

NHS North Central London (NCL)

Policy for:

Individual Funding Requests (IFR)

September 2011

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Contents

1	Purpose of document	4
2	Background	5
3	NHS NCL Individual Funding Request (IFR) Panel	5
4	IFR Application process	12
Appendix 1a	Individual Funding Request (IFR) application template (To be completed by Consultants/Specialists)	23
Appendix 1b	Individual Funding Request (IFR) application template (To be completed by GP)	30
Appendix 2	Public Health Evidence sheet	33

1. Purpose of document

NHS North Central London (NCL) is responsible for commissioning healthcare services for the population of the 5 Primary Care Trusts in North Central London. The majority of provision and delivery of health care services is usually undertaken as a contract process underpinned by Service Level Agreements (SLAs). However, there are some treatments and services that fall outside these portfolios or where the approval for the treatment is dependent on specific criteria.

This document sets out NHS NCL's establishment of a single, integrated process for managing Individual Funding Requests (IFRs) and Procedures of Low Clinical Effectiveness (PoLCE) across North Central London. This process has been agreed to by the five Individual Funding Request (IFR) Panels previously operating in the 5 North Central London PCTs: NHS Barnet, NHS Camden, NHS Enfield, NHS Haringey and NHS Islington and replaces all previous policies.

The NHS NCL IFR Panel will become operative from 1st April 2011 and will deal with new requests from this date. IFR requests received before this time (i.e. dating on or before 31 March 2011) will need to be completed via local arrangements.

The Department of Health published guidance on 'Free Choice' in March 2008, effective from 1st April 2008. The guidance sets out a commitment to free choice in elective care meaning that all patients needing planned elective care will be able to choose to be treated by any provider that meets eligibility criteria and NHS clinical and financial standards. Exclusions to Free Choice include referrals from secondary and tertiary care, those living in Northern Ireland, Scotland or Wales, overseas treatments, prisoners and military personnel. Patients who wish to choose a service not commissioned locally and not listed on the national menu will continue to need their commissioner's agreement to do so. Maternity care and mental health services were omitted from this policy, however this could be subject to change in the future. The Free Choice policy explicitly states that it does not contravene local commissioning decisions about priority treatments. These guidelines need to be read in that context.

In a changing health care economy there is a need to keep this policy and low priority treatments under review and to commission services in line with new guidelines, national policy and needs of the local population. This policy and the low priority treatments will be reviewed annually, unless otherwise required by national guidance. Operation of the new process arrangements will be kept under review and a review after the first 6 months will be undertaken.

This policy is guided by the legislative duties bestowed on NHS NCL under the NHS Constitution, The Human Rights Act 1998, and equalities and anti-discriminatory legislation, amongst others.

Standard application forms have been developed for Consultants and GPs to support the move to a single process and approach. These are attached as appendices.

2. Background

The vision for NHS NCL expressed in the Commissioning Strategy Plan (2010 – 2014) is:

- To improve the health of our population over the next five years compared with Londoners as a whole. In particular, we will improve health outcomes by addressing health inequalities within our population, focusing on our most deprived communities.
- As a world class commissioner of healthcare, our population will have access to more services closer to home and the highest quality hospital services.
- Delivery of the vision clearly has to be set in the context of the extremely challenging financial environment facing public services over the next 5 years.

PCTs have legal responsibility to provide comprehensive, effective, and accessible health services to their populations within a finite resource. PCTs are under a statutory duty to promote the health of the local community. They are also under a duty not to exceed their annual financial allocation. This inevitably means that, from time to time, difficult choices have to be made. These decisions need to be made in a rational way that conforms to ethical principles and is transparent, consistent and provides accountability.

3. NHS NCL Individual Funding Request (IFR) Panel

Purpose

The purpose of the NHS NCL Individual Funding Request (IFR) Panel is to consider requests for healthcare from General/Dental Practitioners, Medical Consultants and secondary care Clinicians.

The IFR Panel will assess funding requests that fall outside the range of commissioned services and treatments, for drug or clinical intervention is explicitly excluded from the national PbR tariff or from local contracts and where the patient has individual clinical and/or personal circumstances that are exceptional as defined in the NHS NCL policy.

The Panel will only consider cases where the individual's circumstances are said to be exceptional. If the request may apply to a cohort of patient then it should go through the appropriate service development routes via a Business Case.

Membership and Accountability

The Panel will be made up of a range of lay and expert people who will consider requests for individual funding of healthcare treatments under this process.

