

<b>Corporate</b>	<b>ICBP050 Individual Funding Request (IFR) Policy</b>
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<b>Prepared By:</b>	IFR Team, NECS
<b>Consultation Process:</b>	Subject Experts
<b>Formally Approved:</b>	December 2022
<b>Approved By:</b>	Executive Committee

## EQUALITY IMPACT ASSESSMENT

<b>Date</b>	<b>Issues</b>
01/12/2022	None identified

## POLICY VALIDITY STATEMENT

Policy users should ensure that they are consulting the currently valid version of the documentation. The policy will remain valid, including during its period of review. However, the policy must be reviewed at least once in every 3-year period.

## ACCESSIBLE INFORMATION STANDARDS

If you require this document in an alternative format, such as easy read, large text, braille or an alternative language please contact [necsu.comms@nhs.net](mailto:necsu.comms@nhs.net)

## Version Control

Version	Release Date	Author	Update comments
1	December 2022	IFR Team, NECS	Review and update of previous CCG Policy

## Approval

Role	Name	Date
Approver	Executive Committee	December 2022

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## 1. Equality and Health Inequalities statement

Promoting equality and addressing health inequalities are at the heart of the NENC ICB' values. Throughout the development of this policy statement, North East and North Cumbria ICB have:

- Given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- Given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

## 2. Introduction and Overview

The NENC ICB have a statutory responsibility for commissioning services for the patients for whom they are responsible for in accordance with the Health & Social Care Act 2012. As part of these duties, there is a need to commission services which are evidence based, cost effective, improve health outcomes, reduce health inequalities and represent value for money.

Whilst the majority of service provision is commissioned through established service agreements with providers, there are occasions when services are excluded or not routinely available within the NHS.

The NHS Evidence Based Interventions programme identifies the difference between groups of procedures which are not routinely commissioned as:

- a. Category 1  
Treatments with no or very limited evidence for effectiveness.  
Not routinely funded unless the patient is considered clinically exceptional following a successful Individual Funding Request (IFR)
- b. Category 2  
Treatments that are more effective in groups of patients that meet clinical criteria where the health benefit is greater than the risks.  
Funded when the patient meets specified clinical criteria (Prior Approval), but not otherwise funded unless a patient is considered clinically exceptional following a successful IFR.

The NENC ICB Value Based Clinical Commissioning Policy identifies a set of procedures as Category 1 (not funded) or Category 2 (funded in limited circumstances).

An Individual Funding Request (IFR) is a request received by the ICB from a clinician providing care to a patient in one of the following circumstances:

- a specific treatment, intervention or procedure is requested that is not commissioned and not covered by existing policy; *or*
- a Category 1 treatment, intervention or procedure is requested that is specifically not commissioned under current policy ; *or*
- the patient does not meet the clinical criteria for a Category 2 commissioned service
- *and*, their clinician believes they can demonstrate clinical exceptionality in accordance with the definition.

Exceptionality is defined as:

*‘The patient or their circumstances are significantly different from the general population of patients with the condition in question and then the patient is likely to gain significantly more benefit from the intervention than might normally be expected for patients with that condition.’*

The IFR process therefore provides a mechanism to allow drugs/treatments that are not routinely commissioned by the ICB to be considered for individuals in exceptional circumstances. It also enables officers of the ICB to exercise their responsibilities properly and transparently in relation to IFRs. Implementing the policy ensures that commissioning decisions in relation to IFRs are consistent and not taken in an ad-hoc manner without due regard to equitable access and good governance arrangements. Decisions are based on best evidence but made within the funding allocation of each ICB.

### **3. Scope**

This policy applies to all Individual Funding Requests (IFRs) for people registered with General Practitioners in NENC ICB, where they are the responsible commissioner for this treatment or service. This policy does not apply where NENC ICB are not the responsible commissioner, e.g. specialised commissioning, NHS England (NHSE).

Personal Health Budgets (PHB), Continuing Healthcare (CHC) for adults, and Children’s Continuing Care (CCC) fall outside of the IFR process and as such, are not covered within this policy. Applications for PHB, CHC and CCC should not be submitted via the IFR process.

### **4. Definitions, Roles and Responsibilities**

A glossary to this policy can be found on page 15. It provides definitions of terms used within the policy and defines roles and responsibilities of key individuals and groups in delivery of the policy, both within the ICB and NECS.

