Derby and Derbyshire
Clinical Commissioning Group

NHS DERBY & DERBYSHIRE CCG INDIVIDUAL FUNDING REQUEST PANEL

Terms of Reference

1. PURPOSE

1.1 The purpose of the Individual Funding Request Panel (IFR) is to oversee the Individual Funding Request **("IFR")** process including the review of screening decisions and making of decisions on IFRs.

1.2 The IFR Panel will work to the published NHS Derby & Derbyshire CCG IFR Policy and each request will be processed by following the NHS Derby & Derbyshire IFR Standard Operating Procedures (SOP). This will ensure that all requests are considered in a fair consistent and transparent way with decisions based on the available clinical evidence presented by the treating clinicians and the CCGs commissioning principles.

1.3 The IFR Panel is a formal decision making group consisting of nominated representatives from the CCG.

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2. FUNCTIONS OF THE IFR Panel

2.1 The IFR Panel has formal decision making authority from the CCG to perform the following functions on their behalf:

- make decisions in respect of IFRs
- enact and oversee a robust IFR process
- ensure IFR Panel members are appropriately trained in IFR decision-making
- to be informed of all cases which have been referred through the initial screening process to determine whether they will be considered by the IFR Panel before they can proceed, including cases which have been screened out and the reasons why
- implement and maintain a robust audit trail of requests, rationale and decisions
- maintain a register of training for members of the IFR Panel
- develop mutually supportive links with neighbouring IFR panels
- ensure the IFR process is sufficiently robust to meet the needs of any Judicial Review
- maintain an up to date library of current policies relating to IFR
- make recommendations relating to IFR policy development
- receive and review case-specific evidence provided by Public Health

- receive from Public Health case-specific key considerations and supporting evidence
- oversee the process for appeals; submitting cases to the appeals panel and receiving regular reports on cases reviewed and their outcomes

2.2 For the avoidance of doubt the IFR Panel does not have any delegated authority to make decisions regarding the policies related to the IFR process.

3. MEETING FREQUENCY

3.1 Meetings will be held on a monthly basis or more frequently where the clinical case is urgent.

3.2 Urgent meetings of the IFR Panel will be convened at the request of the Chair.

3.3 Where necessary the IFR Panel will conduct business "virtually" and exploit technology where appropriate. The members of the IFR Panel may participate in meetings from different locations where they can communicate to the others any information or opinions they have on a particular item of business of the meeting simultaneously.

3.4 A decision of the IFR Panel may take the form of a resolution in writing or by email, copies of which have been signed by each voting member of the panel or to which each voting member has otherwise indicated agreement in writing or by email.

4. MEMBERSHIP

Voting Members

4.1 The IFR Panel will have the following permanent Voting Members:

4.1.1 1 x Chair (Lay representative)
4.1.2 1 x NHS Derby & Derbyshire Director of Nursing or nominated deputy (e.g. Quality Lead)
4.1.3 1 x NHS Derby & Derbyshire Commissioning Director or nominated deputy

(together the **"Voting Members")**

4.2 The Chair will be an independent lay representative appointed by the CCG

4.3 If the Chair is unable to attend a meeting the CCG Representative will appoint a Vice Chair from one of the CCG Lay Representatives to deputise in the Chair's absence.

4.4 Each CCG Representative is entitled to nominate an alternate representative, to attend a meeting of the panel on their behalf. Alternates must be appropriate (nominated by a Director, trained and able to perform the role) and they must be fully briefed and able to perform the role of the CCG Representative. Where possible, the Chair should be notified in writing before the meeting at which an Alternate will attend. The Chair shall approve the appointment of any CCG Representative.

Non-Voting Members

4.5 The IFR Panel will have the following permanent non-Voting Members:

4.5.1 1 x NHS Derby & Derbyshire CCG Medicines Management representative
4.5.2 1 x Public Health Professional
4.5.3 1 x General Practitioner
4.5.4 1 x NHS Derby & Derbyshire CCG Finance Representative

4.6 The Non-Voting Members have the right to attend and contribute to the meetings but cannot vote.

The Chair may require the Medicines Management member to attend where the Chair considers that the case being discussed requires it.

In Attendance

4.7 An IFR Administrator will attend each meeting of the panel to take the minutes

4.8 The Individual Decisions Manager will record the decision of the IFR Panel against each of the questions in the Decision Framework Dcoument.

4.9 Public Health trainees can also contribute to the work of the IFR Panel as part of their training. They can attend panels as non-voting members

Co-optees/attendees

4.10 In addition to the above permanent membership the IFR Panel may co-opt other temporary Non-Voting Members and/or invite observers as deemed necessary.

5. QUORACY

5.1 No business shall be transacted at any meeting unless a quorum is present.

5.2 The quorum for meetings shall be a minimum of 2 x Representatives from the CCG and the public health representative.

5.3 A CCG Representative or their Alternate counts towards the quorum by being present either in person.

5.4 In the event that a vote is required a, resolution will be agreed by a majority of those Voting Members who are present at the meeting in person or by proxy and eligibility to vote (i.e.: no conflict of interest). Each Voting Member shall have one vote.

5.5 In the event of a tie the Chair will have the casting vote.

6. RESERVED MATTERS

6.1 Changes to these terms of reference must be considered and unanimously approved by the CCG Clinical and Lay Commissioning Committee (CLCC)

7. CONFLICTS OF INTEREST

7.1 If any of the Voting Members, the Non-Voting Members, or any observer, co-optee or attendee has a conflict of interest then they must declare that conflict as soon as they become aware of it (or as soon as reasonably practicable thereafter).

7.2 Any such declaration shall be recorded in the minutes of the meeting along with a summary of the action taken in light of the declaration.

