Individual Funding Request (IFR) Triage Group Terms of Reference

1. Introduction

The purpose of the IFR Triage Group is to assess all submissions to the IFR Team for individual funding or consideration by the IFR Panel, in accordance with the IFR Policy (“the Policy”).

2. Duties

The IFR Triage Group will determine whether IFR applications have sufficient clinical information to proceed to an IFR Panel in accordance with the Policy.

a. The IFR Triage Group will ensure that submissions that do not proceed for consideration by the IFR Panel are signposted to the most appropriate route, in accordance with the Policy (i.e prior approvals monitored by the IFR team).

b. The IFR Triage Group will then assess each individual submission against the definitions of a “rarity request”/Individual Request or an “exceptionality request” as set out in the Policy.

c. Complex IFRs will be forwarded for consideration at the next IFR Panel, providing sufficient information is available, in accordance with the Policy.

d. Ineligible IFR requests will be signposted to the most appropriate route, in accordance with the Policy.

3. Accountability and Reporting

The applications will be reviewed by the IFR Triage Group monthly (2 weeks prior to the IFR panel meeting.

The role of the IFR Triage Group is to re-direct funding applications which are not appropriate to be put before the IFR Panel because the application should be determined through another process or there is insufficient evidence to support a prima facie case on the grounds of exceptionality or rarity.

The IFR Triage Group will determine whether the requested health care intervention is for a medical condition (or conditions) for which there is already a policy.

If the IFR Triage Group decides that the funding application is requesting a health care intervention for a medical condition for which the CCG has a policy, it will next determine:

If the requested treatment comes within the categories of treatment which the CCG has agreed to fund for a patient in the applicant’s clinical condition under the relevant Commissioning Policy, then an IFR application is not required and funding for the treatment should be approved without reference to the IFR process.

If the requested treatment (either expressly or by necessary implication) comes within the categories of treatment which the CCG has agreed not to routinely fund for a patient in the applicant’s clinical condition under an existing CCG commissioning policy; or

The requested treatment falls outside the categories of treatment that the CCG has agreed routinely to fund or not to fund for a patient in the applicant’s clinical condition under the relevant CCG commissioning policy. In such a case the IFR Triage Group shall, after reviewing all the matters set out in the application, decide whether the application
demonstrates sufficient evidence of exceptional clinical circumstances that the IFR Panel could properly approve the application.

The Triage Group can make decisions to defer and redirect, and can make recommendations to approve or not approve an application to the IFR Panel.

Recommendations of the Triage Group are documented, and submitted to the IFR Panel for ratification and consideration as appropriate.

The IFR Panel is accountable to the CCG’s Clinical Executive for ensuring that IFRs are:

- Processed in accordance with the Policy.
- Recommendations of the IFR Triage Group will be presented to the IFR Panel at each of its meetings for ratification. Outcomes of the IFR Panel and the IFR Triage Group will be reported to the Clinical Executive.
- The Administrator to the IFR Triage Group shall minute the recommendation of all meetings of the IFR Triage Group, including recording the names of those present and in attendance.
- All recommendations made by the IFR Triage Group shall be recorded in writing, clearly documenting the validity and relevance of the clinical evidence base and explaining fully the rationale for each decision.

4. **Membership and Chair**

The IFR Triage Group shall comprise:

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

The IFR Triage Group will be chaired by the Lay Member. If the Chair is absent from a meeting or absent temporarily on the grounds of a declared conflict of interest, those present shall select an individual to act as Chair for the duration of the meeting.

The IFR Triage Group reserves the right to request the ad hoc attendance of any other member of staff as it requires, and to access specialist clinical or legal advice as it deems appropriate.

5. **Quorum**

The Meeting will be considered quorate if 3 of the IFR Triage Group members are present one of whom must be a clinician.

6. **Frequency**

The Group shall meet monthly, unless no submissions are received, in which case the meeting shall be cancelled.
7. **Notice of Meetings**

Unless otherwise agreed, notice of each meeting confirming the venue, time and date, together with an agenda of items to be discussed and supporting papers, shall be forwarded to each Member of the IFR Triage Group and any other person required to attend no later than two working days before the date of the meeting.

8. **Administration**

The IFR administrator will prepare the agenda and provide administrative support to the IFR Triage Group (overseen by the Lead Support Officer).

9. **Conduct of Meetings**

Except as outlined above meetings of the IFR Triage Group shall be conducted in accordance with the provisions of Standing Orders, Reservation and Delegation of Powers and Standing Financial Instructions approved by the CCGs as appropriate.

10. **Review**

The terms of reference of the IFR Triage Group shall be reviewed at least annually.

Date Reviewed: October 2017  
Approved by: IFR Panel  
Date Approved: November 2017  

Ratified by Clinical Executive  
Date Ratified: December 2018  
Review Date: October 2019