NHS
Kernow
Clinical Commissioning Group

Individual Funding Requests policy & procedures

Date approved: 18/11/19

This policy was adopted by NHS Cornwall and Isles of Scilly Integrated Care Board (ICB) on 1 July 2022.

We are working to change the branding on our policies and to make sure they are accessible.

We intend to complete this work by 1 April 2023. While this work is underway, all references to NHS Kernow, the CCG and related structures should be taken to relate to the ICB.

This policy may not be suitable for users of assistive technology. If you use assistive technology (such as a screen reader) and need a version of this document in a more accessible format, please email ciosicb.corporategovernance@nhs.net. Please tell us what format you need. It will help us if you say what assistive technology you use.

NHS
Kernow
Clinical Commissioning Group

Document control sheet

Title of document:	Individual Funding Requests policy & procedures
Originating Directorate:	Corporate Governance
Originating team:	Individual Funding Request
Document type:	Policy
Subject category:	Policy and procedures
Author(s) name:	Drew Wallbank
Date ratified:	18/11/19
Ratified by:	Senior Management Team
Review frequency:	Three years (standard, unless otherwise indicated)
To be reviewed by date:	18/11/22
Target audience:	Individual Funding Request team, clinical referrers, patients
Can this policy be released under FOI?	Yes
	Give reasons for exemption if no:

Version control

Version No	Revision date	Revision by	Nature of revisions
v.2	28 April 2015	Exceptional Treatments Manager	The previous IFR policy was based on how the Primary Care Trust operated and included references to commissioning activities and structures which are now no longer relevant or do not exist. These have been removed. • The SCRP and LPT procedures have been strengthened to support decision-making. • The IPP procedure has been strengthened to include more robust procedures for handling disagreement; the reconsideration of funding

			decisions. Duplication has been removed by integrating the POLCB policy into the new IFR policy and by adding an appendix of restricted treatments.
v.3	26 April 2018	Exceptional Treatments Manager	• Clarification of CCG statutory duties in respect of IFRs • Changes to reflect new organisational structure and governance • Merging of SCRP and LPT panel processes to simplify document • Removal of IFR ethical framework; being superseded by separate CCG 'Ethical framework for priority setting and resource allocation' • Clarification of time limit placed on availability of funding • Renaming of Individual Patient Placement (IPP) Panel to Mental Health and Learning Disability (MH&LD) Panel, for clarity of purpose • Adjustment to IFR Panel quoracy to enable timely decisions. (Public Health/Prescribing now advisory rather than voting members and can submit information in writing) • Clarification of process for urgent consideration of MH&LD applications
v.4	November 2019	Exceptional Treatments Manager	• Removal of Mental Health and Learning Disability Panel; such applications now to be considered via Prior Approval to the relevant CCG team (where routinely commissioned), or IFR (where not routinely commissioned). • Clarity on the interventions considered by the IFR Panel (treatments, drugs and devices) s2.1 • Further clarity at s2.7 on the clinical basis (rather than social) of applications. • Revision of appeal period to 20 working days at s6.3

NHS
Kernow
Clinical Commissioning Group

Contents

1. Introduction 5
2. Individual Funding Request Panel principles 5
3. IFR procedure 7
4. Triage 8
5. Individual Funding Requests Panel 8
6. Complaint, reconsideration and appeal 10
7. Governance 11

1. Introduction

1.1 NHS Kernow Clinical Commissioning Group (NHS Kernow) is committed to improving the health of people living in Cornwall and the Isles of Scilly, and to ensure that they receive the treatments they need at the right time, in the right place, to a high standard in order to give the best health outcome.

1.2 It is the statutory duty of the NHS and Clinical Commissioning Groups (CCGs) to provide comprehensive healthcare within the resources available. CCGs receive a fixed amount of money each year in order to provide health services for all their population. Not all treatments can be provided by the NHS and the decision to provide one treatment directly reduces the resources available for other treatments and services.

