Individual Funding Requests and Prior Approval Policy
### DOCUMENT CONTROL SHEET

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<th>Document Owner:</th>
<th>Director of Nursing and Quality</th>
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<td>Document Author(s):</td>
<td>Clinical Decisions Nurse Manager</td>
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<tr>
<td>Version:</td>
<td>2.1 FINAL</td>
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<td>Directorate:</td>
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<td>Approved By:</td>
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<td>Date of Approval:</td>
<td>15/09/2016</td>
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### Change History:

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| V2.0    | 1/8/16   | Geraldine Woods              | • General housekeeping  
• New section 2.5 regarding mental health requests  
• Up to date wording detailing IFR.  
• Change to daily triage process of Prior Approvals, where clinical decisions nurse can decline without public health opinion.  
• Inclusion of process  
• algorithms.  
• Definitions added on what will and will not be considered via IFR.  
• New section- Drug Requests.  
• Sentence added to include the IFR team’s role in signposting referrals for adults and children with complex disabilities.  
• New section-  
• Retrospective funding.  
• New section experimental treatments |
|         |          | Sheilagh Reavey, Rachel Joyce |                                                                                                                                                                                                                                                                                                                                                     |
| V2.1    | 11/12/17 | Geraldine Woods              | • The following services added to the list of procedures which are prior approved(page 22)  
Fertility, Tier 3 and 4 Obesity services, adult grommets, Septoplasty, septorhinoplasty, rhinoplasty, blepharoplasty/brow lift.                                                                                                                                                                           |
|         |          | Sheilagh Reavey, Rachel Joyce |                                                                                                                                                                                                                                                                                                                                                     |
### Implementation Plan:

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<td>The policy is available to all CCG staff, independent contractors and members of the public via the main CCG website and CCG clinical policies website. Information about the policy is provided by email notification to GP Practices and secondary care commissioners and is also available as documentation associated with the main provider contracts.</td>
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<td>▪ Existing Bedfordshire and Hertfordshire Priorities Forum and Hertfordshire Medicines Management Committee policies relevant to this process.</td>
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<td>▪ East of England Priorities Advisory Committee</td>
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<td>NHS Commissioning Board (2013) Interim Commissioning Policy(ref:NHSCB/cp/03):Individual Funding Requests</td>
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1.0 Introduction

1.1 This policy defines the responsibilities of East and North Hertfordshire Clinical Commissioning Group (ENHCCG) and the activities of the Individual Funding Request (IFR) and Prior Approval (PA) team.

1.2 Clinical Commissioning Groups (CCGs) commission local NHS health services, excluding primary care services and NHS England commissions highly specialised health services and core General Practitioner services. Both organisations use national and local policies to prioritise treatments based on available resources and competing demands. This policy relates solely to services commissioned by ENHCCG. Local policies are available on our website.

1.3 The NHS exists to serve the needs of all of its patients but also has a statutory duty to financially break even. ENHCCG has a responsibility to provide health benefit for the whole of its population, whilst commissioning appropriate care to meet the clinical needs of individual patients.

1.4 There will always need to be a process for considering NHS funding for an individual based on either individual clinical circumstances or exceptional clinical circumstances (see definitions 4.0). ENHCCG have an Individual Funding Request team to perform this function. Clinicians are entitled to make a request to the CCG for treatment to be funded on the grounds of individuality where an individual patient requires healthcare which falls outside of the range of services and treatments the CCG has agreed to commission. The IFR team also considers requests for funding for patients with more common conditions for which the CCG has commissioned care pathways, but where the patient does not fulfil the agreed criteria and is considered to be ‘exceptional’ to the care pathway and/or criteria.

1.5 The NHS Constitution (March 2012) informs patients they have the right to expect local decisions on funding of drug and non-drug treatments to be made rationally following a proper consideration of the evidence. It states: “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.”

1.6 In order to ensure that good quality services are available to those patients with the greatest need, it is necessary to restrict the funding of procedures which have limited or no clinical benefit. These procedures may also be referred to as low priority treatments. Therefore ENHCCG has a Prior Approval system in place which ensures that certain elective procedures are subject to threshold criteria. This will mean that some procedures will only be available for patients who meet a defined set of criteria (Beds and Herts Priorities forum guidance). The clinicians within the IFR team assesses applications for such procedures against the set criteria. (See Appendix 1). This ensures optimal clinical effectiveness and appropriateness in a patient’s clinical pathway.
2.0 Scope

2.1 This policy applies to all CCG staff members, including Governing Body Members and Practice Representatives, involved in the CCG’s policy-making processes, whether permanent, temporary or contracted-in (either as an individual or through a third party supplier).

2.2 This Policy covers the following:

- All IFR and PA requests for adults and children that ENHCCG has responsibility for and excludes treatments that are the responsibility of NHS England.
- The arrangements to consider funding requests that do not fall within existing contracts or are considered low priority.
- The processes in place to respond to these requests and appeals.
- The structure and function of the Individual Funding Team and IFR panel

2.3 This policy applies to any patient for whom ENHCCG is the Responsible Commissioner and who are registered with an ENHCCG General Practice. The CCG is responsible for commissioning services to meet the health needs of its population and is required to commission services which are evidence based, clinically and cost effective, improve health outcomes and reduce health inequalities whilst representing value for money.

2.4 ENHCCG commissions its mental health services for adults and children from Hertfordshire Partnership Foundation NHS Trust (HPFT). The majority of mental health services are available through contracts held by the Integrated Health and Care Commissioning Team (IHCCT) on behalf of ENHCCG and are accessed through referral to HPFT, the IFR team does not process requests for mental health services which fall outside of these contracts. All Individual Funding Requests for mental health services are managed by IHCCT in line with the ‘Requests for Mental Health Services outside the Main Contractual Arrangements’ document. Requests are sent by clinicians securely to a mental health clinical lead at Ihcct.quality@nhs.net for consideration of individual funding. On occasions the mental health commissioner may request the IFR panel to consider funding advice for complex cases and/or appeals. In such cases the mental health commissioner will be expected to present the case including all relevant history and clinical information to the panel. The IFR panel will make a funding decision and/or provide advice in line with section 6.8 of this policy. IHCCT remain responsible for the administration process of the case in question and the dissemination of the outcome.
3.0  Purpose

3.1 Requests for non-commissioned care usually come under Individual Funding Requests and this policy is designed to provide assurance that the CCG processes are compatible with the requirements in the NHS Constitution.

3.2 This policy will ensure a clear and transparent process is in place for decision making and provide reassurance to patients and clinicians that decisions are made in a fair, open, equitable and consistent manner.

4.0  Definitions

4.1 Prior Approval (PA) - Is a process in which clinicians demonstrate how a patient meets set threshold criteria prior to referring to secondary care and/or by consultants prior to listing for surgery or performing a procedure for which ENHCCG routinely commissions and is within agreed contracts.

- Prior Approval means that a General Practitioner and/or provider must seek the agreement of the responsible commissioner to fund a treatment for an individual for an intervention which there is a CCG policy (See Appendix 1), before that treatment is carried out. The Prior Approval process then compares requests for elective procedure against a set of threshold criteria for the Prior Approval process.