The IFR Panel will consist of voting members and supporting officers. The Panel's voting members are:

NHS NCL IFR Panel Membership

- A Non Executive Director (Chair)
- A Medical Director or Deputy Medical Director (Vice Chair to NED)
- A Director, Assistant Director, or Consultant of Public Health
- A General Practitioner (Vice Chair to Medical Director)
- A Medicines Management lead

- A Director or Assistant Director of Contracts
- A Director or Assistant Director of Finance
- A Patient Representative / Lay Representative

To ensure effective, fair and transparent decision making the Panel must be quorate to agree decisions. In order to be quorate, the Panel should comprise at least:

- Chair or Vice-Chair
- Medical Director and/or General Practitioner
- A Director, Assistant Director, or Consultant in Public Health
- A Director or Assistant Director of Finance or Contracting

Quorum composition - Option 1	Quorum composition - Option 2
NED (Chair)	Medical Director (Chair)
Medical Director and/or General Practitioner (Vice Chair)	General Practitioner (Vice Chair)
A Director, Assistant Director, or Consultant of Public Health	A Director, Assistant Director, or Consultant of Public Health
A Director or Assistant Director of Finance or Contracting	A Director or Assistant Director of Finance or Contracting

In attendance will be the supporting officers who will include a Public Health Strategist(s), members of the IFR Team, including an administrator and any other specialist as requested by Chair as necessary to the decision making process (independent from information gathering and presenting). These are non-voting members and should provide information as requested by the Chair, if not required they should leave the meeting.

The public health strategists work closely with the IFR Team providing guidance where needed. The cases that are reviewed by the IFR Panel are prepared by the Public Health Strategists who on completion of the work up present the cases to the IFR Panel. The public health strategists are impartial and provide answers to questions raised by the IFR Panel members where possible.

In preparing cases for presentation the Public Health Strategists may need to contact a patient's clinical to gather further details, they will also perform a literature review and assessment of all available evidence relating to the case. *See Appendix 2* for the public health evidence sheet used to summarise and present cases.

Conflicts of interest will be declared and considered at all meetings. If there is any circumstance where any Panel member may have a conflict of interest in a case put before the Panel, they will acknowledge this and will remove themselves from the proceedings for the time required or prior to the meeting to allow time for another panel member to be arranged.

In reaching a decision the Panel should take into account the principles of the NHS Constitution, which sets out the rights of NHS patients. These rights cover how patients access health services, the quality of care, the treatments and programmes available, confidentiality, information and the right to complain if things go wrong. The Panel must ensure that it has acted in the utmost of good faith, weighed all the relevant evidence, given proper consideration to the claims of patients and Clinicians, and accorded proper weight to the needs of other groups, given the total resources available.

The Panel should strive to reach consensus on a judgement, which is in every sense reasonable, (See 'Assessing the request for funding' section) and shall be underpinned by NHS NCL's commissioning plan, maximising the benefit gained from the resources that NCL's 5 PCTs' health services have available to them. Where there is not a consensus decision, a vote of the Panel's membership should be taken, with decision agreed by a simple majority of the voting Panel members present. The Panel shall maintain accurate documentation of the whole process.

It must take into account the implications of the Freedom of Information Act 2000, the Human Rights Act 1998, the Equality Act 2010 and any statutory codes of practice issued by the Equality and Human Rights Commission (EHRC), and other relevant legislation. The EHRC has issued statutory codes of practice for implementing the Equality Act regarding public sector duties that are due to come into force from 6th April 2011. However, at the time of writing this policy these Codes have not yet received Parliamentary approval (it is expected this will be received later in 2011) and are therefore not yet in force. The Equality Act replaces all other equality legislation including the Race Relations Amendment Act 2000, the Disability Discrimination Amendment Act 2003, etc.

The meeting of the IFR Panel is not a public meeting; patients, patient representatives or Clinicians are also not allowed to attend. Due to the nature of the meeting, individual patients are unable to attend this meeting in person. The IFR Panel meetings discuss and assess the clinical evidence provided by a clinical referrer. On request Patients will be provided with all of the documentation put before the Panel and are encouraged to submit written evidence and information to the Panel to be considered in the assessment of their individual case.

The Panel will comply in full with the Data Protection Act 1998 and the Caldicott Guidelines when handling patient identifiable information. In particular, patient identifiable information will be anonymised where possible. All electronic communication will be conducted using secure NHS.net mail accounts to ensure patient confidentiality.

If during a Panel meeting, the Panel identify a possible policy change or service development, this should be fed back to the IFR Administrator. However, the Panel should continue to assess the patient's individual case. The evidence review provided by the Public Health Strategist and the recommendations reached by the IFR Panel discussion will provide invaluable guidance to the Commissioning/Contracting team when developing any policy changes or investigating service developments.

The NHS NCL Chair will take action to ensure that there is appropriate oversight of the IFR Panel with proper accountability arrangements from 1 April 2011 through the governance structure.

The NCL governance framework for the cluster (joint) boards from 1 April 2011 says that: The Joint Boards will establish committees which will be integrated across the five PCTs which are required by regulation and which are:

- i. Joint Audit Committee
- ii. Joint Pay and Remuneration Committee

The Joint Boards may establish other committees, to be agreed by the cluster board. It is envisaged that at the outset there will be the following committees each to be chaired by a Non Executive Director.

- iii. Financial Stability Committee
- iv. Joint Strategy and Commissioning Committee
- v. Joint Quality & Safety Committee.

