NHS Devon

Standard Operating Procedure: Individual Funding Requests

Contents

Standard Operating Procedure Statement

This document sets out how the process for managing individual funding requests (IFRs) for NHS Devon ICB (hereafter referred to as the ICB) will operate. Such requests are managed in line with the ICB's IFR Policy.

Equality and Health Inequalities statement

Promoting equality and addressing health inequalities are at the heart of the ICB's values. Throughout the development of the policies and processes cited in this document, we have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities
- Given equal consideration to physical and mental health.

Introduction

1. This document sets out how the process for managing individual funding requests (IFRs) for the ICB will operate. The intended audience is those responsible for the operation of the IFR process and related decision making, and also for those wishing to apply for funding of treatments under the IFR policy. It should be read in conjunction with the following ICB commissioning policies:

    - Individual Funding Request Policy
    - NHS Devon ICB constitution
    - Defining the boundaries between NHS and private healthcare Policy
    - Confidentiality & Data Protection Act Policy

2. The ICB is the statutory body responsible for the consideration of IFRs for a range of commissioned services. The policies listed above describe the underpinning of the ICB policy framework and apply to all services for which the ICB is the responsible commissioner. IFRs relating to another organisation's commissioning responsibility (e.g. NHS England) will not be accepted and the requestor will be advised to resubmit to the appropriate commissioner.

3. An IFR can be one of three types:

    - An individual funding request for an intervention which is not routinely commissioned (Type 1)
    - An exceptional treatment request for an intervention which is routinely commissioned if specific criteria are met; however, the applicant does not meet these criteria (Type 2)

- A request for treatment falling under the cosmetic policy, under which cosmetic procedures are not routinely commissioned (Type 3)

4. The Panel will also review requests for funding in the EEA under the European Directive in liaison with the NHS England and Improvement Cross Border Healthcare Team. A decision will be taken on whether there is evidence that the request meets the criteria as set out in 'S2 and Directive Routes: Guidance for Commissioners'

   In the absence of such evidence, approval will not be given unless exceptional clinical circumstances pertain.

5. There is a single administrative process for the operational management of all IFRs. This process is the remit of an IFR administrative team. Decisions are made by IFR Panels and Treatment Decision Review Panels. Members participate on a rota basis promoting consistency and equity in decision making.

IFR timescales and urgent cases

6. The standard period for providing a substantive response to an IFR (i.e. a decision on the funding request) is a maximum period of 30 working days from the date of the receipt of a fully completed IFR form to the date the requesting clinician is informed of the outcome (inclusive).

7. This 30 working day period discounts any working days where the IFR team are awaiting information sought from the requesting clinician. At any point in the IFR process, the IFR team can ask for further information to clarify the request. If the requester does not provide a response to the IFR team within 2 months, the request record will be closed and the requester informed. Such a request can be reopened on submission of the additional information.

8. IFRs will be considered carefully and with the benefit of all the required information.

   Clinicians are encouraged to submit IFRs in a timely manner which has regard to the standard decision-making timescale set out above. As far as possible clinicians should avoid waiting until a case becomes clinically urgent before submitting an IFR. In this context, references to clinical urgency are to risks of severe adverse clinical outcome to the individual patient (death or significant irreversible loss of function) if a decision on the IFR is not provided within a 30-working day timescale. These risks should be made explicit in the application together with the reason that the application has not been made earlier. The IFR team will prioritise urgent requests proportionately to their degree of urgency.

9. The IFR panel will meet as required, approximately every month as determined by volume of cases. A panel can be convened for clinically urgent cases as defined above. This is subject to the same quoracy rules as the standard panel.

10. The ICB makes funding decisions in line with the IFR policy however, the clinical responsibility and decision to treat a patient lies with the treating clinician and/or the Trust. If, pending the outcome of any IFR application, a patient is presenting as clinically urgent, clinicians should seek advice from their Medical Director.

11. Should a decision be made by the provider to start treating a patient due to clinical urgency, and an IFR application is still desired, a completed IFR application must be submitted to the IFR team within two working days of the intervention first taking place. The IFR team will not process applications that fall outside of this timeline. If the IFR has been received within this timeline and the IFR Panel subsequently supports the funding of the IFR request, treatment approval will be back dated to the date of first treatment. The provider Trust Medical Director will be notified if the IFR Panel decline the request.

The Individual Funding Request (IFR) Process

12. The ICB standard IFR application form must be used for all requests. The request will not be progressed if not completed on the ICB IFR form. This form can be found on the ICB website here, alongside the published IFR policy and guidance for clinicians. The MS word version should be submitted to the IFR team to d-icb.ifr@nhs.net.