- The vast majority of Prior Approval requests are approved as they meet the pre-set criteria. However, on occasions patients may fall outside of the threshold criteria and clinicians may appeal by demonstrating how the patient is clinically exceptional. In these cases the request is then considered via the IFR process.

4.2 Individual Funding Request (IFR) - Is a request received from a clinician providing care to a patient, for a specific treatment that is not covered by existing policy or for a service which is not commissioned by ENHCCG (an Individual Case). Or where the CCG is responsible for commissioning the service/treatment in question and/or a local policy is in place however the patient does not meet the criteria and is deemed to be clinically exceptional (an exceptional case).

4.3 Individual Case- Is a rare request, (Usually predicted to be less than 5 per year) to the CCG to fund healthcare for an individual who falls outside the range of services and treatments that the CCG has agreed to commission. In such cases, the patient is suffering from a presenting medical condition and the CCG has no policy for the treatment requested.
4.4 Exceptional Case- In these cases, the patient is suffering from a presenting medical condition for which ENHCCG has a policy for the medical condition and/or its treatment, but where the patient’s particular clinical circumstances fall outside what the CCG has agreed to fund (‘an exceptionality request; an exception to the policy’).
Arguments on the basis of exceptionality are requests where a patient is deemed to have exceptional clinical circumstances, i.e. a patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by a patient within the normal population of patients with the same medical condition and at a similar stage of progression as the patient, exceptional to the cohort.

4.5 IFR Panel- Is the Panel that represents both ENHCCG and HVCCG that has been authorised to take decisions on its behalf on Individual Funding Requests. (See separate terms of reference document Appendix 4). This is a jointly constituted Panel between East and North Herts CCG and Herts Valleys CCG.

4.6 Cohorts- A cohort of similar patients for the purposes of this policy has been defined as the number of requests received or likely to be received per year which will require consideration of a commissioning policy. In these circumstances, the IFR route to funding may only be considered if the patient is clinically exceptional to the cohort.
For the purpose of this policy a cohort is defined as:

The numbers of patients for whom the treatment will be requested per year is likely to be 5 or more patients per year from the population served by the CCG

5.0 Roles and Responsibilities

5.1 CCG Governing Body- Is responsible for approving this policy.

5.2 Chief Executive – Accountable Officer- Has overriding accountability for the actions of the IFR team and Panel.

5.3 Executive Team- Has oversight of the IFR quarterly report and will escalate any serious risks and/or concerns to the Governing Body.

5.4 Director for Nursing and Quality- Has delegated responsibility to ensure this policy is applied and adhered to.

5.5 Associate Director – Quality and Patient Experience- Has delegated responsibility in the absence of the Director for Nursing and Quality to ensure this policy is applied and adhered to.
5.6 **The Clinical Decisions Nurse**- Is responsible for applying this policy in a consistent manner and has oversight of the administration team. The Clinical Decisions Nurse (CDN) will report any issues and/or concerns to the Director for Nursing and Quality.

5.7 **The IFR Panel**- The IFR panel has delegated authority from the CCGs to make decisions in respect of funding for individual cases. Accountability for those decisions rests with the CCG representatives of the Panel. Decisions will be usually made on the basis of consensus. Should the Panel members not agree the response to a request the case will be escalated to either respective ENHCCG or HVCCG Executive Team. The panel may also be asked to review cases previously considered by other external CCG panels in line with their IFR process. The IFR panel will report any significant issues and risks arising to the Executive Team via the IFR quarterly report.

5.8 **Medically Qualified Public Health Consultant**- provides clinical support and advice to the IFR team, pre-screen panel meetings and IFR Panel. Their Role is to give public health advice in relation to clinical appropriateness, clinical effectiveness and cost effectiveness of a treatment. They also perform systematic reviews of the literature and perform individual case reviews based on clinical evidence. Public Health consultants will interface with the Bedfordshire and Hertfordshire Priorities Forum and Hertfordshire’s Medicine Management Committee.

5.9 **The IFR administration team**- Are responsible for logging and monitoring all applications (excluding mental health requests), coordinating responses within the set time frames and communicating with patients and clinicians regarding process and decisions. The IFR team will co-ordinate and prepare cases for the weekly pre-screen panel meeting and the monthly IFR Panel meeting. The Panel decisions will be sent to the referring clinician and/or the patient within 5 working days of the monthly Panel meeting. If the Panel decides not to fund a drug or treatment the decision letter will include an appropriate explanation.

5.9.1 The IFR team has an enhanced role of signposting some referrers to the appropriate department or services. The team logs requests for adults, children and children with complex disabilities on to Blueteq (the electronic data management system) which assures monitoring and follow-up if required.

### 6.0 PROCESSES

6.1 Principles

6.1.1 Psychological issues are not considered as grounds for exceptionality. This is line with the Bedfordshire and Hertfordshire Priorities Forum guidance based on reviews of evidence (see references).

6.1.2 Information that is immaterial to the decision, including information about the social, economic or personal circumstances of the patient which does not
have a direct connection to the patient’s clinical circumstances, shall not be considered.

6.1.3 IFR does not generally fund equipment or on-going maintenance, or placements in long term care. Personal Health Budget’s and voucher schemes are available through the Continuing Health Care Team.

6.1.4 ENHCCG wants the best for our patients. It is important that when a patient reaches a stage in their treatment pathway that requires a specialist intervention, we would expect our patients to be referred to officially designated, accredited centres to ensure high quality of care. The CCG will not support specialised treatment at un-designated, non-accredited centres.

6.1.5 ENHCCG does not discriminate on grounds of sex, age, sexual orientation, ethnicity, educational level, employment, disability, marital status or religion. ENHCCG does not generally make treatment for patients under its policies dependent on the patient’s social or personal circumstances. Accordingly, when making decisions as to whether treatment should be provided to a patient which is not provided to patients generally, the Panel shall adopt the same approach.

6.1.6 The IFR Panel shall have a broad discretion to determine whether the proposed treatment is a justifiable expenditure of the CCG resources. The IFR Panel is, however, required to bear in mind that the resources requested to support the individual patient will reduce the availability of resources for other investments. The IFR Panel may make such approval contingent on the fulfillment of such conditions as it considers fit. Very occasionally an Individual Funding Request presents a new issue which needs a substantial piece of work before the CCG can reach a conclusion upon its position. This may include wider consultation. Where this occurs the IFR Panel may adjourn a decision on an individual case until that work has been complete.

This may not always be clinically appropriate should the patient have clinical needs where a delay in funding would be inappropriate. In such cases funding in the interim may be considered.

6.1.7 The IFR Panel shall take care to avoid adopting the approach described in the ‘the rule of rescue’. The fact that a patient has exhausted all NHS treatment options available for a particular condition is unlikely, of itself, to be sufficient to demonstrate exceptional circumstances. Equally, the fact that the patient is refractory to existing treatments where a recognised proportion of patients with the same presenting medical condition at this stage are, to a greater or lesser extent, refractory to existing treatments is unlikely, of itself, to be sufficient to demonstrate exceptional circumstances. The IFR Panel will consider whether treating the patient is higher priority than other unfunded developments and the treatment can be afforded.

