

Individual Funding Requests (IFR) Policy

July 2020

The current version of all policies can be accessed at the NHS Sheffield CCG Intranet site <http://www.intranet.sheffieldccg.nhs.uk/>

Version:	3.0
Policy Number:	
Date ratified:	
Name of originator/author:	Allison Ball, Head of Individual Funding Requests & Complaints
Name of Sponsor:	Alun Windle, Chief Nurse
Name of responsible committee	Quality Assurance Committee
Date issued:	July 2020
Review date:	July 2024
Target audience:	CCG and agency staff and individual working on behalf of the CCG

Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Please give status of Policy: **Revised**

1.	Details of Policy	
1.1	Title of Policy:	Individual Funding Requests (IFR) Policy
1.2	Sponsor	Alun Windle, Chief Nurse
1.3	Author:	Allison Ball, Head of Individual Funding Requests & Complaints
1.4	Lead Committee	Quality Assurance Committee
1.5	Reason for policy:	To ensure individual funding requests adhere to national best practice and regionally agreed principles and that due process is followed
1.5	Who does the policy affect?	CCG staff, agency staff and any other individual working on behalf of the CCG
1.6	Are the National Guidelines/Codes of Practices etc. issued?	Yes
1.7	Has an Equality Impact Assessment been carried out?	Yes
2.	Information Collation	
2.1	Where was Policy information obtained from?	National guidance
3.	Policy Management	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	
3.3	If NO explain why.	The existing management structure within the CCG is fit for purpose
4.	Consultation Process	
4.1	Was there external/internal consultation?	
4.2	List groups/persons involved	
4.3	Have external/internal comments been included?	
4.4	If external/internal comments have not been included, state why.	
5.	Implementation	
5.1	How and to whom will the policy be distributed?	The policy will be available via the CCG Intranet
5.2	If there are implementation requirements such as training please detail.	No
5.3	What is the cost of implementation and how will this be funded	N/A
6.	Monitoring	
6.2	How will this be monitored	
6.3	Frequency of Monitoring	

INDIVIDUAL FUNDING REQUEST (IFR) STANDARD POLICY

1. Introduction

An Individual Funding Request (IFR) is a request to fund a healthcare intervention for an individual that falls out of the range of services and treatments that the local Clinical Commissioning Group has agreed to commission.

This document sets out the Policy and Procedure with respect to treatment or interventions that are not routinely commissioned or are restricted to clinical criteria for the following NHS Clinical Commissioning Groups (CCG's):

NHS Barnsley CCG
NHS Bassetlaw CCG
NHS Doncaster CCG
NHS Rotherham CCG
NHS Sheffield CCG

This Policy applies to all employees of the CCG, contract and agency staff, and any other individual working on behalf of CCG.

2. Overview

The CCG makes decisions about the funding of medicines and other interventions on a population basis for the majority of interventions. Contracts for these routinely commissioned interventions are then put in place. Where a clinical need is identified for interventions that sit outside routine commissioning, these requests are subject to a process called Individual Funding Requests (IFR). The NHS Constitution (January 2009) states:

- You have the right to drugs and treatments that have been recommended by NICE for use in the NHS, if your doctor/registered health practitioner says they are clinically appropriate to you.
- You have the right to expect local decisions on funding of other drugs and treatment to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor/registered health practitioner feel would be right for you, they will explain that decision to you.

An Individual Funding Request is therefore normally regarded as being appropriate for a treatment, intervention or drug not routinely commissioned by the CCG.

These requests, for exceptional funding, are considered by the Individual Funding Request (IFR) Panel. The Panel meets on a weekly basis to make recommendations on funding requests for medical and general health interventions that sit outside those which are routinely commissioned.

The business of the IFR Panel centres around requests which are either where:

- There is a commissioning policy not to fund a health care intervention for the specified indication but a referring clinician considers their patient to be exceptional to that standard policy, those requests will be considered for funding by the IFR Panel. In addition the IFR Panel will consider a request where the clinical circumstances are so unique that it is unlikely that other patients will require this intervention.
- There is no policy in place for the requested health care intervention or indication and the clinical circumstance is so rare that it is unlikely that other patients will routinely require this intervention. Usually these requests are for a new intervention which has become available and which has not previously been considered. The IFR Panel will identify whether this request is likely to apply to a population of patients. The overall aim is to reduce the number of requests to the IFR Panel and to concentrate on developing policies for new and existing interventions and treatments.

