## Version Control Sheet

**Document Title:** Policy for Individual Funding Requests

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<thead>
<tr>
<th>Version</th>
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<tr>
<td>1.0</td>
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1. Introduction

NHS Wakefield Clinical Commissioning Group (NHS Wakefield CCG) was established on 1 April 2013 under the Health and Social Care Act 2012 as the statutory body responsible for commissioning services for the patients for whom they are responsible in accordance with section 3 National Health Service Act 2006.

As part of these duties there is a need to commission services which are evidence based, cost effective, improve health outcomes, reduce health inequalities and represent value for money for the taxpayer. NHS Wakefield CCG is accountable to their constituent population and member practices for funding decisions.

In relation to decisions on Individual Funding Requests (IFR), NHS Wakefield CCG has a clear and transparent process and policy for decision making to allow patients and their clinicians to be reassured that due process has been followed in IFR decisions made by the Individual Funding Request Panel (IFR Panel). It is paramount that due consideration is given to IFRs for services or treatments which do not form part of core commissioning arrangements or need to be assessed as exceptions to the NHS Wakefield CCG Commissioning Policies. This process must be equitably applied to all IFRs.

All, commissioning, IFR and associated policies are publically available on the website for NHS Wakefield CCG at www.wakefieldccg.nhs.uk

Specialist services that are commissioned by NHS England or Public Health England are not included in this policy. These can be found at

http://www.england.nhs.uk/ourwork/commissioning/policies/ and
https://www.gov.uk/government/organisations/public-health-england

2. Purpose

This document describes how NHS Wakefield CCG deals with requests for an individual to receive a health care intervention that is not routinely commissioned by the CCG.

For the purpose of this policy, and in common with the Secretary of State’s Directions to Primary Care Trusts and NHS trusts concerning decisions about drugs and other treatments 2009, the term ‘health care intervention’ includes use of a medicine or medical device, diagnostic technique, surgical procedure and other therapeutic intervention.

3. Scope of the Policy

This policy applies to all employees of NHS Wakefield CCG, any staff who are seconded to NHS Wakefield CCG, contract and agency staff and any other individual working on NHS Wakefield CCG premises or on behalf of NHS Wakefield CCG, including the NHS Greater Huddersfield CCG IFR team who operate the IFR triage and administration process for the CCG.

The policy aims to provide a framework for individual funding decisions and should be read in conjunction with other relevant procedures and policies for NHS Wakefield CCG including the NHS Wakefield CCG Commissioning Policy.

4. Accountability and Responsibilities

The lead Director with overall responsibility for this policy is the Chief of Service Delivery and Quality.
Responsibility for individual funding decisions on behalf of NHS Wakefield CCG is delegated to those involved in the processes associated with this policy.

The Policy for Individual Funding Request will be subject to amendments therefore this policy (and the associated policies listed within it) may be superseded.

NHS Wakefield CCG Integrated Governance Committee is responsible for the formal approval and ratification of the policy every two years.

5. **Equality Impact Assessment**

NHS Wakefield CCG aims to design and implement services, policies and measures that meet the diverse needs of our service, population and workforce, ensuring that none are placed at a disadvantage over others.

This policy is not intended to discriminate against any group or individual on the grounds of ethnicity, gender, age, disability, sexual orientation or religion/belief.

6. **Summary**

The overall process for dealing with individual funding requests has three key stages:

- Triage
- Individual Funding Request (IFR) Panel
- Appeals Panel

All of these stages are of significant importance and require appropriate resourcing in terms of manpower and skills.

