NHS West Yorkshire
Integrated Care Board

Standard Operating Procedures: Individual Funding Requests

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Contents

Standard operating procedure statement

This document sets out how the process for managing Individual Funding Requests (IFRs) for the West Yorkshire Integrated Care Board (WYICB) will operate. Such requests are managed in line with the WYICB IFR commissioning policy for IFRs.

The WYICB has a systematic and documented process for considering all IFRs that will take into account national and regional guidance to support decision making.

All IFRs will be considered via this documented process.

This will ensure decisions are consistent and based on the best available evidence and enable the most appropriate care to be delivered within the context of individual clinical need.

This document will be made publicly available on the WYICB website with links to clinical guidance documents where these are available.

Equality and health inequalities statement

Promoting equality and addressing health inequalities are at the heart of the WYICBs values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it.

- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

Introduction

Individual Funding Requests

1. This document sets out how the process for managing Individual Funding Requests (IFRs) for the WYICB will operate. The intended audience is those responsible for the operation of the IFR process and related decision making. It will also be of interest to those wishing to apply for funding of treatments / procedures under the IFR policy. It should be read in conjunction with the other WYICB commissioning policies.

2. There is a single process for the operational management of all IFRs. This process is the remit of an IFR administrative team for the WYICB which is geographically distributed but flexible and responsive to requests and enquiries. Decisions are made at each stage of the process by the IFR Clinical Triage, IFR Panel and IFR Appeals Panel. Members participate on a rota basis promoting consistency and equity in decision making.

3. This Standard Operating Procedure (SOP) does not cover IFRs for treatments and services that are commissioned by NHS England.

IFR timescales and urgent cases

4. The standard period for providing a substantive response to an IFR (i.e. a decision on the funding request) is a maximum period of 40 working days from the date of receipt of a fully completed IFR form, to the date that the referring clinician is informed of the outcome.

5. This 40 working day period discounts any working days where the IFR team are awaiting information sought from the referring clinician. At any point in the IFR process, the IFR team can ask for further information to clarify the request. If the referring clinician does not provide a response to the IFR Team within 30 working days, the request record will be closed and the referring clinician will be informed. Such a request can be reopened on submission of the additional information.

6. IFRs must be considered carefully and with the benefit of all the required information. Clinicians are encouraged to submit IFRs in a timely manner which has regard to the standard decision-making timescale set out above. As far as possible clinicians should avoid waiting until a case becomes clinically urgent before submitting an IFR. For example, requests for the prescribing of treatments. In this context, references to clinical urgency are to risks of adverse clinical outcome to the individual patient. These risks should

be made explicit in the IFR form together with the reason that the application has not been made earlier. The IFR team will endeavour to prioritise urgent requests proportionately to their degree of urgency.

7. The IFR team will review and log in-coming IFR requests onto a secure electronic database on a daily basis.

8. The Clinical Triage of IFRs will be undertaken on a weekly basis and the IFR Panel will meet on a monthly basis.

9. The WYICB makes funding decisions in line with the IFR policy however, the clinical responsibility and decision to treat a patient lies with the treating clinician and / or the Trust. If, pending the outcome of any IFR request, a patient is presenting as clinically urgent, clinicians should seek advice from their Medical Director.

10. Should a decision be made by the provider to start treating a patient due to clinical urgency, and an IFR request is still desired, a completed IFR referral must be submitted to the IFR team within two working days of the intervention first taking place. The IFR team will not process applications that fall outside of this timeline. If the IFR has been received within this timeline and the IFR Panel subsequently supports funding of the IFR request, funding will be backdated to the date on which the application was made. Costs will not be reimbursed if the IFR Panel declines to fund the request.

The IFR process

Administrative pre-screening

11. The standard WYICB IFR referral form must be used for all requests. No other forms will be accepted. The referral form can be found at Appendix one and is also available on the WYICB website.

12. Submissions on IFR forms from other commissioning organisations cannot progress through the WYICB IFR process. An exception to this is specialist medicines optimisation requests. This is to ensure that all WYICB IFR requests contain the same depth and range of information and so can be equitably presented for consideration.

13. IFR referral forms must be received as typewritten only. Handwritten IFRs will not be accepted. This is to ensure that all content is legible and the best case made on behalf of the patient.

14. Every relevant section within the IFR form must be completed. If any section is not relevant it must be marked N/A and not left blank. Any incomplete forms will be returned to the referring clinician and will not be processed until the form is completed and resubmitted.

15. All IFR applications must be submitted by a clinician on behalf of a patient. The clinician submitting the IFR should be the senior clinician directly involved in the specific episode of care of the patient who is best qualified to assess: the extent to which the patient will benefit from the treatment; and the clinical exceptionality of the patient compared to others with the same condition. For surgical procedures this will usually be the surgeon proposing to undertake the procedure. The clinician must be registered with their relevant professional body (e.g. GMC, NMC, HCPC).

16. The request where appropriate should clearly identify the proposed provider of the treatment / intervention. The provider must hold a standard NHS contract with the WYICB or any other ICB to provide the services which are the subject of the IFR.

17. Requests will not be accepted from a patient or their non-clinical representative. This is because it is unlikely that the patient would be in possession of the technical clinical detail that is necessary for consideration of the case. Additionally, the process is to enable an appropriate healthcare professional to apply for funding to support the provision of NHS treatment by that professional to the patient.

18. The patient / patient's representative or guardian can submit information in support of the request. A patient representative is a person who has the legal authority to take decisions about medical care and treatment on behalf of a patient who lacks capacity to take these decisions themselves. Evidence that they are the patient's representative or that the patient lacks capacity will be required. For example, copies of powers of attorney (Health and Welfare), mental capacity act assessments or that the patient has signed a formal consent form for someone to act on their behalf. Such information from a patient's representative can only be considered if it relates to the patient's clinical circumstances. Non-clinical factors cannot be taken into account (this includes for example impact on occupation or ability to work).

19. The referring clinician should complete the consent section of the form to confirm that the patient is aware of the funding request and has agreed to their personal clinical information being shared. The WYICB guide "*information for patients*" should be given to patients as part of the consent process to ensure that the patient has received sufficient information to

support informed consent. This is available from the ICB website.

20. If the referring clinician considers that the patient does not have capacity to give informed consent this should be indicated and explained in the IFR form. In these circumstances the submission should also confirm whether consent has been obtained instead from a patient representative (including mental capacity advocates) and, if not, the basis on which the IFR is being made by the clinician. Submissions which do not include either confirmation of appropriate informed consent by the patient or a patient representative, or a satisfactory clinical explanation as to why the application is being made without consent cannot be processed and must be returned for amendment.

21. IFR referrals where appropriate, should be supported by published electronic copies of the clinical research evidence papers or other supporting documents. Evidence should be submitted as PDF or word documents. The IFR team are unable to accept abstracts or web links.

22. If an IFR referral is received for a treatment / procedure which is not the commissioning responsibility of the WYICB, the referring clinician will be advised accordingly, and the case record will be closed.

23. The IFR team will consider whether existing commissioned services would cover the requested treatment. If commissioning arrangements exist, the IFR team will assess whether the requested treatment specifically falls outside of the relevant commissioning criteria. Where commissioning arrangements exist which may apply to the patient, the request will be returned to the referring clinician with advice to review the case against the commissioning arrangements and the request will not progress further as an IFR.

24. If an IFR referral meets all the requirements to be able to proceed as an IFR, the IFR team will schedule the request to be considered by the Clinical Triage. The decision and rationale from the Clinical Triage will be recorded in writing within the electronic file for that specific IFR, in order that a formal log is kept.

