Midlands and Lancashire
Commissioning Support Unit

The collaborative Individual Funding Request process for Lancashire Clinical Commissioning Groups

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1. Introduction

1.1 The NHS belongs to us all. It is there to improve our health and well-being, support us to keep mentally and physically well, to get better when we are ill and, when we cannot fully recover to stay as well as we can to the end of our lives.

1.2 To make sure that we can provide the best care for the maximum number of people it is vital that we make every penny count. This means funding procedures and treatments that have been demonstrated to work and where there is a high likelihood of benefit and a low likelihood of harm. Carrying out procedures such as operations that are not of great health benefit uses up resources that could be spent on really making a difference elsewhere. As happens in other parts of the country, we may decide that a treatment or procedure should not be routinely funded because:

- There is only limited or no evidence of its effectiveness (whether it works or not)
- It is considered a low priority for funding, (for example, cosmetic surgery) compared to other treatments (for example, dementia or stroke care)

1.3 The Individual funding request (IFR) process is the means by which the Clinical Commissioning Group (CCG) manages and administers applications for funding for treatments for individuals in accordance with the *General Policy for Individual Funding Request Decision Making* and the *Policies for the Commissioning of Healthcare, Statement of Principles.*

1.4 Lancashire CCGs are each responsible for making the decisions to fulfil its legal obligations and duties and responsibilities for its own patient population. Therefore, it is for the CCG to ultimately decide whether or not an IFR should be funded.

1.5 Lancashire CCGs may commission business support services to help with the administration and process of IFR's, they currently purchase these services from Midlands and Lancashire Commissioning Support Unit. The Terms of Reference for the Individual Funding Request Team is shown in Appendix 1

The Lancashire CCG's supported by this process are:

NHS Blackburn with Darwen CCG
NHS Chorley and South Ribble CCG
NHS East Lancashire CCG
NHS Fylde and Wyre CCG
NHS Greater Preston CCG
NHS Lancashire North CCG
NHS West Lancashire CCG

1.6 Lancashire's clinical commissioning policies list those procedures that are not funded or where funding will only be made available if specific criteria are met. Work is also taking place across Lancashire to review the policies contained within this list, as well as to develop new policies. This work will help to ensure that people across the whole of Lancashire are able to access these treatments in a fair and equitable way.

1.7 It is important to remember that, while the NHS does not want to carry out procedures or treatments which have little health benefit in general, there may be overwhelming health benefits for an individual patient. In these cases, a doctor, on behalf of a patient, will explain the exceptional circumstances and request that these are considered through the IFR Process, where it will be decided if the NHS will fund the procedure. The IFR process will make decisions on an individual case by case basis. The IFR Process for requesting funding on an individual patient basis is detailed in this Policy below. This process is applied consistently by all clinical commissioning groups in Lancashire.

1.8 The IFR process identifies whether the request is for a commissioned service in accordance with a clinical commissioning policy, or whether the request is for a commissioned service as an exception to a clinical commissioning policy, or whether the request is a service development that is not currently commissioned, or whether the request should be assessed empirically as a rare case for which the CCG would not expect to commission a service for a cohort of patients

1.9 A *Service Development* can be defined as a change to the CCG's portfolio of service agreements such that a particular new healthcare intervention shall be routinely commissioned for a defined group of patients. Service developments are likely to result from a prioritisation process. Some requests for healthcare may more appropriately be considered as service developments than as individual funding requests. This is particularly likely where it is identified that there may be a cohort of patients who would wish to access the healthcare intervention.

1.10 This document is part of the governance framework in relation to IFRs and should be read in conjunction with the General Policy for Individual Funding Request Decision Making and Policies for the Commissioning of Healthcare, Statement of Principles.

2. Submitting an Individual Funding Request (IFR)

2.1 The clinician who intends to use the treatment on behalf of their patient must submit an IFR application in accordance with the *General Policy for Individual Funding Request Decision Making.* The IFR Application Form (appendix 6) can be obtained either by contacting the IFR Team or from the CCG.

2.2 The clinician should complete the IFR application form in full, and submit by an approved secure email (eg nhs.net) to the IFR Team. The email addresses are provided on the application form (Appendix 6).

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

2.4 For any queries the IFR Team can be contacted by email; Funding.requests@nhs.net (for general enquiries) or by phone **01772 214054.**

2.5 The clinician submitting the IFR application is responsible for informing the patient and/or their carer of progress.

2.6 The clinician is responsible for ensuring that the patient has consented to the IFR application and to their medical details being shared with the commissioner and relevant stakeholders defined in this policy for the purposes of considering the IFR application.

2.7 A flow diagram for funding decision making is shown in section 11.

3. Pre-screening stage

3.1 On receipt of the funding request 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. The IFR Team will email the referring clinician advising that the completed application should be returned within four weeks of the date of the email. If the IFR application form is not returned within this timescale, the clinician will be advised that the case will be closed, and no further action will be taken by the IFR Team.

3.2 It is the clinician's responsibility to ensure that an IFR application form is fully completed and that it contains all the relevant clinical and financial information which will be required for the CCG to properly evaluate and assess the IFR in accordance with the relevant policies and reach an appropriate decision.

3.3 As part of the pre-screening process, the IFR Team will perform the necessary checks to identify which CCG is the responsible commissioner.

3.4 All completed IFR application forms will be date stamped, and logged on the IFR database. A case reference number will be assigned to the application, and 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.

3.5 Within five working days an acknowledgement will be sent by the IFR Team to the referring clinician advising that the application will be progressed through to screening stage.

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

3.7 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 8 weeks. However, this 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.

4. Screening stage

4.1 The Screening stage is administered by the IFR Team supported by expert reviewers to screen the application.

4.2 The following can be involved in this stage;

- IFR Team (CSU)

Expert reviewers;

- IFR Nurse Adviser (CSU)
- Medicines Management Lead (eg CSU/CCG)
- Public Health Lead (eg Local Authority)
- General Practitioner (eg CCG)

4.3 The following practice is applied to the Screening Stage;

- The application is reviewed by the IFR Team initially prior to forwarding to the expert reviewers for 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 reviews are checked by at least one second reviewer from the IFR Team, or an expert reviewer.
- Expert reviewers record their reviews in a standardised format which is available for audit and scrutiny for any case. These records are made in the IFR database within a secure area for expert reviewers.

4.4 The function of the Screening stage is to ensure that the *General Policy for Individual Funding Request Decision Making* and the *Policies for the Commissioning of Healthcare, Statement of* Principles are applied.

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

4.6 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.

4.7 The outcome of the Screening stage will be;

- The application is for treatment that is in accordance with an existing clinical commissioning policy/contract and can therefore be approved by the CCG as standard commissioning policy/contract.

- The application is for treatment excluded by an existing clinical commissioning policy/contract and there is no basis for clinical exceptionality, and therefore the application is not approved.

- The application is for a treatment that is 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.

- The application is for a treatment where no policy /contract exists 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.

- The application is for treatment 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.

- The application is for a case that may be one of a group of patients in similar circumstances. Such a case should be regarded as a potential service development and considered in accordance with whatever agreement exists at the time between the CSU and the CCG for the management of such cases. In the absence of a specific agreement the individual case will be submitted for consideration by the IFR panel and the CCG will be notified of the issue.

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

4.9 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 and the IFR Panel will be informed, and the IFR Team with expert advice will consider the case for closure.

4.10 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.

5. IFR Panel

5.1 The IFR Panel may be a standalone panel or carried out as part of a wider commissioning committee, eg Commissioning Request Panel (CRP), depending on CCG organisational arrangements.

The IFR Panel is a multi-disciplinary professional group responsible for assisting the CCG member to make decisions on IFRs.

5.2 Applications are forwarded to the IFR Panel following screening review. The IFR Team will schedule the application for discussion at the next available IFR Panel.

5.3 The IFR Panel will operate within the limits of delegated authority as determined by the CCG's detailed scheme of delegation.

5.4 The membership of the Panel is defined in the Terms of Reference, appendix 2.

5.5 The IFR Panel will be held when required in order to ensure that there is a timely response to all individual funding requests. Meetings are usually held 4-6 weekly.

5.6 The IFR Panel will take account of the evidence submitted with the application form before making a decision on an individual IFR.

5.7 The outcome of each individual IFR will be communicated to the referring clinician within two weeks of the decision. This timescale is required to ensure that the documentation from the Panel has been authorised by the membership.

5.8 The IFR Panel may consider, but not be limited to, the following factors:-

- Relevant CCG clinical commissioning policies.
- All of the clinical information provided with the application.
- The planned treatment/intervention, and the expected benefits and risks of the treatment.
- The clinical evidence base of the treatment/intervention.
- The value for money to the NHS of the treatment/intervention.
- Whether the treatment/intervention being requested is experimental for a rare clinical circumstance.
- Whether the treatment/intervention being requested constitutes a service development for a cohort of patients.
- The implications of its decision on other patients and on the health of the population.

5.9 A letter will be sent to the referring clinician, copied to the patient, by the IFR Team on behalf of the Chair of the IFR Panel, or the decision maker for the CCG, advising on the outcomes of the IFR Panel.

5.10 Throughout the process described above, the IFR Team may, at any time, be asked to request additional information from the referring clinician.

5.11 A funding request cannot be resubmitted to the IFR Panel once it has been considered unless there is new evidence or policy to support a new assessment of the case. Resubmissions are recorded as a new IFR application and the IFR Panel will only consider these where there is

new information relevant to the case to be considered. Any requests to extend the funding period will be considered in line with section 6.1.

6. Implementation

6.1 If the CCG makes a decision to fund an individual patient request, this decision is valid for a period of six months from the date that the decision was communicated to the applicant.

7. Urgent Applications

7.1 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.

7.2 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.

7.3 An urgent request is one which requires urgent consideration and a prompt decision because the patient faces a substantial risk of significant harm if a decision is not made before the next IFR Panel. It will be for the requesting clinician to clearly demonstrate the likelihood of this event occurring and the severity of its impact.

A request will not be treated as urgent where the apparent urgency arises solely as a result of:-

i) A failure by the clinical team to apply for funding through the appropriate route in a timely manner or,

ii) the patient's expectations being improperly raised by a commitment being given by the clinician, or their GP to provide a specific treatment to the patient.

7.4 In cases where the urgent request is inappropriate, the CCG will request an investigation is carried out by the referring organisation to prevent similar cases. The IFR Team will provide advice or training to the referring organisation on appropriate IFR referrals where required.

7.5 Urgent requests should be sent to the IFR Team as per the process described in Section 2 above.

7.6 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.

7.7 Where an urgent decision needs to be made to authorise funding, the IFR Team will contact an Authorised Officer designated by the CCG. The Authorised Officer should be trained or experienced in IFRs.

7.8 The Authorised Officer has authority to make decisions on behalf of the CCG, and will follow the CCG's policies and procedures when making a decision. The Authorised Officer will consider the nature and severity of the patient's clinical condition, and the time period within which the decision needs to be taken. The Authorised Officer will be supported by advice from expert reviewers, eg medicines management, public health or an IFR nurse adviser.

7.9 The Authorised Officer shall be entitled to reach a view that the decision is not of sufficient urgency that a decision needs to be taken outside of the usual process.

7.10 The Authorised Officer is also entitled to reach a decision that the request is for a service development and therefore, refer the request to the CCG.

7.11 The Authorised Officer will be unable to make a decision if the urgent application does not have sufficient information and may request further information. This information will be requested by the IFR Team on behalf of the Authorised Officer. The clinician will share the information with the IFR Team to ensure that the case remains anonymous, and that the process is recorded fully.

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

8. Appeals Process

8.1 There is no statutory requirement for the CCG to hold appeals. However, in line with best practice, the CCG does allow an appeal to be made against the process that was followed to arrive at the decision.

8.2 All appeals must be made in writing using the designated form (appendix 4) and submitted to the IFR Team within 12 weeks of the decision. An Appeal can be made by a clinician requesting the treatment, or a patient.

8.3 It must be noted that an Appeal Panel cannot overturn a decision which has been taken by the IFR Panel. If new medical evidence has come to light which has not previously been considered by the IFR Panel, then this will be treated as a new application for funding and the case will need to be submitted for reconsideration with the new evidence. The Appeals Panel will not consider the appeal further.

8.4 The person submitting the appeal must clearly evidence where and how due process was not followed or where a policy was incorrectly applied. The clinician making or supporting the Appeal, must confirm the basis for the appeal i.e:-

Illegality:	The refusal of the application was not an option that could lawfully have been taken by the IFR Panel.
Procedural Impropriety:	There were substantial and/or serious procedural errors in the way in which the IFR process was conducted.
Irrationality:	The decision of the CCG to refuse funding for the requested treatment/intervention was one which no reasonable IFR Panel with the same terms of reference, could have reached on the evidence available to the Panel.

8.5 If an IFR has been referred as a service development, there will be no right to an Appeal.

8.6 The membership of the Appeal Panel is defined in the Terms of Reference (appendix 3). No member of the appeal panel shall have been involved in the case previously. The appeal panel will be supported by the IFR Team.

8.7 Appendices 3 and 5 define the terms of reference for the Appeal Panel and a template agenda for the meeting.

8.8 No Appeal's Panel member will have had involvement in the original IFR Panel's decision or should know the patient. A member of the IFR Team will be in attendance to provide administrative support, including minute taking. The IFR Team as administrators may have been involved in any part of the process including IFR Panel or the Appeals Panel.

8.9 On receipt of a request for an Appeal, the IFR Team will identify whether any new clinical information has been submitted which was not available to the IFR Panel at the time the decision was made. If new information has emerged, the case will be re-scheduled for IFR Panel discussion and appellant will be informed.

8.10 The IFR Team will submit all Appeals, in which no new information has emerged since the IFR Panel's decision, to the Chair of the Appeals Panel within two weeks of receipt of the request for Appeal. Prior to convening a formal Appeals Panel meeting, the Chair of the Appeals Panel will read and consider all of the documentation relating to the original IFR Panel decision along with the Appeals submission. The Chair of the Appeals Panel will then decide within 2 weeks whether or not there is a case to answer. If there is no case to answer, the Chair of the Appeals Panel will communicate this decision in writing to the appellant and the case will be closed. If the Chair of the Appeals Panel decides to convene an Appeals Panel, the IFR Team will inform the applicant in writing.

8.11 The IFR Team on behalf of the Chair of the Appeals Panel will convene the meeting, inviting appropriate representation. The Chair will ensure that the Appeal Panel is quorate in accordance with the Terms of Reference and consider if additional attendance or advice is required to ensure that a robust consideration of the Appeal can be made.

8.12 The clinician and the patient (or representative) will be given the opportunity to attend and will be given a minimum of 7 days notice of the date and time of the Appeal. The patient can advise the Chair in advance if they wish to bring any additional people to the panel. The patient (or representative) can bring up to two additional people.

