

**North East Lincolnshire CCG**

**Individual Funding Requests Policy**

**&**

**Procedures of Low Clinical value**

**Including Evidence based interventions update**

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**INTRODUCTION**

This document outlines North East Lincolnshire CCG’s clinical commissioning policy statements on interventions that are not routinely commissioned or are restricted.

The objective of this policy is to support CCG decision-making on these interventions and procedures, aiming to provide a statement on interventions based on the available evidence to enable a reasoned and structured process for individual cases to be considered for funding by the CCG.

NHS North East Lincolnshire Clinical Commissioning Group (the CCG) has

a statutory responsibility to commission care, including medicines and other treatments for the population it serves within available resources by prioritising between competing demands. The CCG will, therefore, ensure that it does not use scarce resources on health care interventions that are not considered to be clinically effective or cost effective in meeting the health needs of patients. (The term ‘health care intervention’ includes use of a medicine or medical device, diagnostic technique, surgical procedure and other therapeutic intervention).

There is considerable variation in the evidence of clinical effectiveness of health care interventions, where costs may vary. Individual requests for treatments, which are not covered by existing contracts are received by the CCG. Some requests are for treatments for rare conditions where local services are not developed, while others are for health care interventions that the CCG will not commission as a matter of routine, but where the referring clinician believes there are exceptional circumstances that justify a request for referral. The CCG will ensure fairness of access to treatments which may normally be restricted but which may offer specific benefits in an individual context. By definition however, consideration by exception is likely to occur infrequently.

1. **ENGAGEMENT**

This policy has been updated as part of work within the Humber Coast and Vale STP.

1. **IMPACT ANALYSES**

**Equality**

The CCG is committed to creating an environment where everyone is treated equitably and the potential for discrimination is identified and mitigated.

All policies require an Equality Impact Assessment, document authors, are required to complete an Equality Impact Assessment as part of the consultation process. The Equality Impact Assessment Template which is designed to help document authors systematically analyse the needs and impact of the policy on each equality group or protected characteristic can be found at Appendix D. (of the document control policy).

The completed Equality Impact Assessment will need to support the policy and form part of the consultation & approval process. Existing policies should already have been Equality Impact Assessed, so only a review will be necessary where this is the case.

As a result of preforming the screening analysis, the policy may possibly have any adverse effect on people who share Protected Characteristics and further actions are recommended in the equality impact assessment which can be accessed [here](https://portal.yhcs.org.uk/documents/5665646/17351999/EIA+Individual+Funding+Requests/cf59234e-d800-47a3-8d4c-5adb72648ac0)

Each member of the Panel should undertake an Equality and Diversity e-learning package (or the equivalent) and should be able to demonstrate an understanding of the CCG Equality strategy/objectives and the issues that may be relevant to each Individual Funding Request.

**2.1 Sustainability**

There are no sustainability impacts through this policy. Commissioning policies are agreed against clinical and cost effective considerations.

**2.2 Bribery Act 2010**

The relevance of the Bribery Act 2010 must be considered in respect of every policy.

It is considered the Bribery Act 2010 to be relevant to this policy. Under the Bribery Act it is a criminal offence to:

* Bribe another person by offering, promising or giving a financial or other advantage to induce them to perform improperly a relevant function or activity, or as a reward for already having done so; and
* Be bribed by another person by requesting, agreeing to receive or accepting a financial or other advantage with the intention that a relevant function or activity would then be performed improperly, or as a reward for having already done so.
* To bribe a foreign public official - A person will be guilty of this offence if they promise, offer or give a financial or other advantage to a foreign public official, either directly or through a third party, where such an advantage is not legitimately due.
* If commercial organisations fail to embed preventative bribery measures.  This applies to all commercial organisations which have business in the UK. Unlike corporate manslaughter this does not only apply to the organisation itself; individuals and employees may also be guilty.

These offences can be committed directly or by and through a third person and other related policies and documentation (as detailed on the CCG intranet) when considering whether to offer or accept gifts and hospitality and/or other incentives.