Clinical Triage

25. Completed IFRs and all supporting documents will be processed by the IFR team and considered by the Clinical Triage. The Clinical Triage will consider cases on a weekly basis. The IFR team may request a specialist opinion / recommendation for requests in relation to certain commissioning responsibilities. These may include Trust Specialists and Medicines Optimisation leads. All the documents will be made available to the Clinical Triage without patient identifiers to protect confidentiality and minimise the potential for identification bias. This will include the removal of the patient's NHS number, date of birth, postcode and the name of the referring clinician. Personal identifiable information will be removed from all documentation prior to Clinical Triage.

26. The purpose of the Clinical Triage (Appendix two – Terms of Reference IFR Clinical Triage) is to determine whether the referring clinician appears to present an arguable case for the clinical exceptionality of their patient compared with other patients with the condition.

27. A patient may be considered exceptional to the general policy if;

    a) The patient has demonstrated exceptional clinical circumstances in comparison to the cohort of other patients in the same clinical condition (the patient is significantly different to the general population of patients with the condition in question who would normally be refused the health care intervention)
    b) There are good grounds to believe that the requested health care intervention will be clinically effective, and the patient is likely to gain significantly more benefit from the intervention than might be expected for the average patient with that particular condition. For example, may not tolerate standard treatment options.
    c) It is likely that the requested health care intervention will be a cost effective use of NHS resources.

    The fact that treatment might be efficacious for the patient is not, in itself, grounds for exceptionality.

28. If the Clinical Triage process determines that the funding request is not a service development (i.e. that the patient is not part of a cohort who could equally benefit from the treatment), and there is sufficient information to consider the case, the Clinical Triage will then determine whether the documentation sets out a clearly presented and arguable basis for how the request meets the criteria within the IFR policy.

29. A funding request will be screened and the outcome communicated by the IFR team within 10 working days after the Clinical Triage have made a decision. If further information is required from the referring clinician, the timeline for the request is suspended until this is received.

Outcomes at Clinical Triage

30. The Clinical Triage will have the following outcomes available to them:

- If an individual meets the criteria for funding within the WYICB clinical commissioning policy and this is confirmed by the Clinical Triage, then the referring clinician will be advised of this in writing and the request does not proceed further as an IFR.

- If further clinical information is required for the Clinical Triage to make a decision, then this will be requested and should come from a reliable source at the Triage's discretion.

- To conclude that there is sufficient information for the funding request to be forwarded to the IFR Panel for consideration and that an arguable case for exceptionality has been presented.

- To conclude that an arguable case for exceptionality has not been presented based on the criteria for consideration as an IFR. If this is the case, the Clinical Triage will decline the request without referring the case to the IFR Panel.

31. Where a funding request is declined by the Clinical Triage, a written response will be sent to the referring clinician explaining the reasons for the decision and outlining the options that are available.

32. The referring clinician will be notified of the outcome by receiving a letter within 10 working days of the Clinical Triage decision. The referring clinician should contact the patient to discuss the outcome of the funding request and the implications for future care.

33. If the Clinical Triage concludes that there is not sufficient information or evidence included, the IFR policy does not provide a right for the appeals process to be utilised. If the referring clinician feels that there is new clinical information to submit, then upon receipt of any additional information the request will be re-considered by the Clinical Triage.

Reconsideration by the Clinical Triage

34. If the referring clinician believes that they have significant new clinical evidence that they did not previously provide, then they can submit this new evidence and request reconsideration of the decision by the Clinical Triage. The new evidence should be submitted in type written format. The Clinical Triage will then determine if the new information provides a different clinical perspective warranting a different Clinical Triage outcome.

35. The Clinical Triage will determine within 10 working days whether the additional information materially alters the nature and strength of the evidence that was initially submitted.

36. If a decision is made to refer the case to the IFR Panel after reconsideration, then the referring clinician will be informed in writing within 10 working days after the Clinical Triage decision.

The IFR Panel

37. IFR Panel meetings and membership are scheduled in advance. The Terms of Reference for the IFR Panel are available at Appendix Three.

38. When a request is referred for consideration by the IFR Panel, the IFR Team will book the case onto the next available meeting date and inform the clinician in writing of the meeting date. The case will then be prepared for the IFR Panel meeting.

39. The patient / patient representative, or their clinical or non-clinical representative, is not entitled to attend the IFR Panel meeting in person. This is to ensure objective decision making by the IFR Panel in a fair and equitable manner to all patients.

40. The IFR team will provide the IFR Panel members with a time-limited secure link to the case packs. This will include the original IFR referral form, any supporting documents or correspondence and an IFR Panel Decision Framework Document (DFD) for use during the IFR Panel meeting. The DFD is available at Appendix Four. All the documentation will be made available to the IFR Panel completely anonymised and redacted to protect confidentiality and to minimise the potential for identification bias.

41. The Chair of the IFR Panel or nominated member will introduce each case at the meeting. The purpose of this case introduction is to present the clinical background and outline technical clinical factors associated with

the case and allow for any clarification required by non-clinical Panel members. The introduction will not include their opinion on the clinical exceptionality of the case in question. The IFR Panel will then discuss the case in relation to the questions outlined in the IFR Panel DFD and reach a decision in relation to funding.

IFR Panel decision making

42. The IFR Panel works on behalf of the WYICB and makes decisions in respect of funding for individual cases. It is not the role of the IFR Panel, by its decisions, to make clinical commissioning policies on behalf of the WYICB.

43. The IFR Panel will apply the criteria in the IFR policy and the IFR team will record the decision of the IFR Panel against each of the questions on the IFR Panel DFD. The IFR Panel will be clear about the rationale for the decision at each stage and this will be recorded in the document. A summary statement will be agreed by the IFR Panel and this will support communicating the decision to the referring clinician.

44. The completed DFD for each case, together with the record of attendance and any general discussion or business of the IFR Panel, will form the business notes of the meeting. These will be agreed and signed off by the Chair (or nominated deputy) of the IFR Panel. Any notes about the cases made by individual Panel members should be destroyed confidentially by the members after the meeting.

Outcome at IFR Panel

45. The options available to the IFR Panel are:

- To approve funding;
  a) If the patient and the intervention / procedure requested meet the criteria within the commissioning policy.
  b) If clinical exceptionality in the specific case has been evidenced.

- To decline funding;
  a) That there is insufficient information presented to enable the IFR Panel to reach a decision.
  b) That the request does not meet the criteria outlined in the commissioning policy. Commissioning policies: West Yorkshire Health & Care Partnership (icb.nhs.uk)
  c) That there was no evidence of clinical exceptionality demonstrated in

the specific case. (clinical exceptionality definition)

- To defer the request in order to obtain additional relevant supporting clinical information.

46. The IFR Panel may wish to seek further information to clarify specific issues relating to the case from a reliable information source. This may be from the referring clinician or from the nominated professionals advice structure. Where this is the case, the IFR Panel Chair will clearly outline the action to be taken.

47. Where an IFR is declined by the IFR Panel, a written response will be sent to the referring clinician explaining the reasons for the decision and outlining the options that are available.

48. The referring clinician will be notified of the outcome by receiving a letter within 10 working days of the IFR Panel meeting date. The referring clinician should contact the patient to discuss the outcome of the funding request and the implications for future care.

