



Partners in improving local health



North of England
Commissioning Support

NHS Hull Clinical Commissioning Group (CCG)

Individual Funding Request Annual Report

1st April 2018 – 31st
March 2019



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1. Introduction

This report is to provide NHS Hull Clinical Commissioning Group's (CCG) committees for assurance and information regarding activity, performance and process of the Individual Funding Request (IFR) Service for the financial year (1st April 2018 – 31st March 2019). North of England Commissioning Support (NECS) provides the IFR Service on behalf of NHS Hull Clinical Commissioning Group.

2. Background

The CCG's Quality and Performance, Integrated Audit and Governance Committees request an annual report to be produced by the IFR service so that they can consider the quality and performance of the service. This report presents the activity and performance for the financial year 1st April 2018 – 31st March 2019.

3. Commissioning Support

3.1. Commissioning Support

The North of England Commissioning Support (NECS) was successful in securing the contract via the Lead Provider Framework (LPF) for the provision of an Individual Funding Request (IFR) service across eight CCGs in Yorkshire and Humber. The service has been provided by NECS since 1st March 2016.

The Team work from two localities (Yorkshire Team and Humber Team) providing the IFR service to the eight CCGs within the LPF (IFR team structure is attached as [appendix one](#)). The Humber Team are responsible for the provision of the IFR service to NHS Hull Clinical Commissioning Group.

Further changes have been made within the IFR team over the past 12 months. These include the service appointing a new Clinical Triage Nurse, an IFR Case Assistant and two new IFR Administrators. All new members of the team are fully trained and the full team remain diligent and dedicated to providing a quality service.

During the reporting period, the post of IFR Service Senior Manager was created and the manager commenced the role in March 2019.

3.2. Information Technology

During 2018/19, NECS have worked with the Humber CCGs to support the harmonisation of policies in order to enable the development of the Value Based Commissioning (VBC) Checker. The VBC or Prior Approval Ticket (PAT) Checker is to be implemented in April 2019 within the four Humber CCGs.

3.3. Clinical Triage and Ratification of all Clinical Triage decisions

The process for the triaging and ratification of cases which was implemented in July 2016 continues to be used. Discussions have begun with all LPF CCG Commissioners to further review and develop a standardised process across the service. An initial workshop took place in February 2018 to begin this review and agree changes to ensure that the service to the CCG and its patients continues to provide a quality service.

4. Rectification of Areas of Concern

4.1. Root Cause Analysis (RCA)

During the financial year, the service did not undertake any RCA investigations.

4.2. Datix Reporting

During the financial year there have been no Datix Reporting for the service.

5. Requests submitted against Diagnostic Pathway

Between April 2018 and March 2019, there were 2 requests returned to the referring clinician due to a query of diagnostic uncertainty. Both cases were returned as inappropriate as they should have been referred via the 2ww pathway instead.

6. Individual Funding Request Panel

6.1. IFR Panel members (April 2018 – March 2019)

IFR Panel members meeting attendance are detailed in table one:

6.1.1. Table one: IFR Panel dates and meeting attendees

Date/Attendee	Medical Officer (Chair)	Lay Member and Clinical Rep of NHS Hull CCG (Vice Chair)	Head of Acute Care/CCG Nurse, NHS Hull CCG	Dep Dir of Commissioning, Hull CCG	GP
10/04/2018	√	√	√		√
08/05/2018	√	√	√		√
12/06/2018	√	√	√		√
10/07/2018	√	√	√		√
14/08/2018	√	√	√		√
11/09/2018	√	√	√		
09/10/2018	√	√	√		√
13/11/2018	√	√		√	√
*11/12/2018	√			√	√
08/01/2019	√	√		√	√
12/02/2019	√	√		√	√
12/03/2019	√	√		√	√

*NB: On 11/12/18 the panel was not quorate however systems were in place to ensure the lay member could review any decisions if necessary

6.2. IFR Attendees

IFR attendees are detailed in table two: √

6.2.1. Table two: IFR attendees

Date/Attendee	Public Health Medicine and Associate Medical Director**	Evidence, Effectiveness and Knowledge Manager, Public Health**	Head of Mental Health and Vulnerable People Commissioning	Senior Pharmacist NECS	IFR Reps
10/04/2018		√		√	√
08/05/2018		√	√		√
12/06/2018	√				√
10/07/2018		√			√
14/08/2018	√	√	√		√
11/09/2018		√	√		√
09/10/2018	√	√	√		√
13/11/2018		√	√		√
11/12/2018	√				√
08/01/2019			√		√
12/02/2019	√	√	√		√
12/03/2019		√			√

**NB: The Public Health Medicine and Associate Medical Director and Evidence, Effectiveness and Knowledge Manager, Public Health often deputise for each other. However if both attend panel then only 1 formal vote is allowed.

