



January 2014

The clinical commissioning groups in Leeds Individual Funding Requests Policy Review

Background

The clinical commissioning groups (CCGs) in Leeds – NHS Leeds West CCG, NHS Leeds North CCG and NHS Leeds South and East CCG have undertaken a process to refresh the Individual Funding Requests (IFR) policies. These policies are based on those previously used by NHS Leeds, the former primary care trust. They relate to how the CCGs make decisions about providing treatments that are not normally available through the NHS.

The CCGs in Leeds agreed to have the same Individual Funding Requests policies to make sure that people in Leeds have the exactly the same access to the treatment.

Like any other organisation, the NHS has limited resources and we have a duty to manage them carefully.

This means we have to:

- look at evidence for the safety and effectiveness of any treatment
- ensure that the services we pay for will give patients the greatest health gains from the resources we have.

Over arching policy

There is an over arching policy called the Individual Funding Request Process (IFR), which is based on national best practice. This sets out the principles behind our decisions on individual funding requests. It also explains the system we have for processing each request for treatment.

What IFR is:

- based on clinically effective evidence
- based on clinical thresholds
- includes cosmetic surgery when medically necessary

What IFR isn't:

- a way of getting funding for new or not routinely commissioned services
- based on non clinical factors
- a blanket ban as 'exceptionality' is always an option

Underpinning policies

On behalf of NHS Leeds West NHS Leeds West Clinical Commissioning Group, NHS Leeds North Clinical Commissioning Group and NHS Leeds South and East Clinical Commissioning Group

There are some treatments that are not routinely funded, for example cosmetic surgery or treatment, complementary or alternative therapies and some high cost drugs. The policies relating to these, and some other treatments, must be refreshed on a regular basis. This is to ensure that they are kept up to date and in line with new technologies, clinical research and changes in commissioning approaches. The Underpinning Clinical Policies which have been agreed are:

- Complementary and Alternative Therapy Framework
- Cosmetic Framework
- Commissioning Framework For Experimental Treatment
- Targeted Interventions
- Non NICE non Tariff Drugs Framework
- Private vs NHS
- Upright MRI scanner
- Pick up requests

Decision making

Decisions on paying for treatments or drugs that are not normally funded are made by a panel. The panel is made up of a mix of clinically qualified people from hospital, general practice and public health, and clinical and independent members. The only change to the process as part of the update is that a trained lay representative will now attend the panels to make sure that the proper process is followed and consistent decisions are made.

Summary of Engagement Exercise

We spent 13 weeks from September to the end of November gathering views and comments.

The engagement exercise covered:

- All three CCG intranet and extranet sites
- Leeds Teaching Hospitals NHS Trust (LTHT) intranet and extranet sites
- Leeds Health Pathways
- Third sector via Voluntary Action Leeds bulletins and website and Healthy Lives Leeds LLMC
- Primary Care Education Events
- Information and signposting to patients and public via bulletins and newsletters.
- LTHT plastic and breast consultant surgeons attended a meeting to discuss proposed policies and feedback on suitability for their patients
- Medical Directors have shared this widely within each CCG and this has been through each CCG's representative Patient Advisory Group (PAG). The Patient Advisory Groups are committees of patients which are chaired by the CCGs' lay people with responsibility for patient and public involvement. The PAGs act in an advisory capacity to the CCGs to assure them that they the appropriate amount of engagement has been built into their plans
- Medical Directors have taken this to their relevant Risk and Governance Committees.

The policy was circulated to IFR panel members for information and comment. IFR panel members include clinically qualified people from hospital, general practice and public health, and clinical and independent members

Presentations have been made at:

- Leeds GPs at Target events (one in each CCG): NHS Leeds West CCG 26 September, NHS Leeds North CCG 14 November and NHS Leeds South and East CCG 12 November
- NHS Leeds North CCG Performance, risk and governance committee 3 October 2013
- NHS Leeds North CCG Choose & Book meeting 1 November 2013
- NHS Leeds North CCG Council of Members Meeting 5 November
- NHS Leeds North CCG PAG) 7 November
- NHS Leeds West CCG PAG 6 November
- NHS Leeds South and East PAG 12 September

Due to the highly technical and clinical nature of the policies, clinicians were approached to ensure that patients' best interests are represented and that the policies are in line with current guidance and directly experienced patient needs.

Outcome

The draft policies were circulated directly to clinicians and all feedback was incorporated into the final documents. An event was held for relevant consultants at LTHT at which thresholds were discussed and agreed to ensure the best possible outcomes for patients.

Although the Patient Advisory Groups (PAG) promoted the policy review through local GP Practice Patient Reference Groups, the CCGs alerted patients and the public to the review via newsletters, websites and meetings, and offers were made to attend these groups or any discussions, (including one to one), there was no response from the public.

The policies have been refreshed in line with current clinical guidance, taking clinical feedback into account.

They have been reviewed by legal representatives and the CCGs have been advised that they meet all requirements.

The policies are currently being drafted into more 'plain English' although by their very nature they will still include medical terminology. Patients are advised that their clinician will explain medical information to them. They will also be reviewed by legal experts.

The new policies will be adopted at the end of January and will be fully in place by the beginning of April 2014. Both new and old policies will run concurrently until then; this is to ensure that if any enhancements have been made, then patients will not be disadvantaged. The new policies are expected to have the best outcomes for patients.

As part of the routine work, the CCGs have opted to undertake a regular and continuous audit of all IFR applications to ensure the best possible health outcomes and that the best interest of patients are being met in line with the Public Sector Equality Duty and the protected characteristics.

Work is continually ongoing to keep improving the application process, and to ensure that all GPs and clinicians are aware of the whole process. The application process is being streamlined by implementing an online system.

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