

Meeting: Strategic Commissioning Board			
Meeting Date	03 August 2020	Action	Approve
Item No	8	Confidential / Freedom of Information Status	No
Title	Individual funding Request Terms of Reference		
Presented By	Will Blandamer, Executive Director of Strategic Commissioning		
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Clinical Lead	Howard Hughes, Clinical Director		
Council Lead	-		

Executive Summary
<p>The NHS is under a statutory duty ‘to promote comprehensive healthcare within the resources available’. It is not an absolute obligation to provide every treatment that a patient, or group of patients, may demand. The NHS is entitled to take into account the resources available to it and the competing demands on those resources. The precise allocation of resources and the process for prioritising the allocation of those resources is a matter of judgement.</p> <p>The CCG has in place an effective Use of Resources Policy, which along with its underpinning frameworks, is intended to facilitate and support the decision-making process at a named individual level where their request is an exception to the commissioning policies and contracting arrangements in place</p> <p>The CCG has an IFR Panel in place, which meets on a monthly basis to consider cases that have been submitted to the CCG for consideration.</p> <p>A review of the IFR panel was undertaken in late 2019, in response to queries and issues that have arisen over the previous 12 months concerning the Panel Membership and subsequent Terms of Reference.</p> <p>An updated terms of reference is presented, with strengthened membership which addresses the concerns raised.</p> <p>It should be noted that recruitment is underway in respect to the vacant posts.</p>
Recommendations
<p>It is recommended that the Strategic Commissioning Board:</p> <ul style="list-style-type: none"> • Approve the Terms of Reference(v2.5) as presented at Appendix A • Note the requirement for further consideration of the most appropriate arrangements to support mental health IFR panel requests with an additional report presented as required; and

- Support the continuation of the interim arrangements whilst the recruitment is completed for all posts.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	No

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any financial implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
How do proposals align with Health & Wellbeing Strategy?	This is a statutory duty of the CCG					
How do proposals align with Locality Plan?	This is a statutory duty of the CCG					
How do proposals align with the Commissioning Strategy?	This is a statutory duty of the CCG					
Are there any Public, Patient and Service User Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?						
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/	The panel operates in accordance with Data Protection, GDPR and Code of confidentiality.					

Implications						
Access to Information implications?						
Has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
Are the risks on the CCG /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome

IFR Panel Terms of Reference

1. Introduction

- 1.1. This report provides an update in respect to the Terms of Reference and Membership of the Individual funding Request (IFR) Panel.

2. Background

- 2.1 The NHS is under a statutory duty 'to promote comprehensive healthcare within the resources available'. It is not an absolute obligation to provide every treatment that a patient, or group of patients, may demand. The NHS is entitled to take into account the resources available to it and the competing demands on those resources. The precise allocation of resources and the process for prioritising the allocation of those resources is a matter of judgement.
- 2.2 The CCG has in place an Effective Use of Resources (EUR) Policy, which along with its underpinning frameworks, is intended to facilitate and support the decision-making process at a named individual level where their request is an exception to the commissioning policies and contracting arrangements in place.
- 2.3 These arrangements, which are referred to as Individual Funding Requests are overseen by an agreed panel, which gives consideration to requests for treatment which is not routinely commissioned where it is believed that there are exceptional clinical circumstances that should be considered and providing detailed evidence of the discussions and decisions reached. The remit of the panel includes, but is not limited to:
- Where the treatment is not commissioned as the evidence base does not support commissioning on a population basis within available resource constraints, often because the treatment falls below the thresholds of clinical and / or cost effectiveness;
 - Where detailed EUR recommendations exist for many procedures but exceptionality to these needs to be considered;
 - Where there is no detailed policy in place in respect to the proposed procedure;
 - Where the commissioner has determined that the treatment in question is a low priority for CCG resources when compared to the other health needs of the population;
 - When the available evidence has not been considered by the Commissioner, so no decision has been made on whether the treatment should be made available;
 - Where a condition is extremely rare, and it is unlikely there will ever be evidence of cost effectiveness at a population level for the normal commissioning process to apply;
 - Where there is a contract in place with agreed criteria that must be satisfied before a procedure / treatment / drug can be commissioned; and
 - Making recommendations on future policy, under the leadership of the Panel Chair who also supports the Greater Manchester Effective Use of Resources Committee.
- 2.4 The CCG has an IFR Panel in place, which meets on a monthly basis to consider cases that have been submitted to the CCG for consideration. The IFR Panel, and overall Effective Use of Resources approach is supported by the Greater Manchester Shared Service Effective Use of Resources Team.