6.3. IFR Observers/Other Attendees

There was 1 observer at the panel meetings during 2018/19. This was the newly appointed IFR Service Senior Manager for NECS who attended the panel on 12/03/2019.

6.4. Extraordinary Panel meeting

There were no extraordinary panel meetings during 2018/19.

7. Changes and updates to IFR Policy

7.1. Joint Humber policies

During 2018/19, NHS Hull CCG worked with the other three Humber CCGs to harmonise policies in preparation for the roll-out of the VBC checker in April 2019.

8. NICE Guidance and Specialised Commissioning

8.1. NICE Guidance: April 2018 – March 2019

A summary of NICE Guidance was provided to the CCG within their monthly IFR reports. A further copy can be obtained upon request.

8.2. Specialised Commissioning

On the 1st April 2017 the commissioning of bariatric surgery requests (tier 4) was transferred back to being the responsibility of Clinical Commissioning Groups. There is currently no NHS Hull Clinical Commissioning Group Policy in place to assess these requests against. This issue has been highlighted for discussion at the Health and Care Partnership Value Based Commissioning Meetings.

9. Activity Reports

9.1. New Requests Received

From 1st April 2018 to 31st March 2019 a total of 1202 new cases* were received for patients registered with a NHS Hull Clinical Commissioning Group General Practitioner. This is an 8% increase on the total number of new requests received from the previous financial year when 1113 were received. See the table and graph below for a breakdown of new requests received by category.

(*NB: new cases relates to the cases received specifically within the 18/19 timeframe only)

9.1.1. Table three: New requests received 2018/19

Category	Requests received
Breast Surgery	70
Cosmetic Surgery	23
Drug Policies	9
Fertility	14
General Surgery	15
Gynaecology	2
Miscellaneous	7
Musculoskeletal / MSK	44
Ophthalmology	20
Orthopaedics	110
Plastic Surgery	7
Minor Surgery	361
Treatment not listed**	337
Urogenital	1
Urology	100
Vascular Surgery	82
Grand Total	1202

(NB: **Treatment not listed refers to IFRs submitted in the electronic IFR system as 'other'. See table 4 in 9.1.2 for further details)

