NHS
Merton
Clinical Commissioning Group

Report to Merton Clinical Commissioning Group Governing Body

Date of Meeting: 25 September 2014

Agenda No: 7.3 **Attachment: 08**

Title of Document: South London Individual Funding Requests (IFR) Policy v1.6	**Purpose of Report:** For Approval
Report Author: SLCSU	**Lead Director:** Lynn Street, Director of Quality
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Executive Summary: In the transition from PCT to CCG the South London CSU took over the administrative function for Individual Funding Requests and Effective Commissioning Initiative requests. The NHS SWL Policy for IFR and operating procedure was originally approved in October 2011. It was due for review on October 2012. In September 2013 an extension to the existing policy was approved by the SWL CCGs, pending a review that would result in a single South London IFR Policy by April 2014. In addition each of the 12 participating CCGs would have their own South London IFR Operating Policy which details variations to the general policy. Following a number of meetings held since October 2013 involving representatives from the 12 CCG IFR panels a final policy was produced by the SLCSU 2014 for ratification across the 12 CCGs.	
Key sections for particular note (paragraph/page), areas of concern etc: Appendix H detailing Merton CCG specific arrangements in respect of: Governance Arrangements Key Performance Indicators (KPIs) Deviations from the IFR Policy to include the process in which clinicians may have access to Patient Identifiable Data to allow clinician to clinician conversations to take place as part of the information gathering process.	
Recommendation(s): The Governing Body is asked to approve the policy to include deviations as detailed in Appendix H	
Committees which have previously discussed/agreed the report: • The original 2011 Policy was worked up by the SWL Prescribing Committee on behalf of the NHS South West London (cluster). On 18 July 2013 the SWL Prescribing Committee recommended that the SWL CCGs extend the current policy pending a review with a final South London Policy to be in operation by April 2014. The attached IFR Policy v1.6 plus Operating Procedure has been reviewed by the members of the Joint Merton, Sutton, Wandsworth & Kingston IFR Panel. • Drafts were considered by EMT on 13 August 2014 and 10 September 2014	

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Financial Implications: IFR requests will attract associated funding. A funding limit authorisation of £50K has been recommended for panel decisions.
Other Implications: (including patient and public involvement/Legal/Governance/ Risk/ Diversity/ Staffing) Relates to decision making in respect of Individual Funding Requests for healthcare.
How has the Patient voice been considered in development of this paper: Patient representation has been included in the development of a Patient Information Leaflet. Feedback from complaints related to the IFR process have led to amendments for Merton CCG IFR process as detailed in Appendix H.
Equality Analysis: Attached as appendix G
Information Privacy Issues: The policy does not contain patient identifiable information. Appendix H details the procedure in which clinicians may have access to Patient Identifiable Data.
Communication Plan: (including any implications under the Freedom of Information Act or NHS Constitution) For Governing Body approval and publication on the website. The changes will be communicated to GP practices along with the updated policy.

NHS

South London
Commissioning Support Unit

South London Individual Funding Requests (IFR) Policy – (v1.6)

List of South London Clinical Commissioning Groups:

Croydon CCG	**Kingston CCG**	**Merton CCG**
Sutton CCG	**Richmond CCG**	**Wandsworth CCG**
Bexley CCG	**Greenwich CCG**	**Lambeth CCG**
Lewisham CCG	**Southwark CCG**	**Bromley CCG**

Version Control Record:

Version	Description of Change(s)	Reason for Change	Author	Date
1.0	Creation of SL CSU IFR Policy	Creating a single standard policy for all SL CCGs	SL CSU	October 2013
1.1	Changes agreed at policy meeting on 15th November 2013	Discussion at meeting	SL CSU	December 2013
1.2	Changes agreed at policy meeting on 13th December 2013	Discussion at meeting	SL CSU	December 2013
1.3	Changes agreed at policy meeting on 24th January 2014	Discussion at meeting and feedback on V 1.2	SL CSU	February 2014
1.4	Changes made as a result of comments from IFR Policy group representatives and addition of equality statement	Review of changes made to V 1.3 and addition of equality statement to comply SLCSU with Equality Analysis Guidance	SLCSU	February 2014
1.5	Changes made following the release of V1.4. Amendment to section 3.0.2. Removal of rarity definition section 5.05. Amendment to section 6.2. Addition of other documents which have informed the policy.	Review of changes made to V 1.4	SLCSU	February 2014
1.6	Changes made following review of v1.5	Review of changes made to V 1.5	SLCSU	April 2014

Equality Statement:

This document demonstrates the organisation's commitment to create a positive culture of respect for all individuals, including staff, patients, their families and carers as well as community partners. The intention is, as required by the Equality Act 2010, to identify, remove or minimise discriminatory practice in the nine named protected characteristics of age, disability, sex, gender reassignment, pregnancy and maternity, race, sexual orientation, religion or belief, and marriage and civil partnership. It is also intended to use the Human Rights Act 1998 and to promote positive practice and value the diversity of all individuals and communities".