3. Review of IFR panel.

- 3.1 A review of the IFR panel was undertaken in late 2019, in response to queries and issues that have arisen over the previous 12 months concerning the Panel Membership and subsequent Terms of Reference
- 3.2 The Greater Manchester Effective Use of Resources Policy, which has been adopted by Bury CCG, was last refreshed in July 2019.
- 3.3 Included within the Policy is a model Terms of Reference.
- 3.4 A comparison of the model terms of reference and those in operation within the CCG, which were issued in June 2014 and are significantly overdue for review, reflected the following differences:

Model ToR Requirements	Bury CCG ToRs
GP Representative	✓ (4 including Chair)*
2 additional members with a clinical background	
Finance Representative	Not included in ToR but does attend
Medicines Management Representative	✓
Public Health Representative	✓
Lay Member Representative (patient)	Not included in ToR
Senior CCG Commissioner	✓
Co-Opted advisors (with or without voting rights)	Not included in ToR

*currently only two GPs remain in post and a clinical director (not a GP) is currently undertaking the role of Chair on an interim basis

- 3.5 A request was made by the IFR Panel for a review of the membership specifically in respect to increasing the number of GPs available to support the panel and also expanding the membership to include other specialties, for example a nurse.
- 3.6 It is considered that the inclusion of specialties beyond General Practitioners, will not only increase the expertise available to the panel, to support the wide range of requests that are considered but will also facilitate to Panel to achieve quoracy at every meeting.
- 3.7 To address the concerns raised by existing panel members and to ensure the panel remains robust and able to operate, a new Terms of Reference (see appendix A) have been developed and are presented for approval, with the following membership:
- IFR Chair and EUR Clinical Lead (GP)
 - 2 GPs;
 - 2 additional clinical members, who are not officer representatives but may be GPs;
 - CCG Finance representative;
 - CCG Medicines Management Representative;
 - Public Health Representative;
 - Lay Member representative; and
 - A senior commissioning representative from the CCG.

- 3.8 This membership expands the model terms of reference in respect to the Chair and also the number of GP representatives. This is permissible as it is for Bury CCG to determine what arrangements best enable it to discharge its duties in respect to this Policy.
- 3.9 There does however remain some concern on whether the panel will have the specialist expertise to review recommendations from Consultants in respect to Mental Health treatments proposed or to understand whether the full and appropriate pathway has been followed.
- 3.10 To address this, it is proposed that as an interim solution, the senior commissioning manager and the Clinical Director for Mental Health are invited to join the panel as advisors where cases are scheduled for review. Further consideration will be given to the establishment of a longer-term solution and will be presented back for approval as required.

4 Associated Risks

- 4.1 The most significant risk lies in maintaining the current panel membership whilst recruiting to the new posts.
- 4.2 Additionally, there is no clarity on the current level of interest in the following roles:
- IFR Chair and EUR Clinical Lead (GP)
 - 2 additional clinical members, who are not officer representatives;
- 4.3 The vacancies are currently open to recruitment and have been shared with the CCG Membership and Practice Nurses, with support requested from the LMC, LOC, LDC and LPC to seek further interest in the opportunities.
- 4.4 Until the IFR Chair and EUR Clinical Lead is appointed, it is proposed that the interim arrangements for chairing future meetings continue, noting however that this would not fulfil the requirement for the post-holder to be a GP as set out in the Terms of Reference.

5 Recommendations

- 5.1 It is recommended that:
- the Terms of Reference are approved;
 - the requirement for further consideration of the most appropriate arrangements to support mental health IFR panel requests is noted;
 - the interim arrangements are supported whilst the recruitment is completed for all posts.