8.13 At the Appeal Panel meeting, the patient's clinician, or the patient (or their representative) will be given the opportunity to set out orally the basis for the appeal. If preferred, information can be submitted in writing to the Chair via the IFR Team to be considered at the Appeal Panel. The Appeal Panel will review this alongside the Appeal application (appendix 4).

8.14 A CCG member of the IFR Panel will also be asked to explain the process that was followed and the rationale for the original decision. The CCG member can request any other expert member of the IFR Panel to join the Appeal Panel to support this part of the process.

8.15 The Appeals Panel will:

i. Consider whether the decision making process was followed in accordance with the CCG's IFR Policy.
ii. Consider whether the right clinical commissioning policy was applied for the decision.
iii. Consider whether the IFR Panel took account of all of the relevant information provided at the time of its decision and consider whether or not the IFR Panel took account of any irrelevant information at the time of its decision that may have affected the outcome.
iv. Consider whether the IFR Panel came to a decision that fell within the range of decisions which a reasonable IFR Panel could have reached with the same evidence available to them.

8.16 If the Appeals Panel concludes that:-

- new information has emerged since IFR Panels decision or,
- that the IFR Panel did not consider all the available information or,
- that the IFR Panel had considered irrelevant information that could have affected the outcome or,
- the wrong clinical commissioning policy was considered when the decision was made, or
- the decision did not fall within a range of decisions which a reasonable CCG could have reached based on the evidence before them
- that there had been misinterpretation of evidence submitted or
- that the IFR Panel had not followed due process or documented the decision making clearly to explain the rationale for the decision making.

then, the Chair of the Appeals Panel will refer the case back to the IFR Panel for reconsideration. If there is new evidence or information to support the IFR, then the applicant clinician will be required to resubmit the application with the new information to support the case.

8.17 The application will be scheduled for discussion at the next available IFR Panel to reconsider all of the information previously received including any new information and the recommendations of the IFR Appeal Panel. The decision and rationale for the new decision of the IFR Panel will be sent to the Chair of the Appeals Panel. The Chair of the Appeals Panel is required to satisfy him/herself that the IFR Panel has addressed the recommendations, and documented this before a decision is shared with the patient by the IFR Panel. The Chair of the Appeal Panel can be invited to the IFR Panel if required. If the Chair cannot satisfy him/herself, then he/she will meet with the Appeal panel decision maker(s). If that fails to resolve the issue, the matter will be referred to the Chair of the CCG, whose decision is final.

8.18 If the Appeals Panel concludes that due process was followed when the original decision was taken and it wishes to uphold the original decision taken by the IFR Panel to decline funding, then the Chair of the Appeals Panel will communicate this to the clinician and the patient (or their representative) if appropriate, within four weeks of the Appeals Panel meeting. The Chair of the Appeals Panel will also advise the Chair of the IFR Panel, in writing, of the Appeal Panel's conclusions.

8.19 The Chair will not have meetings with the patient (and or representative) or the CCG Panel representative prior to the Appeal Panel.

9. Patient and clinician feedback

9.1 The CSU on behalf of the CCGs will put in place mechanisms to gain feedback from patients and requesting clinicians as part of the process.

10. Monitoring

10.1 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.