Assessing the request for funding

The Panel will apply the guiding principles, below, to the decision making process for all requests.

Guiding principles

Legality (is it lawful?)

Commissioners must ensure that any decision it takes on the commissioning of new services and treatments is within its legal powers and takes into consideration the principles of the Human Rights Act. The Human Rights Act 1998 came into force in October 2000. Each request for an exceptional treatment, diagnostic procedure or any intervention will be considered in relation to the potential human rights impact on all individuals, including the rights of the wider community during the decision making process. Human rights considerations will not be determining criteria in themselves.

Safety ('first do no harm')

Commissioners must ensure it is not complicit in exposing patients to unsafe healthcare and will look to licensing Authorities (especially the MHRA) and other organisations (such as NICE and the BNF) for guidance.

Clinical Effectiveness (does it work?)

Commissioners must only commission new services and treatments which are fully accredited and approved by the appropriate licensing and regulatory agencies and where there is good evidence that a specific benefit will be gained. This includes consideration of:

- Is the treatment clinically effective – i.e., of proven clinical benefit for this category of patient?
- What is the nature, extent and significance of the health gain for the individual?

Cost Effectiveness (is it an efficient way of using resources?)

Commissioners must aim to commission services and treatments that yield the greatest benefits relative to the cost of providing them. This balances the clinical effectiveness of a service or treatment with its cost. Interventions are not always completely effective all the time and the benefit to the individual needs to be balanced with the greater good. This includes consideration of:

- Are there alternative, comparable and more cost effective interventions and/or providers available?
- How does the cost-effectiveness compare to NICE recommended threshold of £20,000 - £30,000 per QALY when assessing acceptable cost effectiveness?

Equity (is it a fair way of using resources?)

Commissioners must usually ensure that a service or treatment that is agreed to be commissioned, is available to all those who could benefit from it, taking into account the requirement to balance the needs of the individual and those of the local community. This includes consideration of:

- Is this patient or patient subgroup being treated differently in relation to others?
- What is the priority in relation to opportunity costs and alternative spend on other needs of the whole population?

Accessibility (can people get to the service?)

Commissioners must wherever possible and appropriate, commission services and treatments in a manner that makes them accessible to all the people it serves

Affordability (do we have the resources to pay for it?)

Commissioners need to make all commissioning decisions in the full recognition of the totality, and the limits, of resources available to it. As described above in Section 2, PCTs are under a statutory duty to promote the health of the local community but are also under a duty not to exceed their annual financial allocation. This inevitably means that, from time to time, difficult choices may have to be made balancing the costs and benefits in any particular case against the resources available within the health economy. These decisions need to be made in a rational way that conforms to ethical principles and is transparent, consistent and provides accountability.

Exceptionality

Central to the consideration of individual cases for IFRs is the concept of the case demonstrating that the patient has 'exceptional' circumstances. The definition of exception is 'an instance that does not follow a rule'. There cannot therefore be 'rules' to guide decisions on exceptions; rather such rules would constitute criteria (policy) for consideration of exceptionality. The case for exceptionality must be supplied and demonstrated by the referrer making the application.

1. In order for funding to be agreed there must be some unusual or unique clinical factor about the patient that suggests that they are:
 - i. Significantly different to the general population of patients with the condition in question

AND

- ii. ii. Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition or likely to be significantly more disadvantaged if not provided with the intervention than might be expected from the average patient with the condition
2. The fact that a treatment is likely to be efficacious for a patient is not, in itself, a basis for an exemption.
3. If a patient's clinical condition matches the 'accepted indications' for a treatment that is not funded, their circumstances are not, by definition, exceptional.
4. The case for exceptionality must be made and demonstrated by the Clinician making the application.
5. Serious mental health issues may be relevant to the consideration of exceptional status

Social value judgements are rarely relevant to the consideration of exceptional status

Standards

NHS NCL will apply the following standards to this policy:

Confidentiality

All Members will comply in full with the Data Protection Act 1998 and Caldicott Guidelines when considering patient identifiable information. All patient identifiable information will be removed, apart from any clinically relevant details such as year of birth or gender.

Evaluation and audit

On-going evaluation of decisions made through the IFR Panel takes place through annual reporting to the relevant NHS NCL committee and the NHS NCL Board. Audit of the processes for requests consideration and decision making, for example, time taken to consider cases, consistency of decisions etc, will be undertaken regularly.

Training and support

Opportunities for training for IFR Panel and Appeal Panel members in evaluation of evidence and health care ethics will be established and provided on an ongoing basis.

Where relevant IFR Panel and Appeal Panel Members will receive relevant Information Governance Training to ensure that they understand and comply with their patient confidentiality obligations, as determined by the Data Protection Act 1998 and the Caldicott Guidelines.

Policy Review

To ensure the Panel is following best practice and is consistent with national guidance the relevant NHS NCL committee will review this policy in 6 months. Thereafter, the relevant committee and NHS NCL Board will review the policy on a yearly basis.

