


<b>MEETING DATE:</b>	13 August 2015	 <b>North Lincolnshire Clinical Commissioning Group</b>  <b>REPORT TO THE CLINICAL COMMISSIONING GROUP GOVERNING BODY</b>
<b>AGENDA ITEM NUMBER:</b>	Item: 7.7	
<b>AUTHOR:</b>	Caroline Briggs	
<b>JOB TITLE:</b>	Director of Commissioning	
<b>DEPARTMENT:</b>		

## ANNUAL REPORT INDIVIDUAL FUNDING REQUESTS – 2014/15

<b>PURPOSE/ACTION REQUIRED:</b>	To Receive for Information
<b>CONSULTATION AND/OR INVOLVEMENT PROCESS:</b>	<i>Individual Funding Requests Panel</i>
<b>FREEDOM OF INFORMATION:</b>	<p><i>Is this document releasable under FOI at this time? If not why not? (decision making guide being developed)</i></p> <p>Yes</p> <p><b>Public</b></p>

### 1. PURPOSE OF THE REPORT:

Individual Funding Requests received by the CCG are dealt with in line with the CCG's Individual Funding Requests (IFR) Policy which can be found at <http://www.northlincolnshireccg.nhs.uk/publications/non-clinical-policies/>

Attached is the annual report for 2014/15 which highlights the requests received in the financial year and outcomes. The report also highlights a couple of areas where discussions continue with providers to support the IFR decision making process. The CCG with the Yorkshire and Humber CSU on our behalf continue to work with providers to resolve any issues and ensure the IFR process works as smoothly as possible to support decisions for patients.

### 2. STRATEGIC OBJECTIVES SUPPORTED BY THIS REPORT:

Continue to improve the quality of services	
Reduce unwarranted variations in services	<b>x</b>
Deliver the best outcomes for every patient	<b>x</b>
Improve patient experience	
Reduce the inequalities gap in North Lincolnshire	

**3. ASSURANCES TO THE CLINICAL COMMISSIONING GROUP**

The IFR process is managed through the Yorkshire and Humber CSU with services provided to a number of CCG's across Yorkshire and Humber. Audit assurance is via the CSU's audit arrangements  
In partnership with the CCG, the Yorkshire and Humber CSU IFR Service has ensured all systems and processes which underpin the administration of IFR's is fully compliant with the requirements of information Governance, Data Protection Act, Freedom of Information Act and other relevant legal documentation.

**4. IMPACT ON RISK ASSURANCE FRAMEWORK:**

Yes		No	x
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**5. IMPACT ON THE ENVIRONMENT – SUSTAINABILITY:**

Yes		No	x
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**6. LEGAL IMPLICATIONS:**

Yes		No	x
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**7. RESOURCE IMPLICATIONS:**

Yes	x	No	
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Approved Individual Funding Requests are met within budgets for providers with which the CCG holds a contract or non-contracted activity which is met from the contract exclusions budget.

**8. EQUALITY IMPACT ASSESSMENT:**

Yes		No	
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**9. PROPOSED PUBLIC & PATIENT INVOLVEMENT AND COMMUNICATIONS:**

Yes		No	x
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*Please explain briefly what involvement/communication has taken place or is planned*

Not applicable

*Does this paper need to be forwarded on to another Committee Group?*

No

**10. RECOMMENDATIONS:**

The CCG is asked to: -

- Receive the annual report in relation to Individual Funding Requests



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# North Lincolnshire Clinical Commissioning Group Individual Funding Requests 1<sup>st</sup> April 2014 – 31<sup>st</sup> March 2015

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Individual Funding Request Case Manager



Yorkshire and Humber  
Commissioning Support

## **Purpose of the Report**

The purpose of the report is to update and inform the NHS North Lincolnshire CCG (NLCCG) of the Individual Funding Request (IFR) activity for the financial year 2014/15. The report provides details of the treatments requested along with details of the commissioning decisions taken by NLCCG.

## **Assurance**

In partnership with the CCG, the Yorkshire and Humber CSU IFR Service has ensured all systems and processes which underpin the administration of IFR's is fully compliant with the requirements of information Governance, Data Protection Act, Freedom of Information Act and other relevant legal documentation.

## **Data Recording System - Blueteq**

YH CSU has now implemented the IFR recording system called Blueteq and historical IFR data has been uploaded.

The new system allows all 8 CCG's who are supported by the CSU across North Yorkshire and Humber to record IFR data in the same standard format thus creating consistency.

The NL IFR Team prepared for data migration issues regarding the upload of historical data. Since the implementation of Blueteq numerous data quality checks have been run and we are assured of the integrity of the data.

Moving forwards the NL IFR Team will continue to randomly audit the database to ensure the data is accurate and precise.

## **Capacity**

The addition of a senior nurse has provided stability and clinical expertise to complement the service already provided. The senior nurse undertakes Clinical Triage on behalf of NL CCG IFR Panel. This approach was introduced for July 2014 and has led to a reduction in the number of cases being presented to the IFR Panel for consideration. This has improved timelines on decision making for many requests.

