

**Item: 6.4**

**Report to:** NHS Hull Clinical Commissioning Group Board

**Date of Meeting:** Friday 26 November 2021

**Title of Report:** Individual Funding Request (IFR) Annual Report 2020/21

**Presented by:** E. Daley, Interim Chief Operating Officer

**Author:** Julie Ryan IFR Service Senior Manager (NECS),  
Andrew Todd Programme Lead (NECS)  
Karen Ellis, Deputy Director of Commissioning

**STATUS OF THE REPORT:**

To approve

To endorse

To ratify

To discuss

To consider

For information

To note

**PURPOSE OF REPORT:**

This report presents the annual report around the application of the Individual Funding Request policy and its supporting processes, the report demonstrates the appropriate functioning of the system, processes and usage of the policy.

**RECOMMENDATIONS:**

It is recommended that the CCG Board consider and approve this report.

**REPORT EXEMPT FROM PUBLIC DISCLOSURE**

No

Yes

If yes, detail grounds for  
exemption

## CCG STRATEGIC OBJECTIVE

3. *Support the delivery of the priorities set out in the operational planning guidance, NHS Long Term Plan and the White Paper*

An effective IFR policy and process supports the CCG in the safe delivery of NHS Hull CCG's Commissioning Intentions in respect of Individual Funding Requests underpinned by general commissioning policies and helps ensure that patients receive clinically commissioned, appropriate, high quality services.

### IMPLICATIONS:

Finance	No specific finance implications except to note the potential additional cost and risk to the organisation if the Individual Funding Request Policy and Procedures were not in place.
HR	No specific HR implications.
Quality	The risk of a lack of a robust IFR system includes potential breaches of information and clinical governance, Data Protection Act, Freedom of Information Act etc.
Safety	The report aims to provide assurance regarding the safety and robustness of the IFR process to prevent adverse effects to patients through either a delay in consideration of their request or ensuring that patients are not put at any unnecessary risk by only having procedures carried out where they are commissioned and / or the clinical benefit outweighs the risk.

### ENGAGEMENT:

Partner engagement has taken place in respect of the NECS Service Improvement Plan.

This report has been reviewed and supported by:

- Integrated Audit and Governance Committee
- Planning and Commissioning Committee
- Quality and Performance Committee

### LEGAL ISSUES:

There are no specific legal issues identified.

**EQUALITY AND DIVERSITY ISSUES:**

	<i>Tick relevant box</i>
An Equality Impact Analysis/Assessment is not required for this report.	X
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

**THE NHS CONSTITUTION:**

The Individual Funding Request policy and process supports the CCG in meeting the requirements within the NHS constitution to commission appropriate services to meet the needs of the resident population with regard to interventions that have limited clinical value / limited sphere of clinical appropriateness.

# Individual Funding Request Annual Report 2020/21

## 1. INTRODUCTION

This report is to provide NHS Hull Clinical Commissioning Group (CCG) Board with assurance and information regarding activity and performance of the commissioned Individual Funding Request (IFR) Service for the financial year (1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021) and the range of cases considered through the IFR process. North of England Commissioning Support (NECS) provides the IFR Service on behalf of NHS Hull Clinical Commissioning Group.

## 2. BACKGROUND

The CCG requires an annual report to be produced regarding 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 1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021.

## 3. INFORMATION

Attached as appendix 1 is the full report.

Due to the Covid-19 pandemic, NHS Hull CCG paused all routine requests through IFR from 30th March 2020 until 1st June 2020, considering only clinically urgent requests during this time and holding a Panel meeting in April 2020 to consider existing cases submitted prior to the lockdown period. Despite this, the service prepared, managed and administered 11 IFR Panel meetings during 2020/21. In addition, there was 1 Extraordinary Panel meeting in June 2020.

In the financial year 2020/21, the service managed a total of 360 IFR submissions. Of the 360 IFR submissions, 294 were new cases received solely in 2020/21. The remaining 66 cases were received into the service at the end of 2019/20 and were therefore managed in 2020/21.

This was a significant reduction on previous years submission levels and reflects the reduced planned care activity undertaken, both locally and nationally, as a result of the pandemic. It is anticipated that increased requests will be received during 2021/22 as planned activity starts to increase.