Timelines

The Panel will meet at regular intervals to ensure that waiting times for consideration are kept within limits outlined below. The described timelines are in relation to applications where the correct form and all necessary documentation has been provided. It is the referring Clinician's responsibility to ensure that documentation is provided and that additional information requested is supplied in a timely fashion.

IFR Timelines		
	Non-urgent elective cases	Urgent cases
Acknowledgement of receipt of referral	Within 3 working days of receipt	Within 1 working day of receipt. Clinical urgency must be clearly outlined and defined by the referring Clinician.
Request for further information and/or IFR Panel presentation date	Within 10 working days of receipt All relevant information needed for the IFR Panel to fully assess the case must be submitted prior to the Panel date being allocated	Within 2 working days of receipt All relevant information needed for the IFR Panel to fully assess the case must be submitted prior to the Panel date being allocated
IFR Panel meeting date	Within 30 working days of receipt of all relevant information needed for the IFR Panel to fully assess the case	Within 5 working days of receipt of all relevant information needed for the IFR Panel to fully assess the case A virtual Panel (by conference call or secure email connection) will be organised, with the agreement of the chair. Alternatively, if members are available, an urgent meeting will be convened, with the agreement of the Chair when sufficient information and evidence has been gathered to present the case. The funding decision should take no longer than three days. The Chair will surmise the comments and opinions and the Consultant will be notified by telephone and email.
Notification of Panel's decision	Within 5 working days of decision being reached. A written confirmation will be sent once the Chair of the Panel has agreed the decision response. Where possible NHS NCL will notify the referring Clinician by telephone.	Within 1 working day of decision being reached. NHS NCL will notify the referring Clinician by telephone. A written confirmation will be sent once the Chair of the Panel has agreed the decision response.

Appeal Timelines

The appellant wishing to lodge an appeal against the IFR Panel decision must notify NHS NCL of their intention and the grounds of appeal, in writing, clearly stating the reason for appeal. If additional information is supplied the relevance of the additional information must be clearly detailed. Where additional information is supplied and found to provide new insight to the case the request will be presented to the IFR Panel for consideration as a resubmission.

Acknowledgement of receipt of appeal	Within 3 working days of receipt	Within 1 working day of receipt Clinical urgency must be clearly outlined and defined by the referring Clinician.
Request for further information and/or Appeal Panel presentation date	Within 10 working days of receipt All relevant information needed for the Appeal Panel to fully assess the case must be submitted prior to the Panel date being allocated	Within 3 working days of receipt All relevant information needed for the Appeal Panel to fully assess the case must be submitted prior to the Panel date being allocated
Appeal meeting date	Within 60 working days of receipt of all relevant information needed for the Appeal Panel to fully assess the case	Within 10 working days of receipt of all relevant information needed for the Appeal Panel to fully assess the case A virtual panel (by conference call or secure email connection) will be organised, with the agreement of the chair. Alternatively, if members are available, an urgent meeting will be convened, with the agreement of the Chair when sufficient information and evidence has been gathered to present the case.
Notification of Panel's decision	Within 5 working days of decision being reached. A written confirmation will be sent once the Chair of the Panel has agreed the decision response. Where possible NHS NCL will notify the referring Clinician by telephone.	Within 1 working day of decision being reached. NHS NCL will notify the referring Clinician by telephone. A written confirmation will be sent once the Chair of the Panel has agreed the decision response.

4. Individual Funding Request (IFR) Application Process

Requests for funding outside Service Level Agreements (SLAs) should originate either from a GP, as the patient's primary care practitioner, or from a hospital Consultant, to whom the patient has been referred. Referrals will not be accepted if sent directly from the patient, or if the patient has completed the request form. The patient is entitled and encouraged to write in support of the request.

The process for a Trust or other organisation/Clinician requesting funding is:

(a) Consider whether the IFR route is appropriate.

NHS NCL will only consider IFRs where a drug or clinical intervention is explicitly excluded from the national PbR tariff or from local contracts and where the patient has individual clinical and/or personal circumstances that are exceptional as defined in the NHS NCL policy.

Note that all treatments and clinical interventions, including new drugs, other treatments and technologies, should be supplied by providers within the scope of the national *Payment by Results* (PbR) tariff unless explicitly excluded through the Department of Health list of drugs and devices (set out in the relevant PbR annexes) and/or explicitly excluded locally for PbR-excluded services.

The pay and prices uplift for providers includes a growth element for drugs, which includes an element for the uptake of new drugs and other clinical interventions and this includes an uplift for drugs and clinical interventions recommended by the National Institute for Health and Clinical Excellence (NICE) once it has published technology appraisal guidance.

Funding for new, rarely used, unlicensed and/or investigational drugs or other clinical interventions outside of a research trial will remain the responsibility of the provider unless an application (including a business case) has previously been agreed by NHS NCL.

