

NHS England's Interim Policy on Individual Funding Requests SHCA Short Guide – May 2013

In April 2013, NHS England published a suite of interim generic policies describing its approach to overarching issues arising from its direct commissioning of NHS services. These came into immediate effect and are due for review during the course of 2013/14. This guide examines NHS England's policy on Individual Funding Requests (IFRs), with particular reference to specialised services.

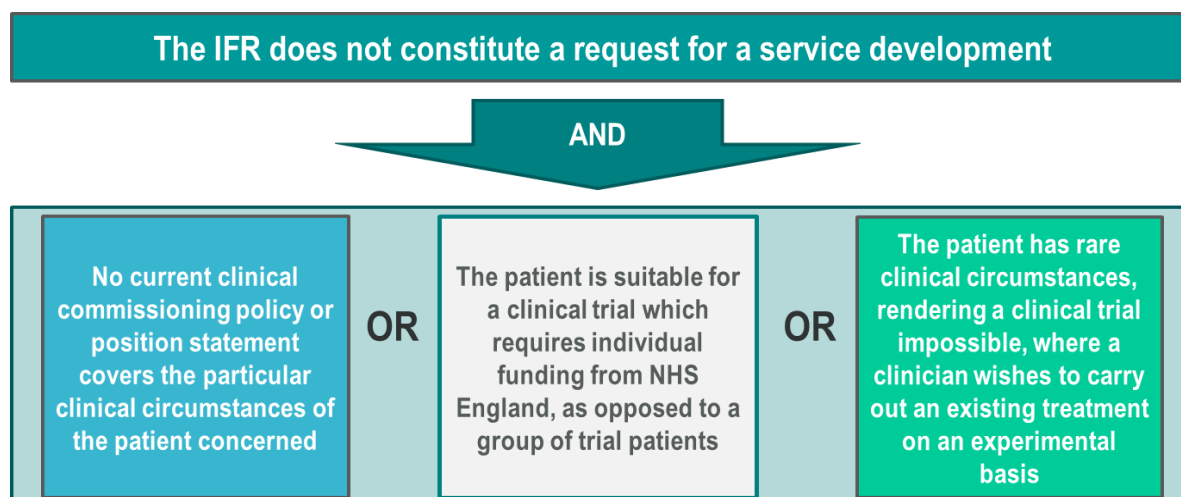
While every effort has been made to provide an accurate summary of NHS England's IFR policy and operating procedures, readers should consult the full documents for definitive information. They are available here:
<http://www.england.nhs.uk/ourwork/d-com/policies/>.

KEY POINTS:

- Clinicians are entitled to request treatment funding for patients with exceptional clinical circumstances that are not covered by existing clinical commissioning policies or policy statements.
- IFR applications should be sent to the responsible Area Team office in the provider trust's region – a decision will be given within 40 working days.
- Service developments are ineligible for IFR funding. More than five IFRs for a treatment per region will trigger the requirement for a clinical commissioning policy position to be considered.

IFR Policy

NHS England will consider an IFR if strict conditions are met. The criteria are as follows:



One of the main stipulations in the IFR Commissioning Policy is that IFR funding is an inappropriate route for service developments. These are defined as any of the following:

What are 'service developments'?	
• New services	• New diagnostic tests and investigations
• New medicines	• Quality improvements
• New surgical procedures	• Amendments to existing policy (inc lowering clinical threshold or adding an indication for treatment)
• New medical devices	• Requests to fund a number of patients in a clinical trial
• Developments to existing treatments	• Requests to commission a clinical trial

A service development would mean that a “cohort of similar patients” existed for whom the treatment requested by an IFR would be similarly efficacious. In line with NHS England’s interim generic policy on ethical decision-making, access to treatments should not be provided to individual patients or patient subsets without provision of the service for the whole patient population.

The key test for clinical exceptionality from a cohort is that the patient must demonstrably be both:

- Significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition

AND

- Likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition

The relationship between IFRs and Clinical Commissioning Policies

IFR Panels have delegated authority from NHS England to adjudicate on funding for patients with exceptional clinical circumstances. They are not authorised to make policy decisions on behalf of NHS England. For this reason, there is a close connection between IFR processing and national clinical commissioning policy development, to ensure that service developments are mediated through the latter route. The IFR Policy also sets out the circumstances in which consideration of a national clinical commissioning policy will be prompted by IFRs. These are when:

- The numbers of patients for whom the treatment will be requested per year is likely to be five or more patients in the population served by any of NHS England’s regions; OR
- The cost of funding the requested treatment for an individual is likely to result in expenditure of more than £150,000 per year.

When these thresholds are met, the Area Team will consider it a service development requiring a clinical commissioning policy. IFR Officers will report

monthly to NHS England's Clinical Effectiveness Team in the Medical Directorate on any potential service gaps identified by treatment requests.

How to submit an IFR

IFRs can only be submitted by NHS clinicians. Requests will usually be submitted by the clinical team treating the patient concerned and are expected to have the approval of the relevant provider's trust management. NHS England reserves the right to return unsanctioned IFR forms unassessed and to refer recurrent inappropriate funding requests to the Chief Executive of the relevant trust.