## 5. Submission of Funding Requests

Requests for funding must be submitted by a clinician. All funding requests must be submitted via the ICBs web-based system: <https://checkplus.nhs.uk/> which requires a N3 connection to access. Any funding request received outside of the web-based system (including any requests directly made by patients) will not be accepted.

The IFR process only considers clinical information and it is the referring clinician's responsibility to ensure that all relevant clinical information has been included in the funding request. This could include, but is not limited to, copies of letters from secondary care consultants, details of the anticipated costs and length of treatment or copies of reports (e.g. physiotherapy assessments). The funding decision will only be made on the information which is submitted as part of the request.

## 6. Making Decisions on Clinical Exceptionality

The ICB has identified via its Scheme of Reservation and Delegation individuals given authority to act as Decision Maker (DM) for Individual Funding Requests made to the ICB. Appointed decision makers may make decisions not solely reserved to the IFR Panels. These individuals will generally be senior clinicians working for the ICB (approved by the Executive Medical Director), and will follow this Policy, the Value Based Clinical Commissioning Policy (VBCCP) and related procedures in making individualised decisions about whether a patient's circumstances are exceptional enough to qualify for individual funding under the rules of the Policies.

The DMs will be supported in this task by an administrative team (NECS IFR Administration Team), by the availability of expert advice when required, and by a Panel of peers (an IFR Panel) when required.

Taking into account the two-step definition of exceptionality above, DMs / IFR Panels apply a two-step process to making decisions about exceptionality. They first decide whether "*the patient or their circumstances are significantly different from the general population of patients with the condition in question*" **and then** whether "*the patient is likely to gain significantly more benefit from the intervention than might normally be expected for patients with that condition.*"

The answer to both questions must be a "yes" in order for clinical exceptionality to be established.

There can be no exhaustive description of the situations which are likely to come within the definition of exceptional clinical circumstances (as defined above). The onus is on the referring clinician to set out the grounds for the patient's clinical exceptionality clearly in the funding request.

## **7.1 Step One – Significant Difference from the General Population**

'Exceptional' in IFR terms means a person to whom the general rule should not apply. To justify funding for treatment for a patient which is not available to other patients, and is not part of the established care pathway, the ICB Decision Makers and/or IFR Panel need to be satisfied that the referring clinician has demonstrated that this patient's individual clinical circumstances are clearly different to those of other patients, and that because of this difference, the general policies should not be applied. Simply put, the consideration is whether it is fair to fund this patient's treatment when the treatment is not available to others. It should be stressed that an IFR is not a route to "have another look" at the general rule, or to protest that the general rule is ungenerous.

### **7.1.1 Clinical exceptionality: severity / failure to respond to standard care**

Where a patient has failed to respond to, or is unable to be provided with, all treatment options available for a particular condition (either because of a co-morbidity or because the patient cannot tolerate the side effects of the usual treatment) is unlikely, on its own, to be sufficient to demonstrate exceptional clinical circumstances. These considerations are likely to have been taken into account in formulating the general policy.

The severity of a patient's condition does not in itself usually indicate exceptionality.

Intolerance or contraindication of a treatment does not in itself, usually indicate exceptionality.

### **7.1.2 Clinical exceptionality: multiple grounds**

There may be cases where clinicians seek to rely on multiple factors to show that their case is clinically exceptional.

If it is determined that none of the individual factors on their own mean that the patient's clinical circumstances are considered exceptional, the combined effect of those factors as a whole will be considered and this may result in the case being deemed to be exceptional.

### **7.1.3 Clinical Exceptionality: non clinical, psychological and social factors**

The IFR process only considers clinical information. Although initially it may seem reasonable to fund treatment based on reasons grounded in a moral or compassionate view of the case or because of the individual's situation, background, ambition in life, occupation or family circumstances, these reasons bring into play a judgement of 'worthiness' for treatment. As a central principle, the NHS does not make judgements about the worth of different individuals and seeks to treat everyone fairly and equitably. Consideration of these non-clinical factors would introduce this concept of 'worth' into clinical decision making. It is a core value that NHS care is available - or unavailable - equally to all. Therefore Non-clinical, psychological and social factors have to be disregarded in order for the DM / IFR Panel, to be confident of dealing in a fair manner in all cases. If these factors were to be included in the decision-making process, the ICB would not know whether they are being fair to

other patients who cannot access such treatment and whose non-clinical, psychological and social factors would be the same or similar.

Consideration of social factors would also be contrary to the policy of non-discrimination in the provision of medical treatment. If, for example, treatment were to be provided on the grounds that this would enable an individual to stay in paid work, this would potentially discriminate in favour of those working compared to those not working. These are value judgements which the DMs / IFR Panels should not make.

Clinicians are asked to bear this Policy in mind and not to refer to psychological, social or non-clinical factors to seek to support the application for individual funding. In order to avoid prejudice within the IFR process, such material will be disregarded if submitted in support of applications.

#### **7.1.4 Pain**

Evidence of pain should include documented assessments and/ or patient history, including:

- A description of the pain and which daily activities are no longer achievable;
- Prescribing history;
- Recorded sickness/ absence due to pain/ functional impairment;
- Evidence from functional tests/ investigations, such as gait analysis, physiotherapy/ OT assessment;
- History of the pain/ impairment and the response to/ impact/ effect of conventional therapies available.

Significant functional impairment is defined as:

- Symptoms that result in a physical/ functional inability to sustain employment/ education despite reasonable occupational adjustment, or act as a barrier to employment or undertaking educational responsibilities;
- Symptoms preventing the patient carrying out routine domestic or carer activities;
- Symptoms preventing the patient carrying out self-care or maintaining independent living.

#### **7.1.5 Photographs**

Photographs are not to be submitted for use in the consideration of exceptionality. Cosmetic appearance is not taken into account when judging exceptionality. A detailed description of any functional impairment is much more important. Any photographs received will be returned to the sender upon receipt and an incident will be logged on the Safeguard Incident and Risk Management System (SIRMS) by the IFR Administration Team.



## **7.2 Step Two – Significantly more benefit from an intervention than the general population**

The applying clinician should include within the body of the application evidence for superior clinical effectiveness of the proposed intervention for the individual concerned.

Clinical effectiveness is a measure of the extent to which a treatment achieves pre-defined clinical outcomes in a specific group of patients.

Clinical evidence that considers the efficacy of a particular treatment will be carefully considered by the DM / IFR Panel. It is the sole responsibility of the referring clinician to provide this information and the IFR service will not be responsible for undertaking any evidence searches. It is important that the referring clinician makes explicit linkages between the grounds under which exceptionality is claimed and the sections of the submitted research literature that are considered to support the clinician's view regarding the differences between the patient's clinical position and that of other patients in the group, and regarding the patient's anticipated response to the requested treatment.

When considering clinical effectiveness, the DM / IFR Panel will consider:

- How closely the patient matches the patient population from whom the results are derived in any study submitted by the clinician
- The likelihood that the patient will achieve the anticipated outcomes from treatment, based on the evidence supplied
- The impact of existing co-morbidities on both the claim for exceptionality and treatment outcome
- Any complications and adverse events of the treatment including toxicity and rates of relapse. The DM / Panel will take account of side effects when considering the benefits from the treatment
- The likely impact of the treatment on quality of life using information as available
- Reported treatment outcomes and their durability over the short, medium and longer term, as relevant to the nature of the condition. The requesting clinician must demonstrate why they consider that the proposed treatment will be effective for the whole period for which it will be given.

### **7.2.1 Experimental Treatment**

It is not generally the role of the IFR process to fund experimental treatment. Robust trials are needed for new treatments, and experimental treatment should generally be given only as part of a research trial with appropriate clinical governance arrangements. Separate mechanisms exist for ICBs to be engaged in funding for such treatments during and after appropriate trials. These are not covered by this policy.

## **8. IFR Decision Making Timescales**

Requests will be reviewed on a daily basis by the IFR Administration Team. Any requests requiring further information will be made to the referring clinician within 5 working days of receipt of the original request.

As soon as all of the relevant information has been made available and the request is deemed complete, the IFR Administration Team will review the request, against any protocols/criteria available and seek any relevant advice from specialist advisors if needed.

Following this review, the IFR Administration Team will send the request via the web-based system to the ICB DM who may:

- either approve or decline the request based on the evidence available; or
- determine that the request be sent to the next IFR Panel for peer discussion.

The IFR Administration Team will send requests to the relevant ICB DM via the web-based system on a daily basis and will also request further information from specialist advisors (e.g. Commissioning/Public Health/Medicines Optimisation) when required. Requests will be sent to the DM containing all information submitted including patient identifiable information (PID) but it is important to note that as a result of this, printing of requests is discouraged.

It is expected that DMs will review cases sent to them for a decision in a timely manner (5 working days) and review the system each day where possible. However it is expected that they will log into the system and consider all requests outstanding every week. This will enable a response to be provided for standard requests in a timely manner. It is expected that when specialist advisors have been asked to review a case or provide input, they will do so in a timely manner and usually within 5 working days of receipt of the request.

Following the review by the DM cases are either approved/declined or sent to an IFR Panel. If cases are approved or declined by the DM (not within the IFR Panel) a decision outcome letter will be generated by the IFR Administration Team including a rationale for the decision where funding has been declined and sent to the referring clinician via the web-based system within 5 working days of the decision being made.

IFR Panel case decisions will only be communicated to the referring clinician once the IFR Panel minutes have been ratified following the IFR Panel - this is within 10 working days.

## **9. IFR Panels**

Two IFR Panels are convened to cover the NENC ICB geography. These are the North Panel (covering the North and North Cumbria areas of the ICB) and the South Panel (covering the Central and South areas of the ICB). Each Panel will consider cases referred for peer discussion by DMs operating within that area. Each Panel may also act as an Appeal Panel for cases referred from the neighbouring Panel.

Membership of the relevant Panel is made up of the Clinical Decision Makers (DMs) working in that area and each Panel will be independently chaired. Further Panel members are permitted at the discretion of the ICB but must be reflected in the Terms of Reference of the Panel.

At the Panel, DMs will outline their cases and a peer review of each case is undertaken. For each case, a decision will be made by the Panel as to whether the case for Clinical Exceptionality is accepted (and therefore recommended for funding) or declined. Panels will generally be expected to reach consensus decisions on these matters, but in exceptional cases a vote of Panel members may be required in order to make a decision. The Chair of the meeting is independent and non-voting, therefore in the event consensus cannot be reached the DM not present will be asked to vote out with of the meeting.

Each IFR Panel is a sub-committee of the ICB Executive Committee and is decision making in line with the Scheme of Reservation and Delegation as detailed within the Terms of Reference.

Administrative support will be provided to the Panels by the IFR Administration Team and the minutes of the meetings presented to the ICB Executive Committee. Additional support for the Panels is provided in areas of Medicines Optimisation, Commissioning and Population Health through access to specialist advisers as required.

The IFR Service Senior Manager holds overall responsibility for making any arrangements necessary to ensure effective operation of the IFR Panels, including the training requirements of all Panel members (including all specialist advisors, independent IFR Panel Chair and administration staff). The service is provided by NECS under a service level agreement.

The Terms of Reference of the IFR Panels are agreed and kept under review by the ICB Executive Committee. They describe the governance arrangements for the Panels.

## **10. Urgent Requests**

From time to time, the clinical circumstances of an Individual Funding Request may mean that delaying a decision until the next scheduled meeting of the Panel is likely to have a significant detrimental effect on the patients' health and well-being (threat of death or serious disability) or adversely affect eligibility for that treatment. In these circumstances the request will be deemed as urgent. The referring clinician must mark the request as 'urgent' via the web-based system. Urgent requests will be considered in line with the NHS Standard Contract (SC29.27).

Urgent case information will be communicated to an appropriate DM via NHS net in line with the agreed process and a decision will be made by the DM within 2 working days of receipt. This decision could be approved, declined or could be referred to the next IFR Panel (if scheduled within the 5 working day timescale) or via a virtual IFR Panel.

A flow-chart detailing the procedure for urgent requests is provided in within the IFR SOP.

## 11. Reconsideration Requests

Where a funding request is declined by the ICB, the requesting clinician has the right to request reconsideration but only on the presentation of **new clinically significant** information and/or evidence.

Such requests should be submitted by the referring clinician via the web-based system within three months of the original funding decision.

The request can either be from the referring clinician who made the initial request or an alternative referring clinician who is involved in the patient's case for the condition/treatment in question.

Upon receipt of an application for a reconsideration request, the IFR Administration Team will screen the original application, the notes of the original decision, all correspondence, any new information and the reconsideration request. The application will then be shared with the DM for consideration. The DM then can decide whether to make a decision on the case or refer back to the IFR Panel for Panel review.

If a reconsideration request is received outside of this three-month period, it will be classed as a new request and the referrer will be asked to submit the application as a new request. However, unless a relevant funding policy has changed between the original decision and the reconsideration request, new information must be submitted for it to be presented again. If no new information is presented, the request will be returned to the referring clinician by the IFR Administration Team advising them of this.

