



Individual Funding Requests

Niall Mitchell
Head of IFR - BNSSSG

What is IFR?

This is NHS funding for drugs, operations or other care that is not routinely funded by the NHS. Normally this is because they:

- are clinically not effective or effectiveness has yet to be determined
- are not cost effective in comparison to all the competing demands on NHS funding
- have a low clinical priority and offer little health gain
- are largely cosmetic in nature
- Or a Commissioning decision (backed with funding) has not been made.



Typical Panel Membership

- Clinician as Chair – Normally GP
- Second GP (some panels have Secondary Care Consultants as members)
- Public Health Consultant
- Commissioning Rep
- Meds Management Rep
- Lay Member
- IFR Manager (Non-voting Administrator)



Decisions Without Policy

Clearly Define

If yes – is the treatment proposed effective?

If yes – is there evidence that the treatment will work?
Health Evidence Review

Is there evidence that the patient has a better potential to benefit from this treatment than others?

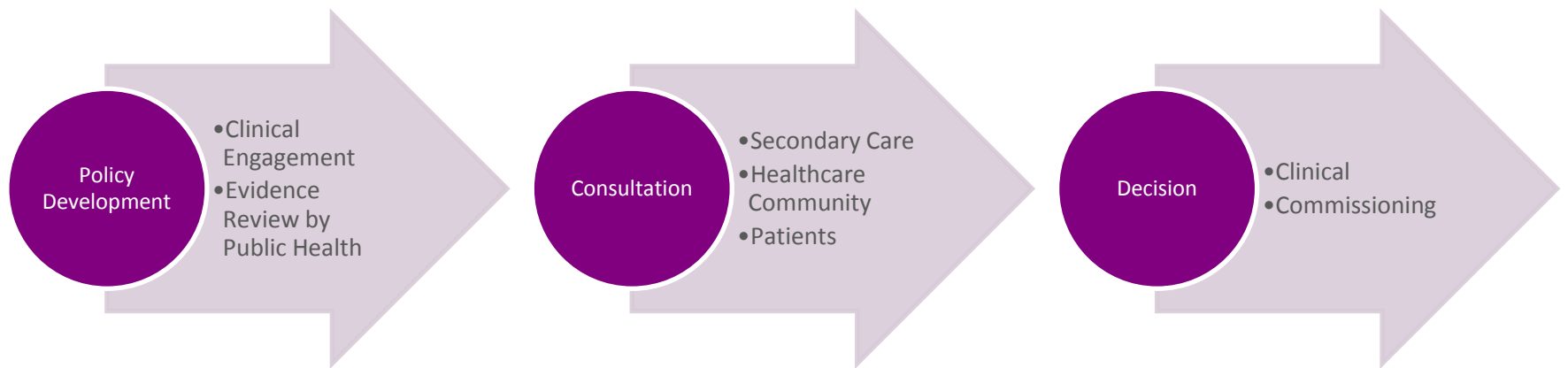
Is there evidence that the treatment being considered is safe?

Right Treatment
Right Time
Right Patients



Policy Development

- Identifying areas to produce IFR policies – BCBV, applications, other CCGs, media, activity reports etc



Should I Treat?

- What guidelines have been produced? What does “Right Treatment” mean?
- MDT discussions – *“We have often discussed in the MDT that we are not **enabled to ration our service** internally and need to do the best by each individual patient and it is for the commissioners to decide what service they will and indeed won’t decide to commission.”*
- *This is abdicating responsibility*



How to Apply to “End of Life”

- Imperative to change focus from what **Could be done** to what **Should be done**
- Fitness for surgery? ASA Physical Status Classification or equivalents?
- Patient including Decision Making Aids? Are they properly informed to make decisions about their own treatment?



All Based on Evidence

- We do not fund any treatments not supported by the evidence
- Is it robust? Does it stand up to scrutiny? Does the evidence meet the standards acceptable to the NHS and general health community?
- Would the treatment effectively be “experimenting” on the patient?
- Case studies do not equal evidence.