13. Submissions on IFR forms from other commissioning organisations cannot progress through the NHS Devon ICB IFR process. This is to ensure that all IFR requests contain the same depth and range of information and can be equitably presented for consideration.

14. Every section in the IFR form needs to be completed in order for the request to progress. Any application form which is incomplete will be returned to the requester for completion and the application will not progress any further until completed and resubmitted.

15. A request must come from an NHS healthcare professional currently and directly involved in the care of the patient. This should usually be the most senior and appropriate clinician responsible for the care of the patient. Applications for secondary care interventions should usually be from consultant level and should be from the clinician with responsibility for delivering the proposed treatment, if it is proposed to be delivered locally. This is because they are most likely to be able to supply the evidence for effectiveness and identify any reasons for clinical exceptionality.

    Individual funding requests made from primary care on behalf of secondary care clinicians must clearly explain why the application is coming from them and must include supporting evidence from secondary care on the appropriateness and evidence of the effectiveness of the procedure.

16. Trust support is mandatory for applications from secondary care. The application will not progress in the absence of this support. The application will not progress in the absence of this support. Requests should be supported by a relevant multidisciplinary team (MDT) and, for applications in relation to medicines, the trust Drugs and Therapeutics Committee or equivalent. It is anticipated that Drugs and Therapeutics Committee(s) (or equivalent) will include representation from Chief Pharmacist and Medical Director or their deputies. It is mandatory to provide copies of the MDT/DTC minutes of the discussion to the IFR team, alongside the application.

17. Requests will not be accepted from a patient or their non-clinical representative. This is for two reasons. Firstly, it is because it is unlikely that the patient would be in possession of the technical clinical detail that is necessary for consideration of the case and secondly, the process is to enable an NHS clinician to apply for NHS funding to support the provision of treatment to the patient.

18. The patient / patient's representative or guardian can submit information in support of the request. A patient representative is a person who has the individual's consent, or a person who has the legal authority to take decisions about medical care and treatment on behalf of a patient who lacks capacity to take these decisions themselves. Such information can only be considered if it relates to the patient's clinical circumstances. Non-clinical factors cannot be taken into account. This is described in more detail in the IFR Policy and should not be submitted.

19. Unless the following paragraph applies, the requesting clinician should complete the consent section of the form to confirm that the patient is aware of the application and has agreed to their personal clinical information being shared. The ICB guide 'Individual funding requests – information for patients' (Appendix 2) should be given to patients as part of the consent process to ensure that the patient has received sufficient information to support informed consent.

20. If the requesting clinician considers that the patient does not have capacity to give informed consent this should be indicated and explained in the IFR form. In these circumstances the submission should also confirm whether consent has been obtained instead from a person with the legal authority to take decisions about medical care and treatment, and if not, the basis on which the IFR is nevertheless being made by the clinician. Submissions which do not include either confirmation of appropriate informed consent by the patient or a patient representative, or a satisfactory clinical explanation as to why the application is being made without consent cannot be processed and must be returned for amendment.

21. IFR applications should be supported by published electronic or paper copies of the clinical research evidence papers or other documents (e.g. supporting clinical letters). Evidence should directly support the use of the requested treatment for the condition in cases such as the patient in question, and the requesting clinician should highlight links between the evidence submitted and the particular patient circumstances. The IFR team is unable to accept abstracts or web links.

22. If a request for treatment is received that is not the commissioning responsibility of the ICB, the requester will be advised accordingly, and the case record closed.

23. The IFR team will consider whether existing directly commissioned services would cover the requested treatment. If commissioning arrangements exist, the IFR team will assess whether the requested treatment specifically falls outside the relevant commissioning criteria. The IFR team will be supported in this by commissioning and clinical colleagues. Where commissioning arrangements exist which may apply to the patient the request will be returned to the requester with advice to review the case against the commissioning arrangements and will not progress further as an IFR until this is completed.

The IFR Panel

24. IFR Panel meetings and membership are scheduled on a rolling programme in advance. The Terms of Reference for the IFR Panel are in Appendix 3.

25. When a request is referred for consideration by the IFR Panel, the IFR team will book the case in to the next meeting that has time available to consider the case. The case will be prepared for panel.

26. The patient / patient representative, or their clinical or non-clinical representative, is not entitled to attend the panel in person. This is to ensure objective decision making by the IFR Panel in a fair and equitable manner to all patients.

27. The IFR team will provide the IFR Panel members with an information pack which will include the original request form, any supporting documents or correspondence, any photographs provided, and the patient impact statement if available. This will be by an electronic portal and will be available at least 2 working days in advance of the Panel.

