



NHS Lambeth Clinical Commissioning Group  
NHS Southwark Clinical Commissioning Group

## **APPENDIX D**

### **IFR Panel: Terms of Reference**

#### **1. Governance Arrangements**

- 1.0.1 The Individual Funding Request (IFR) Panel is a multi-professional group responsible for the management of all IFRs within its remit (see section 2 below). The IFR Panel will be responsible for approving decisions on funding for treatment requests for exceptional cases or for rare conditions.
- 1.0.2 The IFR Panel will be accountable to the Clinical Commissioning Group (CCG) Governing Body via its committee structure. Each CCG will be required to confirm its governance arrangements to ensure that the IFR Panel is held accountable to the CCG Body.
- 1.0.3 Members of the IFR Panel will be appointed by the CCG's Chief Officer. The IFR Panel will operate within the limits of delegated authority as determined by the CCG's Director of Finance and within the CCG's Standing Financial Code of Practice.
- 1.0.4 The IFR Panel will be supported administratively by the IFR service to discharge its responsibilities.
- 1.0.5 The IFR panel will participate in the regular peer review process which will be agreed with other IFR panels across South London.

#### **2. Duties and Responsibilities**

- 2.0.1 The IFR Panel will consider IFR requests as defined within the South London IFR policy.
- 2.0.2 The IFR Panel have a duty to consider IFRs and make funding decisions based on the ethical decision making framework.
- 2.0.3 The IFR Panel has delegated the preliminary assessment and triage of IFR requests to a clinically led triage panel. The details of the triage process and triage panel are set out in the IFR Policy.
- 2.0.4 The IFR Panel will be required to consider IFRs for both high cost drugs and other interventions and to review decisions made for IFR submissions where new information is available.
- 2.0.5 The IFR Panel will also consider Planned Treatment Abroad if IFR Panel approval is required.
- 2.0.6 The IFR Panel will advise the CCG on the programme of care pathways and policy development as they affect patients with exceptional care needs to inform future CCG's commissioning strategies.

2.0.7 The IFR Panel will be required to produce an Annual Report with the support from the IFR service.

### **3. Constitution**

#### **3.1 Meetings**

3.1.1 The IFR Panel will adopt the consensus method of decision making where a unanimous view cannot be reached on an individual case. In the case of an equal vote, the Chair shall have a second and casting vote. At the discretion of the Chair all requests put to the vote shall be determined verbally or by a show of hands, unless the Chair directs otherwise.

3.1.2 Panel meetings will be held in private. Requesting clinicians and patients will not be invited to attend.

#### **3.2 Membership**

3.2.1 The IFR Panel will be made up of a multi-professional membership comprising:

- a GP
- a lay representative
- a public health consultant delegated from the relevant CCG(s) or their delegate
- a head of medicines management or their delegate
- a senior acute commissioner (this role can be covered by the GP member in their clinical commissioning role).

3.2.2 Other Specialist Advisors can be invited to attend by the Chair to address specific patient issues including senior acute contracting, dental advisors, etc.

3.2.3 Members are expected to send suitable representation for the meetings they are unable to attend.

3.2.4 A register of attendance at the Panel meeting will be maintained and reviewed by the Panel on a 6 monthly basis to ensure that attendance at the panel is representative of the membership

3.2.5 IFR Panel members are required to declare any interests before serving on an IFR 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.

#### **3.3 Chair**

3.3.1 The Panel can be chaired by any of the members provided that s/he has sat as an IFR Panel 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 any other obligations within the specified time frame.

### **3.4 Quorum Arrangements**

- 3.4.1 At least 3 members of the Panel must be present for IFR Panel to proceed.
- 2 must be clinically qualified
  - At least 1 medically qualified.
- 3.4.2 Where CCGs have chosen to have joint Panel arrangements, each constituent CCG must have a minimum of 1 representative if there is an IFR case being discussed for a patient belonging to that respective CCG. In the event that no IFR cases are being discussed for a particular CCG, an IFR Panel representative from that respective CCG is not required to attend but may attend to ensure quoracy of members.

### **3.5 Training of IFR Panel Members**

- 3.5.1 Members of the IFR Panel will be provided with training and must be fully familiar with the IFR Policy and Ethical Decision Making Framework for dealing with IFRs and process before sitting on a panel. Good practice suggest that Panel members should attend a training session at least once every 2 years and partake in IFR Panels regularly to retain their specialist expertise and knowledge.

### **3.6 Frequency of Meetings**

- 3.6.1 IFR Panels shall be held as required in order to ensure that there is a timely response to all funding requests, but within a maximum of four weeks of a completed IFR request being made. Good practice suggests that the IFR Panel meets at least once a month. However changes to this arrangement may be made in order to cover annual leave or other absence.

### **3.7 Urgent Decisions**

- 3.7.1 In clinically urgent situations a request may be considered in advance of a formal IFR Panel meeting. An urgent IFR will be considered by a specially convened group acting as a sub-committee of the next scheduled IFR panel under delegated powers. The group will comprise of at least 3 members of the IFR panel membership and must include the following:
- 2 must be clinically qualified
  - At least 1 medically qualified.

- 3.7.2 The decision will be reported at the next IFR Panel meeting and formally ratified.

### **3.8 Reporting**

- 3.8.1 The minutes of the meetings shall be recorded by the relevant IFR Manager/Officer and approved by the Chair of the Panel.

### **3.9 Venues of Meetings**

3.9.1 The Chair of the IFR Panel will determine the venue of meetings in discussion with the members of IFR Panel.

### **3.10 Joint IFR Panels**

3.10.1 Some CCGs may choose to have joint Panel arrangements. The Chief Officer of the CCG will determine whether Joint IFR Panels are an effective means of executing the IFR Panels responsibilities. See paragraph 3.4.2 for quoracy of joint Panel.

## **4. Confidentiality**

4.0.1 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

4.0.2 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 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.

## **5. Review**

5.0.1 The IFR Panel's Terms of Reference will be reviewed annually or in light of any changes in legislation, practice or local/national guidance.

This review February 2014