Developing a SWL IFR Triage Process and Panel

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Executive Summary

1. Context

Currently across South West London (SWL) there are six separate Individual Funding Request (IFR) Triage Panels, one for each individual Clinical Commissioning Groups (CCG). There are also three IFR Panels (Croydon, Richmond and a shared panel for Kingston, Merton, Sutton and Wandsworth). This is a highly resource intensive. The recently established Prior Approval Service has led to procedures previously being managed through the IFR route now being more appropriately managed by Prior Approval. In addition, having different processes across SWL can potentially lead to inconsistency in decision making.

The proposal outlined in this paper is as follows:

Move to a single IFR Triage Panel that meets weekly

Move to a single SWL IFR Panel, with clinical representation from SWL CCGs that meets fortnightly

Put in place an IFR Appeals Panel to review the limited number of contested IFR decisions

The proposed way forward would deliver the following benefits:

- Greater consistency of decision-making
- Improved expertise in a smaller number of CCG IFR representatives
- Reduced costs
- Greater alignment and service resilience across SWL.

2. Recommendation

The Committees in Common is asked to agree to the proposal outlined above.

Practical implementation will be overseen by the SWL Directors of Commissioning Group.

Developing a SWL IFR Triage Process and Panel

1. INTRODUCTION

The IFR process is used to consider individual requests for funding where a service, intervention or treatment falls outside existing service agreements. Some treatments are "not routinely funded" because either their clinical and cost effectiveness is marginal or where NHS provision may be inappropriate (e.g. the benefits are purely cosmetic and not clinical).

Prior to the procedure being undertaken, authorisation for these procedures must be obtained by the treating clinician (i.e. the practitioner who is responsible for administering the treatment). In this respect the requirement is the same as for those procedures that are covered in the Prior Approval Scheme.

Any procedures not routinely funded can be requested via the IFR route. The IFR process ensures that each request for individual funding is considered in a fair and transparent way, with decisions based on the best available clinical evidence.

Completed IFR applications are approved only when the IFR panel agrees that the patient is exceptional or the patient has a very rare clinical condition.

Exceptionality is defined as:

- Significantly different from the general population of patient with the condition in question; AND
- Likely to gain significantly more benefit from the intervention than might normally be expected for the average patient with the condition.

The IFR process has two stages for the commissioners. The IFR Triage Panel reviews all IFR applications and ensures that all information from the applicant is available and undertakes the necessary evidence review. Only those cases that are not rejected at this stage proceed to the IFR panel for a full discussion.

2. CURRENT ARRANGEMENTS IN SOUTH WEST LONDON

Currently across SWL there are six separate IFR Triage Panels, one for each individual CCG. Composition of triage panel members varies from CCG to CCG.

There are three IFR Panels across SWL:

1) Croydon
2) Richmond
3) Joint IFR Panel for Kingston, Merton, Sutton and Wandsworth.

As with the triage panels, composition of IFR panel members varies from CCG to CCG. On average, each month there are 15 IFR Triage Panel meetings and 9 IFR Panel meetings making an average total of 24 meetings per month for six SWL CCGs. In terms of personnel, there are a total of 32 IFR Panel members across SWL.

3. CASE LOAD

Currently the IFR services in SWL deal with cases, which evolved over time and are a mixture of legitimate IFR applications and Prior Approval Scheme tickbox forms.

The legitimate IFR cases are based on exceptionality and rarity of the patients for treatments that CCGs do not routinely commission (for example: cosmetic surgery).

The Prior Approval Scheme tickbox form cases are treatments, which are subject to meeting predefined clinical criteria as defined in the SWL Effective Commissioning Initiative (ECI) Policy. These procedures are now under the remit of the Prior Approval Service, such as body contouring procedures and Open MRI scanning.

