Norfolk and Waveney
Integrated Care Board

Norfolk and Waveney ICB

Mental Health Individual Funding Request Policy and Procedure

Document Control Sheet

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Approved documents are valid for use after their approval date and remain in force beyond any expiry of their review date until a new version is available.

Name of document:	Mental Health Individual Funding Request Policy and Procedure
Version:	Approved v1.0
Date of this version:	August 2024
Produced by:	ICB Senior Nurse for Quality (Mental Health)
What is it for?	This policy and procedure document sets out the local operating policy for the delivery of the ICB Mental Health IFR function as per NHS Constitution.
Evidence base:	This policy is aligned with the Norfolk and Suffolk Foundation Trust (NSFT) internal process for funding specialist mental health treatment and care.
Who is it aimed at and which settings?	This policy is aimed to guide referring clinicians who may be making an individual funding request for a patient aged 18+ and is the procedure that the ICB follows to coordinate Mental Health IFR.
Consultation:	Consultation has taken place with the ICB Mental Health IFR CRG which includes senior ICB and NSFT clinicians.
Impact assessment:	An Equality Impact Assessment is included in Appendix 1.
Other relevant approved documents:	ICB IFR Policy for Experimental and Unproven Treatments
References:	Not applicable.
Monitoring and evaluation:	Annual review of Policy. Continuous evaluation of process using feedback from referring clinicians, NSFT CRG attendees and subject matter experts as appropriate.
Training and competences:	As per clinical roles and professional registration.
Reviewed by:	ICB Quality and Safety Committee
Approved by:	ICB Quality and Safety Committee
Date approved:	01 August 2024
Signed:	ICB Senior Nurse for Quality (Mental Health)
Dissemination:	Knowledge NoW
Date disseminated:	24/09/2024
Review Date:	August 2025 or before if statutory change is required.
Contact for Review:	ICB Senior Nurse for Quality (Mental Health)

Version Control

Revision History	Summary of changes	Author(s)	Version Number
May 2023	New Policy	Senior Nurse for Quality (Mental Health)	Draft 1.0
July 2024	Updates to Knowledge NoW and final CRG approval.	Senior Nurse for Quality (Mental Health)	Draft 1.2
July 2024	Transferred to ICB Policy Template and EIA added.	Senior Quality Governance & Delivery Manager	Draft 1.3
July 2024	Final amends, clarification of 18+ scope and addition of Knowledge NoW links.	Senior Nurse for Quality (Mental Health)	Draft 1.4
July 2024	Clearer process flowchart added.	Senior Quality Governance & Delivery Manager	Draft 1.5
August 2024	EIA amended to reflect Quality and Safety Committee discussion.	Senior Quality Governance & Delivery Manager	Approved v1.0
September 2024	Dissemination details completed at bottom of page 2.	Senior Quality Governance & Delivery Manager	Approved v1.2

Contents

1 INTRODUCTION

Norfolk & Waveney ICB (the ICB) coordinates decision making in respect of Individual Funding Requests (IFR) for treatments not routinely funded by the NHS.

Like any other organisation, the NHS has limited resources, and the ICB has a duty to manage them through a robust and fair process.

This policy and procedure document sets out the operating policy for the delivery of the ICB Mental Health IFR aligned with the Norfolk and Suffolk Foundation Trust (NSFT) internal process for funding specialist mental health treatment and care.

It outlines the scope of the Mental Health IFR and defines role and responsibilities and processes that enable the delivery of robust coordination and decision-making.

2 PURPOSE & SCOPE

2.1 Mental Health IFR Eligibility

Clinicians, on behalf of their patients aged 18+ are entitled to make an IFR application to the Mental Health IFR Clinical Reference Group (CRG) for ICB funding of treatment that is not normally commissioned under defined conditions, namely:

The request does not constitute a service development (see further explanation in policy section 7.1 'Service Development').

