NHS Basildon & Brentwood Clinical Commissioning Group
NHS Castle Point & Rochford Clinical Commissioning group
NHS Southend Clinical Commissioning Group
NHS Thurrock Clinical Commissioning Group

Individual Funding Requests Policy

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Ratified by:	The Quality & Governance Committees (or equivalent) of the South Essex CCGs as below
Date Ratified:	NHS Thurrock CCG –NHS Basildon & Brentwood CCG – (NHS CP&R CCG – NHS Southend CCG –
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1. Introduction

This document is the policy of the four South Essex NHS Clinical Commissioning Groups ("the CCGs") for managing individual funding requests (IFRs) in a manner which complies with the Directions to Primary Care Trusts and NHS Trusts concerning decisions about drugs and other treatments 2009 and the NHS Constitution for England (2009, amended in 2013).

The policy incorporates amendments approved by the South Essex CCGs during Autumn 2014. These amendments primarily relate to the transfer of responsibility for the administration and management of IFRs from NHS Central Eastern Commissioning Support Unit (CECSU) to a service hosted by NHS Basildon and Brentwood CCG with effect from 1st October 2014.

2. Purpose

This policy ensures that the CCG makes decisions on IFRs in a fair, reasonable, transparent and consistent manner in accordance with principles of governance and probity, having regard to the need for CCGs to strike the correct balance between commissioning services that meet the needs of the majority of the population and accommodating the differing needs of individual patients.

The policy makes an explicit link between the IFR process and the CCG's mechanisms for commissioning decisions. Information gained from the IFR process will be used to inform commissioners of potential gaps in services or unintended consequences of commissioning policies.

This policy reflects the collaborative nature of the IFR Panel and shows how the panel makes recommendations on each IFR submitted on behalf of all four CCGs. This supports a key guiding principle of this policy that whilst NHS Basildon and Brentwood CCG manage and administer the IFR Service as a hosted arrangement on behalf of the South Essex CCGs, responsibility for IFR decision-making is anchored within the CCGs as the organisations responsible for commissioning NHS care for their populations.

3. Definitions

Individual Funding Request

An IFR is a request to an NHS commissioning organisation (such as a CCG) to fund healthcare for an individual who falls outside the range of services and treatments that the organisation has agreed to commission (NHS Confederation 2008).

Exceptionality

This policy adopts the generally accepted definition of Dr Henrietta Ewart of the former Warwickshire Primary Care Trust (PCT) which is also recommended by the NHS Confederation and Department of Health.

This states that in making a case for special consideration, it needs to be demonstrated that:

- The patient is significantly different to the general population of patients with the condition in question; and
- As a result of that difference, the patient is likely to gain significantly more benefit from the intervention than might be normally expected for patients with that condition.

However this is a threshold and the IFR Panel will still consider clinical and cost effectiveness of treatments requested.

4. Roles and Responsibilities

CCG Governing Bodies

The CCG Governing Body is responsible for ensuring that the CCG has systems and processes in place to meet its statutory requirements with respect to IFRs.

Chief Operating Officer

The Chief Operating Officer for each CCG is the Executive responsible for the day-to-day implementation of this policy.

Head of Corporate Governance/Head of Corporate Services

This postholder within each CCG acts as the first point of contact with the Hosted IFR Service.

Public Health Representatives, Medicines Management Representatives and Executive Nurse

These postholders will provide clinical advice and support to the IFR Service

Hosted Individual Funding Requests Service

The IFR Service, hosted by NHS Basildon and Brentwood CCG on behalf of the South Essex CCGs, is responsible for receiving and handling all IFRs submitted to the CCGs. The Service is responsible for handling all IFRs in accordance with this policy and will act as the first point of contact for all IFRs received by the CCG.

Medicines Management Team and Public Health Teams aligned to the CCGs

These teams are responsible for providing specialist advice to the IFR Service during the screening process and as required at panel meetings

All Employees and Governing Body Members

All Governing Body members and CCG staff have a responsibility to appraise themselves of the correct action to take in the event that they receive an IFR or wish to make such a request on behalf of a patient / client.

South Essex IFR Panel

The South Essex IFR Panel is responsible for considering IFRs which have been assessed through the CCG's screening process as falling outside approved policy and where no precedent can be established as a basis for approving funding.

The panel is responsible for making recommendations on Individual Funding Requests that enable each CCG's delegated authorised representative to make decisions on behalf of their own CCG.

The IFR Panel does not make policy decisions for the CCGs. Potential service gaps and commissioning issues that may arise through the work of the Panel will be raised with the senior commissioners of the relevant CCG as they arise.

5. Policy Procedural Requirements

5.1. When do IFRs arise?

Generally IFRs fall into one of three categories:

- The CCG may not have been aware of the need for this service and so has not incorporated it into the service specification (this can be true for common and uncommon conditions);

- The CCG (either individually or through collaborative commissioning arrangements) may have decided to fund the intervention for a limited group of patients by setting eligibility criteria that exclude the person making the request;

- The CCG may have decided not to provide a particular treatment because it does not provide sufficient clinical benefit and/or does not provide value for money.