There was also an increase in requests from Primary Care again reflecting the prolonged cessation of planned care activity during the year.

A total of 319 cases were clinically triaged and recommended for CCG ratification. 83 cases were considered by the IFR Panel compared to 176 cases in 2019/20

The main reason for enquiries received by the CCG regarding IFR was from individuals asking whether a request had been submitted and/or if a decision had been made.

During the reporting period, there were no root cause analysis (RCA) undertaken, Datix Reporting for the service or judicial reviews.

#### **4. RECOMMENDATIONS**

It is recommended that the CCG Board consider and approve this report.



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North of England  
Commissioning Support

# NHS Hull Clinical Commissioning Group (CCG)

## *Individual Funding Request Annual Report*

1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021



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## 1. Introduction

This report is to provide NHS Hull Clinical Commissioning Group (CCG) assurance and information regarding activity, performance and process of the Individual Funding Request (IFR) Service for the financial year (1<sup>st</sup> April 2020 – 31<sup>st</sup> March 2021). North of England Commissioning Support (NECS) provides the IFR Service on behalf of NHS Hull Clinical Commissioning Group.

It should be noted that the COVID Pandemic was active throughout the year which negatively impacted the delivery of elective care and the subsequent generation on requests.

## 2. Background

The CCG requires an annual report to be produced by the IFR service so that they can consider the working of the service.

## 3. Commissioning Support

### 3.1. Commissioning Support

NECS has been delivering the Individual Funding Request service to eight CCGs in Yorkshire and Humber since 1<sup>st</sup> March 2016.

The Team work from two localities (Yorkshire Team and Humber Team) providing the IFR service to the eight CCGs (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.

### 3.2. Information Technology

The Value Based Commissioning (VBC) Checker continues to be used for NHS Hull CCG and policies continue to be introduced where appropriate. Policy criteria contained within VBC checker is harmonised with the other three 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. Following discussions throughout 2020/21 with commissioners a new standard operating procedure (SOP) was approved and adopted by NHS Hull CCG to ensure that the service to the CCG and its patients continues to provide a quality service.

## 4. Incidents and Issues

### 4.1. Root Cause Analysis (RCA)

During the reporting period, there were no RCA investigations and no Datix Reporting for the service.



There was however a Subject Access Request in Dec 2020 for which the service was required to release information to NHS Hull CCG.

## 5. Requests submitted Requiring Urgent Redirection

In the reporting period, there were no requests submitted requiring urgent redirection.

## 6. Individual Funding Request Panel

### 6.1. IFR Panel members (April 2020 – March 2021)

IFR Panel members meeting attendance are detailed in table one. All meetings were quorate and were held virtually due to the ongoing Covid situation.

#### 6.1.1. Table one: IFR Panel dates and meeting attendees

Date/Attendee	Chair	Lay Member / VICE Chair	Deputy Director of Commissioning	Lay Member	General Practitioner
14.04.2020	√	√	√	√	√
12.05.2020	<b>No Panel Meeting – On hold due to COVID</b>				
09.06.2020		√	√	√	√
*23.06.2020		√	√	√	
14.07.2020	√	√	√	√	
11.08.2020	√	√	√	√	√
08.09.2020	√	√	√		√
13.10.2020	√	√	√	√	√
10.11.2020	√	√	√	√	√
08.12.2020	√	√	√	√	√
12.01.2021	√	√	√	√	√
09.02.2021	√	√	√		√
09.03.2021	√	√	√	√	√

There was no IFR Panel meeting in May 2020 as the IFR service in Hull was paused due to COVID.

\*An extraordinary meeting was held on 23.06.2020 to discuss 1 case (see point 6.4 for details)

### 6.2. IFR Attendees

IFR attendees are detailed in table two: ✓

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

### 6.2.1. Table two: IFR attendees

Date/Attendee	Cons in Public Health Medicine and Associate Medical Director	Evidence, Effectiveness and Knowledge Manager	IFR Reps	Other - Consultant Plastic Surgeon (HUTHT)
14.04.2020	√	√	√	√
12.05.2020	<b>No Panel Meeting – On hold due to COVID</b>			
09.06.2020	√	√	√	
*23.06.2020	√		√	
14.07.2020	√		√	
11.08.2020		√	√	
08.09.2020	√	√	√	
13.10.2020	√	√	√	
10.11.2020	√	√	√	
08.12.2020	√	√	√	
12.01.2021		√	√	
09.02.2021	√	√	√	
09.03.2021	√	√	√	

\*An extraordinary meeting

### 6.3. IFR Observers/Other Attendees

There were no observers but there was 1 attendee at the panel meetings during 2020/21. This was in April 2020 where the Consultant Plastic Surgeon at HUTHT attended.