7. **Background**

This policy has been developed in response to the legal duties set out in the Secretary of State’s Directions to all NHS bodies including clinical commissioning groups, NHS trusts and NHS foundation trusts, the NHS Constitution and a range of guidance as set out below:-

- The NHS Constitution (July 2015); two rights relate specifically to the availability of medicines and other treatments.
  - *You have the right to drugs and treatments that have been recommended by NICE for use in the NHS if your doctor says they are clinically appropriate for you.*
  - *You have the right to expect local decisions on funding of other drugs and treatments 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 feel would be right for you they will explain that decision to you.*

- Directions to clinical commissioning groups and NHS trusts concerning decisions about drugs and other treatment 2009 (Secretary of State, 12 March 2009) which set out primary care responsibilities on funding and commissioning health care interventions and the duty to give reasons for decisions.
8. Development of general policies for interventions

NHS Wakefield CCG has a statutory responsibility to commission care, including medicines and other treatments, for its population within available resources.

Each year, NHS Wakefield CCG plans investment in health care interventions and services as part of its operating plan development process to meet the needs of its local population. Decisions on funding are usually made in collaboration with provider Trusts and other stakeholders and are taken in the context of the CCG’s available resources to ensure that care is fairly allocated to all patients and, where appropriate, measured against the CCG’s other service development priorities, NICE guidance and national priorities.

When planning its investments, NHS Wakefield CCG works with provider partners to identify, as far as possible, those new interventions that are likely to have a significant clinical impact and require funding in the coming years. This is often referred to as horizon scanning.

Most health care interventions are commissioned as part of service level agreements with providers. However, it is likely that, during the year, there will be requests for interventions not covered by the CCG’s commissioning policies. NHS Wakefield CCG therefore needs to be able to make decisions about these requests that are fair and consistent.

NHS Wakefield CCG will use a standard individual funding request submission form to receive such requests and will triage all such requests to identify whether a funding request submitted on behalf of an individual would apply to a population of patients. Where that is the case, the request will trigger the development of a new policy for that intervention and indication (called a general policy) or modification of an existing general policy. These requests will not be generally considered by the Individual Funding Request Panel.

Arrangements for the development and revision of general policies by NHS Wakefield CCG for health care interventions are available from the CCG.

NHS Wakefield CCG will make its general policies available at [www.wakefieldccg.nhs.uk](http://www.wakefieldccg.nhs.uk)

9. Individual funding requests

An individual funding request (IFR) is appropriate where either of the following applies:

- the CCG has a general policy not to fund a health care intervention for the specified indication but a clinician considers his/her patient to be ‘exceptional’ to that policy, or
- the CCG has no policy in place for the requested health care intervention and indication and the clinical circumstance is so rare that it is unlikely that any other patients will require the intervention.

In responding to an IFR, the CCG accepts no clinical responsibility for the health care intervention or its use or for the consequences of not using the intervention.
Decisions about which health care interventions are to be requested are the responsibility of the treating clinician and the provider organisation. In instances where there is disagreement between clinicians or between the patient and their clinician as to which intervention is to be requested or the manner in which it is to be administered, the CCG will take no part in these discussions other than to provide current commissioning policies. It is the duty of the referring provider organisation to obtain appropriate arbitration in instances of disagreement between clinicians or between patients and clinicians.

**What is ‘exceptional’?**

Exceptionality should be considered in the context of the CCG general policy for a health care intervention and specified indication.

In general, the CCG must justify the grounds upon which it chooses to fund a health care intervention for a patient when that intervention is unavailable to others with the condition.

A patient may be considered exceptional to the general policy if both the following apply:

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

When considering IFRs, the CCG will use the same ethical framework and guidelines for decision making that underpin its general policies for health care interventions. Where social, demographic or employment circumstances are not considered relevant to population based decisions, these factors will not be considered for IFRs.

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

**10. Triage of requests for individual funding**

Individual funding requests will be accepted from doctors and, in certain circumstances, other registered health practitioners.

The treating clinician should complete the standard IFR form and submit it to the IFR team. This requires responses to a common set of questions that will assist the CCG in determining if the patient is exceptional to the general policy.

