

NHS Sheffield
Regional and Local decision making about Individual Funding Requests (IFRs) for medicines and other interventions

Board Meeting

1st September 2009

Author(s)/Presenter and title	Janet C Appelbee IFR Manager
Sponsor Director	Simon Kirk, Director of Strategy
Purpose of Paper	
<p>To present the revised regional and local policies for individual funding requests (IFRs), and decision making processes for approval by the NHS Sheffield Board. There are three key stages to note within the overall process for dealing with IFRs, namely the triage process for filtering requests, the actual IFR panel for receiving and making decisions on funding requests and, where requested, the appeals process. The details are within both policies. The revised regional policy has been developed as part of a collaborative response agreed through the Specialised Commissioning Group (SCG) and at it's July meeting, SCG asked for the attached regional policy to be considered at PCT Boards in September.</p> <p>The revised NHS Sheffield IFR policy is consistent with the SCG regional IFR policy.</p>	
Key Messages (Maximum 5)	
<ul style="list-style-type: none"> • The regional policy describes how PCTs within SCG should operate consistently when dealing with requests for IFRs. The regional policy provides a common basis and minimum standards that should be met by all PCTs for dealing with IFRs across the region. • The regional and local policies describe how NHS Sheffield will make decisions about commissioning health care interventions. • Following a stock-take of available PCT policies in the region. and a consultation process, the revised regional policy was agreed by SCG for submission to PCT boards in September 2009. • Legal advice has been taken and has confirmed the IFR process should comprise of three key stages, triage, IFR and appeal; that the processes should be transparent and explicit with patient being allowed access to clinical information available to the IFR Panel; and that where the IFR panel decides to refuse a request then the PCT must provide the patient with a written statement of the reasons for the decision. • The NHS Sheffield IFR policy has been revised to ensure consistency with the the regional policy. 	
Strategic/Performance implications including links to Achieving Balanced Health	

Links to the Business Plan; delivering excellent performance against National Targets and that there is a timely process for dealing with IFRs
Resource Implications (including Revenue, Capital, Staffing etc.)
<ul style="list-style-type: none"> • A review is being undertaken to ensure that the medical advice required for the Panels is sufficient to discharge the policy appropriately. • The cost of treatments funded through the IFR processes for 2008/09 was approximately £3 million on mental health cases, in particular eating disorders which had an expenditure of over £1 million. The value of medical IFR cases was approximately £2 million.
Links to Targets e.g. Business Plan, UoR, WCC, SfBH, NHSLA, IG Toolkit, and BAF
<ul style="list-style-type: none"> • WCC Competency specifically numbers 2,3,4,5,6, and 8 • The Business Plan; delivering excellent performance against National Targets and timely process for dealing with IFRs.
Associated Risks to the PCT
Cases presented to the Panel present the risk of legal challenge to process and to the reputation of NHS Sheffield if decisions are unpopular. The IFR policies and procedures mitigate this risk.
Consultation Requirements
The patient reading panel has been used to revise patient letters.
Equality/Diversity Impact
All cases must be handled in an equitable way with prioritisation of decisions made on the basis of clinical need and not on the basis of age, gender, ethnicity or lifestyle. All cases are considered against local and regional policies and procedures and local and national guidance to ensure decisions are made in an equitable way.
Recommendations
<ul style="list-style-type: none"> • To approve the revised and updated regional Individual Funding Request (IFR) Policy. • To approve the revised and updated NHS Sheffield Individual Funding Request (IFR) Policy.

Policy Audit Tool

To be completed and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

Please give status of Policy: Revised		
1.	Details of Policy	
1.1	Title of Policy:	NHS Sheffield Regional and Local Decision making policies about Individual Funding requests (IFRs) for medicines and other treatments
1.2	Sponsor (Member of ET):	Simon Kirk
1.3	Author:	Janet Appelbee
1.4	Lead Governance Sub Committee	PEC
1.5	Reason for Policy:	Statutory
1.5	Who does the Policy affect?	All patients
1.6	Are the National Guidelines/Codes of Practices etc issued?	Yes
1.7	Has an Equality Impact Assessment been carried out?	Underway
2.	Information Collation	
2.1	Where was Policy information obtained from?	SCG and Secretary of State Directions
3.	Policy Management	
3.1	Is there a requirement for a new or revised management structure for the implementation of the Policy?	No
3.2	If YES attach a copy to this form.	
3.3	If NO explain why.	Can be operated under existing structures
4.	Consultation Process	
4.1	Was there external/internal consultation?	Yes
4.2	List groups/persons involved	IFR staff, Sheffield PCT patient reading group, Director of Strategy Yorkshire and the Humber Specialised Commissioning Group (SCG)
4.3	Have external/internal comments been included?	Yes

4.4	If external/internal comments have not been included, state why.	N/A
5.	Implementation	
5.1	How and to whom will the policy be distributed?	All staff via intranet
5.2	If there are implementation requirements such as training please detail.	N/A
5.3	What is the cost of implementation and how will this be funded	Nil
6.	Monitoring	
6.1	List the Key Performance Indicators	Requests received Requests approved Requests declined Costs of requests approved Requests referred for a new policy
6.2	How will this be monitored	Monthly Reports from Finance Audits Quarterly reports to PEC Annual report to PEC and Board
6.3	Frequency of Monitoring	Monthly

Date Policy was ratified by the Appropriate Sub-Committee: N/A

Signature of Sub-Committee Chair: N/A

Date Policy was adopted by the PCT at a PCT Board Meeting:

**NHS SHEFFIELD LOCAL DECISION MAKING ABOUT
INDIVIDUAL FUNDING REQUESTS (IFRs) FOR MEDICINES AND
OTHER INTERVENTIONS**

POLICY AND PROCEDURES

Issue Date: August 2009

To be reviewed July 2010

Prepared by: Janet C Appelbee, Individual Funding Requests Manager

Sponsored by: Simon Kirk, Director of Strategy

This policy/service has been reviewed in accordance with Equalities Legislation on race, disability, age, gender, sexual orientation and gender identity, faith and belief.

Tony Pedder – Chairman

Jan Sobieraj – Chief Executive

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NHS SHEFFIELD THE INDIVIDUAL FUNDING REQUESTS POLICY

1 PRINCIPLES OF INDIVIDUAL FUNDING REQUESTS

1.1 INTRODUCTION TO INDIVIDUAL FUNDING REQUESTS

There has been considerable public interest surrounding the processes and decisions of PCTs when carrying out their duties to decide whether an exceptional case for funding requested by a patients GP or medical consultant should be funded or not. These requests are made by a patients GP or medical consultant.

As of 1st April 2009 NHS Sheffield along with all other PCTS was required to be compliant with Secretary of State Directions intended to improve the quality and consistency of local decision making for requests for medicines and other medical interventions. Such decisions are referred to as the “General Policy” for the intervention. The General Policy is NHS Sheffield’s policy on an intervention for a specified indication. It is important to consider both the intervention and the indication, as a drug may be commissioned for one treatment and not another.

Compliance has been achieved with the posting of the Specialised Commissioning Group policy for Individual Funding Requests on www.sheffield.nhs.uk/services/ifr.php.

NHS Sheffield makes decisions about the funding of medicines and other interventions on a population basis for the majority of medical interventions. Where the requests are for exceptional cases for funding, decisions are taken by the Individual Funding request (IFR) panel. The Panel meets on a fortnightly basis to decide upon funding requests for medical interventions, and at a separate meeting on a fortnightly basis to decide upon requests for mental health interventions.

The NHS Constitution makes it clear that patients have a right to expect rational local decision making on the funding of medical interventions and have the right to an explanation of the decisions reached; specifically the Constitution states :

“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”

The NHS Sheffield Individual Funding Request Panel (IFR Panel) has now replaced the Cost per Case Panel, and considers all exceptional requests for funding from NHS Clinicians, made on behalf of their patients, for funding for medical treatments, including mental health requests.

The NHS Sheffield IFR policy is written in conjunction with the regional IFR policy which has been revised after consultation with PCTs in the region. Some commonly raised issues during the consultation process are highlighted in Appendix 12.

Exceptional requests for funding are for treatments that are not automatically funded within the service level agreements with provider partners. An exceptional request is therefore normally regarded as a treatment, intervention or drug not routinely commissioned by NHS Sheffield.

The IFR panel deals with requests which are either where:

- NHS Sheffield has a general policy not to fund a health care intervention for the specified indication but a referring clinician considers their patient to be exceptional to that policy, or
- NHS Sheffield has no policy in place for the requested health care intervention and indication and the clinical circumstance is so rare that it is unlikely that other patients will require this intervention

The IFR process has three key stages for dealing with individual funding requests; all of which are of significant importance (detailed in Appendix 11). The stages are:

- the triage process during which requests are filtered to ensure they are appropriate IFR requests
- the IFR panel during which funding decisions are made and
- the appeals panel which may be convened when a request has been declined and the referring clinician or their patient appeals against the decision

1.1.1 GENERAL POLICY

For those requests where there is a General Policy but the request does not meet the criteria of this policy, the request will be considered for funding by the IFR Panel. In addition the IFR Panel will consider a request where the clinical circumstances are so unique that it is unlikely that other patients will require this intervention.

1.1.2 NO GENERAL POLICY

For those requests where there is no General Policy, usually because the request is for a new intervention which has become available and which has not previously been considered by NHS Sheffield, then the IFR Panel will identify whether this request is likely to apply to a population of patients. If so, the treatment requested will be referred to the appropriate decision making body, for example the Specialised Commissioning Group (SCG), or through one of the SCG networks such as the North Trent Cancer Network. Such a group or network will be asked to draw up a policy. The NHS Sheffield Executive Team is the executive body with authority to approve new policies, which will then become part of the General Policy.

In the intervening period prior to policies being drawn up, a decision will be made on the individual request.

The overall aim is to reduce the number of requests to the IFR Panel and to concentrate on developing policies for new and existing interventions and treatments.

This policy provides the guiding principles and framework by which the IFR process operates, the processes by which NHS Clinicians make funding requests on behalf of their patients, and the commissioning policies which guide the panel through their decision making. It sets out the framework which is designed to ensure consistently fair and equitable consideration of requests for funding or treatment outside these routine contractual agreements.

1.2 PRINCIPLES AND VALUES

NHS Sheffield has a statutory duty to maximise the health of its local population by ensuring the provision of quality health care services within available resources. However demand for services for patients may exceed the capacity and resources available. Therefore NHS Sheffield must ensure that decisions to fund treatment take into consideration the fundamental principles, outlined below.