6.1.8 The IFR team and/or IFR Panel will consider in the case of exceptional requests if there are likely to be similar patients within the local population.
For exceptionality requests the clinician must also provide the case for treating this patient and not other apparently similar patients.

6.1.9 The IFR process is clinician lead and all applications must be made by a clinician. Deliberations at Panel will be based on evidence of individual clinical exceptionality and will not take into account issues relating to social or personal circumstances. It is therefore not appropriate for patients to attend the Panel and the Commissioners are not legally bound to invite them. However, patients may submit a supporting statement but this needs to be limited to clinical issues i.e.: what effect the condition has on the patient’s activities of day to day living.

6.1.10 On occasions the IFR team may receive rare requests for treatments, drugs or services where the responsible commissioner is unclear, or there is no existing commissioned service. Such requests will be considered on an individual basis until commissioning responsibility can be ascertained. Should a cohort be identified the IFR team will treat this as a service development requiring consideration of a commissioning policy. Any emerging cohorts will be highlighted to the CCG directors via quarterly reporting for consideration and raised at the Bedfordshire and Hertfordshire Priorities forum. The IFR team will consider patients within the cohort on their individual clinical circumstances in the interim, until a commissioning decision and/or policy is made. Should the patient have individual clinical circumstances which prevents them from utilising other existing commissioned services and the intervention is clinically appropriate funding may be approved by the IFR team on behalf of the CCG, (see appendix 3).

6.1.11 Individual requests cannot be used as a means of ‘creeping implementation’ for new technologies, services or policies. Consideration therefore needs to be given as to the likelihood of other patients having the same clinical need who could also benefit from the proposed treatment. If there are or are likely to be other patients then, properly considered, the request is for a service development and not an individual application. Where a decision may affect other patients, the application should be considered as a service development and not through the IFR process. The IFR team and/or the Panel shall routinely screen Individual Funding Requests to see whether they represent a service development. The key question used to screen out as a service development will be ‘are there likely to be other similar patients in the CCG?’ If there is evidence that this patient is representative of other similar patients and forms a cohort, the request will be considered on an individual basis as per the clinical evidence, but the provider will be requested to follow normal procedures for introducing new services, in line with the CCG’s Principles.

6.1.12 The CCG does not expect to provide funding for patients to continue medication/treatment commenced as part of a clinical trial. In line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki, the responsibility lies with those conducting the trial to
ensure a clear exit strategy from a trial and that those benefiting from treatments provided within the trial setting will have on-going access to those treatments. It is standard practice for CCGs not to fund treatments which are still considered experimental, irrespective of the ‘potential’ health benefit for either individuals or groups of patients. Therefore treatments which are judged experimental, uncertain or not to be of proven effectiveness will not routinely be funded and funding for individual patients or groups of patients within poorly designed trials will not be supported.

6.2 Experimental treatments

6.2.1 The East and North Hertfordshire CCG IFR team will adopt the following criteria when considering a treatment as experimental:

- The treatment is still undergoing clinical trials for the indication in question.
- There are no relevant articles published in the peer-reviewed journals available on the treatment for the indication in question.
- The treatment does not have approval from the relevant government body.
- The treatment does not conform to usual clinical practice in the view of the majority of medical practitioners in the relevant field.
- The treatment is being used in a way other than that previously studied or that for which it has been granted approval by the relevant government body.
- The treatment is rarely used, novel, or unknown and there is a lack of authoritative evidence of safety and efficacy.

6.2.2 There may at times be exceptions to the above where the CCG may consider funding. The IFR team will apply the NHS Hertfordshire Commissioning policy (PAC /14) October (2010) Experimental, Uncertain and Unproven Treatments Version 2 when considering such requests.

6.3 DRUG REQUESTS

6.3.1 The IFR team processes requests for Drugs which are not routinely commissioned this would include:

- High cost drugs excluded from contracts.
- New treatments where no policies exist
- Treatments that we as a CCG have decided we will not fund routinely, or only fund in certain circumstances. This may include primary care prescribing or requests from Trusts and other providers
6.3.2 During daily triage should a request meet routine commissioning criteria this will be sent to the Pharmacy and Medicines Optimisation Team for processing. Drug requests will be considered in line with this policy on the grounds of clinical exceptionality and the same principles will be applied. The IFR team will work collaboratively with senior pharmaceutical leads in responding to requests and draw upon their knowledge and expertise.

6.4 Urgent Treatment Decisions

6.4.1 ENHCCG recognises that there will be occasions when an urgent decision needs to be made to consider approving funding for treatment for an individual patient outside of CCG policies. In such circumstances the CCG recognises that an urgent decision may have to be made before a Panel can be convened. The following provisions apply to such a situation.

6.4.2 An urgent request is one which requires urgent consideration and a decision because the patient faces a substantial risk of significant harm (the patient’s life may be in danger) if a decision is not made before the next scheduled meeting of the Panel. The IFR Clinical Decisions Nurse and Consultant in Public Health are responsible for agreeing whether a case requires urgent decision after considering the nature and severity of the patient’s clinical condition. Urgency under this policy cannot arise as the result of a failure by the clinical team expeditiously to seek funding through the appropriate route and/or where the patient’s legitimate expectations have been raised by a commitment being given by the provider trust to provide a specific treatment to the patient. In such circumstances the CCG expects the provider trust to go ahead with treatment; however funding will not be guaranteed and may be at their financial risk.

6.4.3 Provider trusts must take all reasonable steps to minimise the need for urgent requests to be made through the Panel process. If clinicians from any provider trust are considered by the CCG not to be taking all reasonable steps to minimise urgent requests to the Panel, the CCG may refer the matter to the provider Trust Chief Executive.

6.4.4 Where an urgent decision needs to be made to authorise treatment for an individual patient, who is the responsibility of ENHCCG the IFR Clinical Decisions Nurse will request a virtual discussion on the case. The time period within which the decision needs to be taken will be 5 working days of receiving the case request, or earlier depending on the individual case.

6.4.5 The urgent decision will be made by “virtual discussion” via email or phone between the Panel members. In exceptionally urgent circumstances the ENHCCG panel members will decide on the case if urgent input from other Panel members is not possible.
6.4.6 The “virtual discussion” will, as far as possible within the constraints of the urgent situation, follow the policy set out in making the decision. The Panel office shall collect as much information about both the patient’s illness and the treatment as is feasible in the time available.

6.4.7 ENHCCG Panel members shall be entitled to reach the view that the decision is not of sufficient urgency or of sufficient importance that a decision needs to be made outside of the usual process.

6.4.8 Decisions will be sent to the referring clinician, and/or GP, and/or the patient within 5 working days of receiving the case request for a virtual Panel meeting. If the Panel decides not to fund a drug or treatment the decision letter will include an appropriate explanation.