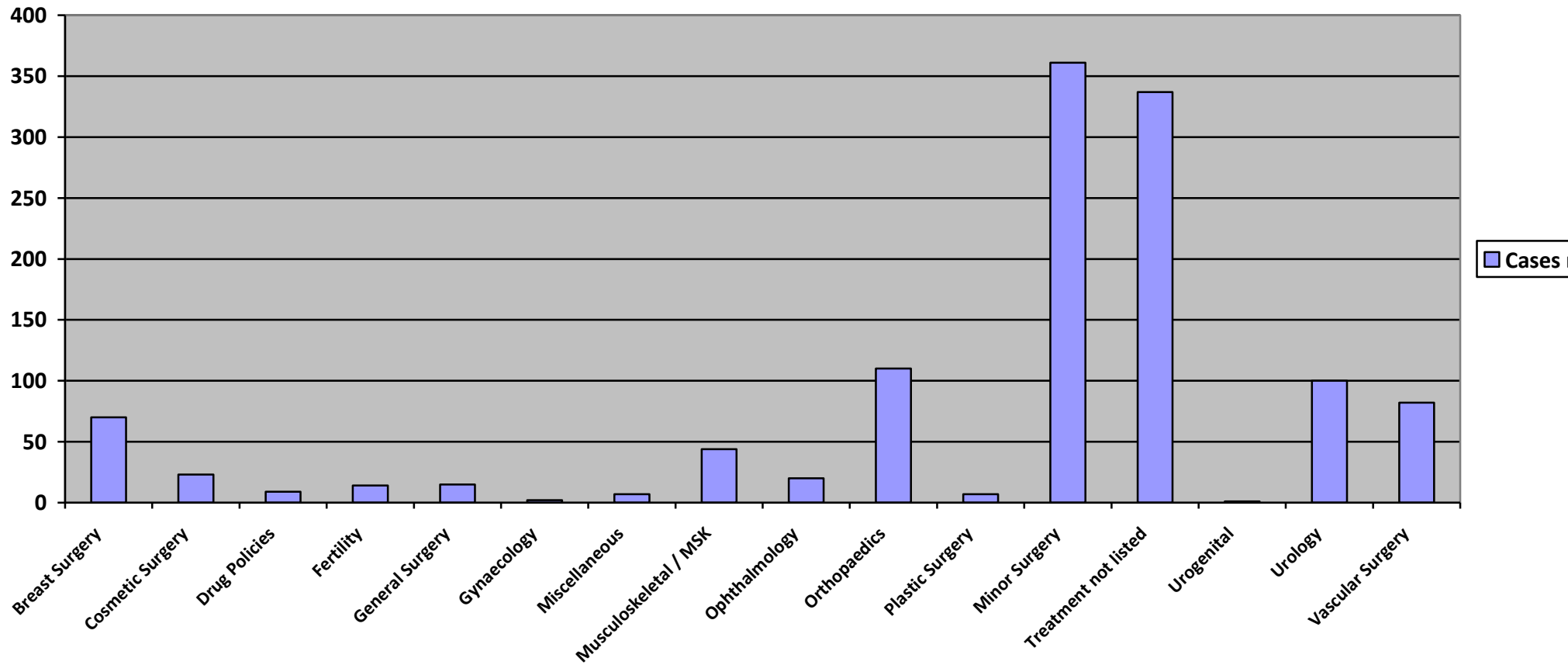
9.1.2. Table four: Treatments not listed received in 2018/19

During the period, there were 337 requests where Treatments was not listed. These include:

Treatments not listed	Requests received	Treatments not listed	Requests received
ADHD Assessment	5	ICSI	1
Adult ADHD	2	Infusion Therapy	14
Anterior transposition of ulnar nerve.	1	Injured ear lobe repair	1
Anti VEGF	1	Intervention Requested	1
Autism Assessment	2	Intravitreal Eylea injection course for wet AMD	3
Autism Assessment (Adult)	2	Intravitreal implant Dexamethasone (Ozurdex)	1
Bariatric Surgery	3	Intravitreal Lucentis for CNV related to Angoid streaks	1
BICS Community Neurorehabilitation	1	Keloid scar	3
Bilateral Orchidopexy	1	Knee Replacement	7
Blepharoplasty	7	Labia repair	1
Blocked Meibomian Gland	1	Laser Treatment	5
Botox	3	Loose skin removal	1
Botox for hyperhidrosis	3	Medial branch nerve block - L3/L4/L5/Suprascapular	6
Botox for masseteric hypertrophy	1	Medtronic i-port	1
Botox injection to vocal chords	1	Mental Health Service (Secondary Care OOA)	1
Brachioplasty	1	MRI - Upright/Open	3
Breast Surgery	1	Myalgic encephalomyelitis	1
Carpal tunnel	2	Neuro Rehab Funding	1
CBT	1	Out of Area Funding Request	1
Chalazion	5	Pectus excavatum	1
Chronic Fatigue Syndrome	3	Percutaneous Tibial Nerve Stimulation	8
Chronic Fatigue Syndrome (children)	1	Photodynamic Therapy	17
Clitoromegaly surgery	1	Physiotherapy	3
Communication aid	3	Plastic Surgery	3
Composite mesh	2	Podiatry	2
Counselling Sessions at Let's Talk Service	1	Psychotherapy treatment (not available in this area)	1
Cyclone Plus	1	Radiofrequency ablation (RFA)/vertebroplasty	4
Dermatology	1	Repair of Pinna	1
Excision - Lipoma/Carbuncle/Dupuytren's/Ganglion/Lesion/Cyst/Tag/Sinus Tract/Papilloma/Mole	112	Sacral Nerve Neuromodulation	4
Extra Corporal shockwave therapy	1	Saeboflex	1
Facial Hair Removal	2	Shoulder Decompression/injection	4
Facial scarring treatment	1	Skin Graft	1
Flex Health	1	Speech and Language Therapy Computer Software	1
Flex Sessions	1	Sperm Storage/Freezing	3
Foetal Alcohol Syndrome assessment via Dr Raja Mukherjee, FASD Behavioural Specialist Clinic, Surrey	2	Spider naevi	1
Foreign body	1	Sterilisation - BMI 36.8	1
Freestyle Libre Sensors	1	subcutaneous lymphoma	1
Functional Electrical Stimulation	2	Synvisc Injections	2
Gastric Bypass/Sleeve	2	Toenail removal	1
Guardian 3 Link transmitter and Guardian sensor 3	1	Tooth implant replacement	1
Haemangioma	1	Totally implanted intrapleural catheter	1
Hearing and Auditory Process assessment at Great Ormond Street	1	Trail saboflex	1
Hernia repair	2	Transforaminal epidural	1
High Intensity Rehab for upper limb deficit post stroke	1	Ulnar nerve decompression	2
Hip Arthroscopy	1	Vasectomy (GA/Hospital)	3
Hip Replacement Surgery	5	Verrucae treatment	1
Hydrotherapy	1	Wheelchair adaptation	1
Hypertrophid Scar	1	Xanthelasma removal	1
Hypnotherapy	2		