A flow-chart detailing the procedure followed in assessing a reconsideration request is provided in within the IFR SOP.

## 12. Appeals

An appeal will only be instigated where there are grounds for an appeal i.e. where there is evidence that the IFR Administration Team/DM/Panel may not have acted in accordance with the agreed IFR process, for example, not considered the relevant evidence, material factors or inappropriately applied the criteria (where applicable) in reaching this decision. In this case, the request will be considered as an appeal and referred to the neighbouring IFR Panel in the ICB for consideration. A DM from the original IFR Panel must make themselves available to attend the Appeal Panel to present the case and the associated process followed. The DM will then be asked to leave the Panel meeting to enable Appeal Panel Members to make a decision.

The Appeal Panel will assess the case against the agreed IFR process, assess if the original decision considered the relevant evidence, considered material factors only and appropriately applied the criteria in making the decision. The Appeal Panel will decide to either overturn the original decision and support the request or uphold the original decision and reject the request.

Once a case has been presented as an appeal and discussed at an Appeal Panel, the outcome will be final and no further appeal requests can be made. The IFR

Administration Team will produce a decision letter and will send this to the Chair of the Appeal Panel for approval. Where the outcome of the Appeal Panel overturns the original decision, the decision letter is to be sent to the Executive Medical Director with an explanation of reason for the decision, description of deviation from process and recommendation letter to the referring clinician for approval.

Once approval is received the IFR Administration Team will then send this to the referring clinician who requested the appeal.

Applicants not satisfied with the Individual Funding Requests Panel **process** have the right to make a complaint in line with NHS national complaints regulations. This complaint should be submitted in writing to the NECS complaints team. Concerns regarding the **outcome** of the Panel will not be dealt with through the NHS complaints procedures. The complaints process does not have the right to challenge or overturn an IFR decision.

A flow-chart detailing the procedure followed in assessing an appeal request is provided in within the IFR SOP.

### **13. Data Collection / Sharing and Conflicts of Interest**

Personal Identifiable Data (PID) is needed to allow the IFR Administration Team to effectively administer the IFR process. Appropriate agreements and safeguards have been developed to ensure legal processing of data and to seek consent of patients for the use of their data (see appendix 1).

As DMs and their supporting admin teams are often members of the communities for whom they are responsible for making decisions, conflict of interest may arise where an applicant is a patient, an employee or a friend / relative of a DM or administrator. The IFR Administration Team will screen out patients at the practice at which a DM works as a GP and divert these requests to an alternative DM. However, they cannot intercept all possible conflicts of interest. It is essential therefore those identifiable details are shared with the DMs, and that the DMs and Administrators conduct themselves with the highest standards of probity in declaring any conflicts of interest that arise. DMs must refer decisions pertaining to patients / employees / friends / relatives etc. to an alternative DM. Administrators must similarly pass cases in which they have a conflict of interest to an alternative colleague to manage.

Where a Conflict of Interest arises at the IFR Panel for a DM, the conflicted DM is required to leave the meeting when discussion and decision making about that case is taking place. Any declared Conflicts of Interest are noted within the Panel minutes.

Aggregate anonymised data may be collected by the team for purposes of effective administration of the system, quality improvement, and development of commissioning policy.

#### **14. IFR – Value Based Clinical Commissioning Policy (VBCCP) Interface**

Sometimes an IFR presents a clinical case which needs a substantial piece of work before the ICB can reach a conclusion upon a commissioning position. This may require policy development and wider consultation. Therefore where required the IFR Administration Team if advised by the DM are able to refer such cases to the VBCCP Steering Group / Northern Treatment Advisory Group (NTAG) for consideration for inclusion in the VBCCP Policy.

#### **15. Monitoring and Reporting of the IFR Process**

An IFR annual report will be provided to the ICB Executive Committee.