1.3 The National Health Service Commissioning Board and Clinical Commissioning Groups (Responsibilities and Standing Rules) Regulations 2012, place a duty on CCGs to have arrangements in place for considering individual funding requests for treatments which are not routinely commissioned and to give reasons why such a request is not approved.

1.4 The NHS Constitution gives people the right to expect these decisions to be made rationally, following proper consideration of the evidence and with full explanation when not funded. This document sets out the process by which such requests are considered.

2. Individual Funding Request Panel principles

2.1 An Individual Funding Request (IFR) is a request to fund treatments, drugs or devices under medical supervision for an individual (referred to as 'person' in this document) which is not routinely commissioned. Such a request must be made by a clinician or relevant professional.

2.2 Where such an intervention is not routinely commissioned, the IFR Panel will consider requests to fund where there is evidence of exceptional clinical need. The IFR Panel considers the question: On what grounds can NHS Kernow justify treatment for this person when others from the same group are not being funded? In making a request, the referring clinician must therefore provide evidence that

- The person is significantly different to the general population of people with the condition in question **and**

- The person is likely to gain significantly more benefit from the intervention than might be normally expected for people with that condition

2.3 It is not the role of the IFR Panel to make commissioning policies on behalf of NHS Kernow. The Panel cannot make a decision which creates a precedent that establishes new policy (because the person's circumstances are not in fact exceptional, but representative of a group of people who would be equally likely to benefit from the intervention). Treatment policies are available at the NHS Kernow website.

2.4 Mental health and learning disability applications which represent a cohort who would equally benefit from the intervention shall be rejected at IFR triage and passed to the relevant team so that they may make an individual commissioning decision on whether to fund, as well as a policy position as part of their service development. Such cohorts will be considered through 'Prior Approval' via those teams.

2.5 In the case of new drugs and treatments for which there is no published NICE guidance, it is intended that no more than the two requests will be considered by the Panel. Following the second request to Panel, NHS Kernow will need to consider whether a treatment policy is required.

2.6 Where a person is in receipt of mental health services, an up-to-date report may be submitted to support an application. However, referrals to these services should not be made specifically in order to support a request for funding. Such a referral should only be made where it is appropriate for the person to receive on-going psychological/psychiatric care.

