



Commissioning Policy Individual Funding Request

Guidance - Who Applies for Funding?

Bristol, North Somerset, Somerset and South
Gloucestershire Clinical Commissioning Groups

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1. The Principle of Who Applies for Funding

The general principle is:

- It is the responsibility of the clinician who decides that an intervention is required, to make the application for funding, if the procedure is not routinely funded.

2. Securing Funding Approval in Primary Care Prior to Referral

The treatment specific policies governing the work of Interventions Not Normally Funded [INNF] set out who is normally responsible for applying for funding approval and more often now this is required this to be secured prior to a referral to secondary care. This is because the patient's clinical history is maintained mainly in primary care and the data required to approve funding will generally be available to the GP.

A referral will mean that patients are seen in an out-patient's appointment, often on multiple occasions, and may have undergone numerous diagnostic tests. Where this is for a treatment listed on the INNF list, if the patient does not meet the criteria for funding and does not qualify for treatment under "exceptionality", this means that these resources will have been wasted and also leads to longer waiting lists.

Securing funding approval up front will reduce delays and support the achievement of RTT targets.

Furthermore, studies show that once a patient is seen by a clinician in an Acute Trust or Provider, their expectation of surgical treatment is normally heightened. In addition, patients have often had to alter work or caring duties in order to attend outpatient appointments and tests. A subsequent refusal to provide funding approval can cause significant distress to patients and lead to complaints and involvement of the Parliamentary and Health Service Ombudsman.

Secondary care providers are required to reject referrals received for treatments on the INNF list without funding approval being evidenced.

3. Secondary Care Responsibility for Seeking Funding Approval

There are a number of specialist treatments on the INNF list which can only be assessed as appropriate by a secondary care clinician and the overarching principle is that the clinician who decides an intervention on the INNF list is necessary, should make the application for funding also applies on these occasions.

Therefore, if the consultant decides an intervention is necessary, the consultant should also apply directly for the funding, as they are able to evidence how the patient meets the criteria for treatment or what makes them exceptional, as they will have assessed them against the policy criteria and made the decision that treatment is necessary.

In addition, there are occasions when a patient will be seen in secondary care, without funding approval having been secured at the outset. These include:

- Referrals having been made by primary care and accepted by secondary care despite a requirement to only do this once funding approval is secured,
- Referrals being made within providers (note these are governed by the Access Policy)
- Referrals being made from one secondary care provider, including Any Qualified Providers and private providers, to another secondary care provider.

In each of these instances, accepting the referral without funding approval having been secured means that the onus will be on the secondary care clinician who sees the patient, assesses and recommends a specific treatment to apply for funding. Having accepted such a referral, it is not appropriate for the secondary care clinician to ask the GP to secure funding approval on their behalf.