6.5 Prior Approvals Process (see Appendix 1)

6.5.1 ENHCCG Primary and Secondary care clinicians are required to submit an application proforma to demonstrate how the patient meets current thresholds. Relevant clinical letters and/or objective data to support the patient’s application can be useful and may sometimes be requested for example x-ray reports, scan results, optician reports, medical photography, clinical scores, clinic letters etc. For the list of procedures see (Appendix 1)

6.5.2 Completed applications are sent electronically to the Prior Approval team and then reviewed by the Clinical Decisions Nurse. All applications will be dealt with within a five day turnaround for routine applications and two days for urgent applications. The Clinical Decisions Nurse determines whether or not the patient meets the Beds and Herts Priorities Forum Guidance and considers any additional information provided. The requests are then- Approved, Admin Rejected (insufficient information to make a decision), or Declined. Requests which clearly do not meet the criteria and where no additional information has been provided can be directly declined by the Clinical Decisions Nurse. Those that do not meet criteria but contain additional information and/or clinic letters are then reviewed by a Public Health Consultant who advises the CCG on whether this seems a reasonable decision.

When triaging applications the Clinical Decisions Nurse will aim to:

- Promote consistency, fairness and equity.

- Ensure effective use of resources, but also ensure that the decisions are based on clinical evidence.

- Improve the rigour of the processes ensuring decisions are rational, reasonable and transparent.
6.5.3 Treatments, and services, referred to in this Policy should not be undertaken or provided without Prior Approval being obtained as indicated. Where Prior Approval has not been appropriately obtained, then any treatments or services provided will have not been legitimately delivered, and will not be funded by East and North Herts CCG. Therefore funding will not be given in retrospect after the procedure has been carried out without Prior Approval funding in place.

6.5.4 The majority of Prior Approval applications are usually approved. However where a Prior Approval application is declined clinicians can appeal the decision by submitting a case for exceptionality to the policy. These requests will be processed as an exceptional request and will be considered by the Clinical Decisions Nurse and Public Health Consultant. Should a second request be declined as no grounds for exceptionality have been established and the clinician appeals with new clinical information this will be presented at a panel pre-screen meeting for discussion.

6.5.5 Should the clinician wish to challenge the clinical policy, they should contact the chair of the relevant committee directly as this is not relevant to the prior approval process.

**IFR Process** (see appendix 2)

6.6.1 Daily triage

6.6.2 All applications to the IFR team must be on the approved request form (appendix 4). The form should be referred to for further detailed instructions on completing it. Written support and evidence should be provided by the clinician treating the patient using the request form and include any relevant research findings where appropriate.

6.6.3 On receipt of the funding request, the case is recorded on the database and an acknowledgement is sent to the referring clinician. The Clinical Decision Nurse will verify whether sufficient information is included in the request form, and ask the referring clinician for more information if required.

6.6.4 The majority of IFR cases will be screened by the Clinical Decisions Nurse on a daily basis. If an individual meets the CCG criteria or other existing CCG approved contract or commissioning policy or there are clearly defined grounds for exceptionality in line with this policy’s definition then a decision to agree funding can be made at this point by the IFR Clinical Decisions Nurse. Complex cases will automatically be sent to pre-screen panel meeting for discussion with a Public Health Consultant, drug cases will be discussed with the relevant CCG senior pharmaceutical advisor.

6.6.5 The skills and expertise required of the screening function by the Clinical Decisions Nurse are the ability to:
• Determine who is responsible for commissioning the intervention

• Determine whether an existing policy covers the intervention
  (Bedfordshire and Hertfordshire Priorities Forum guidance)
  (Hertfordshire Medicine Management Committee Guidance) can be
  found at) [http://www.enhertsccg.nhs.uk/bedfordshire-and-hertfordshire-]
  [priorities-forum]

• Determine if the intervention is already funded though contracts? Are
  there suitable alternatives?

• Is this the correct point in the agreed clinical pathway for this treatment?

• Interpret the CCG definitions of exceptionality and individuality in the
  context of the clinical information that is presented

The Clinical Decisions Nurse will be able to consider the following options:

• Send the request on to the responsible commissioner should this not be
  ENHCCG

• Gain advice from Commissioners/contract managers regarding suitable
  commissioned services or possible alternatives.

• Defer the request, and ask for more information from the referring
  clinician

• Approve the request if covered by an existing contract/ commissioning
  policy

• Approve if Exceptionality is clearly demonstrated

• Take the request to the pre-screen panel

• Decline the request without reference to the pre-screen or IFR Panel (only
  where the patient meets the conditions detailed in sections 6.6.4 and
  6.6.5)

• Discuss the request directly with a Public Health Consultant and decline
  with their agreement.

6.6.6 The IFR team will inform the applying clinician and/or patient (as
appropriate) of the decision via letter within the allocated turn around times

Most Urgent – Decision needed within a week as the patient’s life may be in
danger
Immediate – Decision needed within 3 weeks as delay will not be clinically appropriate

Routine – Decision needed in 4 to 6 weeks

6.6.7 Where a request is declined directly by the Clinical Decisions Nurse these requests will be audited weekly with a Public Health Consultant to ensure consistency to policy.

6.6.8 Where a request is declined by the Clinical Decisions Nurse the patient’s clinician can appeal. Where the appeal contains new clinical information the case will be discussed at a panel pre-screen meeting with Public Health and other professionals relevant to the case.

6.7 Panel pre-screen meetings

6.7.1 Individual Funding Requests will be reviewed weekly in a panel pre-screen meeting if required, depending on volume received by the IFR team with the CDN, Public Health Consultant and a Senior Pharmaceutical Advisor (for drug requests) for advice and consideration if approval can be given. Or in the case of appeals if funding can be approved after consideration of new clinical information following a decline made by the Clinical Decisions Nurse. The decision may be made to present the case to the monthly IFR Panel if a decision cannot be reached. Requests to submit a case to the IFR Panel can be made by the Clinical Decisions Nurse, Consultant in Public Health or Senior Pharmaceutical Advisor.

6.7.2 The cases will be reviewed and decisions taken using the same methodology as detailed in this policy, and will make one of the following decisions:

- Approve the funding request.
- Decline the funding request.
- Uphold an initial decision to decline funding
- Defer the request, and ask for more information from the referring clinician.
- Refer the case to the monthly IFR Panel meeting – for complex cases, where decisions cannot be taken by members of the weekly pre-screen meeting or if the initial appeals/complaints have been heard and no decision could be made, or following further appeal
- Where a clinician appeals the Panel pre-screen decision new clinical information which is relevant to the case should be presented to the IFR team. The case will then be prepared for consideration at the next IFR Panel meeting.
6.8 Monthly Panel Meeting

6.8.1 The monthly Panel meeting will usually consider cases where there is either:

- Uncertainty about whether the treatment falls within existing policy
  Or
- Evidence for exceptionality is unclear

Or

- Where complaints and appeals have been heard by the weekly pre-screen Panel and no decision could be made. These cases will usually be more complex ones.
  Or
- Where the referring clinician appeals against the decision made by the pre-screen panel and there is new clinical information to consider.
  Or
- The panel may also be asked to review cases previously considered by other external CCG panels in line with their IFR process.

In considering the funding requests, the Panel will aim to:

- Promote consistency, fairness and equity.
- Ensure effective use of resources, but also ensure that the decisions are based on clinical evidence.
- Improve the rigour of the processes ensuring decisions are rational, reasonable and transparent.
- Explore the grounds for any relevant clinical exceptionality presented and apply the IFR policy.