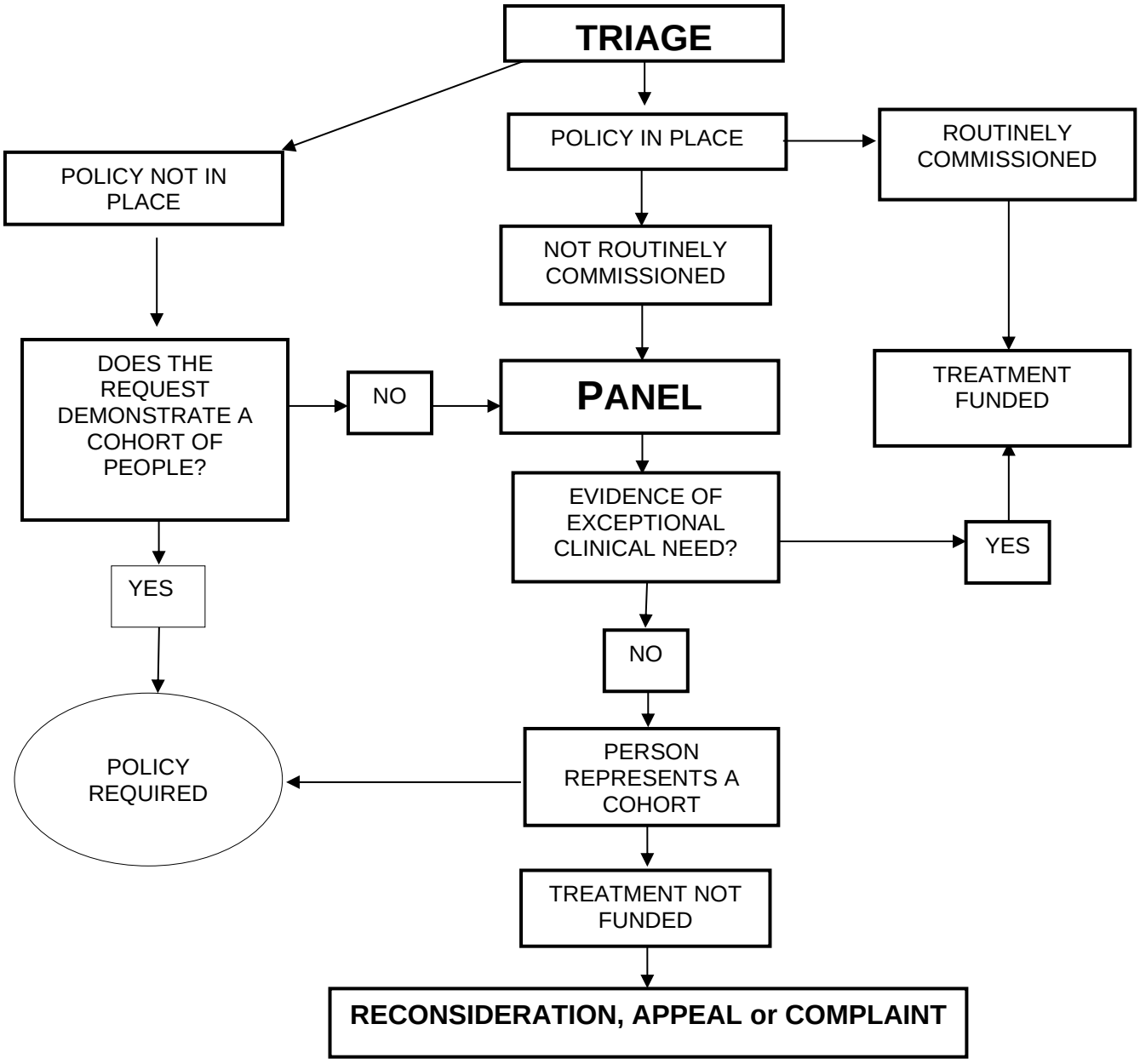
2.7 IFRs should not be made on the basis of non-clinical social factors, personal or protected characteristics, for example, the degree to which a person is contributing to society through their employment. The Panel is unable to place greater value on one profession over another, or greater value on those who are employed over those who are not. The Panel has a duty to make fair and equitable decisions in line with the NHS Kernow CCG 'Decision making framework'. The Panel cannot agree to fund treatment for one person which cannot be offered to all people with similar clinical circumstances.

2.8 Funding is available for one year after the date of IFR Panel approval. If treatment is not pursued within this time, a further application must be made, also detailing the reason for delay.

2.9 Occasionally people move to the area after treatment has been approved by their previous CCG's Individual Funding Request. NHS Kernow may honour such decisions, providing the care pathway has been initiated.

2.10 NHS Kernow will not reimburse costs for private treatment undertaken without prior IFR approval.

3. IFR procedure



4. Triage

4.1 All requests are first triaged:

- The application must be completed electronically and in full. If not, it will be returned.
- It is the responsibility of the referring clinician to make the case for exceptional clinical need.
- Clinical opinion must be supported by clinical evidence. If there is no supporting clinical evidence, the application will be returned.
- Any published clinical research papers should be included in full.

4.2 Triage enables one of the following decisions:

- AGREED: Where the treatment is routinely commissioned.
- REFUSED: Where there is a clear treatment policy not to fund and no information indicating exceptional clinical need. Where there is insufficient clinical evidence to support the application. Where the application represents a cohort of people who would equally benefit from the intervention requested.
- RETURNED: Where further information may assist a Panel decision.
- FORWARDED: To Panel

4.3 The referrer will be informed of the date when the application will be considered at Panel.

4.4 The application will be anonymised and passed to Panel members one week before the Panel date.

4.5 A request can be urgently considered if there is evidence that a delay may cause significant harm to the person's health. Only a small minority of requests are expected to be dealt with in this way and these will usually involve life-threatening conditions. The correct process will be followed, however there will be flexibility in how the Panel meeting is held, for example, by teleconference. If this is not possible, or if a quorum cannot be obtained a decision may be made out of process by the Director responsible for Individual Funding Requests. For mental health and learning disability applications, the decision may be made by the Director responsible for that CCG function and in considering the advice from that team.