28. The Panel members individually review the cases prior to the Panel meeting. The IFR Panel will then discuss the case in relation to the criteria as described in the IFR Policy and reach a decision on whether funding can be approved.

IFR Panel decision making

29. The IFR Panel works on behalf of the ICB and makes decisions in respect of funding for individual cases. It is not the role of the IFR Panel, by its decisions, to make clinical commissioning policy on behalf of the ICB.

30. The IFR Panel will apply the criteria in the IFR Policy and the IFR team will record the decision of the IFR Panel. The panel will be clear about the rationale for the decision in relation to each criterion. A checklist is provided for use (Appendix 4). A summary statement will be agreed by the IFR Panel and this will support communication of the decision.

31. The completed documentation for each case, together with the record of attendance and any general discussion or business of the IFR Panel, will form the business notes of the meeting. These will be agreed and signed off by the Chair.

32. Any notes made by individual panel members will be destroyed confidentially after the meeting.

Outcome at IFR Panel

33. The options available to the IFR Panel are:

a) To approve funding if the patient and the treatment requested meet the criteria outlined in the IFR Policy. Where an IFR is approved, and if appropriate, the IFR team will require an update on the clinical outcome of treatment from the requesting clinician in order to determine whether it has resulted in the anticipated level of benefit to the patient. An appropriate review date will be determined by the IFR Panel and recorded. The IFR system will flag when review dates are due. The IFR team will ensure that feedback on outcomes is requested. This information is essential when processing requests for continuation of treatment. Clinicians are required to comply with such requests for information on the outcome of treatment for their patients. Funding is conditional on this.

b) To decline funding on one of two grounds:

- That there is insufficient information presented to enable the panel to reach a decision

- That the request does not meet the criteria outlined in the IFR Policy.

34. The IFR Panel may wish to seek further information to clarify specific issues relating to the case. This may be from the requester or further clinical advice from an independent clinician. Where this is the case the IFR Panel Chair will clearly outline the action to be taken. Any advice received from independent clinicians will be shared with the requester at the same time that the IFR outcome is communicated.

35. Where an IFR is declined by the IFR Panel, a written response will be sent to the referring clinician explaining the reasons for the decision and outlining the options that are available. This will usually be copied to the patient's GP if he/she is not the referrer. The patient / parent or patient representative will not be notified of the outcome by the Panel directly as the responsibility for explaining the reasons for the decision (based on the information provided by the ICB) and answering any questions which the patient may have about the request or their clinical options will lie with the requesting clinician.

36. Queries or complaints can be made at any point in the IFR process.

Tel : 0300 123 1672

Email : d-icb.patientexperience@nhs.net

Reconsideration by the IFR Panel

37. If a requesting clinician believes they have significant new clinical evidence that they did not provide in their first submission, and which they consider may have made a difference to the decision if it had been available to the IFR Panel, or if the IFR Panel sought additional advice from independent clinicians, and the requesting clinician disagrees with that advice, then the clinician can submit the new clinical evidence or explain the basis of their disagreement and request reconsideration of the decision by the Panel.

38. If the new information is considered, by the Chair of the IFR Panel, to be material the case will be presented at the next appropriate IFR Panel. The outcome of the panel reconsideration will be communicated as described for the first IFR Panel meeting.

39. With IFR reconsiderations, the focus of the IFR Panel discussion will be on the new information submitted by the clinician and this will be made clear in the rationale for the decision. The focus of the IFR Panel discussion will be on the content of the new information. A reversal of an earlier decision will not be on the basis of previously provided information only.

Review of IFR Panel Decisions – the Treatment Decision Review Panel

Requests for a Process Review of the IFR Panel Decision

40. The referring clinician, the patient or a patient representative may make a request to the ICB for a process review of an IFR Panel decision.

41. The request should be made via to:

Email: d-icb.ifr@nhs.net

42. Such requests must be made within 30 working days of the date of when the decision is communicated to the patient. The Chair of the Panel may exercise discretion in accepting a request for a review outside this time limit if there is good reason to do so.

43. Requests for a review should be clearly marked as a ‘Request for a Treatment Decision Review’ and sent via the IFR team using the contact details in the IFR outcome letter.

44. The request for review must be supported by the requesting clinician who will set out the grounds on which the IFR Panel decision is being challenged. A review can only be requested on the grounds set out in the IFR Policy.

45. In the circumstances of a legal challenge, an internal review of the process taken leading to a decision will automatically be triggered by the ICB.

