

Norfolk and WAVENEY CCGs Guide to Individual Funding

Plain Language Summary

NHS Clinical Commissioning Groups are allocated a sum of money by NHS England to spend on patient care for their area. CCGs must decide what treatments and medicines should be provided for the population as a whole, trying to balance demand with the budget available. There are competing demands on the NHS budget and ways of treating patients are always changing. Sometimes there may be new medicines or operations developed, or there may be better ways of helping people that do not require medical intervention (for example weight loss might improve joint pain in some patients or giving up smoking might improve breathing).

Sometimes there are treatments which are considered to be not clinically effective enough for most people, or not cost effective enough, and are therefore not provided by the NHS. This is a decision taken by the CCG, after careful clinical scrutiny, and is often in keeping with CCGs in other areas. Often in such cases there might be alternative treatments available.

However, on an individual basis there may be situations where a doctor believes that their patient's clinical situation is so different to other patients with the same condition that they should have a treatment paid for when other patients would not. In such cases, NHS clinicians can ask the CCG, on behalf of a patient, to fund such treatment and this request is called an Individual Funding Request (IFR).

A panel of experienced clinicians and managers meet to consider each IFR, to decide whether an application is 'exceptional' or not.

Funding for additional treatments outside the annual investment process can only be done by reducing the funding that is available for other established treatments. There is not an allocated separate budget to meet the costs of providing treatments agreed through the IFR process. It is because of this that very careful consideration is required before the decision is taken to fund a treatment for an individual that is not usually available.

When a new service or a change to a service is proposed, it would not be fair for that to bypass the annual investment process and be funded without comparing it to other possibilities for investment. Because of this, the CCGs default position is that a new service will not be routinely commissioned until it has been assessed through the full service development process.

Very occasionally a development is of such importance that there should be no delay in its introduction. If this is the case it will be considered as a matter of urgency by a CCG on an individual basis

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