Contents

1 Introduction

1.0.1 Acute patient care for the population of South London is delivered through contracts with acute care providers which are managed by South London Commissioning Support Unit (SL CSU) on behalf of the Clinical Commissioning Groups (CCGs) within South London. The NHS exists to serve the needs of all patients but also has a statutory duty not to exceed the resources allocated to it by central government (NHS Act 2006). CCGs therefore need to use their limited resources effectively to obtain the best healthcare possible for their population. This sometimes results in difficult decisions having to be made about how resources should be prioritised when services are commissioned. There may be individual cases where a patient's needs cannot be met through existing contracts and commissioning arrangements but their GP or consultant considers that their patient has a need for an un-commissioned treatment and wishes to request funding on their patient's behalf. When requests occur, CCGs must have a robust and transparent system in place to assess and determine whether the request should be funded, demonstrating a rational decision making process for an individual patient. These are referred to as individual funding requests (IFRs).

1.0.2 The NHS Constitution[1] sets out the following public commitment:

'You have the right to expect local decisions on funding of drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.'

2 Purpose

2.0.1 A single, joint South London Individual Funding Request (IFR) Policy ensures that each South London CCG is operating to a model of best practice for IFRs; including governance, key performance indicators and statutory duties. This Policy sets out the principles, organisational structures and relationships that are required to be in place to assure CCGs that requests which fall outside the usual commissioning arrangements and contracts are dealt with efficiently, consistently, fairly and transparently.

3 Scope – Applications for Individual Funding Requests

3.0.1 This policy applies to all written requests for IFRs submitted on behalf of patients registered to South London CCGs by NHS contracted responsible clinicians (including GPs, Consultants and equivalent autonomous practitioners) who are responsible for administering the treatment. This policy excludes treatments and interventions managed and commissioned by NHS England.

[1] NHS Constitution 2012– seven key principles

3.0.2 This policy excludes requests for funding approval made after an episode of care has commenced or requests from patients for reimbursement of the costs of a treatment which has been purchased privately. Retrospective funding requests for any care or treatment which has not been given prior approval will not be funded, unless it can be demonstrated that the treatment was needed urgently to avoid a life threatening situation or significant harm to the patient, and that unsuccessful efforts were made to contact the IFR Team.

3.0.3 This Policy is for implementation and for use by the South London IFR Administration Service and CCG triage and IFR and Appeal Panels.

3.0.4 The Policy is to be formally approved by individual CCG Governing Bodies. It is to inform and provide assurance that the IFR service is administered in accordance with good practice, to the following:

- South London CCG Governing Bodies
- South London CSU Senior Management Team
- Patients and Members of the Public
- Referring GPs and consultants and equivalent autonomous practitioners who are responsible for administering the treatment
- Acute service provider organisations commissioned by South London CCGs

It will also be made available for information to members of the public.

4 Responsibilities

The responsibilities for implementation of the IFR policy are set out below.

4.1 South London Administrative IFR Service:

It is the responsibility of the South London IFR administrative service, working on behalf of each CCG:

4.1.1 To receive, acknowledge and process all requests for Individual Funding submitted to the CCG within the agreed time limits.

4.1.2 To undertake administrative triage to determine if the application is for the CCG, whether the request has sufficient information and to ensure appropriate confidentiality for patients and panel members (against the agreed minimum data set) for the request to be considered by a triage panel.

4.1.3 Where an application is lacking sufficient information to contact the applicant for the additional information which would allow the request to be considered in the first instance by a triage panel.

4.1.4 To re-direct applications as appropriate.

4.1.5 To prepare panel papers and to forward to members in a manner that maintains patient confidentiality through posting by Recorded Delivery or by emailing to a secure email address

4.1.6 To co-ordinate the process of triage assessment and consideration by IFR Panels in line with agreed policies and procedures and according to the timelines agreed.

4.1.7 To ensure that all appeals made against decisions of the IFR Panels are submitted to the Appeal Panel, if appropriate.

4.1.8 To communicate the outcome of the triage, IFR or Appeal panel to the applicant and where appropriate to the patient, their carer or guardian.

4.1.9 Report on IFR panel activity across South London CCGs to identify approvals, appropriate requests and potential service developments to inform future decision making and determination of commissioning pathways in line with the agreed contract.

4.1.10 To ensure that members are appropriately trained for participation in panels.

4.2 The CCGs:

The responsibility of the CCGs includes:

4.2.1 The appointment of panel members to act on behalf of the CCG.

4.2.2 To ensure that sufficient panel members are available from the CCG for panels to be quorate.

4.2.3 To ensure panel members:

- have access to confidential meeting papers sent via a secure email address.
- work to agreed frameworks for IFR panel decision making
- attend appropriate training.

4.2.4 To identify a CCG IFR Lead who will be the primary CCG contact for the IFR service.

4.2.5 The IFR Lead will present reports and policies to the CCG Governing Body for approval and adoption in line with the CCG Governance arrangements.

4.2.6 Having governance arrangements in place to ensure that the IFR Panel is accountable to the CCG Governing Body. (TORs for IFR panels can be found in appendix D)

4.2.7 To determine the Financial Limits to which the IFR panels can make funding decisions. To define the process for application outside Financial Limits in line with local Standing Financial Instructions (SFIs) ensuring that the CCG can act quickly to confirm authorised expenditure over the approved threshold.