Lisa Featherstone
Deputy Director
July 2020

**TERMS OF REFERENCE
INDIVIDUAL FUNDING REQUEST
PANEL**

Terms of Reference Document Control Sheet

Document Control	
Document Name	Individual Funding Request Panel Terms of Reference
Version/Revision Number	V2.5

Version Control

Version Ref	Amendment	Date Approved
v0.1	Initial draft	
V2.1	Ratified by Clinical Cabinet	May 2014
V2.2	Refresh of Terms of Reference submitted to commissioning for review	August 2019
V2.3	Feedback received from commissioning and draft ToR shared with CCG Chair and Director of Commissioning and Business Delivery	November 2019
V2.4	Updated to include feedback from Dr Schryer and IFR Team	November 2019
V2.5	Updated in respect to additional feedback from CCG Chair and Director of Commissioning and Business Delivery and shared with wider IFR Panel	February 2020

1.0 Introduction

- 1.1 The NHS is under a statutory duty 'to promote comprehensive healthcare within the resources available'. It is not an absolute obligation to provide every treatment that a patient, or group of patients, may demand. The NHS is entitled to take into account the resources available to it and the competing demands on those resources. The precise allocation of resources and the process for prioritising the allocation of those resources is a matter of judgement.
- 1.2 NHS Bury CCG works collaboratively with all Greater Manchester CCGs and has approved the Greater Manchester Effective Use of Resources Operational Policy in order to improve the cost effectiveness of services and secure the greatest health gain from the resources available by making decisions based on evidence about clinical effectiveness balanced with known population needs.
- 1.3 The CCG has established an Individual Funding Request Panel (IFR), referred to in these Terms of Reference as the Panel, to review requests for funding on an individual named basis for treatments not currently covered by commissioning arrangements or for treatments excluded from those arrangements.

2.0 Membership

- 2.1 The IFR panel, shall comprise of the following members:
- IFR Chair and EUR Clinical Lead (GP)
 - 2 GPs;
 - 2 additional clinical members, who are not officer representatives;
 - CCG Finance representative;
 - CCG Medicines Management Representative;
 - Public Health Representative;
 - Lay Member representative; and
 - A senior commissioning representative from the CCG.
- 2.2 The Chair of the Panel shall be a GP.
- 2.3 The Vice Chair of the Panel will be one of the additional clinicians who is not an officer representative and shall be determined by the Panel.
- 2.4 The Panel may co-opt additional members when required, particularly when specialist expertise is needed.
- 2.5 Where a person is to be co-opted onto the Panel for the purposes of participating in any of its meetings the decision to co-opt that individual shall be agreed in advance by the Chair and Vice Chair.

3 Quoracy

3.1 The Panel will be quorate when the following attendees are present:

- The Chair or Vice Chair;
- At least one GP and one clinical representative, who can also be the Chair or Vice Chair;
- Two other CCG representatives; and
- Either the Public Health or Lay Member representative.

3.2 A duly convened meeting of the Individual Funding Request Panel at which the quorum is present shall be competent to exercise all of any of the authorities, powers and discretions delegated to it.

3.3 Members should normally attend meetings, and it is expected that members will normally attend a minimum of 75% of meetings held per annum.

4 Deputising Arrangements

4.1 Should a member not be able to attend a Panel meeting, apologies in advance must be provided to the CCG's Corporate Office on Buccg.corporateoffice@nhs.net

4.2 Deputies can attend on behalf of non-clinical members of the Panel, however they must have the same professional expertise and must be agreed in advance with the Chair of the Panel and notified to the CCG's Corporate Office on Buccg.corporateoffice@nhs.net

4.3 Deputising arrangements will count towards the quorum, where formal representative status is confirmed, and this will be reflected within the minutes.

5 Chairs Action and Urgent Decisions

5.1 In clinically urgent situations a request may be considered in advance of the Panel using the mechanism agreed in the GM EUR Operational Policy/Standard Operating Procedures.