Anyone with concerns or reasonably held suspicions about potentially fraudulent activity or practice should refer to the Local Anti-Fraud and Corruption Policy and contact the Local Counter Fraud Specialist.

<http://www.northeastlincolnshireccg.nhs.uk/countering-fraud-in-the-nhs>

1. **SCOPE**

This policy applies to:

All employees of the CCG, any staff who are seconded to the CCG, contract and agency staff and any other individual working on CCG premises.

Employees who work within North East Commissioning Support unit in the IFR team, any staff who are seconded to the IFR team, contract and agency staff.

All referring clinicians within primary, secondary and tertiary care.

1. **POLICY PURPOSE & AIMS**

The purpose of the Individual Funding Request (IFR) and Prior Approval (PA) policy is to:

* Explain the difficult choices faced by the CCG and how the CCG has made the decision to prioritise resources to ensure the best health outcomes for the population it serves
* Set the decision making process within an ethical context and to demonstrate a clear process for decision making
* Inform health professionals about the policy in operation and how to request restricted treatments or appeal against individual decisions to decline a request for a restricted treatment
* Ensure decisions are made in a fair, open, transparent and consistent manner
* Provide a firm and robust background against which appeals can be judged
* Demonstrate a clear process for decision making
* Demonstrate that CCG decisions not to commission or to restrict access to certain health care interventions are lawful and taken in line with government directions.
* Updates its policy in line with National Contract Amendments on Evidence Based Interventions which mandate the treatment for a number of treatments, which the CCG already had in place but which formalises a national approach.

It is recognised for patients to have timely treatment, clinicians across the community need to work together and have an understanding of what is in place across all sectors and not just in a single area. All clinicians with the ability to treat and/or refer for interventions detailed within this schedule are required to adhere to the principles contained within this document and the contract schedule. This includes; General practitioners, Dentists, Opticians and Secondary Care Clinicians. This list is by no means exhaustive.

**5. DEFINITIONS**

*This document outlines North East Lincolnshire CCG’s clinical commissioning statements on interventions that are not routinely commissioned or are restricted.*

*The objective of this policy is to support CCG decision-making on these interventions and procedures, aiming to provide a statement on interventions based on the available evidence to enable a reasoned and structured process for individual cases to be considered for funding by the CCG.*

*This policy, in line with National terminology, classifies interventions as follows:*

*-* ***Category 1 Interventions*** *– Interventions that are not routinely commissioned, due to there being little evidence to support the intervention. Cases are examined on an individual basis where clinical exceptionality is considered through the Individual Funding Request (IFR) process*

*-* ***Category 2 Interventions*** *– Interventions are restricted and should only be performed after specific criteria are met* via the Prior Approval process *which enables an immediate funding decision on the intervention requested at the point of care. The Prior Approval process will be completed by the GP or Secondary Care Clinician with reference to the Humber and NEL Commissioning statements which are shared on the CCG external website for information. This will be by the use of the On Line value based Commissioning website operated by Humber CCG’s via* North East Commissioning Support.

***No Category 1 or Category 2 intervention must be undertaken before securing CCG IFR approval or Prior Approval – activity will be monitored and audits will be regularly undertaken.***

*Please note this document is not exhaustive of all interventions not routinely commissioned or restricted by the CCG. For any medical procedure or treatment that is not routinely commissioned where there is not a specific policy statement, a request via the IFR process must still be made.*

*An Individual Funding Request is a request to the CCG to commission health care for an individual who falls outside the range of services and treatments that the CCG has agreed to commission as a matter of routine.*

Individual Funding Requests are not the same as:

* Decisions that are related to care packages for patient with complex healthcare needs
* Prior approvals which are used to manage contracts with providers. For example the CCG has a prior approval scheme as part of the commissioning statements (which accompany this policy) and its use is part of the contract with providers that requires the GP or other provider to obtain approval to treat in cases where the CCG has identified a prior approval process to be completed which will give authority to proceed to treatment.

Individual Funding Requests generally arise in one of four circumstances:

* The Patient has a rare condition and a clinician makes the request to commission the usual way of treating the condition (i.e. referrals for the treatment are too low/unpredictable to warrant having a contract with any provider).
* The patient has a specific condition where the usual care pathway or treatment threshold is deemed inappropriate for that individual on clinical grounds (this may involve an elective tertiary referral outside agreed pathways).
* The clinicians involved in the patient’s care want to take advantage of a healthcare intervention that is novel, developing or unproved, and which is not part of the CCG’s commissioned treatment plans.
* The clinician would like to make available to a patient an intervention which is not medically necessary but is aesthetically desirable and the distinction between clinical and cosmetic need is not clear.

Occasionally some healthcare providers and clinicians might try to establish early access to new treatments (service developments) via an Individual Funding Request. However, the NHS Contract requires hospital providers to seek commissioning of new treatments through submission of a business case to their commissioners.

Similarly, the Individual Funding Request Panel must not be put in a position where it would be asked to make policy decisions for the CCG. Policy questions should always be referred for consideration to the Governing Body or another appropriate policy-making committee before the Individual Funding Request is considered.

This Policy in general relates to request for elective treatments and procedures. A separate contractual obligation applies to providers in cases of emergency lifesaving treatment. In such cases providers are required to notify the CCG retrospectively of any decision to treat outside the Individual Funding Request Policy. A process exists for urgent (but not emergency) Individual Funding Requests where a decision is required outside of the scheduled Panel.

**6. Definition of Exceptionality**

NHSE (Commissioning Policy: Individual Funding Requests 2017) describe ‘Exceptional’ in IFR terms to mean a person to whom the general rule should not apply. In this context the ‘general rule’ might be a policy that describes those patients who can access the intervention or it may be that where there is no policy governing the treatment, in the interests of fairness to all patients, the position is that it will not be commissioned ahead of policy development. This implies that there is likely to be something about their clinical situation which was not considered when formulating the general rule. Very few patients have clinical circumstances which are genuinely exceptional. To justify funding treatment for a patient which is not available to other patients, and is not part of the established care pathway, the IFR Panel needs to be satisfied that the clinician has demonstrated that this patient’s individual clinical circumstances are clearly different to those of other patients, and that because of this difference, the general policies should not be applied. Simply put, the consideration is whether it is fair to fund this patient’s treatment when the treatment is not available to others.

In making a case for special consideration in relation to a restricted treatment on grounds of exceptionality, it needs to be demonstrated that:

* The patient is significantly different from the general population of patients with the condition in question.

and

* The patient is likely to gain significantly more benefit from the intervention than might normally be expected for patients with that condition.

Only evidence of Clinical need will be considered. Factors such as gender, ethnicity, age, lifestyle or other social factors such as employment or parenthood cannot lawfully be taken into account.

The CCG will only allow clinical considerations to decide whether or not a patient is different to other patients. If there are clinical features that make the patient unique or unusual compared to others in the same group, the CCG would then consider whether there are sufficient grounds for believing that this unusual clinical factor means the patient would gain significantly more benefit than would be expected for the group.

When considering Individual Funding Requests, the CCG will use the same ethical framework and guidelines for decision making that underpin its general policies for health care interventions. Where social, demographic or employment circumstances have not been considered relevant to population based decision, these factors will equally not be considered for Individual Funding Requests.

**7. Requests for cross-border treatment and treatment outside the European Economic Area (EEA)**

Cross border health care requests i.e. requests for treatment outside of England but within the European Economic Area (EEA) should be made directly to NHS England via [nhscb.europeanhealthcare@nhs.net](mailto:nhscb.europeanhealthcare@nhs.net)

Guidance available at:

<http://www.nhs.uk/nhsengland/healthcareabroad/plannedtreatment/pages/introduction/aspx>

Requests for health care intervention outside of the EEA should be made to NHSE Yorkshire & Humber Team, providing the requested intervention is routinely commissioned locally.

For interventions which are not routinely commissioned locally, the request should first be considered through the CCG IFR process. If CCG approval is granted, the case should then be passed to Specialised Services within the NHS England North Yorkshire and Humber Local Area Team for further consideration.