## **Process**



The IFR process changed in year from a virtual Panel to a formal Panel from July 2014. This changed happened in conjunction with the implementation of the senior nurse providing Clinical Triage support.

The change has been well received with the IFR Panel and feedback has been positive.

## Activity

### Cases Received.

The below chart details the number of new cases received and processed during 2014-15. New requests received in year totalled 762 which is an increase of 79 from 2013-14 and 6 requests have continued into 2015-16.

The value of the weekly Clinical Triage process, assessing requests against the CCG's agreed commissioning policy/criteria is demonstrated by the small number of cases that were required to be considered by the IFR Panel.

From the total of cases received the IFR Panel have reviewed 56 Cases.

<b>Cases considered by IFR Triage Team and Panel Request Status</b>	<b>Number of Requests</b>
Administrative Closure	43
Approved at Triage	356
Approved at Panel	47
Case Closed	165
Declined at Triage	104
Declined by Panel	31
Not IFR	2
Waiting for Admin Triage	1
Waiting for Panel	3
Withdrawn	4

<b>Cases considered by IFR Appeals Panel</b>	<b>Number of Requests</b>
Appeals upheld	4
Cases awaiting appeal	2



**Activity by Treatment Category**

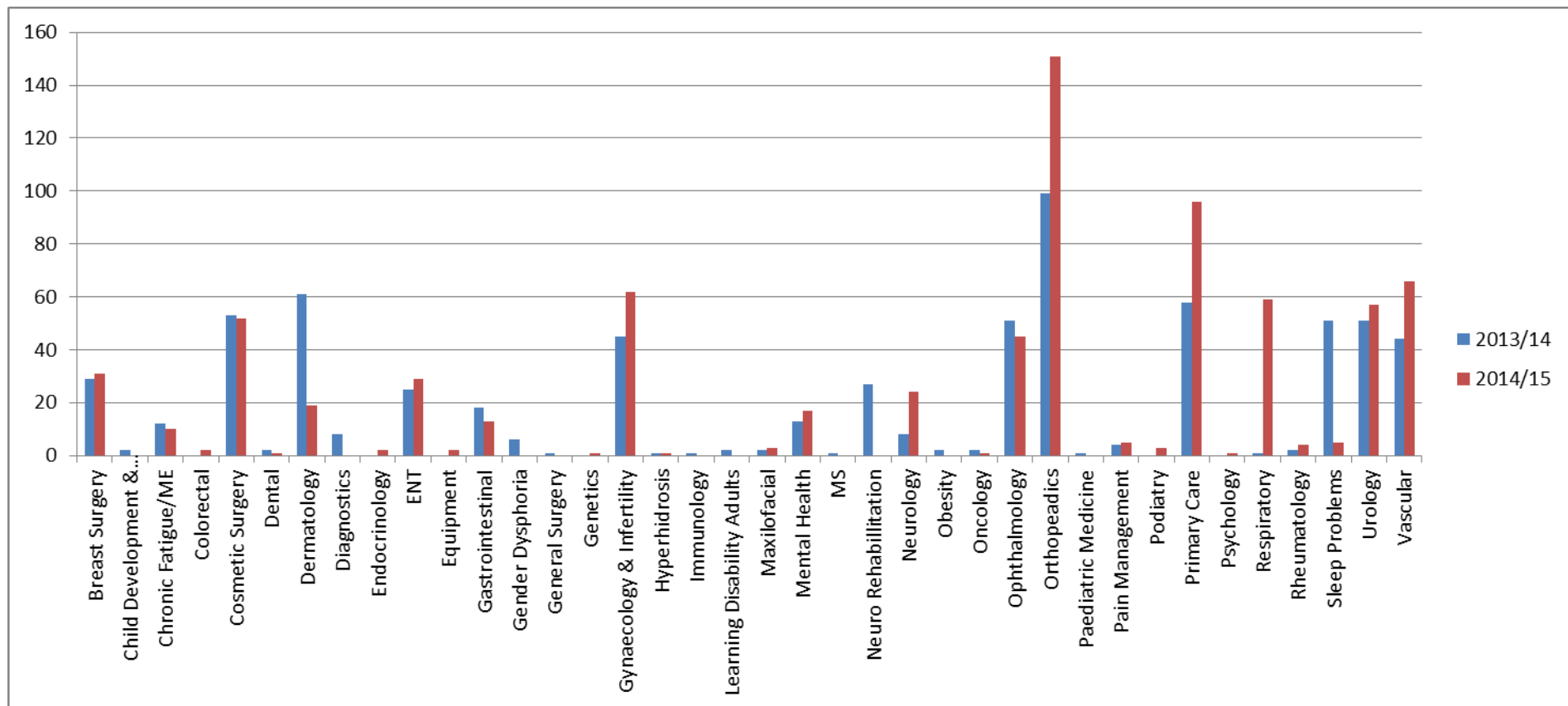
<b>Treatment/Procedure</b>	<b>Number of Requests</b>
Breast Surgery	31
Chronic Fatigue	10
Colorectal	2
Cosmetic Surgery	49
Dental	1
Dermatology	19
Endocrinology	2
ENT	29
Equipment	2
Gastrointestinal	13
Genetics	1
Gynaecology	53
Hyperhidrosis	1
Maxillofacial	3
Mental Health	17
Neurology	24
Oncology	1
Ophthalmology	45
Orthopaedics	151
Pain Management	5
Plastic Surgery	3
Podiatry	3
Primary Care	96
Psychology	1
Reproductive Medicine	9
Respiratory	59
Rheumatology	4
Sleep	5
Urology	57
Vascular	66



## Financial Year activity comparison

The below graph compares this year's IFR activity by treatment to the last financial year (2013/14).