### 6.4. Extraordinary Panel meeting

There was 1 extraordinary panel meeting during 2020/21. This meeting was held to review a case that was declined by IFR Panel on 09.06.2020. The referring clinician submitted a further request and wanted the Panel to relook over the decision, in particular the second point on the policy for HCV – Abdominoplasty/Apronectomy.

## 7. NICE Guidance

### 7.1. NICE Guidance: April 2020 – March 2021

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

## 8. Activity Reports

### 8.1. New Requests Received

From 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021 a total of 294 new cases\* were received for patients registered with a NHS Hull Clinical Commissioning Group General Practitioner. This is a decrease of 73% on the total number of new requests received from the previous financial year when 1063 were received. This decrease is related to the impact of the COVID 19 pandemic and the cessation of elective activity for significant parts of the year. See the table and graph below for a breakdown of new requests received by category.

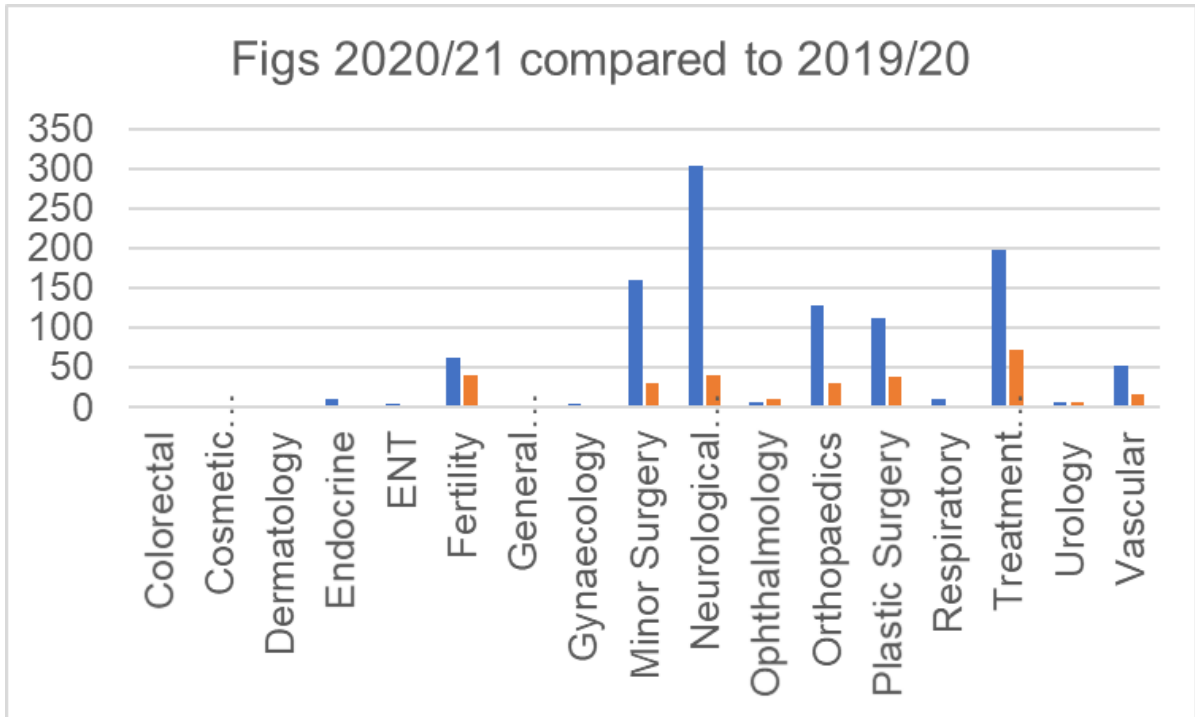
(\*NB: new cases relates to the cases received specifically within the 2020/21 timeframe only)

