



NHS Lambeth Clinical Commissioning Group
NHS Southwark Clinical Commissioning Group

Appendix H

South London IFR Policy CCG Operating Procedures

This is to be read with the South London Individual Funding Requests (IFR) Policy and the terms of reference (appendices C, D and E) and to provide the local operational CCG details. Section 2 will be agreed as part of the SLA between the CSU and CCG.

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- Section 1 – Governance Arrangements
- Section 2 - Key Performance Indicators (KPIs)
- Section 3 – deviations from IFR Policy

Section 1 - Governance Arrangements

1.1 CCG Leads

NHS Lambeth CCG and NHS Southwark CCG				
Accountable Executive		IFR Lead		CCG Referral Management Service or CAS?: Y/N
Name	Title	Name	Title	
NHS Lambeth CCG Andrew Eyres		Chief Operating Officer Moira McGrath Vanessa Burgess		NO
NHS Southwark CCG Andrew Bland		Strategic Lead Paul Jenkins Clinical Lead Chief Pharmacist		

1.2 IFR Panel

Is there an agreed joint panel arrangement? YES	Which CCGs are included in the joint panel? NHS Lambeth CCG and NHS Southwark CCG.
If Yes Are there joint governance arrangement for the joint panel? NO	If there are no joint governance arrangements please state the governance arrangements. NHS Lambeth CCG A quarterly report produced by the CSU will be presented quarterly at the Integrated Governance Committee (IGC). Any non-routine outstanding cases that

	<p>have not been dealt with within the timescales specified in this appendix or as appropriate will be reported on separately to the IGC for action to resolve.</p> <p>NHS Southwark CCG</p> <p>A quarterly report produced by the CSU will be presented quarterly at the Integrated Governance and Performance Committee (IG&PC). Any non-routine outstanding cases that have not been dealt with within the timescales specified in this appendix or as appropriate will be reported on separately to the IG&PC for action to resolve.</p>
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1.3 IFR Panel and Appeal Panel Membership

IFR Clinical Triage Membership	IFR Panel/ Appeal Membership	IFR Panel Chair	IFR Panel/ Appeal Panel Member Training
<ul style="list-style-type: none"> A medically qualified person e.g. GP Public Health and Pharmacist advice as required through attendance, telephone or email as appropriate. 	<p>IFR Panel:</p> <ul style="list-style-type: none"> GP Public Health Consultant (or delegate) Head of Medicines Management (or delegate) Lay representative Senior acute commissioner <p>Appeal Panel:</p> <ul style="list-style-type: none"> Chair GP Public Health Consultant Pharmacist (for drug cases only) 	<p>Name</p> <p>Dr Peter Roseveare</p>	<p>Every 2 years</p>
<p>Quoracy</p> <ul style="list-style-type: none"> 1 medically qualified person 	<p>Quoracy IFR Panel</p> <ul style="list-style-type: none"> At least 3 members of the Panel (2 clinically qualified, at 	<p>Position</p> <p>Chair</p>	

	<p>least 1 medically qualified)</p> <p>Appeal Panel Chair and at least 1 other panel member who is medically qualified</p> <ul style="list-style-type: none"> • Pharmacist(for drug cases only) 		
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1.4 Financial Limits

IFR Panel Funding Approval Limit		CSU Invoice Approval Limit	
Drugs	Non Drugs	Drugs	Non Drugs
£ 25,000 per decision	£15,000 per decision	£20,000	£20,000

Section 2

2.1 Key Performance Indicators (KPIs)

IFR request taken to IFR Panel or Triage for decision	Urgent IFR requests taken to urgent Panel for decision	Case closed following request for further information from applicant not received	Appeal submission limitation period	Complete appeal submission taken to IFR Appeal Panel for decision	Meeting minutes approved by Chair	Decision outcome sent to applicant
20 working days	10 working days	90 working days	1 month from date of decision letter	20 working days	5 working days following meeting	5 working days following meeting

2.2 Reporting Arrangements

CCG	Monthly CSU KPI report sent to nominated CCG lead:	Quarterly CSU IFR report sent to nominated CCG lead:
NHS Lambeth CCG	Moira McGrath Director of Integrated Commissioning (Older Adults) Vanessa Burgess Chief Pharmacist	Moira McGrath Director of Integrated Commissioning (Older Adults) Vanessa Burgess Chief Pharmacist Marion Shipman Assistant Director Governance and Quality
NHS Southwark CCG	Andrew Bland Chief Operating Officer Strategic Lead Paul Jenkins Clinical Lead Chief Pharmacist	Andrew Bland Chief Operating Officer Strategic Lead Paul Jenkins Clinical Lead Chief Pharmacist