5. Individual Funding Requests Panel

5.1 The Panel will consist of three voting members, with advisory members depending on the subject matter:

- Layperson Chair (voting member, with casting vote)
- General Practitioner (voting member)
- NHS Kernow Director or delegate (voting member)
- Senior Pharmacist (advisory)
- Public Health Clinician (advisory)
- Mental Health and Learning Disability/Children and Young People's Lead Commissioner, or their delegate (advisory)

5.2 All voting members must be present in order for the Panel to be quorate. The Panel will not proceed if it is not quorate. Advisory members may attend in person, or submit written comments for consideration. Additional advice may also be sought from NHS Kernow commissioners.

5.3 In exceptional circumstances, to prevent undue delay, a Panel member may delegate responsibility for attendance. The delegate must have the appropriate skills and competencies to participate.

5.4 Members must declare any conflict of interest prior to discussion of an individual case. That member would be unable to use their vote in cases where this is required to conclude a decision. Where this is required, the application would be deferred to another Panel with different membership. Any conflict of interest must be recorded in the minutes.

5.5 All members of the Panel will have been provided with a copy of relevant documentation relating to each individual case. It is expected that a decision will be reached at the Panel meeting, unless further information is required.

5.6 The referrer or person concerned shall not attend Panel.

5.7 All factors relevant to a person's case will be considered individually and together in order to decide whether funding should be granted.

5.8 The Panel will apply the principle of exceptional clinical need as well as considering clinical and cost-effectiveness.

5.9 The Panel may defer consideration of a case if they require further information or expert advice.

5.10 The referrer will be informed of the Panel decision in writing, within five working days of the Panel meeting. It is the responsibility of the referrer to inform the person of the Panel decision.

6. Complaint, reconsideration and appeal

6.1 A person may use the NHS Complaints procedure if they are unhappy with a Panel decision.

6.2 Referring clinicians can request reconsideration of an individual case if they submit new clinical information which the Panel has not seen previously. The Panel will not reconsider cases where there is no new information. It is the responsibility of the referrer, not the person to ensure that this information is provided.

6.3 Where the IFR Panel has made a decision not to fund treatment and the referring clinician believes that all relevant clinical information has been provided and considered, the referrer or person may appeal against the original Panel decision. If the referring clinician places the appeal they will be required to confirm that they are acting with the person's consent. If they are not, the appeal will not proceed. An appeal may be made where it is believed that due process has not been correctly followed. Any appeal should state why this is the case. It must be made within 20 working days of the Panel decision.

6.4 The Appeal Panel will convene within 40 working days of a written request.

6.5 The Appeal Panel provides a procedural review of the original Panel decision. It will consist of three members (none of whom sat on the original Panel which considered the case). All members must be present in order for the Panel to be quorate:

- Layperson Chair (voting member, with casting vote)
- General Practitioner (voting member)
- NHS Kernow Director or delegated authority (voting member)

6.6 A member from the original Panel may be invited to attend at the start of the meeting to provide clarification, but will not be present for the decision making process.

6.7 The person and/or the referrer will be notified of the date of the appeal and be invited to submit supporting statements to the Appeal Panel.

6.8 The person may attend to provide information on why due process was not followed, but will not be present for the decision making process. They may be accompanied by a relative or friend but not a legal representative.

