

Individual Funding Request (IFR) Panel Terms of Reference

1. Introduction

The IFR Panel is sub-committee of Clinical Executive. The Panel is responsible for determining whether Individual Funding Requests should be funded or not.

IFR Panel will consider requests when the following applies:

- The patient is suffering from a presenting medical condition for which the CCG has no policy (an individual funding request), or
- The patient is suffering from a presenting medical condition for which the CCG has a policy but where the patient's particular clinical circumstances falls outside what the CCG has agreed to fund (an exceptionality request)

The IFR Panel will submit an Annual Report of activity and financial implications to the Clinical Executive.

2. Purpose

The purpose of the IFR Panel is to take funding decisions for individual patients, where funding is not already agreed through standard contracting and commissioning. On behalf of Ipswich and East Suffolk and West Suffolk Clinical Commissioning Groups (CCGs)

3. Membership

Voting Membership

Lay Member (Chair)
Consultant in Public Health Medicine or nominated deputy
Director of Nursing or Representative or nominated deputy
GP Representation for WSCCG
GP representation for IESCCC

Non Voting Members

Clinical Effectiveness Manager
IFR Lead Support Officer

3. It is expected that all the above will attend, however in exceptional circumstances a substitute with full decision making powers will be nominated. It is expected that the members will attend a minimum of 10 meetings per annum.

- 3.3 The Individual Funding Request Panel will meet monthly.

4 Quorum

The IFR Panel will be quorate when four out of five voting members, or their nominated deputies.

5 Administration

The IFR Lead Support Officer will oversee the administration of the meeting ensuring the planning and preparation of

- Meeting dates 1 year in advance
- Agendas
- Minutes
- Preparation of Case packs
- Submitting information for the meeting 3 days in advance to panel members
- Sending out decision letters as appropriate
- Ensuring the recording and storage of records relating to all panel decisions.
- Ensuring TOR are reviewed annually

6 Decision Making

- 5.1 The panel will use CCG ethical framework to make consensus decisions. When consensus is not reached, the panel will vote. A clear majority is needed for a case to be considered “exceptional”
- 5.2 If there is a conflict of interest it must be declared and that member will not be able to vote on any decision where the conflict occurs.
- 5.3 In each individual case, it is the discretion of the IFR panel to determine, whether the circumstances of the individual patient are “exceptional”

The panel will apply the following criteria in determining whether the patient under consideration is exceptional

- The patient is significantly different to the general population of patients with the condition in question
- The patient is likely to gain significantly more benefit from the intervention that might be expected for the average patient with the condition
- The fact that treatment is likely to be efficacious for a patient is not, in itself, a basis for exceptionality
- If a patient’s clinical condition matches the “accepted indications” for a treatment that is not funded, they are by definition, not exceptional.
- In a small number of cases, patients may be referred for services that are not routinely commissioned through a formally contracted service (individual requests). If more than two or three of these cases are referred, the panel can request that a business case is submitted to Planned Care work stream for approval.

- 5.4 For submissions related to medicines and other relevant interventions, the Consultant in Public Health Medicine and Lead Pharmacist will support the panel by producing briefing papers to the panel.
- 5.5 The decision and the reason for the decision of the panel will be clearly documented within the minutes of the meeting will be one of the following :-

Approved
Approved with conditions
Deferred awaiting further information
Not approved and reasons why redirected

- 5.6 The panel have delegated authority to approve policies and recommend for ratification to the Clinical Executive Committee.
- 5.7 The panel will ratify the decisions of the Triage Group.

Date Approved by IFR Panel/...../2017

Date Ratified by Clinical Executive/...../2017.

Annual Review Date(August) 2018

Appendix G: Individual Funding Request Review Panel Terms of Reference

1 Introduction.

A request for a review must be lodged within one calendar month of the date of the IFR decision letter, demonstrating breach of one of the three principles:-

- **Illegality:** The refusal of the request was not an option that could lawfully have been taken by the IFR Panel;
- **Procedural impropriety:** There were substantial and/or serious procedural errors in the way in which the IFR Process was conducted; and
- **Irrationality:** The decision to refuse funding for the requested treatment was a decision which no reasonable IFR Panel could have reached on the evidence before the Panel

Appellants have 20 working days in which to provide information in support of their appeal. The Review Panel should meet within 30 days of the date of the appellant's letter.

1.1 Information provided by the clinician or patient

The patient and his/her clinician will be invited to submit appropriate material, in advance, and in support of their request. Information may be provided by the clinician and the patient, and on behalf of the patient by guardians, representatives, family members, carers and so on. Only clinical / medical information may be submitted – personal/social/emotional circumstances will not be taken into account by the Review Panel

2 Purpose

The IFR Review Panel should be constituted within the appropriate governance structures of the CCGs with authority and accountability clearly defined. It is important that the Review is independent, and is seen to be independent, of the IFR process. For this reason it is recommended that the Review Panel should be made up of designated individuals (or roles) rather than drawn from a pool. For each designation, a deputy should be nominated. During their membership of the Review Panel these individuals may not also sit as members of IFR Panels

The Review Panel will meet in private and review all the documents relating to the request, the original IFR submission and the IFR Panel's decision.