Providers wishing to use drugs and clinical interventions that are explicitly excluded from the national PbR tariff or from local contracts, or who wish to use new drugs or clinical interventions during the financial year, or to use drugs outside their licensed NICE indications have three options:

1. Absorb the cost incurred by such treatment changes, unless the drug or clinical intervention meets the criteria for pass through arrangements and the PCT agrees to commission the proposed change;
2. Make an IFR request to NHS NCL where the proposed treatment is for one patient only and where the provider considers that there are strong grounds to consider the patient to be exceptional as defined in the NHS NCL policy; or
3. **Make an** application for the consideration of a service innovation or development, which will need to be the subject of a business case and will be considered by NHS NCL using a separate process.

If a Provider wishes to make a business case for a service development they should contact the relevant NHS NCL Commissioning Manager

There is provision in place for urgent funding decisions to be reached. Where treatment is commenced prior to an application being submitted and agreed, an application for maintenance treatment can be submitted. NHS NCL will not fund retrospective applications.

NHS NCL will not fund treatment which was started a part of trial where the exit strategy has not been pre-approved by the IFR Panel.

(b) Complete an NHS NCL IFR application form.

All applications should be in electronic format.

Standard application templates are attached as Appendices 1a and 1b (1a for referrals from hospital Consultants; 1b for referrals from GPs). Forms need to be completed in full, and those that are not fully completed will be returned in order for missing information to be completed. Referring Clinicians are asked to note that providing relevant and clear supporting information within the referral, in sufficient detail, will assist in the decision making process. It also reduces the risk of delay in the assessment process. It is important that referrers should note the criteria set out in the guiding principles with which the Panel make their decisions, and ensure the information is relevant to the criteria. Similarly, applications should be accompanied by key documents, (in electronic format), of all the relevant evidence that demonstrate the clinical effectiveness of the proposed intervention in the patient's circumstances, and where this evidence is missing, the application will be returned in order for key documentation to be provided.

(c) Submit the completed form, with attachments, to the NHS NCL IFR Administrator

The IFR Administrator will coordinate the funding applications and Panel meetings.

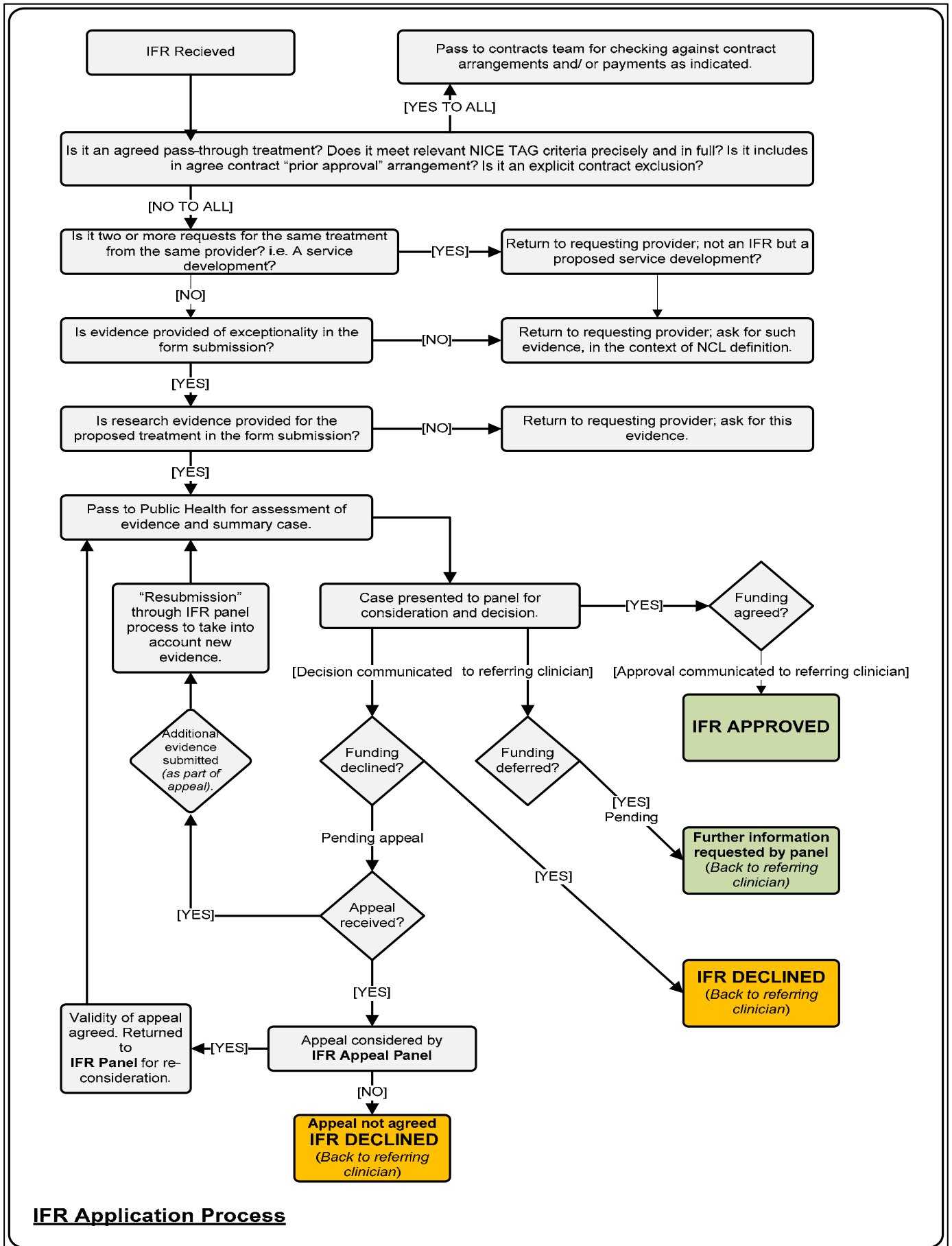
The email address used is secure and complies with data protection guidance. Email: NCL.IFR@NHS.NET

