

**Form for Exceptional and Individual Funding Requests**

**Please complete the applicable referral proforma for funding for interventions covered by a clinical policy – click** [**here**](http://www.cambsphn.nhs.uk/CCPF/PHPolicies.aspx) **to access the CCG policies and referral proforma:**

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| * This form is to be completed by the GP and/or Consultant/Specialist Practitioner in the particular specialty relevant to this funding request.
* It should be used to apply for exceptional and individual funding requests to the CCG as defined in Section 4.
* Ensure sections 1 - 2 are fully completed before submitting the form. Complete section 3 for high cost interventions.
* **Pay particular attention to the patient consent section (section 1) and share the patient leaflet with your patient.**
* Requests can only be considered based on the information provided**. Incomplete forms providing insufficient information will be returned; this may delay the decision making process.**
* **Complete the form electronically as a Word document**; the spaces given for answers can expand to fit any amount of information. Please do not submit hand written forms.
* **Completed forms should be sent electronically, by email, to the CCG Exceptional Cases Team confidential nhsnet email address:** **cpccge-ifr@nhs.net**The team acknowledge receipt of forms and allocate a unique identifying number for the request.
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**Additional guidance to help in the completion of this form is available in Section 4 of this form**.

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| For information |
| This form and the Exceptional and Individual Funding Requests Policy are available on the following web page: | [**http://www.cambsphn.nhs.uk/CCPF/ExcptnalandIFR.aspx**](http://www.cambsphn.nhs.uk/CCPF/ExcptnalandIFR.aspx)**.** |
| The CCG clinical policies and associated referral proforma are available on the following web page to help when considering if a patient meets policy criteria:  | [**http://www.cambsphn.nhs.uk/CCPF/PHPolicies.aspx**](http://www.cambsphn.nhs.uk/CCPF/PHPolicies.aspx) |

For further information about completion of the form the Exceptional Cases Team can be contacted on:

 Peterborough Office: 01733 776182

 Cambridge Office: 01223 725423

**SECTION 1: Contact Details and Patient Consent**

|  |  |
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| **Date of application:** |  |

**PATIENT DETAILS**

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| **Name of Patient:** |  |
| **Date of Birth:** |  |
| **NHS Number:** |  |
| **Address:** |  |
| **Tel No (optional):** |  |

**GP DETAILS**

|  |  |
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| **Registered GP:** |  |
| **Address:** |  |
| **Tel No:** |  |
| **Email** (please provide secure nhs.net email address)**:** |  |

**REFERRING CLINICIAN DETAILS (if not GP)**

|  |  |
| --- | --- |
| **Name:** |  |
| **Position:** |  |
| **Tel No and Bleep:** |  |
| **Email** (please provide secure nhs.net email address)**:** |  |
| **Organisation Name and Address:** |  |

*Delete as appropriate*

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| **Is this an urgent request? 1**ie decision needed within 5 working days as the patient’s life may be in danger. | YES/NO |
| All other requests will be considered at the next available Review Panel if all the paperwork is complete. |

1 For treatments that are urgently required, where significant harm may occur through delay, it must be provided to the patient and retrospective approval for funding should be sought.

**Patient Consent** Mark or tick boxes below to confirm

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| I confirm the patient has consented to sharing of personal and clinical information contained within this proforma with clinical staff involved in their care and for the Exceptional Cases Team or Panel, as part of the exceptional cases process or Group Prior Approval processes, to request further information, clarify data and communicate where applicable with the patient, and for future audit purposes. |  |
| By submitting this request you are confirming that you have reviewed this request against the relevant policy and believe the patient meets the relevant threshold criteria or exceptionality criteria. You have fully explained to the patient the proposed treatment and they have consented to you raising this referral on their behalf. | Enter date of request |
|  |
| I confirm that **it is clinically appropriate** for the patient to be copied into all correspondence. |  |
| I confirm that **it is not clinically appropriate** for the patient to be copied into all correspondence. |  |
| Please confirm that you have brought the CCG patient leaflet on the collection and use of patient data for the funding request process to the patient’s attention: ‘Why we need to collect your personal confidential information and your rights’. The leaflet is available on the following web page: <http://www.cambsphn.nhs.uk/CCPF/ExcptnalandIFR.aspx> |  |