Reconsideration by the IFR Panel

49. If a referring clinician believes that they have significant new clinical evidence that they did not provide in their original submission which they consider may have made a difference to the decision made if it had been available to the IFR Panel, then the clinician can submit the new clinical evidence and request reconsideration of the decision. The Clinical Triage will determine if the new information provides a different clinical perspective which warrants further consideration of the request by the IFR Panel.

50. If the new information is considered to be material, then the case will be presented at the next available IFR Panel. The outcome of the IFR Panel reconsideration will be communicated as described for the first IFR Panel meeting.

51. With IFR reconsiderations, the focus of the IFR Panel discussion will be on the new information submitted by the clinician and this will be made clear in the rationale for the decision. The focus of the IFR Panel discussion will be on the content of the new information. A reversal of an earlier decision will not be on the basis of previously provided information only.

Review of IFR Panel decisions

Requests for a process review of an IFR Panel decision

52. Where the IFR Panel has not supported funding for a requested treatment or has approved the treatment subject to conditions, the requesting clinician will be entitled to ask that the process which led to the decision of the IFR Panel be subject to review.

53. All requests for a review must be made within 30 working days of the date when the decision is communicated to the referring clinician.

54. The review request must be supported by the original requesting clinician who must explain their reasons for considering that the decision taken by the IFR Panel was either procedurally improper and/or misunderstood the medical evidence and/or was, in their opinion, a decision which no reasonable IFR Panel could have reached.

Screening of a request for a process review

55. The request for a review will be initially considered by an Associate Director who has not been involved in any decision making of the original IFR request. This will be done within 10 working days.

56. The Associate Director will consider:
    - Whether the process has been followed in line with the NHS West Yorkshire ICB policy and SOP.
    - Whether all of the evidence presented to the IFR panel has been considered.

57. If the Associate Director reviewing the case does not accept the grounds put forward for a review, they will report the rationale for their decision to the NHS West Yorkshire ICB Medical Director who will consider and, if in agreement, will ratify the decision. The referring clinician will then be advised in writing of the reasons for the decision not to review the IFR Panel process.

58. If the Associate Director considers that, on the basis of the information provided, there is an arguable case for a review of the IFR process, a formal IFR Appeals Panel meeting will be recommended to the IFR team.

Organisation of the IFR Appeals Panel

59. The IFR Appeals Panel will normally be convened within 30 working days of the WYICB accepting the case for review. This Panel will be arranged by the IFR team. The Appeals Panel members will not have been previously involved in any decision making of the original IFR request. This Panel may be undertaken by an IFR Panel from one of the other ICBs within the NHS England Northeast and Yorkshire region.

60. There will be no representation at the IFR Appeals Panel meeting from the IFR Panel or the referring clinician and / or the patient / patient representative. The IFR Appeals Panel will not receive oral representations.

61. The IFR Appeals Panel will not consider any new information (i.e. any new information that has not previously been considered by the IFR Panel). This is covered in the resubmission process.

62. The Terms of Reference for the IFR Appeals Panel is available at Appendix Five.

Decision Making

63. The role of the IFR Appeals Panel is to determine whether the IFR Panel has followed the procedures as written in the NHS West Yorkshire ICB IFR SOP, has properly understood and considered the evidence presented to it and has come to a reasonable decision based on the evidence.

64. The IFR Appeals Panel will consider whether the process followed by the IFR Panel was fair and consistent, based on whether the decision reached:
    - was taken following a process which was consistent with the policies of NHS West Yorkshire ICB;
    - was a decision which a reasonable IFR Panel was entitled to reach;
    - understood, took into account and weighed, all the relevant evidence; and
    - did not take into account any irrelevant factors.

65. In the event that the IFR Appeals Panel considers that there was any procedural error in the IFR Panel's decision, the IFR Appeals Panel will consider whether there was any reasonable prospect that the IFR Panel could have come to a different decision had that error not been made.

66. If the IFR Appeals Panel considers that there was no reasonable prospect of the IFR Panel coming to a different decision, then the IFR Appeals Panel will approve the decision notwithstanding the procedural error. If the IFR Appeals Panel considers that there was a reasonable prospect that the IFR Panel may have come to a different decision had the error not been made, the IFR Appeals Panel will require the IFR Panel to reconsider the decision.

67. The IFR Appeals Panel does not have power to authorise funding for the requested treatment but can require the IFR Panel to reconsider the case and make recommendations as to the IFR Panel's approach to that consideration.

Outcome from the IFR Appeals Panel

68. The referring clinician will be notified of the outcome of the Appeals Panel meeting by receiving a letter within 10 working days of the IFR Appeals Panel meeting date. The referring clinician should contact the patient to discuss the outcome of the Appeal.

69. If the IFR Appeals Panel determines that the IFR Panel needs to reconsider the case, the IFR Panel should consider the case at the next available IFR Panel meeting date. The IFR Panel will reconsider its decision and in doing so will formally address the detailed points which have been raised by the IFR Appeals Panel.

70. The IFR Panel is not bound to change its decision as a result of the IFR Appeals Panel decision to refer the case back, but if the IFR Panel upholds the original decision, reasons must be given for not agreeing to fund the intervention / procedure being requested.

71. Complaints at any point in the IFR process should be submitted to; wyicb.pals@nhs.net

    Information about the Complaints process is available at Comments, concerns and complaints : West Yorkshire Health & Care Partnership (icb.nhs.uk)

Legal Challenge

72. In the circumstances of a legal challenge, an internal review of the process taken leading to a decision will automatically be triggered by the Governance function in the Corporate Directorate at the WYICB.

Monitoring and reporting of the IFR process

73. An annual report to the WY ICB Transformation Committee and / or Finance, Investment & Performance Committee will inform the programme for clinical commissioning policy development and provide oversight of the key performance indicators for the IFR process, as outlined in this document

74. Mid-year audits may be undertaken and will be presented to the relevant subcommittee of the WY ICB as requested.

1. Timeline: 40 working days from receipt to outcome
This is from receipt of a completed IFR request to the outcome of the request being communicated to the referring clinician. It excludes days spent awaiting information from the referring clinician. Monitoring and reporting will also include the average turnaround timelines. IFR Managers are responsible for ensuring that the database is updated as the information is received and that any action is taken.
2. External communications: activity and resolution
External communications relating to IFRs are requests for information, investigation, responses, and so on, received from people or organisations that are not directly involved in a funding request. This includes but is not limited to MP letters, complaints, media enquiries, legal communications, Parliamentary questions, Freedom of Information (FOI) requests.

Appendix One – IFR referral form

NHS West Yorkshire
Integrated Care Board

Individual Funding Request (IFR)
Referral Form
This form must be typewritten

Patient Details

NHS number	
Date of birth	
Patient's postcode	
Gender	☐ Man ☐ Woman ☐ Non-Binary ☐ Prefer Not to say ☐ Gender described in another way (please specify below)
GP name	
GP practice name and address	

It is the responsibility of the requesting clinician to ensure that all the appropriate and required clinical information is provided. Requests will only be considered on the information provided within the request and supporting papers.
DO NOT include patient or trust / requesting clinician identifiable data beyond this point. Where there are large amounts of identifiable data included the request will be returned to you for redaction and resubmission.