The IFR Team, a public health specialist, a medicine management pharmacist or member of the Commissioning department will assess the evidence and consider whether the case should go to Panel. If an application is found to be unsuitable for presentation to the IFR Panel the reasons for this decision will be explained to the referring Clinician.

If the case does proceed to panel a public health strategist will prepare the case. They may need to contact a patient's clinical to gather further details; they will also perform a literature review and assessment of all available evidence relating to the case. See Appendix 2 for the Public Health evidence sheet used to summarise and present cases.

NHS NCL may need to contact the referrer to seek additional information, and/or to clarify information where necessary, and therefore it is important that the contact details for the referring Clinician are provided. An IFR Officer will collate and share all relevant information with the IFR Panel members.

Figure 1: IFR Application Process



(d) Panel meeting

The Panel will convene within the timelines set out in this policy. If this is not possible, the referring Clinician will be notified and will be provided with the reason for the delay.

One week prior to the date of the Panel meeting, the members of the Panel will be sent all of the relevant documentation for consideration.

If the Panel decide that they need further information before making their decision, they will adjourn to allow for this information to be provided.

If the Panel decide that they need expert advice on the evidence presented, they will adjourn to allow for this advice to be sought.

Minutes will be taken during the Panel meeting. The minutes will list the attendees at the meeting and the documentation considered. The minutes will be agreed by the Public Health Strategist (for the cases they presented) and final agreement is given by the Chair of the Panel.

(e) Notification of Decision

The referring Clinician will be notified as set out in the table above.

It is the responsibility of the Clinician making the referral to inform the patient.

If the IFR Panel did not approve the request; the details of the appeal procedure will be contained with the notification.

Funding decisions are made on an individual and case-by-case basis. Funding decisions do not set precedents for patients in similar situation or requests for the same treatment.

IFR Appeal Panel

The IFR Appeal Panel's purpose is to undertake a 'quality assurance check' on the decision-making procedure and outcome originating from the IFR Panel, not to re-consider the case. If the Appeal Panel finds that the decision-making process was unsound, it will refer the case back to the IFR Panel to re-review. The Appeal Panel will set out the reasons for the referral. It is not the role of the IFR Appeal Panel to reach its own decision about whether to fund an IFR case.

The Appeal Panel process consists of an examination of all documentation associated with the case, including letters, records of meetings, other paperwork and emails involved in the original discussion and decision, as well as the documentation relating to the appeal itself.

The Chair of the IFR Panel may attend the IFR Appeal Panel with the sole purpose to answer any specific points identified by the Appeal Panel in relation to the documentation and process, Panel discussion and decision. If requested the Public Health Strategist who presented the case may attend to answer questions raised by the Appeal Panel.

The referring Clinician may appeal a decision not to fund their IFR request. The Appeal must be received in writing and set out clearly the reasons for the appeal.

NHS NCL IFR Appeal Panel Membership

This Appeal Panel membership will consist of:

- A Non Executive Director (Chair)
- A General Practitioner
- A NHS NCL Director

The referring Clinician will be notified of the Appeal Panel's decision within 5 working days of decision being reached or within 1 working day of decision being reached for urgent appeals.

APPENDIX 1a

**Individual Funding Request
Application Template
For use by a Hospital Consultant**

Please tick which category applies to your application. If this is an urgent application please telephone the IFR team once you have sent your application.

IFR request for planned/elective treatment	
IFR request for treatment where the patient requires a funding decision within two months	
IFR request for treatment where the patient requires a funding decision within one month	
IFR request for treatment where the patient requires a funding decision within two weeks	
IFR for patients whose condition requires immediate life/quality of life sustaining measures	

Please provide further information below relating to the clinical urgency and / or proposed treatment dates below:

Please ensure that you have your patient's consent for patient identifiable data (i.e. name, DOB etc) to be shared on a need to know basis with appropriate professionals who may be involved in the patient's care. Please only send this application to NHS NCL once you have gained your patient's consent. This will be required in cases where further investigation to gain a fuller picture is needed. All data is stored in line with the PCT Data Protection Regulations.