4. Exception to the General Principle

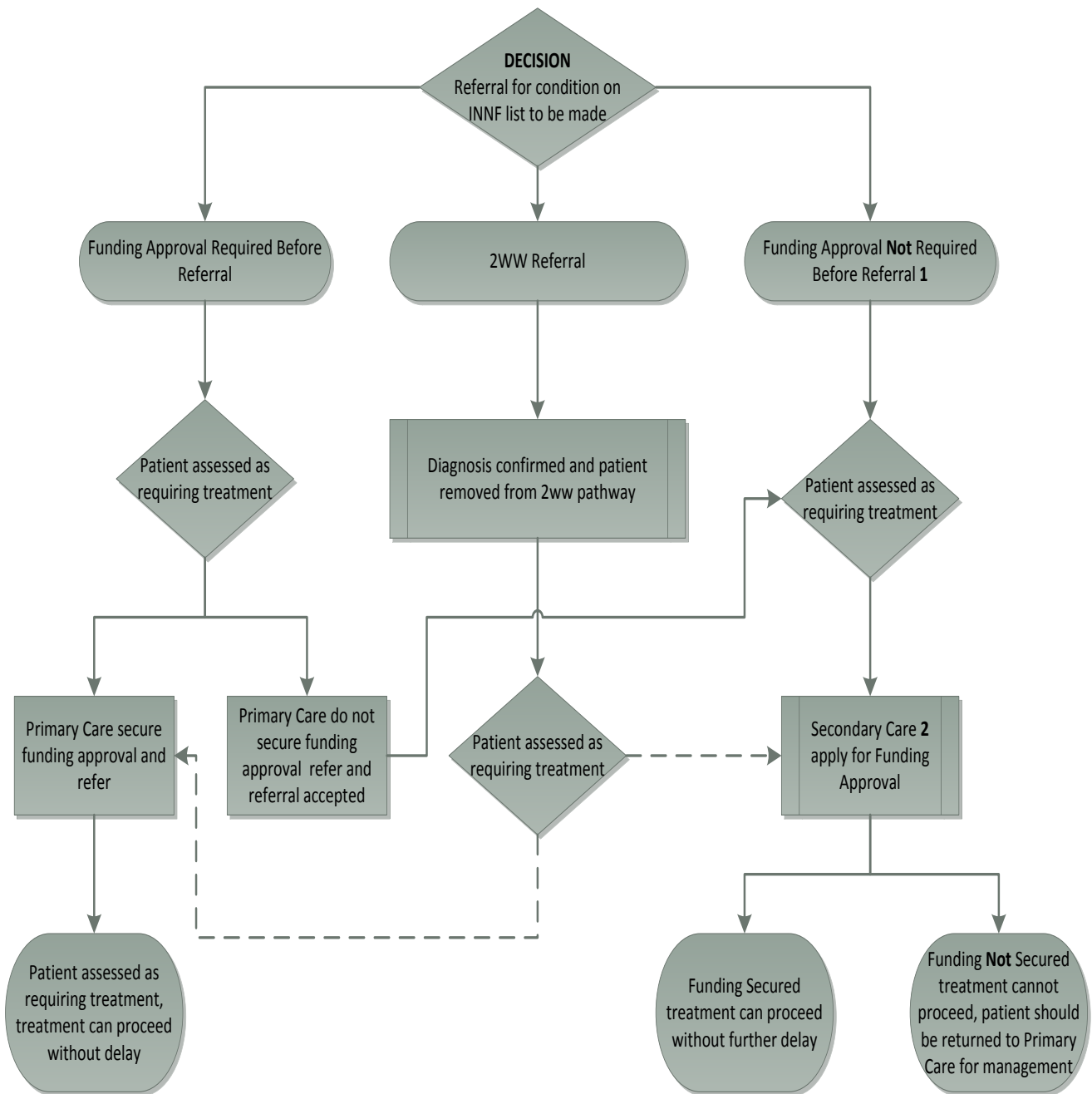
Two Week Wait

Interventions Not Normally Funded does not generally apply to patients referred under 2 week wait pathways. However, where patients are subsequently cleared of any concerns but are recommended to receive a treatment covered by the INNf list, the responsibility to secure funding approval will remain with the clinician recommending the treatment.

If there is some concern with diagnostic uncertainty, the referrer should consider whether it is appropriate to refer under the 2ww pathway. If not, funding approval will be required before referring.

This route should not be used to try and avoid the need for funding approval, as the requirement to secure funding approval remains.

Appendix A - Flowchart Demonstrating Responsibility To Secure Funding Approval



Notes:

1. A small number of INNF policies require funding approval to be secured once the patient is assessed in Secondary Care.
2. Secondary Care includes all Acute Trusts and AQPs

Appendix 1: Glossary of Terms

Term	Definition
Acute Trust or Provider	<p>A hospital trust, also known as an acute trust is an NHS trust that provides secondary health services within the English National Health Service.</p> <p>NHS Providers are the membership organisation and trade association for NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS</p>
Any Qualified Provider	<p>Any qualified provider (AQP) means that when patients are referred, usually by their GP, for a particular service, they should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations.</p>
Clinical Commissioning Group	<p>Clinical commissioning groups (CCGs) are clinically led membership groups of GP practices which plan, buy and performance-manage a range of local health services for their population. There are 211 CCGs in England and, between them, they manage most of the NHS commissioning budget for England. Every GP practice must belong to one.</p> <p>CCGs were formed after the passing of the Health and Social Care Act 2012, which transferred a range of commissioning responsibilities to CCGs from primary care trusts (PCTs).</p> <p>They are membership organisations and statutory bodies, accountable to NHS England. This new body ensures that CCGs have the capacity to successfully commission services for their local population. NHS England also makes certain that the CCGs meet their financial responsibilities.</p>
Exceptionality	<p>Where a patient is or isn't deemed exceptional by the Individual Funding Request Panel. For this to occur the patient's clinician needs to submit evidence to the Panel for them to determine whether they believe the patient is exceptional above the cohort of patients that would also benefit from the intervention being requested.</p>
The INNf List	<p>The INNf list includes treatments, drugs or operations that are not routinely fund provide only limited benefit. It also includes unusual or uncommon treatments.</p>
Parliamentary and Health Service Ombudsman	<p>Parliamentary and Health Service Ombudsman is an independent body established to provide a service to the public by undertaking</p>

	independent investigations into complaints that public bodies, including the NHS in England, have not acted properly or fairly or have provided a poor service.
Primary Care	Primary care is the day-to-day healthcare given by a health care provider. Typically this provider (usually GPs) acts as the first contact and principal point of continuing care for patients within a healthcare system, and coordinates other specialist care that the patient may need
Individual Funding Request	Individual request for a patient for a specific intervention or drug.
Individual Funding Request Team	Administrators and facilitators of the Individual Funding Request process.
Intervention	An intervention carried out with the aim to improve, maintain or assess the health of a person, in a clinical situation.
RTT	Referral to Treat Targets
Secondary Care	Secondary care refers to services provided by medical specialists who generally do not have the first contact with a patient.
2 Week Wait	A referral pathway a patient is referred into when there are concerns surrounding histology.