AND

The patient is suffering from a mental health condition for which the ICB have a commissioned service, but where the patient's particular clinical circumstances fall outside the criteria set out in the existing service specification. This is known as a request for **exceptional funding**.

OR

The patient is suffering from a mental health condition, or requesting a treatment, for which the ICB has no commissioned service. This is known as a request for **individual funding**.

2.2 Experimental and Unproven Treatments

Some IFR requests may relate to treatments or proposed treatments where there is no established body of evidence to **support the clinical effectiveness of that treatment.** The ICB Mental Health IFR process will follow the overarching ICB IFR Policy for Experimental and Unproven Treatments which is available here.

2.3 Retrospective Funding

IFR referrals will not be accepted where the request is for retrospective funding e.g., requests from clinicians or Providers made after a period of care has commenced or request from patients for reimbursement of the costs of a treatment which has been purchased privately. Treatments that are undertaken without funding approval or agreement, will be at the risk of the Provider.

3 MENTAL HEALTH IFR ROLES AND RESPONSIBILITIES

3.1 Providers, including General Practice

Providers, including General Practice, are to ensure that the Mental Health IFR Policy, IFR Form and other associated documentation is shared and communicated internally with all relevant staff to ensure compliance with the Policy.

The IFR policy and the IFR Form can be found on the Knowledge NoW website available for downloading at: https://nwknowledgenow.nhs.uk/

Clinicians will take the ICB Mental Health IFR Policy into account in the advice and guidance given to patients prior to making the decision to request an IFR. The IFR process is discussed with the patient in clinic to ensure the patient understands the process regarding funding requirements and consent to share information.

The Mental Health IFR Patient Leaflet should be given to the patient to assist with this discussion.

The IFR Form must be completed by the relevant supporting clinician for the patient. The completed IFR Form should be submitted using the agreed template. All sections of the form must be completed by the referring clinician and include:

- Identification of the proposed service provider and confirmation that the quality of the provider has been assured. This may be through a CQC rating, contact with local commissioners or other quality checks.

- Expected clinical goals of the treatment, including a defined length of treatment with milestones, goals, and costs.

- Patient expectations of the treatment, including personal goals and what is hoped to be gained by the person seeking the treatment.

- Referring clinician expectation of treatment, including therapeutic goals they would seek to achieve through access to the treatment.

- A summary of what treatment has been accessed so far from local stepped care pathways, and reasons for failure. A person not wanting to engage with a particular individual, team or organisation would not be considered acceptable grounds for an IFR.

The IFR Form must be completed to indicate patient consent. If this is not confirmed, the form will be returned to the supporting clinician by the IFR Team.

All communication with the patient is the responsibility of the requesting clinician. The requesting clinician is responsible for informing the patient of the ultimate decision.

If an IFR is returned to the referring clinician approved, it is the responsibility of the referring clinician to refer the patient to the agreed provider for the relevant treatment.

If an IFR is declined, it will be returned to the referring clinician, the patient should not be referred for the treatment.

3.2 ICB Mental Health IFR Team

IFR Requests will be administered by the IFR Team Project Support Officer in accordance with the process set out in section 4 ‘IFR PROCESS’. IFR requests will be discussed at the Clinical Reference Group (CRG) monthly.