**8 ROLES / RESPONSIBILITIES / DUTIES**

All CCG staff (and those involved in commissioning and contracting), all members of staff in the IFR team, and referring clinicians primary, secondary and tertiary care) are responsible for following the procedures as set out in this policy.

The Director of Quality & Nursing will be responsible for overseeing adherence to the Policy as set out below.

**9 THE INDIVIDUAL FUNDING REQUEST POLICY**

**9.1 Context**

This policy has been developed in response to the legal duties set out in the NHS Constitution, and a range of guidance as set out below:

* The NHS Confederation guidance on managing Individual Funding Requests (the NHS Confederation, 2008) (Ref 12.1)
* Regulation 35 of the National Health Service Commissioning Board and Clinical Commissioning Groups) Responsibility and Standing Rules). Regulations 2012 (SI 2012 No 2996) Ref 12.2) which imposes a duty to five reasons for either declining to adopt a policy on any particular intervention or declining a particular treatment for a patient where the policy is not to fund that intervention
* The NHS Constitution (DH, March 2013) (Ref 12.3). Two rights relate specifically to the availability of medicines and other treatments.

1. You have the right to drugs and treatments that have been recommended by NICE for use in the NHS if your doctor says they are clinically appropriate for you. NICE “Guidance” does not constitute a right to a treatment or drug. This falls within the remit of the commissioner to decide.
2. You have the right to expect local decision on funding of other drugs and treatments to be made rationally following a proper consideration of the evidence. If the local NHS decides not to fund a drug or treatment you and your doctor feel would be right for you, they will explain that decision to you.

* Guiding principles for processes supporting local decision making about medicines and a Handbook of good practice guidance (Department of Health/National Prescribing Centre, February 2009) (Ref 12.4).
* Guidance on NHS patients who wish to pay for additional private care (Department of Health, March 2009) (Ref 12.5).
* The Operating Framework for the NHS in England 2014/15 (Department of Health, December 2011) (Ref 12.6).

**9.2 Development of General Policies for Interventions**

Each year, the CCG plans investment in health care interventions and services as part of its operating plan development process to meet the needs of its local population. Commissioning decisions are usually made in collaboration with health care providers and other stakeholders, and are taken in the context of the CCG’s available resources to ensure that care is fairly allocated to all patients and, where appropriate, measured against the CCG’s other service development priorities, NICE guidance and national priorities.

When planning its investments, the CCG works with provider partners and stakeholders to identify, as far as possible, those new interventions that are likely to have a significant clinical impact and require potential commissioning; this is often referred to as horizon scanning.

Most health care interventions are commissioned as part of Contracts with provider partners. However, it is likely that during the year there will be requests for interventions not covered by the CCG’s commissioning policies. The CCG, therefore, needs to be able to make decisions about these requests that are fair and consistent.

All Individual Funding Requests are triaged to identify whether a request submitted on behalf of an individual would apply to a population of patients. Where that is the case, the request may trigger the development of a new policy for that intervention and indication (called a general commissioning statement) or modification of an existing general commissioning statement. This, however, does not remove the obligation to consider the application received.

**9.3 Health Care Interventions that the CCG will not Commission Routinely**

There are a number of health care interventions (under regular review) that the CCG will not commission as a matter of routine. The reason for the CCG taking that decision may be due to uncertainties over clinical effectiveness, cost effectiveness or

Patient safety (Procedures of low clinical value POLCV). Some health care interventions are restricted in their availability by requiring specific criteria to be met. Nationally mandated Evidenced Based Intervention (EBI) restrictions in the NHS Standard Contract will generally be already covered locally, but EBI do not supersede local arrangements that may go further in restricting access to treatments within the NICE framework.

In reviewing the procedures which will not be routinely available, the CCG will follow guidance that may be issued from time to time by the Department of Health and that complies with relevant UK law. The CCG will also seek to achieve a high degree of consistency with equivalent lists from other CCGs. The CCG has developed with the 4 other Humber CCG’s a comprehensive agreed Commissioning statement list. This is constantly under review for update or extension.