6.8.2 Decisions will be reached by consensus where possible, but if a consensus cannot be achieved, will be decided by a vote of the Panel members. If the Panel is equally split following extensive discussion then the decision will be escalated to the relevant CCG Governing Body.

6.8.3 The Panel shall be entitled to approve/decline or defer Individual Funding Requests. The following will be considered:

- The Panel is not authorised to approve funding for cases which are considered to form part of a service development. Providers are expected to seek funding for new treatments and services through commissioning managers by submitting a business case and not through the IFR system. However the panel can consider approving funding for individual cases where the patient is clinically exceptional to the cohort in question and the requested intervention has evidence of safety, efficacy and cost effectiveness. In addition, in rare
circumstances, if a new (first time) request for an uncommissioned service is received for an individual patient, consideration for individual funding may be appropriate whilst a business case is being developed for consideration of funding for the cohort. In these circumstances it must be demonstrated that the treatment for this patient would be safe, effective and cost effective, as demonstrated by critical review of the literature. In these cases, a recommendation to develop a policy for the CCG would be made. In addition, the CCG may decide that funding for a rare condition will only be considered individually rather than commissioning a service for a cohort. In these circumstances it would be expected that a commissioning policy is developed to support decisions.

- The Panel is not required to accept the views expressed by the patient or the requesting clinicians concerning the likely clinical outcomes for the individual patient of the proposed treatment. The Panel is entitled to reach its own views on the likely clinical outcomes for the individual patient of the proposed treatment; and the quality of the evidence to support that decision and/or the degree of confidence that the Panel has about the likelihood of the proposed treatment delivering the proposed clinical outcomes for the individual patient.

- The Panel shall be entitled, but not obliged to commission its own reports from any duly qualified or experienced clinician, medical scientist or other person having relevant skills concerning the case that is being made that the treatment is likely to be clinically effective in the case of the individual patient.

- The Panel shall be entitled to approve requests on the basis of exception where the following condition is met:

The Panel concludes that the criteria for exceptionality in the context of the relevant CCG policy/policies and guidance note/s have been met.

In determining whether a patient is able to demonstrate exceptional circumstances the Panel shall compare the patient to other patients with the same presenting medical condition at a similar stage of progression. The Panel shall determine, based upon the evidence provided to the panel, whether the patient has demonstrated exceptional clinical circumstances. The evidence to show that, for the individual patient, the proposed treatment is likely to be clinically effective may be part of the case that the patient’s clinical circumstances are asserted to be exceptional.

6.8.4 The case summaries and the meeting notes will form the minutes for these cases. The panel will make one of the following decisions:
• Approve the funding request.
• Decline the funding request.
• Defer the request and ask for more information from the referring clinician.

6.8.5 Funding decisions made by the team and/or IFR panel on behalf of the organisation, may impact on various healthcare budgets within the organisation. IFR does not hold a specific budget.

6.9 Appeals to IFR panel decisions

6.9.1 The patient’s clinician shall be entitled to lodge an appeal against the decision of the Panel. Any such appeal will be heard at the different steps as detailed below.

6.9.2 The first step in the appeals process: If a clinician indicates that he or she wishes to appeal the IFR panel decision, it is for them to set out the reasons for their appeal in writing. The IFR team should consider the appeal and decide whether it discloses relevant and significant material or information which was not originally before the Panel. If the appeal does contain new relevant and significant material or information then the Panel should be able to reconsider the decision, and the case will be represented at the next Panel meeting. If there is no additional information, the case will not be represented to the Panel for further consideration. The CDN will write back to the referring clinician and/or the patient explaining this and uphold the Panel’s decision.

6.9.3 The second step within the appeals process: Is for the case to be reviewed by another Clinical Commissioning Group IFR Panel outside Hertfordshire which is familiar with the Bedfordshire and Hertfordshire Priorities Forum and Hertfordshire Medicines Management Committee policies relevant to this process. The clinician/patient has the right to have the matter considered afresh by the external Panel. All members of the Panel should have had no prior involvement with the case.

6.9.4 The External IFR Panel shall consider all the papers which were before the originating Panel and any further material provided by the patient or those acting on his or her behalf. It may request that the IFR Clinical Decisions Nurse attends and makes their case for refusing funding and the patient and/or their representatives shall be entitled to put their case in writing for consideration by the External Panel. The External Panel will be able to question (if in attendance) the IFR team to get more clarity about the case.

6.9.5 In reaching its decision the External Panel should apply the same approach and tests as set out in this policy.

6.9.6 The External Panel will be able to uphold the Panel’s decision. Or uphold
the patient’s appeal and shall refer the case for reconsideration by the originating Panel in the event that the External Panel considers that the originating Panel has:

- failed in a material way properly to consider the evidence presented to it (e.g. by taking account of an immaterial fact or by failing to take account of a material fact); and/or

- come to a decision that no reasonable Panel could have reached on the evidence before the Panel;

6.9.7 The External Panel shall not have power to authorise funding for the requested treatment, but shall have the right to make recommendations to the originating Panel and to request the Chair to take urgent decisions.

6.9.8 Any recommendations for review of the Clinical Priorities Policies or statements will be referred by the External Panel to the Chair of the Clinical Priorities Forum to review the policy and request a report once the policy is reviewed.

6.9.9 All patients also have the option of putting in a formal complaint to ENHCCG concerning the policy, the process or the decision. The patient is also entitled to make a complaint to the Ombudsman and to request a judicial review of their case in line with the CCG complaints policy [http://www.enhertsccg.nhs.uk/patient-feedback](http://www.enhertsccg.nhs.uk/patient-feedback)
Appendix 1  Prior Approval

GP stage
- Hip/Knee (referral stage)
- Cataract

Secondary Care Stage
- Hysterectomy
- Cataracts (only if no approval at referral stage)
- Total hip replacement
- Total knee replacement
- Knee arthroscopy
- Minor skin surgery
- Hernias
- Varicose Veins
- Video capsule endoscopy
- ENT- tonsillectomy, adenoidectomy, adenoid/tonsillctomy (children & adults)
- ENT-grommets (children & adults)
- Hand surgery- carpal tunnel, trigger finger, ganglion, fasciectomy.
- Back injections- facet joint, epidural, Radio Frequency denervation
- Tier 3 and Tier 4 Obesity services
- Blepharoplasty/brow lift
- Fertility
- Septoplasty, Septorhinoplasty, Rhinoplasty

This list could be subject to change as required and with the approval of the governing body.

(All repeat treatments, reinsertions or revisions also require approval)

Appendix 1 continued see algorithm below
Algorithm 1: Prior Approval

Patient presents at GP surgery

Clinician checks against prior approval list:

- Hip/Knee where osteoarthritis is confirmed (opinion stage)
- Cataract

**No**
- Refer to secondary care in usual way

**Yes**
- Complete relevant prior approval form

Patient attends consultant’s clinic and surgery is required. Consultant checks surgery against prior approval list.

