

Clinical Prioritisation Advisory Group

Some IFR requests are refused as they represent service developments, so they are directed through the Clinical Prioritisation Advisory Group (CPAG) process.

The prioritisation of investment and disinvestment at population level is managed by the CPAG Panel. CPAG develops, updates and reviews commissioning policies for new treatments and interventions.

A consistent scoring system has been established, using a modified Portsmouth tool, which prioritises commissioning policies within a single framework. This allows a whole range of clinical interventions to be equitably assessed for commissioning prioritisation. It is not anticipated that extra resources will be committed to the introduction of new treatments within the financial year, since this risks destabilising previously identified CCG priorities.

Further Information

For a copy of the IFR policy and a list commissioning policies please visit www.sesandspccg.nhs.uk

If you wish to discuss the progress of an IFR application, please contact the IFR team either by email at ifrteam@nhs.net or by writing to:

IFR team
2nd Floor
Marmion House
Lichfield Street
Tamworth
B79 7BZ

CLINICIANS GUIDE TO INDIVIDUAL FUNDING REQUESTS FOR RESIDENTS IN:

South East Staffordshire and Seisdon Peninsula CCG
Stafford and Surrounds CCG
Cannock Chase CCG
East Staffordshire CCG

Background

Each CCG has a legal obligation to remain within the annual financial budget and commissioning is prioritised accordingly. There is a robust and transparent process for responding to requests for treatments that are not currently commissioned. This alternative process is known as the Individual Funding Request (IFR) route.

Individual Funding Requests

Where a treatment is not supported by a current commissioning policy, the CCG will consider requests on an 'exceptional' basis via the IFR route. It is the responsibility of the referring clinician to make the case for exceptionality, and to be eligible patients must fulfil the following criteria:

- be significantly clinically different from the general population of patients with that particular condition +
- be likely to gain significantly more benefit from the intervention than might be expected from the average patient with that condition.

If a patient's clinical condition matches the 'accepted indicators' for a treatment, their clinical circumstances are not, by definition, exceptional. The fact that a treatment is likely to be efficacious for a patient is not, in itself, a basis for exceptionality.

It is inappropriate to submit an application unless the referring clinician can demonstrate criteria for exceptionality. Such a request unfairly raises patient expectations, as the CCG will not fund unless the criteria are fulfilled.

NICE Guidance

When a treatment or medicine is recommended by a NICE Technology Appraisal (TA), the NHS (or CCG) is legally obliged to fund and resource that clinical intervention within 3 months of the date of publication.

The Process

- The request for individual funding must be made by the referring clinician, using the standard IFR application form.
- The referring clinician must answer all questions, and set out the case for exceptionality.
- The patient must consent to participate in the process
- A Provider should not give any prior commitment to a patient to provide non-commissioned treatments or services. Unless agreed by the IFR Panel, the Provider will take sole responsibility for the costs of those treatments or services.
- The CCG will not, under any circumstances, provide retrospective funding.
- If a case is considered an emergency, the clinician should ring a member of the IFR Panel for advice.

Appeals

The role of the Appeals Panel is to ensure that the IFR Panel has followed the correct process in reaching the original decision, and that all submitted information was fairly considered.

The appeals process is not the appropriate route for communicating disagreement with an IFR decision, and can only consider whether due process has been followed.

There are 2 potential grounds of appeal:

- that the original decision was invalid in terms of process, factors considered, or criteria applied.
- that new relevant information is now available which would materially affect the decision. Any additional evidence submitted at the appeal stage will require referral back to the Pre-Screen Panel for consideration.

The Appeals Panel meets within 30 working days of the appeal being submitted.