5.2. Who can make an IFR?

IFRs can originate from a variety of sources. Most will be submitted by clinicians such as GPs and Hospital Consultants.

Any IFRs received directly from patients or their advocates will require support from a clinician involved in the patient's treatment before they can be considered.

5.3. Which IFRs fall outside the scope of this policy?

IFRs relating to those services which are not the responsibility of the CCG to commission fall outside of this policy. Specifically, CCGs are unable to consider IFRs relating to "specialised" services which are commissioned on a national or regional basis by NHS England. These services include (for example) specialist

morbid obesity, specialist rehabilitation and cochlear implantation services. Any IFRs relating to these services must be referred to the East Anglia Local Area Team of NHS England who commission these services for the South Essex population.

This policy does not cover requests for overseas treatment funded by the NHS made under the National Health Service (Reimbursement of the Cost of EEA Treatment) Regulations 2010. Such requests should be submitted to NHS England (email to nhscb.europeanhealthcare@nhs.net).

5.4. Receiving IFRs

All IFRs will be submitted to the IFR Service where they will be logged and appropriate action co-ordinated.

Providers will be encouraged to submit all IFRs in writing to the South Essex IFR Co-ordinator at NHS Basildon and Brentwood CCG Offices in Phoenix Place or by email to fundingrequests.south@nhs.net. Telephone numbers for the team are (01268) 594480 or 594553.

5.5. Screening Process

Upon receipt, all IFRs will undergo a screening process by the IFR Service. This screening will determine the most appropriate means of progressing the request with the aim of expediting access to the most clinically appropriate treatment for the individual and minimising unnecessary bureaucratic and process-based delays.

Appendix C summarises the screening process to be followed.

5.6. Consent

The provision of information is central to the consent process. Before patients can reach a decision about treatment, they need comprehensive information about their condition and possible treatments.

Where an IFR is received directly from a patient, no approach will be made to the GP or other health and social care professionals without first obtaining the written consent of the patient to do so.

The IFR Service will ensure that consent is obtained as appropriate to each individual case and will follow the relevant CCG's Consent Policy in this regard.

6. Monitoring Compliance

This Policy will be reviewed by the Head of Corporate Governance for NHS Basildon and Brentwood CCG, in liaison with the other South Essex CCGs, no less frequently than every two years.

If only minor revisions are made then the policy can be approved by the Quality & Governance Committees (or equivalent) of each CCGand the version number for the policy will be updated by ".1" e.g. from version 1.0 to 1.1.

If significant amendments need to be made then the policy will need to be approved by the CCG Governing Bodies. In this case the version number would increase to the next whole number e.g. from version 1.1 to 2.

Responsibility for the operational monitoring of this policy will rest with the Head of Corporate Governance for NHS Basildon and Brentwood CCG

The operational performance of the IFR Service will be monitored on an ongoing basis through the service legel agreement that NHS Basildon and Brentwood CCG has agreed with the South Essex CCGs.

The NHS Basildon and Brentwood CCG Chief Officer has overall responsibility for monitoring this policy.

7. Associated Documentation

Service Restriction Policy

8. List of Stakeholders Consulted (version 1.2)

South Essex Collaborative Forum

Quality & Governance Committee (or equivalent) of the South Essex CCGs

9. Equality Impact Assessment

The South Essex CCGs are committed to carrying out a systematic review of all its existing and proposed policies to determine whether there are any equality implications.

This policy has been assessed using the CCG's Equality Impact Assessment framework and identified as having the following impact/s upon equality and diversity issues:

Age	Disability	Gender & Pregnancy	Race	Sexuality	Religion	Marital Status	Human Rights	Total Points	Impact
0	0	0	0	0	0	0	2	2	Medium

The IFR Policy has a medium relevance to Human Rights given that the policy, by definition, sets out how decisions around eligibility for NHS funded treatment will be made. There is a Human Right to Life which could be impacted upon by decisions to withhold life-prolonging drugs or fertility treatment.

10	**VERSION CONTROL**			
	Version	**Author: Name & Title**	**Date Policy Issued**	**Date Policy Due to be Reviewed**
	1.0	Policy approved by the Governing Bodies of all South Essex CCGs	August 2013	August 2014
	1.1	Policy subject to slight amendments as requested by CP&R CCG Governing Body	28th November 2013	1st November 2014
	1.2	Policy reviewed to reflect change in organisational home for the South Essex IFR Service		

Appendix A

Strategic Drivers for the Development of a Policy on Individual Funding Requests

Overview

Individual Funding Requests (IFRs) have been subject to significant national interest from the Department of Health and the media in recent years as the result of a perception of a "postcode lottery" when individual NHS commissioners (CCGs having replaced PCTs from 1st April 2013) make funding decisions based upon local priorities that may be different from those made by neighbouring CCGs. Individual funding decisions are particularly emotive and controversial when they involve treatment for patients with life-threatening conditions such as cancer.

All NHS commissioners are required to have an IFR Policy. The outcome should be to produce a process which is fair and transparent to individual patients in the context of the right of individual CCGs to set local priorities for use of resources.