#### 8.1.1. Table three: New requests received 2020/21 compared with 2019/20

Category	2019/20	2020/21
Colorectal	3	0
Cosmetic Surgery	1	0
Dermatology	1	1
Endocrine	10	3
ENT	4	1
Fertility	63	41
General Surgery	1	0
Gynaecology	4	0
Minor Surgery	160	31
Neurological and Pain	303	41
Ophthalmology	7	10
Orthopaedics	128	31
Plastic Surgery	112	39
Respiratory	11	0
Treatment not listed**	197	73
Urology	6	6
Vascular	52	17
<b>Grand Total</b>	<b>1063</b>	<b>294</b>

(NB: \*\*Treatment not listed refers to IFRs submitted through the electronic IFR system where a procedure or specialty is not easily matched to the options available to the clinician, and they therefore instead select 'other'. See table four in 8.1.3 for further details).

#### 8.1.2. Chart one: IFR requests received 2020/21 compared to 2019/20 requests



— 2019/20  
— 2020/21

8.1.3. Table four: Treatments not listed received in 2020/21

Treatment	Nos	Treatment	Nos
A course of intravitreal Eylea for Idiopathic CNV	3	Laser treatment	3
ADHD SHEFFIELD	1	Lucentis intravitreal injections	1
Ball radiodiathermy	1	Mental Health	1
Bariatric Surgery	2	Nail Surgery	1
Botulinum A Toxin injections to muscles of mastication	5	Neurorehabilitaion	1
BSL Healthy Minds (sign interpreter)	1	Oncology and sexual therapy	1
Chronic Fatigue Service Paediatric	2	Open / Upright MRI scan	3
Chronic Fatigue Syndrome Service	2	PDT laser	1
Complex neurological rehabilitation	1	Phtodynamic therapy with drug Visudyne	1
Continuous Glucose monitoring device Guardian Link 3 for use with the MiniMed 780G only	1	Physiotherapy	1
Cryotherapy	2	Psychiatry -ADHD Assessment	2
Cyst over eye lid	1	Remove lesion	1
Deaf4Deaf counselling	1	Requiring Psychological Therapy in BSL	1
Dexamethasone intravitreal implant (Ozurdex) for diabetic macular oedema left eye	1	Rituximab	1
Dexcom G6 Mobile Continuous Glucose Monitoring (CGM) System	1	Sebaceous cyst	2
Diastasis Recti	1	Supraspinatus tendinopathy + SAB	1
Foetal Alcohol Syndrome assessment via Dr Raja Mukherjee, FASD Behavioural Specialist Clinic, Surrey	1	Telengsectasia	2
Gamete storage	1	Upper limb functional electronic stimulator	2
Gender Reassignment Bilateral Orchidectomy	1	Ustekinumab for PsA	1
Half dose Photodynamic Therapy	9	Vasectomy	1
Hip Surgery	1	Verteporfin	1
Hynotherapy	1	Weight loss surgery	1
Hyperhidrosis.	1	Weight management	1
Laser hair removal	1		

## 8.2. Requests clinically triaged and ratified by CCG

A Clinical Support Officer within the IFR service is responsible for clinically triaging all cases that are received into the service and logged as requiring triaging. They utilise their specialist knowledge and experience to provide recommendations, including options, to the CCG IFR panel representatives on clinical policy compliance to enable funding decisions to be made.

Of all the 360 IFR cases which were managed and considered between 1<sup>st</sup> April 2020 and 31<sup>st</sup> March 2021, Clinical Triage recommended a total of 319 cases to the CCG for approval/decline through the CCG's ratification process - 93 of these cases (83 plus 10 virtual panel cases) were reviewed and considered by the CCG's IFR panel following the clinical triage. The remaining 41 cases were returned to the referrer as incomplete by the IFR administrative team.

Table five demonstrates the breakdown of CT activity for the reporting period.

### 8.2.1. Table five: Breakdown Cases of clinically triaged activity in 2020/21

<b>Hull CCG CT Actions</b>	<b>Nos</b>
No of cases sent to Panel by CT:	83
No of cases sent to Virtual Panel by CT:	10
No of cases on CT Sheets for CCG ratification:	64
<b>No of cases classed by CT as inappropriate / incomplete (deferred)/closed/pending:</b>	
Inappropriate	24
Incomplete (deferred)	117
Closed	14
Pending	7
<b>TOTAL CASES ACTIONED BY CT:</b>	<b>319</b>

### **Incomplete (Deferred Cases)**

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.