6.9 The Appeal Panel will have access to all relevant documentation. The Appeal Panel does not consider new evidence. They will consider:

- Was due process followed?
- Did the CCG follow its own policies and procedures?
- Did the original Panel take into account all of the relevant information available at the time?
- Was the decision reasonable and in line with the evidence?
- Due process may involve questioning the clinician expert and/or the Chair of the original panel.

6.10 The Appeal Panel may decide to:

- uphold the original decision (due process was followed)
- return the application for Panel further consideration (due process was not followed)

6.11 The person shall be informed in writing of the outcome of the Panel within five working days.

7. Governance

7.1 The IFR Panel reports to the CCG Finance Committee, or its equivalent.

7.2 Education on IFRs will be offered to Panel members and referrers, to enable greater understanding of decision making processes in regard to the funding of treatments. The NHS Kernow website provides access to the following:

- Treatment policies
- Individual Funding Request policy
- Individual Funding Request application forms
- Information leaflets

7.3 The NHS Kernow IFR team and Panel members are bound by a duty of confidentiality. All person identifiable data is kept securely. Information is stored so that a funding decision can be made. If an application is funded, data is shared with the NHS Kernow Business Intelligence and Contracts teams for the validation of any subsequent invoices for treatment. People have the right to access the records held. They also have the right to object to NHS Kernow making use of their information, restricting what information we use and to correct information if it is not accurate.

Equality impact assessment

NHS
Kernow
Clinical Commissioning Group

An equality impact assessment is used to establish how a policy or similar document may impact on individuals, communities or equality groups to identify and minimise or remove any disproportionate impact. A full impact assessment should be undertaken for policies, strategies, procedures or projects which are anticipated to have an impact on members of the public.

Guidance to complete this document, and the full impact assessment template, is available on the Document Library.

Name of policy/ service to be assessed	Individual Funding Request policy and procedure		
Department/ Section	Corporate Governance	**Date of assessment**	12/11/2019
Person/s responsible for the assessment	Drew Wallbank	**Is this a new or existing policy?**	Existing
1. Describe the aims, objectives and purpose of the policy.		Gives procedure and principles for handling Individual Funding Requests	
2. Who is intended to benefit from this policy, and in what way?		IFR team, panel members, referrers, public. Gives procedure and principles for handling Individual Funding Requests	
3. What outcomes are wanted from this policy?		Robust and transparent decision making	
4. What factors/ forces could contribute/ detract from the outcomes?		Failure to follow policy and procedure.	
5. Who are the main stakeholders in relation to the policy?		IFR team, panel members, referrers, public	
6. Who implements the policy, and who is responsible for the policy?		Exceptional Treatments Manager	
7. What is the differential impact on people from the perspective of race, nationality and/ or ethnic origin? Does this have a positive or negative impact on black, Asian and minority ethnic (BAME)? Consider relevance to eliminating unlawful discrimination, promoting equality of opportunity and promoting good race relations between people of different racial groups. Issues to consider include people's race, colour and nationality, Gypsy, Roma, Traveller			

communities, employment issues relating to refugees, asylum seekers, ethnic minorities, seasonal workers, language barriers, providing translation and interpreting services, cultural issues and customs, access to services, prejudice, discrimination, harassment and abuse, attitudes towards accessing healthcare.
None. The policy provides guidance on decision making regardless of BME status. All personal identifiable information is removed from application before consideration by Panel. Policy makes clear that decisions are based on exceptional clinical need rather than social, personal or protected characteristics.

How will any negative impact be mitigated?	Click here to enter text.

8. What is the differential impact on people from the perspective of sex? Does this have a positive or negative impact on people who identify as male, female or intersex? Consider what issues there are for men and women, e.g. responsibilities for dependants, issues for carers, access to training and employment issues, attitudes towards accessing healthcare.
None. The policy provides guidance on decision making regardless of gender. All personal identifiable information is removed from application before consideration by Panel. Policy makes clear that decisions are based on exceptional clinical need rather than social, personal or protected characteristics.

How will any negative impact be mitigated?	Click here to enter text.