10.2 Regular finance and activity reports will be sent to the CCG,

10.3 The Collaborative IFR Process for Lancashire CCGs is reviewed every two years by the CCG supported by the CSU.

10.4 The CSU will submit an annual report on behalf of IFR Panel to the Boards of constituent CCGs.

11. Photographic evidence

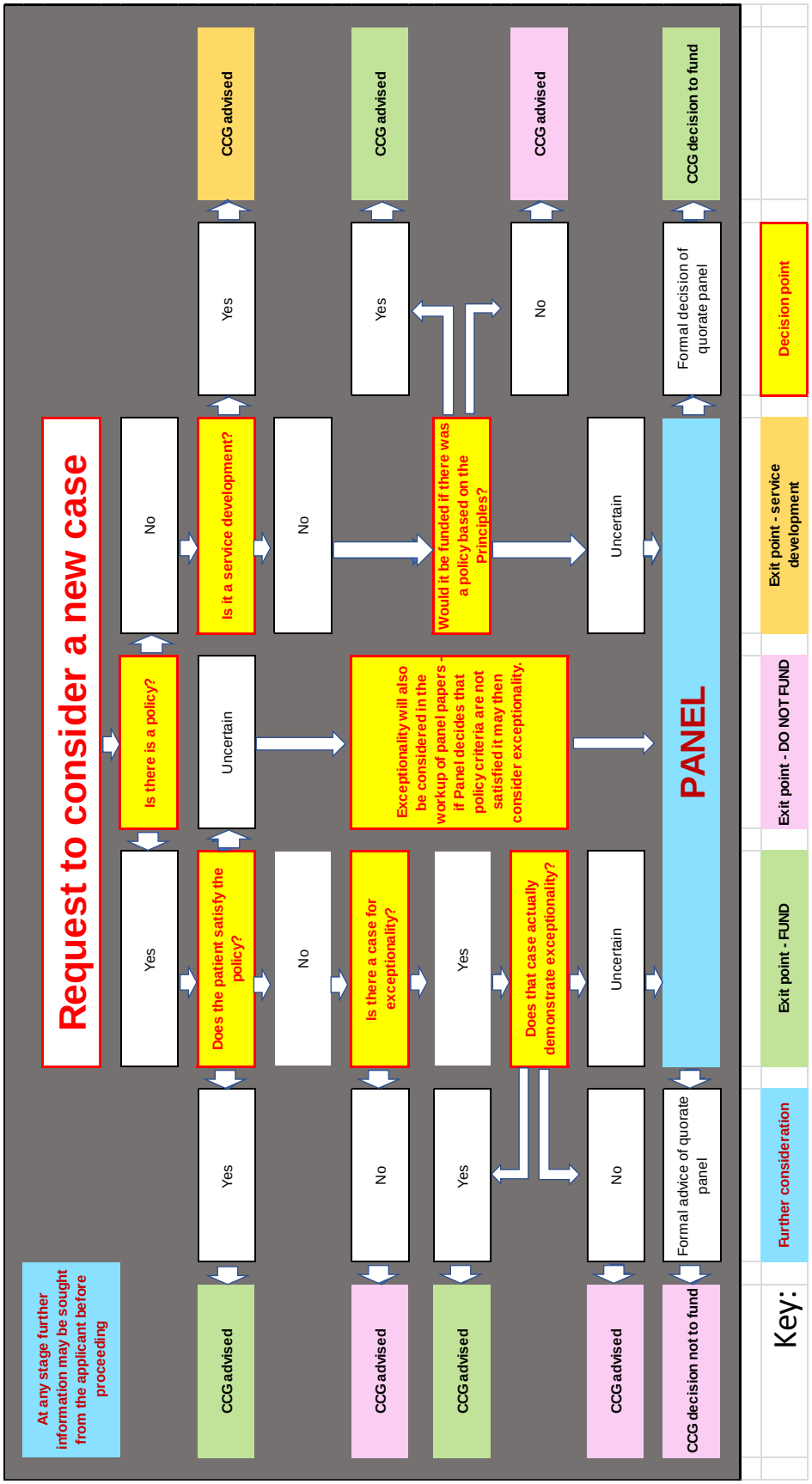
11.0 The CCG advises that photographic evidence will not be accepted for consideration unless it is impossible to make the case in any other way. The decision to submit photographic evidence remains with the patient and responsible clinician. The CCG is concerned that photographs could be misleading, embarrassing or discriminatory. Ultimately however it is

the responsibility of the applicant to decide whether photographs are necessary, and submitted photographs may be taken into account if all of the following apply:

- A statement of what the photographs show and why they are submitted is included in the text of the application.
- The photographs are professionally taken by a medical illustration department.
- They are submitted with the patient's consent, including consent for the photographs to be examined, stored and destroyed in accordance with information governance requirements
- The submission should be made by secure NHS email with the IFR application detailing the identity of the patient, the date of the photograph and clinical opinion that it represents a true likeness of the affected body part.
- As far as possible subject to the body part in question, the photographs will be of the clothed appearance with the patient not being identifiable. Applicants should note that in many cases Clinical Commissioning Policies take account of the social (i.e. clothed) appearance rather than the intimate (unclothed) appearance.
- The photographs will be submitted only to support or clarify a case made in writing. There should be no expectation that the photographs themselves will amount to a case for funding, or will lead to a decision that the case is stronger than is described in writing. After consideration has been given to the written case, there is doubt about whether the CCG should offer funding and that doubt can be resolved only by examination of the photographs

11.1 If photographs are accepted for consideration in accordance with the above criteria, they will be examined by the members of the IFR Panel. In the course of the work for the case the applicant should be aware that other members of the IFR Panel, IFR Appeals Panel or IFR team who prepare the papers may need to handle or see the photographs during their work on the case.

12. Schematic of decision making



Appendix 1: Terms of Reference for the Individual Funding Request Team

1. Purpose

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

The team will:

1. Provide oversight of the management and co-ordination of the IFR process.
2. Ensure that the IFRs are managed in line with the policies of the CCG.
3. Provide the administrative function for screening, IFR Panel and IFR Appeals Panels.
4. Provide administrative oversight and ratification on IFR functions with clinical expertise
5. Administer the paperwork, ensuring the efficient handling and documentation of submissions, from first receipt through to archiving.
6. Provide a single point of contact for clinicians involved in the IFR and IFR Appeal processes.
7. Maintain an IFR database.
8. Maintain a register of Authorised Officers and liaise with them in urgent cases.
9. Advise on publications on CCG websites
10. Liaise with the CCG Boards, Committees and officers responsible for priority-setting and policy development as required.
11. Raise issues of policy with CCGs.
12. Bring new service developments identified during the IFR process to the attention of the CCGs.
13. Contribute to the recruitment and training of IFR Panel and IFR Appeal Panel members.
14. Attend meetings in an advisory capacity.
15. Liaise with the legal team to support the CCG.
16. Support update of the IFR policies
17. Provide a source of expertise including advising clinicians wishing to submit a funding request.
18. Monitor the quality of the IFR process and decision making including overseeing regular audits of the process.
19. Arrange training if required to do so and ensure that members of the IFR Panels, IFR Appeal Panels and Authorised Officers undergo training on a regular basis.
20. Liaise with Local Authority and other teams in the CSU supporting the IFR process

2. Corporate Governance and Risk Management

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.

