APPENDIX D
SEL ICB IFR Panel: Terms of Reference

1. Governance Arrangements

1.0.1 The Individual Funding Request (IFR) Panel is a multi-professional group responsible for the management of all IFRs within its remit (see section 2 below). The IFR Panel will be responsible for making decisions on funding for treatment requests for exceptional cases or for rare conditions.

1.0.2 The IFR Panel will be accountable to the SEL ICB Board or equivalent via its committee structure. The ICB will be required to confirm its governance arrangements to ensure that the IFR Panel is held accountable to the ICB Body.

1.0.3 Members of the IFR Panel will be appointed by the ICB Chief Executive Officer. The IFR Panel will operate within the limits of delegated authority as determined by the ICB's Director of Finance and within the ICB's Standing Financial Code of Practice.

1.0.4 The IFR Panel will be supported administratively by the IFR team to discharge its responsibilities.

2. Duties and Responsibilities

2.0.1 The IFR Panel will consider IFR requests as defined within the South East London ICB IFR policy and Triage Group Terms of Reference.

2.0.2 The IFR Panel have a duty to consider IFRs and make funding decisions based on the ethical decision making framework.

2.0.3 The IFR Panel has delegated the preliminary assessment and triage of IFR requests to a clinically led triage group. The details of the triage process and triage group are set out in the IFR Policy.

2.0.4 The IFR Panel will be required to consider IFRs for both medicines and other interventions and to review decisions made for IFR submissions where new information is available.

2.0.5 The IFR Panel will also consider Planned Treatment Abroad if IFR Panel approval is required.

2.0.6 The IFR Panel will advise the ICB on the programme of care pathways and policy development as they affect patients with exceptional care needs to inform future ICB commissioning strategies.

2.0.7 The IFR Panel will be required to produce quarterly and an Annual Report with the support from the IFR team.

3. Constitution

3.1 Meetings

3.1.1 The IFR Panel will adopt the consensus method of decision making where a unanimous view cannot be reached on an individual case. In the case of an equal vote, the Chair shall have a second and casting vote. At the discretion of the Chair all requests put to the vote shall be determined verbally or by a show of hands unless the Chair directs otherwise.

3.1.2 Panel meetings will be held in private. Requesting clinicians and patients will not be invited to attend.

3.2 Membership

3.2.1 The IFR Panel will be made up of a multi-professional membership comprising:

- a GP
- a lay representative
- a public health consultant or their delegate
- a Head of Medicines Optimisation or their delegate
- a senior acute commissioner (this role can be covered by the GP member in their clinical commissioning role).

3.2.2 Other Specialist Advisors can be invited to attend by the Chair to address specific patient issues including senior acute contracting, dental advisors, etc.

3.2.3 Members are expected to send suitable representation for the meetings they are unable to attend.

3.2.5 IFR Panel members are required to declare any interests before serving on an IFR Panel. Any conflicts of interest must be declared as a standing item at the commencement of every meeting and the Chair will decide the appropriate action, including requesting that members withdraw from the meeting.

3.3 Chair

3.3.1 The Panel can be chaired by any of the members provided that they have sat as an IFR Panel member at least 4 times. The Chair must be identified in advance of the meeting, and must be available to approve the minutes/letters and fulfil and any other obligations within the specified time frame.

3.4 Quorum Arrangements

3.4.1 At least 3 members of the Panel must be present for IFR Panel to proceed.

- 2 must be clinically qualified
- At least 1 medically qualified.

3.5 Training of IFR Panel Members

3.5.1 Members of the IFR Panel will be provided with training and must be fully familiar with the IFR Policy, Ethical Decision Making Framework for dealing with IFRs and process before sitting on a panel. Good practice suggest that Panel members should attend a training session at least once every 2 years and partake in IFR Panels regularly to retain their specialist expertise and knowledge.

3.6 Frequency of Meetings

3.6.1 IFR Panels shall be held at least monthly in order to ensure that there is a timely response to all funding requests. However changes to this arrangement may be made in order to cover annual leave or other absence.

3.7 Urgent Decisions

3.7.1 In clinically urgent situations a request may be considered in advance of a formal IFR Panel meeting. An urgent IFR will be considered by a specially convened group acting as a sub-committee of the next scheduled IFR panel under delegated powers. The group will comprise of at least 3 members of the IFR panel membership and must include the following:

- 2 must be clinically qualified
- At least 1 medically qualified.

3.7.2 The decision will be reported at the next IFR Panel meeting and formally reported and noted.

3.8 Reporting

3.8.1 The minutes of the meetings shall be recorded by the relevant IFR officer and approved by the Chair of the Panel.

3.9 Venues of Meetings

3.9.1 The IFR Panel will meet virtually online.

4. Confidentiality

4.0.1 Anonymity is essential for two reasons:

- In order to protect patient's identity, for this reason the requesting clinician is asked to not refer to the patient by name or initials within the rest of the application form.
- For equity of decision making, to ensure that the panel decisions do not take into account personal details such as age or sex

4.0.2 Depending upon individual clinical circumstances it may be necessary to re-introduce information on the patient's age and/or sex for consideration. When cases are considered which require access to confidential clinical information through triage, consent to disclosure of such information to all members of the IFR Panel is provided

by the applicant's declaration of patient consent within the submission. This will be indicated to patients by the referring clinician and be confirmed in IFR publicity material.

5. Review

5.0.1 The IFR Panel's Terms of Reference will be reviewed annually or in light of any changes in legislation, practice or local/national guidance.

Next review June 2023