Midlands and Lancashire
Commissioning Support Unit

Individual Funding Requests
Standard Operating Procedure

A Cheshire and Merseyside Collaborative Document

FINAL
Version 1.0

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Document Version Control

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1. Introduction

1.1 The Individual Funding Request (IFR) process is the means by which requests for individuals with unusual clinical circumstances, which cannot be accommodated by other commissioning processes commissioned by a Clinical Commissioning Group (CCG), can be prioritised as part of CCG priority setting processes. Guided by the same principles as priority setting for the rest of the organisation.

1.2 Clinicians, on behalf of their patients, are entitled to make a request (an IFR) to the CCG for a treatment that is not normally commissioned by the CCG under defined conditions.

1.3 IFR applications are generally clinically led requests to fund drugs, treatments, procedures and interventions that fall outside of the current commissioning contracts or where there is no Commissioning Policy; or a patient does not meet the criteria within a Commissioning Policy. However, the IFR team does receive and assess applications against commissioning policy criteria especially where applicants are unsure of policy interpretation or where a CCG has commissioned MLCSU to operate a Prior Approval service.

1.4 The IFR governance framework supports the decision making process on an individual patient basis and ensures consistent application.

1.5 The IFR process identifies whether the request is:

(a) For a commissioned service in accordance with a CCG clinical commissioning policy; or
(b) For a commissioned service as an exception to a CCG clinical commissioning policy; or
(c) A rare case for which the CCG would not expect to commission a service and there is no clinical commissioning policy; or
(d) For a service that has not yet been commissioned relating to a probable cohort of patients (a potential service development and new clinical commissioning policy);

1.6 Recommendations and decisions are made at each stage of the process by the experienced IFR Team members, Expert Reviewers, IFR Panel and IFR Process Review Panels, promoting consistency and equity in decision making.

2. Purpose

2.1 This document sets out the high level administration process for handling Individual Funding Requests (IFRs) where the Clinical Commissioning Group (CCG) is responsible commissioner for NHS care for that person or where the CCG is the responsible commissioner for the provision of that medical treatment as part of the NHS care to that person.

2.2 It should be read in conjunction with the following CCG policies:

- Individual Funding Requests Standard Operating Procedure; (This Policy)
- Individual Funding Requests Management Policy;
- Individual Funding Requests Decision Making Policy;
- Clinical Commissioning Policies (also known as: Procedures of Limited Clinical Priority (PLCP)).

Together the above policies detail the CCG governance framework designed to ensure the robust management of IFRs.

2.3 The following Clinical Commissioning Groups (CCGs) have adopted this and other documents within the framework:

- NHS Eastern Cheshire Clinical Commissioning Group;
- NHS Halton Clinical Commissioning Group;
- NHS Knowsley Clinical Commissioning Group;

- NHS Liverpool Clinical Commissioning Group;
- NHS South Cheshire Clinical Commissioning Group;
- NHS South Sefton Clinical Commissioning Group;
- NHS Southport & Formby Clinical Commissioning Group;
- NHS St Helens Clinical Commissioning Group;
- NHS Vale Royal Clinical Commissioning Group;
- NHS Warrington Clinical Commissioning Group;
- NHS Western Cheshire Clinical Commissioning Group;
- NHS Wirral Clinical Commissioning Group.

2.4 The intended audience is those responsible for the operation of the IFR process and related decision making. It will also be of interest to those wishing to apply for funding of treatments under the IFR policy.

2.5 The IFR administration and decision making process are also illustrated in the flowcharts provided in Appendix 1, 2 and 3.

2.6 The delivery of this single operating process is the remit of an IFR Team provided by Midlands and Lancashire Commissioning Support Unit (MLCSU). A flexible team that is responsive to requests and enquiries from IFR service users across the Cheshire and Merseyside footprint.

2.7 This procedure does not cover IFRs for treatments and services which are the commissioning responsibility of NHS England. If a request for treatment that is not the commissioning responsibility of the CCG is received, the requester will be advised accordingly and the case record closed.

3. Information Governance and Confidentiality

3.1 To support consistency and enable effective governance of all requests received, MLCSU will hold patient level information on behalf of the CCGs to support the IFR process. All patient information will be handled in confidence and stored in accordance with the Information Governance Framework relating to person identifiable information.

3.2 IFR Panel members will take into account the need for confidentiality and operate under the Caldicott guidelines. All patient specific electronic communication will be via a secure method in line with the Information Governance framework.

3.3 MLCSU will, on behalf of CCGs, keep a full set of information electronically under a single record number. Telephone calls relating to IFR enquiries will be logged and notes kept with the case file where appropriate. Relevant email communication and hard copy documents will be stored with the electronic file.

3.4 Electronic records and IFR panel minutes will be saved securely and access will be available to authorised staff only. Panel member hard copy records must be disposed of as confidential waste.

3.5 MLCSU IFR processes will comply at all times with information privacy, confidentiality and security legal and regulatory requirements and best practice. MLCSU will fully respect patient confidentiality and ensure that patient information is not collected, processed or shared without valid patient consent or other legal basis.

4. IFR timescales

4.1 The standard period for providing a substantive response to an IFR (i.e. a decision on the funding request) is a maximum period of 56 working days from the date of the receipt of a fully completed IFR form to the date the requesting clinician is informed of the outcome (inclusive).

4.2 This 56 working day period discounts any working days where the IFR team are awaiting information sought from the applicant. At any point in the IFR process the IFR Team can ask for further information to clarify the request. Such a request can be reopened on submission of the additional information.

5. Application Types

5.1 For ease of reference and to support activity reporting the IFR Team will categorise applications received consistently via the IFR Case Management System.

5.2 There are four distinct types of applications that will be managed by the IFR team, as defined below:

i. **Restricted Procedures (e.g. Commissioning Policy for Procedures of Lower Clinical Priority (PLCP))** – This category relates to any applications where there is an existing clinical commissioning policy which dictates the clinical circumstances (criterion) which MUST be met in order for funding to be approved for a treatment.

ii. **Restricted Procedures – <u>Exceptionality Claimed</u> (e.g. PLCP)** – This category relates to any applications where there is an existing clinical commissioning policy that dictates the clinical circumstances (criterion) which MUST be met in order for funding to be approved for a treatment; however, the patient does not meet the criteria specified and the clinician believes there is sufficiently strong evidence that the clinical features of the individual patient demonstrates them to be clinically exceptional from other patients with the same condition at the same or similar stage of that condition.

iii. **Not Routinely Commissioned Procedures – <u>Exceptionality Claimed</u> (e.g. PLCP)** – This category relates to any applications where a CCG's existing clinical commissioning policy, having considered relevant evidence and/or national guidance, is not to commission the treatment. However, the applying clinician believes there is sufficiently strong evidence that the clinical features of the individual patient demonstrates them to be clinically exceptional from other patients with the same condition at the same or similar stage of that condition.

iv. **New/Rare Treatments** – This category relates to any applications received for new or revised treatments not covered by existing policy due to rarity of the treatment and/or clinical condition or not yet considered by the CCG as responsible commissioner.

6. Urgent Applications

6.1 It is unusual for the CCG to be asked to consider an urgent request for funding. It is expected that clinicians take reasonable steps to minimise the need for urgent requests to be made through the IFR process.

6.2 In rare circumstances, CCG's recognise that an urgent decision may have to be made before an IFR Panel can be convened. This section defines how the CCG will administer these cases to an urgent timescale.

6.3 Urgent requests should be sent to the IFR Team as per the process described.

6.4 To ensure that a case is prioritised as urgent, the IFR Team must be contacted by phone to advise that the application is urgent. The clinician must outline the level of urgency defined by the nature and severity of the patient's condition and the reasons why the request is defined as urgent. This information enables the IFR Team to ensure that the request is genuinely urgent, and provides clarity for the administration team on timescales and rationale for communication with the CCG in the process. Telephone is the preferred route of contact to ensure that the IFR application is identified as urgent as soon as possible in the process.

6.5 Where an urgent decision needs to be made to authorise funding, the IFR Team will contact an Authorised Officer designated by the CCG.

6.6 The case, decision, evidence and rationale will be recorded and the record will be maintained by the IFR Team on behalf of the CCG.

7. Submitting an IFR

7.1 All applications must be submitted by a clinician using the MLCSU IFR Application Form (see Appendix 4). The form can be accessed electronically via the CCG's web site and must be typewritten.

7.2 An online application process is currently being developed and will be launched at a future date. The procedure will be updated to provide information on how applications should be submitted upon inception.

7.3 The clinician who intends to use the treatment on behalf of their patient must submit an IFR application in accordance with this, the IFR Management Policy and the IFR Decision Making Policy.

7.4 Postal applications are not recommended to prevent loss of patient identifiable information and minimise unnecessary delays for patients.

7.5 For any queries the IFR Team can be contacted by email: ifr.manager@nhs.net or by telephone 01244 650 315. Terms of Reference for the IFR Team can be found in Appendix 5.