4.2.8 Agree and sign-off the access policy (Treatment Access Policy (TAP) in South East London / Effective Commissioning Initiative (ECI) in South West London) against which applications for some procedures are considered.

4.3 IFR Panel and Appeals Panel:

The responsibilities of the IFR Panel and Appeal Panel includes:

4.3.1 The IFR Panel and the Appeals Panel will be accountable to the CCGs Governing Bodies.

4.3.2 The IFR Panel is responsible for upholding and working within the ethical decision making framework with regards to consideration of applications Appendix F

4.3.3 The IFR Panel will refer to the relevant CCG adopted access policies to determine whether a patient who does not meet the criteria in the policy can be considered to be exceptional taking the information provided with the application into account.

4.3.4 The IFR Panel will be provided with details of all cases that have been determined at the triage stage including the decision made and the reason for the decision.

4.3.5 The Appeal Panel will review applications where the applicant appeals the decision making process of the IFR Panel and does not provide any new information for consideration.

4.3.6 The membership of an Appeal Panel will exclude any persons who have previously considered the application for which the decision is appealed.

4.3.7 An Appeal Panel may not change the decision of the Triage or IFR panel, but must consider whether the decision reached: (see also 7.0.6)

- Followed policy and procedures
- Took into account and weighed all relevant information available at the time
- Was reasonable and in line with the evidence
- Did not take into account any irrelevant information

4.3.8 The Appeal Panel may refer the case back to the original IFR panel for a re-consideration of the case should it consider that the IFR Panel did not fully follow policies or procedures or had failed to take account of all relevant information

4.3.9 The Appeal Panel will be provided with all relevant documentation, correspondence, a synthesis of the evidence base and minutes summarising the basis for the original decision.

4.4 Panel Chair

4.4.1 The Panel Chair will be nominated by the CCG as a whole or the IFR panel itself.

4.4.2 He/she must be available to approve the minutes/letters within the specified time frame following IFR panel meetings and to ensure that decisions made are correctly reflected in the minutes.

4.4.3 He/she must confirm that the meeting is quorate in line with the terms of reference.

4.4.4 He/she may take a decision as ‘Chair’s Action’ for urgent cases discussed either at an urgently convened panel meeting or through a virtual panel comprising discussion and response from at least three panel members ensuring that this includes members with relevant clinical expertise.

5 Definitions

5.0.1 An Individual Funding Request (IFR) – is a request for an individual patient to fund, an episode of healthcare that falls outside existing contracts and commissioning arrangements entered into by South London CCGs.

5.0.2 An appropriate IFR is where:

- a patient's treatment falls outside generic or treatment-specific policies where an unusual ('exceptional') circumstance applies to the individual
- a particular treatment or intervention could benefit a patient with a very rare clinical condition

5.0.3 An inappropriate IFR is where:

- a request represents a service development and therefore needs to be triaged into the appropriate population decision making group
- a request where no information is submitted in support of the individual's exceptionality
- the request is for a service or procedure that is commissioned by another organisation where funding is not the responsibility of a South London CCG

5.0.4 Exceptionality:

An unusual clinical circumstance about the patient that suggests that they are:

- Significantly different from the general population of patients with the condition in question; and
- Likely to gain significantly more benefit from the intervention than might be normally expected for the average patient with the condition.

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

5.0.5 Rarity:
In the case of a rare indication, the Panel will assess the incidence and prevalence. This assessment will be made using published epidemiological research and also taking into account other similar requests received.

6 The IFR Process

See Appendix A for an overview of the IFR Process

6.1 Submitting an IFR

6.1.1 IFR and ECI applications must be submitted on a current application form.

6.1.2 The application must be sent to the CSU administration team by secure email or by post and may be submitted by a NHS clinician including a GP, Consultant or an equivalent autonomous practitioner who is responsible for administering the treatment

6.1.3 Patients may not submit applications directly as these are made by the clinician responsible for treatment. Should a patient wish to explain why they believe their circumstances are exceptional they may put this in in writing and this information should be submitted with the IFR application.

6.1.4 It is the responsibility of the clinician administering the treatment /intervention to complete the IFR application form and to submit all relevant clinical information and supporting evidence needed for the consideration of the application

6.2 Patient Consent

6.2.1 Gaining Patient Consent - It is the responsibility of the requesting clinician to:

- Discuss the IFR process in full with the patient
- Ensure that the patient gives consent for an IFR to be submitted on their behalf
- Ensure that the patient understands the local IFR Policy, including the timelines for decision making;
- The patient should be given an IFR information leaflet and this should be documented
- Advise the patient that through the submission of an application, they are giving consent for CCG, CSU and Public Health staff members to contact/discuss their situation with appropriate clinicians and relevant NHS staff and this will include access to patient identifiable information (PID).
- Confirm that the patient has provided their consent by signing the applicant's declaration on the application form. If the patient wishes, they are also entitled to sign the form to indicate their consent, however this is not necessary to evidence consent and the applicant's declaration alone is sufficient.

6.2.3 Where an adult patient lacks the mental capacity to give or withhold consent, any application should take into account the legal position regarding consent www.doh.gov.uk/consent.