The IFR process has three key stages for dealing with individual funding requests;

- The triage process during which requests are filtered to ensure they are appropriate IFR requests (this process is not a decision making process).
- The IFR Panel during which funding recommendations are made on behalf of the CCG.
- The Appeals Panel which is convened when a request has been declined and the referring clinician or their patient believes that there has been a failure to follow due process or to interpret a policy correctly.

3. Exceptionality

Exceptionality should be considered in the context of the CCGs policies for a health care indication. The IFR Panel must justify the grounds upon which it chooses to recommend funding a healthcare intervention for a patient when that intervention is unavailable to others with the same condition.

A patient **may** be considered exceptional if **both** the following apply:

- He/she is different to the general population of patients who would normally be refused the requested healthcare intervention, and
- There are good grounds to believe that the patient is likely to gain significantly more benefit from the intervention than might be expected for the average patient with that particular condition.

In assessing exceptionality, the IFR Panel will not consider social, demographic or employment circumstances.

Where a patient has already been established on a health care intervention, for example as part of a clinical trial or following payment for private health care, this will be

considered to neither advantage nor disadvantage the patient. However, response to an intervention will not be considered to be an exceptional factor.

4. Principles and Values

The CCG has a statutory duty to maximise the health of the local population by ensuring the provision of accessible, quality health care services within available resources. Demand for services for patients may exceed the capacity and resources available. There is, therefore, a constant need to prioritise spending on clinical and cost effective interventions and with due consideration to equity of access. The IFR Panel therefore applies a fundamental set of principles to all decision making and these are reflected in the work of the IFR department as outlined below:

- The IFR department must ensure that all processes potentially involving patient identifiable information are managed confidentially and comply with data protection standards.
- The IFR Panel must ensure that the intervention requested is affordable, and have sound evidence of clinical and cost effectiveness.
- The IFR Panel should promote the use of more effective services over less effective (giving due consideration to equity and accessibility) and utilise existing proven pathways of care over new or experimental technologies.
- The IFR Panel will seek to identify interventions producing the greatest health outcomes, and will consider all national and local guidance and local funding priorities.

The IFR Panel is committed to ensuring that decision making is transparent, fair, equitable and open to scrutiny. Application of this standard Policy in practice should ensure that the IFR process stands up to external scrutiny. The standard Policy is available on the CCG website and accessible to all.

At all times decisions to fund treatments will be based upon both national guidance and locally adopted policies. Interventions recommended in National Institute for Health and Care Excellence (NICE) technology appraisals will be implemented within three months of publication unless previously prioritised. Where NICE has yet to issue guidance, or where NICE will not be appraising a drug, the IFR Panel should make decisions based upon rational and proper consideration of all evidence available.

5. Consideration of Individual Funding Requests

5.1 Pre-requisites

The following criteria need to be met prior to the consideration of an IFR request:

- The patient should be registered with a GP practice within the relevant CCG area. If the patient is not registered with a GP and CCG responsibility for the patient is not clear, then the NHS England (NHSE) Responsible Commissioner Who Pays? Guidance applies.

- The request for funding must be made by an NHS clinician, or a medical consultant within the independent or private sector with whom one of the South Yorkshire and Bassetlaw CCGs hold a contract. Allied health care professionals and specialist nurses can also make referrals though these should normally be endorsed by a GP or consultant.

5.2 Process

5.2.1 Triage

The purpose of triage is to ensure that only appropriate requests go forward for Panel consideration and is not a decision making process. Requests may be redirected if they are not appropriate IFR requests or the pre-requisites above are not met. Occasionally requests are received for healthcare interventions that are part of the contracted activity between a specific provider and CCG. These will be triaged out of the process and the clinician making the request will be informed that no prior approval is required.

5.2.2 Panel

Preparation

The agenda and paperwork for the panel is prepared in advance.

Meeting structure

The meeting is held weekly and considers all requests that are received by (up to and including) 12 noon on Thursday of the previous week. The Terms of Reference can be found at Appendix 1.