8. Pre-screening

8.1 All applications will be subject to a screening process. This is a desktop exercise to determine whether the request has sufficient clinical and other information in order for the IFR to be considered fully.

8.2 All applications must be accompanied by:

- a statement of the written support of; and
- all evidence that is relied upon, and which is to be provided by the clinical team treating the patient, appropriate to the category of IFR the patient falls into. This includes any copies of reference material relied upon.

8.3 Upon receipt, the IFR team will review the IFR application form to ensure that it is fully complete. Any incomplete or partially completed IFR application forms will be returned to the referring clinician by email where available and the case will be closed. The IFR team will email the referring clinician advising of the need to complete the application fully and to resubmit the application for consideration.

8.4 As part of the pre-screening process, the IFR Team will perform the necessary checks, including:

- validation of the responsible commissioner;
- if urgent request, qualifying and assessing the urgency;
- confirming relevant consent obtained;
- noting patient communication requirements;
- service developments/cohort screening;
- if private provider, NHS Contract status;
- sufficient information to inform a decision;

8.5 All completed IFR application forms will be date stamped, and logged on the IFR Case Management System. A case reference number will be assigned to the application.

8.6 All personal identifiable information will be redacted from the application where these are shared with expert reviewers, to ensure anonymity during the process of decision making.

8.7 At any point during the stages, the IFR Team may request further information from the referring clinician.

8.8 All cases will be treated as routine unless otherwise specified by the referring clinician. It is the aim of the CCG to review all applications and provide a decision within 56 working days. However, the timescale is largely dependent upon the complexity of the application, whether or not all of the relevant information is contained within the initial application and whether there is a requirement to seek additional or supplementary information.

9. Screening

9.1 The function of the screening stage is to ensure that this policy and supporting Commissioning Policies (PLCP) are applied.

9.2 The screening review identifies if the application can be funded by an existing commissioned service or has grounds for exceptionality.

9.3 The screening review will determine whether or not there is sufficient information such as clinical, financial and other information to enable the IFR Panel to properly assess the case.

9.4 If a request has been accepted as not constituting a service development and the paperwork is sufficiently complete to assess the case, then the application will be considered further as relevant.

9.5 The screening stage is administered by the IFR team supported by expert reviewers to screen the application.

9.6 Including the IFR team (MLCSU) the following expert reviewers can be involved in this stage:

- IFR Case Manager (MLCSU);
- IFR GP Clinical Adviser (MLCSU);
- Medicines Management (e.g. MLCSU/CCG);
- Public Health Lead (e.g. Local Authority);

9.7 The following practice is applied to the Screening Stage:

- The application will be reviewed by the IFR team initially prior to forwarding to the expert reviewer(s) for a screening review;
- The most appropriate expert reviewer will be requested to review the case; for example medicines requests are shared with the Medicines Management Lead;

- All applications will be reviewed by at least one second reviewer from the IFR team, or an expert reviewer;
- Expert reviewers will record their reviews in a standardised format which is available for audit and scrutiny for any case. These records are made in the IFR Case Management System within a secure area for expert reviewers.

9.8 The outcome of the screening stage will determine whether the application is for a treatment:

- Considered by an existing clinical commissioning policy/contract and can therefore be approved by the CCG as standard commissioning policy/contract;
- Excluded by an existing clinical commissioning policy/contract as there is no basis for clinical exceptionality, and therefore the application is not approved;
- Excluded by an existing clinical commissioning policy/contract but there is a basis for clinical exceptionality that a reasonable panel might accept in accordance with the exceptionality policy, and therefore the application will be submitted for consideration by the IFR Panel;
- Where no policy /contract exist and the patient is described as a rare case for which the CCG would not expect to commission a service for a cohort of patients. The application will be submitted for consideration by the IFR Panel;
- Commissioned by NHS England (or any other commissioner), and is not a matter for the CCG to determine. The applicant will be advised to contact the appropriate commissioner and complete their application process;
- That may be relevant to one of a group of patients in similar circumstances. Such a case should be regarded as a potential service/policy development and considered in accordance with whatever agreement exists at the time between MLCSU and the CCG for the management of such cases. In the absence of a specific agreement/interim protocol the individual case will be submitted for consideration by the CCG directly;

9.9 If there is uncertainty during the screening stage about the application of a clinical commissioning policy, or whether there is exceptionality, the case will be progressed to the IFR Panel.

9.10 If the expert reviewer requests further information, then the IFR team will seek that information from the applicant. If the further information is not supplied within a reasonable period of time for the particular case (which would usually be no longer than 4 weeks) then the expert reviewer will be informed, and the IFR team, with expert advice, will consider the case for closure.

9.11 The IFR team will write to the applicant to outline the outcome of the screening stage and the rationale for the outcome. The patient/patient's representative where applicable will receive a copy of this letter.

10. IFR Panel

10.1 The IFR Panel works on behalf of the CCG and recommends decisions in respect of funding for individual cases. The IFR Panel must take into account the CCG's generic policies underpinning decision-making. It is not the role of the IFR Panel, by its deliberations, to make clinical commissioning policy on behalf of a CCG.

10.2 The Terms of Reference for the IFR Panel are in Appendix 6.

10.3 IFR Panel meetings and membership are scheduled in a rolling programme at least six months in advance.

10.4 When a request is referred for consideration by the IFR Panel the IFR Team will book an IFR case onto the next meeting date and inform the requesting clinician that they have an opportunity to provide additional clinical information in support of the request. This may include information provided by the patient or their representatives, although it should only relate to clinical factors.

10.5 The patient/patient representative, or their clinical or non-clinical representative, is not entitled to attend the panel in person.

10.6 The IFR Team will provide the IFR Panel members with an information pack which will include the original request form, any supporting documents or correspondence and any pre-panel decision documents. All the documentations will be made available to the panel without patient identifiers to protect confidentiality and minimise the potential for identification bias.

10.7 A nominated member of the IFR Panel will introduce the clinical background to the case at the IFR Panel meeting. The panel will discuss the case and reach a recommendation on whether funding can be approved under the IFR process.

10.8 The IFR Team will apply the criteria in the IFR policy and record the recommendation of the IFR Panel. The panel will be clear about the rationale for the decision at each stage and this will be recorded. A summary statement will be agreed by the panel and this will be used when communicating the decision.

10.9 The recommendations, together with the record of attendance and any general discussion or business of the panel, will form the minutes of the meeting. These will be agreed and signed off by the Chair and Senior Clinician on the IFR Panel. Any notes made by individual panel members will be destroyed confidentially after the panel meeting, on sign-off of the minutes.

11. Outcomes

11.1 For ease of reference and to support activity reporting the IFR Team will categorise the decision outcomes consistently.

11.2 In relation to IFR applications received, there will be five possible outcomes, these are defined as:

i. **Approved** – refers to the funding applications approved following conclusion of the IFR decision making process;

ii. **Not Approved** – refers to the funding applications not approved following conclusion of the IFR decision making process. This could be because of one or more reasons such as:
   a. Case for clinical exceptionality is not made;
   b. Case for rarity is not made;
   c. Insufficient evidence on clinical effectiveness and cost effectiveness of the requested treatment etc.;
   d. Case does not meet commissioning policy criteria;
   e. Service/Policy Development potential identified;

   The applicant is notified that they can resubmit the case any time along with additional information for reconsideration;

iii. **Rejected/Redirected** – refers to the funding applications that are reviewed and closed by the IFR Team due to:
   a. Non-receipt of information requested from the applicant to facilitate an informed decision.
   b. The application being outside the scope of delegated authority:

1. The CCG is not the responsible commissioner;
2. Funding decisions are not managed by MLCSU IFR Team e.g. managed by an alternative service;
3. The application is received from someone other than a patient's clinician;
4. The treatment/intervention requested is routinely commissioned via standard contract;

The applicant is notified that they can resubmit the case any time along with the additional information requested for reconsideration;

iv. Withdrawn – refers to the cases that are withdrawn/requested to be closed by the applicant;

12. Decision Notification

12.1 The clinical applicant will be notified of the outcome of their IFR application via a formal outcome letter outlining the decision in detail. Associate clinicians, including the patient's GP, will be copied in as appropriate.

12.2 It is expected that unless specifically requested, all communications between the MLCSU IFR Team administering the IFR process and the clinical applicant will be via secure nhs.net email accounts wherever possible. Where this is not possible communication will be made via formal letter or another secure method available.

12.3 MLCSU is under obligation to let the patient know the outcome of their IFR application. The patient or patient representative will therefore be copied into correspondence relating to IFR outcomes unless it is indicated, by the applying clinician, that it is not clinically appropriate. MLCSU will not automatically copy in the patient unless confirmation has been received.

12.4 In the event of a decision not to approve funding, the notification will include the criteria by which applications are assessed and include details of the procedure for registering a process review against the process by which the decision was taken.

12.5 If the clinical applicant or patient feels that there is additional relevant clinical information that was not submitted and thus not considered during the IFR decision making process, they can submit this as new information. The new evidence will be reconsidered alongside any information submitted previously.

12.6 If a decision is made to fund an IFR, this decision is valid for a period of six months from the date that the decision was communicated to the applicant.