ALL SECTIONS MUST BE COMPLETED IN FULL

Treatment / Intervention / Procedure

Details of the treatment / intervention / procedure being requested	

Has the request been considered against the ICB commissioning criteria?	Yes / No If No, please refer to the clinical commissioning policies available at; Commissioning policies: West Yorkshire Health & Care Partnership (icb.nhs.uk)
Clinical detail to include; • Background to the patient's clinical situation (relevant to this request) • Relevant medical history • Current symptoms • Functional issues	
Previous interventions / treatments tried to date	
Intended clinical outcomes	
Are all relevant clinic letters attached?	Yes / No
Is this request urgent?	Yes / No (If yes, please provide clinical reasons for urgency)
Cost (if applicable)	
Provider – proposed provider of the treatment / intervention / procedure	

For Aesthetic procedure requests

Current weight	
Current height	
Current BMI (if relevant to the request)	
BMI (please include all previous BMI measurements on record within the last 2 years (if relevant to the request)	
Professionally measured breast size (if relevant to the request).	(Please submit professional bra fitting measurement with this form, including evidence of fitting)

Is photographic evidence attached in line with the criteria for the procedure?	Yes / No

Exceptionality

How is the patient significantly different? See definition set below; **Definition of Exceptionality** • The patient has demonstrated exceptional clinical circumstances in comparison to the cohort of other patients in the same clinical condition and (if relevant) at the same stage of progression, and because of that difference the patient is likely to receive material additional clinical benefit from the procedure / intervention that would not be plausible for any typical patient. • There are good grounds to believe that the requested procedure / intervention will be clinically effective for this individual patient. • It is considered that the requested procedure / intervention is likely to be a good use of NHS resources.	

Referring Clinician Details

Name of referring Clinician	
Designation of referring Clinician	
Organisation name and address	
Email address (if not GP Practice)	
GP Practice email address	
Telephone number	

Patient Consent / GDPR

This IFR has been discussed in full with the patient or patient representative. They are aware that they are consenting for the IFR team to receive and review confidential clinical information about their health to enable full consideration of this funding request.	Yes / No
In submitting this application, you are under obligation to advise the patient or patient representative of the details of the reasons for the decision.	I confirm that I will advise the patient or patient representative of the reasons for the decision Yes / No
I understand that by indication, it is NOT clinically appropriate for the IFR team to contact the patient or patient representative with the outcome. I will be fully responsible to do this.	I will inform the patient or patient representative of the outcome and the reasons for the decision Yes / No

Date of completion of this form ……

Please submit this form via email to ifr.wy@nhs.net

PLEASE CHECK THAT ALL SECTIONS HAVE BEEN COMPLETED IN FULL

INCOMPLETE FORMS WILL BE REJECTED

Equality Monitoring Form

To make sure we provide the right services and treat everyone fairly, it is important for us to collect and analyse the following information.

Your information will be protected and stored securely in line with data protection rules and no personal information will be shared.

Please answer the questions below, some questions may feel personal, you do not have to answer them.

The answers to these questions will not affect the decision of the Individual Funding Request that is being submitted by your clinician.

1. **Who is this form about? (Please tick one option)**

☐ Me

☐ Someone else - using their information

2. **What is the first part of your postcode?**

Example HD6, WF13:

☐ Prefer not to say

3. **What is your gender? (Please tick one option)**

☐ Man

☐ Woman

☐ Non-Binary

☐ Prefer Not to say

☐ I describe my gender in another way.

(Please tell us):

4. **How old are you?**

Example 42:

☐ Prefer not to say

5. **What country were you born in?**

(Please tick one option)

☐ United Kingdom

☐ Prefer not to say

☐ Other country: **(Please tell us):**

6. **What is your religion?**

(Please tick one option)

☐ No religion

☐ Christian (including Church of England, Catholic, Protestant and all other denominations)

☐ Muslim

☐ Buddhist

☐ Hindu

☐ Jewish

☐ Sikh

☐ Prefer not to say

☐ Other religion **(please tell us):**

7. What is your ethnic group?

(Please tick one option)

☐ Prefer not to say

Asian or Asian British

☐ Pakistani
☐ Bangladeshi
☐ Indian
☐ Chinese
☐ Any other Asian background **(Please tell us):**

Black, Black British, Caribbean, or African:

☐ Caribbean
☐ African
☐ Any other Black background: **(Please tell us):**

Mixed or multiple ethnic groups

☐ White and Black Caribbean
☐ White and Black African
☐ White and Asian
☐ Other Mixed background **(please tell us):**

White

☐ English, Welsh, Scottish, Northern Irish or British
☐ Irish
☐ Gypsy or Irish Traveller
☐ Roma
☐ Other White background **(please tell us):**

Other ethnic groups

☐ Arab
☐ Any other ethnic background **(please tell us)**

8. **Are you disabled?**

☐ Yes

☐ No

☐ Prefer not to say

9. **Do you have any long-term conditions, impairments or illness?**

(Please tick all that apply or go to next question if not relevant)

☐ Prefer not to say

☐ **Physical or mobility impairment:** (such as using a wheelchair, difficulty walking or using your hands)

☐ **Hearing impairment:** (such as being D/deaf or hard of hearing)

☐ **Sight impairment:** (such as being blind or partially sighted)

☐ **Mental health condition:** (such as having depression, schizophrenia, bipolar disorder)

☐ **Learning, understanding, concentrating or memory:** (such as Down's Syndrome, stroke or head injury)

☐ **Neurodivergent conditions:** (such as autism, ADHD and / or dyslexia)

☐ **Long term conditions:** (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy**)**

☐ Other: (please write in):

10. **Are you a carer? (Do you provide unpaid care or support to someone who is older, disabled or has a long-term condition)**

☐ Yes

☐ No

☐ Prefer not to say

11. What is your sexual orientation?

☐ Heterosexual / Straight

☐ Gay

☐ Lesbian

☐ Bisexual

☐ Other including Asexual, Pansexual

☐ Prefer not to say

☐ I prefer to use another term **(please tell us):**

12. Are you Trans?

(Trans is a term used to describe people whose gender identity is not the same as the sex registered at birth.)

☐ Yes

☐ No

☐ Prefer not to say

13. The cost of living can impact experiences of health and outcomes can you tell us about your current financial situation?

(Please tick one option)

☐ **Very comfortable** (I have more than enough money for food and bills and a **lot** left over)

☐ **Quite comfortable** (I have enough money for food and bills, and **some** left over)

☐ **Just getting by** (I have just enough money for food and bills and a **nothing** left over)

☐ **Really struggling** (I don't have enough money for food and bills and sometimes **run out** of money)

☐ **I don't know**

☐ **Prefer not to say**

(We ask this question to help us understand the impact of income on experiences of services or health)

14. Are you pregnant or have you given birth in the last 6 months?

☐ Yes
☐ No
☐ Prefer not to say

15. Are you a parent / primary carer of a child or children, if yes, how old are they?

(Please tick any that apply)

☐ No
☐ 0 to 4
☐ 5 to 9
☐ 10 to14
☐ 15 to19
☐ Prefer not to say

Thank you for taking the time to complete this form.

Appendix Two – Terms of Reference IFR Clinical Triage

Terms of Reference: IFR Clinical Triage

1. Purpose

All Individual Funding Requests (IFRs) submitted to the West Yorkshire Integrated Care Board (WYICB) will be considered by the IFR Clinical Triage to determine whether the request appears to present an arguable case for clinical exceptionality.

The Clinical Triage will work in accordance with the published WYICB Standard Operating Procedure (SOP) and each request will be processed by following the WYICB SOP. This will ensure that all requests are considered in a fair and transparent way in line with the WYICB's commissioning principles and, outcomes are based on the available clinical evidence presented by the referring clinicians.

The Clinical Triage will establish whether there is an arguable case for clinical exceptionality compared to other patients with the same condition and should be put forward for consideration by the IFR Panel.

