

Northern CCG Joint Committee

Date of meeting: 5 September 2019

Does paper need to be circulated before the agenda goes out (ie earlier than 10 working days prior to the meeting) (please circle): **No**

Title of report: Individual Funding Requests – A System Review Update (September 2019.)

Purpose of report (brief description):

The Individual Funding Request (IFR) - a system review paper was received and approved by the Northern CCG Joint Committee in April 2019. 17 recommendations were suggested following the review. This report now gives an update on the progress in relation to the recommendations, and therefore the progress achieved to date.

Recommendations:

Is the paper for (please tick):

Decision-making

Information Sharing

Discussion

Actions required by Northern CCG Joint Committee: To note the progress to date following the initial review.

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Date: 22 August 2019

Individual Funding Requests – A System Review

Update: September 2019

Introduction:

The Individual Funding Request (IFR) - a system review paper was received and approved by the Northern CCG Joint Committee in April 2019. The review paper outlined the following recommendations which were endorsed by the Committee:

1. To set up a working group to produce a new IFR Policy that is consistent with the principles and definitions set out in the equivalent policy produced by NHS England.
2. To include in the IFR Policy, guidelines on what constitutes an IFR, the meaning of clinical exceptionality, the factors that can be taken into account when deciding if a patient is exceptional, and any factors that should not be taken into account.
3. To consider the introduction of an IFR screening process before applications are sent to DMs or IFR Panels for discussion. The screening process should filter out:
 - cases that are the commissioning responsibility for NHS England
 - cases where there is incomplete or insufficient information to make a decision
 - cases that represent a service development
 - cases that are already included in CCG commissioned services or some other funding mechanism
 - cases that can be approved because they meet pre-agreed funding criteria
 - Requests for reconsiderations that do not contain relevant new clinical information from the original decision.
4. To pilot a list of checks for such a screening process to see how this will impact on the number and type of cases sent to DMs and IFR Panels.
5. To identify more appropriate ways for making decisions on funding requests that are not IFRs as defined in the revised IFR Policy e.g. decisions that are related to care packages for patients with complex healthcare needs.
6. To revise the Standard Operating Procedures for the IFR system and IFR Panels to include any new screening procedures.
7. To organize an annual programme of training for DMs, Chairs of the IFR Panels and the supporting administration team.
8. To include North Cumbria IFR panel in the reciprocal arrangement with the other two panels for reconsidering cases.
9. To set up a regular audit of DM and IFR Panel decisions using case studies.

10. The IFR Policy and Standard Operating Procedure should not include any reference to the role of the Clinical Advisor. This should be replaced by specifying that each CCG DM and IFR Panel must have timely access to specialist public health advice on the review of evidence to be arranged either by the CCG or by NECS on its behalf.
11. To strengthen the provision of advice on specialist areas of commissioning including mental health and learning disability.
12. To review and make any necessary changes to the recording process.
13. To make changes to the IFR web support system to improve the search facilities.
14. To ensure that the VBCC Steering Group are given the necessary resources and support to incorporate new NHS EBI policies and to carry out an evaluation of the VBCC policies not covered by the EBI programme.
15. To set up a sub-group of the VBCC Steering Group that produces supplementary guidance for DMs and IFR Panels on the interpretation and application of VBCC policies in decision making.
16. To involve the CCGs communications team in preparing explanatory leaflets, and standard documents.
17. To develop a communication plan for the IFR system and VBCC policy development that takes into account any recommendation made in the review of the Prior Approval system overseen by the Demand Management Group.

Progress report:

The Northern CCG Joint Committee has requested an update on the progress in relation to the system review paper recommendations, and therefore the progress achieved to date is as follows:

1. A working group was established and has taken forward the recommendation to produce a new IFR policy which is consistent with the principles and definitions set out in the NHS England's equivalent policy. The IFR policy is being taken to the following IFR Panel meetings for further feedback & refinement:
 - a. North Panel – 21 August
 - b. South Panel – 05 September 2019
 - c. North Cumbria Panel – 22 August 2019
2. Engagement is also taking place with Directors of Public Health represented by Tom Hall (DPH S.Tyneside). The need for public health input to IFR panels is reducing, and better use could be made of public health resource by directing more to writing / reviewing of VBC Policy. This element needs careful coordination with the parallel VBC review undertaken by the ICS. Further meetings are planned, with the eventual aim being an updated MoU between CCGs & LAs regarding the provision of public health resource into CCGs for the operation of IFR / VBC processes.

