

Top Tips for Clinicians



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Subject	Individual Funding Requests (IFRs)
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Disclaimer	These are intended only as good practice prompts. Use your clinical judgement.
Top Tip 1	<p>Treat the IFR form as a guide and ask the most appropriate person to complete it</p> <ul style="list-style-type: none"> • Consultants are often the most knowledgeable and it has been agreed with the Trusts that they should not shift responsibility to GPs. • Gather as much relevant information and make sure it is submitted first time, we often find attachments are missed off. Copies of clinic letters are very helpful in lieu of completing sections of the form. • Consult the EBI document referenced below before making a submission for relevant procedures – if it meets these guidelines you may not need to submit a request at all. • All requests will be triaged, and more information will be requested if it is needed before taking to Panel. This is so the best case can be made first time to the Panel. • Please feel free to contact the IFR team to discuss a request before it is submitted.
Top Tip 2	<p>The IFR Panel likes to see <u>impartial</u> evidence and support from clinicians</p> <ul style="list-style-type: none"> • The patient’s NHS clinician is usually the best person to judge the need for a particular intervention, the patient’s capacity to benefit and their exceptionality. • Recommendations for treatment from individuals or organisations (commercial or not for profit) that are likely to benefit financially from the proposed intervention are not usually considered as sufficient evidence alone. • You can include letters from patients in the submission, but this will not necessarily be accepted as relevant by the Panel. This is to ensure equity so that the most articulate and self-advocating do not have unfair advantage. • The IFR Team cannot accept correspondence directly from patients or their advocates and cannot enter a dialogue with them.
Top Tip 3	<p>Exceptionality</p> <ul style="list-style-type: none"> • Cases are considered against a cohort of those with the same condition. Having a rare condition may make them exceptional to the general population but not necessarily exceptional within that cohort. Please provide as much evidence as you can. • Follow the CCG’s clinical pathways on Assist. Even if the patient has had a treatment before, and it has been said to be effective, this does not indicate exceptionality. • Social factors are not normally considered exceptional.
Top Tip 4	<p>The Panel is mindful of the CCG’s responsibility to use its available funds cost-effectively</p> <ul style="list-style-type: none"> • The commissioned services are expected to make reasonable adjustments to help people with disabilities or other needs (e.g. counselling for those with ASD) and have undertaken to do so. There shouldn’t be a need for patients to default to a “specialist service” first time. Refer to local services in the first instance. • Document that routinely commissioned services have been tried. Explain why that treatment has proved ineffective. Documentary evidence from the Service is helpful. • Reluctance or refusal to engage by the patient will not usually be accepted.
Information	This document worth having easily accessible. NHSE Evidence Based Interventions Guidance
My CPD	<i>Document the key points simply, reflect on what it means for me, so what?</i>