- Not subject to prior approval
  - List for surgery in usual way under standard tariff

- Subject to prior approval
  - Complete and send relevant prior approval form which is triaged as per algorithm

Form triaged by clinical decision nurse (CDN):

- Meets criteria
  - Approved by CDN
  - Can be declined by CDN if no grounds for exception or additional clinical information to consider

- Does not meet criteria
  - Form incomplete or more information required
  - Back to GP/Consultant

Secondary care requests

- Trust administrators emailed
- Primary care requests
- Hip/knee & Cataracts patient choice offered

Secondary care request

- Reviewed by public health consultant

- Approved
- Not approved

Primary care request

- GP surgery emailed
- Secondary care request
- Trust administrators/GP emailed and letter sent to patient

Can appeal - Resubmit as an IFR
Individual Funding Request Flow Chart

Appendix 2

IFR request received by team from Clinician

Application logged onto blueteq database by administration team. Team will notify Clinical Decision Nurse (CDN) of any cases marked urgent

Appeals to prior approval declines reviewed by Consultant Public Health

Approved based on new clinical information

Decision to decline upheld

Clinician appeals Decision further

Pre-screen panel meeting

Clinician appeals Decision

Pre-screen panel meeting

Information clearly demonstrates how patient meets local guidance criteria

Clinician appeals Decision

Pre-screen panel meeting

No - decline

Yes - approve

Further Appeal- Advise clinician case will go to panel and to send any supporting clinical information

Clinician appeals panel decision

Has new and significant information been presented?

NO-Uphold panel decision

Yes-reconsider at next panel

declined

approved

Further appeal

new information back through IFR panel process.

new information back through IFR panel process.

Clinician appeals Panel sent by clinician

Drug request- Move to awaiting triage drugs for Pharmaceutical adviser opinion

Requests case to go straight to pre-screen

Public health opinion if no policy in place or how policy criteria is met unclear / grounds for exceptionality unclear. Can advise approve, decline or request for more information.

Patient has clear grounds for clinical exceptionality to the local guidance criteria and warrants funding?

Pre-screen panel meeting

CDN to consider if funding can be approved or declined at this point, request more information if required. Or direct straight to pre-screen

No -

Yes -

approved

decline

Follow complex case algorithm if any uncertainty

Pre-screen panel meeting

Clinician appeals decision

Pre-screen panel meeting

Approved

Declined

Clinician appeals panel decision

new information back through IFR panel process.

IFR Panel

Approved

Declined

Further Appeal- Advise clinician case will go to panel and to send any supporting clinical information

Clinician appeals panel decision

Has new and significant information been presented?

Yes-reconsider at next panel

declined

approved

Further appeal

new information back through IFR panel process.

new information back through IFR panel process.

Yes-

No -
IFR algorithm for the management of requests for rare and/or uncommission services/treatments where no policy exists

IFR request received however service does not appear to be commissioned by ENHCCG CCG

Add to Bluteq (database) while determining who to direct the case to. Turnaround times routine 4-6 weeks, immediate 3 weeks, most urgent 1 week

Responsible Commissioning body identified

East & North Hertfordshire CCG

Proceed to IFR process

Other Body. Send case securely and close case on bluteq

Should applicant chase IFR team for response as no correspondence received from responsible commissioner, after 1 month. Use escalation process on next page

Correspondence comes back into the IFR team that the case has been declined as patient does not meet criteria for proposed service/treatment

Further request to CCG for funding

No responsible commissioner identified (default to ENHCCG) or ENHCCG is responsible for commissioning however no commissioned service currently in place

Actions by IFR team

- Identify if the patient is part of a cohort (as per IFR policy definition)
- Identify if there is any existing national, regional or local policy.
- Review the clinical evidence for the intervention
- Where a cohort is identified perform the following:
  Inform the Bedfordshire and Hertfordshire Priorities Forum or Hertfordshire Medicine Management Committee, relevant commissioning managers and board of directors via the quarterly report.
- Involve Public Health to perform an individual review of the case based on a systematic review of the literature and evidence.
- Approve individual requests on a case by case basis if clinically appropriate as an interim measure.
Escalation process where responsible commissioner fail to accept/progress case

No adequate resolution or decision is appealed again - escalate to Chief Executive

No adequate resolve within time frame below or clinician appeals the decision - escalate to Director for Nursing and Quality. If unavailable discuss with Director on call

Discuss case with Medical Advisor and Associate Director of Quality and Patient Experience within 1 week (routine requests) 3 days (immediate requests) and 1 day (urgent requests)
1. **Introduction**

1.1 The Individual Funding Request (IFR) Panel (the IFR panel) is the committee the CCG has authorised to take decisions on its behalf on individual/exceptional funding requests. The purpose of the IFR panel is to consider funding requests on behalf of ENHCCG and HVCCG. The IFR Panel will decide in each case whether funding should be approved or declined in line with the Individual Funding Requests policy for East and North Hertfordshire Clinical Commissioning Group.

1.2 The IFR Panel meeting will usually consider cases where there is uncertainty about whether the treatment falls within existing policy or the evidence for exceptionality is unclear. Or where complaints and appeals have been heard by the weekly pre-screen Panel and no decision could be made. These cases will usually be more complex ones. Or if the referring clinician appeals against the decision made by the pre-screen panel and there is new clinical information to consider.

1.3 The IFR panel may also be asked to review cases previously considered by other external CCG panels in line with their IFR process.

2. **Membership**

2.1 The membership of the IFR panel shall include:

- Lay member for governance and audit (Chair)
- GP representative from East and North Herts CCG or nominated deputy
- GP representative from Herts Valleys CCG or nominated deputy
- Secondary care representative or nominated deputy
- Senior Pharmaceutical Advisor HVCCG or ENHCCG or nominated deputy(only where required for drug cases)
- Public Health Consultant / Specialist or nominated deputy
- Clinical Decisions Manger or nominated deputy

2.2 In the event of the Chair of the committee being unable to attend all or part of the meeting, they will nominate a replacement from within the Membership to deputise for that meeting.

2.2.1 The following representatives will usually be in attendance:

2.2.2 Additional members may be co-opted, and the IFR Panel may decide whether they have decision making rights in the IFR Panel discussions, e.g. Public Health Registrars and Commissioners

2.2.3 For particularly complex cases, other individuals with clinical expertise and skills may also be included on the IFR panel. Public Health trainees can also contribute to the work of the IFR panel.
process as part of their training. They can attend IFR panels as non-voting members.

3. **Quorum**

3.1 The panel will be quorate if three of the members are present, this should include one of the GP representatives, one public health representative and the clinical decision manager or nominated deputy. Any members unable to attend will be expected to leave their comments on each case for discussion at the IFR panel meeting. Comments will be tabled at the meeting from members who are not present. However, an IFR Panel meeting with only three members present should be the exception.

3.2 No formal business shall be transacted where a quorum is not reached.

4. **Frequency of meetings and attendance**

4.1 IFR Panel is held on monthly basis dependent on cases being presented. Where there are no cases for discussion IFR Panel will not be required to meet.

4.2 Members of the IFR Panel should make every effort to attend every scheduled panel meeting. The secretary of the panel will monitor attendance and will report on this annually.

5. **Authority**

5.1 The IFR panel has delegated authority from the CCGs to make decisions in respect of funding for individual cases. Accountability for those decisions rests with the Panel. Decisions will be usually made on the basis of consensus. Should the respective CCG members not agree the response to a request the case will be escalated to the executive team.