9.1.3. Chart one: IFR requests received 2018/19

IFR requests received 2018/19



9.2. Requests clinically triaged and ratified by CCG

Of all the 1359 IFR cases which were managed and considered between 1st April 2018 and 31st March 2019, 835 cases were clinically triaged and recommended for CCG approval/decline through the CCG's ratification process. The remainder of cases were reviewed and considered by the CCG's IFR panel. This is a decrease of 11% compared with 2017/18 (935).

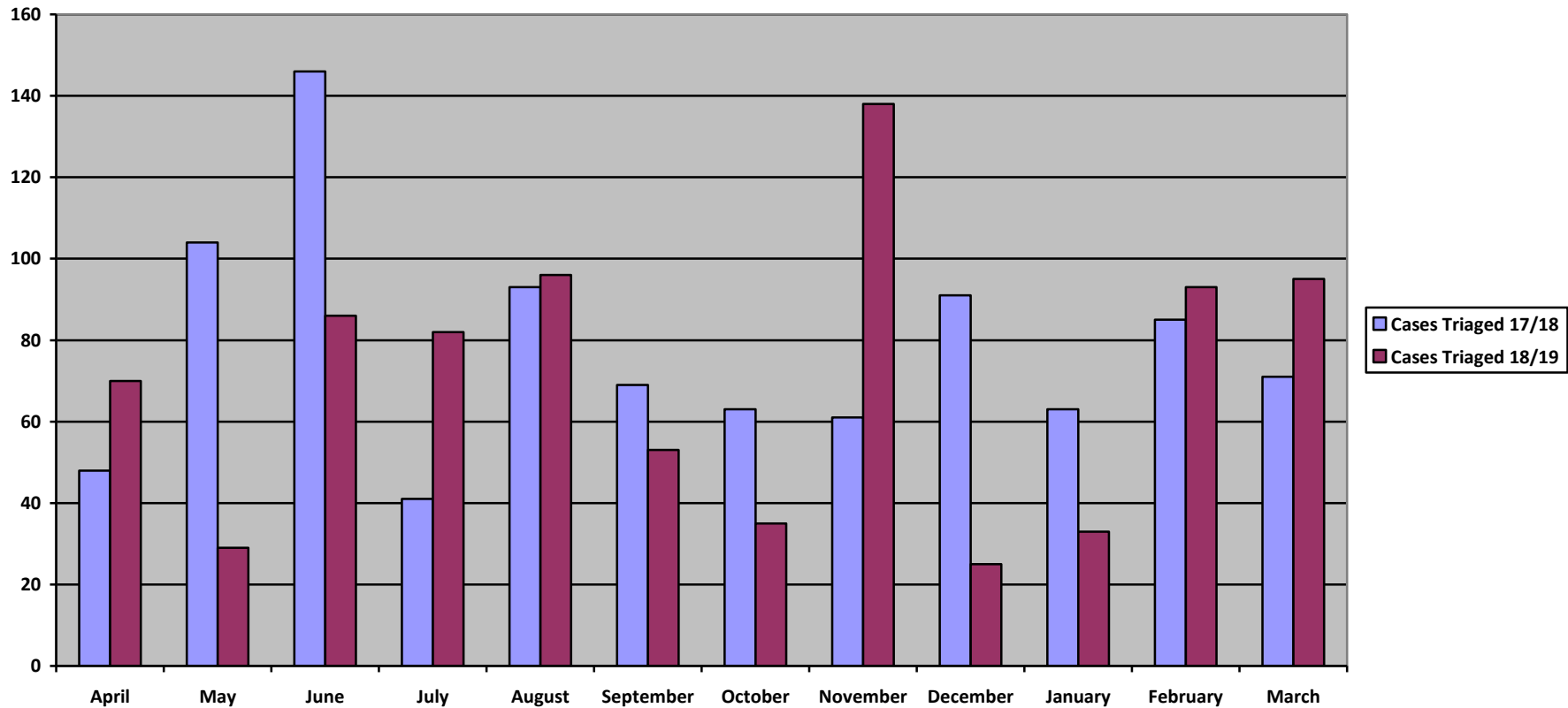
This table demonstrates the breakdown of cases clinically triaged per month for CCG ratification:

9.2.1. Table five: Cases clinically triaged and ratified by CCG in 2018/19

Month	Cases Triaged
Apr-18	70
May-18	29
Jun-18	86
Jul-18	82
Aug-18	96
Sep-18	53
Oct-18	35
Nov-18	138
Dec-18	25
Jan-19	33
Feb-19	93
Mar-19	95
Grand Total	835

9.2.2. Chart two: requests clinically triaged 2017-18 and 2018-19

IFR requests clinically triaged by month to 2017-18 and 2018-19



9.3. Requests considered at IFR Panel

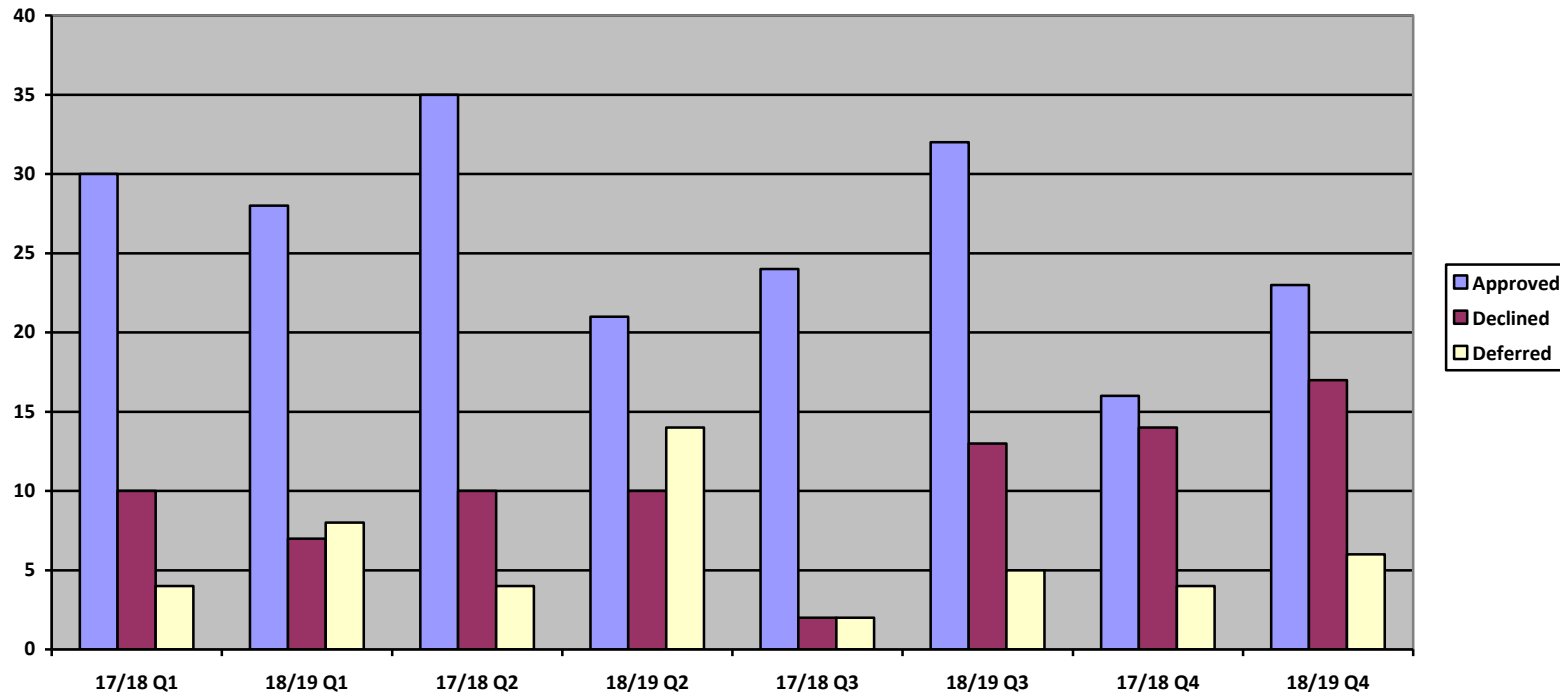
During 2018/19 the total number of requests considered by the IFR panel was 184. This is in comparison to 155 requests considered by the IFR panel in 2017/18. The outcomes for the 2017/18 & 2018/19 cases are detailed in the table below. This outlines an increase of 16% in the cases which have been considered by the IFR panel.