## Glossary

Below are a list of definitions, roles and responsibilities used within the IFR service:

<b>IFR System</b>	The web-based system used by NENC ICB for the submission and processing of IFRs. <a href="https://checkplus.nhs.uk/">https://checkplus.nhs.uk/</a>
<b>IFR Administration Team (NECS)</b>	Provides administrative support for all IFR cases received, monitoring all applications, coordinating responses within the set time frames and communicating with referring clinicians regarding process and decisions. The IFR Administration Team coordinate and prepare cases for the IFR Panels, circulate the papers, draft the minutes and maintain the action log.
<b>IFR Service Lead (NECS)</b>	Overall responsibility for the IFR Administration Team service and its performance. Providing strategic leadership to the service/team within NECS.
<b>IFR Service Senior Manager (NECS)</b>	Responsible for managing the IFR Team and all of its processes; provide guidance and leadership to support the IFR Administration Team and Panels.
<b>Referring Clinician</b>	The clinician making the request for the treatment/procedure in question on behalf of the patient. This is usually the patient's GP or the secondary care clinician proposing to undertake the said treatment/procedure.
<b>Provider</b>	The healthcare service provider which will or is proposing to undertake the said treatment/procedure.
<b>Clinical Decision Maker (DM)</b>	A GP within the ICB (as approved by Executive Medical Director) with delegated authority to make decisions on behalf of their ICB in relation to IFR applications. Decisions can be made by the Decision Maker in isolation or can be referred to the IFR Panel for consideration.
<b>IFR Panel</b>	The IFR Panel has delegated authority from the ICB to make decisions in respect of any cases referred by the Decision Makers.
<b>NENC ICB</b>	North East and North Cumbria Integrated Care Board (ICB)
<b>Value Based Clinical Commissioning Policy (VBCCP)</b>	Documents which outline treatments / interventions / procedures not normally provided by the NHS and a set of criteria that must be met in order for some treatments / interventions / procedures to be provided.
<b>Eligibility</b>	The patient's circumstances meet the defined protocols and/or criteria for the

	treatment/intervention/procedure at the time of application against the protocol/criteria in place at the time of the request.
<b>Standard Request</b>	A standard funding request is a request for a non-urgent clinical intervention for which a decision can be provided, usually within 40 working days of receipt of the request, where all relevant information required is available.
<b>Urgent Request</b>	In the case of urgent clinical need or a risk to patient safety the DM is able to make a timely decision to avoid inappropriate delay. Retrospective approval will be sought at the next available IFR Panel. Further detail can be found in the SOP.
<b>Pre-screening</b>	Once an IFR has been submitted, the IFR Administration Team will review and pre-screen the detail of the request and assess whether the application is deemed appropriate for IFR and complete
<b>VBC Checker</b>	This is a web-based system to use to determine if a patient meets the relevant clinical criteria. If they do meet the criteria prior approval is granted. If they do not meet the criteria the IFR Process should be followed.
<b>Medicines Optimisation</b>	The Decision Makers and IFR Panel have timely access to specialist support from the NECS Medicines Optimisation team in relation to any drug-related funding requests.
<b>Population Health Advisors (Specialist Public Health Support)</b>	The Decision Makers and IFR Panel have timely access to Population Health Advisors (specialist public health) advice on the review of evidence and policy. This is provided to the ICB by the Local Authorities of the region under arrangements made between the ICB and the regional Directors of Public Health (DsPH).
<b>Commissioning Support</b>	The Decision Makers and IFR Panel have timely access to specialist support from the NECS Provider Management/ICB colleagues (including Mental Health/Learning Disabilities), Commissioning Delivery Teams in relation to any contracting and commissioning queries.
<b>Reconsideration</b>	Where an application for funding has been declined, the referring clinician has the opportunity to present new clinical information in support of the application being reconsidered.
<b>Appeal</b>	Where the referring clinician feels that due process in considering the IFR application has not been followed, a procedural appeal can be requested.



## Appendix 1: Relevant IG agreement(s) & Clinical Safety Standards

All Data Processing Agreements can be found in Appendix F within the ICB Service Level Agreement (SLA) with NECS for commissioning support services.

The ICB has signed and retained the SLA variation sent to them by NECS to update Appendix F for GDPR in 2018, within which the Data Processing Protocol (Annex 2) specifically includes Individual Funding Request services.

NHS Digital (NHSD) Information Standards define the requirements to which the NHS and those with whom it commissions services and its IT System Suppliers must conform. As an organisation which manufactures and deploys health IT systems, NECS must put in place the mechanisms necessary to establish and maintain compliance with these relevant Clinical Safety Standards, namely DCB0129 (manufacture) and DCB0160 (implementation). When any change to the IFR system is required, to meet the national standards we follow NECS clinical safety assurance process and discuss any potential changes with the Clinical Safety Officer to define whether they are in scope and if further action is required.