3.3 ICB Mental Health IFR Clinical Reference Group

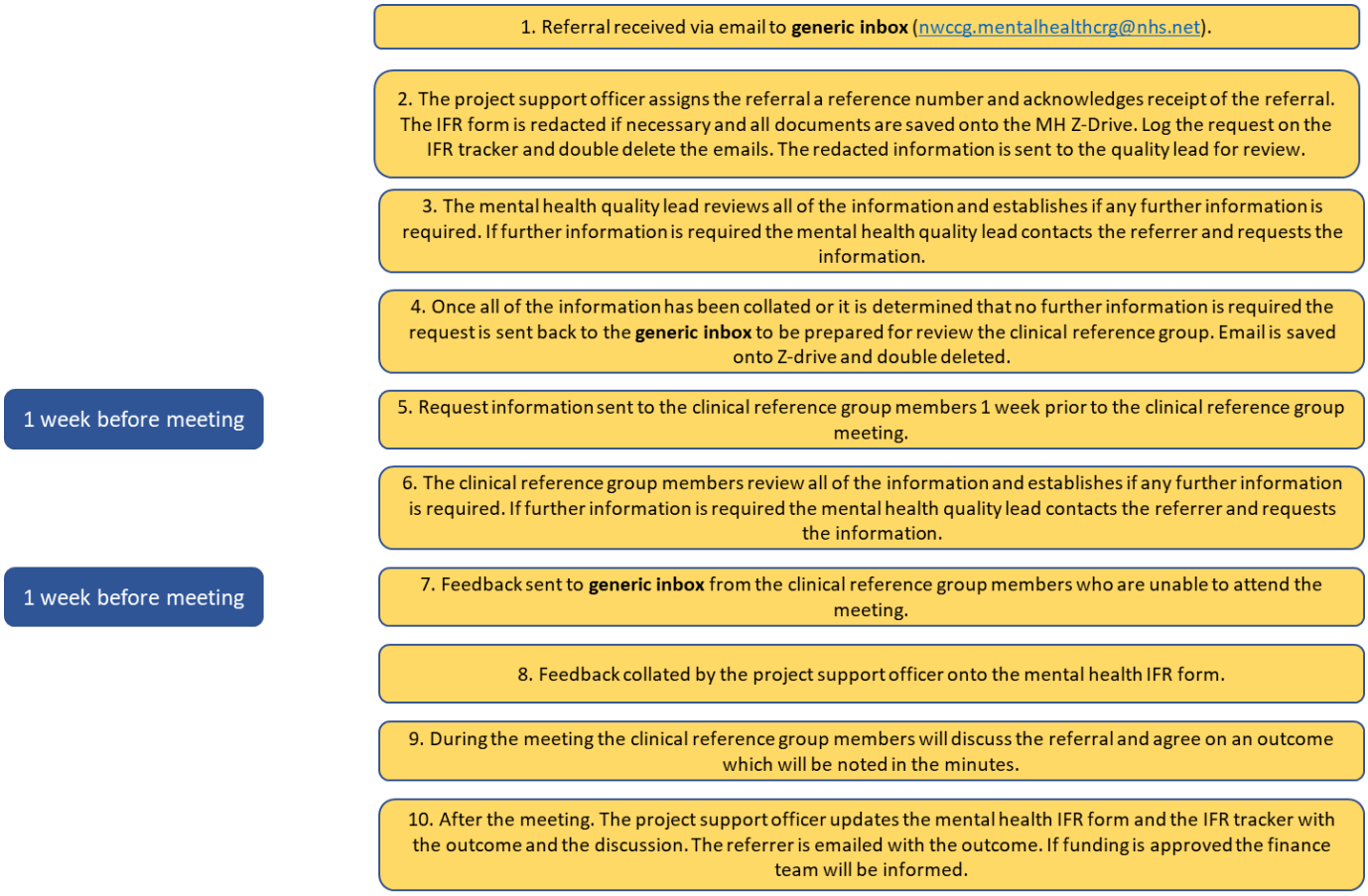
The ICB will appoint a Chair for the Mental Health IFR Clinical Reference Group and ensure there are clinical representatives at each CRG meeting and that the meeting is quorate.

The CRG clinical representatives will have delegated authority to make decisions on behalf of the ICB.

NSFT senior clinicians will attend CRG and will provide specialist mental health advice to the CRG. Senior external clinical advice will be sought for appeals decisions where the decision has been declined by CRG.

4 MENTAL HEALTH IFR PROCESS

4.1 Individual Funding Request (IFR) Standard Process



4.2 Communicating the IFR Decision to the Patient

The NHS Constitution requires NHS organisations to make decisions 'rationally following a proper consideration of the evidence' and be clear about the reasons for their decisions. The ICB will give reasons for the decisions made by its Mental Health IFR CRG.