Membership

- At least one GP Medical Advisor (clinical advice, research, clinical liaison and decision-making). Medical Advisors may be virtual and may submit their comments to the IFR team prior to a meeting.
- 1 IFR Lead Manager or deputy (compliance with IFR and commissioning policies, communication of further commissioning actions and decision making)
- Other clinicians as required, including, for example, Complex Neurology and Rehabilitation Advisor, Pharmacist.
- IFR Business Manager or deputy (to record decisions and actions and aid compliance with policies)

Procedure

Each case is considered in turn, with reference to all the available information, and with participation of additional clinical advisors as required. The outcome for each case will be one of the following:

- Approved
 - Patient meets standard Policy criteria
 - Patient does not meet standard Policy criteria but evidence of exceptionality has been provided

- Declined
 - Patient does not meet standard Policy criteria
 - Patient does not meet standard Policy criteria and evidence of exceptionality has not been provided
- Pended
 - The Panel have considered the information provided and have requested additional information to support the request and enable a decision to be made
- Close
 - The intervention requested does not need prior approval and the patient can be referred directly within contracted services
 - The intervention is included in the Commissioning for Outcomes Policy and the patient meets the criteria set out within the policy checklist

Standard processes and template documents are in place to facilitate effective communication of outcomes to the requesting clinician and directly to the patient when appropriate. Cases that are pended in order to receive additional information are reconsidered or closed within a specified timeframe (30 days).

Cases will always be reconsidered if new information is presented, even outside the specified timeframe.

5.3 Appealing Against a Decision

Where a decision has been made by the IFR Panel not to fund a healthcare intervention and the clinician that made the request feels that all the relevant information has been provided and considered but is concerned that there has been a failure to follow due process or to interpret the relevant Policy correctly, the patient or the clinician can appeal against the IFR Panel decision within 90 working days from the date of the IFR Panel decision letter (see Appendix 2).

An appeal can only be made in the above circumstances. An appeal will not be heard when the patient or clinician disagrees with the decision of the IFR panel. Any information received that does not meet the criteria for appeal will result in the case being reconsidered at the IFR Panel.

When a request for an appeal is made by a patient or their clinician, the IFR Lead Manager will discuss the case with an Executive Director from the CCG to agree whether there are grounds for appeal and whether the appeal should go ahead.

6. OTHER PROCESSES MANAGED BY THE IFR DEPARTMENT

6.1 Requests for Complex rehabilitation

The IFR Panel apply the same standard of robust decision-making to other requests made by NHS clinicians for placements for adults outside of routinely commissioned services, primarily for those with complex rehabilitation needs, such as neuro-rehabilitation. This process has been put in place to ensure placements (which may be provided within the independent sector) are of the correct standard, are closely monitored as to achievement of anticipated benefits, are concluded at the clinically appropriate time and wherever possible ensuring that patients remain linked to local service provision or are reconnected as soon as possible.

6.2 Procedures subject to threshold and prior approval – Commissioning for Outcomes

NHS England's Evidence Based Interventions Programme requires each CCG to manage referrals for specific indications in line with achieving evidence-based balanced use of resources. This requires a process of peer assessment of referral or treatment requests against a set of predefined criteria. This process is serviced by the IFR team and requires the same level of GP clinical support as the IFR process.

Where a treatment requested requires commissioner prior approval an appropriate decision on whether to approve funding will be made by the IFR Panel. This is not the same as an IFR request but will follow the same robust decision making process.

6.3 Equipment

The IFR Panel also consider requests for bespoke and standard equipment for adults and children which cannot be provided via equipment loan services.

7. SPECIFIC EXCLUSIONS

IFRs in the following circumstances will normally be refused:

- If a patient has opted to pay for treatment and/or procedures privately these will not be funded retrospectively.
- Requests for treatment within the private sector will only be considered where there is evidence that all NHS provision has been fully explored and exhausted.
- Where an IFR results from a patient who has paid for treatment who then wishes to have their treatment continued by the same provider but funded by the NHS for whatever reason (e.g. an insurance company refuses to pay the treatment costs or a patient can no longer afford treatment). The provider and/or the GP will be asked to refer the patient to NHS funded services for an assessment of whether the requested care is clinically required and available within existing service agreements held by the CCG.

- Where the IFR requested is available elsewhere within a Trust with which the CCG has a contract, this will be handled within normal contractual processes
- Where the patient does not take up treatment within one year of approval being given (from the date of the approval letter), then the case will be closed and a new application for funding must be made.
- Where an IFR is made by a non NHS clinician based in a private provider with whom the CCG does not hold a contract.
- Where an IFR is made for a treatment within another NHS service or with a private provider, when equivalent commissioned NHS services are available, for example, to avoid local waiting lists.
- Where an IFR is made to fund the continuation of any treatment started as part of a clinical trial unless there is prior documented agreement to do so before the trial commences.
- Where the IFR is made retrospectively unless it can be demonstrated that treatment was needed as an emergency.