5.2 All emergency and urgent decisions will be reported to the Panel at its next meeting by the Chair (or vice chair) with a full explanation, regarding:

- what the decision was;
- why it was deemed an emergency or urgent decision (required to be made in the period between the scheduled meetings);
- what was the majority view of the members of the Panel; and
- how the decision was implemented.

5.3 A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.

6 Frequency

- 6.1 The Panel will be scheduled to meet on a monthly basis, however where there are no cases for discussion, the panel will be stepped down. Where it is considered that there are an insufficient number of cases to be heard, cases may be deferred to the following month, subject to clinical need and / or assessment, or the panel may meet virtually via teleconferencing or other electronic communication means.
- 6.2 Where a panel cannot achieve quoracy and there are cases to be reviewed, the Chair of the IFR Panel, in collaboration with the GM EUR team, will determine whether it is appropriate for the cases to be deferred to the next IFR Panel meeting or agree an alternative date for the meeting, which will be convened within the same month.

7 Conduct of Meetings

- 7.1 The Panel will operate in accordance with the CCG's Standing Orders, Scheme of Reservation and Delegation and Standing Financial Instructions.
- 7.2 Meetings will be arranged, including sourcing a suitable venue, by the CCG and managed by their nominated lead officer.
- 7.3 Preparation of agendas and all supporting papers for consideration by the Panel is the responsibility of the GM EUR team on behalf of the CCG. These will be issued at least 5 working days in advance of the meeting.
- 7.4 Recording the outcomes of the meeting, taking any actions arising and ensuring letters are sent to the requesting clinician and patient within agreed timescales is the responsibility of the GM EUR team on behalf of the CCG.
- 7.5 Members of the IFR Panel shall respect confidentiality requirements as set out in the CCG's Constitution.
- 7.6 Members of the IFR Panel have a collective responsibility for the operation of the Panel. They will participate in discussion, review evidence and provide objective expert input to the best of their knowledge and ability, and endeavour to reach a collective view.
- 7.7 All emergency and urgent decisions, which are taken by the GM EUR Clinical Triage Team on behalf of the CCG's IFR panel, will be reported to the Panel at its next meeting for ratification with a full explanation, regarding:
- what the decision was;
 - why it was deemed an emergency or urgent decision (required to be made in the period between the scheduled meetings);
 - what was the majority view of the members of the Panel; and
 - how the decision was implemented.
- 7.8 A record of the above will form part of the minutes of the next scheduled meeting, following the emergency powers/urgent decision being made.

8 Conflicts of Interest

- 8.1 Panel Members will be expected to declare any conflicts of interests and/or an unusual interest or specialist knowledge of a particular area at all meetings and the Chair will determine how those discussions will be conducted.

9 Duties and Responsibilities

- 9.1 The Panel will be responsible for:
- reviewing requests for funding for treatments on an individual named basis not currently covered by commissioning arrangements or for treatments excluded from those arrangements;
 - assessing the clinical effectiveness of the procedure and then the cost effectiveness of the requested treatment based on the evidence available to them at the time. For requests where a treatment is excluded from commissioning arrangements the Panel will review the evidence to determine whether or not the request under consideration is exceptional and should therefore have access to that treatment funded by the NHS.

10 Accountabilities and Decision Making

- 10.1 The Panel will make decisions within the bounds of its remit.
- 10.2 The decisions of the Panel will be binding on NHS Bury CCG.
- 10.3 The Panel will adopt a consensus approach to decision making where unanimous view cannot be reached on an individual request.

11 Confidentiality

- 11.1 All requests will be treated as highly confidential as the majority will contain sensitive and/ or clinical information.
- 11.2 Papers will be sent to members via the BlueTeq © system, however additional arrangements will be made to share the papers via secure e-mail e.g. NHS.net. or registered post, if required.
- 11.3 All confidential papers will be gathered for shredding at the end of the meeting.

12 Reviewing Terms of Reference

- 12.1 The Terms of Reference of the panel (including membership) shall be reviewed

annually, to reflect the experience of the Panel in fulfilling its functions or sooner if there are relevant changes in legislation or local / regional or national guidance.