**Photographic evidence**

Photographic evidence can be submitted in support of a patient’s Individual Funding Request. However, this can only be submitted by a clinician (not a patient) and must be signed on the back with the following wording:

“I (Clinician’s name) confirm that this photograph is a true representation of (patient’s name) taken on (date photo taken) and has not been altered in any way. “

The photo then needs to be signed and dated. The final decision as to whether photographs are viewed is at the request of the IFR Panel.
The completed form should be sent to NHS Greater Huddersfield CCG IFR team:

The Individual Funding Requests Team  
NHS Greater Huddersfield Clinical Commissioning Group (GHCCG)  
Broad Lea House  
Bradley Business Park  
Dyson Wood Way  
Bradley  
Huddersfield  
HD2 1GZ

Telephone: 01484 464438  
Email: GHCCG.IFR-CKW@nhs.net  
Safe Haven Fax: 01484 464062

With the exception of referrals for mental health care and/or treatment, the IFR team will triage the request to see if the requested health care intervention is funded as part of a general policy. If this is the case, the treating clinician will be advised of the general policy and no further action will be taken.

For mental health referrals, the commissioning manager (mental health) and a clinician (Nurse Consultant) from South West Yorkshire Partnership Foundation Trust (SWYPFT), as appropriate, will discuss and triage to make a recommendation about funding in line with the commissioning policy. This may involve viewing clinical records held by current providers to understand the services previously or currently accessed by the patient. This triage process ensures that the appropriate follow-on or initial treatment is offered to the patient, either via the IFR process or via commissioned services.

Their decision along with a clear rationale will be communicated to the IFR team who will retain responsibility for communicating the decision to the referrer, requesting further information from the referrer, or passing the request for IFR Panel consideration.

If the health care intervention is not funded as part of a general policy and the treating clinician has identified appropriate reasons why the patient may be considered to be exceptional to the policy, the triage process will pass the request on to the IFR process for consideration subject to appropriate timescales determined by the urgency of the request. If no claim of ‘exceptionality’ is made, the treating clinician will be advised of the general policy and no further action will be taken.

The triage process will identify the need for any further information so that delays later in the decision making process can be minimised. If more information is required, the IFR team will contact the treating clinician directly to request it.

11. Consideration of urgent requests

The need to make urgent funding decisions should be minimised by horizon scanning and the proactive development of general policies in collaboration with provider partners. However, occasionally clinical circumstances may require urgent use of a health care intervention that requires an individual funding decision.

While the CCG 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.

The CCG accepts no responsibility for the clinical consequences of any delay in responding to the request.
The process below relates to the clinical urgency with which a funding decision must be made by the CCG:

- The urgency of the request will be determined by a senior member of the IFR team, 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.

- Retrospective funding of any healthcare or treatment will not be funded unless prior approval has been given by the CCG or 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 that are deemed urgent will be acknowledged by telephone, fax or email on the day of receipt.

- A senior member of the IFR team will make contact with the applicant to agree a timescale within which a response will be provided in order to meet the patient’s clinical need, this will be a maximum of 24 hours.

- Urgent requests will be considered by a Governing Body GP and senior manager from NHS Wakefield CCG who have been trained in the IFR process or through reciprocal arrangements in place with the NHS Greater Huddersfield CCG Exceptional Cases Committee.

- Urgent requests will be taken to the next available IFR panel to be ratified by panel members.

12. The Individual Funding Request Panel

The CCG has a panel, called the Individual Funding Request (IFR) Panel, whose members have specific training in the assessment of individual funding requests.

Members of the IFR panel may include: executive directors, commissioning managers, consultants in public health, senior pharmacist, GPs and lay representative.

The IFR Panel will receive the request from the treating clinician together with any other relevant information. The patient and the treating clinician may submit additional information to the IFR Panel that they consider to be relevant and appropriate.

The CCG will keep the treating clinician and the patient (via the treating clinician / referrer) informed at all times of the timescales for the process.

The treating clinician will receive a response to their request within the agreed timescale. In most cases, and providing all of the requested information was submitted, this will be with a decision on funding. However if further information or clarification is needed the CCG will advise the treating clinician and the patient of the revised timescale for the decision.