The Review Panel will consider whether:

- the Panel acted in accordance with CCGs' approved procedures;
- The decision was consistent with the Healthcare Ethical Framework for decision-making and the principles set out in the IFR policy;
- The IFR Panel properly considered the scope and nature of evidence; and
- In reaching its recommendation the IFR Panel took into account and weighed all relevant factors.

The decision of an IFR Panel can be appealed on the grounds of:

- **Illegality:** The refusal of the request was not an option that could lawfully have been taken by the IFR Panel;
- **Procedural impropriety:** There were substantial and/or serious procedural errors in the way in which the IFR Process was conducted; and
- **Irrationality:** The decision to refuse funding for the requested treatment was a decision which no reasonable IFR Panel could have reached on the evidence before the Panel.

3 **Membership**

The Review Panel should comprise a minimum of three members to include:

- CCG Governing Body Lay member – (Chair of review panel)
- Director of Public Health or nominee
- Chief Nurse or nominee
- Lead GP

A CCG Governing Body Lay member will chair the Review Panel provided s/he is able to approve the minutes within the required time period .

Members of an IFR Review Panel serve as individuals not as representatives of any particular organisation or interest group.

All members should have experience with the work of the IFR Panel. They should be fully familiar with IFR policy and process, and have received appropriate training

Members of the IFR Panel whose decision is being appealed should have no contact with the work of the Appeal Panel unless called to give clarification.

A legal indemnity will be provided to all members of the Review Panel who act in good faith

The IFR Review Panel may call for specialist legal or other advice as appropriate.

4 **Administration of the Review Process**

In order to maintain separation between the IFR process and the Review process, the same members of the IFR Team involved with IFR hearings should ideally not be involved in the administration of a Review.

A Review Manager should be appointed to handle contacts with the appellants and manage the paperwork. This person would not be involved with the work of the IFR Panels, and would not have prior knowledge of the patient. However, if a separate Review Manager is not appointed then every effort will be made to maintain strict separation from the IFR process.

The Review Manager will prepare the agenda and papers for the Review Panel meeting, in consultation with the Chair.

Members will receive the agenda and all papers no less than 3 working days in advance of each meeting.

For each review the members will receive copies of:

- All papers seen by the IFR Panel, including the submission form, supplementary information and evidence review;
- The minutes of the IFR meeting(s) at which the submission was considered and a recommendation produced;

- A written statement summarising any advice given verbally by specialists attending the meeting;
- The decision letter;
- The letter stating the intention to appeal;
- All further information provided by the patient, his/her representative, and the clinician in support of the request.

If a member requests further information or raises a question about the Panel papers, both the request/question and the response will be circulated to all members as soon as possible.

The Review Panel may ask the Clinical Effectiveness Manager and/or a member of the original IFR Panel to give information in support of the reports produced for the original meeting or to clarify any technical details, and/or to present the case, as necessary.

The Review Panel may also, in appropriate cases, seek external advice including legal advice.

Minutes of a Review Panel meeting will be taken by the Review Manager, and written up as formal minutes as soon as possible.

The minutes will record, as directed by the Chair:

- the decisions taken;
- the reasons for the Panel's decision; and
- the consensus achieved (if the Consensus Tool is used).

The minutes will be written up and verified and approved by the Chair within three working days of the meeting. The text of the minutes will be used in communicating the Review Panel's decision.

Copies of the minutes will not be distributed to Review Panel members for their retention and will not be placed in the public domain. This is in the interests of preserving patient confidentiality.

5. Review Panel Decision

All discussion during the Review Panel meeting will be confidential. Decisions may be taken using the consensus decision-making process, if deemed necessary by the Chair. The principles of the Ethical Framework will be considered throughout.

The Review Panel may uphold or overturn the decision of the IFR Panel. Reasons for the Review Panel decision must be clear. A decision to overturn does not mean that the request will be funded: It means that the request should be considered again by the IFR Panel, taking into account any specific issues highlighted to them by the Review Panel.

The Review Panel may not defer its decision.

6 Communicating the decision

The decision of the Review Panel will be notified in writing and sent by secure means to the patient and the clinician within three working days of the meeting.

- If the dispute is upheld, the Review Panel shall send the case back for re-consideration by the IFR Panel. The IFR Review Panel shall not have the right to approve funding for the requested treatment but can require that any reconsideration of the decision shall be fast-tracked.

- If the Review Panel uphold the IFR Panel's decision, the patient and his/her clinician will be advised that no further considerations can be made. Their next recourse must be to the NHS Complaints process.

7. Filing and archiving

The Review Panel Manager will be responsible for collating all the documentation relating to the appeal. At the end of the process s/he will hand over all documentation to the IFR Team for closure, quality assurance, archiving and secure storage.

Terms of Reference

Reviewed Date.....October 2017

Approved Date...October 2017

Approved By.....IFR Panel

Ratified Date.....

Ratified by ...Clinical Executive

Next Review October 2019