The IFR Panel must ensure that the medical intervention requested is likely to be provided where the patient may gain easy access, will be affordable, have sound evidence of clinical and cost effectiveness. The IFR Panel should prioritise the requests based upon disinvestment for any less effective service into those which are more effective, while considering the equity of clinical need, and the availability of existing pathways of care over new or experimental technologies. The IFR Panel will look at interventions producing the greatest healthy outcomes, and will consider all national and local guidance and local funding priorities.

This policy is consistent with the nine national guiding principles that support the direction. These principles are to be found in Appendix 10.

This policy ensures that the IFR process would stand up to external scrutiny and is available on the NHS Sheffield website to all Sheffield patients. NHS Sheffield is committed to ensuring these processes and the decision making process remains transparent, fair, equitable and open to scrutiny.

At all times decisions to fund treatments will be based upon both national guidance and locally adopted policies. Interventions recommended in NICE technology appraisals will be implemented on publication of guidance unless previously prioritised through the Local Delivery Plan (LDP) round. Patients have the right to have funding made available where the drug or treatment requested through the IFR is recommended in NICE Technology Appraisal Guidance. Where NICE has yet to issue guidance, or where NICE will not be

appraising a drug, the IFR should make decisions based upon rational and proper consideration of all evidence available¹.

If the request arises from poor service or from the negligence of a contracted provider, then that provider should bear the cost of the treatment. Poor service includes failure to deliver satisfactory care as detailed in the contract with that provider, or failure in organisational management by the provider.

¹ A Consultation on the NHS Constitution

1.3 CONTRACTS

Subject to the conditions set out in this document, patients may be referred to NHS organisations with which the NHS Sheffield holds a contract without the need for prior approval from NHS Sheffield.

For NHS organisations with which NHS Sheffield does not hold a contract, different arrangements apply. This includes Specialised Services defined by the Department of Health to include renal, vascular and rheumatology services. If the referral is to a 'specialised services' the provider will contact NHS Sheffield to establish whether the request should be dealt with under this IFR procedure.

If the referral is not to one of the 'specialised services' defined by the Department of Health, and it is covered by mandatory tariff, then there is no need for prior approval from NHS Sheffield.

The commissioning schedule of the Legally Binding Contract between Sheffield Teaching Hospitals NHS Foundation Trust and NHS Sheffield provides details of services provided under IFRs within that contract.

1.4 CONSIDERING AND APPROVING ELECTIVE INDIVIDUAL FUNDING REQUESTS

The following criteria need to be met prior to the consideration of an IFR request:

- 1.4.1 The patient must be registered with a Sheffield GP
- 1.4.2 The request for funding must be made by an NHS clinician, or a medical consultant within the independent or private sector with whom NHS Sheffield holds a contract.

1.5 SPECIFIC EXCLUSIONS

IFR's in the following circumstances will normally be refused:

- 1.5.1 Where an IFR results from a patient who has paid for treatment who then wishes to have their treatment continued by the same provider but funded by the NHS for whatever reason (e.g. an insurance company refuses to pay the treatment costs or a patient can no longer afford treatment). The provider and/or the GP will be asked to refer the patient to NHS funded services for an assessment of whether the requested care is clinically required and available within existing service agreements held by NHS Sheffield.
- 1.5.2. Where the IFR requested is also available elsewhere within a Trust with which NHS Sheffield has a contract, this will be handled within normal contractual processes.

- 1.5.3 Where the IFR is made retrospectively unless it can be demonstrated that treatment was needed as an emergency.
- 1.5.4 Where the patient does not take up treatment within one year of approval being given, then the case will be closed and a new application for funding must be made.
- 1.5.5 Where an IFR is made by a non NHS clinician based in a private provider with whom NHS Sheffield does not hold a contract
- 1.5.6 Where an IFR is made for a treatment within a private provider, when equivalent NHS services are available.

1.6 REFERRALS TO PROVIDERS IN THE INDEPENDENT SECTOR

IFR's to providers in the independent sector must meet the criteria specified above. The independent sector includes Independent Sector Treatment Centres and private providers with whom NHS Sheffield already holds a contract or where clinical evidence states that this is the only provider which is suitable for the treatment requested.

1.7 HANDLING REQUESTS FOR HOSPITAL CARE IN OTHER EUROPEAN COUNTRIES

When considering requests for hospital care in other European Union [EU] countries NHS Sheffield will follow the principles set out below in order to meet EU requirements:

- 1.7.1 NHS Sheffield will consider requests as part of the IFR process from NHS GPs or NHS Medical Consultants on behalf of their patients to go abroad for treatment which is provided in UK hospitals; these systems are different from the current E112 referral arrangements.
- 1.7.2 NHS Sheffield is entitled to refuse to pay for healthcare services that are available in other Member States but is not offered to patients in the UK. NHS Sheffield is entitled to refuse to authorise a request for treatment that it does not fund, even if that treatment is funded elsewhere in the UK.
- 1.7.3 If NHS Sheffield agrees that a patient should be offered treatment by the NHS, and if that treatment is not available without `undue delay` in the NHS, then the patient is legally entitled to go elsewhere in the EU for that service, and can request either form E112 or Article 49 authorisation. (see 1.7.4)
- 1.7.4 Under the case law developed by the European Court in the Watts case (Article 49), the PCT is required to refund up to the costs of treatment in the UK: if treatment costs elsewhere in the EU are higher

than those in the UK, then the patient will need to pay the difference².
In this case a top up by the patient for their treatment is permissible

1.8 EXCEPTIONALITY

In making a case for an IFR, the patient's clinician must demonstrate that:

- The patient is significantly different from the reference population who would normally be refused the health care intervention requested AND
- There are good grounds to believe this patient is likely to gain significantly more benefit from this intervention than might be expected from the average patient with this condition³

The IFR Panel will give such cases due consideration.

1.9 SECOND OPINIONS

Where a request is for a second opinion this should usually be managed within existing service agreements.

1.10 THE INDIVIDUAL FUNDING REQUEST PANEL

The IFR Panel sits within the Strategy Directorate as the directorate's role is fundamental in commissioning services for patients and ensuring a move towards reducing health inequalities for Sheffield patients.

The exceptional requests for funding are initially triaged by the IFR Manager and a medical advisor. The triage process is designed as a sifting process to determine whether :

- the request is actually funded as part of a general policy,
- the request is for a rare intervention where it is unlikely that other requests will follow
- the request is for a new intervention where other similar requests are likely to follow and where therefore a new policy should be developed.
- the request requires further clinical information
- the appropriate request form (APPENDIX 5) has been correctly completed.

If the request is funded as part of the general policy the referring clinician will be advised of the general policy and no further action will be taken. (APPENDIX 6Ai)

² Ref: Patient Mobility, Department of Health: Gateway Reference 8010

³ Ref Yorkshire and Humber SCG Paper on Exceptionality 28.3.08

If the health intervention requested is not funded as part of a general policy, and evidence of exceptionality is provided by the referring clinician, then the request will be passed onto the IFR panel. (APPENDIX 6Aii)

The exceptional requests are dealt with every fortnight at an IFR Panel which is made up of two medical advisors, and one IFR Manager. All medical advisors to the panel have appropriate qualifications and experience required within the job description for the post. The Business Manager checks the appropriateness of the funding applications and provides all business and administrative support to the service. The Medical Advisor provides clinical advice and assessment of requests.

The IFR Panel also deals with requests for other forms of care, such as referrals to non-NHS providers for specialist rehabilitation, requests for mental health treatment and treatment for patients with eating disorders.

1.11 PATIENT CONFIDENTIALITY

Much of the correspondence relating to an IFR contains specific patient information of a confidential nature. In order to maintain confidentiality, faxes and all other correspondence coming into the PCT, are directed solely to the IFR Business Manager. All patient specific information is kept in locked cabinets.

1.12 YORKSHIRE AND HUMBER CLINICAL TRIALS

Where a patient has already been established on a health care intervention, for example as part of a clinical trial or following payment for additional private care, this will be considered to neither advantage nor disadvantage the patient. However, response to an intervention will not be considered to be an exceptional factor.

2. POLICIES

2.1 SPECIFIED CONDITIONS/TREATMENT - CURRENT POLICIES: BACKGROUND

Throughout the decision making process, the IFR Panel refers to both local and national policies and guidance. Together these form the NHS Sheffield “General Policy.” All the main policies used by the Panel are being placed on the NHS Sheffield internet site for ease of reference. NHS Sheffield has adopted all the appropriate SCG commissioning policies, which should be referred to in conjunction with these guidelines to enable decisions to be made as fairly and equitably as possible. The policies are based upon NICE guidance where available, however where there is no national guidance NHS Sheffield may use commissioning policies written in collaboration with their provider trusts and local clinical networks.

2.2 INDIVIDUAL FUNDING DECISIONS

It is inevitable that the development by PCTs of policies for treatments has resulted in some interventions being commissioned only in specific circumstances or not at all. However, clinicians may still wish to use such treatments, either because they believe the policy needs to be reviewed, or because they consider an individual patient to be exceptional to that policy.

In such cases, decisions will be made by the IFR Panel. The IFR Panel will consider all requests for treatment that are not routinely commissioned including exceptions to the existing policy and requests made in the absence of any policy. For the latter the development of a policy may be required.

2.3 CREATING POLICY

Where a request is made to the IFR Panel for a new intervention not previously considered by the Panel, this will raise the question of whether a new policy should be produced for such requests. The IFR Manager will alert the appropriate commissioning group, for example SCG; or one of the SCG networks such as the North Trent Cancer Network. The NHS Sheffield Executive Team has delegated authority to approve new policies.

Clinicians disagreeing with the general policy need to request a review of the policy, rather than continue to present individual cases for consideration.

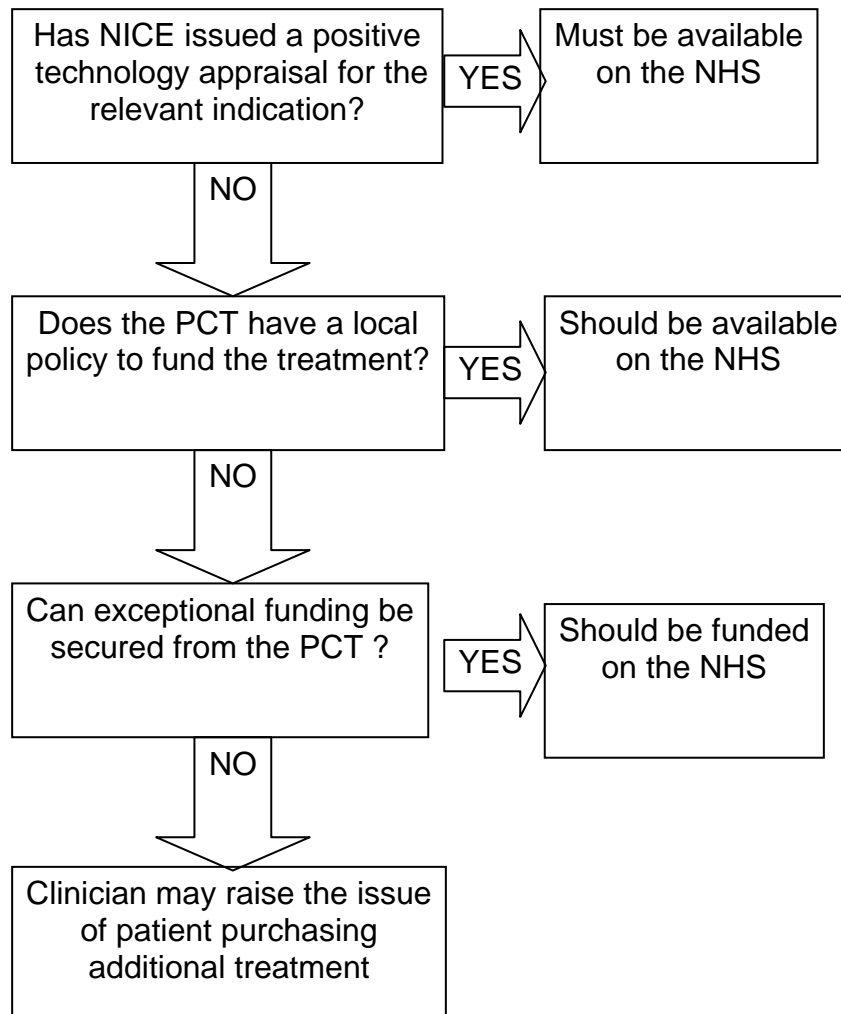
Where appropriate, commissioning policies will be developed at regional level. This may be through the joint working of clinical networks, through the SCG improving Excellence in Decision Making Process or through other clinical advisory forums. This process will include the NHS Sheffield Executive team acting with delegated authority to authorise new policies.

2.4 TOP UP GUIDANCE

The following flow chart, shows the point at which a patient may decide to pay for additional private care.

REVIEW OF CO-PAYMENTS FOR MEDICAL TREATMENT

Figure 1



Source:- Derived from Professor Mike Richard's review of co-payments for medical treatments published in October 2008

2.5 OPERATION OF THE POLICY

NHS Sheffield requires referring clinicians to obtain prior approval from the PCT, of the medical interventions which are listed within the General Policy, but where the General Policy does not recommend funding.

NHS Sheffield will ensure that legally binding contracts with relevant Trusts refer to the General Policy. NHS Sheffield will ensure through the contracting processes that referrals made directly to the provider Trust will meet the criteria within the NHS Sheffield general policy.

Where the provider Trust feels the patient is exceptional they will be asked to send a standard letter to the referring clinician, pointing out the need to obtain approval from NHS Sheffield before the patient is sent an appointment.

Certain specialist psychiatric treatments are commissioned on an Individual Funding Requests basis in co-operation with specialist staff from Sheffield Health and Social Care NHS Foundation Trust. These are detailed in Appendix 2.

3. PROCESSES

3.1 THE IFR PROCESS FOR HANDLING NON URGENT REQUESTS FOR FUNDING TREATMENTS

Flow charts illustrating the application process can be found at Appendix 3 & 4.

All requests from the Sheffield Teaching Hospitals NHS Foundation Trust **MUST** come via their Safe Haven. Each request must be accompanied by an IFR Approvals Request Checklist (Appendix 5), or contain all the details required within a covering letter.

All IFRs from the Children's NHS Hospital Trust and the Sheffield Health and Social Care Trust must come through their Contracting Department.

The process of triaging requests to determining whether a request meets the terms of a general policy or not and is an IFR request is explained in section 1.1. Appropriate correspondence is sent out to the referring clinician after the triage process (Appendices 6A to 6E inclusive)

Once the above checks are completed, the request is anonymised, date stamped, logged on the IFR confidential database and given an individual case number. The application will be acknowledged in writing within 5 working days and additional information requested where necessary. A paper case file is set up using the allocated case number.

In addition the IFR Business Manager may deal with verbal requests for information concerning the process prior to the submission of a written application. This may require forwarding supplementary information regarding specific NHS Sheffield policies or criteria relating to treatment/funding.

All communications must be kept as hard copies within the individual patient's file, and all verbal communications with a patient or a patient's representative must be written as a hard copy file note, signed and dated by the person within NHS Sheffield with whom contact was made.

Most acknowledgement letters will conform to the Standard letter and templates variously illustrated in Appendix 6. These letters may be altered to suit the specific requirements of a request.

Once the application is deemed ready for submission it will be considered by the next IFR Panel.

A request for further information should be made within 5 working days of the Panel's meeting, and should state that the information be provided within **30** working days, using where appropriate, the standard proforma questionnaires (Appendices 6F, 6G and 6H). In addition the IFR Panel may request that the

patient submits medical illustrations to assist the IFR Panel with its decision making process.

The IFR Panel must ensure:

- The decision to fund treatment is in line with a patient's planned management of care
- Available evidence is considered and where necessary expert advice is sought
- The decision takes account of all national and locally adopted guidance (the NHS Sheffield General Policy)

When further information is requested but not received, the IFR Panel will make a decision based upon the information already provided.

A decision is recorded for each case using a checklist which details all questions which must be answered before a decision is made. This form is signed off by both the IFR Medical Advisors (Appendices 7 and 8) and the IFR Manager.

A sheet summarising all decisions, including the reasons for the decision and the costs where known is sent to the Director of Strategy within 3 working days, to be ratified.

All decisions are relayed to the referring clinician and patient, where known, within 10 working days of the Panel in writing and providing an explanation of the decision made. (Appendices 6C, 6D and 6E).

If the IFR Panel's decision is not to approve a request for funding then the applicant has a right to Appeal (see 3.4), subject to the treating doctor confidence that all relevant clinical information has been provided and considered, Applicants will be notified of their right to appeal. An Appeal Panel will be convened if it is felt that due process has not been followed.

The Appeal Panel will not include anyone who was involved in the original decision making process. If the patient is still not satisfied with the decision of the Appeal Panel they can lodge a formal complaint under the NHS Complaints procedure.

3.2 PROCESSING URGENT REQUESTS FOR FUNDING TREATMENT

The processes outlined below relate to the urgency with which a funding decision must be made by NHS Sheffield.

The IFR Business Manager determines the urgency of the application, i.e. that the request must be processed quickly in order to avert, alleviate or avoid any perceived significant harm to the patient, which may arise unless a decision is taken in a shorter timescale than might otherwise be expected within the IFR Process.

NHS Sheffield will not retrospectively fund any care or treatment which has not been given prior approval, unless it can be demonstrated that the treatment was needed as an emergency/to avoid a life threatening situation, and that unsuccessful efforts were made to contact NHS Sheffield through the Director of Strategy or another senior officer by phone.

All applications for treatment or funding deemed urgent will be acknowledged by telephone, fax or email on the day of receipt by the IFR Business Manager.

Contact will be made with the applicant by telephone to agree a timescale within which a response must be provided in order to meet the patient's clinical need. In such cases one IFR Medical Advisor will be required to make the decision to be ratified by a second medical advisor once contactable. The IFR Business Manager is notified of the outcome of the consideration of the request.

The IFR Business Manager will immediately inform the Director of Strategy of the decision, requesting signed approval.

The IFR Business Manager will immediately notify the referring clinician of the decision, followed by written confirmation.

The IFR Business Manager will notify the Panel for ratification at the next Panel meeting.

While the PCT will endeavour to respond to such urgent requests as quickly as possible, this should not compromise the quality and validity of the decision-making process.

3.3 INDIVIDUAL FUNDING REQUESTS PANEL - TERMS OF REFERENCE

3.3.1 Membership

The IFR Panel will consist of the following members:

- Two medically qualified advisors (one to chair the meeting)
- IFR Manager or Senior Manager

The IFR Business Manager will be in attendance to support the business administration of the meeting.

All three members need to be present for the meeting to be quorate. This may necessitate a meeting co-ordinated by electronic methods, telephone or fax if necessary.

The IFR Panel will co-opt other medically qualified experts as necessary to provide additional expertise and advice, or to offer a third opinion when there is a deadlock within the Panel.

3.3.2 Attendance at meetings

Other members of staff may be requested to attend the Panel meetings in an advisory non-voting capacity as necessary to discuss particular issues, for example for those patients with long term rehabilitation requirements, the NHS Sheffield Strategy and Specification Manager may be required to provide the Panel with an update on the patient's progress.

3.3.3 Frequency of meetings

Meetings will be held fortnightly.

3.3.4 Purpose

The purpose of the IFR Panel is to:

- Receive requests for treatment or funding from the clinician on behalf of their patient.
- Interpret requests for treatment/funding.
- Make judgments on requests for treatment/funding based upon local and national guidance within the General Policy.
- Ensure consistency of approach to funding.
- Provide a mechanism for receiving and commenting upon the Specialised Commissioning Group (SCG) policies⁴

⁴ Topics to be addressed are likely to be new treatments/services where a high level of investment is required and/or there is a high degree of public interest. By adopting the Specialised Commissioning Group (SCG) policies we endeavour to maintain a higher degree of consistency and uniformity of decision making concerning funding requests within the South Yorkshire health community.

3.3.5 Duties and Operation

The duties of the IFR Panel shall be to consider, and approve where appropriate, requests to fund treatment for individual patients where the request for treatment/funding:

- Is for a new intervention or indication which has not yet been considered by NHS Sheffield but an individual patient request raises the issue of whether it should be funded
- Is a request for an individual to receive treatment where NHS Sheffield General Policy does not recommend treatment (an IFR)

All requests will be co-ordinated by the IFR Business Manager

Requests to the Panel will be presented by the IFR Business Manager

The IFR Panel may seek additional or supporting information to further inform their deliberation of a request. Further information when requested will be required to be returned within 30 working days.

Patient information will be dealt with in confidence, no patient identifiable information will be used unless essential to the consideration of the request.

The IFR Panel will consider all the necessary information received from the clinicians involved in the patient's care.

The IFR Panel will assess and evaluate the evidence base for the clinical and cost-effectiveness of each intervention under discussion, and will elicit and consider the views of relevant stakeholders where appropriate.

The IFR Panel will produce clear reasons for their decisions, using the Checklist (Appendices 7 and 8) which will be based on current guidance, the overall resources available to the PCT, and the NHS Sheffield decision making values including evidence of effectiveness, equity and accessibility

The IFR Panel decision and the reasons for the decision will be conveyed in writing to the referring clinician. If the application has not been approved, the clinician will be informed of the decision and of their right to appeal.

For issues relating to the Contracting process the IFR Manager will provide a short statement to the Contracting lead to advise on where it is felt the content of the Legally Binding Contract should be revised.

The IFR Panel will always consider policies proposed by SCG for adoption by NHS Sheffield and offer appropriate feedback where necessary.

The IFR Panel will always consider national guidance when making decisions on individual cases.

3.3.6 General

Members of the IFR Panel must declare interests that may be relevant and material to the consideration of any item of IFR Panel business. In such an event, the Member may not take part in discussions relating to any such item of business

All discussions within the context of the IFR Panel will be treated as strictly confidential amongst the IFR Panel members.

3.3.7. Approval and Reporting Arrangements

All decisions made by the IFR Panel must be signed off by the Director of Strategy before notification is given in writing to the referring clinician. Where the delegate the delegated financial limit is above that which may be authorised by the Director of Strategy, then the Director of Finance will be asked to authorise the funding.

The IFR Panel will report on its consideration of requests for treatment/funding in a written quarterly report to the PCT Professional Executive Committee.

The IFR Panel will operate at all times in accordance with the Standing Orders and the Standing Financial Instructions of NHS Sheffield. The expenditure of the Panel will be reviewed and reconciled monthly with finance managers

3.3.8 Date of Review

The Terms of Reference and membership of the IFR Panel will be reviewed every six months by the members of the Panel, the relevant Assistant Director of Strategy and Director of Strategy. Any revisions to the policy will be presented to the NHS Sheffield Board for ratification of the policy.

3.4 INDIVIDUAL FUNDING REQUESTS APPEALS PROCEDURE

- 3.4.1** All applicants have the right to appeal (APPENDICES 6D and 6E), if there has been a perceived failure to follow due process in consideration of the request within the IFR Process, and the treating doctor feels that all relevant clinical information has been provided and considered
- 3.4.2** This Appeals Procedure applies if either the patient or their clinician consider the Panel has not interpreted this policy document correctly, in other words that due process has not been followed by the Panel.
- 3.4.3** The patient or their clinician must appeal in writing to NHS Sheffield within 90 days of written notification of the outcome of the Panel's decision.
- 3.4.4** The application is acknowledged within 5 working days
- 3.4.5** On receipt of an appeal request, an independent second opinion will be given by a Medical Advisor who was not involved with the original Panel decision to assess whether due process was followed including whether the IFR Panel considered all available clinical information.
- 3.4.6** If the request for an appeal is approved, then an IFR Appeal Panel will be convened. The IFR Business Manager will arrange for the Appeal Panel to convene as soon as practicable and in any event within 28 days of notice of the patient or their clinician being informed that their appeal request has been granted, unless further information is required. However, if there is clinical evidence that a delay in making a decision could cause prejudice to a patient's health, the IFR Appeal Panel will meet as soon as possible and where necessary previous commitments will be cancelled or rearranged.
- 3.4.7** Prior to the IFR Appeal Panel being convened, both the patient, their clinician and the IFR Appeal Panel will receive from the Panel a full account in writing of their reasons for initially rejecting the clinical request, and the terms of reference, principles and management processes the Panel followed in reaching their decision.
- 3.4.8** The IFR Appeal Panel will follow the Appeals Process. The Panel and patient will be provided with a copy of the Process as soon as possible before the Appeal Panel meets.
- 3.4.9** The IFR Appeal Panel Members will have no interests in, and will have had no input into, the decision-making process in relation to the patient's previous application for funding of treatment. All members of the IFR Appeal Panel must therefore, at the outset of the process

i.e. the convening of the IFR Panel, be satisfied that they have no prior interest in the matter.

- 3.4.10** The patient will be entitled to make any representations orally or in writing to the IFR Appeal Panel.
- 3.4.11** The patient will be entitled to make any representations orally or in writing to the IFR Appeal Panel.
- 3.4.12** Prior to the IFR Appeal Panel expert clinical advice may be sought, to include all clinical evidence from the referring clinician. Typically, the entire case will be received by the Appeals Panel on paper without either side being present. However, if, in exceptional circumstances, the Appeals Panel believes that it would benefit the Panel to have one side present at the hearing, the other side will also be invited to attend.
- 3.4.13** The IFR Appeal Panel has delegated authority from the NHS Sheffield Board to take decisions and action them. The IFR Appeal Panel's decision does not therefore have to go to the Board to be ratified. The IFR Appeal Panel's decision will be notified to the patient within 5 working days of the Panel's decision. The IFR Appeal Panel's decision will be notified in writing to the next scheduled Professional Executive Committee (PEC). The report to the PEC will be drawn up by the Chair of the Appeal Panel, supported by the IFR Business Manager and signed by the Chair and Executive Director.
- 3.4.14** If the IFR Appeal Panel has met as a matter of urgency, because of the risk that delay might prejudice the patient's health, it will report its decision within 24 hours to the Chief Executive of the PCT. The patient and their clinician will be notified within 24 hours of the final decision. This decision must be notified at the next meeting of the PEC.
- 3.4.15** The IFR Appeal Panel's outcome will either be to:
- Uphold the Appeal OR
 - Dismiss the Appeal on the basis that due process was followed in the original decision making process
- 3.4.16** If there is an unusually expensive or otherwise significant case, the IFR Appeal Panel may wish to refer the case to the NHS Sheffield PEC or Board as appropriate, for a final decision.
- 3.4.17** A summary of IFR appeals processed in the previous quarter will be reported as part of the quarterly performance report to the PEC.
- 3.4.18** This Process will be reviewed every six months.

3.5 INDIVIDUAL FUNDING REQUESTS APPEAL TERMS OF REFERENCE

3.5.1 Constitution

The IFR aims to provide a coherent and robust framework within which decisions relating to the funding of provision of treatment for patients are made. The IFR Appeal Panel exists to consider applications from the patient or their clinician where they feel the Panel has not followed due process. The purpose of the Panel is to review the process by which a decision was reached, rather than looking at the clinical merits of the decision.

3.5.2 Membership

Membership of the IFR Appeal Panel comprises:

- One Non Executive Director NHS Sheffield
- One Executive Director NHS Sheffield
- One medically qualified member of the NHS Sheffield Professional Executive Committee OR one medically qualified advisor from the IFR Panel not involved in the original decision making process for the patient. The patient must not be registered or have been registered with the medical advisor on the IFR Appeal Panel.

The meeting will be chaired by the Non Executive member of the IFR Appeal Panel.

The IFR Appeal Panel members will have had no prior input into the IFR with respect to the case under Appeal either in relation to the initial request for funding or treatment and the initial decision made.

The IFR Appeal Panel must be quorate to make decisions. In order for the Appeal Panel to be quorate all three members must be in attendance.

The Appeal Panel will treat all discussions of the Appeal case as confidential within the Panel membership

3.5.3 Attendance

The Appeal Panel will meet on receipt of a formal appeal from the patient or their representative. This request will previously have been checked by an independent medical advisor (see 3.4.5). In the case of an urgent decision, an emergency meeting will be held. This may necessitate a meeting coordinated by electronic methods, telephone or fax if necessary.

Other members of staff, including members of the Panel may be requested to attend the Appeal Panel in an advisory capacity to offer further information in respect of a particular case.

The management and administration of the IFR Appeal Panel will be supported by the IFR Business Manager.

3.5.4 Frequency of Appeal Panels

A request for an IFR Appeal should be submitted to the IFR Business Manager within 90 days of receipt of the outcome of the IFR Panel's final decision.

An IFR Appeal Panel will be held as required, convened by the Business Manager. The IFR Appeal Panel will meet as soon as practicable and in any event within 28 days of notice of the patient or their clinician being informed that their appeal request has been granted, unless further information is required.

3.5.5 Purpose

The purpose of the IFR Appeal Panel is to consider Appeal applications made to NHS Sheffield which challenge due process by reference to local policies including the NHS Sheffield IFR General Policy. This may be done by oral or written representation from the patient or their representative.

3.5.6 Duties

The duty of the IFR Appeal Panel is to make decisions for individual patients where the request for treatment/funding has already been considered within the IFR process, and where due process is being challenged.

The IFR Appeal Panel must ensure that all decisions are taken in the context of and guided by the values and aims of NHS Sheffield in order to maximise health and social well being. In so doing the IFR process will support NHS Sheffield in consistently striving to ensure high quality health and social care for the people it services.

All discussions within the context of the IFR Appeal Panel will be treated as confidential within the Panel membership.

3.5.7 Reporting Arrangements

The IFR Appeal Panel will report its decision in writing to the next scheduled Professional Executive Committee.

The report will include consideration of the case, the IFR Panel's deliberations and the reasons for the Panel's conclusions.

The Appeal Panel will either:

- Uphold the Appeal
- OR dismiss the Appeal

The IFR Business Manager will notify the applicant within 7 working days of the Panel reaching its decision

3.5.8 Date of Review

The Terms of Reference and membership of the IFR Appeal Panel will be reviewed every six months.

3.6 INDIVIDUAL FUNDING REQUESTS APPEAL PANEL PROCESS

Appeals Process

- 3.6.1 The Panel Chair welcomes everyone and checks that the procedures to be followed are agreed.
- 3.6.2 A full written record of the meeting will be made.
- 3.6.3 The NHS Sheffield IFR Business Manager sets out the IFR Panel case, calling on written submissions from experts if required.
- 3.6.4 If present, the patient or their representative questions the NHS Sheffield representative on the case/evidence given. In all cases a person will be made available in support of the patient, if the patient requires this support.
- 3.6.5 The IFR Panel members questions the NHS Sheffield representative and/ or experts who may be present.
- 3.6.6 The patient/representative presents the patient's case.
- 3.6.7 The IFR Panel members question the patient or the patient's representative on the case/evidence given.
 - 3.6.7.1 The IFR Panel chair sums up the case.
- 3.6.9 If present, the patient or the patient's representative sums up patient's case.
- 3.6.10 The IFR Panel members withdraw to consider its decision, with no other person present.
- 3.6.11 The patient is informed when she/he will receive the decision in writing.
- 3.6.12 The decision from the IFR Appeal Panel is reported to the patient and their health care Professional within 5 working days of the IFR Panel's meeting.
- 3.6.13 The Chair of the IFR Appeal Panel reports the IFR Panel's decision in writing within the next quarterly summary report to the PEC.
- 3.6.14 If the IFR Appeal Panel has met as a matter of urgency, given the risk of delay causing prejudice to the patient's health, it will report its recommendation within 24 hours to the Chief Executive. The Chief Executive, after consultation with the Chair of the Appeal Panel and the Chair of the PEC will then make a decision on behalf of the PEC.

The patient and their Health Care Professional will be notified within 24 hours of the final decision. This decision must be notified at the next meeting of the PEC, (and Board as appropriate)

4 SUPPORTING INFORMATION

4.1. POLICIES

The most frequently used section of the General Policy is as follows: the specialist plastics policy, and the fertility services policy. Other parts of the General Policy particularly those of specialist psychiatric services are laid out in detail below.

4.1.2 OUTLINE OF NORCOM COMMISSIONING POLICY SPECIALIST PLASTICS PROCEDURE (full version on the NHS Sheffield web site, reference NORCOM policy on plastic procedures revised 31 March 2009)

Currently commissioning approval is required for NHS funding prior to referral to a specialist clinician

Approximately 50% of all referrals to the IFR Panel have been for cosmetic surgery and therefore refer to the SCG Aesthetic Surgery policy outlined below. There is a standard procedure for operating this policy within the Sheffield Teaching Hospitals Foundation Trust (STHFT) plastic surgery directorate, in which the plastic surgery team screens all referral letters and GPs are asked to get commissioner approval for those which appear to be cosmetic. However since the new Statutory Directions came into force on 1st April 2009, revision to the contract will be required to ensure that referring clinicians make, correspond to the criteria of the general policy. If their patient's meet the general policy criteria they will be able to refer directly to the STHFT plastic surgery team.

NHS Sheffield does not commission cosmetic (aesthetic) surgery, unless there are exceptional clinical circumstances. NHS Sheffield has adopted the SCG Aesthetic Specialist Plastic Surgery Procedures, which should be referred to in conjunction with these guidelines.

4.1.3 FERTILITY SERVICES (for the detail of the policy refer to NORCOM Commissioning Policy reviewed Jan 2008)

All eligibility criteria are taken from the policy on funding of fertility services and exclude funding for couples where either or both partners have been sterilised are excluded from NHS funding. Reverse sterilisation will not be funded by NHS Sheffield.

4.2 APPENDICES

APPENDIX 1

POLICY FOR DENTAL IMPLANTS, ALLERGIC CONDITIONS, COMPLEMENTARY THERAPIES AND COCHLEAR IMPLANTS

Osseo-integrated dental implants

Osseo-integrated dental implants are not available through the General Dental Service. Service level agreements are in place through NORCOM for the provision of osseo-integrated dental implants for the following conditions:

- Restoration of the mouth and surrounding tissue in reconstruction following treatment for facial neoplasia of any origin.
- Restoration of the mouth and surrounding tissues following facial trauma involving some bone loss (excepting single tooth only).
- Restoration of patients with facial anomalies or congenital conditions where other restorative therapies are not appropriate.

Osseo- integrated implants for the following conditions will be handled on a Cost per Case basis:

- Restoration of edentulous patients who have been proven to be unable to tolerate conventional dentures.
- Single tooth restoration (exceptional cases only).

In both cases, a supporting opinion must be available from a Consultant in Restorative Dentistry. Applications for funding should be made to the NHS Sheffield IFR Business Manager. Advice may be sought from the Director of Dental Public Health, or his deputy.

The general policy covers various other conditions for which specific criteria apply include allergic conditions, complementary therapies and cochlear implants.

Allergic conditions

IFR requests to units specialising in allergic conditions will only be considered on the recommendation of a nominated consultant with whom the NHS Sheffield holds a contract who will assess the patient. The consultant can be a specialist in dermatology, gastrointestinal and respiratory diseases or a paediatrician, depending on the age and nature of the symptoms presented.

Complementary therapies

NHS Sheffield does not normally commission complementary therapies within the IFR process. These therapies will only be approved on an individual patient basis where there is published research based evidence which shows

that the treatment is as effective (or more effective) or more cost effective than treatment provided within contract. Funding will only be approved after assessment and advice from an experienced clinician from an appropriate speciality with which NHS Sheffield has a contract, and where the provider is accredited by a recognised body.

Cochlear implants

All assessments should be carried out by the Medical Audiology Department at STHFT who will refer according to clinical priority and capacity to benefit.

APPENDIX 2

POLICY FOR SPECIALIST PSYCHIATRIC TREATMENTS FOR WHICH SPECIFIC CRITERIA APPLY

Referrals for treatment and care of patients with mental health problems (excluding continuing care)

Certain specialist psychiatric treatments are commissioned on an IFR basis in co-operation with specialist staff from Sheffield Care Trust. These are detailed below

General principles

The normal expectation will be that patients with mental health problems will receive treatment locally within contracts that are in place – patients will only receive treatment on an IFR basis outside contracts on an exceptional basis.

In-patient admission will normally be to contracted beds – providers will be expected to have efficient bed management processes in place, including processes to manage admissions and discharges within contracted bed capacity.

All requests to the IFR Panel must be made by NHS Clinicians.

Criteria

Treatment for patients with a mental health problem may be approved by the IFR panel where:

- NHS providers do not have the capacity or the capability to manage patients within contracts; or
- the best possible service that could be offered within contract is not sufficient to meet the identified need; or
- there is a clearly demonstrated added benefit of IFR treatment; or
- there is a significant risk associated with treatment not being provided on an IFR basis.

Required elements for supporting treatment (not including requests for Intensive Treatment Sector /Psychiatric Intensive Care Units (ITS/PICU beds)

The following elements will need to be in place for IFR treatment to be supported:

- Applications for IFR treatment must be made by an NHS consultant psychiatrist
- Where appropriate, applications should be supported by a senior manager within the originating organisation
- The following information will need to be provided in all cases:
 1. Why an extra contractual referral is necessary and options explored to manage the case within contract;
 2. The proposed treatment plan for the patient, including an estimate of the expected length of treatment;

3. The expected end date of the IFR treatment
 4. Arrangements for monitoring and returning patients to contracted services as soon as clinically appropriate;
 5. Options explored to ensure value for money and the costs.
- Originating organisations should, as appropriate, maintain contact with IFR patients, have a designated worker (named and with contact details included in the application) for each case and ensure that each case is managed as effectively and efficiently as possible.
 - NHS Consultant psychiatrists responsible for applications should review patients themselves as often as necessary.
 - The nominated worker and /or responsible psychiatrist may be invited to attend the panel to discuss progress on the case.
 - Regular (at least quarterly) progress reports should be sent to the IFR Business Manager.

Process

The application should be made in writing to the IFR Business Manager at NHS Sheffield. NHS Sheffield will establish a monitoring and decision-making process for mental health IFR placements which includes a decision-making panel. NHS Sheffield will have a nominated officer with power to make decisions on an emergency basis if required. This will normally be the medical advisor, however outside office hours this will be the on call director for NHS Sheffield. The on call Director must inform the IFR Manager of the details of any approvals made outside office hours.

Requests for Acute Admissions to general acute or PICU/ ITS beds

It has been agreed that the provider may arrange the following types of admissions if necessary without prior approval, and with a commitment from NHS Sheffield to meet the costs;

- Acute mental health admissions out of city;
- Intensive Treatment Services admissions (as per agreed protocol).

Full information on such admissions must be provided as soon as possible. The PCT reserves the right to withhold payment if it emerges over a period of time or a number of cases that the applications are not consistent with the IFR policy, and /or details of the clinical requirements of the patient are not provided to NHS Sheffield.

Eating disorders

Patients should, wherever possible be managed within the existing services contracted for eating disorders. Where a patient's clinical condition becomes more serious or urgent and necessitates the need for inpatient or day patient care, NHS Specialist Units should be the preferred provider. Referrals to be considered by the IFR Mental Health Panel must come from the Sheffield Eating Disorders Service, and include a psychiatric assessment form from an NHS Consultant

Gender reassignment

Patients should be managed within the existing services contracted for gender dysphoria. All patients should initially be referred to a consultant psychiatrist for assessment and treatment of any psychiatric co-morbidity. Appropriate tertiary referrals can be made to the designated specialist gender dysphoria team providing services in accordance with the Yorkshire and Humber Specialised Commissioning Group service specification. The service provider must agree to work to the Yorkshire and Humber Specialised Commissioning Group policy.

Referrals for initial assessment should be prioritised according to clinical need and placed on a single waiting list. Once accepted for treatment, prior approval should not be required for core gender reassignment surgical procedures providing that the criteria detailed in the Yorkshire and Humber Specialised Commissioning Group policy are met. Only core gender reassignment surgical procedures will be routinely commissioned and procedures that are considered to be non core will need prior approval from the IFR Panel. Patients opting for private surgery will not be prioritised over patients undergoing NHS funded treatment.

Alcohol related problems

IFR funding for units specialising in alcohol related problems would only be considered following an assessment from the nominated consultant specialising in substance misuse. The consultant may refer as a tertiary referral after approval from the IFR panel at NHS Sheffield. Alcohol detoxification treatment is available within contract from the Sheffield Health & Social Care NHS Foundation Trust.

Drug Detoxification for Alcohol and drugs

Both outpatient and inpatient detoxification for alcohol and drugs in Sheffield is provided within contract by the Sheffield Health & Social Care NHS Foundation Trust. However there are particular circumstances in which out-of-Sheffield detoxification treatment, paid for as an IFR item, might be the most appropriate intervention. These include:

- Mothers with children needing specialist unit;
- Patients needing culturally appropriate service;
- Patients needing extra medical interventions and monitoring;
- Patients who have been identified as requiring rapid detoxification because they are in full time employment or have psychological needs;
- Patients identified through full needs assessment as requiring a detoxification programme as the first part of a rehabilitation placement;
- Where other detox options have been tried. Normally, patient will have tried community or Sheffield in-patient detoxification programme before referral for IFR out of city placement.
- Where there are major confidentiality issues that would jeopardise recovery. This could include:
 - some staff working in Sheffield (particularly, but not exclusively, health and social care staff);

- patients whose community support networks would be compromised if they received their treatment in Sheffield;
- patients on witness protection programmes.

Required elements of supporting treatment

Recognising that detoxification from both alcohol and drugs, without preparation and relapse prevention work often fails, the following element of treatment should also be in place.

There should have been a comprehensive assessment, usually by a clinical nurse specialist, occasionally by other members of the multi-disciplinary team. This would include exploring alternative options with the patient.

The patient should have commenced preparation work in line with the toolkits manual, ensuring that practical issues are addressed such as a support network to return to, key worker involvement (nurse, drug worker, other) and if possible drug free accommodation. Relapse prevention work should commence in a structured form with an exit or review strategy in place. This will enable some patients to see a beginning and end to their care. Others may require ongoing reviews. On discharge from this treatment modality, consideration should be given to onward referral to other treatment modalities e.g. Psychosocial Interventions (PSI); Structured Daycare. If no further treatment is required the service user should be referred to aftercare.

For patients who have relapsed after previous detoxification treatment, clear reasons must be given for believing that further detoxification treatment has a reasonable chance of leading to long term success. This will include details of motivational changes that have been made, and what support networks are in place to encourage long term success.

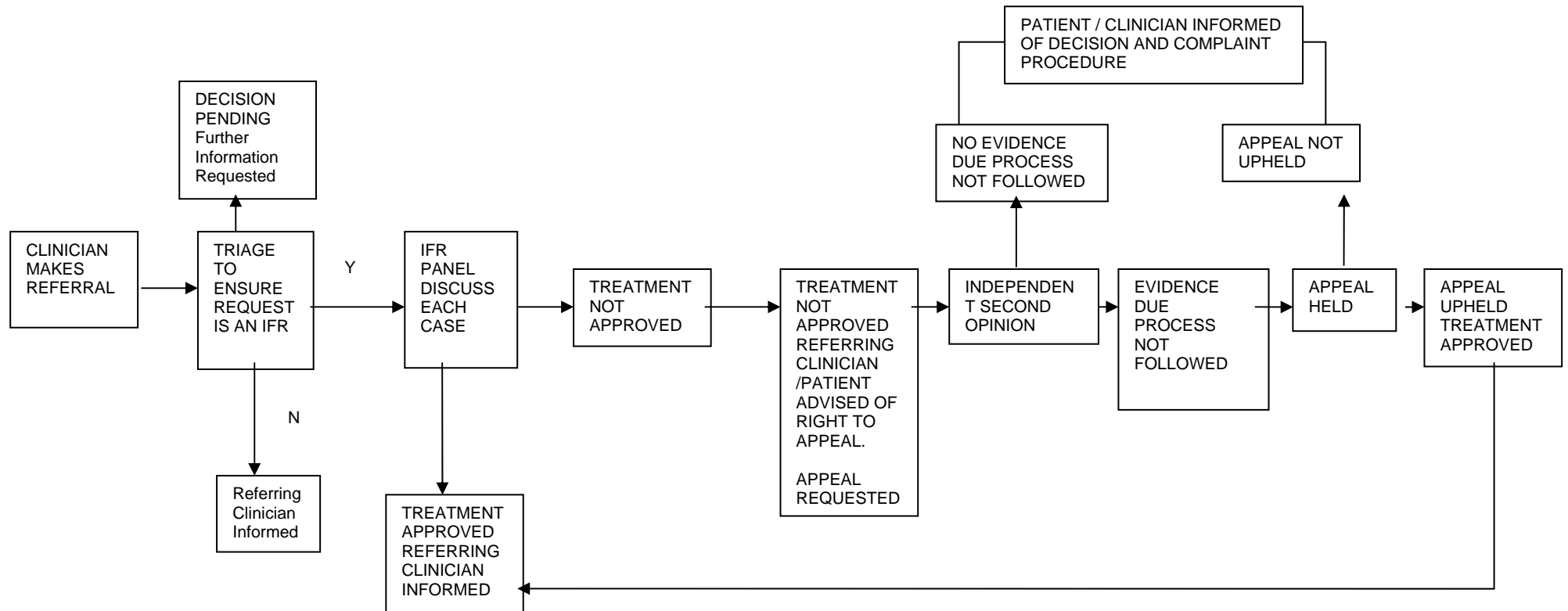
Process

The request needs to be made in writing to the IFR Business Manager at NHS Sheffield. The decision as to whether or not to fund is made by the Mental Health IFR panel.

In all cases, the final judgement will be made on the needs of individual patients.

APPENDIX 3

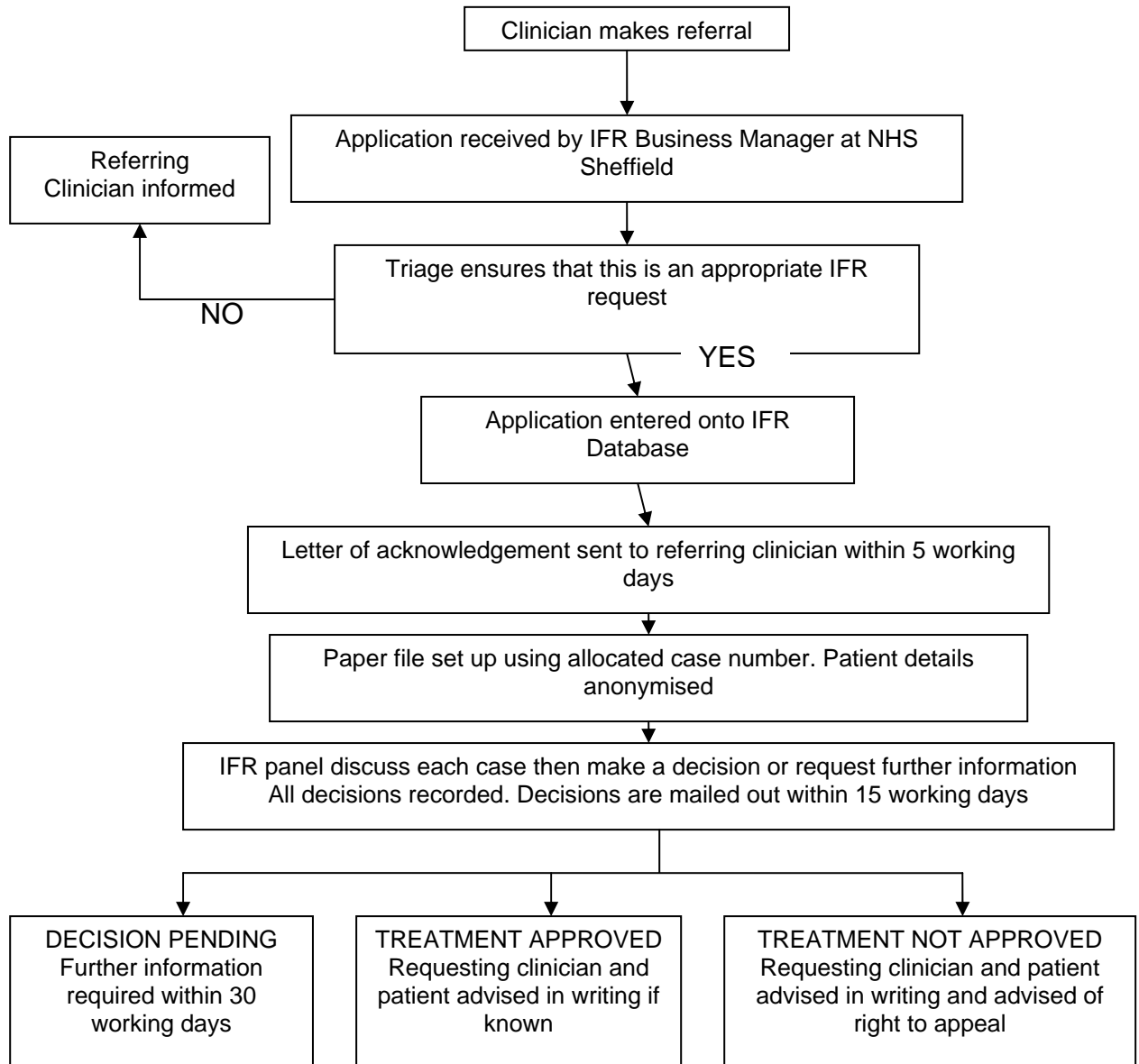
SUMMARY OF IFR PANELS DECISION –MAKING PROCESS
 (For detail of the process refer to Appendices 4A & 4B)



APPENDIX 4A

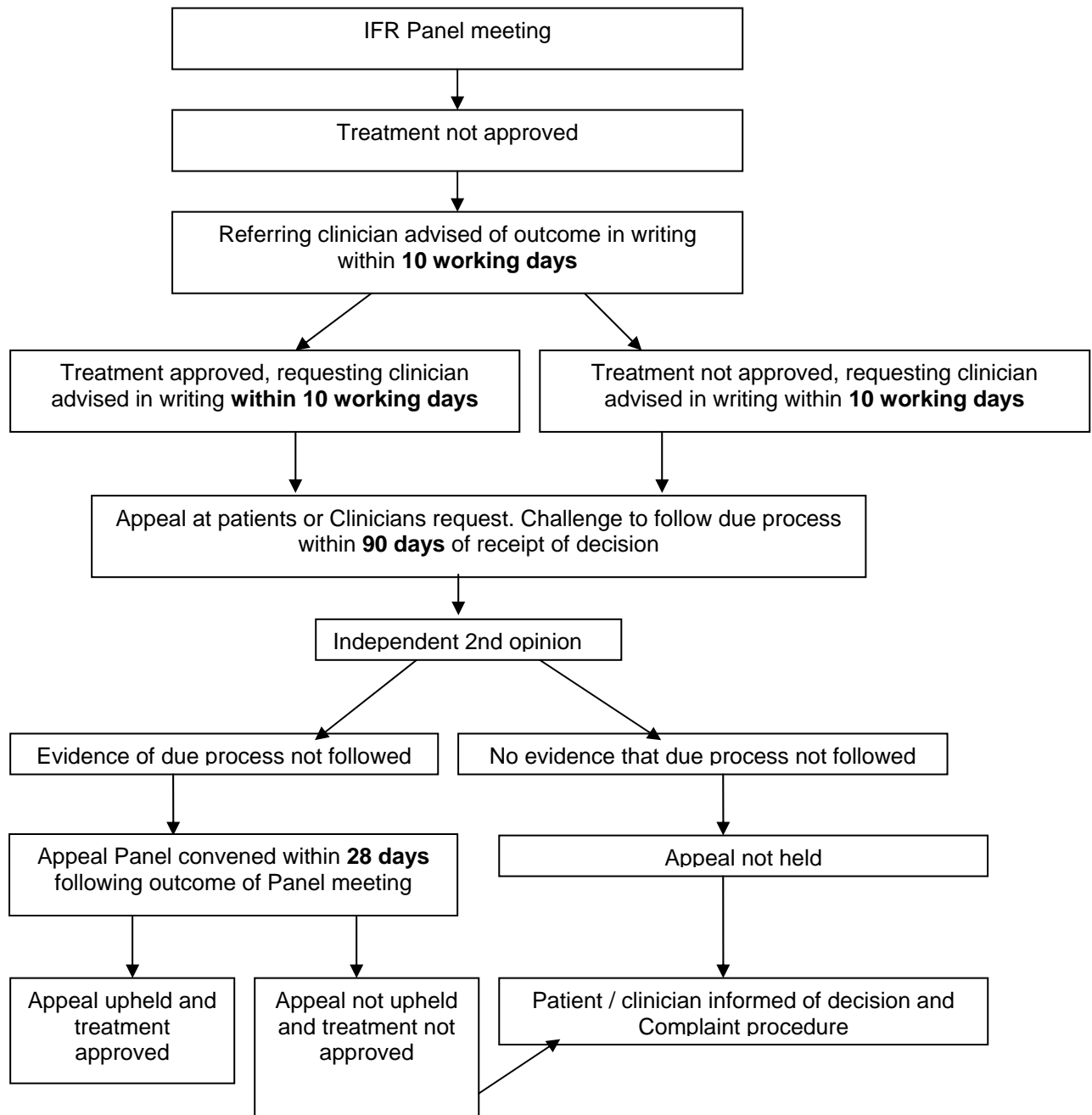
IFR PANELS DECISION-MAKING FLOWCHART

At any stage during this process the patient has the right to complain via the NHS Sheffield Complaints procedure.



APPENDIX 4B

**IFR PANEL
DECISION MAKING FLOW CHART: APPEAL**



APPENDIX 5

NHS SHEFFIELD IFR REQUESTS – CHECKLIST

Application for treatment funding

<p><u>Patient details</u></p> <p>Initials</p> <p>Date of birth</p> <p>NHS Number</p> <p>Other identifier</p> <p>GP name and address</p> <p>Do you want GP to be copied in to correspondence? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p>
<p><u>Details of applicant</u></p> <p>Name</p> <p>Speciality (if applicable)</p> <p>Provider Trust/Practice</p> <p>Email</p> <p>Telephone</p>
<p><u>Treatment required</u></p> <p>Name of intervention/drug</p> <p>Dose (if applicable)</p> <p>Expected duration of treatment</p> <p>Estimated cost of treatment (annual or for course?)</p> <p>Indication for use</p> <p>Is the intervention licensed for this use? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/></p> <p>Is the intervention approved for your use (e.g. approved by Drug & Therapeutics Committee)? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p> <p>Is there a PCT policy for this intervention and indication? Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/></p>
<p>Date of application</p> <p>Date patient referred to secondary care (if applicable)</p> <p>Is this application URGENT [see F1] No <input type="checkbox"/> Yes <input type="checkbox"/></p>

Application for treatment outside of appropriate PCT policy

Do you consider your patient to be 'exceptional' to the PCT policy for this intervention and indication? Yes No

If so, why?

Application for treatment where there is no appropriate PCT policy

Is this patient one of a group of patients that you believe would be appropriate for this treatment (i.e. are other patients likely to require this treatment?)

Yes No

About your patient

Clinical diagnosis

Current status (symptom severity, quality of life, performance status, other symptom score [e.g. PASI, DAS28])

Is your patient being treated as an inpatient outpatient daycase

What benefit(s) do you expect your patient to gain from this treatment?

How will treatment outcome be measured?

When will your patient's response be assessed?

What stopping criteria will be used?

What other treatments might be used to treat your patient at this stage AND why are they not appropriate?

What would be the impact on your patient if the requested treatment was not funded?

About your patient (contd)

Current (relevant) treatment

Past (relevant) treatment

Other supporting information

Evidence of effectiveness/cost effectiveness (please attach additional information and research papers as appropriate)

Treatment by alternative provider

If an out of area provider is requested, please state preferred provider and reason why local services are not appropriate.

Has the patient given consent for the PCT to contact (where clinically necessary) health professionals associated with their care? Yes No

Signature of applicant

Name of applicant

Application approved by _____ (for sign-off by Trust designated officer with responsibility for individual funding requests)

Standard Acknowledgement letter after triage, meets terms of the general policy



722 Prince of Wales Road
Sheffield
S9 4EU

Tel: 0114 305 1160

Fax: 0114 305 1370

Email: Elizabeth.Faulkner@sheffieldpct.nhs.uk

Your Ref:

Our Ref: _____

DATE

PRIVATE AND CONFIDENTIAL

NAME OF APPLICANT

ADDRESS OF APPLICANT

Dear

RE:

Thank you for your letter of **DATE OF REQUEST** regarding the above patient.

Your request has been triaged and a decision has been made that this referral is funded as part of the NHS Sheffield General Policy and therefore does not require consideration by the IFR Panel. Please refer to policyon the NHS Sheffield internet site. You may therefore refer your patient directly to the**Department for treatment.**

Please do not hesitate to contact the IFR Business Manager if you have any queries.

Yours sincerely

Elizabeth Faulkner
IFR Business Manager

Standard Acknowledgment letter after triage does not meet terms of the general policy



722 Prince of Wales Road
Sheffield
S9 4EU

Tel: 0114 305 1160

Fax: 0114 305 1370

Email: Elizabeth.Faulkner@sheffieldpct.nhs.uk

Your Ref:

Our Ref: _____

DATE

PRIVATE AND CONFIDENTIAL

NAME OF APPLICANT

ADDRESS OF APPLICANT

Dear

RE:

Thank you for your letter of **DATE OF REQUEST** regarding the above patient.

Your request has been triaged. The triage process assessed this request against the existing general policy and agreed that there was no evidence of exceptionality. NHS Sheffield are therefore not able to approve funding for this request.

Please do not hesitate to contact the IFR Business Manager if you have any queries.

Yours sincerely

Elizabeth Faulkner
IFR Business Manager

Standard letter Bi: letter requesting Additional Information



722 Prince of Wales Road
Sheffield
S9 4EU
Tel: 0114 305 1160
Fax: 0114 305 1370

Email: Elizabeth.Faulkner@sheffieldpct.nhs.uk

Your Ref:

Our Ref: _____

DATE

PRIVATE AND CONFIDENTIAL

NAME OF APPLICANT

ADDRESS OF APPLICANT

Dear

RE:

Thank you for your letter of **DATE OF REQUEST** regarding the above patient.

In order for NHS Sheffield to consider this Individual Funding Request for **FUNDING/TREATMENT** it would be helpful if you could provide me with the following additional information: **LIST OF INFORMATION REQUIRED**

Please provide this information within 30 working days of receipt of this letter at which time the Panel will consider this request based upon all the information provided at that time.

You may wish to consider in your response that the PCT's policy for **NAME OF POLICY** states that **FUNDING/TREATMENT** will not be routinely commissioned except where: **(POLICY CRITERIA)**. Should your patient meet the terms of the policy you may refer your patient directly to theDepartment for treatment.

Please do not hesitate to contact the IFR Business Manager if you have any queries.

Yours sincerely

Elizabeth Faulkner
IFR Business Manager

Standard Letter Bii: Letter requesting Additional Information



722 Prince of Wales Road
Sheffield
S9 4EU
Tel: 0114 305 1160
Fax: 0114 305 1370

Email: Elizabeth.Faulkner@sheffieldpct.nhs.uk

Your Ref:

Our Ref: _____

DATE

PRIVATE AND CONFIDENTIAL

NAME OF APPLICANT
ADDRESS OF APPLICANT

Dear

RE:

Thank you for your letter of **DATE OF REQUEST** regarding the above patient.

In order for the PCT to effectively consider this Individual Funding Request for **FUNDING/TREATMENT** it would be helpful if you could provide me with the information requested on the enclosed form (s)

Please provide this information within 30 working days of receipt of this letter at which time the Panel will consider this request based upon all the information provided at that time.

You may wish to consider in your response that the NHS Sheffield policy for **NAME OF POLICY** states that **FUNDING/TREATMENT** will not be routinely commissioned except where: **(POLICY CRITERIA)**. Should your patient meet the terms of the policy you may refer your patient directly to theDepartment for treatment

Please do not hesitate to contact the IFR Business Manager if you have any queries.

Yours sincerely

Elizabeth Faulkner
IFR Business Manager

Enc.

Standard letter C: Letter of Approval



722 Prince of Wales Road
Sheffield
S9 4EU

Tel: 0114 305 1160

Fax: 0114 305 1370

Email: Elizabeth.Faulkner@sheffieldpct.nhs.uk

Your Ref:

Our Ref:

DATE

PRIVATE AND CONFIDENTIAL

NAME OF APPLICANT

ADDRESS OF APPLICANT

Dear

RE:

I am pleased to advise your Individual Funding Request application for the funding of **IDENTIFIED TREATMENT** for the above named patient has been approved by the NHS Sheffield IFR Panel. A copy of this letter has been sent to your patient.

If you require any additional information, please contact the IFR Business Manager on the above number.

Yours sincerely

Elizabeth Faulkner
IFR Business Manager

Standard letter D: Letter for funding request Not Approved



722 Prince of Wales Road
Sheffield
S9 4EU

Tel: 0114 305 1160

Fax: 0114 305 1370

Email: Elizabeth.Faulkner@sheffieldpct.nhs.uk

Your Ref:

Our Ref:

DATE

NAME OF APPLICANT
ADDRESS OF APPLICANT

Dear

RE:

Thank you for your recent letter requesting funding for the above named patient.

The NHS Sheffield Individual Funding Request Panel has now met to discuss this case in accordance with the NHS Sheffield IFR Policy. I regret to inform you that the Panel's recommendation is not to approve funding for this request.

The Panel agreed that this case did not meet the required criteria of the IFR policy. This was because.....A copy of this letter has been sent to your patient.

If there is a concern that there has been a perceived failure to interpret policies correctly then this will be dealt with as an appeal.

If you just disagree with the Panel's decision then no appeal will be held but you are entitled at any stage to discuss your case with the Primary Care Trust's Complaints Manager, or the Primary Care Trust Patient Advisory Liaison (PALS) Manager. Please phone the PCT on 0114 3051000 and ask to be put through to either of these managers should you wish to discuss your case further.

Should you require any other information please do not hesitate to contact the cost per case business manager on the above telephone number.

Yours sincerely

Elizabeth Faulkner
IFR Business Manager

AESTHETIC SPECIALIST PLASTIC SURGERY PROCEDURES **APPENDIX 6 E**
 PATIENT INFORMATION SHEET TO ACCOMPANY REQUEST FOR BREAST REDUCTION

PATIENT IDENTIFICATION DETAILS

PATIENT'S NAME:	
DATE OF BIRTH:	
ADDRESS:	
REFERRING GP:	

ADDITIONAL INFORMATION

WEIGHT:	HEIGHT:	BMI MEASUREMENT:	CHEST SIZE:	CUP SIZE:

Do you consider your patient to be overweight? YES/NO

Do you consider your patient's breast size proportionate to her body? YES/NO

Does the patient complain of any functional problems, which can be attributed to the breast hypertrophy? YES/NO

If YES, have other investigations been undertaken which consider other pathological causes of functional problems? YES/NO

If YES please state what these investigations were and there outcome:

Any other information which is relevant to your patient's request for breast reduction
NB. Psychological assessment is not routinely requested in consideration of requests for breast augmentation.

GP Signature

Date

AESTHETIC SPECIALIST PLASTIC SURGERY PROCEDURES
PATIENT INFORMATION SHEET TO ACCOMPANY REQUEST FOR ABDOMINOPLASTY

PATIENT IDENTIFICATION DETAILS

PATIENT'S NAME:	
DATE OF BIRTH	
ADDRESS	
REFERRING GP:	

In your clinical opinion is the patient currently experiencing severe difficulties with daily living i.e. ambulatory restrictions YES/NO

If YES please give details:

Please specify any patient weight loss that has contributed to the perceived requirement for abdominoplasty:

Initial Weight (KG)	
Date (MM/YY)	

Current Weight (KG)	
Date (MM/YY)	

Total weight loss to date	
Height	
Current BMI	

Length of time current weight loss has been stable _____

Does the patient suffer from any other conditions related to the requirement for abdominoplasty (e.g. persistent intertrigo)

Details:

GP Signature Date

AESTHETIC SPECIALIST PLASTIC SURGERY PROCEDURES
 PATIENT INFORMATION SHEET TO ACCOMPANY REQUEST FOR BREAST AUGMENTATION

PATIENT IDENTIFICATION DETAILS

PATIENT'S NAME:	
DATE OF BIRTH:	
ADDRESS:	
REFERRING GP:	

ADDITIONAL INFORMATION

WEIGHT:	HEIGHT:	CHEST SIZE	
		CUP SIZE – LEFT:	CUP SIZE – RIGHT:

In your opinion does the patient have severe hypoplasia of the breasts? Yes/No

In your opinion does the patient have agenesis of the breasts? Yes/No

Please provide supporting information to demonstrate the exceptionality of this case and which you consider is relevant to your patient's request for breast augmentation.

NB. Psychological assessment is not routinely requested in consideration of requests for breast augmentation.

GP Signature

Date

NHS SHEFFIELD IFR PANEL QUESTIONNAIRE

QUESTION	ANSWERED	COMMENTS
Name of Intervention requested and indication where appropriate		
Is there an existing legally binding Contract or Service Level Agreement with this provider?		
If no, could this be covered within an existing SLA?		
Is there an existing citywide or Specialised Commissioning Group policy?		
Does it fit with this policy? If not, how?		
Is the proposed treatment licensed for this indication?		
Is there any existing NICE guidance or equivalent? (e.g. SIGN or BSR)		
Is there evidence of clinical effectiveness?		
Is there evidence of cost effectiveness (including QALY information if available)?		
If no policies or guidance, have we decided on similar cases before?		
Has any evidence been provided with the application?		
What are the other PCT's doing locally/South Yorkshire with similar cases?		
Is the patient on treatment of any kind?		
Is this the only treatment option?		
Does the case fit the established criteria for this treatment?		
Are there any risks to ourselves depending on what we agree? (e.g. financial, tabloids, legal)		
Are we setting a precedent?		
Is there evidence of exceptionality?		
State the evidence for exceptionality		
Are we clear about the cost now and in the future?		
If a private clinic is it registered with care standards (put in contract?)		

APPENDIX 7 CONTINUED

RECOMMENDATION OF THE PANEL (PLEASE CIRCLE):

APPROVE DECLINE

SIGNATURE:.....

MEDICAL ADVISOR

.....

MEDICAL ADVISOR

.....

COMMISSIONER

DATE

CASE NUMBER

NHS SHEFFIELD IFR MENTAL HEALTH PANEL QUESTIONNAIRE

QUESTION	ANSWERED	COMMENTS
Is there an existing Legally Binding Contract or Service Level Agreement with this provider?		
If no, could this be covered within an existing SLA?		
Is there an existing citywide or Specialised Commissioning Group policy?		
Does it fit with this policy? If not, how?		
Is there any existing NICE guidance or equivalent?		
If no policies or guidance, have we decided on similar cases before?		
Has any evidence been provided with the application?		
What are the other PCT's doing locally/South Yorkshire with similar cases?		
Is the patient on treatment of any kind?		
Is this the only treatment option?		
Is a patient pathway set up?		
Is there a discharge Plan?		
Has a Care Co-ordinator been identified?		
Has a report been requested on the patient's progress?		
Are we clear about the cost now and in the future?		
Are we clear about the duration and method of payment?		
If a private clinic is it registered with care standards (put in contract?)		

RECOMMENDATION OF THE PANEL (PLEASE CIRCLE):

APPROVE **DECLINE**

SIGNATURE:.....

MEDICAL ADVISOR

.....

MEDICAL ADVISOR

.....

COMMISSIONER

DATE

CASE NUMBER

NINE GUIDING PRINCIPLES OF DECISION MAKING PROCESSES**PCT decision making processes on medicine (reference: Department of health headline principles)**

The guiding principles for processes supporting local decision making about medicines

The Secretary of State's announcement on 21 January 2009 about the NHS constitution also referred to the publication of draft Directions (to come into effect on 1 April 2009) and a guiding principles document aimed at helping PCTs improve the consistency and quality of local decision making medicines. There are nine headline principles and an accompanying scoping statement. These are outlined below, with copies of the draft directions and the more detailed guidance on PCT decision making in the attached documents.

Scoping statement

The guiding principles have been developed to support local decision making about medicines. This includes decisions on medicines made as part of the development of the annual operating plan as well as consideration of in-year service developments and individual funding requests (IFRs). The principles are designed to cover decision making across primary and secondary care on all medicines not, or not yet, appraised by National Institute for Health and Clinical Excellence (NICE). While these principles are directed at primary care trusts (PCTs), they should equally apply to any collaborative arrangements PCTs may choose to adopt.

Local decisions about medicines should be made in the context of, and be consistent with, national policies including World Class Commissioning and local priorities, prioritisation processes and governance frameworks. Decisions should take into consideration clinical and cost effectiveness relative to other interventions commissioned by the PCT for its population, as well as the available budget.

PCTs should:

- establish decision-making groups, with a clearly designated focus of accountability, which include a locally-defined mix of members with the appropriate range of skills
- establish a set of robust decision-making procedures which, where appropriate, allow recommendations to be developed through collaboration across PCTs
- define clearly, and then consistently apply, standard criteria for decision making. Decisions should be based on the best available evidence, take into account the appropriate ethical frameworks and comply with statutory requirements
- document thoroughly the application of decision-making procedures and the rationale for each decision
- make decisions in a reasonable and practical timeframe, but without compromising the minimum process requirements, even when requests are urgent

- establish an appeals process for decisions made on individual funding requests, including clearly defined grounds for appeal, independent of the original process and open to patients and their clinicians
- take reasonable steps to engage with stakeholders including the wider NHS, patients and the public to help increase understanding of local priority setting about medicines
- communicate clearly with stakeholders including the wider NHS, patients and the public. Communication should include the processes, decisions and the rationale for decisions, while maintaining appropriate confidentiality
- establish assurance processes to monitor the application and performance of decision-making arrangements, and to enable learning to be incorporated into future process improvements

GLOSSARY OF TERMS

To assist with the understanding of the Individual Funding Requests the following terms used within this document are defined as follows:

Applicant	An individual NHS Sheffield registered patient who has had a request submitted to the IFR Panel by their referring clinician
Caldicott Principles	Governance procedures for protecting the confidentiality of patients and service users
Case	Each request made to the IFR Panel
Checklist (APPENDICES 7 & 8)	A list which is filled in for each request clearly indicating all the questions that require an answer before a decision is made
File Note	A paper record of any conversations concerning a case, kept within the patient's file
EDM (Individual Excellence in Decision Making)	A process or toolkit for use to develop new policies
Individual Funding Requests	The process by which requests for treatment or funding are made to NHS Sheffield. Requests are for high cost, low volume and sometimes for new medical interventions.
Individual Funding Requests Manager	The Manager for the Individual Funding Requests, who ensures all requests are assessed appropriately against local and national guidance
Individual Funding Requests Business Manager	The Manager who manages all the day to day administration and recording of the requests that come to the Panel
Individual Funding Requests Database	A confidential database which electronically tracks the patient details and progress of a request from date of receipt to final outcome.
Mandatory Tariff	A National price agreed as the cost of a procedure
Medical Advisor	Provides clinical advice and input into all cases
Named Patient Service Agreement,	Defined by the Department of health as an agreement for a treatment within specialised services
PBC (Practice Based Commissioning)	A system of devolving budgets to GPs and other primary care professionals to enable them to control their own commissioning process.
QALY	A quality adjusted life year, the measure of cost effectiveness of a treatment

Request	A formal request for treatment funding made by the patient's referring clinician
Sheffield PCT	The Sheffield Primary Care Trust, also referred to as NHS Sheffield
SCG (Specialised Commissioning Group)	The Yorkshire and the Humber Commissioning Consortium covering Barnsley, Bradford and Airedale, Calderdale, Doncaster, east Riding of Yorkshire, Hull, Kirklees, Leeds, North East Lincolnshire, North Lincolnshire, North Yorkshire and York, Rotherham, Sheffield, and Wakefield District PCTs
SHA (Strategic Health Authority)	The Health body which oversees a group of PCTs within one geographical area.
SMC (Scottish Medicines Consortium)	The Scottish Medicines Consortium which provides mainly clinical efficacy guidance in Scotland. Must follow NICE guidance unless it has assessed a single treatment and gives different guidance Council (equivalent to the English NICE
Specialised Services	Defined by the Department of Health to include renal, vascular and rheumatology services

INDIVIDUAL FUNDING REQUESTS – THREE KEY STAGES

The overall process for dealing with individual funding requests has three key stages; all of which are of significant importance and require appropriate resourcing. These three key stages are summarised below:-