9.3.1. Table six: IFR requests considered at IFR Panel 2017/18 and 2018/19

Outcomes	Quarter 1		Quarter 2		Quarter 3		Quarter 4	
	17/18	18/19	17/18	18/19	17/18	18/19	17/18	18/19
Approved	30	28	35	21	24	32	16	23
Declined	10	7	10	10	2	13	14	17
Deferred	4	8	4	14	2	5	4	6
Total	44	43	49	45	28	50	34	46

9.3.2. Chart three: IFR requests considered at IFR Panel 2017/18 and 2018/19

IFR requests considered at IFR Panel 2017/18 and 2018/19



9.4. Inappropriate, Closed and Incomplete Statuses

Inappropriate and closed statuses are used for requests that have been discontinued and no further actions taken; the reasons include – requests no longer required, created in error/duplicate or IFR not required for treatment. Requests can also be closed by the requesting clinicians.

Incomplete status is used for requests that require further information or clarification from the requesting clinician and will not be actioned until this is provided. Clinicians are advised when requests for further information are made by the IFR Team that should the information not be provided within four weeks, the request will be closed and a new request would need to be submitted in the future.

9.5. New Requests by Referring Clinician

Of the 1202 new requests received during the reporting period, 76% (914) were received from Practices (GPs and other clinical practice staff) and 24% (288) from non-GP Practice clinicians (Secondary care or Independent providers including consultants). This is a slight change in referring clinician from 77% (916) GP and 23% (197) non-GP Practice clinicians in 2017/18.

9.6. Approved Requests by Referring Clinician

[Appendix two](#) details the outcomes per Practice, Secondary care or Independent providers for the cases submitted and considered during 2018/19.

During the reporting period 2018/19, of the 1033 requests managed from GPs, 41% were approved which is an increase compared with 2017/18, 18%.

Of the 326 requests managed from Non-GP/Consultants 54% were approved. This represents an increase on the percentage of successful Non-GP/Consultant requests in 2018/19, compared with 2017/18, 48%.

There may be a number of factors affecting this, including the specialist knowledge of the Consultant and the complexity of the intervention requested, resulting in a higher quality of clinical information included in the requests which results in a positive outcome. Alternatively it could be argued that the more specialist the referring clinician, the more exceptional the treatment where the clinical need is that much greater and therefore easier to demonstrate than with minor procedures or treatments.

10. Predictions and Planned work for April 2019 – March 2020

Following the implementation of the electronic IFR system, NECS in agreement with NHS Hull CCG could explore the use of the system for ratification of cases and cases which are presented at panel. This development will support the timeliness of the decisions being communicated, however with the introduction of the VBC checker and an anticipated reduction in the number of IFR cases, this may not be required.