**SECTION 2: Funding Request and Relevant Case Details**

*To be completed for all cases*

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| 1 | **What is the funding request for?** |  |
| 2 | **Brief History**Include the patient’s diagnosis, co-existing conditions, current health status and any other relevant health problems. |  |
| 3 | **Previous interventions**Summarise the previous interventions the patient has received for this condition. When did they occur? What were the outcomes of these interventions? What was the reason for stopping? |  |
| 4 | **Outcomes**What are the specific goals and expected outcomes of this treatment for this patient? What happens if the intervention is unsuccessful? Include in your answer the criteria for discontinuing this intervention. |  |
| 5 | **Impact of refusal**What are the implications of not providing the proposed intervention for the patient or carer, eg potential future illness or disability or costs? |  |
| 6 | **Alternatives**What other treatment options are available for this condition? Please provide details and state reasons why they are considered inappropriate in this case. Are any alternatives commissioned by the CCG? |  |
| 7 | **Cost Effectiveness**Please state the estimated duration and total costs (cost of drug/procedure and service costs). |  |
| 8 | Please state any cost savings to be gained from this procedure such as likely downstream procedures/admissions avoided. When would you expect these savings to be realised against current treatment costs? |  |
| 9 | **Evidence and policies**Are there any local or national policies for the use of the proposed treatment? (Please include local policies, NICE, SIGN, Royal College guidance if any). |  |
| 10 | **Applicability**How is the evidence/policies quoted above applicable specifically to this patient? Does the patient meet the relevant inclusion criteria and if so how? |  |
| 11 | **Is this request made because the case is regarded an exception to a policy mentioned above?*** Please explain why the benefit from this treatment for the patient in terms of health gain and/or improvement in the quality of life would be significantly greater than would be expected for a typical patient with a similar condition.
* Why is this patient or their clinical condition significantly different when compared with a similar group of patients who are suffering from the same condition.
 | Yes/No. Please explain. |
| 12 | **Governance**Please set out by whom treatment effectiveness will be reviewed. |  |
| 13 | Location of proposed intervention, (eg which hospital, treatment centre). |  |
| 14 | Is the location accredited for providing this treatment and are there appropriate clinical governance systems in place? |  |
| 15 | **Any additional information relevant to the case?** |  |
| **Smoking statement:** |
| 16 | Patient is a non-smoker. |  |
|  | OR Patient has been advised of the surgical and post-surgical risks associated with smoking and referred to a smoking cessation service. |  |
|  | OR Patient has been advised of the surgical and post-surgical risks associated with smoking, but does not want to be referred to a smoking cessation service. |  |

**SECTION 3: High Cost Interventions and Drugs**

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| **Standard treatment and proposed new treatment:** |
| 17 | What would be the standard treatment at this stage? |  |
| 18 | What would be the expected outcome from the standard treatment? |  |
| 19 | Is the requested treatment additional to the standard interventions(s) or a deviation from the standard? |  |
| 20 | What are the circumstances that make standard treatment inappropriate for this patient? |  |
| 21 | What is the anticipated benefit of the new treatment as compared to the standard treatment or best supportive care? |  |
| 22 | What is the anticipated risks/harm of this new treatment as compared to the standard? |  |
| 23 | Are there any other patient factors that you would like to be considered? |  |
| **Further evidence and policies** |
| 24 | Is there further evidence denoting decision/approval status for this treatment? Please attach relevant policies, minutes or guideline documents. |  |
| 24a | Clinical Policies Forum or Cambridgeshire and Peterborough Joint Prescribing Group Policies/Minutes or other local commissioning policies. |  |
| 24b | Specialised Commissioning Group or other regional policies. |  |
| 24c | Drugs and Therapeutics Committee or Chairman’s action. |  |
| 24d | Peer Review – with other consultants or MDT:Date of peer review:Consultants present/MDT:Recommendations: |  |
| 25 | Is there any other evidence for the effectiveness of the intervention proposed? (This can include peer-reviewed articles and internal audit). ***It is vital to provide electronic copies for the evidence provided to prevent delay in decision making.*** |  |
| 26 | **Applicability**What is the rationale for use of the proposed treatment and relevant clinical evidence?How is the evidence/policies quoted above applicable specifically to this patient? Does the patient meet the relevant inclusion criteria and if so how? |  |