Of the 117 cases which were determined by Clinical Triage as incomplete the top 5 cases were submitted for Treatments not listed / spinal injections / varicose vein surgery / fertility / benign skin lesions.

### 8.3 Requests considered at IFR Panel

During 2020/21 the total number of requests considered by the IFR panel was 83 (including any urgent requests which panel considered out of panel). This in comparison to 176 requests considered by the IFR panel in 2019/20.

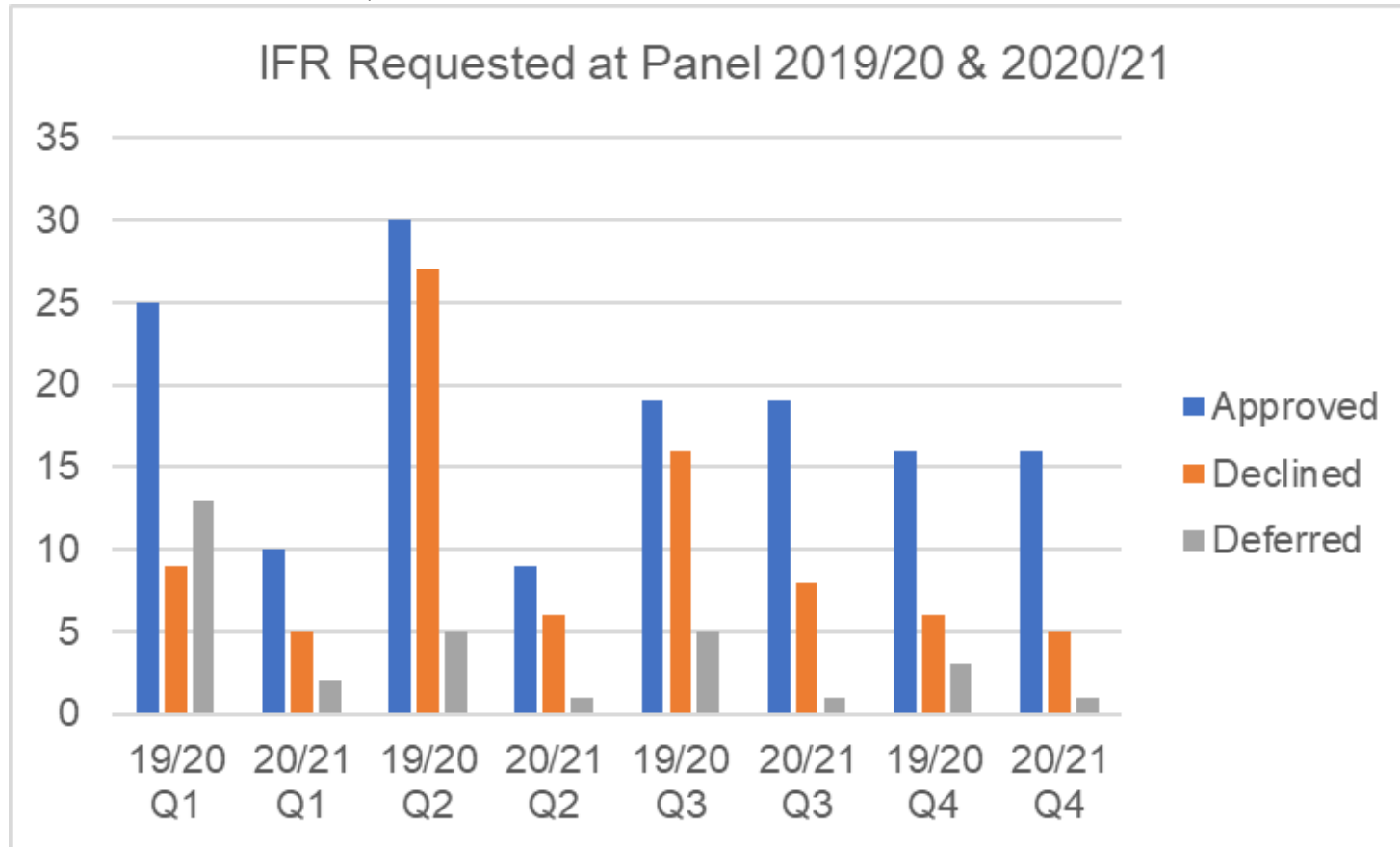
The outcomes for the 2019/20 & 2020/21 cases are detailed in the table below.