The main strategic drivers behind the IFR Policy are set out below:

Improving access to medicines for NHS patients: a report for the Secretary of State for Health' By Professor Mike Richards (Richards Review – DH, November 2008)[1]

The report set out 12 recommendations which were all accepted by the Secretary of State on 4th November 2008.

The report stated that "Clinicians should exhaust all reasonable avenues for securing NHS funding before a patient considers whether to purchase additional drugs. Patients should be able to receive additional private drugs as long as these are delivered separately from the NHS elements of their care".

The onus is upon acute providers to ensure they have the mechanisms in place to deliver this separation.

It is also recognised that an IFR policy should provide a clear structure on how to deal with the difficulties faced by CCGs in instances where drugs are not routinely available on the basis that they have not yet been approved by the National Institute for Clinical Excellence (NICE), or where NICE has assessed them as not being clinically cost-effective for NHS use.

There is also a recommendation that there should be increased communication and collaborative working between CCGs in terms of the development of evidence-based policies on the commissioning of new drugs and the grounds for making special case decisions where funding is approved outside these policies. There is an aim to promote consistency in decision-making and avoid the perception of a 'postcode lottery' in the NHS.

The Richards Review also recognises that there is a role for CCGs/PCTs in determining local funding policies, even when NICE has approved a drug and for considering special cases against these local polices.

The Handbook to the NHS Constitution for England[1] (DH, January 2009, updated in March 2013)

The NHS Constitution states that patients have a right to drugs and treatments that have been recommended by NICE for use in the NHS, if clinically appropriate for the patient.

Both NICE and the Constitution highlight this as a key issue. It is therefore a necessary requirement to outline a clear and comprehensive policy by which patients' IFRs are managed in a fair, transparent and robust manner.

Priority Setting: Managing Individual Funding Requests (NHS Confederation, 2008)[2]

This document highlighted a requirement to have a protocol and policy-based decision-making framework for IFRs that is robust. The key areas that should be included are that of a logging and tracking system, a screening system and leaflets appropriate for patients as well as one for clinicians on the definition of exceptionality adopted by the CCG.

The NHS Confederation recognised that the consideration of personal and social factors as part of the IFR decision-making process can be justifiably included or excluded. The law relating to priority setting is not at all clear about the factors that commissioners should use and what they can rule out. Case law presents an inconsistent picture as to the acceptability of personal and social factors, although care must be taken to avoid inadvertent subjectivity or discriminatory decision-making if personal or social factors are admissible. Greater certainty will only be reached over time as more cases are considered through the courts.

It is evident, however, that IFR policies must clarify whether personal and social factors will be taken into account by the CCG in question. IFR decisions will then be open to challenge through the courts in the event that the approved IFR policy is not followed, irrespective of whether said policy includes or excludes personal and social factors.

It was recommended that PCTs/CCGs must have a definition which will clearly identify what is meant by exceptionality as well as providing a consistent approach across England. The NHS Confederation recommended Dr Henrietta Ewart's definition.

[1] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093421

[2] http://www.nhsconfed.org/Publications/prioritysetting/Pages/Prioritysettingfunding.aspx

Directions to primary care trusts and NHS trusts concerning decisions about drugs and other treatments 2009[3] (DH, January 2009)

This document goes further than the Confederation guidance to set out additional requirements which this IFR Policy addresses.

It must be evidenced that an IFR policy provides its CCG with arrangements for decision making, as well as adopting a policy on whether particular healthcare interventions are made available.