Organisation of the Treatment Decision Review Panel (TDRP)

46. The TDRP will normally be convened within 6 weeks of the ICB accepting the case for a review.

47. The Terms of Reference for the TDRP are in Appendix 5. The role of the Panel is to determine whether the IFR Panel followed the procedures as written in the IFR SOP, properly considered the evidence presented to it, and came to a reasonable decision based on that evidence.

48. The TDRP will examine all of the papers and correspondence considered by the IFR Panel, the panel documentation, the decision letter and the grounds of appeal. They will examine the process followed by the IFR Panel and the decision it made. The TDRP will examine the issues raised on the grounds and the tests set out for a Process Review in the IFR Policy.

49. There will be no representation at the TDRP meeting from any member of the IFR Panel who sat on the date the decision was made or the referring clinician and / or the patient / patient representative. This is in order to ensure equity of decision making and to ensure that no individual is disadvantaged by being unable to present their own case. The TDRP will not consider new information (i.e. that was not before the IFR Panel, including on any reconsideration) or receive oral representations. If there is significant new information, not previously considered by the IFR Panel, it can only be referred and considered as set out in the 'Reconsideration by the IFR Panel' section above.

50. Reasons given for a review outcome will only refer to the IFR Policy as this is the basis on which the original IFR Panel decision is made.

Outcome of TDRP

51. The TDRP will be able to reach one of two decisions:

- Uphold the decision reached by the IFR Panel OR
- Refer the case back to the IFR Panel with detailed points for reconsideration.

52. The TDRP Chair will write to the referring clinician, the patient / patient representative and the patient's GP, and the IFR Panel Chair within 7 working days of the review meeting. This is to inform them of the outcome with the reasons for the Treatment Decision Review Panel decision.

53. If the TDRP determines that the IFR Panel should reconsider the case, the IFR Panel will consider it at the next available date following receipt of the letter by the Chair of the Treatment Decision Review Panel. The IFR Panel will reconsider its decision and in doing so will formally address the detailed points raised by the TDRP.

54. The IFR Panel is not bound to change its decision as a result of the TDRP's decision to refer the case back, but if the IFR Panel upholds the original decision, clear reasons must be given for not agreeing to fund the treatment request and addressing the TDRP's comments.

Monitoring and reporting of the IFR Process

55. A yearly report to the ICB's Quality and Assurance Committee will provide oversight of the key performance indicators for the IFR Process, as outlined in this document

56. Issues that need to be considered for policy development (by virtue of the IFR panel receiving several applications for the same condition or treatment) will be formally referred in writing to the clinical effectiveness team

Appendix One

Guidance on completing Individual Funding Request applications

General
The application form should be fully completed. Incomplete applications cannot be considered by the panel and will be returned to the referring clinician.

It is the referring clinician's responsibility to ensure that the appropriate information is provided to the IFR Panel. Insufficient information at best may lead to a delay in considering the application.

Clinical Correspondence
Copies of **all** clinical correspondence relevant to the condition/ funding request should be supplied.

Medication/Therapy
- Current pain relief (where the patient is experiencing pain due to the condition)
- Physiotherapy treatments undertaken for relevant conditions.
- Any other relevant medication or treatment

Psychological/counselling
A referral to specifically support a funding request **should not** be made. Details of on-going care from these services, if relevant, should be provided.

Non-clinical factors
Non-clinical factors will not be considered by the IFR panel. This includes age, marital status, employment, or information that does not have a direct connection with the patient's clinical circumstances. This information is irrelevant because it is an NHS value that its services are equally available to all and are determined only by clinical factors.

Patient Impact Statement
Patients are permitted to submit their own impact statement for consideration by the panel. Patients are advised to keep statements concise and relevant to grounds for exceptionality. If this is not submitted directly by the patient, patient consent should be evident. Patients should be aware that decisions are taken on the grounds of clinical exceptionality.

Clinical exceptionality
The IFR panel needs information to make a decision about clinical exceptionality:

Whether clinical exceptionality has been demonstrated, i.e. whether the patient is clearly clinically different to other patients with the same condition at the same stage of progression, **and** whether there is evidence to suggest that the patient is likely to derive significantly more clinical benefit from the treatment than other patients who are suffering from the same condition at the same stage of the condition's progression.

Applicants are requested to give the reasons they consider clinical exceptionality is demonstrated. If no reasons are given the application will not be reviewed.

Effectiveness and costs
The IFR panel review the application in relation to evidence of effectiveness and affordability:

- Sufficient evidence exists that the requested treatment is likely to be clinically effective for this individual patient.
- The costs of the requested treatment are considered proportionate and reasonable for the benefits expected. This is viewed with reference to the balance of costs and benefits usually expected for ICB funded treatments.

