IFR Application Form

**Application for treatments not normally funded by NHS Gloucestershire Clinical Commissioning Group (CCG)**

(i.e. treatments for patients with exceptional clinical circumstances to current treatment policy or individual request for experimental treatment)

**A policy not to commission a service/therapy usually reflects a lack of evidence of effectiveness, or evidence of limited benefit balanced against adverse effects**

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| **PATIENT’S DETAILS** | |
| NHS No: |  |
| MRN No: |  |
| Date of Birth: |  |
| Registered GP: |  |

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| **REFERRING GP/CLINICIAN DETAILS** | |
| Name: |  |
| Address: |  |
| NHS.net email address for reply: | @nhs.net |
| **Agreed and authorised by the Chief of Service or Specialty Director** | |
| Print Name: |  |
| Signature or email confirmation of authorisation: |  |

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| **PATIENT CONSENT** | | |
| Has the patient been made aware of this application? | Yes | No |
| Has the patient been asked to submit accompanying information in support of their case? **(IF YES, PLEASE PROVIDE THIS INFORMATION)** | Yes | No |
| The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the CCG. | Yes | No |
| I have informed the patient that this intervention is not routinely funded and will only be funded where there is evidence of exceptionality. | Yes | No |
| I confirm that I have reviewed the patient against the commissioning criteria and that the information provided within this application is accurate. | Yes | No |

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| Further Information to be provided where appropriate:   * Details of any clinicians involved and copies of relevant correspondence * Photographic evidence if appropriate – please ensure you have the patient’s consent * Patient submissions   It is the responsibility of the clinician to provide sufficient clinical evidence in the application, and to provide copies of research or other documentary evidence to support the application. Applications without supporting information will be returned to the referring clinician and will not be considered by the Panel. |

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| **Date of Application:** |  |

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| FUNDING APPLICATION DETAILS: | | | |
| Treatment requested (treatment/equipment for which funding is requested) | | | |
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| What are intervention goals and expected outcomes? | | | |
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| Patient’s current health status including functional status where appropriate | | | |
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| Past medical history – please print out summary if appropriate | | | |
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| Summary of previous treatments related to condition if applicable (e.g. copies of hospital correspondence) | | | |
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| 1. **Proof of ‘Exceptionality’ – THIS IS A MANDATORY REQUIREMENT**   **In making a case for an individual funding request it needs to demonstrate that: a. The disease/condition is very rare or unusual in its presentation**  **and/or**  **b. The patient is likely to gain significantly more benefit from the intervention than might be normally expected for patients with that condition.** | | | |
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| 1. **Evidence (where possible) that the treatment proposed has the potential to result in health improvement for the patient, including recent evidence of effectiveness/NICE guidance etc. (Please provide details of research/clinical evidence that supports this particular application)** | | | |
|  | | | |
| 8. For drug requests:Is it licensed for this indication? | | Yes | No |
| Has it been discussed in MDT? | | Yes | No |
| Has this been agreed with the Trust Prescribing Lead? | | Yes | No |
| 9. Is any alternative treatment/equipment available?Is this alternative commissioned by NHS?Why is this alternative not appropriate for the patient? | | | |
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| 10. Proposed provider of the treatment (include any alternative providers, if appropriate) | | | |
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| 11. Cost (if information available) and length of treatment, if known | | | |
| Expected Cost (£) |  | | |
| Length of Treatment: |  | | |
| Preferred start date (and reason) |  | | |

Submitting the application:

The completed form should be completed electronically and sent in confidence with any other supporting documents to: IFR Team at [glccg.IFR@nhs.net](mailto:glccg.IFR@nhs.net)

**Communication of the decision:**

All decisions will be communicated electronically to the email address given in order that you can advise the patient accordingly

**Further information about the application process is provided in the *IFR policy and appendices* which can be viewed on the Gloucestershire CCG website** www.gloucestershireccg.nhs.uk **on G-Care** <https://g-care.glos.nhs.uk/ifrs/>