CONTACT INFORMATION		
Trust Name		
Address (In full)		
Applicant Details	Name:	
	Designation:	
	Department	
	Telephone No:	
	Email: ONLY NHS.NET	
Patient Details	Initials:	
	NHS No.	
	Hospital ID number:	
	DoB:	
	Male/Female:	
	Registered Consultant:	
	Registered GP name:	
	Registered GP postcode:	
	PCT:	
	Referred by (other than GP):	
	Referred from:	
	Date of referral:	
For a drug intervention - Application reviewed by Chief Pharmacist or nominated deputy e.g. relevant specialist pharmacist	Chief Pharmacist /deputy Name:	Must be copied into all drug related correspondence
	Chief Pharmacist /deputy email & contact number:	
	Pharmacist name for any queries if different to above	
	Pharmacist email and contact number:	

REQUEST DETAILS	
Patient Diagnosis for which intervention is requested	
Details of intervention for which funding is requested	Name of intervention: Please provide both generic and specific names of drugs requested
	Dose and frequency:
	Route of administration:
	Planned duration:
What are the exceptional circumstances that make the standard intervention inappropriate for this patient? Please see NHS NCL IFR policy for guidance.	
Are there any patient factors (clinical or personal) that need to be considered?	<i>Delete as appropriate:</i> Yes / No If Yes , please give details:
Is requested intervention part of a clinical trial?	<i>Delete as appropriate:</i> Yes / No If Yes , please provide details of the trial: Is it an MRC/National trial?
Is requested intervention licensed in the UK for use in the requested indication	<i>Delete as appropriate:</i> Yes / No (Please refer to pharmacy if required) If No , is it licensed for use in another indication: Yes / No
Please provide details of National, Cancer Network or Local Guidelines/ recommendations or other published data supporting the use of the requested intervention for this condition?	PUBLISHED trials/data <u>Please provide electronic copies of the papers with this application.</u> Please submit full published papers rather than abstracts, unless the application relates to the use of an intervention in a rare disease where published data is not available. Web links for peer-reviewed papers must be supplied where available. NHS NCL IFR PANEL CANNOT CONSIDER THE CASE IN THE ABSENCE OF THIS EVIDENCE
Details of the papers submitted:	

<p>Have the Trust Drugs and Therapeutics Committee OR equivalent Committee approved the requested intervention for use? (If drug or medical device)</p>	<p><i>Delete as appropriate:</i> Yes / No If No, Committee Chair or Chief Pharmacist approved: Yes / No Evidence must be supplied e.g. D&TC minutes and/or Chairs agreement</p> <p>NHS NCL IFR PANEL CANNOT CONSIDER THE CASE IN THE ABSENCE OF THIS EVIDENCE</p>			
<p>Is there a standard intervention at this stage?</p>	<p><i>Delete as appropriate:</i> Yes / No If Yes, please include details / standard algorithm of care for disease type.</p>			
<p>Is the requested intervention additional to the standard intervention(s) or a deviation from the standard</p>	<p>Delete as appropriate: Additional / Deviation Please indicate where the patient fits into the standard algorithm:</p>			
<p>What is the anticipated benefit of the intervention compared to the standard?</p>	<p>In case of intervention for CANCER please provide details of expected survival benefit.</p>			
<p>Summary of previous intervention(s) this patient has received for the condition. Please provide reasons for stopping, such as:</p> <ul style="list-style-type: none"> ▪ Course completed ▪ No or poor response ▪ Disease progression ▪ Adverse effects 	<p>Dates of treatment</p>		<p>Intervention</p>	<p>Reason for stopping / Response achieved</p>
	<p>Start date</p>	<p>End date</p>	<p>(e.g. drug / surgery)</p>	
<p>Please provide details of other relevant treatment</p>	<p>Dates of treatment</p>		<p>Intervention</p>	<p>Reason for stopping / Response achieved</p>
	<p>Start date</p>	<p>End date</p>	<p>(e.g. drug / surgery)</p>	
<p>In case of intervention for NON-Cancer</p>	<p>What is the patient's clinical severity? Where possible use standard scoring systems: WHO: DAS scores: Other:</p>			

<p>Application where intervention is for CANCER:</p>	<p>Please indicate whether the intervention is for</p> <ul style="list-style-type: none"> • Adjuvant / Neoadjuvant • 1st line relapse (or metastatic) • 2nd line relapse • Other (please specify) <p>What is the WHO performance status? How advanced is the cancer? Please provide stage. Describe any metastases:</p>		
<p>Application where intervention is for CANCER:</p>	<p>Has the treatment been approved by:</p> <p>(a) London Cancer Drugs Group <i>Delete as appropriate:</i> Yes / No</p> <p>(b) London Cancer prioritisation process (LCP) <i>Delete as appropriate:</i> Yes / No</p>		
<p>What is the anticipated toxicity of the intervention for this patient?</p>			
<p>What are the criteria for stopping treatment?</p>			
<p>How will you monitor the effectiveness of the intervention?</p>			
<p>What would you consider to be a successful outcome for this intervention in this patient?</p>			
<p>What are the patient expectations for the outcome of the treatment? Have these been discussed with the patient and their family?</p>			
<p>Costing information</p>	<p>Anticipated monthly cost (inc VAT): or Cost per cycle (inc VAT): <i>Seek advice from Pharmacy for costs</i></p>		
	<p>Related monitoring costs</p>		
	<p>Related monitoring frequency</p>		
	<p>Any other additional costs</p>		
<p>Date form completed:</p>		<p>Trust reference number: (Pharmacy to complete)</p>	