## Appendix 2 – Equality Impact Assessment

### Equality Impact Assessment Initial Screening Assessment (STEP 1)

As a public body organisation we need to ensure that all our current and proposed strategies, policies, services and functions, have given proper consideration to equality, diversity and inclusion, do not aid barriers to access or generate discrimination against any protected groups under the Equality Act 2010 (Age, Disability, Gender Reassignment, Pregnancy and Maternity, Race, Religion/Belief, Sex, Sexual Orientation, Marriage and Civil Partnership).

This screening determines relevance for all new and revised strategies, policies, projects, service reviews and functions.

Completed at the earliest opportunity it will help to determine:

- The relevance of proposals and decisions to equality, diversity, cohesion and integration.
- Whether or not equality and diversity is being/has already been considered for due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED).
- Whether or not it is necessary to carry out a full Equality Impact Assessment.

#### Name(s) and role(s) of person completing this assessment:

**Name:** Kate Sutherland  
**Job Title:** Head of Corporate Services  
**Organisation:** NENC ICB

**Title of the service/project or policy:** Individual Funding Requests (IFR) Policy

#### Is this a;

**Strategy / Policy**       **Service Review**       **Project**   
**Other Not Applicable**

#### What are the aim(s) and objectives of the service, project or policy:

The NENC ICB have a statutory responsibility for commissioning services for the patients for whom they are responsible for in accordance with the Health & Social Care Act 2012. As part of these duties, there is a need to commission services which are evidence based, cost effective, improve health outcomes, reduce health inequalities and represent value for money. This policy details the process for handling Individual Funding Requests.

#### Who will the project/service /policy / decision impact?

(Consider the actual and potential impact)

- **Staff**
- **Service User / Patients**
- **Other Public Sector Organisations**
- **Voluntary / Community groups / Trade Unions**
- **Others, please specify** [Click here to enter text.](#)

Questions	Yes	No
Could there be an existing or potential negative impact on any of the protected characteristic groups?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has there been or likely to be any staff/patient/public concerns?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect how our services, commissioning or procurement activities are organised, provided, located and by whom?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Could this piece of work affect the workforce or employment practices?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the piece of work involve or have a negative impact on: <ul style="list-style-type: none"> <li>Eliminating unlawful discrimination, victimisation and harassment</li> <li>Advancing quality of opportunity</li> <li>Fostering good relations between protected and non-protected groups in either the workforce or community</li> </ul>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**If you have answered no to the above and conclude that there will not be a detrimental impact on any equality group caused by the proposed policy/project/service change, please state how you have reached that conclusion below:**

The IFR policy is about the processing of request, the criteria regarding eligibility sits within the VBCCP.

**If you have answered yes to any of the above, please now complete the 'STEP 2 Equality Impact Assessment' document**

Accessible Information Standard	Yes	No
Please acknowledge you have considered the requirements of the Accessible Information Standard when communicating with staff and patients.  <a href="https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf">https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf</a>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Please provide the following caveat at the start of any written documentation:  <b>“If you require this document in an alternative format such as easy read, large text, braille or an alternative language please contact (ENTER CONTACT DETAILS HERE)”</b>		
<b>If any of the above have not been implemented, please state the reason:</b>  Click here to enter text.		

## **Governance, ownership and approval**

Please state here who has approved the actions and outcomes of the screening

<b>Name</b>	<b>Job title</b>	<b>Date</b>
Dr Neil O'Brien	Executive Medical Director	December 2022

### **Publishing**

This screening document will act as evidence that due regard to the Equality Act 2010 and the Public Sector Equality Duty (PSED) has been given.

If you are not completing 'STEP 2 - Equality Impact Assessment' this screening document will need to be approved and published alongside your documentation.

**Please send a copy of this screening documentation to:  
NECSU.Equality@nhs.net for audit purposes.**

## Equality Impact Assessment: Policy – Strategy – Guidance (STEP 2)

This EIA should be undertaken at the start of development of a new project, proposed service review, policy or process guidance to assess likely impacts and provide further insight to reduce potential barriers/discrimination. The scope/document content should be adjusted as required due to findings of this assessment.

This assessment should then be updated throughout the course of development and continuously updated as the piece of work progresses.

Once the project, service review, or policy has been approved and implemented, it should be monitored regularly to ensure the intended outcomes are achieved.

This EIA will help you deliver excellent services that are accessible and meet the needs of staff, patients and service users.