9. What is the positive or negative differential impact on people from the perspective of disability? Consider what issues there are around disabilities, e.g. access to building and services, how we provide services and the way we do this, producing information in alternative formats and employment issues. Consider the requirements of the NHS Accessible Information Standard. Consider attitudinal, physical and social barriers. This can include physical disability, learning disability, autism, sensory impairment, mental health conditions, people with long term conditions, communication needs arising from a disability.
None. The policy provides guidance on decision making regardless of disability. All personal identifiable information is removed from application before consideration by Panel. Policy makes clear that decisions are based on exceptional clinical need (which may include disability) rather than social, personal or protected characteristics.

How will any negative impact be mitigated?	Click here to enter text.

10. What is the differential impact on people from the perspective of sexual orientation? Does this have a positive or negative impact on people who identify as heterosexual, lesbian, gay, bisexual, pansexual or asexual? Consider what issues there are for the employment process and training and differential health outcomes amongst lesbian and gay people. Also consider provision of services, for example, older and younger people who identify as lesbian, gay, bi-sexual.

None. The policy provides guidance on decision making regardless of sexual orientation. All personal identifiable information is removed from application before consideration by Panel. Policy makes clear that decisions are based on exceptional clinical need rather than social, personal or protected characteristics.	
How will any negative impact be mitigated?	Click here to enter text.
11. What is the positive or negative differential impact on people from the perspective of age? Consider what issues there are for the employment process and training. Some of our services impact on our community in relation to age, e.g. how do we engage with older and younger people about access to our services? Consider safeguarding, consent and child welfare, feelings of stigma and discrimination, lack of respect and social isolation.	
None. The policy provides guidance on decision making regardless of age. All personal identifiable information is removed from application before consideration by Panel. Policy makes clear that decisions are based on exceptional clinical need rather than social, personal or protected characteristics.	
How will any negative impact be mitigated?	Click here to enter text.
12. What is the positive or negative differential impact on people from the perspective of religion or belief? Consider what issues there are for the employment process and training. Also consider the likely impact around the way services are provided, e.g. dietary considerations, religious holidays, days associated with religious observance, culture and customs, places of worship. Consider what issues there may be for someone who has a religion or belief. Are they likely to be different to those faced by a person who does not hold a religious belief?	
None. The policy provides guidance on decision making regardless of religion or belief. All personal identifiable information is removed from application before consideration by Panel. Policy makes clear that decisions are based on exceptional clinical need rather than social, personal or protected characteristics.	
How will any negative impact be mitigated?	Click here to enter text.
13. What is the positive or negative differential impact on people from the perspective of marriage and civil partnership? **NB: this is particularly relevant for employment policies.** This characteristic is relevant in law only to employment, however, NHS Kernow will strive to consider this characteristic in all aspects of its work. Consider what issues there may be for someone who is married or in a civil partnership. Are they likely to be different to those faced by a single person? What, if any are the likely implications for employment and does it differ according to marital status?	
None. The policy provides guidance on decision making regardless of marriage and civil partnership. All personal identifiable information is removed from application before consideration by Panel. Policy makes clear that decisions are based on exceptional	

