



Extract from Individual Funding Request Policy section 6:

Core Principles for Managing Individual Funding Requests in Leeds

The principles listed below are the core principles for priority setting within Leeds CCGs. They are based on NHS England's Interim Core Principles¹ and are to be read in conjunction with the decision making frameworks for Leeds CCGs, including:

- Decision Support Framework for ongoing access to treatment requests following an industry sponsored trial or sponsorship, privately funded treatment, an N of 1 trial of treatment, treatment initiated/ approved by another CCG (or PCT) or a not for profit trial funded by a national recognised body eg MRC
- Decision support framework for defining the boundaries between privately funded treatment and entitlement to NHS funding under a range of circumstances
- Commissioning Framework for Experimental Treatments
- Framework for clinical interventions that are targeted to deliver maximum health benefit

Principle 1

The values and principles driving priority setting at all levels of decision-making must be consistent.

Principle 2

The three Leeds Clinical Commissioning Groups have a legal duty to commission healthcare within the areas for which they have commissioning responsibility. This must be consistent with its legal duty to not overspend their allocated budget.

Principle 3

The three Leeds Clinical Commissioning Groups have a responsibility to make rational decisions in determining the way they allocate resources to the services they directly commission. Each organisation must act fairly in balancing competing claims on resources between different patient groups and individuals.

Principle 4

Competing needs of patients and services within the areas of responsibility of the three Leeds Clinical Commissioning Groups should have an equal chance of being considered, subject to the capacity of the three Leeds Clinical Commissioning Groups to conduct the necessary healthcare needs and services assessments. As far as is practicable, all potential calls on new and existing funds should be considered as part of a priority setting process. Services, clinicians and individual patients should not be allowed to bypass normal priority setting processes.

¹ <http://www.england.nhs.uk/wp-content/uploads/2013/04/cp-01.pdf> (accessed 9/9/13)

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Principle 5

Access to services should be governed, as far as practicable, by the principle of equal access for equal clinical need. Individual patients or groups should not be unjustifiably advantaged or disadvantaged on the basis of age, gender, sexuality, race, religion, lifestyle, occupation, social position, financial status, family status (including responsibility for dependants), intellectual / cognitive function or physical functions.

There are proven links between social inequalities and inequalities in health, health needs and access to healthcare. In making commissioning decisions, priority may be given to health services targeting the needs of sub-groups of the population who currently have poorer than average health outcomes (including morbidity and mortality) or poorer access to services.

Principle 6

The three Leeds Clinical Commissioning Groups should only invest in treatments and services which are of proven cost-effectiveness unless it does so in the context of well-designed and properly conducted clinical trials that will enable the NHS to assess the effectiveness and/or value for money of a treatment or other healthcare intervention.

Principle 7

New treatments should be assessed for funding on a similar basis to decisions to continue to fund existing treatments, namely according to the principles of clinical effectiveness, safety, cost-effectiveness and then prioritised in a way which supports consistent and affordable decision-making.

Principle 8

The three Leeds Clinical Commissioning Groups must ensure that the decisions they take demonstrate value for money and an appropriate use of NHS funding based on the needs of the population they serve.

Principle 9

No other body or individual other than those authorised to take decisions under the policies of the Clinical Commissioning Group, has a mandate to commit the Clinical Commissioning Group to fund any healthcare intervention unless directed to do so by the Secretary of State for Health.

Principle 10

The three Leeds Clinical Commissioning Groups should strive, as far as is practical, to provide equal treatment to individuals in the same clinical circumstance where the healthcare intervention is clearly defined. The three Leeds Clinical Commissioning Groups should not, therefore, agree to fund treatment for one patient which cannot be afforded for, and openly offered to, all patients with similar clinical circumstances and needs.

Principle 11

Interventions of proven effectiveness and cost-effectiveness should be prioritised above funding research and evaluation unless there are sound reasons for not

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doing so.

Principle 12

Because the capacity of the NHS to fund research is limited, requests for funding to support research on matters relevant to the health service have to be subject to normal prioritisation processes.

Principle 13

If a treatment is provided within the NHS which has not been commissioned in advance by the three Leeds Clinical Commissioning Groups save for those treatments approved by other NHS bodies and/or by sending organisations eg former PCTs, the responsibility for ensuring on-going access to that treatment lies with the organisation that initiated treatment.

Principle 14

Patients participating in clinical trials are entitled to be informed about the outcome of the trial and to share any benefits resulting from having been in the trial. They should be fully informed of the arrangements for continuation of treatment after the trial has ended. The responsibility for this lies with the party initiating and funding the trial and not the three Leeds Clinical Commissioning Groups unless the relevant Leeds Clinical Commissioning Group has either funded the trial itself or agreed in advance to fund aftercare for patients entering the trial.

Principle 15

Unless the requested treatment is approved under existing policies of the three Leeds Clinical Commissioning Groups, in general they will not, except in exceptional circumstances, commission a continuation of privately funded treatment even if that treatment has been shown to have clinical benefit for the individual patient.