



NHS Lambeth Clinical Commissioning Group
NHS Southwark Clinical Commissioning Group

Appendix E

IFR Appeal Panel: Terms of Reference

1. Governance Arrangements

- 1.0.1 The Individual Funding Request (IFR) Appeals Panel meeting is a multi-professional meeting responsible for reviewing appeal submissions for IFR Panel decisions. The focus of the IFR Appeals Panel is the process that the IFR Panel used to reach a decision and not the decision itself.
- 1.0.2 The IR Appeals 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 Appeals Panel is held accountable to the CCG Governing Body.
- 1.0.3 Members of the IFR Appeals Panel will be appointed by the CCG's Chief Officer.
- 1.0.4 The IFR Appeals Panel will be supported to discharge its responsibilities administratively by the IFR service.

2. Duties and Responsibilities

- 2.0.1 On behalf of the CCG, the IFR service will receive and acknowledge the letter of appeal. The IFR triage meeting will be responsible for undertaking the preliminary assessment of an appeal request to assess the submission against the grounds for appeal criteria and determine whether the request is eligible for consideration by the Appeal Panel. If the request is eligible for consideration, Triage will refer the case to the Appeals Panel.
- 2.0.2 The IFR Triage Panel will also review whether new evidence has been received and if the case should be sent back to panel for reconsideration. The case will not be referred to the IFR Appeals Panel if new evidence has been received.
- 2.0.3 Where it is decided to convene an Appeals Panel, members of the Appeals Panel should be provided with full details of the case including all correspondence, evidence of clinical and cost effectiveness, full documentation of the discussion and outcome.
- 2.0.4 The Appeals Panel will need to consider whether there are grounds for appeal:
 - Illegality: the refusal of the request was not an option that could lawfully have been taken by the IFR panel.
 - Procedural impropriety: There were substantial and/or serious procedural errors in the way in which the IFR Process was conducted.
 - Irrationality: Whether the decision was irrational in light of the information available to the Panel.

- 2.0.5 An IFR Appeal Panel will not consider new evidence. New evidence must be considered as an IFR resubmission.
- 2.0.6 If the Appeal Panel upholds the original IFR Panel's decision, the appellant will be advised that if they wish to take the matter further this must be done through the NHS Complaints process.
- 2.0.7 If the Appeals Panel consider that the IFR panel did not consider all the evidence provided the application can be directed back to the IFR panel for re-consideration

3. Constitution

3.1 Meetings

- 3.1.1 IFR Appeal Panel meetings will be held in private. Patients and their representatives will not be permitted to attend the panel discussions to put forward their case verbally. All appeal cases must be submitted in writing to the Panel.
- 3.1.2 The IFR Appeal 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.

3.2 Membership

- 3.2.1 IFR Appeal Panel will include the following members:

- A clinician/GP
- A representative of the Constituent CCG(s)
- Lay Member

- 3.2.2 All IFR Appeal Panel members must be independent of any of the original decision making processes and not have been a member of the IFR Panel involved in the original decision. The member must have received appropriate training (see section 3.4) and must be familiar with all relevant policies and procedures.

- 3.2.3 IFR Appeal Panel members are required to declare their interests before serving on an IFR Appeal 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 Any member of the Appeal Panel may chair the meeting provided that s/he has received appropriate training.
- 3.3.2 The Chair must be identified in advance of the meeting, and must be available to approve the minutes and relevant correspondence and fulfil any other obligations within the specified time frame.

3.4 Training

- 3.4.1 IFR Appeal Panel members must have attended training to ensure that they are fully familiar with the IFR Policy and National guidance for dealing with IFRs and process before sitting on the IFR Appeals panel. Best practice suggests that Appeal Panel Members should attend a training session at least once every 2 years to retain their specialist expertise and knowledge.

3.5 Frequency of Appeals Panels

- 3.5.1 The numbers of appeals that may be received are difficult to predict and therefore arrangements for Appeal Panel meetings will be flexible, and will be arranged to ensure that appeals are considered within 20 working days of an appeal being received by IFR Team.
- 3.5.2 If a matter is exceptionally urgent the Chair shall have the power to call an IFR Appeal Panel at any other time.

3.6 Quorum Arrangements

- 3.6.1 The IFR Appeal Panel may not proceed unless at least two members are present, including the Chair.

3.7 Joint IFR Appeals Panels

- 3.7.1 Some CCGs may choose to have joint Appeal Panel arrangements. The Chief Officer of the CCG will determine whether Joint IFR Appeal Panels are an effective means of executing the IFR Panels responsibilities.

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 Appeal Panel.

4. Confidentiality

- 4.1 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

- 4.2 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 Appeal 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.



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5. Review

5.0.1 The IFR Appeal 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