8. REFERRALS TO PROVIDERS IN THE INDEPENDENT SECTOR

IFRs to providers in the independent sector must meet the criteria specified above. The independent sector includes private providers with whom South Yorkshire and Bassetlaw CCGs already hold a contract or where clinical evidence states that this is the only provider which is suitable for the treatment requested.

9. URGENT REQUESTS FOR FUNDING TREATMENT

The process outlined below relates to the clinical urgency with which a funding decision must be made by the IFR Panel.

The urgency of the request will be determined by an IFR Medical Advisor or a senior member of the IFR team in consultation with the clinician making the referral, i.e. that the request must be processed quickly in order to avert, alleviate or avoid any perceived significant harm to the patient, which may arise unless a decision is taken in a shorter timescale than might otherwise be expected within the IFR process.

The CCG will not retrospectively fund any care or treatment which has not been given prior approval, unless it can be demonstrated that the treatment was needed as an emergency or to avoid a life threatening situation.

All applications for treatment or funding deemed urgent will be acknowledged by telephone, fax or email on the day of receipt.

Contact will be made with the applicant by telephone to agree a timescale within which a response must be provided in order to meet the patient's clinical need, this will be a

maximum of two working days. In such cases one IFR Medical Advisor and the IFR Lead Manager will be required to make the decision. The IFR Business Manager is notified of the outcome of the consideration of the request and will aim to seek approval from the CCG.

The IFR Business Manager will immediately notify the referring clinician of the decision, followed by written confirmation.

The IFR Business Manager will notify the panel for ratification at the next panel meeting.

While the IFR team will endeavour to respond to such urgent requests as quickly as possible, this should not compromise the quality and validity of the decision-making process.

10. GENERAL

Members of the IFR panel must declare interests that may be relevant and material to the consideration of any item of IFR Panel business. In such an event, the Member may not take part in discussions relating to any such item of business.

All discussions within the context of the IFR Panel will be treated as strictly confidential amongst the IFR Panel members.

11. APPROVAL AND REPORTING ARRANGEMENTS

All recommendations made by the IFR Panel must be signed off by a nominated person with delegated authority from the CCG prior to the clinician who made the request being informed of the outcome.

Where urgent recommendations are made outside the usual IFR Panel meeting, the IFR Business Manager will aim to get CCG sign off. If sign off by the CCG cannot be achieved for any reason the referring clinician will be notified of the decision prior to sign off in order to meet the patient's clinical need.

The IFR panel will operate at all times in accordance with the Standing Orders and the Standing Financial Instructions of the CCGs. The expenditure of the Panel will be reviewed and reconciled monthly with finance managers.

**NHS (CCG) Clinical Commissioning Group
Individual Funding Request (IFR) Panel
Terms of Reference**

1. Purpose

The IFR Panel will consider all requests for treatment that are not routinely commissioned including exceptions to the existing standard Policies and requests made in the absence of any standard Policy.

2. Membership

- At least one GP Medical Advisor (clinical advice, research, clinical liaison and decision-making). Medical Advisors may be virtual and may submit their comments to the IFR team prior to a meeting.
- 1 IFR Lead Manager or deputy (compliance with IFR and commissioning standard Policy, communication of further commissioning actions and decision-making)
- Other clinicians as required, including, for example, Complex Neurology and Rehabilitation Advisor, Pharmacist.
- IFR Business Manager or deputy (to present cases and record decisions and actions and aid compliance with policies)

3. Quoracy

The Panel must be quorate to make decisions. At least one GP Medical Advisor and 1 IFR Lead Manager or deputy must be present.

4. Panel Decisions

The Panel will seek to make a majority decision. Where there is a difference of opinion the IFR Business Manager will seek further advice from another GP Advisor and the case will be discussed at the next available Panel meeting until a unanimous decision can be made.

5. Attendance at Meetings

Other members of staff may be requested to attend the Panel meetings in an advisory capacity as necessary to discuss particular issues or to offer advice to the Panel members.

6. Frequency of Meetings

The Panel will meet weekly and will consider all requests received up to 12 noon on the Thursday of the week prior to the meeting.