The fact that a patient:

- has exhausted all NHS treatment options available for a particular condition, **or**
- has not responded to or discontinued existing treatments due to side effects which are recognised and unfortunately predictable for a proportion of patients,

is unlikely, on its own, to be sufficient to demonstrate exceptional clinical circumstances.

To understand the balance of costs and benefits, referring clinicians should include current medication and ongoing management costs, where available.

Details requested for applications in relation to cosmetic and other specific policies:

Height, Weight, BMI
Required in all cases
Information describing exceptionality
Required in all cases
Photographs
Photographic evidence in support of an application is helpful to the panel in determining exceptionality. • A maximum of **4 recent photographs** will be accepted in support of an application (see Myhealth, Taking Medical Photographs for guidance) • **Please confirm the date the photographs were taken.** • Photographs should be in focus and taken at a reasonable distance from the subject. • Photographs for **breast procedures** should be taken in a standing position, not leaning forward, with **the arms held naturally** by the side of the body. Front and side views are required. • Photographs for **Pinnaplasty** should be taken at a reasonable distance from the subject as ears need to be seen in context. Front (including both ears), back and side views are required. • **Hair Removal:** include photographs taken **within 12 hours** of shaving/ waxing In the absence of photographs, a clear description of the extent of the problem will be required, including measurements.
Breast Procedures - All
Please provide the following **in all cases** • Photographs (please see guidance above) • Bra size (professionally fitted) • Difference in cup size (for asymmetry cases)
Varicose Veins
Please refer to the Varicose veins policy and provide the grade of the varicose veins.
Blepharoplasty
Please refer to the Blepharoplasty policy and provide visual fields.
Tonsillectomy
Please refer to the Tonsillectomy policy and document the number of episodes and severity in the past 1-3 years.
Assisted conception
Please refer to the Assisted Conception policy and provide age, BMI, smoking status, welfare of the child, previous children, relationship details, and details of any previous assisted conception

Appendix Two

Patient information leaflet

Introduction

The Integrated Care Board (ICB) in Devon is responsible for buying and paying for health services that are most effective and represent best value for money - this is called commissioning. The ICB has a limited amount of money to cover the whole population, and so this means that the ICB cannot commission all treatments or medications that might be available. The ICB wants to ensure that people with the greatest need receive the appropriate treatment and that outcomes for those in the poorest parts of society are improved the most.

There are some treatments or procedures which the ICB do not commission routinely. Usually this is because there is no or little evidence that the treatment offers clinical benefits to the patient. These are classed as 'low clinical value' policies and are not funded except in very specific circumstances. In other cases, costs and benefits are considered together, and the treatment may be available only to people with particular clinical circumstances, or after other things have been tried.

All commissioning pathways and polices can be found on the ICB website.

The ICB recognises that everyone is an individual and that their clinical circumstances may be different. Everyone has the opportunity to discuss with their doctor whether to request a treatment that is not routinely available through an Individual Funding Request (IFR); this leaflet outlines the process for making an application and what to do if you are unhappy with the process.

When can an individual funding request be made?

An individual funding request (IFR) is a request for treatment or medication that is not normally available on the NHS, either in general or in your particular circumstances. For example, you may not meet the criteria for a particular operation or treatment, but you and your GP or consultant consider that there are reasons why it should be available to you.

An individual funding request can be made for a treatment that is not routinely offered by the NHS:

- when your clinician believes that your clinical circumstances are clearly different to other patients with the same condition, and
- when there is a reason why you would respond differently to other patients - and therefore gain more clinical benefit from the treatment.

Who can make an application?

All applications to the IFR panel must be made by a clinician, usually the most senior clinician, who is directly involved in your care. Patients or their representatives cannot make an application directly as it is unlikely that they would be in possession of the relevant technical and clinical detail needed by the panel. The decision to be taken is about the use of NHS resources to give a clinical benefit. However, the IFR Panel will consider a statement in support of the application from patients or their representatives only if it relates to their clinical condition.

How is the application made?

There is a standard application form which must be completed by the referring clinician. Incomplete applications will be returned to the submitting clinician. Your consent will be requested for your information to be shared with the Panel and NHS staff.

What happens once my application has been submitted?

Your application will be considered by the next available panel, which meets monthly. Please note applications can only be considered when all relevant information has been provided by your referring clinician.

What does the panel consider?