The purpose of a duty to give reasons is to tell the patient in general terms why the ICB reached the decision it did and the factors that it considered in reaching the decision. Where a public body is required to give reasons for its decision, it is required to give reasons which are proper, adequate, and intelligible and enable the person affected to know why they have been approved or declined. These can be expressed in a few sentences, but they need to go into sufficient detail so that the patient knows that the main aspects of their case have been properly considered.

Whether the Mental Health IFR CRG has or has not discharged the duty to give reasons will all depend on the individual circumstances. There will be simple cases where a single sentence is sufficient and there will be more complex cases where a full paragraph or two is needed to

explain the thinking of the CRG, and the rationale for the CRG decision. The duty will usually mean that the decision letter should explain:

- Whether the CRG reached the view that the patient did or did not demonstrate exceptional clinical circumstances, and the basis for that decision. If the CRG felt that the patient's clinical circumstances were broadly in line with the clinical circumstances of those in the cohort of other patients in the same clinical condition, then this should be stated.

- If the patient put forward specific factors which were said to support their claim to be in exceptional clinical circumstances, the letter should explain (by reference to the main factors) why the CRG did not consider that these amounted to exceptional clinical circumstances.

4.3 CRG Reconsideration

Where the CRG has declined a request or has approved treatment subject to conditions, the patient shall be entitled to ask that the decision of the CRG be reconsidered. Requests for re-consideration must be submitted within 6 months of decision. The referring clinician must clearly outline the reasons for the re-consideration and/or the clinician requesting the re-consideration must submit new clinical evidence to the CRG. Reconsideration would be considered on one of the following grounds only:

- That further evidence can be provided by the referring clinician which was not included in the original request which meets exceptionality requirements.

- That a stepped care process has been followed including from senior clinicians working within NHS services.

- The treatment recommended is evidenced based and quality assured.

AND/OR

- It was, in the clinician's opinion, a decision which no reasonable CRG would have reached.

4.4 Mental Health IFR Appeals

Where all relevant information was available to the CRG when the decision was made, but the referring clinician remains dissatisfied with the decision, they may request that it be reviewed by an IFR Appeals Panel on one of the following grounds only:

- Due process was not followed; or
- The CRG failed to give a clear rationale for its decision.

Should the patient or referring clinician remain dissatisfied with the IFR Appeals Panel decision, the matter may be pursued through the NHS Complaints Procedure.

You can do this by contacting: nwicb.contactus@nhs.net or by telephone 01603 595857.

4.5 Urgent Mental Health IFR Requests

The ICB recognises that there will be occasions when an urgent decision needs to be made to consider approving funding for treatment for an individual patient. In such circumstances the ICB recognise that an urgent decision may have to be made before a CRG can be convened and where an IFR request is marked as urgent, the CRG Chair will aim to make a decision within five working days of receipt, in consultation with clinical colleagues as appropriate.

An urgent request is one which requires urgent consideration and decision because the patient faces a substantial risk of death or significant harm if a decision is not made before the next scheduled meeting of the CRG. If the referring clinician considers that treatment cannot be delayed and decides to treat immediately then the cost of such treatment is incurred at the risk of the Provider. The following provisions apply to such a situation:

- Urgency under this policy cannot arise as the result of a failure by the Clinical Team to expeditiously seek funding through the appropriate route and/or where the patient's legitimate expectations have been raised by a commitment being given by the provider to provide a specific treatment to the patient, will **not** lead to the circumstances being considered as urgent under this Policy. In such circumstances the ICB expect the provider to proceed with treatment and for the provider to fund the treatment.

- The CRG Chair will, as far as possible within the constraints of the urgent situation, follow the Policy set out above in making the decision. The Chair shall consider the nature and severity of the patient's clinical condition and the time within which the decision needs to be taken. As much information about both the patient's illness and the treatment should be provided as is feasible in the time available and this shall be considered for funding in accordance with relevant existing commissioning policies.

- The CRG Chair shall be entitled to reach the view that the decision is not of sufficient urgency or of sufficient importance that a decision needs to be made outside of the usual process.

- The Mental Health IFR Support Officer will submit anonymised urgent requests via email to ICB CRG members.

- The CRG chair will aim to decide within 5 working days of receipt of the request. Trusts should treat all urgent and life-threatening situations based on the clinical need.

- Urgent requests will also be discussed retrospectively at the next available CRG meeting, and a record of the decision added to the minutes.

5 CLINICAL EXCEPTIONALITY

5.1 Definition of Clinical Exceptionality

The responsibility is on the clinical applicant to set out the grounds clearly for the CRG on which it is said that the patient is exceptional.

The grounds will usually arise out of exceptional clinical manifestations of the mental health condition, as compared to the general population of patients with the same condition as the patient. These grounds must be set out on the form provided by the ICB and should clearly set out any factors which the clinician invites the CRG to consider as constituting a case of exceptional clinical circumstances. Exceptional, in Mental Health IFR terms, means:

- The patient has engaged in a stepped care approach and has been assessed by a consultant or senior clinician who has recommended exceptional treatment.

The fact that a treatment is likely to be efficacious for a patient, is not in itself a basis for exceptionality.

If a patient's mental health condition matches the 'accepted indicators' for a treatment that is not funded, their circumstances are not by definition, exceptional.

5.2 Clinical Exceptionality: Non-Clinical & Social Factors

The IFR process considers clinical information only. Non-clinical and social factors have to be disregarded for this purpose for the CRG, to be confident of dealing in a fair manner in comparable cases. If these factors were to be included in the decision-making process, the ICB could not be assured that it was being fair and equitable to other patients who cannot access such treatment and whose non-clinical and social factors would be the same or similar.

Consideration of social factors would also be contrary to ICB policy of non-discrimination in the provision of medical treatment. If, for example, treatment was to be provided on the grounds that this would enable an individual to stay in paid work, this would potentially discriminate in favour of those working compared to those not working. These are value judgements which the CRG should not make.

5.3 Proving Clinical Exceptionality

The responsibility is on the referring clinician to set out the grounds clearly for the CRG on which it is said that this patient is exceptional. The CRG recognises that the patient's referring clinician and the patient together are usually in the best position to provide information about the patient's clinical condition as compared to a subset of patients with that condition.

The referring clinician is advised to set out the evidence in detail because the CRG will contain a range of individuals with a variety of skills and experiences but may well not contain clinicians of that speciality. The ICB therefore requires the referring clinician, as part of their duty of care to the patient, to explain why the patient's clinical circumstances are said to be exceptional. If a clear case as to why the patient's clinical circumstances are said to be exceptional is not made out, then the CRG can do no other than refuse the application.

There may be cases where clinicians and/or patients seek to rely on multiple grounds to show their case is exceptional. In such cases the CRG should look at each factor individually to determine:

(a) whether the factor could make the case exceptional, and;
(b) whether it did in fact make the patient's case exceptional.

The CRG may conclude, for example, that a factor was incapable of supporting a case of exceptionality and should therefore be ignored. That is a judgment within the discretion of the CRG.

If the CRG is of the view that none of the individual factors on their own make the patient's clinical circumstance exceptional, the CRG should then look at the combined effect of those factors which are, in the CRG's judgement, capable of supporting a finding of exceptionality. The CRG should consider whether, in the round, these combined factors demonstrate that the patient's clinical circumstances are exceptional. In reaching that decision the CRG should remind itself of the difference between individual distinct circumstances and exceptional clinical circumstances.