Commissioner	Legitimate IFR cases* per year
Croydon CCG	25
Kingston CCG	11
Merton CCG	4
Richmond CCG	17
Sutton CCG	5
Wandsworth CCG	28
SWL total	**90**

* data based on 2017/18 (April to October 2017/18) extrapolated data

25% of the cases are drug cases, which will need to be the majority of the input from senior pharmacists and the rest of the cases are for public health specialist to work up.

4. CURRENT COST OF IFR PANELS

There are two components for each CCG to consider when evaluating the cost of running the IFR process. Administration is currently provided by NEL CSU and is costed in the CSU contract. The decision making personnel provided by CCGs is not budgeted for directly as this is often provided as part of standard job descriptions or arrangements with Local Authorities (for public health input). The CCG representation costs outlined below are indicative and are modelled on figures from Croydon adjusted for each CCG according to population size.

Cost of IFR service	NEL CSU	CCG Representation	Total
Croydon	£95,341	£40,955	£136,296
Kingston	£51,531	£22,158	£73,689
Merton	£54,478	£23,426	£77,904
Richmond	£55,580	£23,899	£79,479
Sutton	£49,320	£21,208	£70,528
Wandsworth	£89,268	£38,385	£127,653
SWL	**£395,518**	**£170,031**	**£565,549**

5. PROPOSAL

Six individual IFR Triage Panels and three IFR Panels results in inconsistent panel member composition, has significant potential to give rise to inconsistent decision-making, and fails to make efficient use of CCG resources including the expense of panel members. Some other parts of London have joint IFR triage and IFR panel across their multiple CCGs.

It is proposed to move to a single joint IFR Panel across SWL along with a single SWL single clinical triage panel.

We are working with current IFR triage and panel members in SWL and other joint IFR services such as North West London to determine the final detail of the joint SWL IFR service. Based on the current modelling the clinical triage would be undertaken weekly with IFR Panel meetings taking place approximately every two weeks.

An Appeal Panel reviews applications where the applicant appeals the decision making process of the IFR Panel. The membership of an Appeal Panel must exclude any persons who have previously considered the application for which the decision is appealed. IFR appeals are rare (approximately one case per year). We are working with other London IFR services to ensure robust capability to be in place by working collaboratively with them.

SWL CCGs would remain responsible for clinical oversight and for providing the clinical input into the IFR Panel process.

There are a number of benefits associated with the proposed way forward:

- Greater consistency in the application of the IFR policy and decision making
- Improved expertise in a smaller pool of CCG IFR representatives
- Reduced expense for CCGs by requiring representation at fewer IFR meetings
- Alignment and enhanced joint working across the SWL STP footprint.

When all SWL CCGs are in agreement then the operational aspects of the service change will be further developed and delivered through SWL Directors of Commissioning. This will include, but not limited to:

Agreement of the proposal will require:

- Recruiting IFR Triage, IFR Panel and Appeal Panel members
- Redrafting the IFR Policy, Operating Procedures and Terms of Reference
- Agreeing financial arrangements for IFR Triage and IFR Panel member costs
- Agreeing the financial limit for the IFR Panel to agree funding for an individual case.

The frequently asked questions relating to the implementation are collated and answered in Appendix 2.

This is a relatively small commitment to deliver the benefits outlined and in Appendix 1 the timelines for this is listed with those responsible. The SWL joint IFR service is scheduled to go live in July 2018. Close monitoring of activity levels and Key Performance Indicators are planned for the first 6 months, with a formal evaluation in January 2019.

6. CONCLUSION

The Committees in Common is asked to agree to the proposal outlined.