Form completed by: (Please use block capitals)	
Signature:	

Please submit this form and supporting evidence to:

Individual Funding Request Team Administrator
6th Floor
NHS North Central London
Stephenson House
75 Hampstead Road
London
NW1 2PL

Email: NCL.IFR@NHS.NET
Telephone: 0207 685 6153 / 6154

APPENDIX 1b

**Individual Funding Request Application Template
For use by a GP**

Is this application urgent? Please tick which category applies to your application.

IFR request for planned/elective treatment	
IFR request for treatment where the patient requires a funding decision within two months	
IFR request for treatment where the patient requires a funding decision within one month	
IFR request for treatment where the patient requires a funding decision within two weeks	
IFR for patients whose condition requires immediate life/quality of life sustaining measures	

Please provide further information below relating to the clinical urgency and / or proposed treatment dates below:

Please ensure that you have your patient's consent for patient identifiable data (i.e. name, DOB etc) to be shared on a need to know basis with appropriate professionals who may be involved in the patient's care. By completing this form NHS NCL will assume that you have gain your patient's consent prior to making the application. This will be required in cases where further investigation to gain a fuller picture is needed. All data is stored in line with the PCT Data Protection Regulations.

Patient GP:	Referred by:		
Practice code:	Patient identification		
Practice address:	NHS no:		
	DOB:		Initials:
	Gender:	Male / Female	
Patient Diagnosis for which intervention is requested.			
What is the patient's severity of condition please use standard scoring system e.g. WHO, DAS, walk test, cardiac index.			
Details of intervention for which funding is requested.			
Dose and frequency:			
Route of administration:			
Anticipated monthly cost, or cost per cycle inc VAT.			
Relevant current and historical clinical condition			
Relevant past and/or current mental health history.			
Please detail the reasons this patient's circumstances are exceptional, compared to other patients and their cohort. Please see NHS NCL IFR policy for guidance.			
Please note the Panel will consider the referral under the following headings. It would be helpful to make reference against these criteria when submitting your request.			
Clinical effectiveness			
Appropriateness			
Cost effectiveness			
Are procedure / product / drug licensed for this indication?	Delete as appropriate: Yes / No (Please refer to pharmacy if required) If No , is it licensed for use in another indication? Yes / No		
Have relevant Secondary Care Trust Committees approved this procedure/drug for this use?			
Short summary of key trials supporting use of this treatment for this indication / Any published data to support the use of this treatment for this patient or condition.			

If appropriate, what treatment has the patient already received? Please provide details if the patient has experienced a bad reaction, had no or a poor response to treatments or disease progression.	
If appropriate, are there any alternatives to requested treatment? Would they be suitable for this patient?	
What would be the expected benefit for this patient?	
Planned duration of intervention?	
How will you monitor the effectiveness of the Intervention?	
What would you consider to be a successful outcome for this intervention in this patient?	
Comments from Clinician.	
Form completed by: (Please use block capitals)	
Signature:	
Date form completed:	

Please forward all relevant documentation and supporting evidence. If the patient or patients advocate wishes to write in support of their application, please forward this correspondence to the individual treatments coordinator.

Please return completed form to:

Individual Funding Request Team Administrator
6th Floor
NHS North Central London
Stephenson House
75 Hampstead Road
London
NW1 2PL

Email: NCL.IFR@NHS.NET

Telephone: 0207 685 6153 / 6154

APPENDIX 2

Public Health Strategist evidence sheet

Date
Application for funding
Consultant / GP
IFR Case Reference Number
Patient details
Gender:
Year of birth:

APPRAISAL - is proposal:

	Yes	No	Don't Know	Notes
<u>Safe?</u> (<i>'First do no harm'</i>)				
<u>Clinically Effective?</u> (<i>Does it work?</i>)				
<u>Cost effective?</u> (<i>Is it an efficient way of using resources?</i>)				
<u>Without substitute?</u>				
<u>Gross Cost and potential projected costs?</u>				
<u>Official Guidance</u>	E.g. Licensed Indications, NICE guidance			
<u>Ease of Access and equity</u> (<i>Is it a fair way of using resources?</i>) (<i>Can people get to the service?</i>)	Background			
<u>Effect if not funded/Life extension</u> (Effect on social care)	Risk factors			

Other notes

Case History

Reason for Exceptionality provided in the application

Any other notes regarding communication about the patient's case

References:

Decision