2. Membership

The IFR Clinical Triage will have a core membership of clinical leads and / or managers whose role requires them to have a clinical qualification and current registration with the appropriate regulatory body e.g. GMC, NMC, HCPC. Applications will be allocated to any clinical triage member based on availability so that clinical triage takes place within the agreed timescales at all times.

The Clinical Triage can request recommendations / specialist advice from, for example;

a) Mental Health lead for Mental Health requests
b) Medicines Optimisation Team for drugs requests
c) Speciality Clinician for cosmetic procedures e.g. Plastic Surgeon, Dermatologist
d) Commissioners for service requests

3. Roles and responsibilities

The Clinical Triage will record the decision and rationale of the Clinical Triage against each funding request.

4. Frequency of meetings

The Clinical Triage will consider cases on a weekly basis.

5. Quoracy

All members must be present for the meeting to be quorate.

6. Documentation

All IFRs will be logged on to the IFR secure electronic database by the IFR team on the date that they are received and will be allocated an individual case reference number. It is the responsibility of the IFR team to manage all requests received and correspondence relating to each case in line with the IFR policy and SOP.

All the documents will be made available to the Clinical Triage without patient identifiers to protect confidentiality and to minimise the potential for identification bias. This will include the removal of the patient's NHS number, date of birth, postcode and the name of the referring clinician.

The decision and rationale from the Clinical Triage will be recorded in writing within the electronic file for that specific IFR, in order that a formal log is kept.

Only documentation received from the referring clinician will be used when reaching an outcome. All other documentation that has been received regarding the case will also be available to the Clinical Triage.

7. Authority

The Clinical Triage has delegated authority from the WYICB Chair and Chief Executive to make judgements in line with the IFR policy and SOP and will seek additional clinical advice at their discretion.

The Clinical Triage works on behalf of the WYICB and makes decisions in respect of funding for individual cases. It is not the role of the Clinical Triage to make commissioning policies on behalf of the WYICB.

8. Accountability

The Clinical Triage is accountable to the WYICB Chair and Chief Executive. Any decisions and rationales for decisions will be formally logged and held within the IFR secure electronic database.

9. Reporting and Monitoring

The Clinical Triage will formally record the decision of each individual case on the IFR secure electronic database.

The referring clinician will be notified of the outcome of the Clinical Triage by receiving a letter within 10 working days of the Clinical Triage decision. The referring clinician should contact the patient to discuss the outcome of the funding request and the implications for future care.

10. Training

All members of the Clinical Triage must undergo mandatory induction training approved by the WYICB. This will cover both the legal and ethical framework for IFR decision making, the WYICB commissioning processes and structures, and the interpretation of clinical evidence. This training will be refreshed annually to ensure that all members maintain the appropriate skills and expertise to function effectively.

11. Review of Terms of Reference

The Terms of Reference of the Clinical Triage will be reviewed bi-annually or sooner if there are relevant changes in legislation or local/national guidance by the Clinical Policy and IFR Project Manager and the IFR Project Manager.

Appendix Three – Terms of Reference IFR Panel

Terms of Reference: Individual Funding Request Panel

1. Purpose

The Individual Funding Request (IFR) Panel will consider individual requests for funding on the basis of exceptionality and in line with the WYICB Commissioning Policy for IFR, general commissioning policies, and its IFR Standard Operating Procedure (SOP). The IFR Panel will work to the published WYICB Commissioning Policy (where one exists) for the medical intervention outlined in the IFR Application and each request will be processed by following the WYICB IFR Standard Operating Procedures. This will ensure that all requests are considered in a fair, consistent and transparent way, with decisions based on the available clinical evidence presented by the referring clinicians and the WYICB commissioning principles.

2. Membership

The IFR Panel will have a core membership comprising a minimum of:

Voting Member	Role on IFR Panel
Deputy Medical Director (Chair)	Ensure the efficient and effective operation of IFR Panel meetings. Input to IFR Panel discussions and decisions from an independent perspective.
Director / Associate Director	Ensures the reputation of the ICB is protected throughout decision-making.
2 x GPs or Clinical Advisors	Provide GP / clinical input to IFR Panel discussions and decisions.
2 x Practicing Clinicians (e.g. Consultants, Nurses, ACPs, Pharmacists)	Provide additional clinical input to IFR Panel discussions and decisions.
2 x Independent Member(s)	Someone who has experience of using health and care services.

Consultant in Public Health / Senior Public Health Representative (as required)	Undertakes evidence reviews to inform the IFR Panel discussions and decision, particularly where an IFR application or where significant IFRs are received that are of public health concern, e.g., Gluten Free Products, Weight Management Drugs.
Senior Commissioning Representative	Provides input on existing policies to inform IFR Panel discussion and decisions, particularly where one or more IFR applications present commissioning challenges, e.g., Weight Management Drugs, Benign Skin Lesions. Supports the development of new commissioning policies where necessary in light of IFRs received, e.g., high number for a particular clinical procedure raises concern.

The following individuals may be expected to attend IFR Panel meetings in an advisory, non-voting capacity:

Attendee (non-voting)	**Role on IFR PANEL**
Clinical Triage Representative (May also be included in other clinical roles above).	Identifies IFRs that require consideration at IFR Panel meetings. Presents cases to Panel with all relevant information and in a manner to ensure equity. Provides expert advice to support the IFR Panel in its discussion and decisions.
Medicines Optimisation Representative	Provide input on medicines related matters including relevant NICE guidance.
Representatives from the Nominated Professionals advice structure.	Specialist in clinical intervention outlined in the IFR application. A subject matter expert.
IFR Administrator / Manager	Minute-taking and input relating to the administration of IFRs.

The IFR Panel will be quorate with a minimum of four voting members present, including as a minimum two clinical members in current practice.

Any voting member who is also a clinician (even if that is not their primary reason for attendance) can count towards quoracy of four voting members, two of whom will be clinicians.

In attendance:

- For particularly complex cases, other individuals with clinical, pharmacy or commissioning expertise and skills, unconnected with the requesting provider, may also be invited to participate in an IFR Panel meeting.

- The Chair of the IFR Panel or nominated deputy will introduce the case to the other members of the Panel. Clinical members of the IFR Panel who have had any clinical involvement with an individual case cannot be part of the Panel meeting for that request.

- The IFR Administrator / IFR Manager will record the decision of the IFR Panel against each of the questions in the Decision Framework Document (DFD).

- Patients will not be permitted to attend Panel meetings in person or be represented by any person at the meeting.

The tenure of a panel member will be a term of 3 years, with a maximum of 3 terms to be served consecutively. This includes those members employed for the purpose of Clinical Triage and IFR team members.

3. Chair

The Deputy Medical Director will have responsibility for chairing the IFR Panel. Should the Deputy Medical Director not be available, the deputy chair will chair the Panel.

4. Frequency

The IFR Panel will normally be held monthly and will run for no more than 4 hours with adequate breaks.

5. Urgent matters arising between meetings

It is important that clinically urgent funding decisions are not delayed due to the timing of IFR Panel meetings. Additional meetings will be convened when necessary or decisions made by electronic / virtual communication

outside of the meeting setting. These shall be minuted with a full audit trail retained of any decision-making undertaken via email.

6. Conduct

The IFR Panel will have due regard to, and operate within, the constitution, standing orders, the scheme of delegation, the prime financial policies and other policies and procedures of the WYICB.

The IFR Panel will conduct its business in accordance with relevant national guidance, including codes of practice such as the Nolan principles, which are included in the WYICB constitution.