6.2.4 Consent for children should be in line with the Children's Act, Mental Capacity Act and Mental health legislation.

- Children and young people should be involved as much as possible in decisions about their care, even when they are not able to make decisions on their own.[1]
- When obtaining consent, the doctor must establish whether the child is legally competent (in legal terms, 'have capacity' to give consent).
- All people aged 16 and over are presumed in law to have the capacity to consent to treatment unless there is evidence to the contrary.
- If the child is deemed not legally competent, consent will need to be obtained from someone with parental responsibility,
- The legal position differs, depending on whether the young person is aged over or under 16

6.3 Anonymity & Confidentiality

6.3.1 The application form has been designed so that all the personal and confidential information about the patient, and the clinician, are provided on the first page (Section A)

6.3.2 Anonymity is essential for two reasons:

- In order to protect patient's identity, for this reason the requesting clinician is asked to not refer to the patient by name or initials within the rest of the application form.
- For equity of decision making, to ensure that the panel decisions do not take into account personal details such as age or sex

6.3.3 Depending upon individual clinical circumstances the panel may consider it necessary to re-introduce information on the patient's age and/or sex for consideration by the IFR panel. (This may be relevant to some drug requests and requests where the policy includes an age threshold or where the natural history of a condition varies with age or sex.)

6.3.4 While maintaining the confidentiality of patients is of paramount importance, the identity of the requesting GP should not be included in panel pack information. Given the size of South London's population it is statistically unlikely that members of an IFR panel will be personally acquainted with the patients involved. However, the community of clinicians and staff post-holders is much smaller, and it is desirable to minimise any potential for bias arising from personal acquaintance or past interaction, and hence the details of the requesting GP are removed.

6.4 Evidence Base

6.4.1 The decision making process will follow the ethical decision making framework and the IFR panel will consider the nature and extent of the evidence base for a treatment. The panel will use nationally commissioned independent Medicines Information services, available assessments or local independent evidence appraisals in line with the accepted hierarchy of evidence.

6.4.2 Public Health advice, including the population implications and evidence base of applications will be provided by a Public Health representative

6.5 Correspondence and Communications

6.5.1 The CSU IFR team will ensure that after acknowledging receipt of the application that the applicant and the patient's GP (unless the patient specifically requests otherwise) is kept fully informed of the progress of the application

6.5.2 The CSU IFR team will liaise with the applicants to ensure patients are fully informed and where appropriate supported. This will be facilitated by a patient information leaflet.

6.5.3 If the patient is above the age of 16, the IFR team will normally copy the patient into correspondence concerning progress and outcome of their application.

6.5.4 If it is not appropriate, or if the patient / parent / legal guardian/ carer has indicated that they do not want, to receive any correspondence or to be contacted, the requesting clinician must indicate this on this on the application form.

6.5.5 The CSU IFR team will communicate decisions to the applicant, patient's GP (unless the patient specifically requests otherwise) and patient by letter or email. In the event of funding being refused this communication will include details of the appeal process.

6.5.6 The CSU IFR team will communicate decisions to close cases to the applicant, patient's GP (unless the patient specifically requests otherwise) and the patient by letter or email.

6.6 Photographic Evidence

6.6.1 Photographs will be treated in the same manner as all other submitted documentation with written patient identifiable information removed before the images are viewed at triage or IFR Panel.

6.6.2 Photographic evidence should only be submitted by/via the clinician and with the patient's consent. The clinician is responsible for informing the patient that the evidence may be viewed by the IFR Panel members. For this reason, facial features or other identifiable features will not be removed or blacked out of photos.

6.6.3 Where photographs are submitted that are not medical photographs the clinician submitting them must ensure that quality of photography is such that the panel members can identify the relevant features.

6.6.4 Photographs to support applications will not be emailed to panel members or included in hard copy panel packs. Photographs should be brought to the panel by the administrator and should be available for panel members to view when the case that they refer to is being discussed. The administrator must be considered as the custodian of photographs and should ensure that they are returned to him/her after the case has been discussed and placed in a sealed envelope. The panel agenda should indicate that there are photos to support the application so that members are aware when the case is being considered that there is photographic evidence.

6.7 Urgent Applications

6.7.1 If an application is marked as urgent and there is a clear clinical reason that the patient's health will be compromised by waiting until the next scheduled IFR panel meeting for a decision to be made the application can be processed through the Urgent Application Route. It is expected that only a small minority of IFRs will be urgent and these will usually involve life-threatening conditions.

6.7.2 The decision to treat in the event of immediate or life-threatening circumstances must be made in accordance with NHS Approved Provider (Trust) governance mechanisms and the Trust's Duty of Care towards the patient. However, treating without IFR funding approval will be at the Trust's own financial risk.

6.7.3 In order to ensure that a decision can be made quickly an urgent application may be considered by a specially convened group (See also 4.4.4)

6.7.4 The group considering an urgent case will usually confer either by telephone conference or in person however in special circumstances when this is not possible this will be done via email.

6.7.5 The decision making process for urgent IFRs will follow the ethical decision making framework and will consider the nature and extent of the evidence base for a treatment. This will be fully documented and reported at the next full IFR Panel meeting for ratification.

6.7.6 Decision timeframes and deadlines for urgent cases are as per the CCG's IFR Operating Procedures and terms of Reference.