Appendix 1 – Project timeline

SWL Joint IFR Service

16/03/2018

Created by Zoli Zambo, ECI programme lead

No.	Action	Lead	Update	Due	Status
1	**Governance sign-off of Proposal principle**	ZZ	On track to be completed		Green
1.0	ECI group work up of proposal in principle	ZZ	Completed, discussed multiple times	12-Jan	Complete
1.1	DoC agree proposal in principle	AS	Done, got the go ahead from them in principle	26-Jan	Complete
1.2	SWL SMT agree proposal in principle	ZZ	Inform Accountable officers and Chairs	01-Feb	Complete
1.3	CCG GB's to delegate authority	ZZ	Approved in all CCG GBs	15-Mar	Complete
1.4	CiC to sign-off Proposal principle	ZZ	Scheduled for 27/3	27-Mar	Green
2	**Operational documentation**				
2.0	Feedback on proposal from IFR team	AS	Sought views in Q3 2017/18	30-Dec	Complete
2.1	Visiting other IFR services	ZZ	Visited NWL (and CSU delivers joint Kent service)	27-Feb	Complete
2.2	IFR member views sought on principle	ZZ	Supporting in principle, operational questions raised	06-Mar	Complete
2.3	IFR panel members workshop x 3	ZZ	Scheduled to coincide with all three IFR panel meetings	09-Apr	Green
2.4	ECI group agree the updated Operational Procedures suit of documents	AS/ZZ	Update current papers based on feedback and examples from Kent and NWL	25-Apr	Green
2.5	CDG to approve the updated Operational Prcedures suit of documents	AS/ZZ	To be scheduled into the agenda	04-May	Green
2.6	SWL SMT to be provided update on progress	ZZ	To be scheduled into the agenda	11-May	Green
3	**Mobilisation CCG**	ZZ			Green
3.0	Advertise jobs for triage and IFR panel	ZZ	Can give advance warning to IFR panels	11-May	Green
3.1	Shortlisting	ZZ	Two IFR leads + ZZ	25-May	Green
3.2	Interviews	ZZ	Interview panel with an IFR, ECI lead and HR	31-May	Green
3.3	Appoint	ZZ	SRO for IFR to ratify panel decision	05-Jun	Green
3.4	Training	AS	NEL CSU to provide if any training needed	30-Jun	Green
3.5	Start joint service	ZZ	Expecting some exisiting members to take on the roles	01-Jul	Green
4	**Mobilisation CSU**	AS			Green
4.0	Service specification to be updated	AS + ZZ	To be based on the signed off Operational Prcedures suits of documents	31-May	Green
4.1	Meetings to be scheduled from July onwards	AS	As per the expected volumes with contingency for excessive demand or unexpected issues	31-May	Green
4.2	BlueTeq access to be provided for panel members	AS	Move to paperless environment requires set-up and possibly training as well as creating account	15-Jun	Green
4.3	Training for panel members	AS	NELCSU to provide if any training is needed	30-Jun	Green
5	**Evaluation**	ZZ			Green
5.0	Month 1 activity and feedback report to CDG	AS + ZZ	To ensure that service delivers to KPIs	15-Aug	Green
5.1	Summary report for the first quarter to CDG	AS + ZZ	To be scheduled in to agenda	15-Oct	Green
5.2	Summary report for the first quarter to SMT	ZZ	To be scheduled in to agenda	30-Oct	Green
5.3	Review after 6/12 to CDG	ZZ	To be scheduled in to agenda	30-Jan	Green

Appendix 2 – Frequently Asked Questions

1. DOES THIS WORK WELL ANYWHERE?

Yes, there are many regions that have single IFR panels in place for a larger footprint as this is about rare and exceptional cases, which are by definition few and far between. We are linking closely with NWL, who runs a similar set-up and some SWL IFR panel members also worked there so have first-hand experience of the workings.

2. HAVE THE LOCAL IFR TEAM BEEN INVOLVED IN DEVELOPING THE SERVICE?

This proposal was initiated by NEL CSU, who supports all six SWL CCGs in delivering the IFR services administratively. They also run Joint IFR services elsewhere (e.g. Kent). In addition feedback from IFR panel members and IFR leads has been sought and will continue to be sought in finalising the operational aspects of the new service.