In all cases the decision making takes into account:

- Clinical need
- Clinical and cost effectiveness
- Impact of refusal
- Exceptionality of clinical circumstances and of clinical benefit

If a commissioning policy or pathway exists, the panel will consider whether you have exceptional clinical circumstances that make you different from other people with the same condition and to whom the policy or pathway applies. Where no commissioning policy exists, the panel will also consider whether there is evidence that the treatment or medication would be clinically effective in your specific case.

It is important to understand that simply because the treatment or medication might be beneficial to patients is not sufficient, in itself, to fund the treatment. All the factors described above are considered as the ICB must be fair to everyone.

Can I attend the panel?

Patients, or their representatives are not able to attend the panel. This is because the decision is made purely on the clinical evidence and supporting information submitted.

How will I know the outcome of the panel?

The outcome of the panel will be communicated back to your clinician who submitted the application. You should allow up to 5 working days after the date of the panel for the outcome to be received. If you have not received an outcome, you should contact the clinician directly.

What happens if I am dissatisfied with the outcome of the panel?

If the IFR panel hasn't supported funding for a requested treatment, or if it has approved a treatment subject to conditions and you don't agree, you should speak to your clinician who may be able to request a review of the decision. The review can be requested if you and your clinician think that the process hasn't been followed correctly and must be made within 30 days of when you were informed of the decision.

What is the process for a review of the decision?

You, your representative, or the clinician who made the original application should make the request explaining the grounds for review.

You (or your representative with appropriate consent) may submit a statement to describe why you think there are grounds for a review, for example, the original evidence did not properly describe the clinical impact of your condition. The statement should be submitted with the request from the clinician.

If you request a review yourself, **you must have support for this from your clinician**.

The review panel will consider the review on the following basis:

- Whether the funding panel considered all of the original evidence correctly
- Whether there is new evidence since your case was considered that might change the original decision (this means your case may go back to the Individual Funding Panel)
- Whether the funding panel acted in accordance with the ICB policies

The review panel can uphold the Individual Funding Panel decision, or it can refer your case back for reconsideration with reasons why it considers this is the right thing to do. However, it cannot overturn the original decision.

If your situation changes or more clinical evidence becomes available about the effectiveness of your treatment, please discuss this with your clinician who may wish to make a repeat application, including any additional information for consideration by the IFR Panel.

How will I know the outcome of the Treatment Decision Review Panel?

The outcome of the Treatment Decision Review Panel will be communicated within 10 working days.

Should you remain dissatisfied, you are entitled to make a formal complaint. The formal complaint process cannot overturn the decision but will review the process followed and if fault is found, could recommend that your case is re-considered at the funding panel.

Following the outcome of the complaint there is no recourse to further local review, however you do have the right to present your complaint to the Parliamentary and Health Service Ombudsman should you remain dissatisfied.

Contact details

Panel Contacts (for Review Panel correspondence only)

Email: d-icb.ifr@nhs.net

Patient Experience (complaints and feedback)

You can ask for further information, give feedback or make a complaint to the Patient Advice and Complaints team:

Tel: 0300 123 1672

Email: d-icb.patientexperience@nhs.net

Appendix Three

Terms of Reference - *IFR Panel*

Individual Funding Request Panel Terms of Reference

1. Purpose

Individual Funding Request (IFR) Panel will consider individual requests for the ICB's commissioned treatments. The IFR Panel will work to the published IFR Policy, and each request will be processed by following the ICB's IFR Standard Operating Procedures (SOP). This will ensure that all requests are considered in a fair, consistent and transparent way, with decisions based on the available clinical evidence presented by the treating clinicians and the ICB's commissioning principles as evidenced in the NHS Devon ICB constitution.

2. Membership

The IFR Panel will have a core membership of:

- General Practitioner (GP) Chair with experience in assessing applications, evidence, clinical effectiveness and resource allocation
- General Practitioner clinical support with experience in assessing evidence, clinical effectiveness and resource allocation
- Public health consultant/specialist
- Commissioning manager(s) from NHS Devon ICB
- IFR Manager (1 attendee per panel; non-voting).
  The IFR Manager will be responsible for ensuring that the panel is consistent in process and decision making and run in accordance with the Terms of Reference. For example, that the panel dates are held in accordance with the agreed rota, core panel members are present, and information is distributed to the panel in advance of the panel date.

The Panel membership will be representative of a range of competencies, as described above. The IFR Manager will record the decision of the IFR Panel, and the Chair will record the reasons for the decision

In attendance:

- For particularly complex cases, other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider, may also be invited to participate in a Panel meeting.
- Public Health or general practitioner trainees can also contribute to the work of the IFR Panel as part of their training. They can attend panels as non-voting members.