5.4 Good Use of NHS Resources

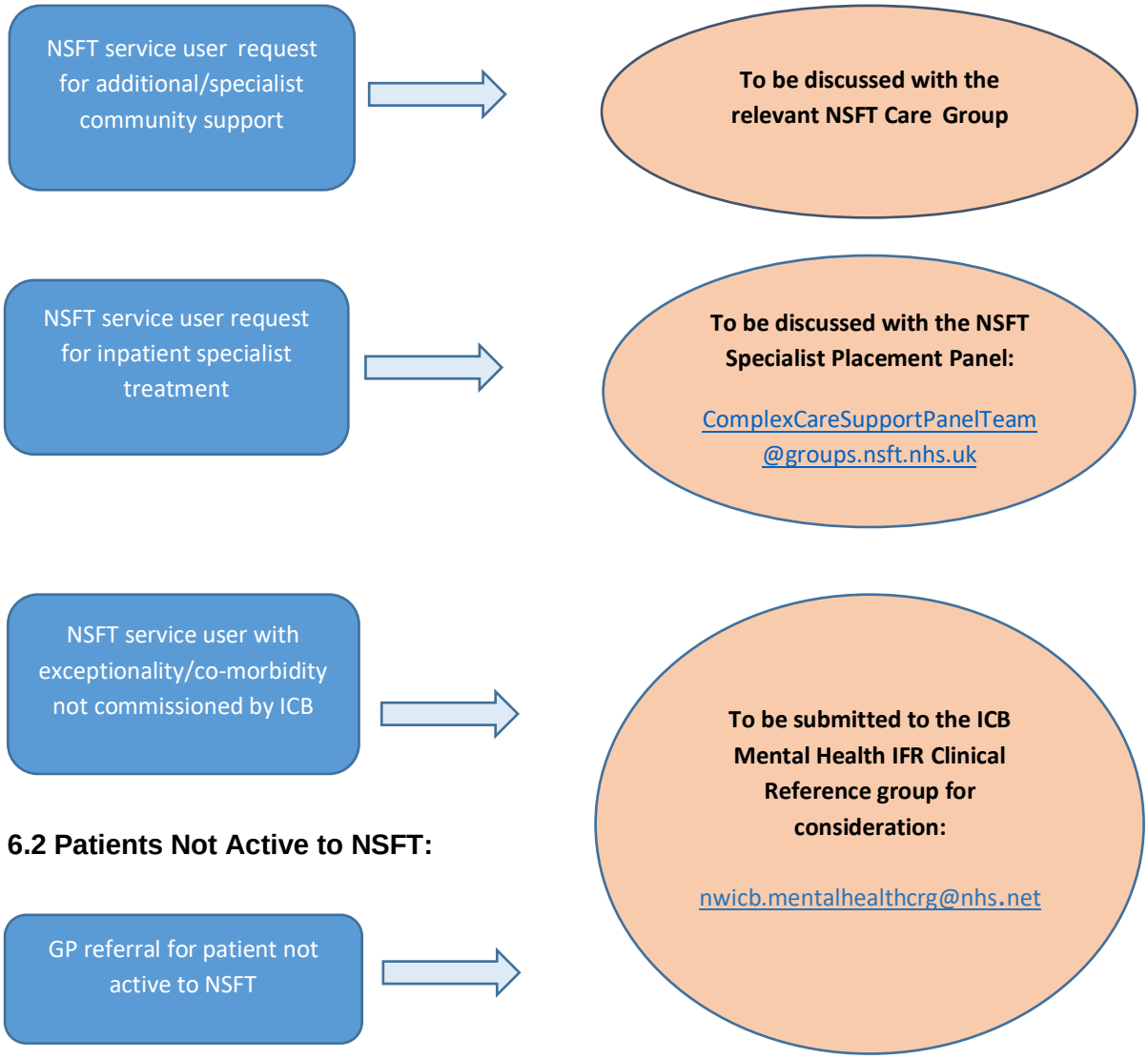
The requesting clinician will be expected to explain why they consider the treatment for which funding has been applied for will be an effective use of NHS resources. This criterion is only applied where the CRG has already concluded that the criteria of clinical exceptionality and clinical effectiveness have been met. Against this criterion the CRG balances the degree of benefit likely to be obtained for the patient from funding the treatment against cost. Having regard to the evidence submitted and the analysis they have carried out when considering clinical exceptionality and clinical effectiveness, the CRG will consider the nature and extent of the benefit the patient is likely to gain from the treatment, the certainty or otherwise of the anticipated outcome from the treatment and the opportunity costs for funding the treatment.