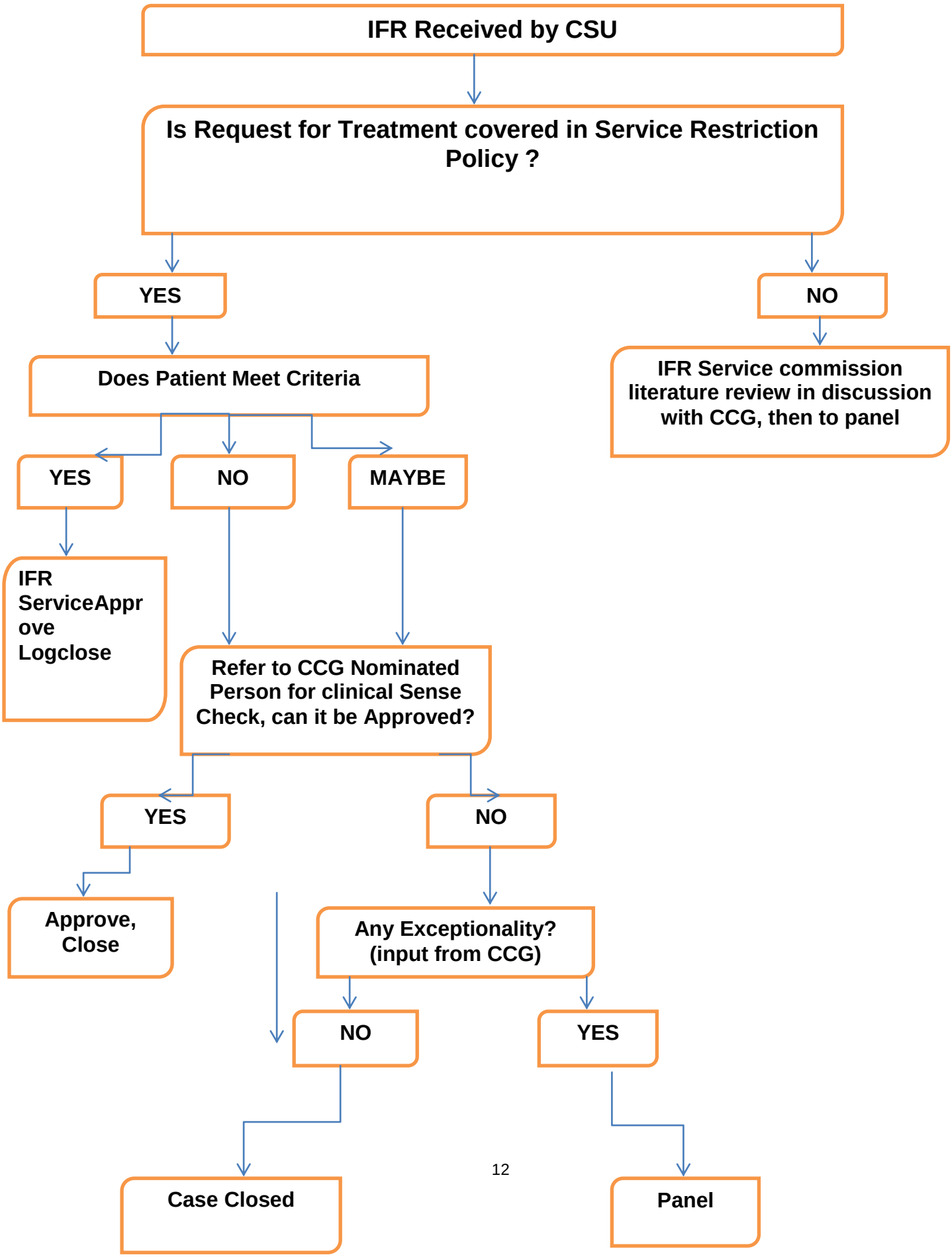
There is also a requirement that CCGs have a clear and consistent approach founded out of a clearly structured processing arrangement for IFR requests.

The IFR policy must provide a procedure that ensures written records are kept and explanations given to patients and referring clinicians to clearly state the rationale behind each IFR decision if requested.

[3] http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsLegislation/DH_096067