8.3.1 Table six: IFR requests considered at IFR Panel 2018/19 and 2019/20

Outcomes	Quarter 1				Quarter 2				Quarter 3				Quarter 4			
	19/20	%	20/21	%	19/20	%	20/21	%	19/20	%	20/21	%	19/20	%	20/21	%
<b>Approved</b>	25	53%	10	59%	30	48%	9	56%	19	48%	19	68%	16	64%	16	73%
<b>Declined</b>	9	19%	5	29%	27	44%	6	38%	16	40%	8	29%	6	24%	5	23%
<b>Deferred</b>	13	28%	2	12%	5	8%	1	6%	5	13%	1	4%	3	12%	1	5%
<b>Total</b>	<b>47</b>		<b>17</b>		<b>62</b>		<b>16</b>		<b>40</b>		<b>28</b>		<b>25</b>		<b>22</b>	

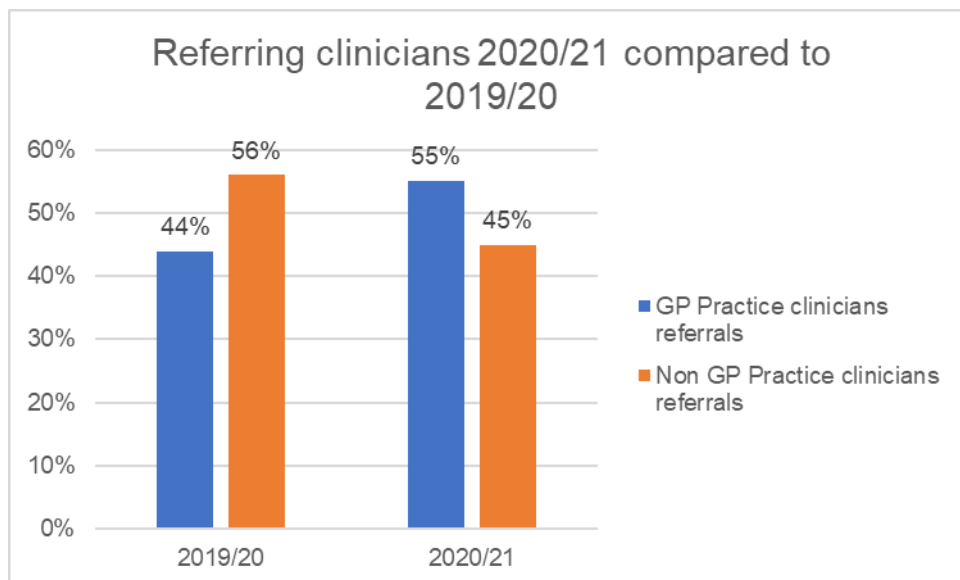


8.3.2 Chart three: IFR requests considered at IFR Panel 2019/20 & 2020/21



#### 8.4 New Requests by Referring Clinician

Of the 294 new requests received during the reporting period, 161 (55%) were received from Practices (GPs and other clinical practice staff) and 131 (45%) from non-GP Practice clinicians (Secondary care or Independent providers including consultants). This is a slight change in referring clinician from 2019/20 when 44% of referrals were from GPs and 56% of referrals from non-GP Practice clinicians.



#### 9 Predictions and Planned work for April 2021 – March 2022

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.

#### 10 Breach Reporting

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. There have been no breaches during the reporting period 1st April 2020 to 31st March 2021.

#### 11 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 1<sup>st</sup> April 2020 to 31<sup>st</sup> March 2021.

## 12 Complaints and concerns

During the reporting period 1st April 2020 to 31st March 2021 there were 6 complaints and concerns received which is fewer than the number received by the CCG in 2019/20; for that period there were 17 received.

	<b>2019/20</b>	<b>2020/21</b>
<b>Complaints</b>	1	0
<b>Concerns</b>	16	6
	17	6

## 13 Recommendations

It is recommended that the CCG considers and approves this Report.

## Appendix One: NECS IFR team structure

