

Case code:	Date submitted:
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(Office use only)

APPLICATION FORM FOR INDIVIDUAL FUNDING REQUESTS (IFR)

Guidance Note for Completion:

1. Please complete sections 1 to 23 electronically or in block capitals (illegible handwriting may be returned)
2. All areas of the application form must be completed otherwise the case will not be considered
3. Before you begin to complete this form and make an application you **MUST** first consider the following question:

Are there similar patients with similar clinical circumstances and/or who could also benefit from the treatment you are requesting in the South Staffordshire area?

If the answer is **YES** then this is an inappropriate way to request funding. The contract which has been agreed between Commissioners and Provider Trusts requires the service provider to seek funding through the submission of a business case. This is because the case represents a service development for a predictable population. You should discuss with your contract team how you submit a business case for consideration through the annual prioritisation round.

4. This form should not be used to request funding for:
 - Where patients meet a NICE TAG Approved Technology
 - Prior Approvals for patients who meet with PCT policy criteria
 - Service developments
 - Groups of patients
5. Please note you must be able to demonstrate the following in your application:

‘The patient is significantly different from the general population of patients with the same condition to warrant being individually recommended for this treatment’

And

‘This treatment is likely to be of significantly more benefit to this patient than the average patient with the same condition’

6. It is also important to note the following:
 - a) The fact that a treatment is likely to be efficacious for a patient is not, in itself, a basis for exceptionality.
 - b) If a patient's clinical condition matches the 'accepted indicators' for a treatment that is not funded, their circumstances are not, by definition, exceptional.
 - c) The CCGs cannot consider social circumstances as a case for exceptionality, this includes the patient having children or being a carer, this is because the PCT considers all life to be of equal value and will not discriminate on social status.

Patient and Contact Information	
Trust Name	
1. Patient Details	
Surname:	
Forename:	
NHS number:	
Hospital number:	
DOB:	Sex: M/F
Patient's Address:	
Registered Consultant:	
Registered GP name:	
Registered GP practice:	
2. Applicant Details	
Name:	
Address:	
Designation:	
Direct Tel:	
Fax:	
Email:	
Patient Consent	
<p>3. Does the patient provide consent to participate in the process and for all information regarding their individual case to be shared with the Individual Funding Panel?</p> <p>If no or unanswered please be advised your application will be rejected, without consent the application can not be processed</p> <p>Please note: the patient will be copied into all correspondence if they do not wish for this to happen please state here.</p>	YES/NO
<p>4. If the patient does not have mental capacity to consent to the process, please provide confirmation that a best interest assessment has been undertaken and the resulting decision (A copy of this may be requested by the PCT but please do not submit this with your application form)</p>	YES/NO
<p>5. How will this patient's condition alter over the next 28 days? <i>Please telephone the IFR Manager if your request is urgent to negotiate an appropriate timescale for the case to be considered.</i></p>	
Secondary Care Contract Details	
<p>6. Have you sought the approval of your contract team to make this request</p>	
<p>7. Who did you seek agreement from? <i>Provider contract teams need to satisfy themselves that this is not a service development request and a breach of clause 38.8 prior to making this request.</i></p> <p>Please provide contact details:</p>	

Intervention requested:			
<p>8 (a). Patient diagnosis for which intervention is requested):</p> <p>(b) Patient prognosis with proposed treatment</p> <p>(c) Patient prognosis without the proposed treatment</p>			
<p>9. Relevant medical history:</p>			
<p>10. Summary of previous treatments/interventions this patient has received for this condition: *Reasons for stopping may include:</p> <ul style="list-style-type: none"> • Course complete • No or poor response • Disease progression • Adverse effects/poorly tolerated 	<p>Date/s</p>	<p>Intervention (e.g. drug. surgery)</p>	<p>Reason for stopping*/Response achieved</p>
<p>11. What standard treatment does this request replace? And why is the standard treatment not appropriate?</p>			

<p>12. What are the alternative treatments/interventions and why have they not been tried?</p>		
<p>13. Details of intervention/treatment for which funding is requested:</p>	Name of treatment/intervention:	
	If a drug, dose and frequency:	
	Planned duration of intervention (including number of treatments):	
	Cost per treatment/intervention:	
	Anticipated total cost (inc VAT):	
	Please confirm where will treatment be administered:	
<p>14 If funding is provided, how will outcomes be measured?</p>		
<p>15. If funding is not approved what treatment will be given to the patient?</p>		

<p>Clinical effectiveness of intervention (i.e. the clinical evidence base for the intervention)</p>	
<p>16. If a drug treatment is requested, is the drug licensed for the requested indication in the United Kingdom? <i>If not licensed is the request</i> <i>a) supported by the trust's drug and therapeutics committee or equivalent and</i> <i>b) licensed in any other country?</i></p>	
<p>17. Is there published RCT evidence demonstrating effectiveness of the intervention for the proposed indication? (Please include journal reference)</p>	
<p>18. Has NICE or any other relevant body (eg SMC, BNF) published guidance/guidelines?</p>	

19. Is the requested intervention part of a clinical trial or research? (If yes please give details such as the name of the trial)	
20. Does this patient represent a group of patients who could also benefit from this treatment/intervention?	
21. Do you have any declarations of interest with regards to the treatment you are requesting? e.g. research grants/sponsorship from manufacturer if so please provide the necessary details.	

Individual Exceptional circumstances	
22. Please outline the exceptional circumstances in this patient's case (see top of form page one for guidance notes):	

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Declaration

23. To the best of my knowledge I have given the most accurate and up to date information regarding this patient's clinical condition. I also confirm that I have made the patient fully aware of the Individual Funding Treatment process and how their request will be considered by the CCG.

Name	
Position/Title	
Signature	
Direct telephone number	
Date Completed	

On Completion

Please either send to:

- a) Email to ifrteam@nhs.net
- b) Post to: Individual Funding Request Department, CCG Headquarters, First Floor, Staffordshire Place 2, Stafford, ST16 2LP

Contact details:

Gina Gill (Senior Improvement IFR Manager): 01785 356944
 Jackie Newman (IFR Support Officer): 01785 356944