# Individual Funding Request (IFR) Form for requests to NHS Leeds Health and Care Partnership

# To be used where the patient may be an exception to routinely commissioned services

## Please use this form for situations including:

* Fertility requests where the patient does not meet the usual criteria for treatment and you believe the patient may be an exception
* Targeted intervention requests where the treatment is not normally commissioned and you believe the patient may be an exception
* All other individual funding requests where you believe the patient is an exception (other than as per list below)

## Please do not use this form for:

* High-cost drug funding requests
* Complementary therapy requests
* Upright MRI scanner requests
* Cosmetic/aesthetic surgery requests
* Targeted intervention requests and fertility treatment which the CCG does not routinely fund - routine referral forms for these are available in Map of Medicine and on Leeds Health Pathways (e.g.:  Tonsillectomy & Grommet insertion; Varicose Veins; Headache; Anal/rectal skin tags; Dupuytren’s contracture; Haemorrhoid surgery; Hernia Repair; Facet joint procedures; Spinal epidural injections; TENS for chronic pain; Erectile dysfunction including penile prostheses; Carpal Tunnel – use the MSK referral process on map of Medicine; fertility)

[**Use this link for the NHS England form**](https://www.england.nhs.uk/contact-us/privacy-notice/how-we-use-your-information/our-services/individual-requests-for-funding/)

## Notes

* From 1.4.14 requests will only be accepted on this form. Please destroy any previous paperwork predating this date.
* Requests can only be considered based on the information provided. Incomplete forms providing insufficient information will be returned and will only be reconsidered following completion of sufficient information.
* Please complete this form in conjunction with the [NHS Leeds Health and Care Partnership IFR Polices](https://www.westyorkshire.icb.nhs.uk/documents/commissioning-policies).

## Part 1: This section will NOT be made available to the Panels

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| **1.** Patient Personal Details  Patient Name:  Date of Birth:  Address:  NHS Number:  GP Name & Practice Details (including GP post code): |

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| **2.** Details of Requester  Name: Designation:  Provider trust or GP practice:  Contact telephone number:  Secure email or postal address for correspondence which must be **NHS.net email**.  Only NHS.net can be used for correspondence re IFR requests:  **For Provider Trust requests ONLY (NB this form is NOT for drug requests)**  Provider Trust Clinical Director Support:  (Signature of Clinical Director)  Date  Provider Trust approval (please indicate as appropriate).   |  |  |  | | --- | --- | --- | |  |  |  | | Multidisciplinary Team (MDT) | YES | NO |   Date to MDT:  If discussed and supported by an appropriate MDT, please provide notes here: |

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| **3.** Consent  I confirm that this Individual Funding Request (IFR) has been discussed in full with the patient. The patient is aware that they are consenting for the Individual Funding Request Team to access confidential clinical information held by clinical staff involved with their care about them as a patient to enable full consideration of this funding request  YES / NO  [Please indicate]  **Signature of Requester: Date**: |

## Part 2: This section WILL be made available to the Panels.

Please note that all personal information from part 1 will be removed prior to the consideration by the Individual Funding Request (IFR) Panel or clinical triage. Do not use patient or clinician/trust identifiers in the remainder of the form or any non-clinical information.

The onus lies with the requesting clinician to present a full submission to the IFR Team which sets out a comprehensive and balanced clinical picture of the history and present state of the patient’s medical condition, the nature of the treatment requested and the anticipated benefits of the treatment. All necessary information including research papers must be submitted with this form.

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| **4.** Treatment requested  Please indicate the NHS Leeds Health and Care Partnership decision making framework to which this request relates:   * Fertility * Targeted interventions * Private vs NHS treatment * Experimental treatment * Pick up requests |

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| 5. Diagnosis |

**Supporting Information**

Please provide all the information requested to avoid delays in processing this request.

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| **6.** Clinical Background  Outline the clinical situation. Please include:   * previous therapies tried and what was the response, including intolerance * current treatment and response, including intolerance * current performance status and symptoms * anticipated prognosis if treatment requested is not funded (include what alternative treatment will be given). * Include any necessary clinical information including BMI, smoking status if relevant |

**Balancing the individual need for care with the needs of the community**

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| **7.** Does your patient meet the thresholds for treatment as per our decision-making frameworks?  **Yes/ no/ not sure** |

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| **8.** If we do not have a commissioning position for your individual funding request, please provide information on the treatment being requested.   1. **As per the experimental treatment framework please provide evidence on the following:**  * the potential benefit and risks of the treatment. * the biological plausibility of benefit based on other evidence. * an assessment of value for money. * the priority of the patient’s needs vis-à-vis other competing demands. * How long benefits will take to be realised, bearing in mind time taken to assess the intervention, implement changes to affect a change in practice, and time taken for the intervention to become effective.   **OR ii) is this a ‘pick up’ funding request, if so, please provide evidence on the following:**   1. **All of the following:** 2. If the treatment is licensed for the indication; and 3. If good governance arrangements have been applied to patient's inclusion in a clinical or treatment trial; and 4. If the patient demonstrates significant benefit; and 5. If the specialist clinician responsible for the patient's care for this condition, and the patient, believe that the continuance of the treatment is justified on the basis of monitoring clinical benefit. 6. Plus one of the following: 7. If the cost of the treatment is equivalent to the current standard treatment for the condition; or 8. If ceasing the treatment would be likely to have a significant impact on the outcome for the patient, which outweighs the need for more detailed clinical effectiveness data to be available. The decision to continue treatment would be subject to review if new data becomes available.   **OR iii) Is this a request for partly or solely privately funded treatment**  **OR iv) Are you requesting the patient be considered exceptional** |

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| **9.**Exceptionality  Use this link for Leeds Health and Care Partnership’s definition of an exceptional circumstance. https://www.leedsccg.nhs.uk/about/policies/individual-funding-requests/  If your patient does not meet the thresholds above, please explain whether your patient has exceptional clinical circumstances.  **To meet the definition of ‘exceptional clinical circumstances’ your patient must demonstrate that both:**   * **the patient is significantly different to 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 be normally expected for patients with that condition.**   The fact that a treatment is likely to be effective for a patient is not, in itself, a basis for exceptionality.  **Do you consider this patient to have exceptional clinical circumstances? YES/NO**  **If so, please give your reasons.** |

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| **10.** Clinicians are required to disclose all material facts to NHS Leeds Clinical Commissioning Group as part of this process. Are there any other comments/considerations that are appropriate to bring to the attention of the IFR Team? |

**Please complete and return this form to:**

NHS Leeds CCG IFR secure application email address: [wyicb-leeds.ifr@nhs.net](mailto:wyicb-leeds.ifr@nhs.net)

For an informal discussion relating to understanding the application process please phone NHS Leeds CCG Business Manager on 0113 843 5223