

Appendix 1

Individual Funding Request-Drugs Panel

Terms of Reference

BACKGROUND AND ROLE:

The Individual Funding Request-Drugs Panel considers requests for funding in line with the Individual Funding Request Commissioning Policy.

CHAIR:

Chair nominated by the CCGs.

MEMBERSHIP:

Executive Members

Nominated Clinician Representative from each of the five CCGs

Advisory members

Consultant in Public Health Medicine

Interface Prescribing Adviser

IFR Administrator

Chairs from local Acute Trusts Drugs and Therapeutics Committees (x 3)

FREQUENCY OF MEETINGS:

The meetings will be held monthly.

RESPONSIBILITIES:

The CCG members of the IFR-Drugs Panel will be responsible for making decisions as to whether treatments are approved for funding. CCG representatives will have delegated responsibility from their CCGs to make these funding decisions.

Should the instance occur where a CCG is unable to send a representative to the meeting, the Panel will only be authorised to make a recommendation on a request, with the CCG being asked to ratify that recommendation within 48 hours of the meeting.

REPORTING:

Agendas and papers for the meetings will be circulated the week before Panel meets by the IFR Administrator. A report detailing CCG committed expenditure will be provided quarterly.

Patient confidentiality and conflicts of interest

Any IFR Panel members who believe they may have had any clinical involvement with a particular case will excuse themselves from the case. Confidentiality is the responsibility of all Panel members and should be maintained at all times.

Attendance at IFR Panels

Patients will not be invited or permitted to attend IFR Panels but may submit written evidence or factual information in support of clinical exceptionality to the IFR Panel to be included in the case papers before the IFR Panel.

Decisions

Each CCG/NCB is responsible for decisions regarding IFRs for its population.

The IFR administrator will write on behalf of the relevant CCG to the referring clinician within ten working days setting out the decision and the reasons for it.

Appendix 2

Individual Funding Request – (Non- drugs) Panel

Terms of Reference

BACKGROUND AND ROLE:

The Individual Funding Request Panel considers requests for funding in line with the Individual Funding Request Commissioning Policy.

CHAIR:

Lay Chair nominated by the host CCG.

MEMBERSHIP:

Executive Members

Nominated Clinician Representative from each of the five CCGs

Non-voting/Advisory members

Consultant in Public Health Medicine
IFR and Prior Approval Manager (Non-drugs Panel)
IFR Administrator
Public Health Officer

FREQUENCY OF MEETINGS:

The meetings will be held monthly.

RESPONSIBILITIES:

The CCG members of the IFR Panel will be responsible for making decisions as to whether treatments are approved for funding. CCG representatives will have delegated responsibility from their CCGs to make these funding decisions.

Should the instance occur where a CCG is unable to send a representative to the meeting, Panel will only be authorised to make a recommendation on a request, with the CCG being asked to ratify that recommendation within 48 hours of the meeting.

REPORTING:

Agendas and papers for the meetings will be circulated the week before Panel meets by the IFR Administrator. A report detailing CCG committed expenditure will be provided quarterly.

Patient confidentiality and conflicts of interest

Any IFR Panel members who believe they may have had any clinical involvement with a particular case will excuse themselves from the case. Confidentiality is the responsibility of all Panel members and should be maintained at all times.

Attendance at IFR Panels

Patients will not be invited or permitted to attend IFR Panels but may submit written evidence or factual information in support of clinical exceptionality to the IFR Panel to be included in the case papers before the IFR Panel.

Decisions

Each CCG/NCB is responsible for decisions regarding IFRs for its population.

The IFR administrator will write on behalf of the relevant CCG to the referring clinician within ten working days setting out the decision and the reasons for it.