Commissioners, general practitioners, service providers and clinical staff considering treating patients from whom the CCG is responsible will be expected to consider the CCG’s clinical commissioning statements in their decision making. Exceptions to the general clinical commissioning statements will only be considered for approval via an Individual Funding Request.

In addition to the group of health care interventions that the CCG will not commission as a matter of routine, the CCG **generally:**

* Will not commission the use of new surgical techniques until the Safety Efficacy Register of New Interventional Procedures (SERNIP) now run by the National Institute of Health and Clinical Excellence (NICR), has awarded category A or B status, unless the technique is part of a randomised controlled trial (RCT)
* Will only implement screening programmes approved by the National Screening Committee
* Will follow agreed national policy from NHS England on the continuation of treatment at the end of clinical trials
* Will follow national guidance in respect of co-payments.

**Part B**

**NORTH EAST LINCOLNSHIRE CCG**

**INDIVIDUAL FUNDING REQUEST PANEL**

**1 PURPOSE**

1.1 This standard operating procedure (SOP) aims to set out the process for the management of treatment requests received which fall outside of services the CCG routinely commission. This process only covers requests where CCGs have a responsibility to make a funding decision based on what they are responsible to commission; other commissioning organisations such as the NHS England are expected to have their own IFR processes and procedures in place.

1.2 This SOP covers the management process for all funding requests received by CCGs. Requests for treatment overseas now sits separately with NHS England. This process is based on the Department of Health’s Article 56 guidance.

1.3 The SOP will outline the process for the management of non-contracted/non-commissioned treatment requests and treatment requests where a protocol or set of criteria must be met in order to access the said service. It will therefore refer to referring documents such as the Value Based Clinical Commissioning Policy.

1.4 The SOP will outline the process for the management of treatment requests via the Individual Funding Request Panel (IFRP) and the associated decision making process.

1.5 The CCG covered by this documented SOP are as follows:

North East Lincolnshire CCG

**2 DEFINITIONS**

2.1 For the purpose of requests managed via the IFRP, **exceptionality** is defined as:

*‘The patient or their circumstances are 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 than might normally be expected for patients with that condition’*

2.2 **Provider**: The healthcare service provider which will or is proposing to undertake the treatment/procedure.

2.3 **Referring Clinician**: The clinician making the request for the treatment/procedure. This is usually the patient’s GP or the secondary care clinician proposing to undertake the treatment/procedure.

2.4 **Eligibility**: The patient’s ability to meet the protocol/criteria for the treatment/procedure at the time of application against the protocol in place at that time of request. Where cases are assessed by the healthcare provider directly following GP referral, their eligibility is classed as the patient’s ability to meet the protocol at the time of the treatment being carried out/the patient listed for surgery.

2.5 **Clinical Advisors**: A nominated advisor of the respective CCG areas. The clinical advisor provides additional support where necessary.

2.6 **NECS IFR Team**: The administrator, employed by NECS, who will manage the day to day running and administration of the IFR and carry out the duties as outlined in this SOP for their respective CCG areas.

2.7 **Clinical Triage Support Officer**: A clinical healthcare professional who triages the request against CCG policy.

2.8 **Commissioning Statements**: Documents which outline a set of criteria that must be met in order for a treatment/procedure to be provided.

2.9 **Standard requests**: A standard funding request is a request for a non-urgent clinical intervention for which a CCG funding decision will usually be provided within 40 working days of receipt of the request where all relevant information required is available.

2.10 **Urgent requests**: An urgent request is a life threatening request which requires a decision to be made within 1 week of receipt.

2.11 **Appeal:** Where the applicant does not feel that the decision making process has followed due process in considering an IFR application.

**3 SPECIALIST SERVICES REQUESTS**

3.1 The following are excluded from the IFR process outlined within the SOP:

- Funding requests for provision not commissioned by CCGs

- Funding requests for children and vulnerable adults

**4 IFR DECISION MAKING PROCESS – STANDARD REQUESTS**

4.1 All referring clinicians will make a referral for funding via the online IFR system, and will attach any additional relevant information in support of the case.