3. As part of the new IFR policy development the working group have updated the Standard Operating Procedures for the IFR service including the Panel. As part of the system review a screening template was recommended and has been developed to compliment the IFR electronic system. The screening template is to be piloted for a 3 month period from 1st September 2019 by the IFR team. As part of the pilot process the IFR team will highlight any necessary changes to the screening template within this time period to ensure that the DMs/Panels feel the impact of its establishment.
4. Within the new IFR policy there have been guidelines embedded to include the definition/meaning of clinical exceptionality and the factors which can be taken into account when deciding if a patient is exceptional and any factors that should not be taken into account which were highlighted as a recommendation within the review.
5. The working group also identified an annual programme of training for the DMs, Chairs of the IFR panels and the administrative team. Within this training programme the following areas have been suggested:
 - a. Annual legal update – provided by Hempson Solicitors.
 - b. Individual peer learning review – this is to provide Decision Makers with the opportunity to review and reflect on cases and the decisions which they have made individually over the previous quarter. It will be the opportunity for decision makers to reflect on whether there is variation in practice between decision makers, and informed by individual DM activity data provided by NECS.
 - c. Reflective panel review – this is an opportunity for each panel as a whole to reflect on its performance & compare itself with the other NENC panels, similarly informed by panel activity data.

The provision of appropriate data to underpin this reflective self-moderation may be dependent on updates to the electronic system used to administer the system (see point 9 below).

6. As part of the new IFR policy, discussions and agreements have been made to include the reciprocal arrangement which the North and South Panel have in place for cases to be reconsidered or appealed to now also include North Cumbria Panels.
7. The membership of the Panels has been reviewed and incorporated the recommendation that provision for advice on specialist areas of commissioning including mental health and learning disability are included.
8. As part of the review it was identified that there should be a more appropriate way for making decisions on funding requests that are not IFRs, e.g., decisions that are related to care packages for patients with complex healthcare needs. This recommendation has been addressed as part of the screening template. As outlined previously the screening template may require changes as part of the pilot process, but will address the requests which are not IFRs.

9. The system review highlighted that the IFR electronic system has limitation and cannot be easily searched for the records of previous decisions. The review outlined that this would be useful for looking at clusters of funding requests that could represent a cohort of patients and therefore a possible service development. It could also help to look at previous decisions on similar cases to ensure consistency over time and between areas. The IFR electronic system is built on a platform which does not lend itself to making changes. This recommendation by the review has not been taken forward as there will be funding implications and would necessitate the rebuilding of the IFR electronic system on a new up to date operating platform. Therefore discussion is required to who funds the rebuilding of the system, the options being NECS or the CCGs or jointly funding. These options would require a business case outlining the financial implications and the timescales.
10. The development of a communication plan which was identified within the system review has not begun and would be the next step after the new IFR policy has been ratified. The working group will need to ensure that they involve all CCGs communications teams in preparing explanatory leaflets and standard documentation. The working group expects that this recommendation could be implemented from October 2019.
11. Following the IFR system review there was a VBCC review undertaken under the auspices of the ICS which has now concluded and made its own recommendations, therefore the recommendations outlined in the IFR review have been superseded by this review.

Recommendations:

The Northern CCG Joint Committee is asked to:

- note the progress outlined within this report;
- to formalise a view on;
 - The final version of the IFR policy will require ratification. Should the ratification be at individual CCG level prior to the Northern CCG Joint Committee or the Joint Committee prior to CCG level?
 - The recommendations which have been outlined above which will require additional resourcing to enable them to be progressed. The Committee are asked which mechanism is appropriate:
 - Business case submitted to the Joint Committee for the additional resources?
 - Or
 - Business case submitted to NECS for their the additional resources?

