

**A meeting of the Integrated Governance Committee of
NHS Bromley Clinical Commissioning Group Governing Body****Date: 7th June 2018****ENCLOSURE XX (leave blank)****Individual Funding Requests – Annual Report 2017/18****SUMMARY:**

The report summarises the requests for individual funding received by Bromley CCG in 2017/18. These include applications for prior approval against the restricted access criteria contained in South East London Treatment Access Policy (TAP).

KEY ISSUES:

Bromley CCG retains management of the IFR process at a local level; the other 5 CCGs in South East London commission this service from North East London Commissioning Support Unit (NEL CSU).

A wider review of the TAP is under way for the 2018/19 update looking at many of the cosmetic procedures and comparing TAP policies across England.

Appendices - none

PROFESSIONAL INVOLVEMENT: Not applicable**COMMITTEE INVOLVEMENT:** Not applicable**PUBLIC AND USER INVOLVEMENT:** Not applicable**MANAGEMENT OF CONFLICTS OF INTEREST:** Not applicable**IMPACT ASSESSMENT:** Not applicable**RECOMMENDATIONS:**

The Integrated Governance Committee is asked

- **To note content for information and endorsement**

ACRONYMS

IFR – Individual Funding Request
NEL CSU – North East London Commissioning Support Unit
SEL TAP – South East London Treatment Access Policy

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In line with our revised security process, only the general Contact Us email address will be included in reports going forward.*

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INTRODUCTION

This report explains the Individual Funding Request (IFR) process, and provides an overview of IFRs Bromley CCG received by quantity and type in 2017/18.

Bromley is the only CCG in South East London to independently manage an IFR Panel and process with NEL CSU providing this function elsewhere.

DEFINITIONS

IFRs are requests for procedures and treatments which are **not routinely funded by the NHS**. These episodes of healthcare may be funded if a patient meets certain clinical **eligibility criteria**. If a patient does not meet the criteria but their GP or NHS consultant believe they may have **exceptional clinical circumstances** to take into consideration, then an IFR Panel can review the case made for exceptionality.

The eligibility criteria for these types of procedures are included in the **South East London Treatment Access Policy (TAP)**. For example, blepharoplasty (eyelid reduction) is not available on cosmetic grounds. An exception may be made if the upper eyelid skin interferes with the visual field or if there is evidence that eyelids impinge on visual fields reducing field to 120° laterally and 40° vertically.

Exceptionality, as defined in the **South London IFR Policy**, is “an unusual clinical circumstance about the patient that suggests that they are:

- Significantly different from the general population of patients with the condition in question; and
- Likely to gain significantly more benefit from the intervention than might be normally expected for the average patient with the condition.

The fact that a treatment is likely to be efficacious for a patient is not, in itself a basis for exceptionality.”

An IFR Panel are determining whether they can make an exception to the rule and fund an episode of healthcare which would benefit an individual (or in cases of rarity less than 5 in the population). The IFR Panel must be sure the individual does not represent **a cohort of patients** in similar circumstances who would similarly benefit from the proposed treatment. This would constitute a “commissioning decision” which IFR Panels are not empowered to take but can refer issues to commissioners for them to consider **a service development**.

THE SOUTH EAST LONDON TREATMENT ACCESS POLICY (TAP)

When considering a patient’s request for a treatment which is not routinely funded by the NHS this is the policy a GP or consultant can check to see if it is included. Section one of the TAP outlines eligibility criteria for procedures that require prior approval even if the patient’s clinical circumstances meet the threshold for funding. Section two outlines the procedures which do not require prior approval if the patient meets the criteria (but would require an IFR if they didn’t).

The aim of the TAP is to reduce regional variation in availability of and access to treatment. The policy sets out the clinical circumstances in which funding may be available for treatments not routinely funded by the NHS. The IFR process aims to take ethical, consistent, and equitable

decisions by applying the terms of the policy to the individual clinical situation without regard to financial or social factors.

The TAP covers Lambeth, Southwark, Lewisham, Bexley, Bromley, and Greenwich CCGs and is reviewed annually by the South East London Public Health Commissioning Support Group whose chair reports to the Directors of Commissioning and Chief Finance Officers in our sector.

THE IFR PROCESS

- **Screening**

The IFR process is managed within the Contracts team by a Contract Support Manager with IFR responsibilities. Applications are screened to ensure **the patient has signed the form confirming their consent for Bromley CCG to use their information in the decision making process**. If applications are incomplete applicants are given a full explanation in writing of the evidence needed to progress their request. The main reason for returned applications is that the referrer has not explained how the patient meets the eligibility criteria.

- **IFR Triage Panel**

Complete applications are referred to the IFR Triage team (the IFR team and a designated Consultant in Public Health, a clinician). Requests for High Cost Drug are triaged by Bromley CCG's in-house Medicine Management team. Requests are assessed for whether there is sufficient information to make a decision about a patient's eligibility for treatment or if they have exceptional clinical circumstances for a full Panel to consider. The IFR Triage Panel may:

- request further information from referrer if necessary
- to refer the request to a full IFR Panel
- to agree or refuse a request without reference to full IFR Panel.

- **IFR Panel**

Only applications which have been reviewed by the Triage panel and considered to be based on exceptional clinical circumstances will be discussed at the IFR Panel meetings. Meetings are scheduled monthly and two lay members are chair and deputy chair. Membership of the Panel is completed by two GPs, a Consultant in Public Health, a representative of the Medicines Management Team, and the Commissioning directorate are represented by a Contracts and Development Manager and the Contract Support Manager with IFR Responsibilities. For the meeting to be quorate, at least 3 members of the Panel must be present for IFR Panel to proceed.

