

**BROMLEY CLINICAL COMMISSIONING GROUP
INDIVIDUAL FUNDING REQUESTS
ANNUAL REPORT 2014-2015**

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TO BE CONSIDERED BY:

Bromley Clinical Commissioning Group

INVOLVEMENT REQUIRED:

For information and endorsement

SUMMARY

The Report summarises the requests for individual funding received by Bromley CCG in 2014/15. 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 South East Commissioning Support Unit (SECSU).

Following changes to the structure of the commissioning department during 2014/15 the IFR process is administered by a Contract Manager as part of a portfolio of responsibilities.

There were only minor changes to the TAP in the 2015 with the introduction of treatment pathway for the management of varicose veins and the policy for fertility treatment was aligned with South West London TAP.

During 2014/15 the South East London Area Prescribing Committee introduced several treatment pathways for conditions, like Rheumatoid Arthritis, that often require high cost drugs. This has enabled clinicians and commissioners to ensure consistent access to medicines.

A wider review of the TAP is under way for the 2016 update looking at many of the cosmetic procedures and comparing TAP policies across England.

INTRODUCTION

IFRs are requests for procedures (mainly cosmetic / plastic surgery), high cost drugs, and specialist treatments and devices, which are not routinely funded, but may be funded under certain **eligibility criteria** or, where a patient does not meet the criteria, it may be funded on an **exceptional** basis following review through the IFR process.

Procedures which require prior approval are included in the **South East London Treatment Access Policy (TAP)** under Section One which outlines restricted access criteria for each procedure.

Exceptionality, as defined in the **South London IFR Policy**, is defined as 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.

Although Bromley CCG continue to assess Individual Funding applications at a local level, continuity and equity of decision making is maintained by regular liaison with our SECSU colleagues and reference to the South East London TAP and South London IFR Policy. A quarterly meeting of the South East London Public Health Commissioning Support Group monitors trends and patterns across the area and reviews the criteria for procedures outlined in the Policy. This group advises and is accountable to the SEL Directors of Commissioning / Directors of Finance.

THE IFR PROCESS

- **Screening**

The IFR Process is managed within the Contracts team within the commissioning directorate. A Contract Manager with IFR responsibilities is a named contact for advice and central point for receiving applications. 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.

- **IFR Triage Panel**

Complete applications are referred to the IFR Triage team (the Contract Manager and designated Consultant in Public Health, a clinician) and High Cost Drug IFR requests are initially reviewed by Bromley CCG's in-house Medicine Management team. At Triage requests are assessed whether there is sufficient information to make a decision about whether the patient meets the criteria or has exceptional circumstances and the following options are open to them:

- 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.

If cases are turned down at Triage, the referrer is offered the opportunity to apply for funding again if they can provide further information that was not originally presented, to demonstrate that a patient has exceptional clinical circumstances or can meet the criteria within the SEL TAP. A peer-review audit of 5% of cases will be conducted annually.

During the April 2014 and March 2015 period the Triage Panel reviewed 137 requests as per Table below:

IFRs – Triage 14/15	Total	Not funded	Funded
Cosmetic	92	69	23
Drug request	24	13	11
Other	21	14	7
Totals	137	96	41

- **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 a GP, a Consultant in Public Health, a representative of the Medicines Management Team, and the Commissioning directorate are represented by a Senior Contract Manager and the Contract Manager with IFR Responsibilities. For the meeting to be quorate there must be a GP, and representatives from Public Health and Medicines Management Team present.

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 137 cases reviewed by the Triage panel there were 23 cases which reached the full IFR Panel which met 10 times in 2014/15:

IFRs – Panel 14/15	Total	Not funded	Funded
Cosmetic	11	10	1
Drug request	11	8	3
Other	1	1	0
Totals	23	19	4

- **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.

Four appeals were received in 2014/15, all of which were turned down. This is the same number as was received (and turned down) in the previous year (2013/14)

The treatments requested that reached Appeals panel were:

- Brachioplasty
- Apronectomy
- Removal of excess skin following bariatric surgery
- Anti TNF Treatment.

TOP TEN TYPES OF PROCEDURES REQUESTED

Procedures	Requests received	Funded	Average Cost
Breast Surgery *	24	8	£1399-£2843
Body Contouring	8	0	£1028-£4530
Varicose Vein surgery	8	2	£1184-£3124
Septorhinoplasty	7	3	£1463-£1685
Excision skin lesions	7	4	£521-£3443
Laser treatments**	6	0	£1028-£3243
Adalimumab ***	6	4	
Scar Revision	6	0	£1028
Rituximab ***	5	2	
Botox	3	1	

*Breast surgery includes various procedures such as augmentation for asymmetry, mastopexy, and breast reduction (of which there were 11 requests and 4 funded) **Laser treatments usually requested for Hirsutism / hair removal but also requested for scar revision or treatment of severe acne. ***The top two drug requests were for Adalimumab and Rituximab for the treatment in various diagnoses including Ankylosing Spondylitis, Crohn's Disease, and Rheumatoid Arthritis.

It is difficult to calculate the exact savings that are made as applications do not always specify the type of procedure required within each category, and there are many different types of surgical interventions with differing prices on the national tariff.

To provide a ballpark figure of the savings made by managing the IFR process in-house we have looked at the costs of seven cosmetic procedures (see above). By taking the mid-point of each range of costs as an average and multiplying this by the number of requests declined we have estimated a saving to the CCG of £100,315 on the top seven cosmetic procedures alone (in 2014/15). There are of course many more funding requests including those for high cost drugs to take into account.

REQUESTS FOR INDIVIDUAL FUNDING BETWEEN 2010 AND 2015

IFR Requests	10/11	11/12	12/13	13/14	14/15
Cosmetic	195	170	163	128	94
Drug	47	55	49	21	24
Other	104	96	98	69	21
TOTAL	346	321	310	218	137

There has been a great reduction in the overall numbers of requests received since 2013 and the creation of CCGs. Initially this was due to NHSE taking over applications for specialised commissioning (including cancer drug requests), which had been previously been dealt with locally.

Additionally, in 2014 an Additional Funding Request process was introduced process requests that did not need to come through IFR and were previously categorised as “other”. These applications are usually for specialist equipment and treatment packages for a cohort of patients where standard NHS options have been exhausted and /or other funding routes have been ruled out.

We hope another reason for the decrease in requests is that we are accessible to GPs and practice staff for advice when they are considering making IFR requests and sometimes unnecessary applications can be avoided. We deal with many enquiries from GPs and their practices and we would encourage all applicants to contact us before and during the IFR process.

OVERALL REPORT SUMMARY

Bromley CCG will continue to retain the Individual Funding Request process locally, the only CCG in South East London to do so. This is because 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 only 4 appeals and no legal challenges against the CCG being received for 2014/15. The smooth running of the IFR process in Bromley has maintained continuity of decision making for our patients, together with a speedy and efficient service at a local level. The Contract Manager with IFR responsibilities continues to attend SEL Public Health Commissioning Support Group meetings, to ensure that Bromley CCG are involved in the development of SEL TAP, and to help reduce health inequalities in the South East London area.