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| **Clinical severity and quality of life (QoL):** |
| 27 | What is the clinical severity – using standard scoring systems where possible? |  |
| 28 | How does the current disease status affect abilities of independence and self-care, QoL, etc and is the proposed treatment going to have any effect on this? |  |
| **Drug treatment details:**If the treatment forms part of a regimen, please document full regimen. |
| 29 | Dose, frequency and route of administration: |  |
| 30 | Planned duration of treatment: |  |
| 31 | Is the treatment likely to be repeated? How often? |  |
| 32 | What is the anticipated total number of treatments for this patient? |  |
| 33 | Give details of the full regimen if relevant (including concomitant therapies). |  |
| 34 | What would you consider to be a successful clinical outcome for this treatment, eg QoL life expectancy, etc? |  |
| 35 | Is this treatment likely to facilitate subsequent treatment? |  |
| 36 | How will you monitor the effectiveness of this treatment, after how many doses and how frequently? What are the criteria for continuing treatment? |  |
| 37 | What are the stopping/exit criteria for this treatment? Define fully using objective measurements or recognised assessment scales. |  |
| 38 | If this is a drug that is secondary care initiated and then prescribing might be continued in primary care, have appropriate shared care protocols been agreed? If yes, please provide details. |  |
| 39 | Is the treatment licensed for use for the requested indication in the UK? |  |
| 40 | Please give information about NNT, NNH – ask your pharmacist if the data is required. |  |
| 41 | Is the requested intervention part of a clinical trial, and what does the trial protocol say about continuation of treatment after the trial ends? |  |
| 42 | Has private funding previously been provided? If yes, why is NHS funding now being sought? |  |
| 43 | Are there any arrangements with the manufacturer regarding provision of the requested treatment, eg the drug is being provided free or under favourable terms? |  |
| 44 | Please state the number of cases submitted for funding of this intervention by the Trust in the last 12 months and how this patient differs from others with the same condition.How many other similar patients you may see over the next 12 months?**Note**: If there are other similar patients (more than 2), please submit a business case or seek ‘group prior approval’.**Your pharmacist and/or commissioning manager can advise you on this.** |  |
| 45 | Please declare any potential conflict of interest. See guidance on last page.Support in research projects should also be declared. |  |
| 46 | **In the case of drug treatments only:** All information checked and supplemented where required and application approved by Chief Pharmacist or nominated deputy, eg directorate pharmacist, after checking that all the questions are completed. | Name: |
| Contact details: |
| Signature or email confirmation: |

**Signature of requesting clinician:**

*(electronic signature)*

**SECTION 4: Additional Information**

The Exceptional and Individual Funding Requests Panel considers whether funding should be granted for individual patients who are being considered for a treatment (procedure or drug) that:

* does not fall within existing contracts; and/or
* is a low priority procedure and/or is a threshold treatment, but the patient does not meet the threshold and there are extenuating circumstances where treatment should be considered. See: <http://www.cambsphn.nhs.uk/CCPF/PHPolicies.aspx> for the full list of current policies; and/or
* is not funded for routine prescribing, eg drugs outside secondary care contracts which practices may be asked to prescribe or support for their patients. Drugs on the primary care Red List should normally be discussed with your local area Pharmacist Team Manager, who will refer primary care expensive drug requests to the panel if necessary.