This means considering, for example, how significant a benefit is likely to be gained for the patient, and for how long that benefit will last. This would usually include defined clinical outcomes and proposed length of treatment These factors need to be balanced against the cost of the treatment and the impact on other patients of withdrawing funding from other areas to fulfil the IFR. This reflects the fact that the only way to provide the funding for treatment under IFR, i.e., outside commissioned clinical policies which are developed through the structured prioritisation process, is to divert resources away from current services.

6 FUNDING STREAMS

People who may require a treatment that is not currently provided within the contracted services across Norfolk and Waveney ICS may or may not be active to NSFT. The following chart shows the appropriate route for all requests:

6.1 NSFT Active Patients:



6.2 Patients Not Active to NSFT:

6.3 Referrals to National Tertiary and Private Providers

Many National tertiary or private providers will indicate on their websites that services can be provided through ICB funding.

7 SERVICE DEVELOPMENT AND COMMISSIONING DECISIONS

7.1 Service Development

A service development is any aspect of healthcare which the ICB has not historically agreed to fund, and which will require additional and predictable recurrent funding. All IFR referrals submitted to the ICB will be subject to screening by the CRG to determine whether the request represents a service development. Service developments include, but are not restricted to new services, new treatments or developments to existing treatments, new diagnostic tests, and investigations. Requests to fund a number of patients to enter a clinical trial and the commissioning of a clinical trial are considered as service developments in this context as they represent a need for additional investment in a specific service area.

A request for a treatment should be classified as a request for a service development if there are likely to be a cohort of similar patients who are in the same or similar clinical circumstances as the requesting patient whose clinical condition means that they could make a similar request (regardless as to whether such a request has been made) and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. A cohort of similar patients, for the purposes of this policy, has been defined as the number of requests received or likely to be received per year which will require consideration of a commissioning activity. In these circumstances, the IFR route to funding may only be considered if the patient is clinically exceptional to the cohort.

It is common for clinicians to request an individual funding request for a patient where the request is properly analysed, the first patient of a group of patients wanting a particular treatment. Any individual funding request which is representative of this group represents a service development. As such it is difficult to envisage circumstances in which the patient can properly be classified to have exceptional clinical circumstances. Accordingly, the individual funding request route is usually an inappropriate route to seek funding for such treatments as they constitute service developments. Where there is an identified service development, or an identified gap in commissioning service, the CRG Chair will advise the ICB Mental Health Commissioning Team for consideration of a commissioning decision.

7.2 Commissioning Decisions

The ICB has set the level at which cases will require consideration of a commissioning decision. Once this number of requests is met, the IFR route to funding may only be considered if the patient is clinically exceptional to the cohort. The ICB will consider the development of a clinical commissioning decision where:

- The numbers of patients for whom the treatment will be requested per year is likely to be 5 or more patients in the population served by the ICB. Upon receipt of the fifth request for funding a business case/clinical commissioning decision will be requested. The CRG will continue to have the right to make decisions on any further similar applications for funding whilst a decision is in the process of being made.

  OR

- The cost of funding the requested treatment for an individual is likely to result in expenditure to the N&W ICB in excess of £50,000.

If the number of patients for whom the treatment is requested is likely to be below 5 per year, the CRG will consider the request for IFR.

The CRG is not entitled to make commissioning decisions for the ICB. It follows that where a request has been classified as a service development for a cohort of patients, the CRG is not the correct body to decide about funding the request. In such circumstances the IFR should not and will not be presented to the CRG but will be dealt with in the same way as other requests for a service development through ICB due processes and the CRG will continue to have the right to make decisions on further, similar, applications whilst a service is in the process of being developed. Where an IFR has been classified as a service development for a cohort of patients, the options open to the CRG include:

- To refuse funding and initiate an assessment of the clinical importance of the service development within the N&W ICB with a view to developing a service and determining its priority for funding in the next financial year.