7. Management of conflicts of interest

The IFR Panel will adhere to the WYICB's business conduct and conflicts of interest policy.

If any member of the IFR Panel has an actual or potential conflict of interest in any matter on the agenda and is present at the meeting at which the matter is under discussion, they will declare that interest at the start of the meeting and again at the relevant agenda item.

This shall be recorded in the Decision Framework Document (note: this includes where an IFR is being considered for a patient at a practice where a GP member of the panel is employed or is a partner).

The chair of the meeting will determine how any interests declared will be managed in accordance with the WYICB's business conduct and conflicts of interest policy.

The Decision Framework Document must specify how the chair decided to manage the declared interest, i.e. did the individual(s) concerned:

- take part in the discussion but not in the decision-taking;
- not take part in either the discussion or decision-taking;
- take part in the discussion and left the meeting for the decision or
- left the meeting for the whole of the item.

In making this decision the chair will need to consider the following points:

- the nature and materiality of the decision;
- the nature and materiality of the declared interest(s);
- the availability of relevant expertise and
- as a general rule (and subject to the judgement of the chair), if an interest involves a financial interest or a significant non-financial interest, the individual should be asked to leave the meeting for the whole item.

8. Voting Rights

IFR Panel members will seek to reach decisions by consensus where possible, but if a consensus cannot be achieved, decisions will be taken by a majority vote with each Panel member present having an equal vote. If the Panel is equally split, then the Chair of the Panel will have the casting vote.

9. Quoracy

The Panel will be quorate if four of the core members are present, including two clinical members.

10. Documentation

IFRs will be entered onto the IFR secure electronic database by the IFR team. It is the responsibility of the IFR team to manage all requests received and correspondence relating to each case as per the IFR SOP.

All cases will be anonymised appropriately before consideration by the IFR Panel (as stated in the SOP). The IFR administrator / IFR Manager will produce a summary of the key information using the Decision Framework Document (DFD) which will be considered by the IFR Panel. All other documentation that has been received regarding the case will also be available to the Panel as per the SOP standards.

11. Authority

The IFR Panel has delegated authority from the WYICB to make judgements in line with the IFR SOP and will seek additional clinical advice at their discretion.

The IFR Panel works on behalf of the WYICB and makes decisions in respect of funding for individual cases. It is not the role of the IFR Panel, by its decisions, to make commissioning policies on behalf of the WYICB.

12. Accountability

The business notes of the IFR Panel will be ratified by the Chair of the IFR Panel. The IFR Panel is accountable to the WYICB Chair and Chief Executive.

13. Reporting and Monitoring

The IFR Administrator / IFR Manager will record the decision of the IFR Panel against each of the questions in the Decision Framework Document (DFD). The completed DFD will form the business notes of an individual case.

An annual report will be submitted to the WYICB Transformation Committee and / or Finance, Investment & Performance Committee. This will include an overview of the nature of the cases received, declined and agreed, financial impact and variation between places. The annual report will inform the programme for clinical commissioning policy development and provide oversight of the key performance indicators for the IFR process, as outlined in the Standard Operating Procedures. Mid-year audits may be undertaken and will be presented to the relevant subcommittee of the WYICB as requested.

14. Training

All members of the IFR Panel must undergo induction training approved and provided by the WYICB. This will cover legal considerations and case law, the principles for IFR decision making, WYICB commissioning processes and structures, and the interpretation of clinical evidence. Once a member has completed the induction training, IFR Panel members will be expected to attend annual 'refresher' IFR training sessions to ensure that all members maintain the appropriate skills and expertise to function effectively.

15. Review of Terms of Reference

The Terms of Reference of the IFR Panel will be reviewed bi-annually or sooner if there are relevant changes in legislation or local/national guidance by the Clinical Policy and IFR Project Manager and the IFR Project Manager.

END

Appendix Four – IFR Panel Decision Framework Document (DFD)

IFR Panel DECISION FRAMEWORK DOCUMENT (DFD)

Notes:

1. A copy of this document will be provided for each case.
2. This document will be used to record the key points / views discussed by the IFR Panel and the decisions made with regards to funding.
3. Each completed document will be saved against the case on the IFR secure electronic database.

Date of IFR Panel					
IFR Case Reference Number					
Intervention Requested					
Quorate	**Yes**	**No**			
Panel Membership			**Name**	**Designation**	**Declaration of Interest**	**Decision**
				Deputy Medical Director (Chair)		Unanimously approved Approved by vote Unanimously declined Declined by vote Deferred to obtain further information
				Director / Associate Director		
				GP or Clinical Advisor		
				GP or Clinical Advisor		
				Practicing Clinician		
				Practicing Clinician		
				Independent Member		
				Independent Member		
				Senior Commissioning Representative		
				Consultant in Public Health / Senior Public Health Representative		
				Deputy Chair		

		Clinical Triage Representative		
		Medicines Optimisation Representative		
		Representatives from the Nominated Professionals advise structure		
		IFR Administrator / Manager		
		Other – please specify		

Case Summary	

Polices and Priorities		Does the request meet the criteria/guidance	
		Yes	No
Does the ICB have a policy criteria for this procedure / intervention?	*Yes / No* *If Yes insert criteria*		
Is there NICE Guidance for this procedure / intervention?	*Yes / No* *If Yes attach NICE Guidance*		
Does the evidence demonstrate that the patient is in a different clinical condition when compared to the typical patient population with the same condition?			
Is the patient likely to gain additional clinical benefit when compared to any other typical patient?			
Is there sufficient evidence to demonstrate that the proposed procedure / intervention will be clinically effective in this individual case?			
Does the request raise any clinically relevant equality concerns?			
Has the request brought to light any issues which should be referred on within the WYICB to inform policy development?			

Additional Comments / Notes

Appendix Five – Terms of Reference IFR Appeals Panel

Terms of Reference: IFR Appeals Panel

1. Membership

The IFR Appeals Panel will consist of:

- Independent Member (Chair)
- Director / Associate Director
- GP / Clinical Advisor
- Practicing Clinician (e.g. Consultant, Nurse, ACP, Pharmacist)

The Appeals Panel members will not have been previously involved in any decision making of the original IFR request. This Panel may be undertaken by an IFR Panel from one of the other ICBs within the NHS England North East and Yorkshire region.

There will be no representation at the IFR Appeals Panel meeting from the IFR Panel or the referring clinician and / or the patient / patient representative. The IFR Appeals Panel will not consider new information that was not available to the IFR Panel or receive oral representations.

2. Purpose

The IFR Appeals Panel will determine whether the IFR Panel has followed the procedures as written in the NHS West Yorkshire ICB IFR SOP, has properly understood and considered the evidence presented to it and has come to a reasonable decision based on the evidence.

In deciding the outcome of an Appeal, the IFR Appeals Panel will consider whether the process followed by the IFR Panel was fair and consistent, based on whether the decision reached:

- was taken following a process which was consistent with the policies of NHS West Yorkshire ICB;
- was a decision which a reasonable IFR Panel was entitled to reach;
- understood, took into account and weighed, all the relevant evidence; and
- did not take into account any irrelevant factors.

The IFR Appeals Panel will be able to reach only one of two decisions:

- Uphold the decision reached by the IFR Panel
- Refer the case back to the IFR Panel with detailed points for re-consideration.

