

Item Number: 11

Name of Presenter: Michelle Carrington

Meeting of the Governing Body

2 April 2015



Vale of York

Clinical Commissioning Group

Individual Funding Request Policy and Procedure

Purpose of Report

For Approval

1. Rationale

In line with CCG statutory responsibilities to commission care and other treatments for the population it serves, the CCG needs to manage availability of care and treatments by prioritising between competing demands. The CCG will, therefore, be unable to use scarce resources on health care interventions that are not considered to be clinically effective or cost effective in meeting the health needs of patients. The purpose of the Individual Funding Request (IFR) policy is to:

- Explain the difficult choices faced by the CCG and how the CCG has made the decision to prioritise resources to ensure the best health outcomes for the population it serves
- Set the decision making process within an ethical context and to demonstrate a clear process for decision making
- Inform health professionals about the policy in operation and how to request restricted treatments or appeal against individual decisions to decline a request for a restricted treatment
- Ensure decisions are made in a fair, open, transparent and consistent manner
- Provide a firm and robust background against which appeals can be judged
- Demonstrate a clear process for decision making
- Demonstrate that CCG decisions not to commission or to restrict access to certain health care interventions are lawful and taken in line with government directions

2. Strategic Initiative

- | | |
|---|---|
| <input type="checkbox"/> Integration of care | <input checked="" type="checkbox"/> Planned care |
| <input checked="" type="checkbox"/> Person centred care | <input type="checkbox"/> Transforming MH and LD services |
| <input type="checkbox"/> Primary care reform | <input type="checkbox"/> Children and maternity |
| <input type="checkbox"/> Urgent care reform | <input type="checkbox"/> Cancer, palliative care and end of life care |
| | <input type="checkbox"/> System resilience |

3. Actions / Recommendations

To present the Individual Funding Request Policy and request approval

4. Engagement with groups or committees

Clinical Research and Effectiveness Committee
Quality and Finance Committee

5. Significant issues for consideration

In April 2013 the CCG took over the commissioning responsibility of healthcare services in North Yorkshire. The IFR function is provided by Yorkshire and Humber Commissioning Support under SLA. Since the inception of the CCG the IFR Team have been working to principles outlined in the NHS North Yorkshire and York Medicines & Technologies Commissioning Policy, (including Individual Funding Requests) Policy. It is appropriate that this policy is reviewed to ensure that it reflects the aspirations of NHS Vale of York CCG and that the principles in the policy are understood and affordable within current financial budgets.

A list of amendments to the policy is detailed in the policy and summarised on the next page, however, due to challenge regarding quorum of the IFR panel for other CCGs; a key amendment to the policy is in respect the requirement to have a member of the Commissioner in attendance at each panel. This has been removed from the Vale of York CCG Policy.

6. Implementation

Publish policy on CCG website and CCG intranet.

Communicate revised policy to practices and other stakeholders through inclusion in newsletters and other media.

Liaison with Yorkshire and Humber CS IFR Panel Team.

Brief CCG staff.

7. Monitoring

Monitoring of outcomes of submissions to IFR Panel.

8. Responsible Chief Officer and Title

Michelle Carrington, Chief Nurse

9. Report Author and Title

Pennie Furneaux, Policy and Assurance Manager

10. Annexes

IFR Policy Document is provided for Governing Body members and available at

<http://www.valeofyorkccg.nhs.uk/about-us/governing-body-meetings/>

LIST OF KEY POLICY AMENDMENTS

The Policy has been developed to accommodate the changes in commissioning responsibility and differ in the following ways:

1. The document is for Individual Funding Requests process only and no longer covers the detail of the process for development of commissioning policies.

The Clinical Exceptionality statement has changed as follows:

- *The patient is significantly different from the general population of patients with the condition in question*

AND

- *The patient is likely to gain significantly more benefit from the intervention than might normally be expected for patients with that condition*

2. The Panel membership has been amended and the level of which the Panel is quorate has also changed.
3. Chair of the Panel is now CU IFR Service Senior Manager of delegate, not Assistant Director of Strategy
4. Relevant Legal requirements and Acts are included i.e. Bribery Act and Sustainability, Equality Impact Assessment
5. Process for Appeals have been amended to reflect changes in commissioning responsibility i.e. the appeal Panel is Chaired by a Senior CCG Representative (Chair)
6. Panel meets bi-monthly as opposed to weekly.