

Terms of Reference

Individual Funding Request Panel – Procedures

BACKGROUND AND ROLE

The Individual Funding Request Panel considers requests for clinically supported applications for individual funding in line with the CCG's Individual Funding Request Commissioning Policy, to ensure the request is considered in a fair and transparent way. An IFR request should be received from a clinician leading the patient's care.

CHAIR

The Chairperson will be a Lay member from one of the five CCGs.

MEMBERSHIP

Executive Members

Nominated Clinician Representative from each of the five CCGs.

Non-voting/Advisory members

- Lay Chair
- Consultant in Public Health
- IFR Manager
- IFR Administrator
- Other Public Health team member as appropriate

FREQUENCY OF MEETINGS

The meetings will be held monthly. These will be administered by the IFR administration team.

QUORACY

For a panel meeting to be quorate, three nominated Clinician Representatives should be present.

RESPONSIBILITIES

The CCG members of the IFR Panel will be responsible for making decisions as to whether treatments are approved for funding. CCG clinician representatives will have delegated authority from their CCGs to make these funding decisions.

Should the instance occur where a CCG is unable to send a representative to the meeting, the IFR Panel will only be authorised to make a recommendation to fund a treatment. The CCG will be expected to ratify that recommendation within 4 working days of the IFR meeting.

Where there is a CCG Clinical Threshold Policy, the IFR Administration Triage team will assess all IFR submissions against policy criteria, and will make a recommendation to approve or decline a request for funding. That recommendation will then be made to the IFR panel for formal ratification.

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The duty of the IFR panel is to consider and determine exceptional clinical circumstances, make decisions on requests for treatment to be funded where the patient's particular clinical presentation falls outside the CCG's commissioned Clinical Threshold Policy, or where the CCG does not have a policy for the presenting medical condition.

To consider and determine exceptional clinical circumstances, the referring clinician should evidence the following:

- Significantly different to the general population of patients with the condition in question
- AND
- Likely to gain significantly more benefit from the intervention than might be expected for the average patient with the same condition.

The CCGs will consider the development of a clinical commissioning policy where the numbers of patients for whom the treatment will be requested per year is likely to be 5 or more patients in the population served by Norfolk & Waveney CCGs. Upon receipt of the fifth request for funding a business case/clinical commissioning policy will be requested. (The IFR Panel will continue to have the right to make decisions on any further similar applications for funding whilst a policy is in the process of being produced).

Agendas and papers for the meetings will be anonymised and circulated by the IFR administrator via secure nhs.net email the week before Panel meets.

REPORTING

A report detailing CCG expenditure will be provided monthly. The IFR team will provide an annual report to the IFR panel.

PATIENT CONFIDENTIALITY AND CONFLICTS OF INTEREST

Any IFR Panel members who believe they may have had any clinical involvement with a particular case will withdraw from the decision making upon the case which should be noted in the minutes. Confidentiality is the responsibility of all Panel members and should be maintained at all times. Individuals should declare any interests in line with appropriate CCG Policies.

ATTENDANCE AT IFR PANELS

Requesting Clinicians and patients will not be invited or permitted to attend IFR Panels but may submit written evidence or factual information in support of clinical exceptionality to the IFR Panel.

DECISIONS

Each CCG is responsible for decisions regarding IFRs for its population. The IFR administrator will write on behalf of the relevant CCG to the referring clinician within five working days setting out the decision and the rationale for that decision.