Terms of Reference for a CCG Individual Funding Request Panel

Purpose

The CCG IFR panel will meet monthly to review requests for funding for treatments not currently covered by commissioning arrangements or for treatments excluded from those arrangements

The panel will adopt a consensus approach to decision making where unanimous view cannot be reached on an individual request.

The panel will consider requests on an individual named basis for treatments either not covered by commissioning arrangements or where a treatment is specifically excluded from those arrangements.

The panel will be responsible for assessing the clinical effectiveness of the procedure and then the cost effectiveness of the requested treatment based on the evidence available to them at the time. For requests where a treatment is excluded from commissioning arrangements the panel will review the evidence to determine whether or not the request under consideration is exceptional and should therefore have access to that treatment funded by the NHS.

Membership

General Practitioner Representative.

- 2 additional members with a clinical background.
- Finance Representative.
- Medicines Management Representative.
- Public Health Representative.
- Lay representative (expert patient/patient participation).
- A Senior Commissioner from the CCG.

The Chair of the panel will be determined by the CCG lead.

Administrative Support

Meetings will be arranged and resourced by the CCG and managed by their nominated lead officer.

Preparation of agendas and all request papers, recording the outcomes of the meeting, taking any actions arising and ensuring letters are sent to the requesting clinician and patient within agreed timescales is the responsibility of the GMCSU EUR team on behalf of the CCG.

Ensuring a suitable venue is available is the responsibility of the CCG lead for IFR.

Quoracy

At least 4 members of the panel should be present, two must be clinically qualified and one of those must be medically qualified.

Chairs Action/Urgent Decisions

In clinically urgent situations a request may be considered in advance of the panel using the mechanism agreed in the GM EUR Operational Policy/Standard Operating Procedures.

Training of IFR Panel Members

Training of IFR panel members is the responsibility of the CCG but will be supported by the GMCSU EUR team.

Members should attend at least one meeting per quarter to maintain continuity and expertise.

Confidentiality

All requests will treated as highly confidential as the majority will contain sensitive and/ or clinical information.

Papers will be sent to members via either registered post or a secure e-mail service, e.g. NHS.net.

Consent will be obtained from the patient prior to the meeting.

All confidential papers will be gathered for shredding at the end of the meeting.

Review

These terms of reference will be reviewed annually or sooner if there are relevant changes in legislation or local/national guidance.

Terms of Reference for a CCG Process Review Panel

Purpose

The CCG process review panel will meet on an ad-hoc basis when a patient or clinician acting on their behalf has appealed a panel decision and they have submitted no new evidence in support of their request that needs further consideration by the IFR Panel.

The panel will meet in private but the patient and or a representative will be asked to attend to ensure that their views are fully accounted for.

The panel will adopt a consensus approach to decision making where a unanimous view cannot be reached. If consensus cannot be reached on any point the decision of the chairperson will be final.

The panel will consider each stage of the process that the request has gone through to ensure that all reasonable attempts have been made to find relevant evidence of effectiveness and that all aspects of the request have been considered in the round.

The panel should assure itself that all stages of the process have been recorded.

The panel is there to decide if due process has been followed and to identify any areas where further consideration needs to be made if any.

It is not the role of the CCG process review panel to make a further funding decision or overturn the IFR panel decision; however, it may return the request to the IFR panel to address any issues identified following the process review.

Panels may consider more than one request at a time provided there is sufficient time for each request to be dealt with fully.

Membership

The chair of the CCG process review panel will be the lay person representing the CCG provided they have had the necessary training, if not an alternative chair must be agreed prior to the meeting.

- Lay Representative of the CCG.
- General Practitioner member of the CCG commissioning group (not currently a member of the IFR panel).
- A representative of the CCG board and CCG Executive Team (in addition to the GP Representative).
- A Public Health Consultant.

In addition to the above a member of the original IFR Panel needs to attend the Process Review Panel to answer any questions of the panel or the patient.

Panel members may cover more than one of these representative functions, e.g. the lay representative could also be the Board representative if one of the Non-Executive Directors is nominated.

All CCG process review panel members must not have been involved in any of the IFR decision making stages.

Administrative Support

Meetings will be arranged and resourced by the CCG and managed by their nominated lead officer.

Preparation of agendas and all request papers, recording the outcomes of the meeting, taking any actions arising and ensuring letters are sent to the requesting clinician and patient within agreed timescales is the responsibility of the GMCSU EUR team on behalf of the CCG.

Ensuring a suitable venue is available is the responsibility of the CCG lead for IFR.

Quoracy

All members of the panel must be present.

Training of Process Review Panel Members

Training of IFR panel members is the responsibility of the CCG but will be supported by the GMCSU EUR team.

CCG process review panel members should ensure that they have received adequate and appropriate training.

Confidentiality

All appeals will treated as highly confidential as the majority will contain sensitive and/or clinical information.

Papers will be sent to members via either registered post or a secure e-mail service (NHS net).

Consent will be obtained from the patient prior to the meeting.

All confidential papers will be gathered for shredding at the end of the meeting.

Review

These Terms of Reference will be reviewed annually or sooner if there are relevant changes in legislation or local/national guidance.