6.8 Clinical Triage

6.8.1 The Triage Meeting must be clinically led. The purpose of the Triage Meeting is to determine that the IFR is eligible for consideration by the IFR Panel. The team members will reference the following questions:

- Is the treatment requested funded within an existing commissioning policy?
- Is the treatment requested covered by another CCG policy or process?
- Is the treatment an obvious Service Development (i.e. a request pertaining to a cohort of patients and not reflective of an individual's clinical circumstances)?
- Is the submission lacking sufficient information to support the individual's clinical exceptionality?
- Is an additional evidence review required? (see section 6.4 Evidence Base)
- Is the request an appeal or resubmission of a previous case?

6.8.2 Triage has the authority to close cases when further information has not been received in the given timescales or a repeat application containing no new or additional information has been received. All case closures are reported to the IFR Panel.

6.8.3 Triage has the authority to make decisions to approve or decline funding for Effective Commissioning Initiative (ECI) cases in South West London, assessing submissions against ECI criteria and to approve or to decline funding for procedures included in the Treatment Access Policy (TAP) in South East London assessing submissions against TAP criteria.

6.9 The IFR Panel

6.9.1 The IFR panel will be multi-disciplinary with membership and quoracy in line with the terms of reference for the IFR panel.

6.9.2 Requesting clinicians or patients will not be invited to attend the IFR panel. However patients may submit additional information in writing for consideration. Any information submitted by a patient will be given due respect by the Panel. For guidance on complaints and the appeal process, see relevant sections of this policy.

6.9.3 CCGs may work collaboratively to form joint IFR panels.

6.9.4 Where joint panels are established each CCG must agree the governance of the panel and in particular ensure that there is a clear policy regarding delegated decision making.

6.9.5 Consideration of applications for drugs require the presence of a pharmacist on the panel both as a presenter of the drug case and as a decision maker

6.9.6 Pharmacists and Public Health representatives will be asked to conduct evidence reviews to enable fully informed decisions to be made by the IFR panel (see section 6.4 Evidence Base).

6.9.7 Decisions made will follow the ethical decision making framework and will consider the nature and extent of the evidence base for a treatment. Clinical circumstances, defines the clinical features or progression of the named patient's medical condition as opposed to the patient's social or personal circumstances.

6.9.8 CCGs have to be mindful of the clinical consequences of any financial decisions, and a decision to fund an IFR has the potential to result in direct displacement of another service.

6.9.9 All panel members must declare any known conflict of interest prior to the commencement of the meeting.

6.9.10 Should any of the cases being discussed relate to a panel member the administrator should bring this to the attention of the chair.

6.9.11 Should the chair have a known conflict of interest in any of the cases being discussed he/she must withdraw from discussions of those cases and an alternate chair nominated for the discussion.

6.9.12 In working towards a decision, the Chair will test whether there is a consensus within the meeting. If there is a difference of views, funding decisions shall be determined by a majority of the votes of members present and voting on the request. In the case of an equal vote, the Chair shall have the casting vote.

6.9.13 The IFR panel may make the following decisions:
- funding refused
- funding approved without conditions
- funding approved with conditions
- deferred pending further information

6.9.14 Funding may be approved for an initial course of treatment with further funding conditional upon the patient's response. The submission to the Panel of a report detailing the response observed after the initial course of treatment would be required for further consideration to be given to the submission.

6.9.15 All discussions taking place during a panel meeting are confidential. Cases may not be discussed outside the panel meeting except with the explicit agreement of the chair.

7 Appeals Process

7.0.1 The IFR Appeal process enables applicants to appeal against the decision made by the IFR Panel.

7.0.2 The focus of the Appeals Panel is the process that the IFR Panel used to reach a decision and not the decision itself. Applicants or patients wishing to complain about the decision itself should contact the relevant PALS team for advice or complaints team to make a formal complaint.

7.0.3 Appeal requests must be submitted in writing to the relevant SL IFR Administrative Team within 30 days of the date of the decision letter to decline funding.

7.0.4 Appeal requests must be made by a clinician on behalf of the patient.

7.0.5 Supporting statements from the patient and third parties can be submitted to accompany the request for consideration as part of the appeal, but no new evidence can be submitted. If new evidence is provided following a decision to decline funding, the correct procedure is to resubmit a request for reconsideration as an IFR.

7.0.6 The appeal request must indicate the applicant's grounds for appeal. There are 3 grounds for appeal that can be considered:

- Illegality: the refusal of the request was not an option that could lawfully have been taken by the IFR panel.
- Procedural impropriety: There were substantial and/or serious procedural errors in the way in which the IFR Process was conducted.
- Irrationality: Whether the decision was irrational in light of the information available to the Panel.

7.0.7 The Triage Panel will undertake a preliminary assessment of an appeal request assessing the submission against the grounds for appeal criteria listed above.

7.0.8 All IFR Appeal Panel members must be independent of any of the original decision making processes and not have been a member of the IFR Panel involved in the original decision.

7.0.9 In working towards a decision, the Chair will test whether there is a consensus within the meeting. If there is a difference of views, funding decisions shall be determined by a majority of the votes of members present and voting on the request. In the case of an equal vote, the Chair shall have the casting vote.

7.0.10 The Appeal panel may make the following decisions:
- IFR panel decision upheld
- The case must be returned to the IFR panel for re consideration (see also 4.3.8)

7.0.11 When a decision is not upheld by the Appeal Panel, it will be returned to the IFR panel for reconsideration with the minutes from the Appeal Panel meeting detailing the grounds for the successful appeal.

7.0.12 When a decision is upheld by the appeal panel the appellant will be advised that if they wish to take the matter further this must be done through the NHS complaints process

7.0.13 Applicants or patients who wish to complain about IFR decisions should contact the relevant complaints team to submit a formal complaint. Applicants/patients should not use the IFR Appeal process to make a complaint about an IFR decision. The IFR appeal process is solely for the purpose of appealing against the IFR decision-making process.

8 Commissioning Process

8.1 Service Developments

8.1.1 A Service Development is defined as a request pertaining to a cohort of patients and not reflective of an individual's clinical circumstances. The IFR Panel is not the appropriate route for service developments. These requests should go through the appropriate procedures within the requesting Trust in the first instance (see also 5.0.3).

8.1.2 If during the triage stage, a requested treatment is identified as a possible service development, the IFR Team will notify the applicant and the relevant commissioners.

8.1.3 Any drug service developments should go through the CCG's New Drugs Process and in SEL through the SEL Area Prescribing Committee. CCGs should develop a commissioning route for processing non-drug service developments.

8.2 Local decision-making (outside the IFR remit)

8.2.1 Where there is a clinical need for treatment but, due to a lack of exceptionality, the IFR process is not the correct funding approval route, CCGs may make a local decision to fund treatment for a cohort of patients.

9 Monitoring Compliance

9.1 The Individual Funding Request Process will be monitored through audit on a regular basis for consistency of decision making and application of the ethical framework and this IFR Policy.

10 Policy Review

10. 1 The IFR Policy will be reviewed annually or in light of any changes in legislation, practice or local/national guidance.

Next review: January 2015

11 References

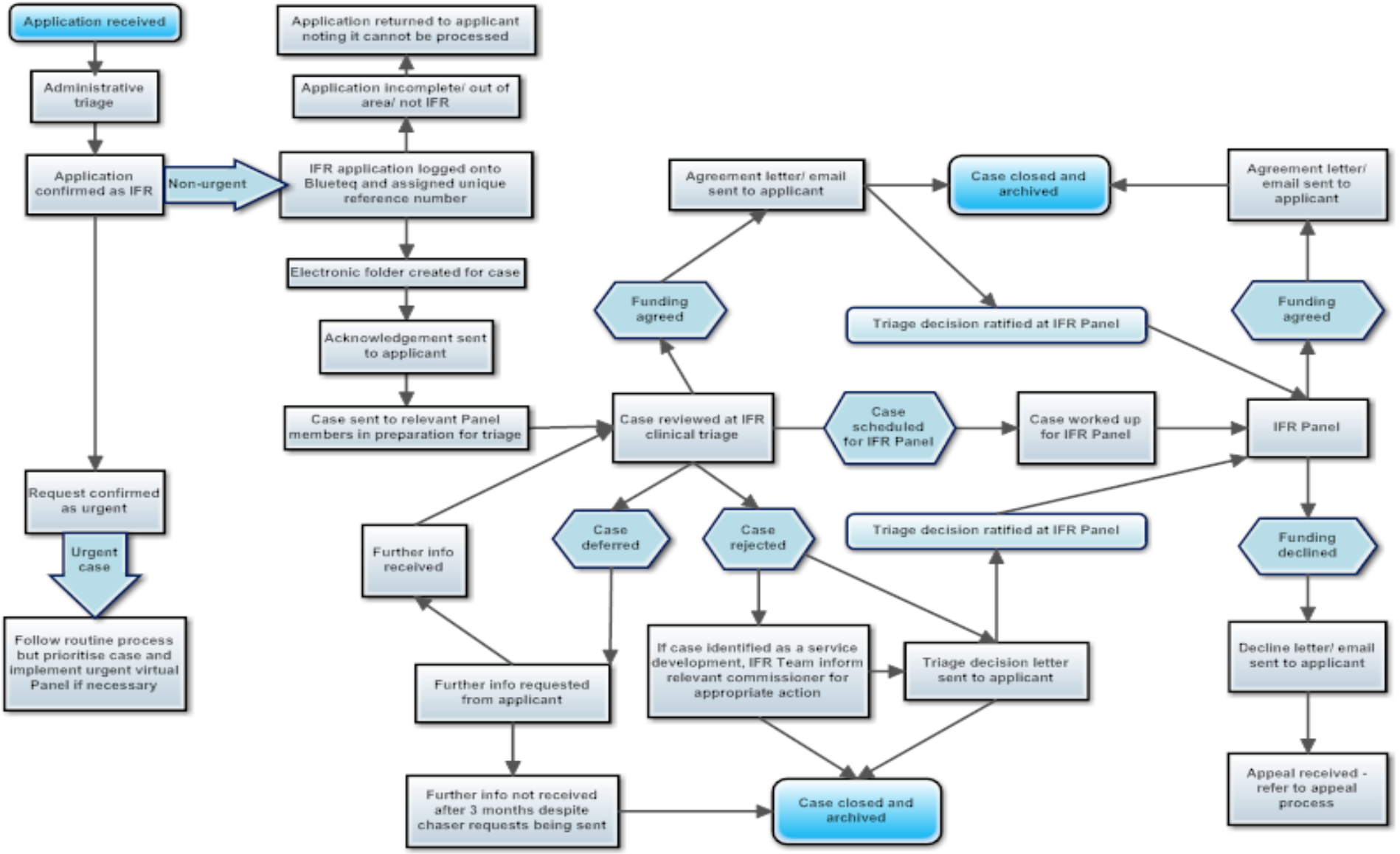
11.1 In constructing this policy a number of existing policy documents have been referred to, including:

- NHS Constitution 2012
- 'Interim Standard Operating Procedures: The Management of Individual Funding Requests' NHS England, April 2013, Ref: NHSCB/COP/02
- 'Interim Commissioning Policy: Individual Funding Requests' NHS England, April 2013, Ref: NHSCB/CP/03
- NPC Supporting rational local decision-making about medicines (and treatments) 2009
- Directions to primary care trusts and NHS trusts concerning decisions about drugs and other treatments 2009
- South East London Individual Funding Requests Policy, April 2012
- South West London Policy and Operating Procedures for Dealing with individual Funding Requests, September 2011

12 Associated Documentation

- South West London Effective Commissioning Initiative 2013/14 (ECI)
- South East London Treatment Access Policy 2013 (TAP)

Appendix A – IFR Process Flowchart



Appendix B – IFR Application Form

SL IFR Application Form v2.2.docx

Appendix C - IFR Triage Meeting: Terms of Reference

IFR Triage Terms of Reference v1.2.docx

Appendix D – IFR Panel Terms of Reference

IFR Panel Terms of Reference v1.2.docx

Appendix E – IFR Appeal Panel Terms of Reference

IFR Appeal Panel Terms of Reference v

Appendix F – Ethical Decision Making Framework

Ethical Decision-Making Fram

Appendix G – Equality Analysis

Equality Analysis - IFR Policy v2.docx

Appendix H – CCG Operating Procedures

Appendix I – Governance: CCG Policy Approval

The South London IFR Policy was approved by local CCGs as follows:

CCG	Approving Body	Date Approved
Croydon		
Kingston		
Merton		
Richmond		
Sutton		
Wandsworth		

NHS
Merton
Clinical Commissioning Group

IFR data details to be passed from SLCSU to Merton CCG

The table below details data that will be passed to Merton CCG (MCCG) clinicians responsible for reviewing Individual Funding Requests (to include Drugs, Non-Drug, Procedural Requests and ECI) for Merton patients and service users.

Stage/Process	Data Details Received by MCCG	MCCG data recipient	Who will MCCG share it with	Comments
Receipt of referral & Logging on Blueteq (SLCSU Admin Team)	None at this stage	n/a	n/a	n/a
Case preparation Triage/IFR (CCG clinician i.e. pharmacist & doctor)	CCG Clinician receives application with: NHS number, initials, DOB and unique ref number generated by IFR admin team	Clinician preparing case ONLY	PCD may be shared with applicants Dr involved in their direct care. No PCD is shared with anyone else	• CCG clinician preparing the case receives data with identifiers (please note this is usually the CCG pharmacist OR the specialist doctor working on behalf of the CCG). • If advice or more details are required from a clinician involved with the patient care then PCD may be shared by the clinician that will discuss with doctor. • Additional details of what may have been shared during discussion with doctor will also be shared with SLCSU admin team so they keep a full record. • Decision at triage is made about whether case is exceptional and to be referred to IFR Panel.
Triage/Panel Discussion (CCG Clinician)	Non identifiable information at panel	Clinician preparing case	Panel members	• Panels are held without identifiable information to remove bias. • The person carrying out preparation of case may also be on the panel. They are expected to follow CCG and their own professional guidelines & conduct in ensuring bias is not introduced. This may include stepping back in influencing decisions or declaration of interest where applicable.

				• Outcome and discussions from Panel recorded and feedback to SLCSU via admin team present at panels for appropriate next stage as set out in the operating procedure.

Other Information

The list below details additional actions that will be taken by Merton CCG staff when handling data received for IFR purposes. In addition to complying with MCCG confidentially and information security policies:

- All data from SLCSU is communicated and/or sent to CCG clinical lead (pharmacist preparing the case or nominated specialist doctor involved) only via secure pipeline (nhs.net).
- Patient identifiers shared with CCG clinical leads at preparation & triage stage will only be used when carrying out clinician to clinician discussion so as to obtain more information and advice/ this will ensure there is no risk of confusion of patients during these discussions. (It is noted that this may be different to other CCG's where this is done via IFR admin team but MCCG have direct clinician discussions)
- CCG clinical lead will share the minimum amount of information required on a need to know basis with the clinical consultant involved to enable CCG to make the necessary IFR commissioning decisions.
- No data will be stored outside CCG network folders. Access to the folders will be limited to IFR clinicians only.
- CCG IG Lead will review and monitor progress of this process via the IG steering group at regular intervals.

