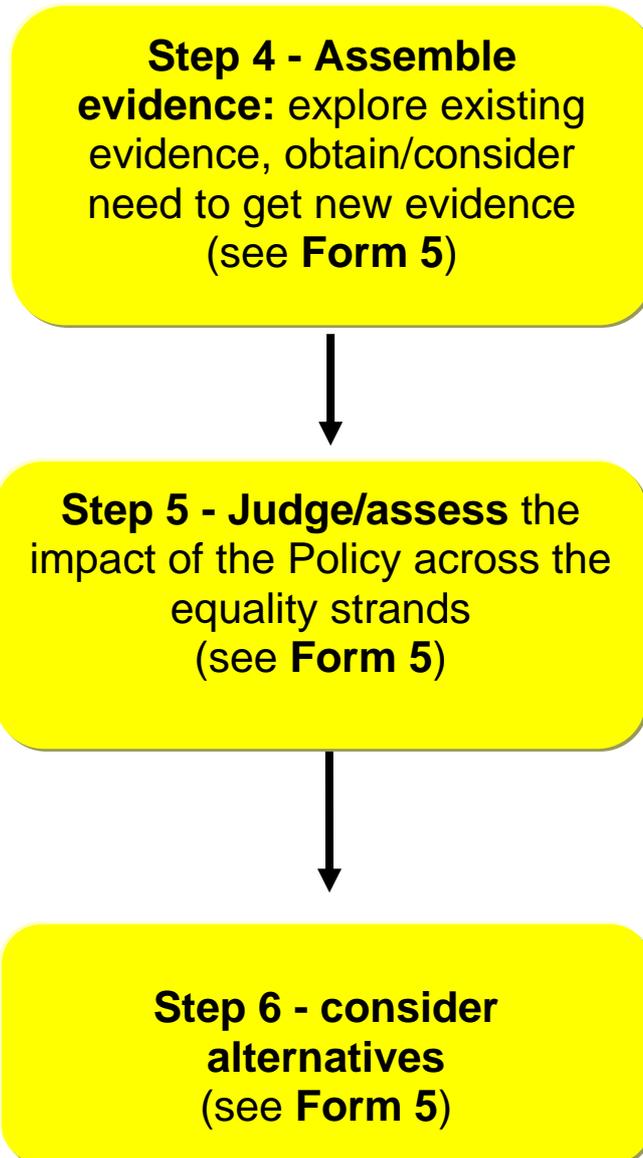
You are advised to use the template below to detail any actions that are planned following the completion of Part A or Part B of the EqIA Toolkit. You should include any remedial changes that have been made to reduce or eliminate the effects of potential or actual adverse impact, as well as any arrangements to collect data or undertake further research.

	<b>Action(s) proposed or taken</b>	<b>Reasons for action(s)</b>	<b>Who will benefit?</b>	<b>Who is responsible for this action(s)?</b>	<b>Timescale</b>
What <b>changes</b> have been made as a result of the EqIA?	Undertake a 4-week engagement across Wales	Please refer to the assessment summary in form 4	Public and NHS Wales	All Wales IPFR Working Group	Complete by 05 August 2011
Where a Policy may have differential impact on certain groups, state what arrangements are in place or are proposed to <b>mitigate</b> these impacts?	N/A				
<b>Justification:</b> For when a policy may have adverse impact on certain groups, but there is good reason not to mitigate.	N/A				
Describe any <b>mitigating actions</b> taken?	N/A				
Provide details of any actions planned or taken to <b>promote equality</b> .	N/A				

<b>Date:</b>	05 July 2011
<b>Monitoring Arrangements:</b>	The policy will be reviewed regularly in response to new caselaw to ensure its continued legal compliance. In the absence of any new caselaw, the policy will be formally reviewed by an All Wales Working Group every three years.
<b>Review Date:</b>	July 2014
<b>Signature of All Parties:</b>	<i>Miss Claire Donovan</i> Senior Public Health Associate On behalf of the All Wales IPFR Working Group

## Part B: Equality Impact Assessment

Part B has three steps:

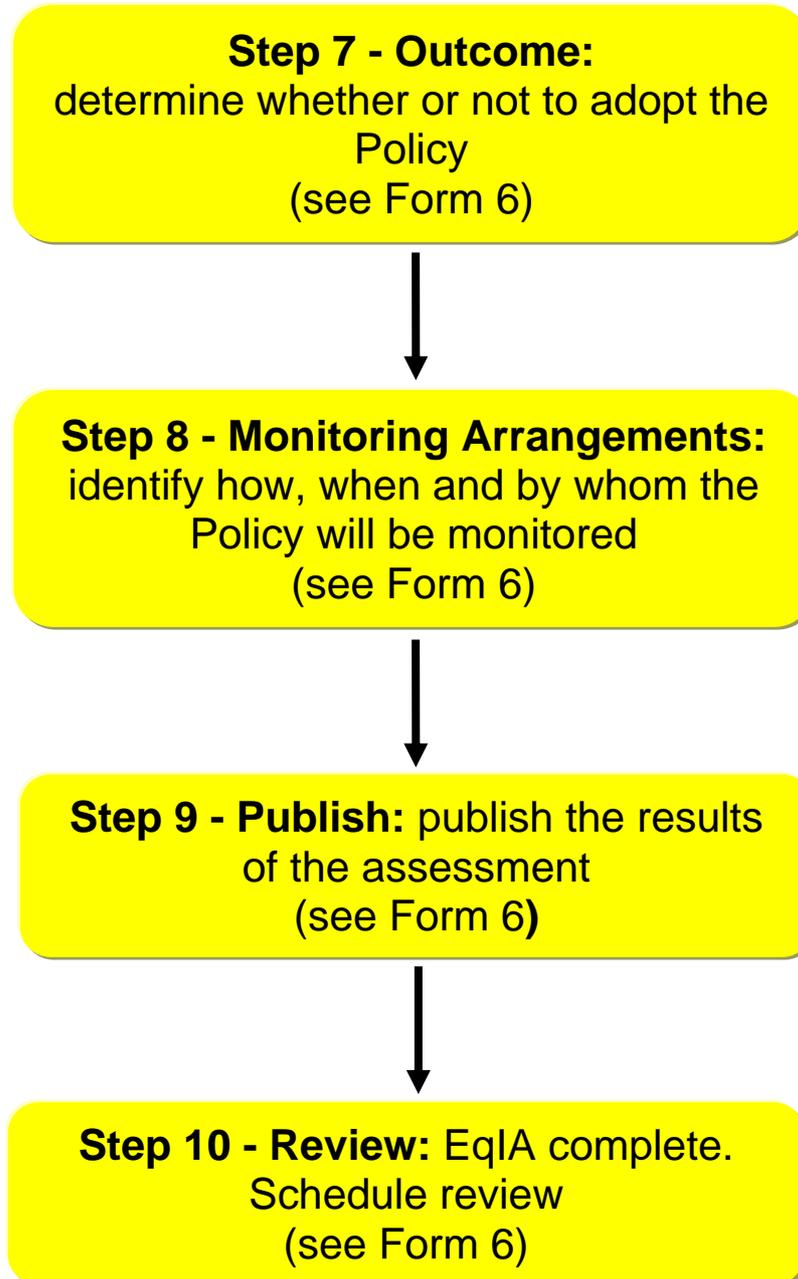


## Form 5: Equality Impact Assessment

<b>Step 4 - Assemble evidence</b>		
1.	Do you have adequate information? Refer to <b>Form 2</b> (Part A, Step 2: <i>Evidence Gathering</i> ) If not, can the Policy go ahead during this process?	Yes
2.	Does the evidence relate to all strands?	Yes
3.	What additional information is required?	No further information is required but engagement with the public is vital (see part A outcome report)
4.	State which representative bodies of relevant groups you will liaise with for support.	<ul style="list-style-type: none"> <li>• NHS Equality Advisors - for circulation across their network of contacts to ensure all relevant groups are aware</li> <li>• Publication on NHS internet sites for wide availability, inviting EqIA comments to be sent to a named point in each NHS organisation</li> <li>• Programme of open invitation events in each health board area</li> </ul>
<b>Step 5 - Judge/assess the impact of the policy across the equality strands</b>		
Detail below whether you have identified any positive, adverse or differential effect		
<b>Please refer to the separate equality feedback document.</b>		
<b>Step 6 - Consider Alternatives</b>		
<b>Please refer to the separate equality feedback document.</b>		

## Part C: Outcome, Monitoring, Publication and Review

Part C is a four step process as follows:



### Form 6: Outcome, Monitoring, Publication and Review

<b>Step 7 - Outcome: determine whether to adopt the policy or not</b>		
1.	Will the policy be adopted?	Yes
2.	If <b>No</b> please give reasons and any alternative action(s) agreed:	Not applicable
<b>Step 8 - Monitoring arrangements: identify how, when and by whom the policy will be monitored.</b>		
3.	How will the policy be monitored?	The Welsh Government have requested quarterly returns.
4.	What monitoring data will be collected?	Numbers of IPFR requests and decisions made. Specific information on medicines.
<b>Step 9 - Publish the results of the assessment</b>		
8.	What changes have been made?	<b>Please refer to the separate equality feedback document.</b>
9.	Describe any mitigating actions taken	<b>Please refer to the separate equality feedback document.</b>
10.	Describe the arrangements for publishing the EQIA Outcome Report	Will be published on health board internet sites
<b>Step 10 - Schedule review</b>		
11.	When will the policy be subject to a further review?	On an annual basis