Exploration will also be considered, when jointly agreed by both Panels that the timing is appropriate, regarding closer working between NHS Hull CCG and NHS East Riding of Yorkshire CCG Panels.

The service will continue to review its SOP to ensure that it provides a quality service to the CCG, referring clinicians and ultimately the patient. The service will also review the monthly reporting it provides to the CCG with the aim of providing assurance that the KPIs within the contract are being met. It has also been agreed to hold a 3rd workshop in the autumn of 2019.

The IFR service is also anticipating that the CCG will require an additional panel meeting in relation to patients who receive spinal injections.

11. Breach Report

Breaches occur when the national 40-day target for response and completion has been exceeded. Whilst the IFR Service endeavours to reduce breaches to a minimum, delays do sometimes occur for a variety of reasons. Throughout April 2018 to March 2019, there were no breaches reported or Root Cause Analysis undertaken.

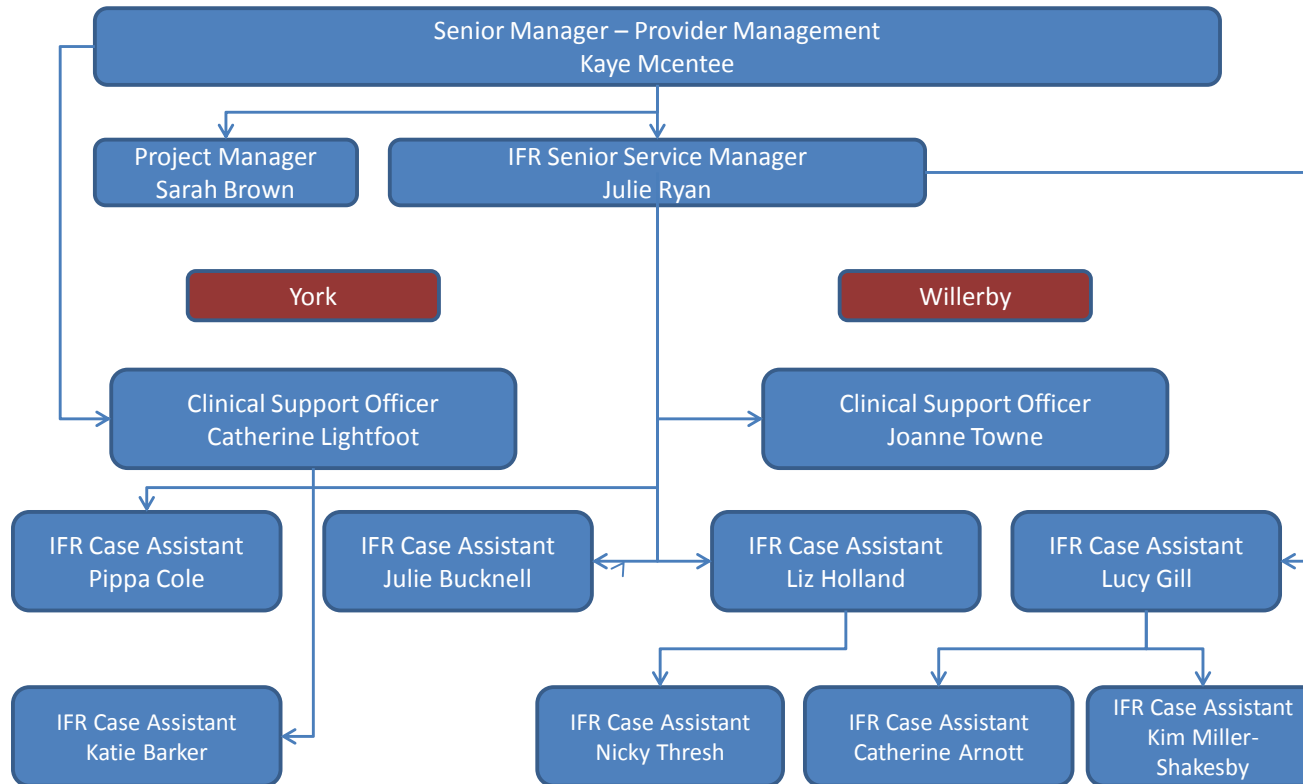
12. Requests for Appeal and/or Judicial Review

There have been no appeals and no notification has been received of any case moving to Judicial Review during the reporting period 1st April 2018 to 31st March 2019.

13. Recommendations

It is recommended that the Quality & Performance Committee and the Integrated Audit & Governance Committee consider and approve this Report.

Appendix One: NECS IFR team structure



Appendix Two: Outcomes by GP Practice & Non-Practice Providers

Primary Care (Practice) requests: April 2018 – March 2019

Bridge Group Practice	4	9	1	3	0	0	17
CHCP Newington	8	13	2	4	0	3	30
Choudhary AK & Dr SR Danda	6	3	1	4	0	0	14
Chowdhury GM	7	2	0	1	0	0	10
Clifton House Medical Practice	6	5	0	3	0	3	17
Cook BF	8	19	0	1	0	0	28
Diadem Medical Practice	20	22	1	6	1	1	51
East Hull Family Practice	56	43	5	16	0	2	122
East Park Practice	5	3	0	5	0	0	13
Faith House Surgery	9	9	0	1	1	0	20
Goodheart Surgery	3	1	0	2	0	0	6
Gopal KV	2	0	0	0	0	0	2
Hastings Medical Centre	6	7	0	1	0	1	15
Haxby Group Burnbrae Surgery	5	9	0	2	0	0	16
Haxby Group Hull	34	21	3	12	0	3	73
Hendow GT	3	2	0	1	0	0	6
Holderness Health Open Door Surgery	4	1	0	0	1	0	6
James Alexander Family Practice	7	13	0	9	0	2	31
Kingston Health	13	5	0	8	0	0	26
Kingston Medical Centre	8	8	1	5	0	1	23
Laurbel Surgery	8	5	0	1	1	0	15
Malczewski	3	5	0	4	0	0	12
Marfleet Group Practice	12	8	1	5	0	1	27
New Hall Surgery	21	26	2	3	1	0	53
Newland Group Practice	23	21	1	8	0	7	60
Newland Health Centre	2	1	0	6	0	1	10
Northpoint	1	4	0	1	0	0	6
Orchard 2000 Group	10	21	1	8	0	0	40
Princes Medical Centre	7	2	0	1	0	0	10
Quays Medical Centre	0	0	0	1	0	0	1
Raut Partnership	3	1	0	2	0	0	6
Southcoates Medical Practice	9	8	1	1	0	1	20
Springhead Medical Practice	39	38	3	8	4	0	92
St Andrews Group Practice	17	16	1	6	2	1	43
Sutton Manor Surgery	15	10	1	3	0	2	31
Sydenham Group Practice	14	5	1	0	0	3	23
The Avenues Medical Centre	4	3	0	1	0	1	9
The Calvert Practice	0	4	0	1	0	0	5
The Oaks Medical Centre	12	3	0	1	0	1	17
Wilberforce Surgery	2	0	0	0	0	1	3
Witvliet L	0	1	0	2	0	0	3
Wolesley Medical Centre	9	7	0	4	0	1	21
Total	425	384	26	151	11	36	1033

(NB: the total indicated in this table is the overall total of referrals including some referrals which were submitted at the end of 17/18 but processed within 18/19)

Provider requests: April 2018 – March 2019

Provider	Approved	Declined	Inappropriate	Incomplete	Closed	Decision Pending	Total
CHCP - SALT	2	0	0	0	0	0	2
Healthshare Hull	5	0	0	2	0	0	7
Hull and East Yorkshire Hospitals	91	53	5	13	4	11	177
Hull Integrated Community Stroke Team	3	1	0	0	0	0	4
Hull IVF Unit	14	0	0	0	0	3	17
Humber Speech & Language Therapy	1	0	0	0	0	1	2
NLAG	1	0	0	0	0	0	1
Odstock Medical Ltd	1	3	0	0	0	0	4
Seacroft Hospital	1	0	0	0	0	0	1
Sheffield Children's NHS Foundation	0	0	1	0	0	0	1
Sheffield Health & Social Care NHS FT	0	2	0	0	1	0	3
Spire Hull and East Riding Hospital	54	11	14	18	4	4	105
York Hospital	2	0	0	0	0	0	2
Total	175	70	20	33	9	19	326

(NB: the total indicated in this table is the overall total of referrals including some referrals which were submitted at the end of 17/18 but processed within 18/19)