4.2 Once a request is received, the IFR Team for the respective CCG area will review the detail of the request and assess whether the application is deemed complete. If it is felt any further information is required, the referring clinician will be notified of this and requested to provide the further information needed.

4.3 Once all information is available and the request is deemed complete, the IFR Team and Clinical Support Officer will review the request against any protocols/criteria available and make one of the following recommendations to the CCG:

4.3.1 Approve funding

4.3.2 Reject funding

4.3.2 Refer the request to the IFR Panel or a nominated CCG Clinician or both, for review and further input and decision.

4.4 The CCG IFR Panel has a responsibility to review the recommendations made to them by the IFR Team and they can then either endorse the recommendation or request further information from the referring clinician. If this is the case, the IFR Team will contact the referring clinician for this further information and once received, provide a new recommendation to the CCG decision maker. They will then review the request again and endorse the recommendation.

4.5 The CCG IFR Panel will meet at least monthly to consider all funding requests.

4.6 Following the decision of all funding requests, the IFR Team will communicate the decision to the referring clinician within 3-working days.

4.7 Cases will only be presented to the IFR Panel for a funding decision once all of the required information has been obtained from the referring clinician.

4.8 Decision responses will be sent to referring clinicians as per the template response letters outlined in the appendices. These will either be sent the NECS IFR IT system and a letter will also be copied to the patient.

4.9 A flow chart which outlines this process is available at in the appendices

5 **CCG IFR PANEL**

5.1 The IFR Team will submit all cases for a funding decision 5 working days prior to the IFR Panel.

5.2 The CCG IFR Panel will meets at least monthly to consider all funding requests.

5.3 In circumstances where the IFR Panel are unable to convene, the CCG will put in place an alternative decision making process to ensure that there is no undue delay in the funding decision.

**6 APPEAL REQUESTS**

6.1 A referring clinician can request an appeal of a decision made by the CCG IFR Panel; this can either be the referring clinician who made the initial request or an alternative referring clinician who is involved in the patient’s case for the condition/treatment in question. An appeal request must be submitted in writing in the IFR Appeal Template. Patients cannot appeal a funding decision alone; they always require the endorsement of a referring clinician.

6.2 An appeal request should be made within three months of original decision, via documented correspondence stating why the appeal is being made.

6.3 On receipt of an application for appeal, the IFR Team will screen the original application, the notes of the original decision, all correspondence, any new information and the appeal request.

6.4 Upon receipt of an appeal, the IFR Team will notify the nominated CCG IFR Appeal lead within 2 working days to advise of the case.

6.5 If the appeal request contains new information and/or evidence that was not considered at the original hearing and this new information is considered significant enough to warrant further review of the case in question, the case will be referred back to an IFR Panel for reconsideration. Where this is the case, it will not be taken as part of an appeals process, i.e. the clinician’s right to appeal will not have been exhausted at this point.

6.6 An appeal will only be granted where there are grounds for an appeal i.e. where there is evidence that the CCG/Panel may not have acted in accordance with the agreed IFR process, considered the relevant evidence, considered material factors only or appropriately applied the criteria in making this decision. In this case, the request will be considered as an appeal and referred to the CCG IFR Appeals Panel.

6.7 If an appeal request is received outside of this three month period, it will be classed as a new request and the referrer will be asked to submit the application as a new request. However, unless a funding policy has changed between the original decision and the appeal request which directly affects the treatment/procedure, new information must be submitted that wasn’t taken into consideration at the time of the original application for it to be presented again. If no new information is presented, the appeal request will not be granted and the IFR Team will correspond with the referring clinician advising them of this.

6.8 In summary:

6.8.1 If the appeal request is outside of three months of the original decision, the request will be treated as a new request and managed via the process as outlined above.

6.8.2 If substantial new information has been presented over and above the contents of the original application, the IFR Team will re-refer the case to the next available IFR Panel for consideration.

6.8.3 If there are no grounds to warrant an appeal, the IFR Team will correspond with the referring clinician to decline the appeal request.

