

<p>BROMLEY CLINICAL COMMISSIONING GROUP INDIVIDUAL FUNDING REQUESTS ANNUAL REPORT 2015-2016</p>
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<p>TO BE CONSIDERED BY:</p> <p>Bromley Clinical Commissioning Group</p>
<p>INVOLVEMENT REQUIRED:</p> <p>For information and endorsement</p>
<p>SUMMARY</p> <p>The report explains the process for managing Individual Funding Requests received by Bromley CCG in 2015/16 and includes an overview of the activity of the Bromley CCG IFR Panel.</p>
<p>KEY ISSUES</p> <p>Bromley CCG retains the independent management of IFR process and this is administrated within the Contracts team by a Contract Support Manager with assistance from a Commissioning Support Officer. South East CSU manages the IFR process for the other CCGs in our area.</p> <p>A comprehensive review of the South East London Treatment Access Policy is underway.</p>

INTRODUCTION AND DEFINITIONS

IFRs are requests for procedures which are not routinely funded by the NHS. The majority of requests are for cosmetic or plastic surgery but also include requests for high cost drugs and specialist treatments or devices. 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, breast reduction surgery, by far the most common request, is available to women who have a Body Mass Index (BMI) of 25 kg/m² or under and a cup size of H or

more. The TAP is reviewed annually by the South East London Public Health Commissioning Support Group whose chair reports to the Directors of Commissioning and Finance in our sector.

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. 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**.

A recent example of an IFR constituting a possible service development is the rise in requests for procedures around skin excision for skin folds post-bariatric or natural weight-loss. The NHS funds bariatric surgery and supports people to lose weight naturally but this often leads to excess skin for people who were formerly obese. However, the NHS does not routinely fund the body contouring surgical procedures to remove the excess skin.

Considering the prevalence of obesity it is probable there is a significant cohort of people who would benefit from the procedure. The Bromley IFR panel have expressed sympathy to patients in these circumstances but are unable to approve these requests under the current policy. A change in the policy would introduce a new area of funding and commissioners would need to take responsible for such a decision.

THE SOUTH EAST LONDON TREATMENT ACCESS POLICY (SEL 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 policy 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 TAP is reviewed annually but this year the SEL Directors of Commissioning and Chief Finance Officers have agreed to have a more focussed approach for a clinically-led and comprehensive review of the policy.

The aim of the policy is to reduce local variation in availability of and access to treatment. Fertility treatment is included in section two of TAP and Bromley deviates from the policy by funding two cycles of IVF/ICSI treatment when needed to eligible couples. Our neighbouring CCGs fund only one

cycle of fertility treatment (NICE recommend CCGs should fund three cycles). This issue was put to a recent meeting of the Clinical Executive Group and Bromley’s commitment to two cycles was upheld.

THE IFR PROCESS

- **Screening**

The IFR Process is managed within the Contracts team which is now under the finance directorate. A Contract Manager with IFR responsibilities is a named contact for advice and central point for receiving applications. A commissioning support officer is now involved to provide cover and administrative assistance. 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. 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.

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 is conducted annually.

During the April 2015 and March 2016 period the following number of applications was processed:

Type of request	Not funded	Funded	Total
Cosmetic	103	12	115
Drug request	3	10	13
other	10	2	12
Grand Total	116	24	140

- **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.

There were **35** requests reviewed by the full IFR Panel which met **11** times in 2015/16:

Type of request	Not funded	Funded	Total
Cosmetic	10	4	14
Drug request	8	9	17
other	3	1	4
Grand Total	21	14	35

- **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.

Only one appeal was received during 2015-16, and the IFR Panel decision was upheld on this occasion. Four were received and turned down in 2014/15, and a same number was received (and turned down) in 2013/14.

The treatments requested that reached Appeals panel were:

- Breast reduction and abdominoplasty (combined)

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. The number of appeals received indicates that IFR process is working well to reduce the risk of exposure to the CCG to complaints and / or legal challenges.

TYPES OF PROCEDURES REQUESTED

Following a decrease in the number of IFR received following change from PCT to CCG there was a consistent amount of requests received and processed during the years 2014/15 and 2015/16. Types of breast surgery and body contouring remain the most common category of request with breast reduction and abdominoplasty the most requested procedures.

Because of the complexity of high cost drug requests the majority of drug IFR's reach the full Panel for consideration. Where drug requests meet with NICE these are Triaged and approved as routine and are not captured in the data above. Requests for medicines to treat conditions like Crohn's disease, psoriasis, and ankylosing spondylitis featured during the year (eg. adalimumab, ustekinumab). Many requests were received from a particular NHS Trust to fund Bevacizumab for CRN secondary to different causes, and for photodynamic therapy.

Requests for varicose vein surgery dropped as the conservative treatment of mild symptoms is now included in the TAP as part of a pathway which does not require prior approval. Criteria are set for surgical treatment of moderate to severe varicose veins.

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. 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 one appeal and no legal challenges against the CCG being received for 2015/16.