- 2 must be clinically qualified
- At least 1 medically qualified.

Medical or Public Health reviews of proposed treatments are initiated and the pharmacists and registrars who compile the reports attend Panel to discuss their findings.

Of the total **97** funding requests received:

- **20** funding requests were reviewed by the full IFR Panel, which met **8** times in 2017/18. The Panel agreed to fund **4** IFRs.
- IFR Triage Panel reviewed **69** requests, of which **17** were funded.

- By end of the March 2018, **8** funding requests were in the screening process, mainly due to patient consent and or additional information not being supplied. These have been either closed or moved into 2018/19 database.

- **Appeals Panel**

Applicants have a further right of appeal by applying to Bromley CCG Appeals Panel (chaired by a Governing Lay Member) on the following grounds:-

- a) The applicant considers that there was a shortcoming in the process of consideration of the request, that is, they wish to question our procedures and /or
- b) New and material evidence has come to light that was not considered in the process.

One of the aims of IFR in general is to provide a formal process by which patients can have their requests carefully considered by clinicians. In line with the NHS Constitution the IFR process offers the CCG the opportunity to explain in writing their reasons or rationale not to fund episodes of healthcare and such decisions are supported by publicly available policies.

Bromley CCG received **6** letters of appeal during 2017/18. **5** involved cosmetic procedures, and **1** hypnotherapy. **3** appeals were turned down by the Appeals Panel Chair without convening the Panel, **1** appeal was not progressed as the patient failed to respond to requests to provide consent. **1** was reconsidered by the IFR Panel and the appeal was not progressed. **1** is awaiting support from the patient's GP.

IFR DATA 2017/18

During the period between April 2017 and March 2018, **97** funding applications were processed. These have been reported by category below.

Total requests received: 97

Type of Request	Total	Funded	Not Funded	Other*
Cosmetic	62	9	46	7
High cost drugs	3	1		2
Other	32	11	13	8
	97	21	59	17

Breakdown of Cosmetic requests:

Type of Procedure	Total	Funded	Not funded	Other*
Blepharoplasty (eyelid reduction)	3		3	
Breast Surgery (cosmetic, breast augmentation, breast reduction, mastopexy (relocating the nipple and improving the shape of the breast), revision mammoplasty, breast implants, gynaecomastia and correction of congenital nipple inversion)	22	5	15	2
Body Contouring (abdominoplasty or tummy tuck, thigh lift and buttock lift, excision of redundant skin or fat liposuction)	12	1	11	
Pinnoplasty (correction of prominent or bat ears)	2	1	1	

Septo-rhinoplasty (reshaping of the nose)	7	1	6	
Scar Revision	8	1	5	2
Removal Other Benign Skin Lesions	4	2	2	
Cosmetic Genital Surgery (labiaplasty)	1		1	
Hair removal	2	1	1	

Breakdown of new High Cost Drug requests:**

Drug	Total	Funded	Not funded	Other*
Ustekinumab (increase in dosage)	2	1		1
Ranibizumab	1			1

Breakdown of Other requests:

Type of Procedure	Total	Funded	Not funded	Other*
Botox	2		1	1
Alternative Therapies: Hypnotherapy	2		2	
Fertility treatment (IVF cycle, IUI under sedation)	8	3	3	2
Fertility Preservation	1			1
Pulse Laser Dye treatment	1		1	
Grommets	1		1	
Removal of accessory auricle	2	1	1	
Cerebral Palsy 'Magic' therapy	1	1		
Periungal Warts	1	1		
Bilateral lop ear surgery	1		1	
Removal of facial cyst	1			1
Giant congenital melanocytic naevus – left anterior chest	1		1	
Intra lesional triamcinolone injections	1	1		
Pectus carinatum deformity surgery	2		2	
Spine disc treatment	1		1	
Removable acrylic palatable lift appliance	1			1
Repetitive transactional magnetic stimulation	1			1
Rhinophyma	1	1		
Varicose Veins	1	1		

*Other includes outstanding IFRs, where further information and patient consent has been requested but not supplied or closed because they have not been pursued

** Where drug requests meet with NICE guidelines, these are triaged and approved as routine and are not captured in the data above.

Comparison of IFRs received by year and type:

Year	Total IFRs received	Cosmetic	Drugs	Other
2015/16	140	115	13	12
2016/17	87	64	6	17
2017/18	97	62	3	32

The overall number of IFRs received has decreased, with applications ranging between 87 and 97 in 2016/17 and 2017/18 respectively, compared to 140 IFRs received in 2015/16.

There has been a fall in applications for high cost drugs over the past three financial years. The South East London Area Prescribing Committee have placed a number of high cost drugs into pathways, although it should be noted that this is not the only contributing factor for the reduction in high cost drugs funding applications.

In 2017/18, the reported data shows there was an increase in 'other' category of IFRs. This is reflective of the IFRs received for new, innovative therapies and procedures.

OVERALL REPORT SUMMARY

Bromley CCG will continue to retain Individual Funding Requests process locally, the only CCG in South East London to do so. The process continues to work well, due to strong links with resources available locally (prescribing, Public Health, Commissioning and Appeals Panel). This consistent approach to dealing with the many applications received has resulted in 6 and no legal challenges against the CCG in 2017/18.