3. IS THERE GOING TO BE A DEDICATED IFR TEAM FOR SWL?

Yes, it is the essence of the proposal to make the system more robust by building up skills and experience of staff by exposing them to more cases with adequate cover to ensure that all cases have appropriate level of specialist input (pharmacist or public health).

4. HOW WILL STAFFING THIS SERVICE WORK?

There will be a central team, just like there is currently, who will coordinate all administration and provide the framework for the IFR service. The decision making function will include clinicians who will be the members of the IFR triage and the IFR panels. However, there will be fewer people involved as the number of cases are relatively low at CCG or LDU level.

5. THE WORKLOAD WILL BE SIGNIFICANTLY HIGHER FOR PHARMACIST AND PUBLIC HEALTH IN PARTICULAR?

As there will be fewer individuals involved in the clinical preparation of the cases (pharmacists doing evidence reviews for drugs and public health for other treatments) expertise will be built up. The administration arm of the service can also support reviewers by screening requirements and proactively writing up simpler cases and proactively drafting requirement for additional information (as it is in North West London).

6. DURATION OF THE MEETINGS WILL BE TOO LONG IF THERE IS ONLY ONE TRIAGE OR IFR PANEL.

Initial modelling undertaken by NEL CSU and feedback from NWL indicates that the proposed weekly triage and fortnightly IFR panel meetings are sufficient even in the transition stage. However, capacity will be built in to ensure more frequent meetings are possible if necessary.

	IFR triage panel	IFR panel
Number of cases for discussion per meeting	15	4
Expected duration of each meeting	3 hours	2 hours

7. WHO WILL BE ON THE PANEL AND WHO WILL DO THE ADMINISTRATION?

NEL CSU will continue to provide the administration to the service unless a different decision is made by the SWL CCGs. Current IFR panel members and other will be invited to apply for IFR triage panel and IFR panel roles. The proposed membership is below:

IFR triage panel	IFR panel
	Lay member
GP	GP
Consultant in public health (or delegate)	Consultant in public health (or delegate)
Senior Pharmacist	Senior Pharmacist
Commissioning manager	Commissioning manager
IFR officer	IFR officer

8. HOW WILL WE HAVE LOCAL CCG REPRESENTATION ON THE IFR PANELS?

One of the proposals is to have a rotating chair on the IFR panel, such as a clinical chair (as in North West London) or a senior clinician such as a CCG planned care clinical director/lead. It is for the CCGs to determine the level and frequency clinical representation.

9. WHAT FEEDBACK WILL THE CCG RECEIVE OF THE WORKINGS OF THE IFR SERVICE?

There will be regular activity reports as there are now or on demand as well as annual reports for the CCGs Quality Committees, or to other statutory bodies as required.

10. WILL THERE BE CAPACITY FOR DEALING WITH URGENT CASES?

Yes, the joint services will be able to turn around most requests quicker than the current arrangements as meetings are held more frequently and the expertise will have been developed further in processing cases.

11. HOW MUCH WILL THE NEW SERVICE COST?

The IFR service has two components, the NEL CSU administration and the CCG/Local Authority input. The NEL CSU contract is being renegotiated for SWL and the described efficiencies are part of the discussions. The costs associated with the CCG/LA input are currently subject to various local arrangements. These are yet to be finalised at an individual CCG and individual panel member level.

12. WILL THE IFR REQUEST MOVE ONTO AN ELECTRONIC PLATFORM?

The IFR requests forms are being re-designed based on the feedback of users and are planned to be made electronic using the BlueTeq system. BlueTeq is also used for High Cost Drugs and the Prior Approval Service.

13. WHAT ARE THE SYNERGIES WITH THE PRIOR APPROVAL SERVICE?

There are numerous synergies and this is part of the reason why the caseload for the IFR service is on a downward trajectory. In the future once the Prior Approval Service is established there are obvious reasons why these two should be brought under one umbrella and considerations could be given to the approach to High Cost Drugs too.