13. Reconsideration

13.1 If a requesting clinician believes they have significant new clinical evidence that they did not previously provide which they think may have made a difference to the decision made then they can submit this new evidence or explain the basis of their disagreement and request reconsideration of their decision by the Screening Group.

13.2 The new clinical evidence or explanation of disagreement must be completed on the reconsideration form (see Appendix 7).

13.3 The Screening Group will then determine if the new information provides a different picture warranting a different screening outcome and the request will be processed accordingly.

14. Approval Expiry

14.1 To support the invoice validation processes as well as alert applicants to action continuation of treatment if required, the IFR Team will alert applicants to the expiry of approval.

14.2 The IFR Team will monitor expiry dates and issue notifications to applicants 30 days in advance of expiry to enable applicants to apply for continuation of funding if relevant.

15. IFR Process Review Panel

15.1 The Terms of Reference for the IFR Process Review Panel are in Appendix 8.

15.2 The referring clinician, the patient or a patient representative may make a request for a review of an IFR decision.

15.3 The request should be made using the designated form see Appendix 9. Such requests must be lodged within 12 weeks of the date of the letter setting out the IFR decision. The CCG may exercise discretion in accepting a request for a review outside this time limit if there is good reason to do so.

15.4 Requests for Process Review must be clearly marked as a 'Request for an IFR Process Review' and sent via the IFR Team using the contact details in the IFR decision outcome letter.

15.5 The request for review must be supported by the requesting clinician who will set the grounds on which the IFR decision is being challenged. A review can only be requested on the grounds set out in this Policy.

15.6 The request for Process Review will be considered by an expert reviewer (clinical advisor or public health consultant/specialist) not involved in the original IFR application within 10 working days of receipt.

15.7 If the expert reviewer considers that, on the basis of the information provided, there is an arguable case for review of the IFR process, a formal Process Review Panel meeting will be recommended to the CCG.

15.8 If the expert reviewer reviewing the case does not accept the grounds put forward for a review, they will report to the CCG who will write a letter to the referring clinician and/or the patient/patient representative explaining the reasons for the decision not to review the IFR decision.

15.9 The Process Review Panel will normally be convened within 20 working days of accepting the case for process review.

15.10 The Process Review Panel will examine all of the papers and correspondence considered in the decision making process, the decision letter and the grounds of process review. They will examine the process followed and the decision made. The Process Review Panel will examine the issues raised in the grounds and the tests set out for a Process Review in the IFR Policy.

15.11 There will be no other representation at the Process Review Panel meeting from the IFR Panel or the referring clinician and/or the patient/patient representative. The Process Review Panel will not consider new information or receive oral representations. If there is significant new information, not previously considered, it will be referred for reconsideration.

15.12 Reasons given for a process review outcome will only refer to the IFR policy as this is the basis on which the original IFR decision is made.

15.13 The Process Review Panel will be able to reach one of two decisions:

- To uphold the decision reached;
- To refer the case back, with detailed points for reconsideration.

15.14 The Process Review Panel chair will write to the referring clinician, the patient/patient representative and GP within 10 working days of the Process Review meeting. This is to inform them of the outcome of the Process Review Panel meeting with the reasons for the Process Review Panel decision. The IFR Team will receive a copy of the outcome.

15.15 If the Process Review Panel determines that the case needs to be reconsidered, this reconsideration process will be completed within 10 working days of the date of decision letter from the Chair of the Process Review Panel. The IFR Team/Panel will reconsider its decision and in doing so will formally address the detailed points raised by the Process Review Panel.

15.16 The IFR Team/Panel is not bound to change the decision as a result of the Process Review Panel's decision to refer the case back, but if the original decision is confirmed then clear reasons must be given for not agreeing to fund the treatment request.

16. IFR Complaints/MP Enquiry Management

16.1 Complaints can be submitted at any point in the IFR process. Details of the complaint process and contact details can be found at the relevant CCG's web site.

16.2 The IFR Team will support the complaint investigation process as required.

17. Monitoring, reporting and review of the IFR Process

17.1 The IFR Process will be monitored and reviewed to ensure that the decision making is fair and consistent and to make sure that Screening stages and IFR Panels are following the processes appropriately and effectively.

17.2 Regular reports will be provided to the CCG to further inform the programme for service developments; pathway design; clinical commissioning policy developments; the invoice validation process; and provide oversight of the Key Performance Indicators for the IFR Process (see Appendix 10) as outlined in this document.

17.3 This procedure will be subject to further review to ensure it continues to meet legislative and national objectives. Addenda to the policy will be added subsequent to any review and a decision on the need to re-issue the policy will be based on the significance of the amendments required.

17.4 This document will be reviewed every two years by the CCG supported by the CSU.

18. Equality Statement

18.1 The CCG has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012.

18.2 The CCG is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation.

18.3 In carrying out its functions, the CCG will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010.

18.4 This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

18.5 Throughout the development of this policy statement, the CCG has:

(a) Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and

(b) Given regard to the need to reduce inequalities between patients in access to and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

19. Documents which have informed this procedure

a) Department of Health, The National Health Service Act 2006, The National Health Service (Wales) Act 2006.

b) Department of Health, The NHS Constitution for England, 2012.

c) NHS England – Interim Commissioning Policy: Individual Funding Requests – April 2013

d) Midlands and Lancashire Commissioning Support Unit – Collaborative Commissioning Policy – Individual Funding Requests – March 2014

e) North West Commissioning Support Unit – Individual Exceptional Funding Requests for Clinical Interventions – Service Specification and Operational Procedures – February 2015

f) Midlands and Lancashire Commissioning Support Unit – Policy for considering applications for exceptionality to commissioning policies – Lancashire Clinical Commissioning Groups – January 2016

g) Midlands and Lancashire Commissioning Support Unit – General Policy for Individual Funding Request Decision Making for Lancashire Clinical Commissioning Groups – January 2016

h) NHS England - Interim Standard Operating Procedure: The Management of Individual funding Requests – February 2016

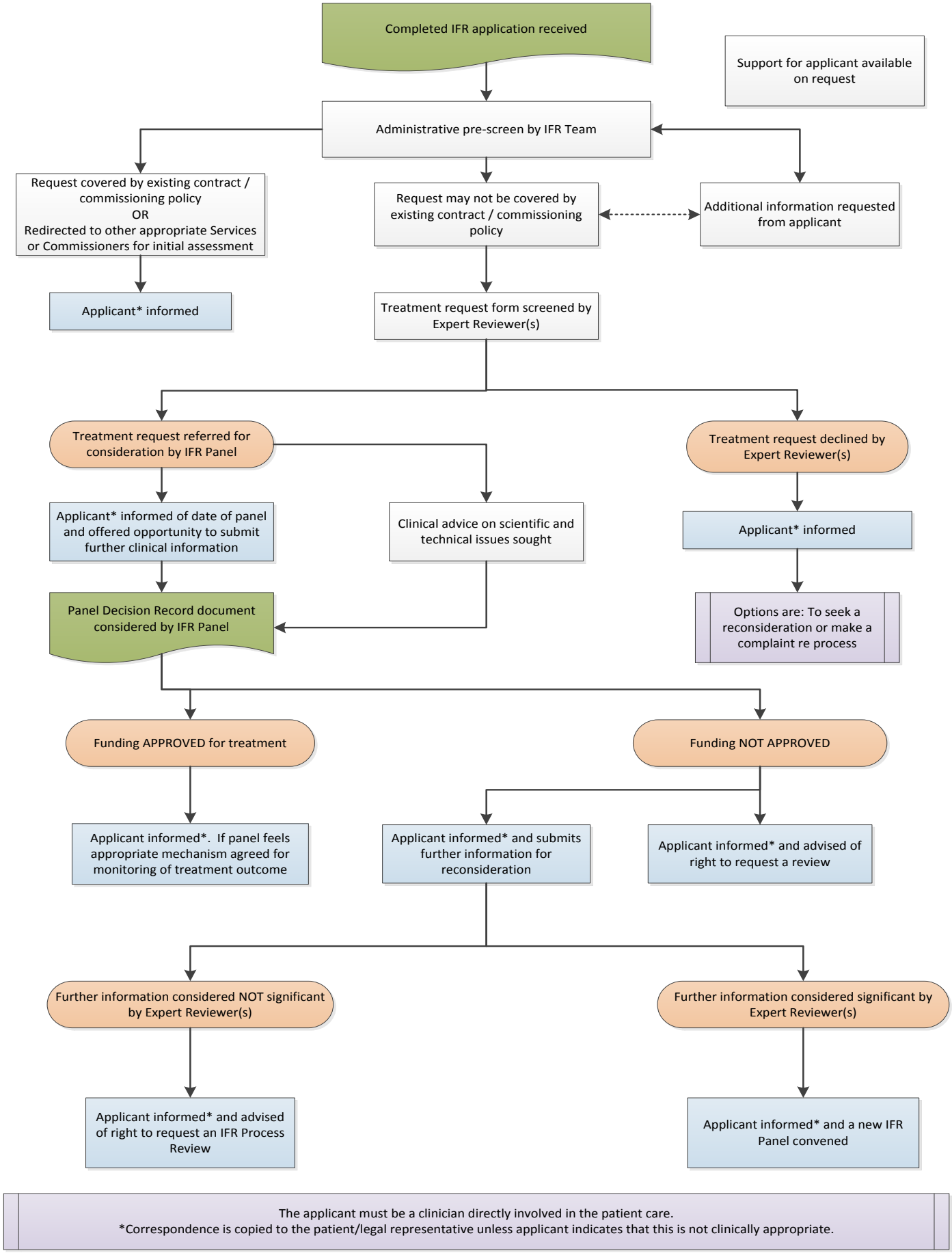
i) Midlands and Lancashire Commissioning Support Unit and Lancashire Clinical Commissioning Groups – Individual Funding Request Process and Application Form for Lancashire Clinical Commissioning Groups – June 2016

j) NHS England – Commissioning Policy – Individual Funding Requests – November 2017