5.2 The IFR panel is not obliged to allow patients to attend Panel. The IFR process is clinician lead and all deliberations at IFR Panel will be based on evidence of individual clinical exceptionality and will not take into account issues relating to social or personal circumstances. It is therefore not appropriate for patients to attend the IFR Panel and the Commissioners are not legally bound to invite them. However, patients may submit a supporting statement but this needs to be limited to clinical issues ie: what effect the condition has on the patient’s activities of day to day living.

5.3 The IFR panel is authorised to make the following conclusions:

- Approve the funding request.
- Decline the funding request.
- Defer the request and ask for more information from the referring clinician.

6. **Emergency powers**

6.1 Should the case need IFR Panel consideration the urgent decision will be made by virtual discussion, via email or phone between the Panel members using the same quoracy principles set out in section 3 (See IFR policy regarding urgent requests). The exercise of such powers shall be reported
and minuted at the next panel meeting.

7. Duties

7.1 Decision making at IFR panel- In considering the funding requests, the IFR Panel will aim to promote consistency, fairness and equity. Ensure effective use of resources, but also ensure that the decisions are based on clinical evidence. Improve the rigour of the processes ensuring decisions are rational, reasonable and transparent. Explore the grounds for any relevant clinical exceptionality presented and apply the IFR policy. Consider rare cases where no commissioning policy/service exists on an individual basis.

7.1.1 The Panel is not authorised to make case by case decision making for service developments where the patient represents a cohort of patients who may benefit from the same treatment. The IFR Panel shall routinely screen individual funding requests to see whether they represent a service development. The key question used to screen out as a service development will be ‘are there likely to be other similar patients in the CCG?’ If there is evidence that this patient is representative of other similar patients and forms a cohort, the request will be considered on an individual basis (as per IFR policy) but the provider will be requested to follow normal procedures for introducing new services, in line with the CCG’s Principles.

7.1.2 The IFR Panel is not required to accept the views expressed by the patient or the requesting clinicians concerning the likely clinical outcomes for the individual patient of the proposed treatment. The Panel is entitled to reach its own views on the likely clinical outcomes for the individual patient of the proposed treatment; and the quality of the evidence to support that decision and/or the degree of confidence that the Panel has about the likelihood of the proposed treatment delivering the proposed clinical outcomes for the individual patient.

7.1.3 The IFR Panel shall be entitled, but not obliged to commission its own reports from any duly qualified or experienced clinician, medical scientist or other person having relevant skills concerning the case that is being made that the treatment is likely to be clinically effective in the case of the individual patient.

7.1.4 The Panel shall be entitled to approve requests on the basis of exceptionality in line with the IFR policy.

7.1.5 The IFR panel will be audio recorded with the sole purpose of forming the response letter. This will form the minutes for the meeting. Audio recordings are immediately deleted after the panel once the minutes and response letter are agreed.

8. Reporting arrangements to the Governing Body

8.1 The IFR panel will report any significant issues and risks arising to the executive team via the IFR
quarterly report.

9. Reporting arrangements of other Committees and Groups

9.1 The IFR panel does not feed into any other committees and/or groups.

10. Annual review of the IFR panel

10.1 The IFR panel will undertake a biyearly self-assessment to:

- Review that these Terms of Reference have been complied with and whether they remain fit for purpose;
- Determine whether its planned activities and responsibilities for the previous year have been sufficiently discharged; and,
- Recommend any changes and/or actions it considers necessary, in respect of the above.
- Provide the Governing Body with an annual report, which details the outcome of the annual review.

11. Committee servicing

11.1 The IFR panel shall be supported administratively by the Clinical Funding Coordinator and Clinical decisions Nurse (or other nominated representative), whose duties in this respect will include:

- Prepare clinical cases and inform panel members not less than 5 working days before the meeting.
- The funding coordinator will seek agreement of the Agenda with the Clinical decisions Nurse and collation of papers in-line with the IFR Policy.
- Providing written notice of meetings to panel members, and the papers, not less than 5 working days before the meeting;
- Taking the minutes and keeping a record of matters arising and issues to be carried forward;
- Producing a single document to track the panels agreed actions and report progress to the panel;
- Producing draft minutes for approval within 5 working days of the meeting.
Appendix 5

Individual Funding Requests Team Tel: 01707 369681

PLEASE SEND FORMS ELECTRONICALLY TO:
Email: ifr.hertfordshire@nhs.net

We would encourage you to complete the forms electronically (the space given for answers can expand to fit any amount of information) and then send by email. Forms submitted via email need to have the electronic signature.

This document is available in other languages, and alternative formats on request.

If you have any problems or difficulties completing this form please contact the IFR team for assistance

Clinician Requesting Funding:

Contact details:
Tel No and Bleep:
Email:
Address:

Name of Trust providing treatment:

Specialty:

What is the Funding request for:

Submission Date:
How urgent is this request? Most urgent / Immediate/ Routine

Most Urgent – Decision needed within a week as the patient's life may be in danger

Immediate – Decision needed within 3 weeks as delay will not be clinically appropriate

Routine – Decision needed in 4 to 6 weeks

For treatments that are urgently required, where significant harm may occur through delay, it must be provided to the patient and retrospective approval for funding should be sought; treatment provided in this way may subsequently not be funded.

Signature of requesting clinician & date:

Date funding request received by the CCG:
(For CCG use only – the clock starts from this date)

The CCG response of how this request will be processed will be sent within 3 working days.

ALL FIELDS MUST BE COMPLETED

Name of Patient:

Date of birth:

NHS number:

Hospital number:

Address:

Registered GP Name:
GP Address
GP Tel No.
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<table>
<thead>
<tr>
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<tbody>
<tr>
<td><strong>1. Patient Diagnosis</strong></td>
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<tr>
<td>Please attach details of relevant clinical correspondence and background information.</td>
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<td><strong>2. Please list other co-existing conditions</strong></td>
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<tr>
<td>To what extent is each of these likely to improve or impair the patient's response to the intervention for which funding has been requested?</td>
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<tr>
<td><strong>3. Treatment / management so far</strong></td>
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<tr>
<td>Include summary of previous intervention(s) for condition to be treated.</td>
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<tr>
<td><strong>4. Description of proposed treatment</strong></td>
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<tr>
<td>5. Why choose this particular treatment over other options?</td>
<td></td>
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<tr>
<td>6. Does it meet local guidance?</td>
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<tr>
<td>(Please specify how) If yes please provide brief summary and/or reference of the relevant paragraphs.</td>
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<tr>
<td>7. Does it meet national guidance (e.g. NICE) Please specify how.</td>
<td></td>
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<tr>
<td>If yes please provide brief summary and/or reference of the relevant paragraphs.</td>
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<tr>
<td>8. What is the evidence to support the use of the proposed intervention?</td>
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<tr>
<td>What harms are associated with this treatment?</td>
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<tr>
<td>Give information about NNT, NNH. For example a systematic review, major RCT or other research evidence. Please attach copies of literature or relevant paragraphs.</td>
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<tr>
<td>9. If this is a drug, when was this request approved by the Trust’s Drug and Therapeutic Committee or equivalent and for what indication?</td>
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| **10. What are the specific goals and expected outcomes of this treatment for this patient?** | **Please quantify the added benefits of using this treatment compared to the alternative options.**  
E.g. QOL, life expectancy, impact on or facilitating subsequent treatment, etc.  
NB in the case of cancer patients, please consider attaching a summary of PEPSI-COLA holistic assessment where appropriate  
In the case of life-extending, as opposed to curative cancer treatments please provide assurance that the patient is aware of the likely outcomes of treatment and alternatives. |
| **11. What other treatment options are available for this condition?** | **If any, please provide details and state reasons why they are not being considered in this case** |
| **12. What are the implications of not providing this intervention for the patient or carer?** | **For Patient:**  
E.g. potential future illness or disability or costs.  
**For Carer:** |
| **13. Is there any information on the** |   |
13. Cost effectiveness of this intervention?