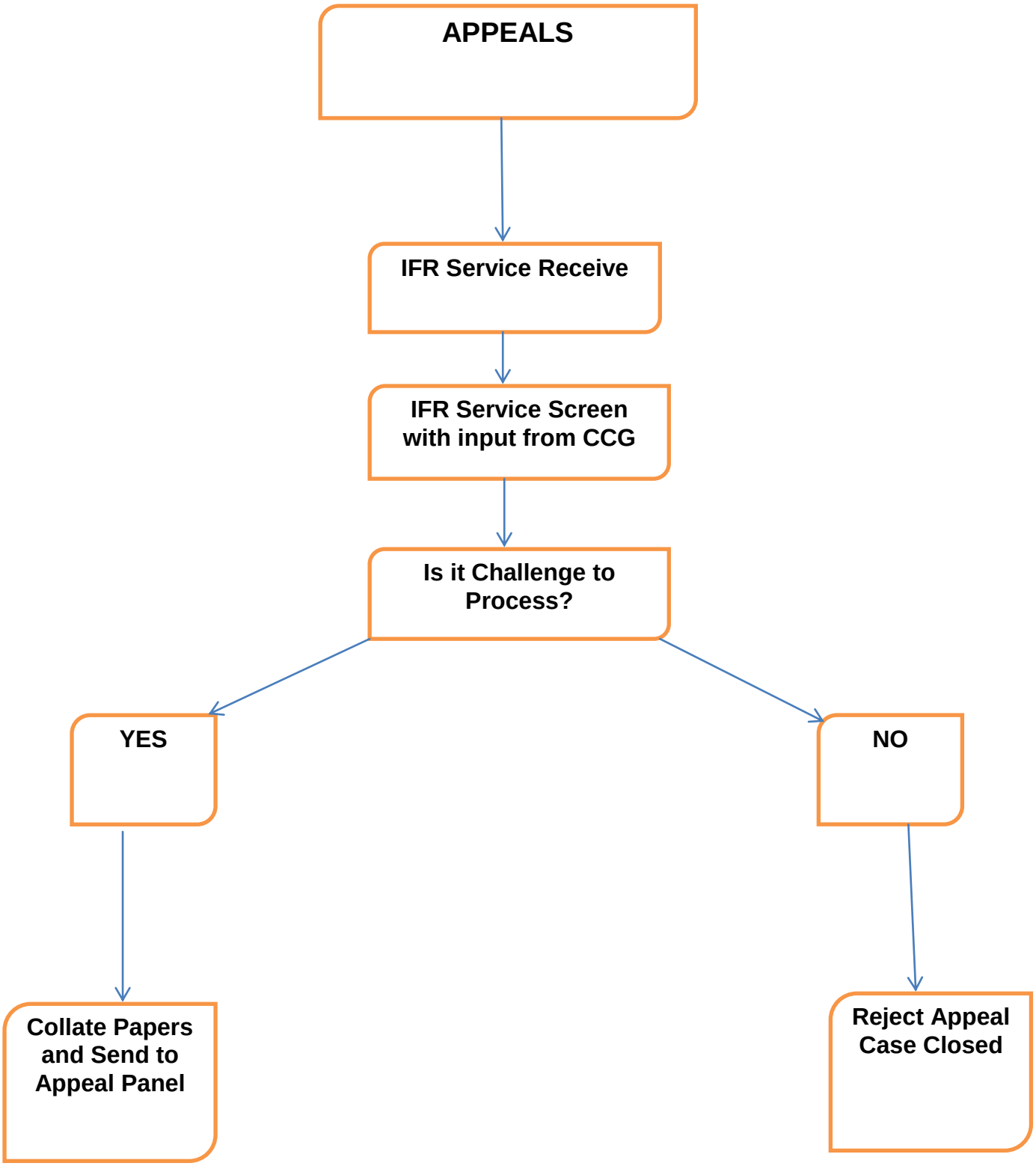
APPENDIX Bi

SUMMARY OF IFR PROCESS – FROM RECEIPT TO PANEL



APPENDIX Bii

SUMMARY OF IFR PROCESS – EXTERNAL APPEAL STAGE



Appendix C

Screening Process

The Screening Process will be conducted by the South Essex IFR Co-ordinator with clinical or public health input from the CCGs.

All IFRs will follow the process in Appendix B.

- All requests will be reviewed against current formally agreed local policy, past precedent or national policy and guidance.
- The IFR Service can:

A) decide if approval can be given based on information received or request further information
B) Decline the request based on current policy or past precedent and on the lack of any indication of exceptionality within the information supplied by the patient and treating clinician

Or, if the request falls outside of any approved policy and no relevant or appropriate past precedent can be established, it will be referred to the IFR Panel (also notified to the relevant CCG to enable the commissioners to assess whether the case represents a gap in services that requires action outside the annual commissioning cycle).

These decisions are formally recorded (including the rationale and policy basis for the decision) and then communicated to the referring clinician by letter and copied to the patient.

When cases are referred to the IFR Panel, the IFR Service will complete a pro-forma setting out the basis for that decision which will be considered as part of the background evidence presented to the Panel.

The guiding ethos of the IFR Service during the screening process will be to ease the access of the patient to the correct service and to support clinicians by advising on the range of services available under the NHS. This will involve a casework approach liaising with the patient, the relevant CCG commissioning team and providers as necessary.

If the IFR Team send a letter of approval to the referring clinician, responsibility for progressing the treatment rests entirely with the clinician concerned.

On an ongoing basis, the IFR Service will monitor trends in the number and nature of IFRs received and will advise the CCG's senior commissioners of any possible contradictions in policies or gaps in commissioned services. This will enable the identification of opportunities for in year service developments and provide evidence for annual commissioning decisions.

APPENDIX D

SOUTH ESSEX IFR PROCEDURAL GUIDELINES

1 Functions of the IFR Panel

The South Essex CCGs are required to commission clinically effective healthcare on behalf of the local population within the resources available. To ensure that resources are used effectively some restrictions exist limiting access to certain procedures considered to be of low priority. In addition individual decisions need to be made about commissioning certain non-standard treatments and it is the function of this panel to make recommendations on which decisions can then be made.

The IFR Panel exists to ensure informed decisions can be made about commissioning treatments that are:

- Based on the best available clinical evidence

and to:

- Consider as much as is reasonable of the available evidence
- Consider the views of the patient and the referring clinician, including inviting patients to give evidence in person to the panel if they wish
- Make best use of the resources available for healthcare within the South Essex area

The panel in all its functions should ensure that it considers cases on the following bases:

A With regard to what might be considered exceptional and extenuating circumstances

B With reference to previous decisions made by the Panel to ensure equity.

FUNCTION 1 - Review

The IFR Panel offers a review process open to patients and referring clinicians if a refusal to treat decision is made by the CCG's Referral Management Centre (RMC) or by a provider. The RMC and providers base their decisions to treat on the criteria and policies determined by the CCG's Service Restriction Policy. In these circumstances the IFR Panel would normally deal directly with the referring clinician or patient. In any event, the panel would not consider a request without written support of a clinician.

An individual who believes that a restriction policy has not been correctly applied or that their case is exceptional may ask for a review by the panel, but this will only be granted if the information supplied by the patient and clinician contains any indication that exceptionality may exist. That exceptionality will then be tested at panel.

In these instances, the panel will assess the individual case against the definition of exceptionality referred to in Section 4 of this policy.