3. Chair

A GP with suitable experience and skills will chair the meeting

4. Frequency

The IFR Panel will normally be held once a month as a virtual meeting. An Urgent/Exceptional IFR Panel may be convened at the request of the Chair in order to hear clinical urgent cases, with the same membership and quoracy as above.

5. Voting Rights

IFR Panel members will seek to reach decisions by consensus where possible, but if a consensus cannot be achieved, decisions will be taken by a majority vote with each panel member present having an equal vote. If the panel is equally split then the Chair of the Panel will have the casting vote.

6. Quoracy

The Panel will be quorate if three of the core members, including the Chair, are present. A minimum of two clinicians are required.

7. Documentation

IFRs will be entered onto the ICB's IFR database by the IFR team. It is the responsibility of the IFR team to manage all requests received and correspondence relating to each case as per the IFR Standard Operating Procedures.

All documentation that has been received regarding the case will be available to the Panel as per the SOP standards.

Patients will not be permitted to attend Panel meetings in person or be represented by any person at the meeting.

8. Authority

The IFR Panel works on behalf of the ICB Governing Body and makes decisions in respect of funding of individual cases. All Panels have delegated authority from the ICB. A request in excess of £50,000 p.a. will be passed to the appropriate executive director for approval. It is not the role of the IFR Panel to make commissioning policy on behalf of the ICB.

9. Accountability

The minutes of the IFR Panel will be approved by the Chair of the IFR Panel. The IFR Panel is accountable to the ICB quality committee.

10. Reporting and Monitoring

The IFR Case Manager will record the decision of the IFR Panel against each of the cases. A summary statement will be recorded as the minute of each case.

The IFR team will produce a yearly report which will be considered by the ICB quality committee. This will include information about the numbers of cases considered and the decisions made, the timeliness of decision making in relation to the standards set, and any lessons learnt from significant case review or audit.

11. Training

All members of the IFR Panel undertake appropriate training to ensure they are aware of their roles and responsibilities and that they have the necessary knowledge and skills to be an effective Panel member. IFR Panel members will be expected to attend an annual IFR training session to ensure that they maintain the appropriate skills and expertise to function effectively.

12. Review of Terms of Reference

The Terms of Reference of the Panel will be reviewed three yearly.

Appendix Four

IFR Panel Notes

Checklist

For all requests: are there any equality issues of relevance and have protected characteristics been considered?

Case details	
Intervention requested	

Requests where policy exists, including cosmetic requests	
Does the patient meet the commissioning policy or NICE guidance? If so, stop here.	
Is there evidence of clinical exceptionality? Describe what this is.	
Is the evidence sufficient to indicate that the proposed treatment is likely to be clinically effective in this person? Describe key areas of uncertainty.	
Is there evidence that exceptional benefit will be gained? Describe key areas of uncertainty and what the benefit will be.	
Is the intervention considered to be a good use of NHS resources in this case? Describe reasons.	
Rationale/ summary statement	

Final Decision	Approved	☐
	Not Approved	☐
	Pending	☐

Requests where no policy exists and intervention is locally commissioned via a clinical pathway or other route.		
Are there exceptional clinical reasons why the normal clinical pathway cannot be followed? Describe what these are.		
Is there evidence that exceptional benefit will be gained? Describe key areas of uncertainty and what the benefit will be.		
Is the intervention considered to be a good use of NHS resources ion this case? Describe reasons		
Rationale/ Summary statement		
Final Decision	Approved	☐
	Not Approved	☐
	Pending	☐

Requests where no policy exists and intervention is not normally funded.	
Is the treatment experimental? If so, should it be research funded? What is the rationale for considering this to be a clinically effective intervention? Describe key areas of uncertainty and decisions relating to these.	
Is there evidence of clinical exceptionality? Describe what this is.	
Is the evidence sufficient to indicate that the proposed treatment is likely to be clinically effective in this person? Describe key areas of uncertainty.	
Is there evidence that exceptional benefit will be gained? Describe key areas of uncertainty and what the benefit will be.	
Is there evidence about short- and long-term costs, or any cost savings? How certain are these?	

Is this intervention in this person considered to be a good use of NHS resources?		
Rationale		
Final Decision	Approved	☐
	Not Approved	☐
	Pending	☐

Appendix Five

Terms of Reference – Treatment Decision Review Panel

The Treatment Decision Review Panel Terms of Reference

1. Membership

The Treatment Decision Review Panel (TDRP) will be constituted from:

- A member of NHS Devon ICB executive team (or nominated deputy) who will chair the meeting. The Chair will have relevant and appropriate experience.
- Two senior clinicians from NHS Devon ICB who are aware of the panel process but have not previously considered the case.
- In attendance will be the Panel Administrator.