6.8.4 If there are grounds to warrant an appeal the case will be presented at the CCG IFR Appeals Panel for consideration.

6.9 An Appeal’s Panel will assess the case against the agreed IFR process, assess if the original decision considered the relevant evidence, considered material factors only and appropriately applied the criteria in making the decision. The Appeal Panel will decide to either overturn the original decision and support the request or uphold the original decision and reject the request.

6.10 If further information is required, this will be determined at the Appeal’s Panel meeting and the IFR Team will request this in writing from the referring clinician. Upon receipt of the information, the Appeals Panel will reconvene to conclude their decision.

6.11 Once a case has been presented as an appeal and discussed at an Appeal Panel, the decision will be final and no further appeal requests can be made. The IFR Team will develop a decision letter and will send this to the Chair of the Appeal Panel for approval. Once approval is received the IFR Team will then send this to the referring clinician who requested the appeal and send a copy to the patient.

6.12 Appeal responses will be as per the template outlined in Appendix 2

**7 IFR PANELS**

7.1 Each Panel will consist of the following representation:

* + Chair (Nominated CCG Senior Manager)
  + Two CCG GP’s clinical decision makers
  + IFR Team Representative (*if not already acting in the capacity of contracting representative)*
  + Triage Nurse

7.2 For the meetings to be quorate, they must consist of a Chair and a minimum of one GP. The IFR Team must also be in attendance and will support the presentation of cases where required and take notes of each meeting.

7.3 Each Panel will be held at least monthly

7.4 Papers will be prepared before each meeting and will be circulated to all members 5 working days in advance of the meeting taking place.

7.5 Notes of the meeting will be taken by the IFR Team, these will consist of a brief overview of the discussion that takes place regarding each case and the

**8 FOI/MP LETTERS/COMPLAINTS**

8.1 FOIs, MP letters and complaints will be managed directly by the CCG teams who have the responsibility for these areas. However, it is recognised that responses to these requests may be specific to decisions made by IFR Panel.

8.2 Where this is the case, the relevant team will send a copy of the request to the IFR Team, who will review the relevant information and develop a response within 10 working days.

**9 FUNDING POLICIES COMMISSIONING STATEMENTS**

9.1 The funding commissioning statements in existence for the CCG are attached as appendices and can be found on the website

9.2 Alongside the respective commissioning statements, CCGs will also be expected to follow a decision making framework whilst making funding panel decisions. This framework will support the panel in ensuring that due process is followed for each request and that consistent decision making principles are applied.

**Appendix 1: IFR Panel Process Map**

Flow chart detailing the IFR panel process

**Appendix 2: Appeals Panel Process Map**

Flow chart detailing the appeals panel process

**Appendix 3**

**Humber CCG aligned commissioning statements**

Hull, East Riding of Yorkshire, North Lincolnshire, and North East Lincolnshire Clinical Commissioning Groups (CCGs) have worked together to align a large number of CCG clinical commissioning statements across the Humber area. As part of this process, some of these statements have been amended and updated as per recommendations for interventions from the NHS England National Evidence-based Interventions Programme.

The CCG will continue to work with colleagues in other CCG’s and NECS to review and improve the processes and systems in light of expected further developments on Evidence Based Interventions and overall IFR processes.

**The Humber Single Commissioning Statement (shared policies) should be read in conjunction with this IFR and prior approval policy. Links to the statements appear below:**

[**Humber Single Commissioning Statement**](https://portal.yhcs.org.uk/documents/5665646/5923567/Humber+Single+Commissioning+Statement/816d66a0-d92c-4e4a-ad9c-1eb1731f274e)

[**Humber Wave 2 Single Policy document**](https://portal.yhcs.org.uk/documents/5665646/5923567/Humber+Wave+2+Single+Policy+Document/beeb70bc-0ff8-4689-9238-f78d765f5a15)

***NOTE: The CCG policy on IVF is a separate document, aligned with Yorkshire and Humber overall policy and should be accessed from the website and read in conjunction with this policy. “Access to infertility treatment - Commissioning Policy Document”***