If a patient and/or his or her treating clinician remains dissatisfied they may appeal to the External Review Panel

Sources of referral: patient, GP or secondary care provider.

FUNCTION 2 – Non-standard treatments/providers

The IFR Panel considers requests for treatment not normally provided in the mainstream NHS.

In addition patients and their treating doctor may request NHS treatment from a provider with whom the CCG does not have a contract.

When considering cases of this nature, the public health specialists aligned to the CCGs will conduct a literature review to establish the evidence-base for the treatment and come to a recommendation to the panel based upon evidence of clinical cost-effectiveness.

If the treatment is declined by the IFR Panel, patients will be offered the opportunity to appeal to an External Appeal Panel.

Sources of referral: Patients, GP, their treating clinician

Target Timescales

The IFR Service will aim to achieve a case completion time of **two months** from receipt of the initial request/application through to communication of a decision following a Panel Hearing (where such a hearing is appropriate).

It is recognised that the organisation's response time is highly dependent upon the receipt of information and evidence from other parties, such as the patient, his or her GP and Hospital clinicians.

For this reason, the IFR Service will aim to comply with this timescale in **80%** of cases. In cases where the two month target is exceeded due to lack of crucial evidence, a Panel will be convened within one month of all the necessary evidence being received.

For urgent / fast track cases, the target for a decision to be made and communicated to the provider or patient as appropriate is **five working days** from receipt of the request. However as with regular panels, this is highly dependent on the provision of information and evidence from providers.

Fast-Track Process

Some cases will require consideration on a shorter timescale than that detailed above. For example, where a patient has limited life expectancy or a treatment is required in circumstances of urgent clinical need. These will often be requests directly from providers for the funding of high-cost drugs for conditions such as cancer.

The IFR Co-ordinator is responsible for screening applications received through the IFR process. If in his or her opinion a case requires an urgent decision, this postholder is able to fast-track that case ahead of others and convene a panel at short notice if required. It is expected that the IFR Co-ordinator will consult the Head of Corporate Governance (or equivalent) within the respective South Essex CCG on the handling of any cases which are either marked as urgent by the referring clinician or which the IFR Co-ordinator considers may warrant urgent consideration.

In these circumstances, it may not be practical or in the interests of the patient to follow the normal process for panel hearings such as inviting patients to the hearing. In these instances, the IFR Service will liaise directly with the supporting clinician (e.g., hospital oncologist) to obtain details of any exceptional circumstances which may apply.

Fast-track panels will also have different quoracy arrangements to facilitate convening hearings at short notice (see Appendix E).

Patients (or supporting clinicians on their behalf) will have full access to the External Review Process as with non fast-track cases.

IFR Panels

The panel will receive relevant information on individual cases provided as appropriate by:

- the patient (patient evidence required within time limit in order to consider case)
- the GP (GP evidence required within time limit in order to consider case)
- any relevant local consultants
- the provider of the requested service
- a review of the evidence relating to the effectiveness of the treatment requested where this is an issue i.e. whether the treatment is likely to work

When evidence is requested for the panel, it should be made clear that decisions are considered on the basis of:

A With regard to what might be considered exceptional and extenuating circumstances

B With reference to previous cases and the service restriction policy to ensure equity.

2 Making decisions - guidelines

Panels will have regard to the precedent set by Panels in previous cases within the South Essex CCGs when making their recommendations to promote consistency and equity. This will be achieved by a briefing paper for each case summarising relevant previous decisions. However previous decisions are not strictly binding on panels and are for guidance only.

In making their recommendations, the IFR Panel will not take account of personal, demographic or social factors and will only consider factors which are clinical in nature. This is on account of the risk of making decisions which are inadvertently discriminatory if non-clinical factors are taken into account.

FUNCTION 1:

Evidence of the efficacy and priority of this treatment will have been considered when the restriction policies were developed.

The panel needs to consider whether the policies have been correctly applied and then, if appropriate, whether the case is exceptional.

The IFR Panel bases its decision on the Ewart definition of exceptionality as set out in Section 4 of this policy.

However this is a threshold and the Panel will still consider clinical and cost effectiveness of treatments requested.

FUNCTION 2:

New treatments are continually being developed and some treatments are so unusual that they may not be covered within the service level agreements that exist with secondary and tertiary care centres. The IFR Panel need to consider a variety of factors before reaching a decision:

What clinical evidence supports the treatment being requested? This should come from the main provider backed up by the CCG's own or Public Health Network search. Consideration should be given, however, to treatments without supporting evidence as in some circumstances for example Appendectomy there is no randomised controlled trial data.

What is the quality of the available evidence? The IFR Panel must be able to demonstrate that they have looked at the available evidence and reached a decision that is consistent with other cases.

The existence of academic/research papers supporting treatment may not be proof of efficacy. Also there could be some indication of success associated with a treatment where there is no statistical significance in the available evidence.

The success of a treatment in one area does not infer success in another for instance:

There is some good physiological evidence why acupuncture works on pain. However pain gate theory does not explain or support the treatment of addiction with acupuncture.

