

NON-CONTRACT ACTIVITY INDIVIDUAL FUNDING REQUEST (IFR) FORM*

PLEASE PROVIDE ALL THE INFORMATION REQUESTED TO AVOID DELAYS IN PROCESSING THE REQUEST

INCOMPLETE FORMS WILL BE RETURNED

*For non-contract activity treatment funding requests ONLY where local or national guidance exists, or routinely funded by CCGs within the provider's local health economy (including CSII pump renewals in adults and children ≥ 12 years, CGMS, biologics)

TREATMENT

1. Details of treatment for which funding is requested	
Diagnosis	
Treatment including dose where applicable	
How will the treatment be given to the patient (e.g. oral, IV, SC etc.)	
Is this a single treatment or part of a course?	
If this is a course of treatment, what is the number of doses that will be given and at what intervals?	
2. Anticipated start date – Clinically triaging requests can take up to 2-4 weeks (from the date received by the IFR administration team.) If the case is more urgent than this please give reasons:	

SUPPORTING INFORMATION

3. Outline the clinical background		
Previous therapies in chronological order for the condition in question and reasons for stopping		
Treatment and dose if applicable	Date started and date stopped	Reason/s for stopping
Continue if necessary by inserting more rows above		
How is your patient currently being managed?		
Treatment	Date started	Clinical response to date
Anticipated prognosis if treatment requested is not approved (include how the patient will be managed)		

EVIDENCE OF CLINICAL AND COST EFFECTIVENESS/SAFETY**4. Is the treatment licensed in the UK for the intended use?****5. Outline how the patient meets local or national guidance (include any objective parameters e.g. DAS28, PSARC, PASI, DLQI, etc with dates).**

- a. For insulin pumps and CGM systems include name of pump or CGM system, HbA1c, frequency, nature and management of any hypoglycaemic episodes with dates).
- b. Include reference to the supporting local or national guidance.

6. What stopping criteria are in place to decide when treatment is ineffective?**AFFORDABILITY****7. What is the cost of the treatment**

Drug/ device	Per annum <u>ex VAT</u>
Administration cost of treatment	Per dose administered
	Frequency per annum
Home care costs	Per delivery
	Frequency per annum
Follow up costs	Per OPD attendance
	Frequency per annum
Consumables	Per annum <u>ex VAT</u>

OTHER**8. Clinicians are required to disclose all material facts as part of the process. Are there any other comments/considerations that are appropriate to bring to the attention of the IFR clinical triage team?**

CONTACT DETAILS

Referrer details
Trust address:
Name:
Designation:
Contact phone number:
Email: (NHS.net mail)
Patient details
Name:
Address:
DOB:
NHS Number:
GP Practice:

CONSENT

I confirm that this IFR has been discussed in full with the patient. The patient is aware that they are consenting for the IFR Team to access confidential clinical information held by clinical staff involved with their care about them as a patient to enable full consideration of this funding request.

YES/NO

Please note without patient consent application cannot be processed.

Signature of Referrer:

Date:

COMPLETED FUNDING REQUEST FORMS SHOULD BE RETURNED TO:

ifr.manager@nhs.net (Halton, Knowsley, Liverpool, South Sefton, Southport & Formby, St Helens CCGs)
cheshireccg.ifr@nhs.net (Cheshire CCG)
warringtonccg.ifr@nhs.net (Warrington CCG)
wirralccg.ifr@nhs.net (Wirral CCG)

Post:

Individual Funding Request Team
Midlands & Lancashire Commissioning Supporting Unit
1829 Building - Mail Account
Facilities Services
Individual Funding Request Team
Countess of Chester Hospital NHS Foundation Trust
Liverpool Rd
Chester
CH2 1UL

COMMUNICATION OF DECISION OUTCOME

Decisions are routinely communicated to the named person stated in 'referrer details' i.e. the clinician taking overall clinical responsibility for the requested treatment. If another healthcare professional for the purpose of patient care requires a copy of the decision outcome correspondence, e.g. senior Trust pharmacist this can be facilitated on provision of a valid nhs.net address.

Name:

Designation:

NHS.net email: