

NHS Rotherham Clinical Commissioning Governing Body

Operational Executive – 8 April 2013

Clinical Commissioning Group Governing Body - 1 May 2013

Individual Funding Request Process

Lead Executive:	<i>Robin Carlisle, Deputy Chief Officer</i>
Lead Officer:	<i>Sarah Lever, Head of Contracting and Service Improvement</i>
Lead GP:	<i>Richard Cullen</i>

Purpose:

To approve the Individual Funding Request (IFR) Process for implementation on behalf of the CCG by the South Yorkshire and Bassetlaw Commissioning Support Unit (SYB CSU).

Background:

As of the 1 April 2013, Rotherham CCG's IFR process is managed by SYBCSU. The CSU assesses all IFRs in the context of Rotherham CCG's Commissioning Policies. These were authorised at the first meeting of the CCG's Governing Body and include:

1. Plastics policy
2. Fertility policy - the CCG is discussing with CCG COM reviewing the fertility policy in light of updated NICE guidance

There is a set of regional specialised commissioning policies which are in the main areas for which the NHSCB is now responsible but there may well be regional decisions on drugs that fall within CCG commissioning responsibility in the future.

The IFR process covers:

- Instances where there is a commissioning policy not to fund a healthcare intervention for a specified indication but a referring clinician considers their patient to be exceptional.
- Instances where there is no policy in place for the requested healthcare intervention or indication and the clinical circumstance is so rare that is unlikely that other patients will routinely require the intervention

The CCG would not normally commission something that NICE had considered and advised was not effective or cost effective.

The CCG will shortly communicate with practices to remind practices of the current policies in this area.

West Yorkshire & Bassetlaw CSU and the 15 CCGs are carrying out a review of clinical services provided by the CSU over the next 4 months. This review will include IFR processes. Clinical policies now and in the future will be decided by the CCG governing body, either independently or in partnership with other CCGs.

Analysis of key issues and of risks

The SY&B CSU IFR Process is attached including the Terms of Reference for the IFR Panel and IFR Appeals Panel. The process describes the guiding principles and framework by which the process operates. The SYB CSU will make recommendations to the CCG on IFRs which are in line with the CCG's policies, deemed to be exceptional or for which there is no policy in

place for very rarely requested interventions. The CCG will receive details of all IFRs approved and declined following each Panel for authorisation before the referring clinician and patient are informed of the decision.

In future the CCG Governing Body could decide to restrict treatments either on its own or in collaboration with CCG COM, and a robust IFR process will be key to implementing these decisions effectively: An individual CCG restricting treatments needs to have sound decision making processes, sound processes for handling appeals, individual treatment requests, media attention and judicial challenge.

To date, RCCG has not required prior approval for low priority procedures or procedures subject to a referral threshold. The SYB CSU handles requests for these procedures on behalf of other CCGs and this may be an option the CCG wishes to pursue in the future.

Patient, Public and Stakeholder Involvement:

N/A

Equality Impact:

SYB CSU is committed to ensuring that decision making is transparent, fair, equitable and open to scrutiny. The process clearly states that social demographic and employment circumstances will not be taken into consideration in assessing exceptionality. The process is available on the SYB CSU website.

Financial Implications:

N/A

Human Resource Implications:

N/A

Procurement:

N/A

Approval history:

Operational Executive – 8 April 2013 supported the process.

Recommendations:

Governing Body is asked to approve the IFR Process which will be operated by the Commissioning Support Unit.
Note the discussions about the CSU review of clinical services.