The decisions made by the IFR Panel are recorded.

The Panel’s decision may be to fund the individual request or not to fund the request. If a decision cannot be made the reasons will be made clear to the treating clinician and patient.

If the CCG decides to refuse a request to fund a health care intervention for an individual, where the CCG’s general policy is not to fund that treatment, the IFR team will provide the patient with a written statement of the reasons for the decision.
The Chair of the Panel, or designated officer, will inform the treating clinician of the decision and, if requested, a copy of this information will be sent to the patient’s GP.

13. **Principles for decision making**

In making a decision, the Panel will, as a minimum, consider the following:

- Patient safety
- Clinical and cost effectiveness and strength of evidence
- Place in therapy relative to available health care interventions
- Affordability
- National guidance and priorities
- Local priorities

The best available evidence will be used to inform decisions.

14. ** Appealing against a decision not to fund**

Where a decision has been made by an IFR Panel not to fund a health care intervention and the treating clinician feels that all relevant clinical information has been provided and considered the patient or their doctor may appeal against the IFR Panel decision. Information on how to do this will be provided by the CCG.

Appeals are referred to the IFR Appeals Panel. Membership of this Panel is different to the IFR Panel and will include IFR Panel members not involved in the original decision, and the Chief Officer or Clinical Chair of NHS Wakefield CCG. The Appeals Panel is able to access expert evidence as required including from independent clinicians.

An appeal against an IFR decision should be made within 3 months of the treating clinician receiving the IFR decision.

The IFR Appeals Panel provides a procedural review of the IFR Panel decision. The IFR Appeals Panel has access to all relevant documentation about the request but does not, in general, consider new evidence.

Such review will include:

- Was due process followed? Did the CCG follow its own policies and procedures?
- Did the IFR panel take into account all of the relevant information available at the time?
- Was the decision reasonable and in line with the evidence?

Typically, the entire case will be received by the Appeals Panel on paper without either side being present. However, if in exceptional circumstances, the Appeals Panel believes that it would benefit the Panel to have one side present at the hearing, the other side will also be invited to attend.

The IFR Appeals Panel may decide to uphold the original decision, to reverse it (that is, agree to fund the health care intervention), or to ask the IFR Panel to reconsider its decision.

The Chair of the IFR Appeals Panel, or a designated officer, will inform the patient, the treating clinician, the CCG and, if requested, the patient’s GP, of the decision of the Appeals Panel.
If the IFR Appeals Panel upholds the original decision not to fund an intervention, the patient may choose to complain about the decision within the NHS complaints procedure.

15. **References & Associated Documentation**

Yorkshire and the Humber Specialised Commissioning Group, ‘Policy for Individual Funding Requests’
www.yhscg.nhs.uk/Policy/IFR%20common%20policy%20final%20v2.doc

NHS Wakefield Clinical Commissioning Group, ‘Commissioning Policy’

NHS Constitution March 2013


National Prescribing Centre, ‘Supporting rational local decision making about medicines (and treatments)’
http://www.npc.co.uk/local_decision_making/resources/handbook_complete.pdf

NHS Wakefield Clinical Commissioning Group, ‘Individual Funding Request Panel Terms of Reference’

NHS Wakefield District, ‘Referral Policy and Commissioning Criteria for Specialist Aesthetic Plastic Surgery Procedures’

NHS Wakefield District ‘Commissioning Policy for the Reversal of Vasectomy and Female Sterilisation’

Yorkshire and the Humber Specialised Commissioning Group, ‘Commissioning Policy, Specialised Fertility Services’

NHS Wakefield Clinical Commissioning Group, ‘Prior Approvals Policy, Bobath Therapy Specialist Centre for children with cerebral palsy’

http://www.england.nhs.uk/2013/10/28/gender-protocol/

NHS Wakefield District, ‘Lycra Garment Commissioning Policy: Children’