- To refer the request for funding for immediate workup of the service development as a potential candidate for in year service development.

8 EQUALITY

In applying this policy, the ICB will have due regard for the need to eliminate unlawful discrimination**,** promote equality of opportunity**,** and provide for good relations between people of diverse groups, in particular on the grounds of the following characteristics protected by the Equality Act (2010); age, disability, sex, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation, in addition to offending background, trade union membership, or any other personal characteristic.

An Equality Impact Assessment is included in Appendix 1.

9 MONITORING AND REVIEW

This policy will be reviewed annually by the ICB Mental Health IFR CRG, or sooner if necessary due to guidance/legislative change(s).

10 DATA PROTECTION

In applying this policy, the ICB will have due regard for the Data Protection Act 2018 and the requirement to process personal data fairly and lawfully and in accordance with the data protection principles. Data Subject Rights and freedoms will be respected, and measures will be in place to enable employees to exercise those rights. Appropriate technical and organisational measures will be designed and implemented to ensure an appropriate level of security is applied to the processing of personal information. Employees will have access to a Data Protection Officer for advice in relation to the processing of their personal information and data protection issues.

11 ASSOCIATED DOCUMENTATION

Links to local policies and documents:

- ICB IFR Policy for Experimental and Unproven Treatments: https://nwknowledgenow.nhs.uk/content-category/clinical-threshold-policies-and-ifr-non-drugs/individual-funding-requests-non-drugs/individual-funding-request-policies/

12 REFERENCES

Links to external reference documents:

- *No external reference documents.*

APPENDIX A: EQUALITY IMPACT ASSESSMENT

Step 1: Aims and purpose of the proposal / policy being assessed (This should reflect what the policy is intending to achieve and how it seeks to achieve, it is this intention that the assessment seeks to measure, consider who benefits and how and who doesn't and why, also consider the impact of associated aims).
Norfolk & Waveney ICB (the ICB) coordinates decision making in respect of Individual Funding Requests (IFR) for treatments not routinely funded by the NHS. It outlines the scope of the Mental Health IFR and defines role and responsibilities and processes that enable the delivery of robust coordination and decision-making. It provides a clear procedure for referring clinicians and Norfolk & Waveney ICB Mental Health IR Clinical Reference Group.

Step 2: Screening process for relevance to equality & diversity issues	
Does this proposal / policy have any equality & diversity relevance in the following areas? (This should be considered in relation to the formulation and application of the policy. As far as possible engagement with the relevant staff network groups should take place to identify any potential areas of relevance).	
A Age	No Impact
B Disability	No Impact
C Gender reassignment	No Impact
D Marriage and Civil Partnership	No Impact
E Pregnancy and Maternity	No Impact
F Race	No Impact
G Religion or belief	No Impact
H Sex	No Impact
I Sexual orientation	No Impact
J Other issues	No Impact

Step 3: If you have answered, "Yes", to any of the protected characteristic boxes in Step 2, a full impact assessment is required	
Are any of the protected characteristic boxes in Step 2 marked "Yes"?	No. The IFR process is highly individualised. The policy ensures a robust and fair decision-making around individual and/or exceptional funding based on their clinical needs.

Step 4: Examination of available information (sources can include but are not restricted to – ESR data; MI relating to Recruitment /Employee Relations/Attrition; Industry best practice; legal overview; research articles; matters arising from judgements tested during consultation; consider four-fifths rule to assess difference).
Consultation feedback from CRG members and NSFT senior clinicians. Alignment with the NSFT internal process for funding specialist mental health treatment and care. Alignment with the principles of the NCH Constitution and the ICB Physical Health IFR Policy.