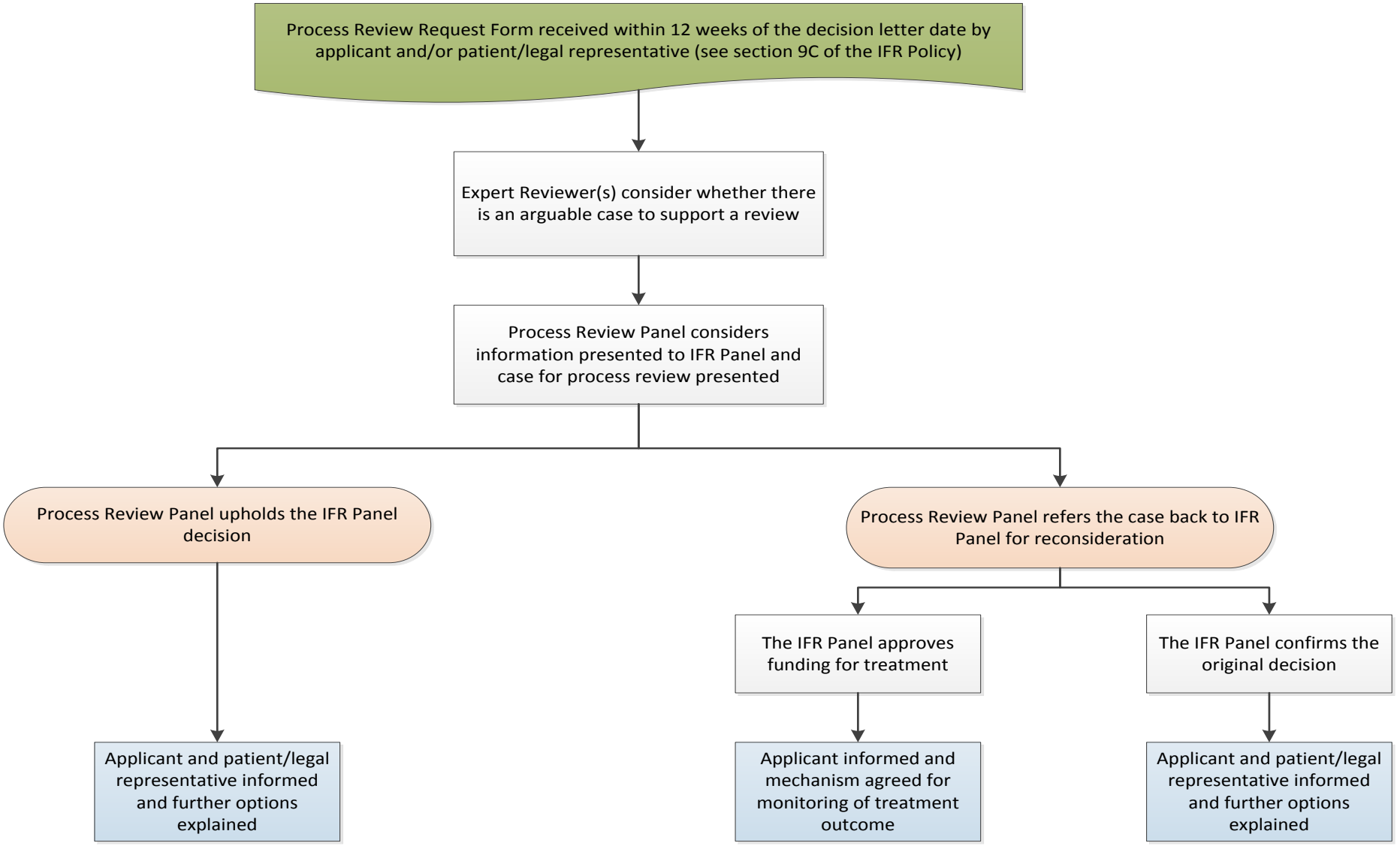
k) NHS England - Standard Operating Procedure: The Management of Individual funding Requests – November 2017

l) NHS England – Specialised Commissioning – Application form to make an Individual Funding Request – November 2017

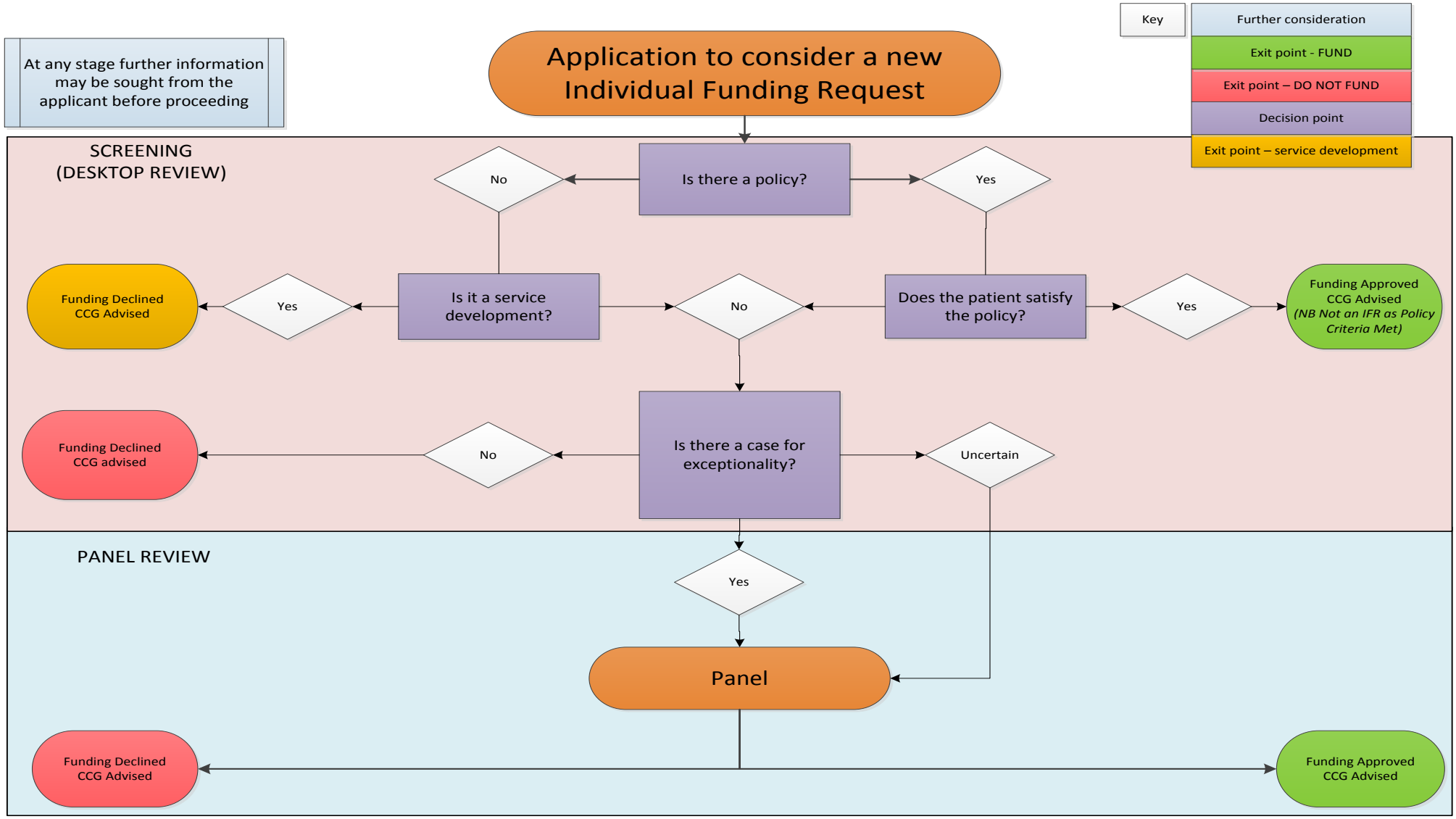
Appendix 1 – Individual Funding Request (IFR) Process Flow



Appendix 2 – Individual Funding Request (IFR) Process Review Request Flow



Appendix 3 – Individual Funding Request (IFR) Decision Making Flow



Appendix 4 – IFR Application Form

NB: An interactive representation of this form is available for completion online or electronically from the relevant CCG's web site.

