

Individual Funding Requests (IFR)

by Elaine Aylott

Commissioning healthcare is a complex process if you are on the outside. The key message I want to get over is this: if there is a service, a treatment or a piece of equipment that would improve the day-to-day management of your condition and currently it's not available to you, it may be possible to get it another way! I will attempt to explain how and hopefully provide you with some insight.

In the UK, our healthcare is paid for by the National Health Service (NHS), with budgets given to various organisations to ensure services and treatments are provided to meet the needs of the population. Currently, local GP-led Clinical Commissioning Groups (CCGs) are responsible for commissioning/buying services to meet the needs and requirements of the local population it serves, generally classed as routine services. These services are available to everyone, including, for example, General Practice (GP), Accident and Emergency (A&E), or secondary care/acute hospital services, where you are taken care of by someone with expertise focusing on a specific disease/condition or system of the body, such as a cardiologist for heart problems.

Local services aren't always able to provide some of the more complex and specialised treatments, such as heart bypass or chest surgery and some of the rarer cancer treatments. Some services are provided by regional centres, usually a larger hospital with more facilities and specialists.

Rare medical conditions, such as TOF, and syndromes, such as VACTERL, are often not covered by a dedicated service or specialist but are managed within specific disciplines, such as respiratory, cardiac, gastroenterology, urology etc. Patients may be required to attend at a specialist centre where the experts, facilities and equipment are available.

In addition, there are Specialised Commissioning Boards, responsible for commissioning certain specialised areas of care, such as mental health treatments and some of the more highly specialised treatments. All of these are purchased through general service contracts of one sort or another.

Finite resources mean that some treatments and procedures may be restricted; an example would be expensive drug treatments for cancer, as we see highlighted in the press from time to time.

So, what are Individual Funding Requests (IFR) and how might they help you?

CCGs have a responsibility to commission appropriate healthcare to meet the clinical needs of individual patients, including those with rare conditions or exceptional clinical circumstances, and in the main there is provision within the service contracts negotiated.

However, not all individual requirements will be covered. To this end CCGs must consider funding specific treatments or care or items of equipment that are not covered within their current contracts.

Why?

- Because you have a rare medical condition;
- Because your doctor feels there are exceptional clinical circumstances, ie you are significantly different from the population of patients with the same condition at the same stage;
- Because you are likely to gain significantly more benefit than might normally be expected for similar patients at the same stage of the condition.

Here are a few hypothetical examples which would fall into the category of individual or exceptional funding requests:

- A new drug to combat severe and enduring gastric reflux has come on the market; it is expensive and not approved by NICE; your doctor can't prescribe it, but you believe it would improve your condition.
- Your condition is deteriorating, your doctor is unable to do any more and has suggested you consult a gastric surgeon in Edinburgh, but you are unable to because of current service contracts.
- You are experiencing difficulty taking your medication because your condition affects your ability to swallow. You would like a liquid form which is on the market but more expensive. Your GP is restricted to supplying you with a tablet only form because of medicine management protocols within the CCG.

All CCGs are obliged to have a process and procedure in place to address this type of situation – individual/exceptional need. Each request will be dealt with and considered on a case-by-case basis, so there is no right or wrong request. They will be looking for exceptionality in individual cases, for evidence supporting the safety and effectiveness of any treatment, care or piece of equipment; they will consider the cost-effectiveness of the request and whether you (your health outcomes) are significantly disadvantaged if your request is unsuccessful.

The procedures may vary slightly from area to area but usually it is as follows:

1. Application forms, usually available to download from the CCG website, must be completed by a clinician. Some CCGs stipulate it must be a doctor, others will allow any professional allied to medicine to complete it, eg a speech and language feeding specialist or a physiotherapist.
2. The application is submitted and will be considered by a panel, usually of clinicians and/or commissioners with clinical knowledge and understanding.
3. If the request is turned down and you wish to appeal the decision, there will be an appeals procedure.

An IFR should be a fairly straightforward process if a little time-consuming; unfortunately commissioning services is not so straightforward and, in trying to keep it simple, I may have confused things even more, for which I apologise.