Process agreed and signed by Caldicott Guardian	Process agreed and signed by SIRO
Signature: L.Street (LYNN STREET)	Signature: 
Date: 12/09/14	Date: 12/9/14

Appendix H

South London IFR Policy CCG Operating Procedures

This is to be read with the South London Individual Funding Requests (IFR) Policy and the terms of reference (appendices C, D and E) and to provide the local operational CCG details. Section 2 will be agreed as part of the SLA between the CSU and CCG.

Contents:

Section 1 - Governance Arrangements

1.1 CCG Leads

Merton CCG				
Accountable Executive		**IFR Lead**		**CCG Referral Management Service or CAS?: Y/N**
Name	**Title**	**Name**	**Title**	
Eleanor Brown	Chief Officer	Lynn Street	Director of Quality	No

1.2 IFR Panel

Is there an agreed joint panel arrangement? Yes	Which CCGs are included in the joint panel? Merton, Sutton, Wandsworth, Kingston

If Yes Are there joint governance arrangement for the joint panel? Yes
 	
• Quoracy described per IFR Policy
  o All cases to be agreed as suitable for presentation at the joint panel by Merton CCG triage panel.
  o Merton CCG IFR representative to be present when Sutton case is being presented for the panel to be quorate
	If there are no joint governance arrangements please state the governance arrangements

1.3 IFR Panel Membership

IFR Clinical Triage Membership	IFR Panel/ Appeal Membership	IFR Panel Chair	IFR Panel Member Training
• Merton CCG GP • Merton local authority Public Health consultant • Merton CCG Senior CCG Pharmacist	• GP • Public Health consultant • Senior CCG Pharmacist • Commissioning • Lay Member	The Panel can be chaired by any of the members provided that s/he has sat as an IFR Panel member at least 4 times. The Chair must be identified in advance of the meeting, and must be available to approve the minutes/letters and fulfil and any other obligations within the specified time frame.	Annual
Quoracy The meeting will be considered quorate if one medically qualified member is present. If a drug case is to be considered, a pharmacist must be present	**Quoracy** At least 3 members of the Panel must be present for IFR Panel to proceed. • 2 must be clinically qualified • At least 1 medically qualified. Since Merton CCG is part of a joint panel, there	**Position**	

	must be a minimum of 1 representative from Merton CCG present if there is an IFR case being discussed for a Merton CCG patient. The IFR appeal panel includes the following members All IFR Appeal Panel members who are independent of any of the original decision making processes and not have been a member of the IFR Panel involved in the original decision: • A clinician/GP • A representative of the Constituent CCG(s) • Lay Member The IFR Appeal Panel may not proceed unless at least two members are present, including the Chair		

1.4 Financial Limits

IFR Panel Funding Approval Limit		**CSU Invoice Approval Limit**	
Drugs	**Non Drugs**	**Drugs**	**Non Drugs**
£50K	£50K	Per IFR minutes	Per IFR minutes

Section 2

2.1 Key Performance Indicators (KPIs) Possible examples

IFR request taken to IFR Panel for decision	**Urgent IFR requests taken to urgent Panel for decision**	**Case closed following request for further information from applicant not received**	**Appeal submission limitation period**	**Complete appeal submission taken to IFR Appeal Panel for decision**	**Meeting minutes approved by Chair**	**Decision outcome sent to applicant**
20 workings days following receipt of completed submission	10 workings days following receipt of completed submission	90 workings days from date of letter requesting further information	1 month from date of decision letter	30 working days from receipt of appeal request	5 working days following meeting	5 working days following meeting – the decision will be communicated to the applicant, patient and patient's GP (unless specifically requested otherwise)

2.2 Reporting Arrangements

CCG	Monthly CSU KPI report sent to nominated CCG lead:	Quarterly CSU IFR report sent to nominated CCG lead::
Merton CCG	CCG Director of Quality	CCG Director of Quality

Section 3. Deviations from IFR Policy

Section of Policy		Deviation	Reason	Associated Documentation
Ref	Heading	e.g. N/A	e.g. N/A	e.g. N/A
IFR Policy v1.6	6.2.1 Patient Consent	Patient Identifiable Information (PID) is provided to the CCG clinicians and Public Health doctors responsible for preparing cases automatically. Other CCGs have to request information each time they require information so they can discuss cases with the clinician.	MCCG Clinicians and Merton Public Health Doctors may need to discuss cases with hospital clinicians or GPs to clarify aspects of the application or to seek further information or understanding of the case. This allows all relevant information to be gathered prior to discussion at IFR Triage or IFR Panel which reduces delays. The reference number provided by the CSU IFR administration team is not always known to the hospital clinicians or GPs and they therefore are unable to know which case is being discussed. The CCG would then have to contact the IFR team on every occasion and this may cause delay to the decision making process. The wider panel do not receive this information only the clinicians preparing the case.	Data sharing agreement signed by the Caldicott Guardian, Lynn Street and Senior Responsible Information Officer (SIRO), Cynthia Cardozo signed on the 12 September 2014.

This appendix Agreed on …10 September 2014…….

By…Merton CCG Executive Management Team..... (Adam Doyle – Acting in Eleanor Brown's absence)

Signed ……..

Copy sent to IFR Team ……12 September 2014……..