In submitting an IFR, the clinician should cite the relevant generic or specific policies to which the patient is an exception, as well as whether there are likely to be any other patients with similar clinical circumstances, with an estimate of how many. Unless a specific reason is provided to demonstrate that it would not be in the patient's interests, all correspondence on IFRs will be copied to them, along with their GP and, if appropriate, their parent or guardian.

Completed IFR forms should be sent to the relevant Area Team for **the region in which the provider trust is based**. This is different to IFRs for CCG-commissioned services, which are sent to the CCG in which the patient lives. IFR forms should be sent to the following addresses:

Region	Area Team	Email
North	Cumbria, Northumberland and Tyne and Wear	england.ifrnorth@nhs.net
South	Wessex	england.ifrsouth@nhs.net
Midlands and East	Leicestershire and Lincolnshire	england.ifrme@nhs.net
London	London	lonhscb.ifr@nhs.net

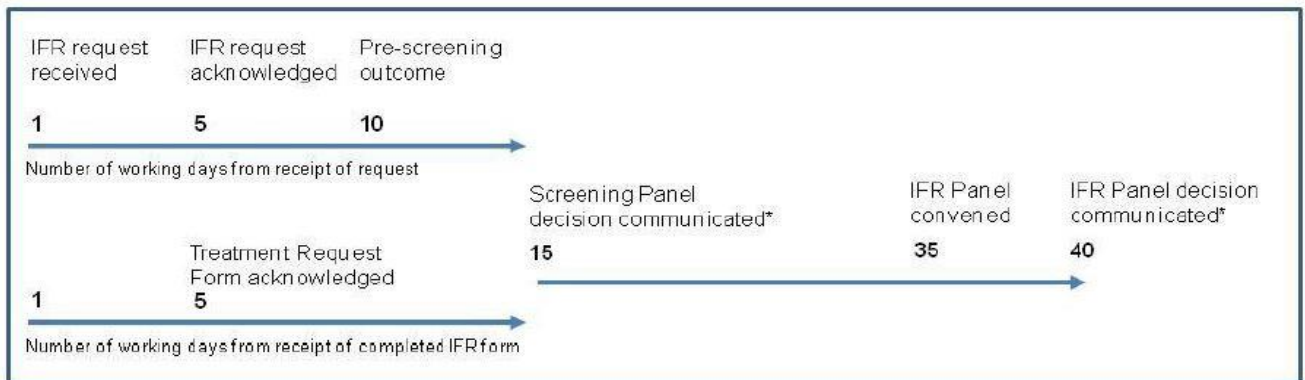
How an IFR will be processed

Correspondence and management of IFRs will be mediated through an IFR Officer at each of the four Area Teams. A strict timetable has been put in place for the processing of IFRs, with a maximum of 40 working day period from receipt of a complete application until a final decision is communicated to the applicant. This deadline does not include any delays owing to errors on the part of the applicant.

There are a number of stages to the processing of completed IFR forms within an Area Team. Following acknowledgement of receipt, which should be processed by the IFR Officer within five working days, the IFR Officer and an authorised senior health professional will screen treatment request forms for suitability, usually within 15 working days.

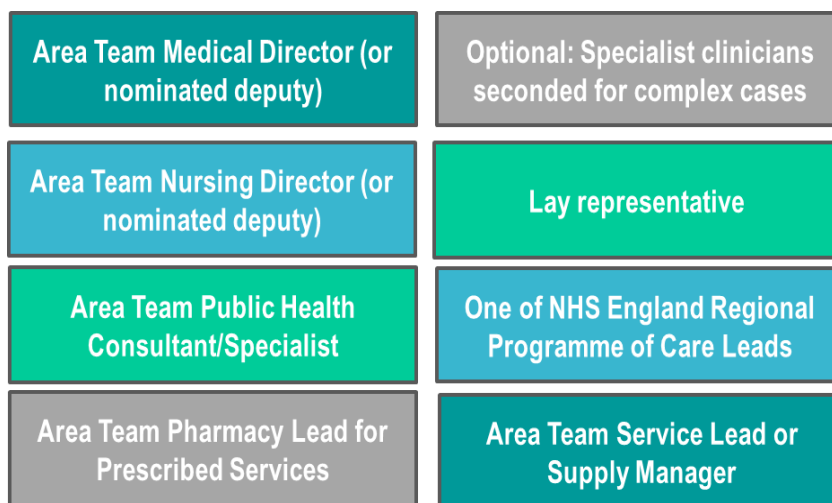
Primarily, this **screening is intended to determine if the request meets the criteria for IFR consideration as set out in the IFR Commissioning Policy**, i.e. the treatment requested is not covered by an existing policy and the patient meets the criteria for IFR consideration. Decisions of the screening panel cannot be appealed, although the usual channels for patients to register complaints against the NHS remain open.

Usual timetable for Area Team to process IFRs



If a request secures a referral to an IFR Panel following the screening stage, a panel will be convened within 20 working days of the screening decision. At IFR Panel meetings, reports of all screening decisions will also be heard, along with outcomes of treatment funded from previous IFRs. Any urgent requests, which are subject to a different procedure, must also be retrospectively considered by the next meeting of the full IFR Panel.

Composition of an IFR Panel



Decisions made by IFR Panels can be appealed within 10 working days by the clinician responsible for the original application. Appeals will be considered by NHS England's regional IFR Review Panel, who will **adjudicate on whether the original IFR Panel followed proper processes** with sufficient understanding, rather than deciding on the merits of the original request.