Where the IFR Appeals Panel consider that there may have been a procedural error in the decision, i.e.

a) that the decision may not have been consistent with the WYICB commissioning principles
b) the IFR Panel may not have taken into account and weighed all the relevant evidence available to them and / or
c) the IFR Panel may have taken into account irrelevant factors

The IFR Appeals Panel will consider whether there was any reasonable prospect that the IFR Panel could have come to a different decision had that error not been made.

If the IFR Appeals Panel considers that there was no reasonable prospect of the IFR Panel coming to a different decision, then the IFR Appeals Panel will approve the decision notwithstanding the procedural error. If the IFR Appeals Panel considers that there was a reasonable prospect that the IFR Panel may have come to a different decision had the error not been made, the IFR Appeals Panel will require the IFR Panel to reconsider the decision.

If the IFR Appeals Panel determines that the IFR Panel needs to reconsider the case, the IFR Panel should consider the case at the next available IFR Panel meeting date. The IFR Panel will reconsider its decision and in doing so will formally address the detailed points which have been raised by the IFR Appeals Panel.

The IFR Panel is not bound to change its decision as a result of the IFR Appeals Panel decision to refer the case back, but if the IFR Panel upholds the original decision, clear reasons must be given for not agreeing to fund the intervention / procedure being requested.

3. Frequency of meetings

The IFR Appeals Panel will be scheduled as needed. A case may need to be considered urgently on the advice of an authorised senior health professional after consultation with the patient's clinicians. The timing of the urgent IFR Appeals Panel will be based on the individual clinical circumstances and the risk of an adverse clinical outcome if a funding decision on treatment is delayed. The meetings will be held by teleconference or face to face. Meetings will have adequate breaks.

4. Voting rights

The IFR Appeals Panel members will seek to reach a decision by consensus. If this is not possible a decision will be made by a vote with each member having one vote.

5. Quoracy

All four Panel members must be present for the IFR Appeals Panel to be quorate.

6. Documentation

The IFR Appeals Panel will only consider the following written documentation:

- the original IFR referral form submitted to the WYICB IFR team.
- the IFR process records in handling the request.
- the IFR Panel records, including the Decision Framework Document and any additional supporting information considered by the IFR Panel.
- the grounds submitted by the requesting clinician and/or the patient/patient representative in their request for review.

There will be no other representation at the IFR Appeals Panel from the IFR Panel or the requesting clinician and / or the patient / patient representative.

The IFR Appeals Panel will not consider new information or receive oral representations. If there is significant new information, not previously presented to and considered by the IFR Panel, it will be considered as set out in the section on reconsideration in the IFR SOP. All information will be anonymised before consideration by the IFR Appeals Panel.

7. Authority

The IFR Appeals Panel has the responsibility to undertake a review of IFR Panel decisions in respect of funding of individual cases. It is not the role of the IFR Appeals Panel to reach a decision on funding of an IFR nor does the Panel make clinical commissioning policies on behalf of the WYICB.

The IFR Appeals Panel does not have power to authorise funding for the requested treatment but can require the IFR Panel to reconsider the case and make recommendations as to the IFR Panel's approach to that consideration.

8. Accountability

The business notes of the Appeals Panel will be approved by the Chair of the Panel.

The IFR Appeals Panel is accountable to the WYICB Chair and Chief Executive.

9. Reporting and Monitoring

The IFR team will review on a regular basis any Appeals Panel requests and outcomes in order to evaluate the process and to consider any improvements that could be made.

10. Training

All members of the IFR Appeals Panel must undergo induction training agreed by the WYICB. This will cover both the legal and ethical framework for IFR decision making, WYICB commissioning processes and structures and the interpretation of clinical evidence. This training will be refreshed annually to ensure that all Panel members maintain the appropriate skills and expertise to function effectively.

