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NHS
Mid Essex
Clinical Commissioning Group

Appendix C: Individual Funding Treatment Request form

1. PATIENT PERSONAL DETAILS

Patient Name:

Date of Birth:

NHS Number:

GP Name & Practice Details:

CCG location:

Please note that all personal information will be removed prior to the consideration by the Individual Funding Request process.

2. TREATMENT REQUESTED

3. DIAGNOSIS

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4. DETAILS OF REQUESTER (include referring clinician. Contact details in the event of query or need for clarification)

Name: Designation:

Trust/Surgery:

Contact 'phone number:

Secure email or postal address for correspondence:

Provider Trust Clinical Director Support:
(signature of Clinical Director)

Provider Trust approval (please indicate as appropriate).

DTC…….	YES	NO
Ethics……...	YES	NO
MDT…….	YES	NO

Date to DTC / MDT/Ethics:
If discussed and supported by an appropriate MDT, please provide notes here:

5. CONSENT

I confirm that this Individual Funding Request has been discussed in full with the patient and it would / would not be appropriate (please delete as necessary) for the patient to be copied into all correspondence*.

Please provide details of what the patient understands about the treatment options, including benefits and risk and potential consequences?

Please provide details of what the patient understands about this treatment not being routinely commissioned for a cohort of patients?

The patient is aware that they are consenting for the Individual Funding Request Team to access confidential clinical information held by clinical staff involved with their care about them as a patient to enable full consideration of this funding request

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Signature of Requester: Date:

* Please note, the CCG is under obligation to let the patient know the outcome of all IFR applications. Where the patient has requested the IFR submission, it is good practice to ask the patient if they wish to be copied into other correspondence between the clinician and the CCG. Where the patient has not made the request, the patient should be copied into other correspondence between the clinician and the CCG unless it is clinically inappropriate to do so.

The onus lies with the requesting clinician to present a full submission to the IFR Team which sets out a comprehensive and balanced clinical picture of the history and present state of the patient's medical condition, the nature of the treatment requested and the anticipated benefits of the treatment. All necessary information including research papers must be submitted with this form.
Requests can only be considered based on the information provided. Incomplete forms providing insufficient information will be returned.

6. CLINICAL BACKGROUND

Outline the clinical situation. Please include:

- Previous therapies tried and current treatment including intolerance and response
- Current performance status/symptoms
- Anticipated prognosis if treatment requested is not funded (include what treatment will be given to the patient)

A. BALANCING THE INDIVIDUAL NEED FOR CARE WITH THE NEEDS OF THE COMMUNITY

7. EXCEPTIONALITY

To meet the definition of 'exceptional clinical circumstances' your patient must demonstrate that they are both:

- Significantly different clinically to the group of patients with the condition in question and at the same stage of progression of the condition

AND

- Likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition
-

Do you consider this patient to have exceptional clinical circumstances? (Please refer to the CCG definition of what constitutes an exceptional case.) If so please give your reasons.

8. INCIDENCE & PREVALENCE

Incidence is expected to be initiated for two or fewer patients per million population per year

Prevalence is less than 10 patients per million population at any one time

References are to be provided for stated incidence & prevalence.

What is the anticipated need for this treatment per 1000 head of population i.e. how often would you expect to request this treatment for this condition at this stage of

progression of the condition for a given size of population? (Please refer to the CCG definition of what constitutes an individual case.)

9a. Is this a service development that has been discussed with commissioners? Do you plan to submit a future business case for funding of this treatment (rather than submit individual requests for single patients)?

9b. If this treatment were to be funded for this patient on an individual basis, would the decision set a precedent for other requests?

B. EVIDENCE OF CLINICAL AND COST EFFECTIVENESS/ SAFETY

10. If drug therapy is requested, is the drug licensed for the intended use?

11. What is the evidence base for the clinical and cost effectiveness/safety of this procedure/treatment? Has it been subjected to NICE appraisal or other scrutiny? Please include copies of all relevant clinical research.

Is the procedure/treatment part of a current or planned national or international clinical trial or audit?

12. What previous therapies have been tried and what was the response?

13. What are the anticipated clinical benefits <u>in this individual case</u> of the particular treatment requested over other available options?

14. Why are standard treatments (those available to other patients with this condition/stage of the disease) not appropriate for this patient?

15. How will the benefits of the procedure/treatment be measured? What are the intended outcomes and how will these be determined? What 'stopping' criteria will be in place to decide when the treatment is ineffective? (The CCG will require regular feedback on the outcome if the treatment is approved).

16. How frequently has your unit undertaken this treatment/procedure and what were your results? Is this treatment/procedure subject to Trust audit? Please include any available data on the use of this treatment/procedure by your unit.

C. AFFORDABILITY

17. What is the cost of the treatment/procedure and how does this compare with the cost of the standard therapy it replaces? Please ensure you include all attributable costs that are connected to providing the treatment/procedure e.g. drug/staff/follow up/diagnostics etc.

D. ACCESS TO TREATMENT

18. How will the treatment/procedure be given to the patient (e.g. oral/iv etc) and where will the treatment take place?

19. Is this a single treatment/procedure or part of a course? If part of a treatment course, what is the number of doses that will be given and at what intervals? What is the total length of time of the proposed course of treatment?

E. OTHER

20. Clinicians are required to disclose all material facts to the CCG as part of this process. Are there any other comments/considerations that are appropriate to bring to the attention of the IFR Team?

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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 Rachel.anderson8@nhs.net or clarebrown4@nhs.net.

For queries, please contact the IFR Co-ordinator on 01245 398 740.