Midlands and Lancashire Commissioning Support Unit

Clinical Commissioning Group (CCG)
Individual Funding Request (IFR) Application Form

All sections of the form must be completed otherwise the case will not be considered.

Important Information
Before you begin to complete this form and make an application you MUST first consider the following question: Are there similar patients with similar clinical circumstances who could also benefit from the treatment you are requesting across the population of the CCGs?

If the answer is YES then making an IFR is an inappropriate way to deal with funding for this patient. This is because the case represents a service development for a predictable population. You should discuss with your contract team how you submit a business case for consideration through the usual business planning process.

Applicants are advised to review the CCG's General Policy for IFR and the IFR Process.

It is the responsibility of the referring clinician to ensure all the appropriate required clinical information is provided. This includes full text copies of all the published papers of clinical evidence that have been cited, a list of the published papers submitted and an indication of which points within them are relevant in respect to the IFR application criteria. Requests will only be considered on the information provided in the application and supporting papers.

DO NOT include patient or Trust/requesting clinician identifiable data in any free text sections. Where there are large amounts of identifiable data included in the application will be returned to you for redaction and resubmission.

Please note: Applications presenting incomplete information will be returned for amendment/completion prior to consideration.

SECTION 1 – PATIENT PERSONAL DETAILS			
1a. Patient Surname:		**1e. NHS Number:**	
1b. Patient Forename:		**1f. Hospital Number:**	
1c. Patient Middle Name(s):		**1g. Patient Ethnic Origin:**	
1d. Patient Date of Birth:		**1h. Patient Sex (M/F):**	
1i. Patient Address: (Including Postcode)			
Please note that all unnecessary personal information will be removed from this form prior to being reviewed. This information is collected for monitoring purposes only)			

SECTION 2 – REGISTERED GP DETAILS	
2a. GP Name:	
2b. GP Practice Name:	
2c. GP Practice Address:	
2d. GP Practice Postcode:	
2e. GP Telephone Number:	
2f. GP Email Address:	

SECTION 3 – RESPONSIBLE COMMISSIONER		
3a. Please indicate the responsible commissioner for this patient	☐ NHS Eastern Cheshire CCG	easterncheshireccg.IFR@nhs.net
	☐ NHS Halton CCG	IFR.manager@nhs.net
	☐ NHS Knowsley CCG	IFR.manager@nhs.net
	☐ NHS Liverpool CCG	IFR.manager@nhs.net
	☐ NHS South Cheshire CCG	southcheshireccg.IFR@nhs.net
	☐ NHS Southport and Formby CCG	IFR.manager@nhs.net
	☐ NHS South Sefton CCG	IFR.manager@nhs.net
	☐ NHS St Helens CCG	IFR.manager@nhs.net
	☐ NHS Vale Royal CCG	valeroyalccg.IFR@nhs.net
	☐ NHS Warrington CCG	warringtonccg.IFR@nhs.net
	☐ NHS West Cheshire CCG	westcheshireccg.IFR@nhs.net
	☐ NHS Wirral CCG	wirralccg.IFR@nhs.net

SECTION 4 – REQUEST URGENCY	
4a. Indicate the level of clinical urgency for this request.	☐ Not urgent ☐ Urgent - state reasons: **State reasons:**
4b. Proposed start date or date treatment commenced:	
Processing requests takes on average 30 working days. If the case is more urgent than this, please state why and how urgent the case is.	

SECTION 5 – CONSENT	
5a. I confirm all of the below: This Individual Funding Request (IFR) has been discussed in full with the patient or patient representative[1]. They are aware that they are consenting for the IFR Team to receive and review confidential clinical information about their health to enable full consideration of this funding request.	☐ Yes ☐ No

[1] This means a person with legal authority to take decisions about medical care and treatment on behalf of the patient, on the basis that they lack capacity to take these decisions themselves. The source of that legal authority should be clearly identified

5b. I confirm that it is clinically appropriate for the patient to be copied into all correspondence related to the outcome of this IFR. Midlands and Lancashire Commissioning Support Unit is under obligation to let the patient know the outcome of their IFR application. The patient or patient representative and their GP will therefore be copied into correspondence relating to IFR outcomes unless it is clinically not appropriate to do so. Please indicate as follows:	☐ Yes ☐ No
5c. I understand that by indicating that it is **NOT** clinically appropriate for the IFR Team to contact the patient, I am responsible for sharing information relating to this request with the patient /patient representative. Their GP will be included in any responses and be aware of the request and its outcome.	☐ Yes
5d. Name of Requester:	
5e. Signature of Requester:	
5f. Date request submitted:	
Responsibility lies with the requesting clinician to present a full submission which sets out a comprehensive and balanced picture of the history and present state of the patient's clinical condition, the nature of the treatment requested and the anticipated benefits of treatment.	

SECTION 6 – DETAILS OF REQUESTER			
6a. Name:		**6b. Title:**	
6c. Job role:			
6d. Requester organisation:			
6f. Contact telephone number:			
6g. Secure NHS.net email or postal address:			
6h. Fax Number:			

SECTION 7 – DETAILS OF PROVIDER	
7a. Provider organisation:	
7b. Clinical department / specialty:	
7c. Contact telephone number:	
7d. Secure NHS.net email or postal address:	
7e. Fax number:	
7f. Referral submitted to provider (Y/N):	☐ Yes ☐ No
7g. Is the provider commissioned by the NHS to provide this service or treatment? If No, state why the patient hasn't been referred to an NHS commissioned provider:	☐ Yes ☐ No **State Why:**
7h. Is the provider commissioned by the patients registered CCG to provide this service or treatment? If No, state why the patient is being referred to an out of area provider:	☐ Yes ☐ No **State Why:**

SECTION 8 – PATIENT DIAGNOSIS
8a. Primary diagnosis related to this request: (Details of Diagnosis & Prognosis for which the treatment is requested)
8b. Relevant medical history: (Including co-mormidities)

SECTION 9 – TREATMENT REQUESTED	
9a. Name of treatment: (Include any alternative terms)	
9b. Where will the treatment take place (e.g. Inpatient or outpatient)?	
9c. Or part of a course? If yes, give details below:	☐ Yes ☐ No ☐ N/A
9d. Treatment Intervals/frequency/duration:	
9e. Number of proposed treatments/doses:	
9f. Total time for proposed treatment:	
9g. Anticipated start date:	

SECTION 10 – CLINICAL BACKGROUND
10a. Outline the background to the patient's clinical situation, timeline, current status and symptoms. Give validated clinical measures, named in full.

SECTION 11 – CURRENT TREATMENT
11a. Please give details of relevant current treatment/medication including regimen, response (including any intolerance or adverse events) and start date

SECTION 12 – PREVIOUS TREATMENTS
12a. Please give details of relevant previous treatment/medication including the treatment, regimen, response (including ay intolerance or adverse events), start date, stop date, reason for stopping.

SECTION 13 – STANDARD TREATMENT
13a. Describe the natural history of the condition this patient has and what would be the expected course of the condition and prognosis?
13b. What is the standard treatment for this condition at this stage in the pathway?
13c. Why is the standard treatment not appropriate for this patient?
13d. If this treatment request is not approved, what treatment will be given to the patient?

SECTION 14 – ANTICIPATED OUTCOMES
14a. What are the anticipated outcomes of the treatment requested for this patient?
14b. How will the outcomes of the treatment requested be measured? Use validated measures
14c. When will these outcomes be expected?
14d. What stopping criteria will be in place?
14e. What mechanisms will be in place to provide the CCG with clinical reports, if the treatment is approved?

SECTION 15 – EVIDENCE APPRAISAL	
15a. What is the evidence base for the clinical and cost effectiveness / safety of this procedure / treatment? **Published references should be provided in full in order to be considered by the IFR Panel.**	
15b. Is the treatment licensed in the UK for the intended use?	☐ Yes ☐ No
If Yes, please give details:	
15c. Has it been subjected to NICE appraisal or other scrutiny?	☐ Yes ☐ No
If Yes, please give details:	
15d. Is the procedure/treatment part of a current or planned national or international clinical trial or audit?	☐ Yes ☐ No
If Yes, please give details:	

15e. Outline how the patient meets local or national guidance (including any objective parameters e.g. DAS28, PSARC, PASI, DLQI, etc. with dates) **a. For insulin pumps and CGM systems include name of pump or CGM system, HbA1C, frequency, nature and management of any hypoglycaemic episodes with dates)** **b. Include reference to the supporting local or national guidance.**	
15f. Does the proposed procedure/treatment have any exclusion criteria in place for occasions when the procedure/treatment could be ineffective?	☐ Yes ☐ No
If Yes, please give details:	

SECTION 16 – CLINICAL EXCEPTIONALITY	
To meet the definition of 'exceptional clinical circumstances' your patient must demonstrate that they are both: • **Significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition; AND** • **Likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition.** **Note: Non-clinical factors cannot be taken into account by the IFR Panel**	
16a. Do you consider this patient to have exceptional clinical circumstances, as defined above?	☐ Yes ☐ No
16b. If yes, please explain why your patient is significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition.	
16c. If yes, please explain why your patient is likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition.	

