South London’s Individual Funding Requests (IFR)

IFR Triage Meeting - Terms of Reference – December 2012

1. Governance Arrangements

1.1 The Individual Funding Request (IFR) Triage meeting is a clinically lead, multi-professional meeting responsible for determining that an IFR application is eligible for consideration by the IFR Panel.

1.2 The IFR Triage Meeting is accountable to the IFR Panel, so will act as a sub-committee the IFR Panel. The IFR Panel is accountable to the Clinical Commissioning Group (CCG) Governing Board via its committee structure.

2. The IFR Triage Process

The IFR Panel will consider only requests as defined within the CCG(s) IFR policy so the IFR Triage process is undertaken in three stages to reduce inappropriate requests:

2.1 Establishing that the IFR request is appropriate - administratively lead

The IFR team administrators will assess, in discussion with more senior members of the team if necessary, whether the request has been appropriately addressed to the IFR Service. Inappropriate requests fall into a number of categories which are managed as follows:

- Non-contracted activity (NCAs);
- Mental health and community services funding requests;
- Notifications – These are almost always for PbR-excluded drugs;
- Prior approvals;
- Planned treatment abroad – These requests are managed by the IFR Service but, unless they are IFRs requiring Panel approval, follow a different pathway set out in a separate policy document, flowchart and patient leaflet.

2.2 Checking the completeness of IFR application – administratively lead

After confirming that the request is an appropriate IFR, the IFR Assistants then will confirm that the patient is registered with a GP who is a member of a SL CCG. If a patient is registered elsewhere, the request will be returned to the applicant with details of the appropriate contact. The IFR Assistant also will check that IFR application form is complete, including the following information checks:

- The request has been submitted on the appropriate application form;
- All relevant sections of the form have been completed;
- Attachments referred to in the application form are enclosed as stated;
- The patient has consented to sharing their confidential information;
- For drug requests, the Trust Chief Pharmacist has approved the application.

At this stage the patient’s details, the applicant’s details and details of the funding request will be entered into the Commissioning Support Unit’s (CSU) secure database and a secure file created and a unique identifier assigned to the IFR referral.

2.3 Triage meeting – clinically lead

Once an application has been administratively triaged, as detailed above, it will be submitted to the next triage meeting to determine whether the IFR is eligible for consideration by the IFR panel, from a clinical perspective.
3. Duties and Responsibilities

3.1 The triage meeting will consider the following options for each IFR requests:
- To request any further information they think is necessary;
- To refer the request to Public Health for an evidence review;
- To approve the request;
- To decline the request;
- To refer the request to the IFR Panel.

3.2 The triage team can agree to fund a request where they agree that:
- The patient fully meets the relevant criteria as set out within the appropriate section of the CCG(s) IFR Policies or
- there is compelling evidence of exceptionality and significant evidence of clinical effectiveness.

3.3 The triage team can decline to fund a request based on the assessors’ view that the patient does not fulfil the relevant criteria as set out within the appropriate SL IFR policies and there is no evidence that the patient would constitute an exception. The applicant may appeal the decision in the usual way.

3.4 In case of uncertainty or ambiguity, the preliminary assessors should refer the request to the IFR Panel.

3.5 All decisions made by the triage team will be recorded and reported to the next Individual Funding Request Panel.

4. Membership

The IFR Panel will be made up of a multi-professional membership comprising a GP or Consultant in Public Health supported by an IFR Manager/Officer of the IFR.

The IFR Panel membership must include the clinician(s) who have undertaken the clinically lead triage process.

5. Frequency of Triage Meetings

The frequency of triage meetings depends on volume of IFR applications received. A minimum of one triage meeting a month is required to meet the timeline of IFR referrals to be responded within 20 working days.

6. Confidentiality

When cases are considered which require access to confidential clinical information through triage and/or the implied consent to disclosure of such information to all members of the IFR Panel will be assumed. This will be indicated to patients by the referring clinician and be confirmed in IFR publicity material and the patient will be requested to complete a consent form when the IRF application is initially submitted.

7. Review

The IFR Panel’s Terms of Reference will be reviewed annually or in light of any changes in legislation, practice or local/national guidance.