None of the panel members should have been involved in the case prior to the TDRP. The TDRP will not consider either new information that was not available to the IFR Panel or receive oral representations.

2. Purpose

The TDRP will determine whether the original decision is valid in terms of process followed, the evidence and factors considered, and the criteria applied. Applications for a review can be made by the referring clinician, the individual or anyone acting for the individual (with their consent). Lawyers may not make an application if acting in their legal capacity. If the person concerned lacks mental capacity to consent to someone acting on their behalf, the request may come from anyone interested in the person's care, i.e., a power of attorney or deputy, or anyone who would normally be consulted as part of a best interest decision about the person's care.

Applications made by individuals, or their representatives, must have the support of their referring clinician. Applications must indicate on what grounds, laid out below, they consider that refusal by the Commissioners to fund care, or a course of treatment, was flawed.

- The Individual Funding Request Panel (IFR) did not take into account and/or weigh all the relevant evidence appropriately
- The IFR Panel took into account irrelevant factors
- The IFR Panel came to a decision which no reasonable IFR Panel would have reached
- The IFR Panel did not act in accordance with proper procedures laid down or acted in a way that was not in accordance with relevant ICB policies.

An application cannot be made because the clinician and/or patient is unhappy with the outcome. Applications for review will only be considered if one or more grounds are specified.

The TDRP will consider whether the decision reached by the IFR Panel:

- was consistent with the ICB processes (as detailed in the IFR SOP) and commissioning principles
- had taken into account and weighed all the relevant evidence
- had not taken into account irrelevant factors
- indicates that members of the panel acted in good faith
- was a decision which a reasonable IFR Panel was entitled to reach.

The TDRP will be able to reach only one of two decisions:

- Uphold the decision reached by the IFR Panel
- Refer the case back to the IFR Panel with detailed points for reconsideration

Where the TDRP consider that there may have been a procedural error in the decision, i.e. a) that the decision may not have been consistent with the ICB commissioning principles, b) the IFR Panel may not have taken into account and weighed all the relevant evidence available to them, and / or c) the IFR Panel may have taken into account irrelevant factors or reached a decision which a reasonable IFR Panel was not entitled to reach, the TDRP shall refer the matter to the IFR Panel if they consider that there is an arguable case that requested treatment will be approved.

If the TDRP considers that, notwithstanding their decision on the procedure adopted by the IFR Panel, there is no arguable case that the decision would have been different, the TDRP shall uphold the decision of the IFR Panel.

3. Frequency of meetings

The TDRP will be scheduled as needed. The TDRP will be convened at the earliest opportunity; the intention is that this should be no later than six weeks from the date of a letter requesting a review. Ideally, all urgent cases will be considered by virtual meeting, but where the clinical urgency makes this impossible, communication by phone or e-mail will be deemed appropriate.

4. Voting Rights

The TDRP members will seek to reach a decision by consensus. If this is not possible a decision will be made by a vote with each member having one vote. In the event of a tie, the Chair will have the casting vote.

5. Quoracy

A minimum of three members of the Panel are required. This should include the Chair, and two clinicians.

6. Documentation

The TDRP will only consider the following written documentation:

- The original and any subsequent application forms
- Any additional supporting evidence considered by IFR Panel

- The IFR Panel process records including notes and minutes from the meetings
- The decision letter (s) and subsequent correspondence
- The grounds submitted by the referring clinician and/or the patient/ patient representative in their request for a review.

There will be no representation at the TDRP from the IFR Panel or the referring clinician and/or the patient/patient representative.

The TDRP will not consider new information or receive oral representations. If there is significant new information, not previously presented to and considered by the IFR Panel, it will be considered as set out in the section on reconsideration in the IFR SOP.

7. Authority

The TDRP has the responsibility to undertake a review of IFR Panel decisions in respect of funding of individual cases. It is not the role of the TDRP to reach a decision on funding of an Individual Funding Request nor does the Panel make clinical commissioning policy on behalf of the ICB.

8. Accountability

The TDRP works on behalf of the ICB Governing Body.

9. Reporting and Monitoring

The IFR Team will review on a regular basis any Review Panel requests and outcomes in order to evaluate the process and to consider any improvements that could be made.

10. Training

All members of the TDRP will have the appropriate skills knowledge and experience to ensure good decision making. Annual training will be offered to all panel members to maintain the appropriate skills and expertise to function effectively.

11. Review of Terms of Reference

The Terms of Reference of the Panel will be reviewed 3 yearly.