

## **INDIVIDUAL FUNDING REQUEST (IFR) PANEL TERMS OF REFERENCE**

### **1 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.

### **2 MEMBERSHIP**

- General Practitioner Representative.
- Mental Health Representative
- Children's Services Representative
- Medicines Management Representative.
- Public Health Representative.
- Lay Public Member Representative (from the Public Reference & Advisory Panel).
- Finance Representative (as required).
- A Senior Commissioner from the CCG
- A Senior Nurse from the CCG

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

### **3 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.

#### **4 QUORACY AND VIRTUAL PANELS**

At least 3 members of the panel should be present. Of these, one must be medically qualified and another must be clinically qualified.

Where no medically or clinically qualified individual is able to attend a specific panel meeting, it will not be acceptable for the purposes of achieving quoracy for such an individual's written comments regarding the funding requests being considered to be made available during that panel meeting, as this will not allow for an appropriately robust discussion to take place.

It is anticipated that, in normal circumstances, the panel will meet face to face. It may be appropriate to hold a virtual panel in the following circumstances:

- Where there are a low number of cases for consideration (2 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 a virtual panel whereby discussions take place by telephone and/or by email (as the nature of the discussions require).

Any virtual panel will be required to ensure that auditable standards of documentation supporting the discussions, decision and reasons for that decision are maintained.

A virtual panel will be quorate where at least 3 members of the panel have participated fully in the discussions and decision. Of these, one must be medically qualified and another must be clinically qualified.

#### **4 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.

#### **5 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 .

#### **6 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.

#### **7 REVIEW**

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



## **NHS TRAFFORD CCG PROCESS REVIEW PANEL TERMS OF REFERENCE**

### **1 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.

### **2 MEMBERSHIP**

The chair of the CCG process review panel will be the Chief Operating Officer

- The CCG Chief Operating Officer.
- General Practitioner member of the CCG Governing Body (not currently a member of the IFR panel).
- A representative of the CCG Governing Body (in addition to the GP Representative).
- Lay Public Member Representative from the CCG Governing Body.

- Public Health Consultant

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.

A member of the Individual Funding Panel will attend The Process Review Panel (in a non-voting capacity) to answer any questions that the appellant or the members of the process review panel may have.

### **3 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.

### **4 QUORACY**

All members of the panel must be present.

### **5 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.

### **6 CONFIDENTIALITY**

All appeals will be 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.

## **7 REVIEW**

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