If yes, please provide details

14. Please state the estimated duration and total costs (cost of drug / procedure and services)

The Panel is required to consider the anticipated health gain and justify the extra cost for this treatment

15. Please state any cost savings to be gained from this procedure such as likely downstream procedures / admissions avoided. When would you expect these savings to be realised against current treatment costs?

16. If this is not a one-off treatment or procedure, please set out by whom treatment effectiveness will be reviewed, what are the criteria to measure effectiveness, when to measure these and criteria to stop treatment.

17. What are the exceptional circumstances, if any, that would merit consideration

It is important that such circumstances are fully articulated (please see definition)
footnote)

18. If this is a drug that is secondary care initiated and then continued in primary care, have appropriate shared care protocols been agreed?
If yes please provide details

19. Is the requested intervention part of a clinical trial with LREC approval?
If yes please attach trial protocol. What does the trial protocol say about continuity of treatment after end of trial?

20. Location of proposed intervention.
(E.g. which hospital, treatment centre).
Are there appropriate clinical governance systems in place?

21. Please state the number of cases submitted for exceptional funding of this intervention by the Trust in the last 12 months. For Provider Trusts only

22. How many other similar patients you may see over the next 12 months.
For Provider Trusts only

23. Please declare any potential conflicts of interest with respect to any contractual arrangement.
   Support in research projects should also be declared.

24. Is the patient aware of this referral and the contents of this form and supporting documents?

Signature of requesting clinician  Date:

Policy on Exceptionality

The CCG does not offer treatment to a named individual that would not be offered to all patients with equal clinical need.

In making a good case for special consideration, it needs to be demonstrated that:
   The patient is significantly different to the general population of patients with the condition in question; and

   The patient is likely to gain significantly more benefit from the intervention than might be normally expected for patients with that condition.

The fact that a treatment is likely to be efficacious for a patient is not, in itself, a basis for exceptionality.

Psychological issues are not considered as grounds for exceptionality. This is line with the Bedfordshire and Hertfordshire Priorities Forum guidance and based on findings from


Appeals process
An appeal process allows the case to be re-considered and allows the CCG to examine its own processes to check that they are legally and clinically robust. If the clinician does not agree with the Panel’s decision, the first step should be to phone or email the Individual Funding Request Administrator, to get more details about the appeals process. If you wish to proceed further, you need to apply in writing setting out the reasons for the appeal within 30 days of written notification of the outcome of the first appeal.

East and North Hertfordshire Clinical Commissioning Group
Charter House
Welwyn Garden City
Hertfordshire
AL8 6JL
## 1. Policy

<table>
<thead>
<tr>
<th>Title: Individual Funding Request &amp; Prior Approval</th>
<th>EIA Completion Details</th>
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</thead>
<tbody>
<tr>
<td>□ Proposed</td>
<td>❑ Existing</td>
</tr>
<tr>
<td>Date of Completion: 8/8/16</td>
<td>Names &amp; Titles of staff involved in completing the EIA: Geraldine Woods Clinical Decision Nurse Manager</td>
</tr>
<tr>
<td>Review Date: 8/8/18</td>
<td></td>
</tr>
</tbody>
</table>

## 2. Details of the Policy. Who is likely to be affected by this policy?

<table>
<thead>
<tr>
<th>Staff</th>
<th>Patients</th>
<th>Public</th>
</tr>
</thead>
</table>

## 3. Impact on Groups with Protected Characteristics

<table>
<thead>
<tr>
<th>Probable impact on group?</th>
<th>High, Medium or Low</th>
<th>Please explain your answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Positive</td>
<td>Adverse</td>
<td>None</td>
</tr>
<tr>
<td>Age</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Being married or in a civil partnership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disability (inc. learning difficulties, physical disability, sensory impairment)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having just had a baby or being pregnant</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race, (inc. ethnicity, nationality, language)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Religion or belief</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sex (inc. being a transsexual person)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No impact on any of the groups above.</td>
<td>Please explain and provide evidence</td>
<td></td>
</tr>
</tbody>
</table>

## 4. Which equality legislative Act applies to the policy?

| ❑ Human Rights Act 1998 | ☐ Mental Health Act 1983 |
| ☑ Equality Act 2010 | ☐ Mental Capacity Act 2005 |
| ☐ Health & Safety Regulations |

## 5. How could the identified adverse effects be minimised or eradicated?

## 6. How is the effect of the policy on different Impact Groups going to be monitored?
### Appendix 7
#### Privacy Impact Assessment Stage 1 Screening

<table>
<thead>
<tr>
<th>1. Policy</th>
<th>PIA Completion Details</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Title:</strong> Individual Funding Request &amp; Prior Approval</td>
<td>Names &amp; Titles of staff involved in completing the PIA: Geraldine Woods Clinical Decision Nurse Manager</td>
</tr>
<tr>
<td>Proposed</td>
<td>Existing</td>
</tr>
<tr>
<td>Date of Completion: 8/8/16</td>
<td>Geraldine Woods Clinical Decision Nurse Manager</td>
</tr>
<tr>
<td>Review Date: 8/8/18</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Details of the Policy. Who is likely to be affected by this policy?</th>
<th>Yes</th>
<th>No</th>
<th>Please explain your answers</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Technology</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does the policy apply new or additional information technologies that have the potential for privacy intrusion? (Example: use of smartcards)</td>
<td>Yes</td>
<td>No</td>
<td>All staff are trained in information governance and provided with in house training.</td>
</tr>
</tbody>
</table>

| **Identity** | | | |
| By adhering to the policy does it involve the use or re-use of existing identifiers, intrusive identification or authentication? (Example: digital signatures, presentation of identity documents, biometrics etc.) | Yes | No | Digital signatures are used on outgoing letters. All letters are double checked before sending. |

| **Multiple Organisations** | | | |
| Does the policy affect multiple organisations? (Example: joint working initiatives with other government departments or private sector organisations) | No | Yes |  |

| **Data** | | | |
| By adhering to the policy is there likelihood that the data handling processes are changed? (Example: this would include a more intensive processing of data than that which was originally expected) | No | Yes |  |

If Yes to any of the above have the risks been assessed, can they be evidenced, has the policy content and its implications been understood and approved by the department?