INDIVIDUAL FUNDING REQUEST
For review of an exception to CCG policy

Full published papers, rather than abstracts, should be submitted, unless the application relates to the use of an intervention in a rare disease where published data is not available

Form to be completed electronically giving full details. Boxes will expand.

CONTACT INFORMATION

Trust Name		
1. Address		
2. Applicant Details	**Name:**	
	Designation:	
	Tel:	
	Email:	
3. Address to which funding decision to be sent. N.B. Land address must be given for hard copy. Electronic copy may be sent to nhs.net email addresses only.	**NHS.net email:**	**Address:**
4. Patient Details	**Initials:**	
	NHS No:	
	Hospital ID number:	
	Postcode:	
	DoB:	
	Registered Consultant:	
	Registered GP name:	
	Registered GP postcode:	
	Referred by (other than GP):	
	Referred from:	
	Date of referral:	
5. Application reviewed by **Chief Pharmacist** or nominated deputy (in the case of a drug intervention)	**Name:**	
	Signature or email confirmation:	

INTERVENTION REQUESTED (NB: Intervention refers to requested treatment, investigation, etc)

6. **Patient Diagnosis** (for which intervention is requested)		
7. Clinical history* Please provide a brief clinical history of the patient outlining • current problems, • any co-morbidities, • investigation results for current problem, • treatments given so far • abilities in independence and self-care • In cases of **cancer** the staging and disease status (1st/ 2nd/ 3rd relapse) Attach most recent correspondence between GP and referring consultants if appropriate. (Please extend space if necessary)	What is the patient's clinical status at this point? What is the severity of the current and any co-existing problem? Where possible use standard scoring systems e.g. WHO status, DAS scores, 6 minute walk test, cardiac index etc.	
8. Details of intervention (for which funding is requested). If the intervention forms part of a regimen, please document the full regimen.	**Name of intervention**: **Dose and frequency**	
	Planned duration of intervention:	
	Route of administration:	
	HRG (activity)code	N.B. This must be completed
	Anticipated cost of drug (inc VAT)	N.B. This must be completed

9. Is requested intervention part of a clinical trial?	Delete as appropriate**: Yes/No** If **Yes**, give details (e.g. name of trial, is it an MRC/National trial?)		
	Is the drug funded through a clinical trial? Delete as appropriate: **Yes/No**		
10. (a) What would be the standard intervention at this stage?			
(b) What would be the expected outcome from the standard intervention?			
(c) What are the exceptional clinical circumstances that make the standard intervention inappropriate for this patient?			
(d) How does this patient differ clinically from the general population of patients with this condition?			
(e) Why is this patient more likely to respond to the requested therapy (as a result of this clinical difference) than the population of interest with the same condition?			
11. (a)In case of intervention for **cancer**:	What is disease status? (eg. at presentation,1st/2nd or 3rd relapse)		
	What is the WHO performance status?		
	How advanced is the cancer? (stage)		
	Describe any metastases:		
(b) In case of intervention for **non-cancer**:	What is the patient's clinical severity? (Where possible use standard scoring systems e.g. WHO, DAS scores, walk test, cardiac index etc.)		
12. Summary of previous intervention(s) this patient has received for the condition. * Reasons for stopping may include: ▪ Course completed ▪ No or poor response ▪ Disease progression ▪ Adverse effects/poorly tolerated	**Dates**	**Intervention (e.g. drug / surgery)**	**Reason for stopping* / Response achieved**

13. Anticipated start date	The CCG has a monthly meeting; deadline is 2 weeks before. You will informed of the decision, within 4 weeks of this meeting. Please contact the CCG to establish the Panel process timeline. Please note that under PbR guidance providers must not delay treatment on the basis of awaiting a funding decision where clinical treatment is considered to be urgent.

CLINICAL EVIDENCE

14. Is requested intervention licensed for use in the requested indication in the UK?	Delete as appropriate: **Yes/No** (refer to pharmacy if required)
15. Has the Trust Drugs and Therapeutics Committee or equivalent Committee approved the requested intervention for use? (if drug or medical device). For Cancer has the local Cancer Network Board approved the requested intervention for use.	Delete as appropriate: Drugs and Therapeutics Committee **Yes/No** Local Cancer Network Board **Yes/No** If **No,** Committee Chair or Chief Pharmacist approved: **Yes / No**
16. Give details of National or Local Guidelines/ recommendations or other published data supporting the use of the requested intervention for this condition?	***PUBLISHED[1] trials/data - please furnish electronic copies of journal articles/ scanned/ faxed/weblinks**
17. (a) How will you monitor the effectiveness of this intervention?	
(b) Detail the current status of the patient according to these measures.	
(c) What would you consider to be a successful clinical outcome for this intervention in this patient? Please state added benefits of this treatment, e.g. QOL, life expectancy, impact on or facilitating subsequent treatment, etc.	
18. What is the anticipated toxicity of the intervention for this patient?	

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19. What are your criteria for stopping treatment? Define fully using objective measurements or recognised assessment scales.	
20. Are there any additional patient factors (clinical) that need to be considered?	Delete as appropriate: **Yes/No** If **Yes**, please give details: .
21. Form completed by	**Name:**
	Signature or email confirmation:

CCG USE ONLY

Received by: **Date:**

Reviewed by: **Chief Pharmacist or nominee:**
Date:……

Record of communication:	
Points for Discussion:	
▪	
Recommendation from Exceptional Clinical Circumstances Panel (or other route):	
Clinical:	
Financial:	

Signature: **Chief Pharmacist** **Date:……..**

Please complete and return this form to: IFR Team, Mid Essex CCG, Wren House, Hedgerows Business Park, Colchester Road, Chelmsford, CM2 5PF, or via email on MECCG.IFR@nhs.net.

For administrative queries, please contact the IFR Co-ordinator on 01245 398740. For clinical queries, please contact the Medicines Management Team on 01376 531123