7. Duties and Operation

- 7.1 The duties of the IFR Panel will be to consider, and approve or decline, where appropriate, requests to fund treatment for individual patients.
- 7.2 The IFR Panel may seek additional or supporting information to further inform the request.
- 7.3 Patient identifiable information will be dealt with in confidence, and will not be used unless essential to the consideration of the request.
- 7.4 The IFR Panel will consider all the necessary information received from the clinicians involved in the patient's care.
- 7.5 The IFR Panel will assess and evaluate the evidence base for the clinical and cost-effectiveness of each intervention under discussion, and will consider the views of relevant stakeholders where appropriate.
- 7.6 The Panel will produce clear reasons for their decisions, using the checklist which will be based on current guidance, the overall resources available to the CCG decision making values including evidence of effectiveness, equity and accessibility.
- 7.7 The IFR Panel will always consider national guidance when making decisions on individual cases.

8. General

Members of the IFR Panel must declare interests that may be relevant and material to the consideration of any item of IFR Panel business. In such an event, the Panel member may not take part in discussions relating to the case.

All discussions and paperwork within the context of the IFR Panel will be treated as strictly confidential amongst the IFR Panel members.

9. Review

These Terms of Reference should be reviewed in line with the IFR Policy.

**NHS (CCG) Clinical Commissioning Group
Individual Funding Request (IFR) Appeals Panel
Terms of Reference**

1. Constitution

The Clinical Commissioning Group (CCG) Individual Funding Request (IFR) Appeal Panel (IFR Appeal Panel) can only discharge those duties specifically delegated in these terms of reference.

The Appeal Panel is authorised by the CCG to investigate any activity within its Terms of Reference. It is authorised to seek any information it requires from an employee and all employees are directed to co-operate with any request made by the Appeal Panel. The Appeal Panel is also authorised by the CCG to obtain legal advice and to secure the attendance of other appropriate persons with relevant experience and expertise if it considers this necessary.

2. Duties

The Appeal Panel considers and decides on appeal applications which challenge due process by reference to local policies and the CCG general policies.

The duties of the Appeal Panel are as follows:

- To consider and review the IFR Panel's recommendation in relation to the funding of an individual's treatment by reference to fair and appropriate application of the process. (A second appeal may be heard if it relates to new evidence).
- To receive and review all documentation considered by the IFR Panel and further submissions received from parties.
- To hear oral representations from an IFR Panel member or other appropriate staff member in relation to the IFR Panel decision.
- To hear representations from the clinician or patient making the appeal or their representative if they wish to make oral representations.
- To consider additional information or specialist advice as necessary for example the individual's relevant clinical records and comments from the treating clinician(s) with the individual's written consent.
- To make a decision, in private, to uphold the original recommendation of the IFR Panel, or refer the case back to the IFR Panel for reconsideration with an agreed recommendation. Any IFR Panel reconsideration should be completed by a clinician that was not involved in the consideration of the original request.

3. Membership

3.1 The Appeal Panel shall consist of the following members:

Executive Director or Nominated Deputy from the CCG
One Clinical Advisor from the CCG
One Clinical Advisor from the IFR Team
IFR Lead Manager (or their nominated representative)

3.2 The Appeal Panel will be chaired by the CCG Executive Director.

3.3 In order to be quorate all members or their deputies must be present.

3.4 All members and their deputies must not have an interest in the case being considered.

3.5 Other members of staff including members of the IFR Panel may be requested to attend the Appeal Panel to present a particular case and or to offer further information in respect of the case.

3.6 The appellant and/or their nominated representative may attend to submit oral or written evidence in support of their appeal. An appellant may not be legally represented at an Appeal Panel hearing.

3.7 A solicitor may be present to provide the Appeal Panel with legal advice and other specialist advisers may attend as required.

4. Frequency

The Appeal Panel will meet as and when required. The IFR Team will organise and administer the Appeal Panel.

5. Accountability and Reporting Arrangements

5.1 An appeal against a decision should be made within 90 days of notification of the decision.

5.2 Requests from a patient or clinician for an appeal will be acknowledged within two working days of receipt.

5.2 The chair of the Appeal Panel will brief the Chief Nurse of the CCG (or deputy) about the outcome of the Appeal Panel meeting immediately after the meeting if they have not attended.

5.2 The Appeal Panel will feed back to the IFR Panel decisions in relation to cases.

5.4 The Appeal Panel will ensure that, the appellant is notified of the Appeal Panel's decision within seven working days.

6. Other Matters

The Appeal Panel will be supported administratively through the IFR Team. Duties in this respect will include:

- Agreement of agenda with the Chair.
- Collation and distribution of agenda papers.
- Taking minutes and keeping a record of matters arising and issues to be carried forward.

7. Review

These terms of reference should be reviewed in line with the IFR Policy.