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NHS
Mid Essex
Clinical Commissioning Group

Individual Funding Request Application Form

Guidance Notes:

- **If you are seeking funding for a treatment/technology for medical condition where the CCG has no established commissioning policy please continue with this form**

- If you are seeking funding for a treatment which is covered by the current Value Based commissioning Policy and you believe that the patient meets all relevant criteria, please complete the **Prior Approval Application Form**

- If you are seeking funding for a treatment which is covered by the current Value Based Commissioning Policy, but the patient does not meet the current criteria and you wish to apply for exceptional funding, please complete the **Exceptional Clinical Circumstances Application form**

Individual Funding Requests are to be considered against the tests of clinical effectiveness, cost effectiveness and affordability provided the requesting clinician is able to demonstrate that the patient represents an individual patient and not typical of a group of patients e.g. the first in a cohort.

The role of the IFR Panel is to make decisions on individual cases. It cannot be used as a means of 'creeping implementation' for new technologies. Consideration therefore needs to be given as to the likelihood of other patients having the same clinical need who could also benefit from the proposed treatment. If there are or are likely to be other patients then, properly considered, the request is for a service development and not an individual application. Where a decision may affect other patients, the application should be considered as a service development and not through the IFR process.

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. Requests can only be considered based on the information provided. **Incomplete forms providing insufficient information will be returned and may result in a delay in the decision making process.** Please attach all relevant clinical evidence and return the form to the IFR Team. Details can be found at the end of this form.

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1. DETAILS OF REQUESTER (include referring clinician. Contact details in the event of query or need for clarification)

Name: Designation:

Trust/Surgery:

Contact 'phone number:

Secure email or postal address for correspondence:

Must be an NHS.net email. Only NHS.net can be used for correspondence regarding IFR requests.

2. PATIENT PERSONAL DETAILS

Patient Name:

Address:

Gender

Date of Birth:

NHS Number:

GP Name & Practice Details:

Please note that all personal information will be removed prior to the consideration by the Individual Funding Request process.

3. CONSENT

I confirm that this Individual Funding Request has been discussed in full with the patient and it would / would not be appropriate **(please delete as necessary)** for the patient to be copied into all correspondence*.

By submitting this form you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:

- Discussed all alternatives to this intervention with the patient
- Had a conversation with the patient about the most significant benefits and risks of this intervention
- Informed the patient that this intervention is only funded where all relevant criteria are met or clinical exceptionality demonstrated

- Checked that the patient understands spoken and written English
- 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. All national and local NHS policies regarding confidentiality, retention and destruction of records will be adhered to.

I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a Panel/IFR team to decide whether this application will be accepted and treatment funded. By submitting this form I confirm that the patient/representative has been informed of the details that will be shared for the aforementioned purpose and consent has been given.

Signed Referrer: ..... Print name……..

Date: ……

* Please note, the CCG is under obligation to let the patient know the outcome of all IFR applications. Where the patient has requested the IFR submission, it is good practice to ask the patient if they wish to be copied into other correspondence between the clinician and the CCG. Where the patient has not made the request, the patient should be copied into other correspondence between the clinician and the CCG unless it is clinically inappropriate to do so

4. DIAGNOSIS

5. TREATMENT REQUESTED

6. INCIDENCE & PREVALENCE

Incidence is expected to be initiated for two or fewer patients per million population per year

Prevalence is less than 10 patients per million population at any one time

References are to be provided for stated incidence & prevalence.

What is the anticipated need for this treatment per 1000 head of population i.e. how often would you expect to request this treatment for this condition at this stage of progression of the condition for a given size of population? (Please refer to the CCG definition of what constitutes an individual case.)

7. BUSINESS CASES

Is this a service development that has been discussed with commissioners? Do you plan to submit a future business case for funding of this treatment (rather than submit individual requests for single patients)?

If this treatment were to be funded for this patient on an individual basis, would the decision set a precedent for other requests?

8. AFFORDABILITY

What is the cost of the treatment/procedure?

How does this compare with the cost of the standard therapy it replaces? Please ensure you include all attributable costs that are connected to providing the treatment/procedure

e.g. drug/staff/follow up/diagnostics etc.

Details of any long term cost implications and resultant needs that may be acquired from the proposed treatment

9. EVIDENCE OF CLINICAL AND COST EFFECTIVENESS/SAFETY

What is the evidence base for the clinical and cost effectiveness/safety of this procedure/treatment? Has it been subjected to NICE appraisal or other scrutiny? Please include copies of all relevant clinical research.

Is the procedure/treatment part of a current or planned national or international clinical trial or audit?

How will the benefits of the procedure/treatment be measured? What are the intended outcomes and how will these be determined? What 'stopping' criteria will be in place to decide when the treatment is ineffective? (The CCG will require regular feedback on the outcome if the treatment is approved).

How frequently has your unit undertaken this treatment/procedure and what were your results? Is this treatment/procedure subject to Trust audit? Please include any available data on the use of this treatment/procedure by your unit.

10. CLINICAL BACKGROUND

Previous therapies tried and current treatment including intolerance and response

Anticipated prognosis if treatment requested is not funded (include what treatment will be given to the patient)

11. ACCESS TO TREATMENT

How will the treatment/procedure be given to the patient (e.g. oral/iv etc) and where will the treatment take place?

Is this a single treatment/procedure or part of a course? If part of a treatment course, what is the number of doses that will be given and at what intervals? What is the total length of time of the proposed course of treatment?

12. WHAT ARE THE ANTICIPATED CLINICAL BENEFITS IN THIS INDIVIDUAL CASE OF THE PARTICULAR TREATMENT REQUESTED OVER OTHER AVAILABLE OPTIONS?

13. WHY ARE STANDARD TREATMENTS (THOSE AVAILABLE TO OTHER PATIENTS WITH THIS CONDITION/STAGE OF THE DISEASE) NOT APPROPRIATE FOR THIS PATIENT?

14. EXCEPTIONALITY

Where there is a cohort of patients, funding can only be approved by the Panel ahead of a CCG commissioning decision where exceptional clinical circumstances are demonstrated. To meet the definition of 'exceptional clinical circumstances' your patient must demonstrate that they are both:

- Significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition

AND

- Likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition
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Do you consider this patient to have exceptional clinical circumstances? (Please refer to the CCG definition of what constitutes a clinically exceptional case.) If so please give your reasons.

15. OTHER

Clinicians are required to disclose all material facts to the CCG as part of this process. Are there any other comments/considerations that are appropriate to bring to the attention of the IFR Team?

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Please complete and return this form to: IFR Team, Mid Essex CCG, Wren House, Hedgerows Business Park, Colchester Road, Chelmsford, CM2 5PF, or via email on Rachel.anderson8@nhs.net or clarebrown4@nhs.net.

For queries, please contact the IFR Manager on 01245 398 740.