IFR recommendations

No.	Recommendation	Timescale	Progress update
1	Set up a working group to produce a new IFR Policy that is consistent with the principles and definitions set out in the equivalent policy produced by NHS England.	May 19 – August 19	The working group was established and the development of the new IFR policy being finalised ready for presentation at IFR Panel's in the North/South/Cumbria in Aug/Sept 19 before formal ratification.
2	Include in the IFR Policy, guidelines on what constitutes an IFR, the meaning of clinical exceptionality, the factors that can be taken into account when deciding if a patient is exceptional, and any factors that should not be taken into account	June 19 – August 19	Completed within the policy development.
3	<p>Consider the introduction of an IFR screening process before applications are sent to DMs or IFR Panels for discussion. The screening process should filter out:</p> <ul style="list-style-type: none"> • cases that are the commissioning responsibility for NHS England • cases where there is incomplete or insufficient information to make a decision • cases that represent a service development • cases that are already included in CCG commissioned services or some other funding mechanism • cases that can be approved because they meet pre-agreed funding criteria • Requests for reconsiderations that do not contain relevant new clinical information from the original decision. 	September 19	Pre-Screening template produced. Recommendation completed.
4	Pilot a list of checks for such a screening process to see how this will impact on the number and type of cases sent to DMs and IFR Panels.	September 19 – November 19	Pre-Screening template being piloted from September 19 for a period of 3 months.
5	Identify more appropriate ways for making decisions on funding requests that	September	Pre-Screening template being piloted from

	are not IFRs as defined in the revised IFR Policy e.g. decisions that are related to care packages for patients with complex healthcare needs	19 – November 19	September 19 for a period of 3 months.
6	Revise the Standard Operating Procedures for the IFR system and IFR Panels to include any new screening procedures.	August 19	Completed in line with the new IFR policy.
7	Organize an annual programme of training for DMs, Chairs of the IFR Panels and the supporting administration team.	August 19	Training plan / schedule developed and included in the new IFR policy as appendix 6.
8	Include North Cumbria IFR panel in the reciprocal arrangement with the other two panels for reconsidering cases.	August 19 – September 19	A reciprocal agreement was gained between all the NENC panels.
9	Set up a regular audit of DM and IFR Panel decisions using case studies.	August 19	This recommendation has been included within the training plan.
10	The IFR Policy and Standard Operating Procedure should not include any reference to the role of the Clinical Advisor. This should be replaced by specifying that each CCG DM and IFR Panel must have timely access to specialist public health advice on the review of evidence to be arranged either by the CCG or by NECS on its behalf.	August 19	This recommendation has been incorporated within the new IFR policy.
11	Strengthen the provision of advice on specialist areas of commissioning including mental health and learning disability.	August 19	This recommendation has been incorporated within the new IFR policy.
12	Review and make any necessary changes to the recording process	March 2020	This recommendation will be dependent on identification of funding stream / business case.
13	Make changes to the IFR web support system to improve the search facilities	March 2020	This recommendation will be dependent on identification of funding stream / business case.
14	Ensure that the VBCC Steering Group are given the necessary resources and support to incorporate new NHS EBI policies and to carry out an evaluation of	April 19 – August 19	This recommendation has been superseded by the VBCC Review.

	the VBCC policies not covered by the EBI programme		
15	Set up a sub-group of the VBCC Steering Group that produces supplementary guidance for DMs and IFR Panels on the interpretation and application of VBCC policies in decision making.	April – August 19	This recommendation has been superseded by the VBCC Review.
16	Involve the CCGs communications team in preparing explanatory leaflets, and standard documents.	September 19 – November 19	This recommendation will be undertaken after the sign off for the new IFR policy is complete.
17	Develop a communication plan for the IFR system and VBCC policy development that takes into account any recommendation made in the review of the Prior Approval system overseen by the Demand Management Group.	September 19 – November 19	This recommendation will be undertaken after the sign off for the new IFR policy is complete.