

WSCCG / IESCCG

Supplementary Information for the Completion of Exceptional and Individual Funding Requests

The Exceptional and Individual Funding Requests Panel considers whether funding should be granted for individual patients who are being considered for a treatment (procedure or drug) that:

- does not fall within existing contracts; and/or
- is a low priority procedure and/or is a threshold treatment, but the patient does not meet the threshold and there are extenuating circumstances where treatment should be considered and/or
- is not funded for routine prescribing, eg drugs outside secondary care contracts which practices may be asked to prescribe or support for their patients. Drugs on the primary care Red List should normally be discussed with your local area Pharmacist Team Manager, who will refer primary care expensive drug requests to the panel if necessary.

Individual funding: is a request which seeks funding for a single identified patient for a specific treatment. There is no policy and not more than 2 patients are expected in a year for this request. These are usually new or emerging treatments where the CCG has not yet produced a policy or commission that treatment.

Exceptional funding: is a request to fund healthcare that falls within an existing policy for lower priority treatments that the CCG has agreed, and, both patient and clinician believe that, in this case, the policy is not applicable and hence should be funded.

Oxford Definition of Exceptionality

Definition of 'exception': A particular case which falls within the application of a rule, but to which the rule is not applicable.

Definition of 'exceptional': of the nature of or forming an exception; unusual or special.

Criteria for Exceptionality:

In making a case for clinical exceptionality it needs to be demonstrated that:

- The patient is significantly different clinically to the group of patients with the condition in question at the same stage of the condition's development;
- and the patient is likely to gain significantly more clinical benefit from the intervention than might be normally expected for patients with that condition at that stage of the condition's development.
- The fact that a treatment is likely to be efficacious for a patient is not, in itself, a basis for exceptionality

Application for Exceptional and Individual Funding Requests

Referrals to the Panel can only be made on an individual, named patient basis and should be made by an appropriate referring clinician **prior** to referral for treatment. For treatments that are urgently required, where significant harm may occur through delay, it must be provided to the patient and retrospective approval for funding should be sought if the cost of the drug is not already in the contract/tariff. Requests for secondary care drugs or therapeutics must have approval by the relevant secondary care committee prior to this referral.

The fact that the diagnosis is rare, or that the treatment might be effective for the patient is not in itself grounds for exceptionality. If a patient's clinical condition matches the 'accepted indications' for a treatment that is not funded, they are by definition not exceptional.

Only evidence of clinical need will be taken into consideration. Factors such as gender, ethnicity, age, life style or other social factors such as employment or parenthood will not normally be considered (on grounds of equality and equity).

Before you request funding for a treatment, please ensure that you have checked the policy position for this treatment with your commissioning department or your pharmacist (where relevant) and by referring to the website given below.

Decisions made by the Panel will relate to the individual patient only and are not an indication of the CCG's policy for the provision of this treatment for other patients. Neither are positive decisions an absolute approval for the treatment to go ahead. A decision to treat is a clinical decision and responsibility for this rests with the clinician to whom the patient is referred in consultation with the patients themselves.

It is worth remembering that marginally better clinical effectiveness by using new treatments is frequently associated with disproportionately higher costs, thus representing poor value for money. There are many competing demands on the CCG's limited financial resources. Thus, disproportionately expensive treatments can threaten the viability of other routine healthcare services that may have greater patient and population benefit. The Panel is required to consider the anticipated health gain and justify the extra cost for the treatment.

Potential Conflict of Interest

A competing interest exists when professional judgement concerning a primary interest (such as patient's welfare or the validity of research) may be influenced by a secondary interest (such as financial gain or personal rivalry). It may arise when they have a financial or other interest that may influence – probably without their knowing – their interpretation of their decisions or those of others. (BMJ)

Dissatisfaction of the IFR Panel Decision

If the clinician or patient does not agree with the Panel's decision. The patient or clinician shall be entitled to express dissatisfaction of the decision of the IFR Panel.

- If new evidence becomes available after a decision not to fund has been made by an IFR Panel, then the correct procedure is to request a **Reconsideration** supported by the new evidence.
- If there is no further relevant information to be submitted but there is a query on the process, then there may be grounds for a review.

The Individual Funding Requests Policy is available on:

<http://www.ipswichandeastsuffolkccg.nhs.uk/>

or

<http://www.westsuffolkccg.nhs.uk/>