3 Process

- Patients and the referring clinician will be sent an acknowledgement letter outlining the process involved in their case.

- Patients will also be sent an information leaflet about the panel

- Patients will be explicitly invited to attend the relevant Panel Hearing if they wish to do so

- Referring clinicians requesting or supporting a panel hearing will be asked for evidence:
    - That the intervention sort is likely to be effective and cost-effective for the particular patient and
    - That the patient has exceptional circumstances.

  The public health specialist aligned to the relevant CCG, or a CCG clinician, will advise the IFR Service as to whether the content of support letters from clinicians contain sufficient evidence of exceptionality to warrant consideration by the IFR Panel. If there is no such evidence, the IFR will not proceed to the IFR Panel and the referrer will be advised accordingly.

- Following a panel meeting patients and treating clinicians will be sent written confirmation that treatment can proceed or a refusal letter outlining the External Review Process, along with minutes of the meeting with the Panel. The minutes of the Panel meeting will be approved by the senior clinician in attendance at the Panel and the authorised representative of the relevant CCG. The decision letter will be signed by or on behalf of the Panel Chairman.

- In line with the recommendations of the Richards Review (DH, 2008) which were accepted by the Department of Health in November 2008, in cases where funding for a particular treatment or drug has been declined by the CCG, the patient and referring clinician will be reminded of the patient's right to purchase additional drugs privately losing their entitlement to NHS care if they are able to afford to do so without. The contractual obligation will be

upon the provider to ensure that the facility is available to individual patients to separate NHS and private care in this way.

The following circumstances will not be considered by the IFR Panel:

- The IFR Panel will not accept referrals that should have gone to the NHS England Specialised Commissioners. These will be returned to the sender informing them of the correct process.

- The IFR Panel will not accept requests for treatment without the support of a relevant clinician including an indication that the patient may have exceptional circumstances. In the event that the IFR Co-ordinator and public health specialist agree that supporting letters do not contain this information, clarification will be sought from the referring clinician. Ultimately if the referrer is unable to provide this indication then cases will not proceed to a panel.

- The IFR Panel will not consider funding for treatment under function 2 which have been already commenced in the private sector without prior support of the CCG

- The IFR Panel will not consider requests for funding to meet the cost of statutory NHS charges for primary care services such as prescription, optical and dental charges and travel to hospital. Applicants will instead be advised by the IFR Service of the process for applying for financial assistance under the NHS Low Income Scheme.

4 External Review Process

When a patient is informed of a decision not to fund treatment by the IFR Panel, the patient will also be informed in writing within the decision letter about the external review process. Appeals from the South Essex CCGs will be considered by the IFR panel of one of the North Essex CCGs.

If the patient wishes to exercise his or her right to request a review of the decision, they must do so within 28 days of the letter notifying them of the decision not to fund treatment.

Cases will only be accepted for appeal if, in the view of the IFR Co-ordinator supported by the CCG Head of Corporate Governance, there is any indication at all within the appeal letter that the appeal is based on a flaw in the process followed by the panel. Appeals based purely on a disagreement with the panel's decision will not be permitted to proceed to appeal.

The full set of papers considered by the original panel will be sent to the Appeal Panel, together with a copy of the panel minutes and the decision letter that was sent to the patient.

The External Review Panel will follow the following process:

- It will examine whether the original IFR Panel correctly applied its own stated IFR policy in reaching its decision

- It will not consider any new evidence or information which was not considered by the original panel

- Patients will not be invited to attend the External Review Panel but they will be made aware of the date when their case will be considered

- The letter notifying patients of the arrangements for the External Review Panel will also advise them that if any new information has come to light or if there has been any significant change in circumstances since their case was originally considered, then the patient should bring this to the attention of the IFR Service.

- In the event that such new information does come to light after the original panel has declined funding in a particular case, a request can be made for the case to be considered afresh. This will be considered a new case and will be dealt with under the IFR Policy as such (i.e., not as an External Review).

- The decision as to whether to permit a case to be reconsidered under this provision will be made by the IFR Co-ordinator, Head of Corporate Governance and Public Health Specialist acting together.

5. Terms of Reference for South Essex IFR Panel

The Terms of Reference for the IFR Panel form Appendix E and will be reviewed at the same time as the IFR Policy overall.

Appendix E

SOUTH ESSEX CLINICAL COMMISSIONING GROUPS
INDIVIDUAL FUNDING REQUESTS PANEL
TERMS OF REFERENCE

1. ROLE

Purpose:

1.1 To ensure decisions are made about commissioning healthcare interventions for individual patients that are based on the best available evidence of their clinical effectiveness.

1.2 To review requests for treatment or services not routinely funded by the relevant NHS Commissioning organisation.

Objectives:
To review individual funding requests and make recommendations as to whether treatment should be commissioned in the following circumstances:

- Cases where a refusal to treat decision has been made by the Referral Management Centre or a provider on the basis that the patient does not meet the agreed criteria
- Cases where a request has been made for treatment or services not normally provided in the mainstream NHS.