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.

The IFR Team will provide an annual report to the CCG Board.

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

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 2: Terms of Reference for the IFR Panel

1. Purpose

The IFR Panel is a forum for discussion of the case and analysis of the evidence to assist the Clinical Commissioning Group member/employee to reach a decision in any particular case. This panel may be delivered as part of a wider commissioning committee within a CCG depending on organisational approaches. For example a Commissioning Request Panel which includes cases for Continuing Health Care and IFRs.

The role of the Individual Funding Request Panel (IFR Panel) is to:

- Review screened cases
- Discuss and analyse each case put before the IFR Panel in which a decision will be reached by the responsible commissioner CCG.

The IFR Panel will consider all the written evidence which is provided to it, including the individual funding request form itself and any other documentary evidence. In doing so, it will take into account the policies and procedures of the CCG.

The IFR Panel may at its discretion request the attendance of any clinician to provide clarification on any issue, or request independent expert clinical advice for consideration by the IFR Panel at a further date.

Only the member/employee from the patient's responsible Clinical Commissioning Group can take the final decision on funding.

2. Membership and Quoracy

The membership of the IFR Panel will be:

- A Chair, who shall be a senior manager of the IFR team from the CSU
- A General Practitioner
- A senior authorising manager from the CCG
- A medicines management representative from the CCG/CSU
- An additional health professional member who may have a medical and/or dental and/or nursing and/or public health (MFPH or equivalent) background.

In attendance when required: an IFR team member to support administration and minute taking. Other members of the IFR team and CCG staff may be in attendance if they have been involved in preparing cases for the agenda, or are recording the discussion.

The role of the panel will be to provide formal collective advice to the CCG decision makers. To be quorate in giving advice as a panel at least any three of the following members must be present for quoracy;

- IFR Chair
- Senior authorising manager from the CCG
- Medical representative - General Practitioner from the CCG, or health professional member

The final decision will be taken by the decision makers (in or outside of the panel meeting). The decision maker(s) will decide whether or not to accept the advice of the panel.

Each member should declare any potential conflict of interest as soon as they become aware of it. A general practitioner should not be involved in Panel discussions about their own patient or make a decision concerning their own patient. In these instances, another CCG member/employee should attend the Panel.

3. Decision making

The final decision for any given IFR will be taken by the responsible commissioner CCG member/employee.

The role of the panel is therefore to advise the CCG's decision maker. The panel shall to be quorate and shall achieve a panel decision about what advice to offer. The decision of a quorate panel will be recorded in the notes as the formal advice of the panel. The decision maker shall take account of the formal advice of the panel at his/her discretion, and shall reject it only in accordance with any governance processes agreed by that CCG for the purpose.

4. Corporate Governance and Risk Management

For each case the factors taken into account, the deliberations, the decisions and the reasons for the decision will be documented.

Members of the IFR Panel must undergo IFR training to cover legal and ethical frameworks 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.

5. Frequency of Meetings

The IFR Panel will meet regularly to ensure cases can be heard. Panels will normally be scheduled to meet every 4-6 weeks, but meetings may be cancelled or additional meetings arranged depending on the nature and amount of requests.

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

The decisions made outside the regular meetings must be relayed to the next formal IFR Panel meeting for ratification by the CCG member/employee and incorporated into the minutes of the next IFR Panel.

Appendix 3: Terms of Reference of the IFR Appeal Panel

1. Purpose

The role of the Individual Funding Request Appeal Panel (IFR Appeal Panel) is to consider appeals against decisions taken by the Clinical Commissioning Group to ensure that decisions have been taken in accordance with the policies and processes of the CCG and the specific processes and jurisdiction that are contained within the policy.

The IFR Appeal Panel will normally reach its decision on the basis of all the written evidence which is provided to it, although it may request the attendance of legal, clinical or public health expertise to clarify any points for consideration by the IFR Appeal Panel.

The IFR Appeal Panel will consider only the following documentation:

(a) the original IFR application submitted to the CSU;
(b) the records documenting the process by which the request has been considered;
(c) the IFR Panel records, including the IFR Panel record and any additional supporting information considered by the IFR Panel;
(d) the IFR Appeal application form (which can be found in appendix 4) which sets out the grounds of the appeal by the requesting clinician and/or the patient/guardian or carer in their request for review.
(e) Any supporting written evidence if an oral presentation at the Panel is not made by the patient (or their clinician or representative).

If there is substantive new evidence presented to the IFR Appeal Panel, the IFR Appeal Panel will request the applicant clinician to resubmit the application to an IFR Panel and for the CCG to review its original decision in light of the new evidence.

