



**North East and
North Cumbria**

Integrated Care Board

Individual Funding Request Panel

Terms of Reference

1. Constitution

- 1.1. The North East and North Cumbria Integrated Care Board (ICB) hereby resolve to establish an Individual Funding Request Panel (IFR Panel) which will report to the ICB Executive Committee.
- 1.2. 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.

2. Principal Functions

- 2.1. The main function of IFR Panel is to consider Individual Funding Requests and make decisions to either support or not support the requests on the basis of the information provided to the IFR Panel. Requests will be assessed for access to treatments within the commissioning authority of the ICB.

3. Membership

- 3.1. 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). The IFR Panel shall collectively assess requests across the ICB as per Appendix 1.
- 3.2. Each Panel will have a membership which comprises:
 - Chair (Independent Chair for the IFR Panel)
 - ICB Decision Makers (DM) from the Panel (*five nominated from the places making up each Panel. At least three ICB Decision Makers to be in attendance for quoracy*).
 - Local NECS IFR Administrator
 - Specialist public health advisor from the respective areas (in attendance to offer advice and technical support).

Additional Specialist Advisors

The following are specialist advisors to the Panel and can be in attendance at Panel to offer advice and technical support as and when necessary.

- Contracting/Commissioning representative
- Medicines Management representative
- Mental Health and Learning Disabilities representative
- Any other specialist deemed appropriate for a given case.

4. Quorum

- 4.1. No business shall be transacted at a meeting unless at least a Chair (or nominated deputy) and at least three decision makers are available to attend

the IFR Panel. The IFR Admin must also be in attendance and will support the presentation of cases where required and take notes of each meeting.

- 4.2. If the Chair or a panel member has been disqualified from participating in the discussion on any matter and / or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum. If a quorum is then not available for the discussion and / or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. Consideration/decisions can be deferred to the next meeting or, in urgent circumstances, be considered via an extraordinary meeting if required.
- 4.3. Panels will generally be expected to reach consensus decisions on these matters, but in exceptional cases a majority 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.

5. Frequency of meetings

- 5.1. Meetings will be convened monthly, at a time to be agreed, with the ability to call an extra Panel in the event of a backlog of cases or a requirement for an urgent decision (as outlined in section 6) or stand down a Panel in the event of no cases. This will be reviewed in the light of the number of applications received and the development of protocols which define criteria for approving or rejecting requests.
- 5.2. Two Panels will be held per month, a North and a South Panel (as outlined in appendix one).

6. Urgent Requests

- 6.1. 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.
- 6.2. If an urgent Panel decision is required outside of a scheduled meeting and the request cannot be heard by the neighbouring ICB panel or an exceptional Panel cannot be convened, the application information will be communicated to members of the Panel via secure e-mail.
- 6.3. The information is communicated to each of the Panel members via NHS net in line with the agreed process and a decision will be made within 2 working days of receipt.
- 6.4. The decision will be securely communicated to the referring clinician via the electronic system in place with confirmation by letter and the outcome communicated formally at the next available Funding Panel meeting. The IFR Administration Team will ensure the decision is retrospectively recorded in the following month's Panel minutes.

7. Reconsideration

- 7.1. A reconsideration request should be made within three months of original decision, via documented correspondence stating why the reconsideration request is being made and must include any new information / evidence.
- 7.2. On receipt of an application for reconsideration, the IFR Admin will screen the original application, the notes of the Panel decision, all correspondence, any new information and the reconsideration request.
- 7.3. Where a recommendation is made to the DM that valid grounds for reconsideration have not been established, applicants will be informed in writing.
- 7.4. Where it is evident that substantial new information has been made available over and above the contents of the original request, the DM will confirm as to whether the request should be reconsidered within the next IFR Panel or whether a decision can be reached out with the Panel.

8 Appeals

- 8.1. Where there are grounds for an appeal hearing, i.e. where there is evidence that the IFR Admin/DM/IFR Panel may not have acted in accordance with the agreed IFR process, considered the relevant evidence, considered material factors only or appropriately applied the criteria in making this decision, a recommendation will be made to the DM to send the case to the neighbouring panel.
- 8.2. Panel members who were present at the original IFR Panel hearing are not eligible to sit on the appeals panel, therefore an appeal hearing must be undertaken by the neighbouring IFR Panel for reconsideration in line with their agreed meeting schedule. One of the DMs from the original Panel area must make themselves available to attend this meeting for the case to be discussed. The DM will then be asked to leave the Panel meeting to enable Appeal Panel Members to make a decision.
- 8.3. The outcome of the appeal panel is the final decision and will be communicated by written correspondence within 5 working days of the appeals panel meeting. For all cases the IFR Admin as role of co-ordinator, will write on behalf of the ICB and IFR Panel, to the referring clinician, with the decision(s) and reason(s) for the decision(s) reached by the IFR Panel. It is expected that the referring clinician will then discuss the outcome of the IFR Panel with the patient(s) concerned.

9. Reporting

- 9.1. The minutes of the Panel shall be formally recorded and when approved submitted to the ICB Executive Committee held in private. The Executive Medical Director shall draw to the attention of the Executive Committee any issues that require disclosure.

9.2. Reports will regularly be presented to the IFR Panel detailing a review of numbers / types of cases / number of upheld appeals considered in order to share learning, analysis of trends and consistency in decision making.

10. Other Matters

10.1. The Panel shall be supported administratively by the IFR Admin, whose duties in this respect will include:

- Agreement of the agenda with the Chair and the collation and distribution of the papers within 5 working days in advance of the meeting
- Taking the minutes and keeping a record of matters arising and issues to be carried forward via an up-to-date action log
- Action log maintained and updated prior to the IFR Panel papers being circulated
- Circulating the minutes to all IFR Panel members within 5 working days of the meeting, confirmation of the minutes is required from at least 3 out of 5 IFR Panel members prior to the decision letter being sent to the referring clinician. IFR Panel members will aim to confirm acceptance within 5 days of circulation.
- Advising the IFR Panel on pertinent matters
- Maintain a register of all applications considered and the outcome of each (via the web-based system in place)
- In their role as co-ordinator, will write on behalf of the ICB and IFR Panel to the referring clinician with the decision(s) and rationale(s) for the decision(s) reached by the DM/IFR Panel
- A monthly dashboard be produced for ongoing open cases and KPI compliance.

10.2. An annual report will be provided to the NENC ICB Executive Committee within three months of the financial year end by the NECS IFR Service Lead.

11. Review of Terms of Reference

11.1. The ICB Executive Committee will review these Terms of Reference annually.

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Appendix 1 - Panel Arrangements

Panel	Places
North	Gateshead Newcastle North Cumbria North Tyneside Northumberland
South	County Durham Darlington Hartlepool Middlesbrough Redcar & Cleveland South Tyneside Stockton-on-Tees Sunderland