Section 3. Deviations from IFR Policy

Section of Policy		Deviation	Reason	Associated Documentation
Page 2		This policy was developed by the South London Commissioning Support Unit (CSU) on behalf of all South London Clinical Commissioning Groups through the IFR Operational Policy Development Group. IFR Policy Development Group Lead: Nicola Howe, Head of IFRs, South London CSU.	Omission of information	Minutes of IFR Operational Policy Development Group
Appendix C (IFR Triage ToR)	Duties and Responsibilities 3.3	The deviation for the above is the person conducting Triage has the authority to make decisions to approve or decline funding for procedures included in the Treatment Access Policy (TAP) in South East London, assessing submissions against TAP criteria.	Agreed local arrangements.	TAP Policy
Appendix C (IFR Triage ToR)	Membership and Quorum 5.1, 5.2, 5.3	IFR Triage will be completed by a medically qualified person and an IFR administrative officer support. Quoracy is not applicable for this triage meeting. New drug cases are considered at the full IFR Panel. Drug cases which clearly meet any criteria outlined in the TAP or previous IFR drug cases that are being considered for continuation of funding, where the patient clearly fulfils any criteria outlined in any initial approval may be considered at Triage if appropriate. The individual undertaking Triage is required to: - complete a declaration of interest (DoI) form for their employing CCG. Copies of Dols will be will be held by the CSU IFR	Locally the current process followed involves a medically qualified person, the Panel Chair and an administrative officer reviewing all cases in line with the Treatment Access Policy. Local agreed process is for most drug cases to be discussed at the IFR	

		Administrative service and reviewed by the IFR Panel Chair annually - declare any conflicts of interest to agenda items where appropriate.	Panel, except for those clearly outlined in the TAP Policy or clear continuation therapy criteria has been fulfilled. Declaration of Interest Forms should be completed as part of CCG governance.	
Appendix C (IFR Triage ToR)	Chair 6.1	IFR Triage will be completed by a medically qualified person, who will be identified in advance of the meeting and must be available to approve the minutes/letters produced as a result of triage; and fulfil any other obligations within the specified time frame.	Local process currently is that Chair of IFR panel is completing Triage. Future arrangements will be for GP members to complete this role on rotation. Deviation written in full as policy will be available to the public.	
Appendix D (IFR Panel ToR)	Governance arrangements 1.01	The IFR Panel will be responsible for approving or declining decisions on funding for treatment requests for exceptional cases or for rare conditions.	Omission of responsibility.	

Appendix D (IFR Panel ToR)	Membership 3.2.5	IFR Panel members are required to: - complete a declaration of interest (DoI) form for their employing CCG. Copies of Dols will be will be held by the CSU IFR Administrative service and reviewed by the IFR Panel Chair annually. - declare any conflicts of interest to agenda items where appropriate at the commencement of every meeting. The Chair will decide the appropriate action, including requesting that members withdraw from the meeting.	Declaration of Interest Forms should be completed as part of CCG governance.	
Appendix D (IFR Panel ToR)	Quorum Arrangements 3.4.2	Lambeth CCG and Southwark CCG are in agreement that each CCG representative may represent the other CCG if there is an IFR case being discussed for a patient belonging to either CCG.	Current local process. CCG governance and liability must be considered.	
Appendix D (IFR Panel ToR)	Urgent Decisions 3.7	In clinically urgent situations a request may be considered in advance of a formal IFR Panel meeting. An urgent IFR will be considered through a virtual panel by email with responses from at least three IFR panel members that reflects quoracy, i.e. <ul style="list-style-type: none"> • 2 must be clinically qualified • at least 1 medically qualified <p>Every effort should be made to receive responses from the required quorate members, however, if this is not possible due to time constraints/annual leave etc. the Chair may take a decision as “Chair’s Action” (upon receipt of advice from a</p>	Agreed local process. Where possible a decision should be made after all panel members have been consulted to ensure consensus decision making. See section 6.9.12 of IFR policy.	

		medically qualified member of the panel).	Only when this is not possible should Chair's Action be taken.	
Appendix E (IFR Appeal Panel)	Membership 3.2.1	<p>The deviation is currently Lambeth and Southwark appeals are seen by the Lewisham and Bexley Panel.</p> <p>The following members are invited to attend the appeal:</p> <ul style="list-style-type: none"> - Chair - Public Health Consultant - GP (medically qualified) - Pharmacist (for drug cases only) <p>For the appeal panel to be quorate the following members must be present:</p> <ul style="list-style-type: none"> - Chair - A least one other member who is medically qualified - Pharmacist (for drug cases only) <p>We do not have any CCG representation on this panel.</p>		

This appendix was agreed on: 18 December 2014 and 30th October 2014

By: NHS Lambeth CCG Integrated Governance Committee and NHS Southwark CCG Integrated Governance and Performance Committee

Signed: N/A

Copy sent to IFR Team: July 2015

To be reviewed: December 2016