The IFR Appeal Panel will arrive at one of two decisions. The IFR Appeal Panel will either:

(a) uphold the decision reached by the IFR Panel and approved by the Clinical Commissioning Group; or
(b) refer the case back to the IFR Panel for reconsideration (which may require a resubmission by the clinician where new evidence has been identified)

2. Membership and Quoracy

The Appeal Panel will comprise one lay Governing Body member, who will chair the panel, one General Practitioner, and one CCG senior manager. No member of the appeal panel shall have been involved in the case previously. The appeal panel will be supported by the IFR Team.

To ensure that the review is independent of the original decision, the Appeal Panel members will be different from the IFR Panel members who originally considered the case and the CCG member/employee who made the original decision.

All members must be in attendance for the meeting to be considered quorate.

The Chair of the IFR Appeal Panel can request the attendance of other individuals in an advisory capacity.

A member of the IFR Team will provide administrative support. This may include staff who have been involved in administering the case for the IFR Panel.

3. Corporate Governance and Risk Management

For each case considered the factors taken into account, the weighting given to those factors, the decisions and the reasons for the decision will be documented.

All members of the IFR Appeals Panel must undergo training.

4. Frequency of Meetings

The IFR Appeal Panel will be convened within 5 weeks of an appeal being received.

Appendix 4: Individual Funding Request (IFR) Application Appeal Form

The remit of the Individual Funding Request Appeal 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;
- properly 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.

(M&L CSU use only)			
Case code:		**Date Received:**	
Date assessed by IFR Team:		**Decision:**	
IFR Screening Date:		**Decision:**	
IFR Panel Date:		**Decision:**	
IFR Appeal Panel Date:		**Decision:**	

1. Patient Details			
Forename:		**NHS Number:**	
Surname:		**Hospital Number:**	
Date of Birth:		**Sex: M/F:**	
Patient's Address & Postcode:		**Ethnic Origin:**	

(Please note that all necessary personal information will be removed from this form prior to being reviewed. This information is collected for monitoring and case correlation purposes only)

2. Appellant	
Name	
Position/Title	
Relationship to the patient	
Signature	
Date Completed	

3. Details of the appeal

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

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

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**

Please detail any other information that you consider to be relevant to the appeal
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. This should be completed by resubmitting the application with any new information.

On Completion

Email:

Blackburn with Darwen CCG: bwdccg.ifr@nhs.net
East Lancashire CCG: elccg.ifr@nhs.net
Lancashire North CCG: lnccg.ifr@nhs.net
Greater Preston CCG: gpccg.ifr@nhs.net
Chorley and South Ribble CCG: csrccg.ifr@nhs.net
Fylde and Wyre CCG: fwccg.ifr@nhs.net
West Lancashire CCG: wlccg.ifr@nhs.net

or Post (Marked Confidential) to:

IFR Team
Midlands and Lancashire CSU
Lancashire Business Park
Centurion Way
Leyland
PR26 6TR

Appendix 5: Agenda template for Individual Funding Request (IFR) Appeal Panel

AGENDA

<<Insert CCG name>>

APPEAL PANEL

<<Insert date, time and venue>>

Item	Title	Lead	Enclosure number
1	Apologies, welcome and introductions	Chair	
2	Purpose of this Panel meeting	Chair	
3	Presentation of the appeal case	Appellant clinician and/or patient (or representative)	
4	Outline of the IFR Panel decision, rational and response to the appeal case	Chair of the IFR Panel or CCG representative	
5	Questions and answers; Questions to the Presenters on behalf of the appeal from any person in attendance.		
6	Questions to the Presenters on behalf of the IFR Panel from any person in attendance.		
7	Presenters to leave the room, (appellant &/representatives and Chair or CCG member of the IFR Panel) for panel discussion	Chair	
8	All attendees are invited to reconvene for the Chair to provide the conclusion or the position following deliberation and recommendations	Chair	

NHS Blackburn with Darwen CCG
NHS Chorley and South Ribble CCG
NHS East Lancashire CCG
NHS Fylde and Wyre CCG
NHS Greater Preston CCG
NHS Lancashire North CCG
NHS West Lancashire CCG

Appendix 6: Individual Funding Request (IFR) Application Form

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

Important information

This is form is an appendix to *the collaborative Individual Funding Request process for Lancashire Clinical Commissioning Groups*. The full document must be considered before making an application on behalf of a patient to ensure that it is appropriate.

Before you begin to complete this form to 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 individual funding request 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 (or commissioning leads at the CCG) to understand how you submit a business case for consideration through the usual business planning process.

If the answer is NO then please proceed by completing the application, providing the information and relevant evidence for the appropriate category of IFR into which this patient's case falls.

Mandatory field if proceeding with the IFR
Are there likely to be similar patients in your service in the next year who will receive the same expected benefits from this treatment or intervention? Yes or no (please delete)
If YES, please indicate likely number of patients there are likely benefit from this treatment per million population. If you do not have this type of information, please advise how many cases you would expect to refer to a CCG per year.

