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.

**Core**

- 2 additional members with a clinical background.
- Finance Representative.
- Medicines Management Representative.
- Public Health Representative.

**Ad Hoc**

- Lay representative (expert patient/patient participation)
- A Senior Commissioner from the CCG

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

**Deputy Panel Chair**
In the event the Panel Chair is not able to attend a particular Panel date or in the case when the Chair has declared a Conflict of Interest for a particular case at a Panel meeting, the panel members present will agree on a Deputy Chair, prior to the start of the meeting, either to chair the whole Panel meeting or to Chair the discussion/decision making around a particular case.

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

If a Panel member is not able to attend a Panel meeting face to face the following could occur:

- The Panel can contact the Panel member by telephone (if contactable)
- The absent Panel member can email the Panel Chair (and copy all Panel members into their email) prior to the scheduled Panel meeting, their points of discussion/decisions made on each of the IFR cases and provide their clear rationale around their decisions. If their vote is needed for quoracy they will be contacted by the panel chair to ratify the panel decision.

Panel is not quorate

Prior to the meeting

If it is known prior to the meeting that the panel will not be quorate the chair, on being informed of this, will attempt to co-opt an additional panel member with relevant experience.

At the time of the meeting

If the missing panel member or a deputy panel member can be contacted and can attend by electronic means the meeting will be considered quorate

If no additional panel members can be found either face to face or virtually then the chair will contact those members absent from the panel, as soon as possible with the provisional decisions from the meeting. If absent members agree with the decision, that decision can be ratified and actioned. If absent members do not agree with any provisional decisions on any case, that case will be brought back to the next meeting for further discussion.

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

Virtual Panels and E-mail Conferences

It is anticipated that, in normal circumstances, the panel will meet face to face. It may however, be appropriate to hold a panel meeting by telephone, e-mail conference or by SKYPE (where Panel members will continue to convene at the usual CCG IFR Panel venue and the EUR Senior Officer will SKYPE into the Panel meeting). Each of the above can be carried out in the following circumstances:

- Where there are a low number of cases for consideration (3 or fewer)
- Due to reasons of urgency
- Where insufficient members of the panel are able to attend a face to face meeting to achieve quoracy (for example, due to personal circumstances or adverse weather conditions)

In such circumstances the Chair will consider whether it will be appropriate to hold an e-mail conference/virtual panel, whereby discussions take place by telephone and/or by e-mail (as the nature of the discussions required). The Chair should email the EUR Team and Panel members, giving as much notice as possible.

Any panel meetings, however held, are required to ensure that auditable standards of documentation supporting the discussions, decision and rationale for that decision are maintained.
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.

The EUR Clinical Triage team will make a decision on behalf of the CCG. At least two members of the Clinical Triage team will make the decision. This team consists of a GP, Consultant in Public Health / Specialty Doctor in Public Health, Medicines Optimisation Lead and EUR Team Representative.

Administrative Support
Meetings will be arranged and resourced by the CCG and managed by their nominated Admin Lead Officer. The panel annual meeting schedule, inclusive of venue/room bookings will be prepared by the CCG nominated Lead and will be circulated to Panel members via email/calendar invites. Ensuring a suitable venue is available is the responsibility of the CCG lead for IFR.

Preparation of agendas and all funding request papers, recording of the outcomes of the meeting/funding decisions, taking any actions arising and ensuring letters are sent to the requesting clinician and patient within agreed timescales is the responsibility of the Greater Manchester Health and Care Commissioning (GMHCC) EUR team on behalf of the CCG.

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

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

Papers will be sent to members secure email addresses by email. A Blueteq Link will be provided within the email.

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 GMHCC 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 GMHCC 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.