**This document is to be completed following the STEP 1 – Initial Screening Assessment**

### STEP 2 EVIDENCE GATHERING

**Name(s) and role(s) of person completing this assessment:**

**Name:** Kate Sutherland  
**Job Title:** Head of Corporate Services  
**Organisation:** NENC ICB

**Title of the service/project or policy:** IFR Policy

**Existing**  **New / Proposed**  **Changed**

**What are the intended outcomes of this policy/ service / process? (Include outline of objectives and aims;**

As outlined in screening document

**Who will the project/service /policy / decision impact?**

(Consider the actual and potential impact)

- **Consultants**
- **Nurses**
- **Doctors**
- **Staff**
- **Service User / Patients**
- **Others, please specify** [Click here to enter text.](#)

Current Evidence / Information held	Outline what current data / information is held about the users of the service / patients / staff / policy / guidance? Why are the changes being made?
(Census Data, Local Health Profile data, Demographic reports, workforce reports, staff metrics, patient/service users/data, national reports, guidance ,legislation changes, surveys, complaints, consultations/patient/staff feedback, other)	Data held by NECS IFR Team regarding requests processed, complaints data

### STEP 3: FULL EQUALITY IMPACT ASSESSMENT

**PLEASE NOTE THE INFORMATION OUTLINED IN THE TEXT BOXES LISTS PROMPTS FOR GUIDANCE PURPOSES. PLEASE INPUT INFORMATION OR DELETE AS APPROPRIATE.**

<p><b>The Equality Act 2010 covers nine ‘protected characteristics’ on the grounds upon which discrimination and barriers to access is unlawful.</b> Outline what impact (or potential impact) the new policy/strategy/guidance will have on the following protected groups:</p>
<p><b>Age</b> <i>A person belonging to a particular age</i></p>
<p>Neutral</p>

<p><b>Disability</b> <i>A person who has a physical or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities</i></p>
<p>Neutral</p>
<p><b>Gender reassignment (including transgender) and Gender Identity</b></p>
<p>Neutral</p>
<p><b>Marriage and civil partnership</b></p>
<p>Neutral</p>
<p><b>Pregnancy and maternity</b></p>
<p>Neutral</p>

<b>Race</b>
Neutral
<b>Religion or Belief</b>
Neutral
<b>Sex/Gender</b>
Neutral
<b>Sexual orientation</b>
Neutral
<b>Carers</b>
Neutral

## Other identified groups relating to Health Inequalities

Neutral

## STEP 4: ENGAGEMENT AND INVOLVEMENT

Have you engaged stakeholders in testing the policy/guidance or process proposals including the impact on protected characteristics?

### Guidance Notes

- List the stakeholders engaged
- What was their feedback?
- List changes/improvements made as a result of their feedback
- List the mitigations provided following engagement for potential or actual impacts identified in the impact assessment.

Not applicable

If no engagement has taken place, please state why:

Not applicable

## STEP 5: METHODS OF COMMUNICATION

What methods of communication do you plan to use to inform service users/staff about the policy/strategy/guidance?

- Verbal – meetings       Verbal - Telephone  
 Written – Letter       Written – Leaflets/guidance booklets  
 Written - Email       Internet/website       Intranet page  
 Other

If other please state: [Click here to enter text.](#)

## Step 6 – Accessible Information Standard Check

From 1st August 2016 onwards, all organisations that provide NHS care and / or publicly-funded adult social care are legally required to follow the Accessible Information Standard. The Standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

<https://www.england.nhs.uk/wp-content/uploads/2017/10/accessible-info-standard-overview-2017-18.pdf>

### Tick to confirm you have you considered an agreed process for:

- Asking people if they have any information or communication needs, and find out how to meet their needs.
- Have processes in place that ensure people receive information which they can access and understand, and receive communication support they need it.

If any of the above have not been implemented, please state the reason:  
Not applicable



## GOVERNANCE, OWNERSHIP AND APPROVAL

Please state here who has approved the actions and outcomes of the screening		
Name	Job title	Date
Dr Neil O'Brien	Executive Medical Director	December 2022

Presented to (Appropriate Committee)	Publication Date
Executive Committee	December 2022

1. Please send the completed Equality Impact Assessment with your document to: [necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)
2. Make arrangements to have the Equality Impact Assessment added to all relevant documentation for approval at the appropriate Committee.
3. Publish this Equality Impact Assessment alongside your document.
4. File for audit purposes as appropriate

For further advice or guidance on this form, please contact the NECS Equality Team: [necsu.equality@nhs.net](mailto:necsu.equality@nhs.net)