the Clinical Commissioning Groups for
Great Yarmouth and Waveney,
North Norfolk, South Norfolk
West Norfolk and Norwich

NHS NORFOLK & WAVENEY CCGs
INDIVIDUAL FUNDING REQUEST (IFR) POLICY
NON-DRUGS

Administration Process

Contents

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1. Introduction

The Clinical Commissioning Groups in Norfolk & Waveney wish to operate a policy for decision making in respect of non-drug IFRs. This document sets out the operating policy.

Clinicians, on behalf of their patients, are entitled to make a request (an "individual funding request") to the IFR Panel for treatment to be funded by the CCG that is not normally commissioned by the CCG under defined conditions. Namely;

- The request does not constitute a service development

  AND

- The patient is suffering from a medical condition for which the CCG has a policy but where the patient's particular clinical circumstances fall outside the criteria set out in the existing commissioning policy for funding the requested treatment – a request for exceptional funding

  OR

- The patient is suffering from a medical condition, or requesting a treatment, for which the Norfolk & Waveney CCGs have no policy – a request for individual funding

  OR

- The patient has a rare clinical circumstance, this rendering it impossible to carry out clinical trials, and for whom the clinician wishes to use an existing treatment on an experimental basis.

2. Consultation Process

All affected Providers, Primary Care and other appropriate stakeholders will be given the opportunity to engage in the policy development process via the Clinical Policy Development Group process. The Clinical Policy Development Group will consider all feedback received and where appropriate, are willing to make amendments as suggested.

3. Acute Contract

Revisions are to be agreed using the contract variation in the National Contract. Once agreement is reached between the Provider and the Commissioner, at every amended/new phase, a contract variation proposal to the NHS Standard Acute Contract will be made detailing the changes, updated policy and timescales for implementation in line with relevant contract clauses.

4. Clinical Thresholds Policy

Once the procedures and thresholds for any new or existing phase are decided the Clinical Thresholds Policy will be amended, uploaded on to Knowledge Anglia and disseminated out to appropriate Providers and stakeholders.

5. Knowledge Anglia

The IFR policy and the IFR template can be found on the Knowledge Anglia website at: Individual Funding Requests: commissioning policy and forms - All NWCCGs (Feb 2013)

6. Individual Funding Request Process – Providers, including General Practice

Providers, including General Practice, are to ensure the following;

- The Clinical Thresholds Policy, IFR template and other associated documentation is shared and communicated internally with all relevant staff to ensure compliance with the Policy.
- Clinicians to take the CCG commissioning policies into account in the advice and guidance given to patients prior to making the decision to treat a patient.
- The IFR process is discussed with the patient in clinic to ensure the patient understands the process regarding funding requirements and consent to share information. The IFR leaflet should be given to the patient to assist with this discussion.
- An IFR form must be completed by the relevant supporting clinician for the patient.
- The completed IFR form should be submitted to NEL CSU using the agreed IFR template.
- The IFR template must be completed to indicate patient consent. If this is not confirmed, the form will be returned to the supporting clinician by the IFR Team.
- Once a request has been submitted for funding, the clinician will respond to queries &/or requests for further information by NEL CSU or the designated CCG in a timely manner.
- If an IFR is returned to the referring clinician approved, the patient should be referred or listed for the requested procedure and the relevant authorisation number recorded by the hospital according to their local policies and procedures.
- The clinician must advise the patient of the outcome.
- If an IFR is returned to the referring clinician declined, the patient should not be referred or listed for the procedure.
- The clinician must advise the patient of the outcome.
- Full co-operation and participation in the reconciliation of data to ensure activity undertaken by Providers is in line with the Clinical Thresholds Policy.

7. Individual Funding Request Process – NEL CSU

Please see attached Appendix A for a flowchart of the NEL CSU IFR process. In summary;

- IFR Panels will be administered by NEL Commissioning Support Unit.
- IFR Panels will be held on a monthly basis.
- The IFR Team will acknowledge new requests within 5 working days.
- The IFR Team will complete administrative triage of requests within 15 working days.
- The IFR Team will turnaround requests from receipt to decision letter within 40 working days (this timeframe will be subject to any requested information awaited from the referrer/clinician/patient).
- The referring clinician making the request will be informed of the IFR Panel's decision within 5 working days of the date of the panel meeting.
- IFRs which have been rejected can be appealed by the referring clinician on behalf of the patient. There are separate timeframes which apply to appeals.
- The IFR Team will arrange for either an IFR Review Panel or IFR Appeals Panel (dependent on whether a review or appeal has been asked for) to be set up following receipt of a formal request, within the appropriate timeframes and guidelines.
- IFR Review Panel – Where the IFR Panel has declined a request or has approved treatment subject to conditions, the patient shall be entitled to ask that the decision of the IFR Panel be reviewed. The clinician must clearly outline the reasons as to why a review is requested:

    - That further evidence can be provided by the referring clinician and is duely submitted; and/or
    - It was in the clinician's opinion a decision which no reasonable IFR Panel would have reached.
- IFR Appeals Panel – Where all relevant information was available to the IFR Panel when the decision was made, but the referring clinician remains dissatisfied with the decision, they may request that it be reviewed by an IFR Appeals Panel on one of the following grounds only;
    - Due process was not followed; or
    - The IFR panel failed to give a clear rationale for it's decision.
- For requests marked as urgent, the IFR Panel will aim to make a decision within 10 working days of receipt of the request (an urgent request is one which requires urgent consideration and a decision because the patient faces a substantial risk of death or significant harm if a decision is not made before the next scheduled meeting of the IFR Panel). If the referring clinician considers that treatment cannot be delayed and decides to treat immediately then the cost of such treatment is incurred at the risk of the Provider.

8. Individual Funding Request Process – Norfolk & Waveney CCGs

Norfolk & Waveney CCGs will ensure the following;

- The CCGs will appoint a chair for the IFR (non-drugs) Panel.
- The CCGs will ensure there is clinical representation from their respective organisations at each IFR Panel meeting. The CCG representative will have delegated authority to make decisions on behalf of their individual CCG.
- Norfolk County Council will provide Public Health advice on the IFR Panel as part of the Core Offer to CCGs.

9. Information Governance

All individual funding requests will be reviewed by NEL Commissioning Support Unit (CSU) on behalf of the Clinical Commissioning Group (CCG) as the statutory body responsible for funding decisions. The individual funding request form and any other supporting information supplied may therefore be shared with the CCG or other trusted organisations legitimately acting on behalf of the CCG. Personal information may be retained only for the purposes of the individual funding request and, in some cases, may be used for invoicing and payment reconciliation and the patient's medical records may be used for the purposes of quality audit which will be completed by a Health Professional. Anonymised information may also be shared as part of CCG reporting processes.

10. IFR Form

The IFR form will be reviewed and updated accordingly as each phase of the Clinical Thresholds Policy is rolled out. The template will be sent to Providers and General Practice and an appropriate timeline agreed for implementation.

11. Statement

The CCGs have a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as outlined in the Health and Social Care Act 2012.The CCGs are committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), marriage and civil partnership, pregnancy and maternity, race, religion or belief or sexual orientation. In carrying out its functions, the CCGs will have due regard of the Equality Act 2010, the NHS Constitution and the Human Rights Act 1998.