**Individual funding:** is a request which seeks funding for a single identified patient for a specific treatment. There is no policy and not more than 2 patients are expected in a year for this request. These are usually new or emerging treatments where the CCG has not yet produced a policy or commissions that treatment.

**Exceptional funding:** is a request to fund healthcare that falls within an existing policy for lower priority treatments that the CCG has agreed, and, both patient and clinician believe that, in this case, the policy is not applicable and hence should be funded.

**Oxford Definition of Exceptionality**

*Definition of ‘exception’: A particular case which falls within the application of a rule, but to which the rule is not applicable.*

*Definition of ‘exceptional’: of the nature of or forming an exception; unusual or special.*

**Criteria for Exceptionality:**

* The benefit from the treatment for the patient in terms of health gain and/or improvement in the quality of life would be significantly greater than would be expected for a typical patient with a similar condition.
* The patient or their clinical condition is shown to be significantly different when compared with a similar group of patients who are suffering from the same condition.

Exceptional clinical circumstances refers to a patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by a typical patient with the same medical condition and at a similar stage of progression as the patient.

**Application for Exceptional and Individual Funding Requests**

Referrals to the Panel can only be made on an individual, named patient basis and should be made by an appropriate referring clinician **prior** to referral for treatment. For treatments that are urgently required, where significant harm may occur through delay, it must be provided to the patient and retrospective approval for funding should be sought if the cost of the drug is not already in the contract/tariff. **Requests for secondary care drugs or therapeutics must have approval by the relevant secondary care committee prior to this referral.**

The fact that the diagnosis is rare, or that the treatment might be effective for the patient is not in itself grounds for exceptionality. If a patient’s clinical condition matches the ‘accepted indications’ for a treatment that is not funded, they are by definition not exceptional.

Only evidence of clinical need is taken into consideration. Factors such as gender, ethnicity, age, or other social factors such as occupation or parenthood are not normally considered (on grounds of equality and equity).

Before you request funding for a treatment, please ensure that you have checked the policy position for this treatment with your commissioning department or your pharmacist (where relevant) and by referring to the website given above.

Decisions made by the Panel will relate to the individual patient only and are not an indication of the CCG’s policy for the provision of this treatment for other patients. Neither are positive decisions an absolute approval for the treatment to go ahead. A decision to treat is a clinical decision and responsibility for this rests with the clinician to whom the patient is referred in consultation with the patients themselves.

It is worth remembering that marginally better clinical effectiveness by using new treatments is frequently associated with disproportionately higher costs, thus representing poor value for money. There are many competing demands on the CCG’s limited financial resources. Thus, disproportionately expensive treatments can threaten the viability of other routine healthcare services that may have greater patient and population benefit. The Panel is required to consider the anticipated health gain and justify the extra cost for the treatment.

**Potential Conflict of Interest**

A competing interest exists when professional judgement concerning a primary interest (such as patient’s welfare or the validity of research) may be influenced by a secondary interest (such as financial gain or personal rivalry). It may arise when they have a financial or other interest that may influence – probably without their knowing – their interpretation of their decisions or those of others. (BMJ)

**Appeals process**

An appeal process exists to allow the patient, if they wish to have their case re-considered and allows the CCG to examine its own processes to check that they are legally, ethically and clinically robust. If the clinician or patient does not agree with the Panel’s decision, the first step should be to phone or email at the address given on page 1, to get more details about the appeals process. If you wish to proceed further, you need to apply in writing setting out the reasons for the appeal (there are no forms to be completed to appeal).

The Exceptional and Individual Funding Requests Policy is available on: <http://www.cambsphn.nhs.uk/CCPF/ExcptnalandIFR.aspx>