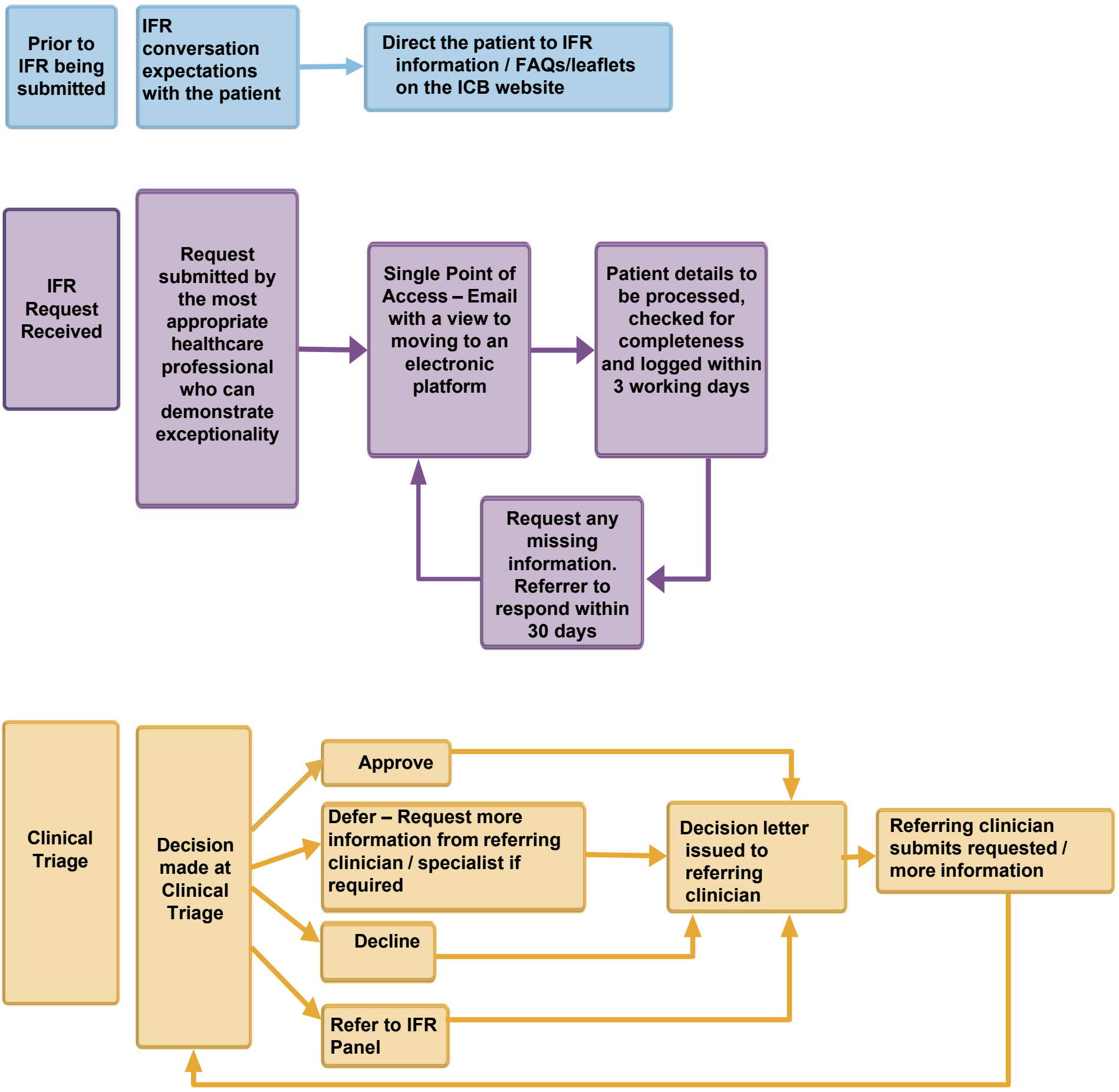
11. Review of Terms of Reference

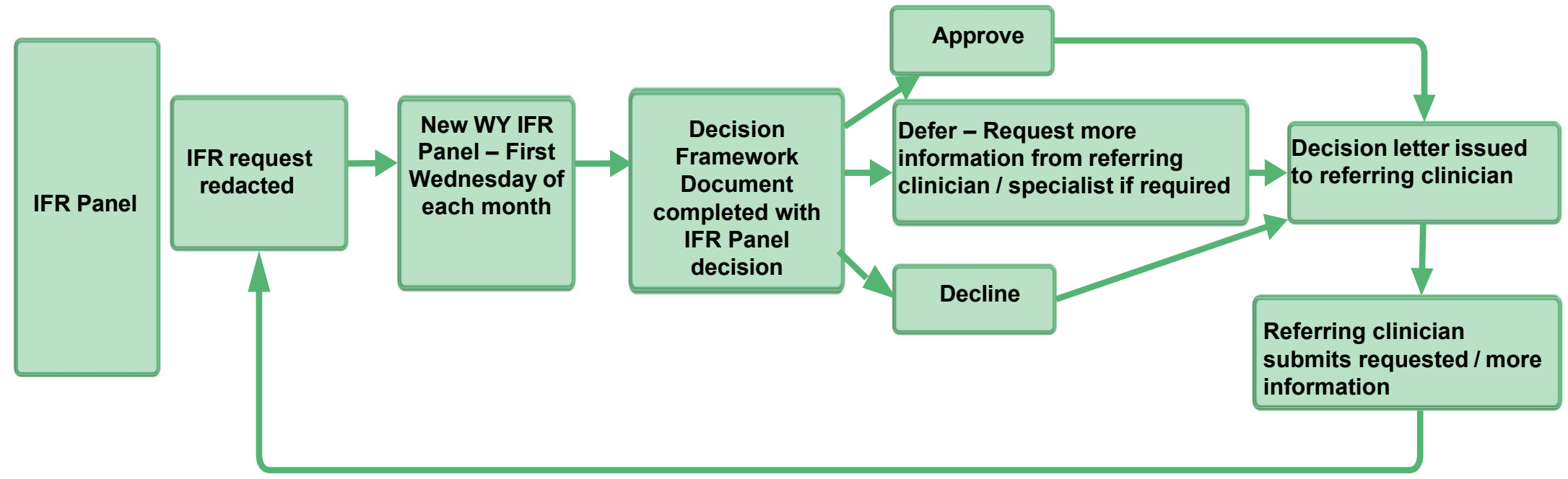
The Terms of Reference of the Appeals Panel will be reviewed bi-annually by the Clinical Policy and IFR Project Manager and the IFR Project Manager.

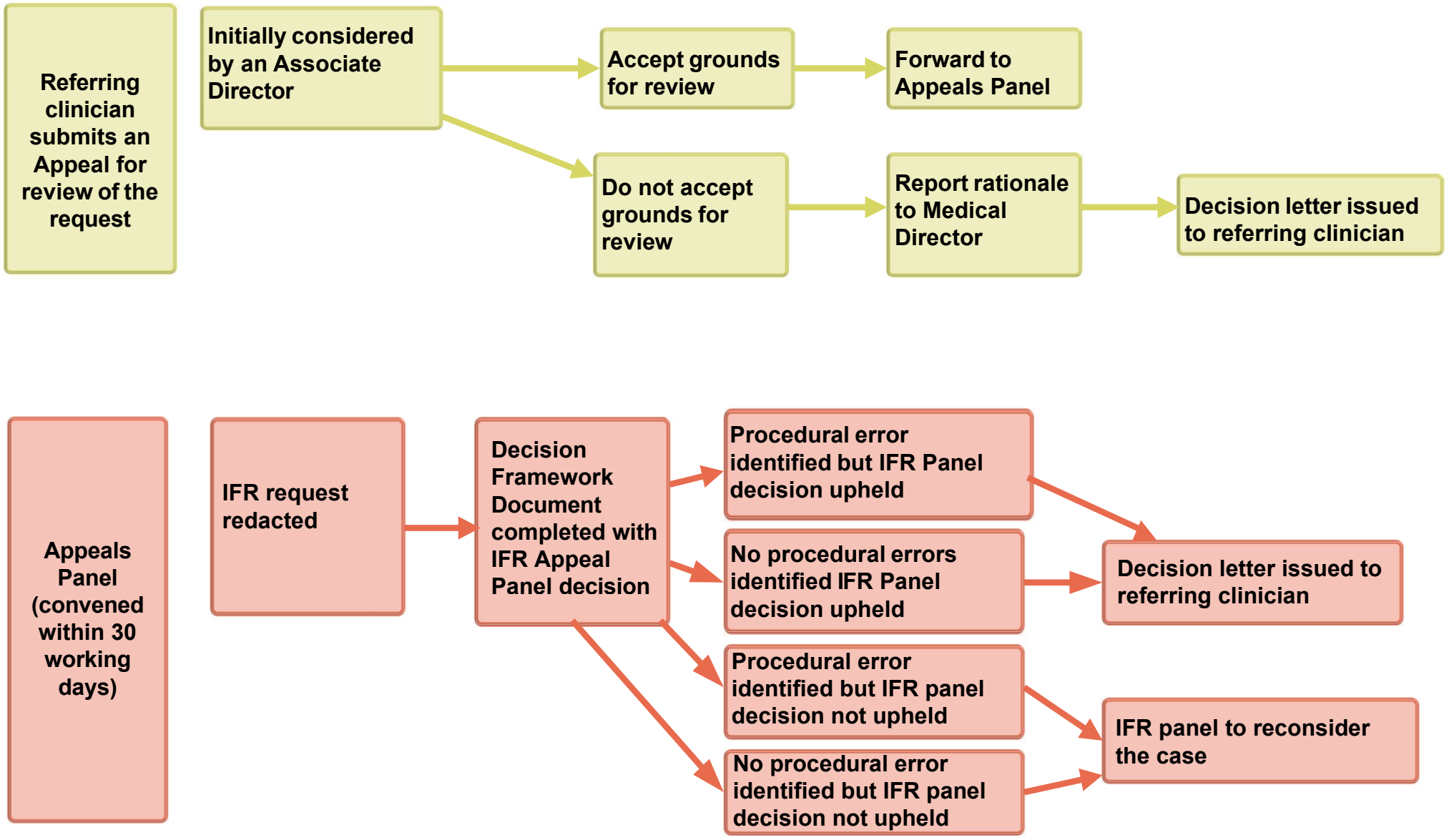
END

Appendix Six – IFR Process Flowcharts

Re-designed IFR Process




IFR Panel
IFR request redacted
New WY IFR Panel – First Wednesday of each month
Decision Framework Document completed with IFR Panel decision
Approve
Defer – Request more information from referring clinician / specialist if required
Decline
Decision letter issued to referring clinician
Referring clinician submits requested / more information


Referring clinician submits an Appeal for review of the request
Initially considered by an Associate Director
Accept grounds for review
Forward to Appeals Panel
Do not accept grounds for review
Report rationale to Medical Director
Decision letter issued to referring clinician

Appeals Panel (convened within 30 working days)
IFR request redacted
Decision Framework Document completed with IFR Appeal Panel decision
Procedural error identified but IFR Panel decision upheld
No procedural errors identified IFR Panel decision upheld
Procedural error identified but IFR panel decision not upheld
No procedural error identified but IFR panel decision not upheld
Decision letter issued to referring clinician
IFR panel to reconsider the case