

Appendix C

IFR Triage Meeting: Terms of Reference

1. Governance Arrangements

- 1.1 The Individual Funding Request (IFR) Triage meeting is a clinically led multi-professional meeting responsible for determining that an IFR application is eligible for consideration by the IFR Panel.
- 1.2 The IFR Triage Meeting is accountable to the IFR Panel, so will act as a sub-committee of the IFR Panel. The IFR Panel is accountable to the Clinical Commissioning Group (CCG) Governing Board via its committee structure.

2. The IFR Triage Process

- 2.1 The IFR Panel will only consider requests as defined within the CCG(s) IFR policy so the IFR Triage process is undertaken in order to reduce inappropriate requests.
- 2.2 Once an application has been administratively triaged, it will be submitted to the next triage meeting to determine whether the IFR is eligible for consideration by the IFR panel, from a clinical perspective.

3. Duties and Responsibilities

- 3.1 The purpose of the Triage Meeting is to determine that an IFR is eligible for consideration by the IFR Panel. The triage meeting will consider the following options for each IFR requests:
 - Is the treatment requested funded within an existing commissioning policy?
 - Is the treatment requested covered by another CCG policy or process?
 - Is the treatment an obvious Service Development (i.e. a request pertaining to a cohort of patients and not reflective of an individual's clinical circumstances)?
 - Is the submission lacking sufficient information to support the individual's clinical exceptionality?
 - Is an additional evidence review required?
 - Is the request an appeal or resubmission of a previous case?
- 3.2 Triage has the authority to close cases when further information has not been received in the given timescales or a repeat application containing no new or additional information has been received.
- 3.3 Triage has the authority to make decisions to approve or decline funding for Effective Commissioning Initiative (ECI) cases, assessing submissions against ECI criteria.
- 3.4 Occasionally if a decision to decline funding is made a case may be referred back to the triage panel to recommend that a local decision is considered regarding funding.

- 3.5 Triage has the authority to undertake a preliminary assessment of an appeal request, assessing the submission against the grounds for appeal criteria to determine whether the request is eligible for consideration by the IFR Appeal Panel. The grounds for appeal are set out within the Appeals Panel Terms of reference and the IFR Policy.

4. Reporting

- 4.1 The minutes of the meetings shall be recorded by the relevant IFR Manager/Officer. Triage decisions will be taken to IFR Panel for formal ratification. All case closures are reported to the IFR Panel.

5. Membership & Quorum

- 5.1 IFR Triage will be made up of a multi-professional membership comprising of:
- Senior Prescribing Adviser
 - Consultant in Public Health (or their delegate)
 - GP
- 5.2 The meeting will be considered quorate if one medically qualified member is present. If a drug case is to be considered, a pharmacist must be present.
- 5.3 Triage members are required to declare any interests before serving on an IFR Triage Panel. Any conflicts of interest must be declared as a standing item at the commencement of every meeting and the Chair will decide the appropriate action, including requesting that members withdraw from the meeting.

6. Chair

- 6.1 Triage can be chaired by any of the members provided that s/he has sat as an IFR Triage member at least 4 times. The Chair must be identified in advance of the meeting, and must be available to approve the minutes/letters and fulfil and any other obligations within the specified time frame.

7. Frequency of Triage Meetings

- 7.1 The frequency of triage meetings depends on volume of IFR applications received. A minimum of one triage meeting a month is required to meet the timeline of IFR referrals to be responded within 20 working days.

8. Venue of Triage Meetings

- 8.1 The Chair of the Triage Panel will determine the venue of meetings in discussion with the other Triage members.



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9. Confidentiality

9.1 Anonymity is essential for two reasons:

- In order to protect patient's identity, for this reason the requesting clinician is asked to not refer to the patient by name or initials within the rest of the application form.
- For equity of decision making, to ensure that the panel decisions do not take into account personal details such as age or sex

9.2 Depending upon individual clinical circumstances it may be necessary to re-introduce information on the patient's age and/or sex for consideration. When cases are considered which require access to confidential clinical information through triage, consent to disclosure of such information to all members of the IFR Triage Panel is provided by the applicant's declaration of patient consent within the submission. This will be indicated to patients by the referring clinician and be confirmed in IFR publicity material.

10. Review

10.1 The IFR Triage Meeting Terms of Reference will be reviewed annually or in light of any changes in legislation, practice or local/national guidance.

This review February 2014