SECTION 17 – TREATMENT/PROCEDURE COSTS	
Ensure you include all costs that are connected to providing the treatment or procedure.	
17a. What is the cost of the treatment / procedure including any drug / attendance costs / device / administration / staff / follow up / diagnostics costs / consumables etc.? **Give a breakdown of this cost per annum, per cycle etc. as appropriate:**	£
17b. What is the total estimated cost for the package of treatment/care?	£
17c. What is the cost of the standard therapy it replaces including any drug / attendance costs / staff / follow up / diagnostics costs etc.? **Give a breakdown of this cost per annum, per cycle etc. as appropriate:**	£

SECTION 18 – INCIDENCE & PREVALENCE		
18a. Incidence:	**Estimate the number of patients expected to have this condition per 100,000 population per year:**	Per 100,000
18b. Prevalence:	**Estimate the number of patients expected to have this condition per 100,000 population at any one time:**	Per 100,000
18c. Supporting evidence:	**Published references should be listed here and provided in full text in order to be considered by the IFR Panel:**	
18d. How many patients currently attend your service with this condition for which you would wish to use this treatment?		
18e. How many patients would expect to see in one year with this condition for which you would wish to use this treatment?		
18f. Is this a service development that has been discussed with commissioners?		☐ Yes ☐ No
18g. If this treatment were to be funded for this patient on an individual basis, would the decision set a precedent for other requests?		☐ Yes ☐ No

SECTION 19 – DECLARATION OF INTERESTS
19a. Clinicians are required to disclose all material facts as part of this process. Are there any other comments / considerations that are appropriate to bring to the attention of the IFR Team?

On Completion

Email to the appropriate dedicated email via nhs.net account:

NHS Eastern Cheshire CCG	easterncheshireccg.IFR@nhs.net
NHS Halton CCG	IFR.manager@nhs.net
NHS Knowsley CCG	IFR.manager@nhs.net
NHS Liverpool CCG	IFR.manager@nhs.net
NHS South Cheshire CCG	southcheshireccg.IFR@nhs.net
NHS Southport & Formby CCG	IFR.manager@nhs.net
NHS South Sefton CCG	IFR.manager@nhs.net
NHS St Helens CCG	IFR.manager@nhs.net
NHS Vale Royal CCG	valeroyalccg.IFR@nhs.net
NHS Warrington CCG	warringtonccg.IFR@nhs.net
NHS West Cheshire CCG	westcheshireccg.IFR@nhs.net
NHS Wirral CCG	wirralccg.IFR@nhs.net

OR

Fax to Safe Haven Fax: Funding Requests: 01244 470 380

OR

Posted (marked confidential) to:

Individual Funding Request Team
Midlands and Lancashire Commissioning Support Unit
Countess of Chester Health Park, 1829 Building, Liverpool Road, Chester, Cheshire. CH2 1HJ

Appendix 5 – Individual Funding Request (IFR) Team Terms of Reference

Purpose

1 The role of the Individual Funding Request Team is to support the IFR process for the Clinical Commissioning Groups. The team will:

Screen

2 Receive, acknowledge and process IFR requests submitted to the CCG within agreed timescales;

3 Screen all applications according to the provisions in this policy and procedure and aligned IFR operating procedures;

4 Re-direct applications as appropriate;

5 Coordinate the timely review of applications by screening panel members in accordance with this policy and procedure and the aligned IFR standard operating procedures;

IFR Panels

6 Appoint Panel members to act/make recommendation on behalf of the CCG;

7 Schedule regular IFR Panels to ensure that delay to decision making is minimised. Increase frequency if necessary to accommodate unexpected peaks;

8 Ensure that sufficient Panel members are available for Panels to be quorate;

9 Coordinate the thorough preparation of an IFR application to take to the Panel;

10 Coordinate the provision of additional information or seek clarification through contact with the clinical applicant or associate clinicians, to allow the case to be considered by the Panel;

11 Report precedence of any previous funding decisions for similar cases to support effective Panel assessment;

12 Coordinate the administration of the Panel papers and their timely distribution to Panel members, maintaining patient confidentiality and timeliness;

13 Ensure high-quality minutes from the IFR Panel through established quality assurance measures;

14 Securely archive and catalogue individual case documentation so that they can be made available when considering new applications;

Notification of outcomes

15 Communicate the outcome of the screening, IFR Panel or Process Review Panel to the applicant, the patient or their representative as appropriate and to other associated clinicians where necessary;

Sign-posting

16 Sign-post requests/the applicant to alternative clinical pathways or funding routes as relevant, supporting the patient's journey as much as possible;

Service developments

17 Identify and communicate potential service developments by keeping accurate records of treatments requested for same or similar conditions, noting where patterns appear to be emerging;

18 Proactively support the CCGs process for evaluating the clinical and cost-effectiveness of provider business-cases with the same rigour as an IFR to enable CCGs to make commissioning decisions for a wider population;

Training

19 Support the delivery of appropriate training to all members of the IFR Panel and Process Review Panel and those within MLCSU responsible for the administration of the process; as well as Public Health colleagues within local authorities contributing to the process.

IFR Senior Manager

20 Support IFR Panels as a non-voting member to:

- Ensure consistency in the decision making processes, ensuring the maintenance of a record of prior decisions to enable reference to precedent where relevant;
- Share experience gained in dealing with requests for individual patients within and across CCGs;
- Ensure IFR teams and Panels operate according to best practice with regard to this policy;

21 Arrange for the provision of regular reports (Monthly, Quarterly and Annually as agreed) to CCG commissioners on the decisions made under the schedule of delegation, including activity patterns and trends in requests for individual funding;

22 Agree interim arrangements with the CCG to manage subsequent requests received for identified/agreed service developments;

Corporate Governance and Risk Management

23 The IFR Team will adhere to all the corporate governance and risk management arrangements set out in the agreement between the Midlands and Lancashire Commissioning Support Unit and the CCGs.

24 The IFR Team will provide regular reports to the CCGs informing them of the number of IFRs that have been screened and the number considered at the IFR Panel, as well as the outcome and the financial commitment.

25 The IFR Team will provide a quarterly and annual report to the CCG Board.

26 The IFR Team will report any governance concerns or risks to the CCG when this comes to their attention.

27 All members of the IFR Team and IFR Panel members must undergo training to cover both the legal and ethical framework for IFR decision making, the CCG's commissioning processes and structures, the technical aspects of interpretation of clinical evidence and research, and guidance in respect of the policies relevant to their advice. This training will be regularly refreshed to ensure that all IFR and IFR Appeal Panel members maintain the appropriate skills and expertise to function effectively.

Appendix 6 – Individual Funding Request (IFR) Panel Terms of Reference

Purpose

1 The IFR Panel is a forum for discussion of the case and analysis of the evidence to reach a decision on whether or not to recommend funding for any particular case.

2 The IFR Panel will consider individual requests for CCG commissioned and funded treatment.

3 The IFR Panel will work to the published CCG IFR Policy and each request will be processed by following the decision making process outlined by the policy and process. This will ensure that all requests are considered in a fair and transparent way, with decisions based on the available evidence presented by the clinicians.

Membership

1 The IFR Panel will have a core membership of:
   a. A Specialist in Public Health (Voting Member);
   b. 2 x Clinical Advisors (IFR Team appointed General Practitioners (GP)) (Voting Members);
   c. A Medicines Management representative (Voting Member);
   d. Senior IFR Officer (Chair/Non-Voting Member);
   e. IFR Officer(Non-Voting Member);

2 CCG representatives are not required at each meeting but a member/employee from the responsible commissioner CCG can attend when a case is put before the Panel and as agreed with the Chair.

3 Each member should declare any potential conflict of interest as soon as they become aware of it.

4 A GP should not be involved in Panel discussions about their own patient or make a decision concerning their own patient. In these instances, an alternative clinical advisor should attend the Panel.

5 Panel members will not be identified by name, but function and job role will be provided if requested.

In attendance

1 For particularly complex cases, other individuals with clinical, pharmaceutical or commissioning expertise and skills, unconnected with the requesting provider, may also be invited to participate in a panel meeting.

2 Public Health trainees can also contribute to the work of the IFR panel as part of their training. They can attend panels as part of their training. They can attend panels as non-voting members.

3 A clinical member of the Panel will introduce the case to the other members of the Panel. Clinical members of the IFR Panel who have had any clinical involvement with an individual case cannot be part of the Panel hearing for that request.

4 An IFR Officer will record the decision of the IFR Panel.

5 Patients will not be permitted to attend Panel meetings in person or be represented by any person at the meeting.

Quoracy

6 In order to be quorate there should be a minimum of the Senior IFR Officer plus one Clinical Advisors (IFR Team appointed GP), a public health consultant and a *medicines management team member (*when Medicines Management related cases are to be considered) present.

Chair

7 A Senior IFR Officer will chair the Panel.

Frequency

8 IFR Panel hearings will be scheduled for at least 4 times a month. IFR Panel hearings will usually only take place where there is a case to be heard.

9 Additional meetings of the IFR Panel may be convened if needed.

10 Virtual meetings by telephone or web conferencing may be held as and when required.

11 The decisions made outside the regular meetings must be relayed to the next formal IFR Panel meeting for ratification and incorporation into the minutes of the IFR Panel.

Voting Rights

12 IFR Panel members will seek to reach decisions by consensus where possible, but if a consensus cannot be achieved, decisions will be taken by a majority vote with each Panel member present having an equal vote. If the Panel is equally split then the Specialist in Public Health member of the Panel will have the casting vote.

Documentation

13 All cases will be anonymised before consideration by the IFR Panel. The IFR Officer will produce a summary of the key information which will be considered by the IFR Panel. A clinical member of the Panel will introduce the clinical background to the case, including relevant syntheses of the evidence. Recognised published sources of evidence should be used where available. All other documentation that has been received regarding the case will also be available to the Panel.

14 The minutes of the IFR Panel will be approved by the Chair of the IFR Panel, in conjunction with a clinical member of the Panel.

Authority

15 The IFR Panel works on behalf of the CCG and make recommendations in respect of funding of individual cases. It is not the role of the IFR Panel to determine commissioning policy on behalf of the CCGs it represents.

Accountability

16 The IFR Panel is accountable to the CCG Governing Body and Midlands and Lancashire Commissioning Support Unit (MLCSU) for ensuring that:

a. The decision making process is followed and the required standards set out in the IFR Policy have been adhered to.

b. The decision not to fund is reasonable in light of the available evidence and the individual circumstances of the case.
c. The IFR decision making process takes into account material factors relating to the application.
d. The IFR decision making process and therefore the CCG arrives at a recommendation that falls within the range of responses which can be reasonably reached based on the evidence provided.

Reporting and Monitoring

17 The IFR Officer will record the recommendations of the IFR Panel. The recommendations, together with the record of attendance and relevant discussions will form the minutes of the individual case.

18 Recommendations made by the Panel will be reported to the CCG for reference and will be used to inform the need for service development.

19 When the Panel considers that there is evidence of matters that constitute a high level of risk, they will be reported through the appropriate CCG's risk reporting procedure. Risk could be related to financial, reputational, governance and personal risk.

20 The IFR Panel will observe the requirements of the Freedom of Information Act 2000, which allows a general right of access to recorded information held by the CCG, including minutes of meetings, subject to the specified exemptions.

21 Monthly activity reports of the IFR Panel will be available to the CCGs in addition to the Quarterly and Annual Report.

22 Audits of the decisions taken by the IFR Panel will be carried out every two years.

23 The Panel will help to identify those services which could be developed and provided locally in a more cost-effective way.

24 The Panel will help to identify gaps in commissioning policy where clear commissioning decisions are required. If multiple applications are received for a treatment, therapy or intervention, the Panel should consider:
a. Asking the CCG to develop a clinical commissioning policy; or
b. Making a request to relevant commissioners to explore a service development.

Training

25 All members of the IFR Panel must undergo mandatory training organised by the MLCSU. This will cover both the legal and ethical framework for IFR decision making, the CCG's commissioning processes and structures, the technical aspects of interpretation of clinical evidence and research, and guidance in respect of the policies relevant to their decision making. This training will be regularly refreshed to ensure that all IFR Panel members maintain the appropriate skills and expertise to function effectively.

Review

26 The Terms of Reference of the Panel will be reviewed annually.

Appendix 7 – Individual Funding Request (IFR) Reconsideration Form

NB: An interactive representation of this form is available for completion online or electronically from the relevant CCG's web site.

Midlands and Lancashire Commissioning Support Unit

Clinical Commissioning Group (CCG) Individual Funding Request (IFR) Reconsideration Form

All sections of the form must be completed and typewritten otherwise the case will not be considered.

Important Information
Applicants are advised to review the CCG's General Policy for IFR and the IFR Process.

It is the responsibility of the referring clinician to ensure all the appropriate required clinical information is provided. This includes full text copies of all the published papers of clinical evidence that have been cited, a list of the published papers submitted and an indication of which points within them are relevant in respect to the IFR application criteria. Requests will only be considered on the information provided in the application and supporting papers.

DO NOT include patient or Trust/requesting clinician identifiable data in any free text sections. Where there are large amounts of identifiable data included in the application will be returned to you for redaction and resubmission.

Please note: Applications presenting incomplete information will be returned for amendment/completion prior to consideration.

SECTION 1 – EXISTING CASE ID NUMBER	
1a. Case ID number:	

SECTION 2 – RESPONSIBLE COMMISSIONER		
2a. Please indicate the responsible commissioner for this patient	☐ NHS Eastern Cheshire CCG	easterncheshireccg.IFR@nhs.net
	☐ NHS Halton CCG	IFR.manager@nhs.net
	☐ NHS Knowsley CCG	IFR.manager@nhs.net
	☐ NHS Liverpool CCG	IFR.manager@nhs.net
	☐ NHS South Cheshire CCG	southcheshireccg.IFR@nhs.net
	☐ NHS Southport and Formby CCG	IFR.manager@nhs.net
	☐ NHS South Sefton CCG	IFR.manager@nhs.net
	☐ NHS St Helens CCG	IFR.manager@nhs.net
	☐ NHS Vale Royal CCG	valeroyalccg.IFR@nhs.net
	☐ NHS Warrington CCG	warringtonccg.IFR@nhs.net
	☐ NHS West Cheshire CCG	westcheshireccg.IFR@nhs.net
	☐ NHS Wirral CCG	wirralccg.IFR@nhs.net

SECTION 3 – PATIENT PERSONAL DETAILS			
3a. Patient Surname:		**3e. NHS Number:**	
3b. Patient Forename:		**3f. Hospital Number:**	
3c. Patient Middle Name(s):		**3g. Patient Ethnic Origin:**	
3d. Patient Date of Birth:		**3h. Patient Sex (M/F):**	
3i. Patient Address: (Including Postcode)			
Please note that all unnecessary personal information will be removed from this form prior to being reviewed. This information is collected for monitoring purposes only)			

SECTION 4 – REQUEST URGENCY	
4a. Indicate the level of clinical urgency for this request.	☐ Not urgent ☐ Urgent - state reasons: **State reasons:**
4b. Proposed start date or date treatment commenced:	
Processing requests takes on average 30 working days. If the case is more urgent than this, please state why and how urgent the case is.	

SECTION 5 – UPDATED INFORMATION NOT ORIGINALLY INCLUDED IN THE IFR APPLICATION	
5a. Request details:	
5b. Treatment:	
5c. Clinical Background:	
5d. Clinical Exceptionality:	
5e. Clinical Supporting Information:	
Please note: Only include any changes to the information provided in this section of the original application form.	

SECTION 6 – SUBMIT **When you are satisfied that you have completed all sections you will need to submit the request for consideration by the CCG's IFR Team. If the team needs more information they will email you to ask that you provide more details.**	
Clinicians are required to disclose all material facts to the CCG as part of this process. **Are there any other comments / considerations that are appropriate to bring to the attention of the IFR Team?**	

On Completion

Email to the appropriate dedicated email via nhs.net account:

NHS Eastern Cheshire CCG	easterncheshireccg.IFR@nhs.net
NHS Halton CCG	IFR.manager@nhs.net
NHS Knowsley CCG	IFR.manager@nhs.net
NHS Liverpool CCG	IFR.manager@nhs.net
NHS South Cheshire CCG	southcheshireccg.IFR@nhs.net
NHS Southport & Formby CCG	IFR.manager@nhs.net
NHS South Sefton CCG	IFR.manager@nhs.net
NHS St Helens CCG	IFR.manager@nhs.net
NHS Vale Royal CCG	valeroyalccg.IFR@nhs.net
NHS Warrington CCG	warringtonccg.IFR@nhs.net
NHS West Cheshire CCG	westcheshireccg.IFR@nhs.net
NHS Wirral CCG	wirralccg.IFR@nhs.net

OR

Fax to Safe Haven Fax: Funding Requests: 01244 470 380

OR

Posted (marked confidential) to:

Individual Funding Request Team
Midlands and Lancashire Commissioning Support Unit
Countess of Chester Health Park, 1829 Building, Liverpool Road, Chester, Cheshire. CH2 1HJ

Appendix 8 – Individual Funding Request (IFR) Process Review Panel Terms of Reference

Purpose

1 The Process Review Panel will determine whether the original decision is valid in terms of process followed, the evidence/factors considered and the criteria applied. In deciding the outcome of a review, the Process Review Panel will consider whether:

2 The process followed by the IFR Team and Panel was consistent with that detailed in the IFR Policy document.

3 The decision reached by the IFR Team or Panel:
   a. Was consistent with CCG Principles (please reference the General Policy for IFR);
   b. Had taken into account and weighed all the relevant evidence;
   c. Had not taken into account irrelevant factors;
   d. Indicates that members of the panel acted in good faith;
   e. Was a decision which a reasonable IFR team or panel was entitled to reach.