clinical need rather than social, personal or protected characteristics.	
How will any negative impact be mitigated?	Click here to enter text.
14. What is the differential impact on people from the perspective of gender re-assignment? Does this have a positive or negative impact on people who identify as Trans/ transgender, non-binary or gender fluid? Consider what issues there are for people who have been through or a going through transition from one sex to another. How is this going to affect their access to services and their treatment when receiving NHS care? What are the likely implications for employment of a transgender person? This can include issues such as privacy of data and harassment, gender neutral language, dress codes.	
None. The policy provides guidance on decision making regardless of gender reassignment. All personal identifiable information is removed from application before consideration by Panel. Policy makes clear that decisions are based on exceptional clinical need rather than social, personal or protected characteristics.	
How will any negative impact be mitigated?	Click here to enter text.
15. What is the differential impact on people from the perspective of pregnancy and maternity? Does this have a positive or negative impact on people who are pregnant, breast feeding mothers, or those on maternity leave? This characteristic applies to pregnant and breast feeding mothers with babies of up to six months, in employment and when accessing services. When developing a policy or services consider how a nursing mother will be able to nurse her baby in a particular facility and what colleagues may need to do to enable the baby to be nursed. Consider working arrangements, part-time working, infant caring responsibilities.	
None. The policy provides guidance on decision making regardless of pregnancy and maternity. All personal identifiable information is removed from application before consideration by Panel. Policy makes clear that decisions are based on exceptional clinical need rather than social, personal or protected characteristics.	
How will any negative impact be mitigated?	Click here to enter text.
16. Other identified groups: Consider carers, veterans, different socio-economic groups, people living in poverty, area inequality, income, resident status (migrants), people who are homeless or living in unstable accommodation, long-term unemployed, people who are geographically isolated, people who misuse drugs, those who are in stigmatised occupations, people with limited family or social networks, and other groups experiencing disadvantage and barriers to access.	
None. Policy and procedure makes clear that decisions are based solely on exceptional clinical need.	

How will any negative impact be mitigated?	Click here to enter text.
17. How have the core Human Rights Values of fairness, respect, equality, dignity and autonomy been considered in the formulation of this policy/ service/ strategy? If they haven't please reconsider the document and amend to incorporate these values.	
Policy and procedure gives guidance on decision making and in support these values.	
18. Which of the Human Rights Articles does this document impact?	
The right:	**Yes / No:**
• To life	No
• Not to be tortured or treated in an inhuman or degrading way	No
• To liberty and security	No
• To a fair trial	No
• To respect for home and family life, and correspondence	No
• To freedom of thought, conscience and religion	No
• To freedom of expression	No
• To freedom of assembly and association	No
• To marry and found a family	No
• Not to be discriminated against in relation to the enjoyment of any of the rights contained in the European Convention	No
• To peaceful enjoyment of possessions	No
19. What existing evidence (either presumed or otherwise) do you have for this?	Policy and procedure gives guidance on decision making and in support these values
20. How will you ensure that those responsible for implementing the policy are aware of the Human Rights implications and equipped to deal with them?	Policy and procedure gives guidance on decision making and in support these values
21. Describe how the policy contributes towards	Policy and procedure gives guidance on decision making and in support these values

eliminating discrimination, harassment and victimisation. Does this make the system fairer? Does it challenge, positively change the culture?	
22. Describe how the policy contributes towards advancing equality of opportunity. Are you using positive action to increase inclusion? Is this helping groups who may be less often heard?	Policy and procedure gives guidance on decision making and in support these values
23. Describe how the policy contributes towards promoting good relations between people with protected characteristics. Does it educate, integrate, support?	Policy and procedure gives guidance on decision making and in support these values
24. If the differential impacts identified are positive, explain how this policy is legitimate positive action and will improve outcomes, services and/ or the working environment for that group of people.	n/a
25. Explain what amendments have been made to the policy or mitigating actions have been taken, and when they were made.	n/a
26. If the negative impacts identified have been unable to be mitigated through amendment to the policy or other mitigating actions, explain what your next steps are using the following Equality Impact Assessment Action Plan.	If applicable, please complete table below. The following action plan should be completed if the Equality Impact Assessment has identified that additional steps need to be taken to address adverse outcomes for particular protected groups, or to collect additional evidence to inform the analysis. Please list below any recommendations for action that you plan to take as a result of this impact assessment.

Equality Impact Assessment Action Plan

Issues to be addressed	Action required	Responsible person	Timescale for completion	Action taken	Comments

Signed (completing officer): Drew Wallbank

Date: 12/11/2019

Signed (Head of Department/ Section): Trudy Corsellis

Date: 12/11/2019

Please ensure that a signed copy of this form is sent to both the Corporate Governance Team with the policy and the Equality and Diversity lead.