MLCSU use only			
Case code:		**Date received:**	
Date assessed by IFR Team:		**Decision:**	
IFR screening stage date:		**Decision:**	
IFR Panel date:		**Decision:**	

Mandatory field	
1. Requesting clinician or specialist details The application form should be completed by the clinician responsible for the service or delivery of the treatment who has the knowledge to understand if a patient is exceptional to commissioning policy or current contracts. **This would usually be a specialist clinician**.	
Name of organisation:	
Name & designation of requesting clinician:	
Address:	
Telephone no:	
Email Address:	

Mandatory field			
2. Patient details			
***Forename:**		**NHS number:**	
***Surname:**		**Hospital number:**	
Date of birth:		**Gender:**	
		Patient's personal email: (This is required for the patient to receive a copy of email correspondence)	
***Patient's address & postcode:**		**Ethnicity:**	
Please note that the necessary personal identifiable information shown by * will be removed from this form prior to being forwarded to IFR Reviewers by the IFR Team and the date of birth will be changed to an age before being forwarded.			

Mandatory field	
3. Patient consent	
Does the patient, or their authorised representative provide consent for all information regarding their case to be shared with the Individual Funding Request Panels?	**YES / NO**
If the patient has been assessed as not having mental capacity to give informed consent, then please confirm that you have complied with the Mental Capacity Act 2005 and the accompanying Code of Practice.	**YES / NO**
I confirm that the patient consents to the use of their personal email to be included in any correspondence from IFR Services. **If this is not provided then correspondence will be posted to the patient's address**	**YES / NO**

Mandatory field	
4. Registered GP details	
Name of registered GP practice:	
Registered GP practice address:	
Registered GP:	
Telephone no:	
Email address:	

Mandatory field	
5. Clinical urgency	
	Clinicians are advised to read Section 7 to understand how urgent applications are defined and managed. **If this request is urgent in accordance with Section 7 of the *collaborative Individual Funding Request process for Lancashire Clinical Commissioning Groups*, then an IFR Case Manager (or IFR Team member) must be phoned to advise why there is urgency, and how urgent it is to ensure this case is given the appropriate priority and this completed form must be submitted to commence the process. The phone number is at the end of this form.**

Mandatory field	
6. Treatment history	
Details of diagnosis & prognosis (for which the treatment is requested):	
Relevant medical history: **(include dosage and frequency of all medications and co-morbidities)**	

Previous treatments / interventions this patient has received for this condition:	Date/s	Intervention (e.g. drug. surgery)	Reason for stopping / Response achieved

Mandatory field

7. Treatment Requested

Information can be appended with your submission to support your submission, eg published trials.

Details of intervention / treatment for which funding is requested:	**Name of treatment/intervention:**	
	Describe details of treatment/intervention, eg drug, dose frequency, duration total number of treatments:	
Status of the treatment/intervention	**Describe the status of the intervention eg a UK licensed medicine to be used within the product specification, or to be used outside the product specification, an innovative device or appliance, a product under research, a NICE interventional procedure.**	
Cost of treatment:	**Cost of the treatment:**	
	Detail of associated costs: (including VAT & Associated Inpatient / Outpatient Activity):	
	Anticipated total cost:	

Efficacy of the treatment/intervention:	**Describe the intended benefit for this patient:**	
	Describe the evidence that delivers the health benefit:	
Patient safety:	**Describe the risks or safety profile for the treatment or intervention in this patient:**	

Mandatory field	
8. Alternative treatments	
What standard treatment does this request replace?	
Why is the standard treatment not appropriate?	
What would be the cost of the standard treatment?	
If this treatment request is not approved, what treatment will be given to the patient?	

Mandatory field
9. Request to treat this patient as an exception to a clinical commissioning policy or equivalent
Where known, please state which clinical commissioning policy or policies this IFR relates to:
Please set out below the case for this patient being considered an exception with reference to: • **why the patient in question is different to the usual population of patients to whom the commissioning policy applies** • **why that difference means the commissioning policy should not apply.** • **any other material factors which have bearing on the case;**
Please attach evidence in support of the benefit of treatment in this patient. **Please provide a list of your enclosures below:**

Mandatory field	
10. Declaration	
To the best of my knowledge I have given the most accurate and up to date information regarding this patient's clinical condition.	
Name	
Position/title	
Signature	
Provider trust support for the application	
Name	
Position/title	
Signature	
Date completed	

On completion

Please email the completed form and enclosures to the appropriate Clinical Commissioning Group via the nhs.net to nhs.net secure email:

Blackburn with Darwen CCG:	bwdccg.ifr@nhs.net
East Lancashire CCG:	elccg.ifr@nhs.net
Lancashire North CCG:	lnccg.ifr@nhs.net
Greater Preston CCG:	gpccg.ifr@nhs.net
Chorley and South Ribble CCG:	csrccg.ifr@nhs.net
Fylde and Wyre CCG:	fwccg.ifr@nhs.net
West Lancashire CCG:	wlccg.ifr@nhs.net

Telephone number for Midlands and Lancashire IFR Team (Lancashire region): 01772 214054