7.3 The Chair shall be responsible for determining how any declarations will be dealt with. If the Chair has a conflict then the Vice Chair will be appointed to determine how that conflict will be handled.

8. ADMINISTRATION

8.1 An agenda for each meeting will be circulated by the IFR Administrator with supporting documents or paperwork at least five working days before the meeting, unless the meeting is an urgent meeting and has been called at short notice. Papers tabled at the meeting will only be accepted with the

approval of the Chair. Notice of the venue or process for communicating in the event of a virtual meeting will also be circulated by the IFR Administrator.

8.2 Conflicts of interest must be declared and recorded at the beginning of every meeting.

8.3 Minutes, actions, those members present and those in attendance and details of any conflicts of interest declared arising from IFR meetings will be recorded by the IFR administrator and once approved by the Chair will be circulated to panel members within five working days of the meeting.

8.4 The Individual Decisions Manager shall have responsibility for drafting decision letters to clinicians regarding IFRs they have requested. Such letters must be approved and signed by the Chair of the Committee

9. REPORTING REPONSIBILITIES

9.1 The CCG Representatives of the IFR Panel hold responsibility for reporting on the business of the IFR Panel to the Clinical Policies Advisory Group (CPAG). Quarterly reports will be submitted by the IFR Manager to CPAG which will contain details of cases that have been screened, outcome of panel cases and review cases.

10. REVIEW

10.1 The next planned review of these terms of reference by the Committee will be 2022 and periodically thereafter. However, any proposed amendments to these terms of reference must be unanimously approved by the CLCC of the CCG prior to adoption.

Date agreed: **June 2019**
Date(s) revised: **May 2022**

Terms of reference of the Review Panel

1. Membership

The Review Panel will consist of:

- Lay representative (Chair)
- Chief Officer or nominated Director (Executive or Functional)
- Public Health Professional/nominated deputy

None of the panel members should have been involved in the case prior to the Review Panel. The Review Panel will not consider either new information that was not available to the IFR Panel or receive oral representations.

2. Purpose

The Review Panel will determine whether the original decision is valid in terms of process followed, the evidence/factors considered and the criteria applied. In deciding the outcome of a review, the Review Panel will consider whether:

- The process followed by the IFR Panel was consistent with that detailed in the IFR Policy
- The decision reached by the IFR Panel:
  i. was consistent with the CCG Commissioning Principles
  ii. had taken into account and weighed all the relevant evidence
  iii. had not taken into account irrelevant factors
  iv. indicates that members of the panel acted in good faith
  v. was a decision which a reasonable IFR panel was entitled to reach.

The Review Panel will be able to reach one of two decisions:

- To uphold the decision reached by the IFR Panel.
- To refer the case back to the IFR panel with detailed points for reconsideration.

Where the Review Panel consider that the decision may not have been consistent with the CCG Commissioning Principles, the IFR Panel may not have taken into account and weighed all the relevant evidence, have taken into account irrelevant factors or reached a decision which a reasonable IFR panel was entitled to reach the Review Panel shall refer the matter to the IFR Panel if they consider that there is an arguable case that requested treatment will be approved.
If the Review Panel considers that, notwithstanding their decision on the procedure adopted by the IFR Panel, there is no arguable case that the decision would have been different; the Review Panel shall uphold the decision of the IFR Panel.

3. Frequency of meetings

The Review Panel will be scheduled monthly. A case may need to be considered urgently on the advice of a senior Public Health professional, nominated by the Director of Public Health, after consultation with the patient's clinicians. The timing of the urgent Review Panel will be based on the individual clinical circumstances and the risk of an adverse clinical outcome if a funding decision on treatment is delayed. Ideally, all urgent cases will be considered by face-to-face meeting, but where the clinical urgency makes this impossible, communication by phone or e-mail will be deemed appropriate.

4. Voting Rights

The Review Panel members will seek to reach a decision by consensus. If this is not possible a decision will be made by a vote with each member having one vote.

5. Quorum

All three panel members must be present for the Review Panel to be quorate.

6. Documentation

The Review Panel will only consider the following written documentation:

- the original Treatment Request Form submitted to the CCG
- IFR process records in handling the request
- the IFR Panel records, including the Decision Framework Document and any additional supporting information considered by the IFR Panel
- the grounds submitted by the referring clinician and/or the patient/guardian or carer in their request for review.

There will be no other representation at the Review Panel from the IFR Panel or the referring clinician and/or the patient/guardian or carer. The Review Panel will not consider new information or receive oral representations. If there is significant new information, not previously considered by the IFR panel, it will be considered as set out in 6.11 Reconsideration above. All information will be anonymised before consideration by the Review Panel.

7. Authority

The Review Panel is a sub-committee of the CCG Board and has delegated authority to undertake a review of IFR Panel decisions in respect of funding of individual cases as defined in 2.Purpose. It is not the role of the Review Panel to reach a decision on funding of an Individual Funding Request nor does the Panel make commissioning policy on behalf of the CCG.

8. Accountability

The Review Panel is accountable to the CCG CLCC.

9. Reporting and Monitoring

The IFR Officer will produce an annual report which will be considered by the CCG Board. The Terms of Reference of the Review Panel will be reviewed annually by the CCG Board. The IFR Panel will meet on a quarterly basis to review the IFR database with the IFR Officer in order to evaluate the Review process and to consider any improvements that could be made.

10. Training

All members of the Review Panel must undergo mandatory induction training. This will cover both the legal and ethical framework for IFR decision making, the CCG commissioning processes and structures and the technical aspects of interpretation of clinical evidence and research. This training will be regularly refreshed to ensure that all panel members maintain the appropriate skills and expertise to function effectively.