4 The Process Review Panel will be able to reach only one of two decisions:
   a. To uphold the recommendations/decision reached by the IFR Team or Panel;
   b. To refer the case back to the IFR Team or Panel with detailed points for reconsideration.

5 Where the Process Review Panel consider that there may have been a procedural error in the decision i.e. that the decision may not have been consistent with CCG Policy or principles, the IFR Team or Panel may not have taken into account and weighed all the relevant evidence may have taken into account irrelevant factors or reached a decision which a reasonable IFR Team or Panel was not entitled to reach; the Process Review Panel shall refer the matter to the IFR Team or Panel if they consider that there is an arguable case that requested treatment will be approved.

6 If the Process Review Panel considers that, notwithstanding their decision on the procedure adopted by the IFR Team or Panel, there is no arguable case that the decision would have been different; the Process Review Panel shall uphold the recommendation/decision of the IFR Team or Panel.

Membership

1 The IFR Process Review Panel will consist of:
   a. A Non-Executive Director / Chairman from the responsible CCG;
   b. A Governing Body Member GP from the responsible CCG;

2 None of the panel members should have been involved in the case prior to the Process Review Panel. The Process Review Panel will not consider either new information that was not available to the IFR Team or Panel or receive oral representations.

Attendance

1 A member of the IFR Team will provide administrative support, including taking minutes and supporting the collation of a draft response for consideration by the IFR Process Review Panel Chair.

2 The IFR Process Review Panel can request the attendance of other individuals in an advisory capacity.

Frequency of meetings

1 The Process Review Panel will be scheduled as needed.

2 The IFR Process Review Panel will be convened at the earliest opportunity; the intention is that this should be no later than 30 working days from the date of the process review request.

3 A case may need to be considered urgently on the advice of an authorised senior health professional after consultation with the patient's clinicians. The timing of the urgent Process Review Panel will be based on the individual clinical circumstances and the risk of an adverse clinical outcome if a funding decision on treatment is delayed. Ideally, all urgent cases will be considered by face-to-face meeting, but where the clinical urgency makes this impossible, communication by phone or e-mail will be deemed appropriate.

Voting Rights

1 The Process Review Panel members will seek to reach a decision by consensus. If this is not possible a decision will be made by a vote with each member having one vote.

Quoracy

1 Both panel members must be present for the Process Review Panel to be quorate.

Documentation

1 The Process Review Panel will only consider the following written documentation:
   a. The original Treatment Request Form submitted;
   b. The IFR process records in handling the request;
   c. The IFR Panel records including any additional supporting information considered by the IFR Panel;
   d. The grounds submitted by the referring clinician and/or the patient/patient representative in their request for review.

2 There will be no other representation at the Process Review Panel from the IFR Team or Panel or the referring clinician and/or the patient/patient representative.

3 The Process Review Panel will not consider new information or receive oral representations. If there is significant new information, not previously considered by the IFR Team or Panel, it will be considered as set out in the section on Reconsideration in the IFR Policy. All information will be anonymised before consideration by the Process Review Panel.

Authority

1 The Process Review Panel has the responsibility to undertake a review of IFR Team and Panel recommendations/decisions in respect of individual cases. It is not the role of the Process Review Panel to reach a decision on funding of an IFR nor does the Panel make clinical commissioning policy on behalf of the CCG.

Accountability

1 The Process Review Panel works on behalf of the CCG Governing Body.

Reporting and Monitoring

1 The IFR Team and CCG will meet on a quarterly basis to review the outcome of any Process Review Panel meetings in order to evaluate the review process and to consider any improvements that could be made.

2 Decisions made by the Process Review Panel will be reported to the CCG for information to inform the need for service review.

3 When the Process Review Panel considers that there is evidence of matters that constitute a high level of risk, they will be reported through the appropriate CCG's risk reporting procedure. Risk could be related to financial, reputational, governance and personal risk.

4 The IFR Process Review Panel will observe the requirements of the Freedom of Information Act 2000, which allows a general right of access to recorded information held by the CCG, including minutes of meetings, subject to the specified exemptions.

Training

1 All members of the Process Review Panel must undergo mandatory induction training organised by MLCSU. This will cover both the legal and ethical framework for IFR decision making, CCG commissioning processes and structures and the interpretation of clinical evidence. This training will be refreshed annually to ensure that all panel members maintain the appropriate skills and expertise to function effectively.

Review of Terms of Reference

1 The Terms of Reference of the Process Review Panel will be reviewed annually.

Appendix 9 – Individual Funding Request (IFR) Process Review Request Form

NB: This form is available for completion online or electronically from the relevant CCG's web site.

The remit of the IFR Process Review Panel is to ascertain whether the decision taken by the CCG at the IFR Panel:

- was taken in accordance with the requirements of this policy;
- took into account and evaluated all the relevant evidence;
- did not take into account irrelevant factors;
- was taken in good faith; and
- was a decision that falls within the range of responses which the CCG was reasonably entitled to reach on the application and evidence submitted;

1. Patient Details			
Forename:		**NHS Number:**	
Middle name:		**Hospital Number:**	
Surname:		**Sex: M/F**	
Date of Birth:		**Ethnic Origin:**	
Patient's Address & Postcode:			
(Please note that all necessary personal information will be removed from this form prior to being reviewed. This information is collected for monitoring purposes only)			

2. Appellant	
Name:	
Position/Title:	
Contact email: (nhs.net)	
Contact Telephone number:	
Relationship to the patient:	
Signature:	
Date Completed:	

3. Details of the Process Review

(Please note that one of the sections below needs to be completed for an process review to be considered)

a. Please detail how the decision making process was not followed appropriately:

b. Please detail how the decision made by the Clinical Commissioning Group was unreasonable in light of the following factors:

- **The evidence of exceptionality (which the IFR Panel deemed to not be demonstrated)**
- **The clinical & cost effectiveness evidence**
- **The patient's individual circumstances**
- **Other material factors**

c. Please detail any other information that you consider to be relevant to the process review

Please note that if new evidence regarding exceptionality or new clinical evidence is submitted then the case will need to be referred back to the Individual Funding Request Panel for reconsideration.

4. On Completion

Email through nhs.net account to dedicated email:

NHS Eastern Cheshire CCG	easterncheshireccg.IFR@nhs.net
NHS Halton CCG	IFR.manager@nhs.net
NHS Knowsley CCG	IFR.manager@nhs.net
NHS Liverpool CCG	IFR.manager@nhs.net
NHS South Cheshire CCG	southcheshireccg.IFR@nhs.net
NHS Southport & Formby CCG	IFR.manager@nhs.net
NHS South Sefton CCG	IFR.manager@nhs.net
NHS St Helens CCG	IFR.manager@nhs.net
NHS Vale Royal CCG	valeroyalccg.IFR@nhs.net
NHS Warrington CCG	warringtonccg.IFR@nhs.net
NHS West Cheshire CCG	westcheshireccg.IFR@nhs.net
NHS Wirral CCG	wirralccg.IFR@nhs.net

or Fax to safe haven: 01244 470 380

or Post (Marked Confidential) to:

Individual Funding Request Team
Midlands and Lancashire Commissioning Support Unit
Countess of Chester Health Park, 1829 Building, Liverpool Road, Chester, Cheshire. CH2 1HJ

Appendix 10 – Key Performance Indicators

1 The processing of all requests will be in line with the following Key Performance Indicators (KPIs) which have been designed to monitor compliance and performance and identify risks to service delivery so as to inform mitigating action as relevant.

2 The caseload management from start to finish must not exceed 56 working days which is defined as an overall KPI for the process. A definition of this expectation can be referenced in the IFR Policy.

3 Calculation of compliance with all KPIs does not include those days when either additional information has been requested from a source out-with the CSU and not received; or advice/guidance has been requested out-with the CSU i.e. from the CCG, and not received. In these circumstances the clock stops and then restarts when information/advice/guidance has been received.

4 The following list of KPIs will be routinely monitored to assure compliance with the IFR Policy:

Externally Monitored KPI		**Working Days**	**Guidance**
E1	All IFR applications are processed within 56 days of the application being received. Where this does not occur a breach is only applicable where is relates to MLCSU services and not a third party/other party delay	56	The first working day is calculated as the first full working day.
E2	The outcome of the IFR Panels consideration will be communicated within 10 working days of the IFR Panel decision being made. The IFR decision letter will be sent out on behalf of the Authority (signed by the Accountable Officer where required). Where IFR funding is not agreed by the IFR Panel, the Contractor will outline the reasons for this.	10	The first working day is calculated as the first full working day.
E3	Fast Track IFRs (defined as those which could not have been identified earlier by the clinician) will be processed within 2 working days of receipt of the relevant application.	2	The first working day is calculated as the first full working day.