2. STATUS

The IFR panel is a working group of the South Essex CCGs who comprise NHS Basildon and Brentwood CCG, NHS Castle Point and Rochford CCG, NHS Southend CCG and NHS Thurrock CCG. It is not a committee of the CCGs and its role is advisory only. It does not have delegated authority to exercise functions on behalf of the CCGs.

3. ACCOUNTABILITY

Accountable to:
The Quality & Governance Committees (or equivalent) of the South Essex CCGs.

Key Relationships:

- CCG Governance Leads and Clinical Governing Body Members
- Referral Management Centre
- External Review Panel

4. DECISION MAKING AND DELEGATED AUTHORITY

In these terms of reference the expression “authorised representative” means a member of a CCG’s Governing Body, or a mandated officer, who is authorised by that CCG’s Governing Body to make decisions on behalf of the CCG in relation to IFRs. It is the responsibility of each CCG to nominate individuals to serve on the panel and to ensure that they have the appropriate delegated authority.

Each of the CCGs has agreed that when an authorised representative of its CCG is serving on an IFR panel, he or she will have a delegated limit of £50,000 per case, irrespective or his or her usual delegated limit (as set out in the relevant CCG’s Scheme of Delegation).

The panel must take reasonable steps to estimate the total cost of any decision to approve an IFR, including travel and similar costs as well as any costs that are likely to span more than one financial year.

If the total estimated cost is less than £50,000, then a CCG’s authorised representative will make a final decision for his or her CCG, taking account of the recommendation of the IFR panel.

If the total estimated cost exceeds £50,000 then the panel will make a recommendation to the relevant CCG. The final decision will rest with either the Clinical Executive Group or Governing Body of the relevant CCG.

5. PRIORITIES

To consider each case individually, while making the best and fairest use of resources available for healthcare within the South Essex area.

Where panel members have a conflict of interest either by virtue of a connection with the patient or in terms of a vested interest as a potential service provider, the CCG should send an alternative individual.

6. MONITORING AND REPORTING

Monitoring:

The Panel will monitor itself against its objectives and undertake a review of its performance annually. This review will be led by one of the Panel Chairs and will involve all panel members and the IFR Co-ordinator. An annual report from the panel will be submitted each year to the Quality & Governance Committees (or equivalent) of the South Essex CCGs.

Reporting:

IFR Panel cases will only be reported to a CCG’s Governing Body where an appeal has been submitted and considered by the External Appeal Panel and where the External Appeal Panel have disagreed with the original decision.

In cases where the External Appeal Panel disagrees with the original decision, the CCG’s Governing Body (excluding the authorised representative who made the

original decision) shall determine whether to uphold the original decision or to accept the recommendation of the External Appeal Panel.

In cases where the External Appeal Panel uphold the decision of the authorised representative, then the authorised representative's decision will be the final decision and there will be no recourse to the CCG's Governing Body.

The core members of the panel consist of

(1) An authorised representative from each of the CCGs; and

(2) insofar as the authorised representatives who are present do not between them hold the following positions, members of one or more of the CCGs who hold the following positions:

- A Lay Member;
- A public health specialist;
- A senior commissioner;
- A GP or Executive Nurse.

In the event that more than one authorised representative of a CCG attends a meeting of the Panel, the authorised representatives shall agree which of them shall act as the CCG's authorised representative for the purpose of the relevant Panel meeting and the decision shall be recorded in the minutes of the meeting.

A CCG lay member shall chair the meetings of the Panel.

Co-opted members (attendees by invitation):
CCG Governance Leads
CCG Chief Operating Officers
Medicines Management Team

The panels will be arranged and administered by the IFR Co-ordinator or his/her deputy within the CSU.

7. QUORUM

a) For regular scheduled IFR panels

The quorum shall be the core members as set out in section 7

b) For panels convened to consider urgent cases

Panels that are convened to consider cases defined as urgent/fast-track have a reduced quorum to facilitate quick decision-making. In such cases the following members will be required:

i) The authorised representative of the CCG with responsibility for the patient in question; and

ii) Either a public health specialist or a GP or Executive Nurse from any South Essex CCG.

There is no requirement for the same individuals to attend the panel on each occasion. Whilst in some respects this would be preferable in order to maintain continuity and consistency, the main tool for ensuring consistency and organisational memory is through the IFR Co-ordinator who will attend panels and will advise members as to the existence of any relevant previous case decisions.

8. VOTING RIGHTS

Only the core members have a vote on recommendations to authorised representatives and CCGs.

In the event of a tied vote, the Panel Chairman has an extra casting vote on the recommendations made. However, the delegated representative for the CCG whose case the vote relates to can choose to accept the recommendations or not, based on their own professional opinion.

9. FREQUENCY OF MEETINGS

The Panel will meet as frequently as required by its caseload. The indicative frequency will be monthly and panels will be arranged in advance.

10. REVIEW OF TERMS OF REFERENCE

The Terms of Reference will be reviewed at the same time as the IFR Policy is reviewed and need to be agreed by the Panel and ratified by the Quality & Governance Committees (or equivalent) of the South Essex CCGs.