The comparison graph clearly shows an increase in requests in year for CPAP, Carpal Tunnel Decompression, Skin Lesion excision in Primary Care and Varicose Vein Surgery.





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## Policy updates

During the year the following policy updates were made:

**Varicose Vein Surgery – This policy was updated following the release of amended NICE guidance on the treatment of Varicose Veins.**

*NHS North Lincolnshire CCG grade the severity of varicose veins with the following criteria:*

- *Grade 0 – Thread / Flare veins*
- *Grade I – Minor / moderate varicose veins*
- *Grade II - Moderate or symptomatic varicose vein*
- *Grade III - Extensive or severely symptomatic varicose veins, including skin changes and bleeding*
- *Grade IV - Severe signs of venous insufficiency*
- *Grade V - Active leg ulceration*

*NHS North Lincolnshire CCG will not routinely commission surgery for Grade 0 to Grade II.*

*Conservative management in primary care may include advice on:*

- *Walking and exercise*
- *Avoidance of activities that exacerbate symptoms e.g. prolonged sitting or standing*
- *Elevation of the legs when sitting down to increase venous return*
- *Losing weight, if appropriate*
- *Compression hosiery to relieve leg swelling associated with varicose veins (especially in pregnancy) compression is not recommended- see later paragraph*

*NHS North Lincolnshire CCG will commission referral to a secondary care vascular service for patients with Grade III and Grade V with any of the following symptoms (that indicate a higher likelihood of disease progression):*

- *Bleeding varicose veins (immediate referral required)*
- *Symptomatic primary or recurrent varicose veins that are causing pain, aching, discomfort, swelling, heaviness or itching*



- *Lower-limb skin changes, such as pigmentation or eczema, thought to be caused by chronic venous insufficiency*
- *Superficial vein thrombosis (characterised by the appearance of hard, painful veins) and suspected venous incompetence*
- *A venous leg ulcer (a break in the skin below the knee that has not healed within 2 weeks)*
- *A healed venous leg ulcer*

*After clinical assessment and the use of duplex ultrasound to confirm the diagnosis of varicose veins and the extent of truncal reflux (venous blood flowing backwards due to valves not working properly), NHS North Lincolnshire CCG will commission appropriate interventional treatment or surgery for patients presenting with Grade III – Grade V varicose veins (in line with NICE CG168).*

*Interventional treatment may include endothermal ablation (NICE IPG8 and IPG52), or, if this is unsuitable, ultrasound guided foam sclerotherapy (NICE IPG 440). Surgery (traditionally involving 'stripping' of the three superficial truncal veins under general anaesthetic) will only be commissioned in patients in whom these treatments are unsuitable.*

*Interventional treatment for varicose veins in pregnancy will not be commissioned unless exceptional circumstances apply and agreement is sought via the IFR Panel.*

*Compression hosiery for symptomatic varicose veins should not be offered unless interventional treatment is unsuitable. This confirms compression not recommended*

*NHS North Lincolnshire CCG will not routinely commission Transilluminated Powered Phlebectomy or Endovenous Mechanochemical Ablation (NICE IPG435 and IPG37) to treat varicose veins, due to inadequate evidence on the safety and efficacy of these techniques.*

**Chronic Fatigue Syndrome (CFS) specialist centres** - This was amended following repeated request for access to a specialist CFS Centre. The IFR Panel advised on every occasion that the services offered by specialist centres can be provided within Primary Care e.g. CBT and graded exercise.

New Policy statement – Amendments highlighted.

*Prior approval is required in all cases. Individual requests are expected to include details of investigation and treatment of underlying causes for example; one of the causes of fatigue is iron deficiency anaemia. Please refer to the Chronic Fatigue Pathway for further details.*

*The use of in-patient Cognitive Behavioural Therapy in the treatment of Chronic Fatigue Syndrome will require prior approval in all cases.*



*Requests for specialist input will only be considered once a patient has complied with Primary Care services for CFS for a period of 6 months with little or no improvement to their symptoms.*

*Will not routinely be approved for I/P treatment.*

**Breast Surgery** – This policy was updated following a request for breast augmentation following prophylactic mastectomy.

New Policy Statement – Amendments highlighted

Prior approval is not required for patients who have asymmetry due to burns or breast cancer surgery;

*This includes patients undergoing prophylactic mastectomy after testing positive for BRCA1 Gene*

## **In- year issues:**

### **Goole neuro rehabilitation Unit (GNRC)**

The IFR Team have experienced on-going issues with the administration of request from GNRC due to requests often lacking a consistent clinical rationale. A meeting was held between NL CCG, the IFR team and GNRC to resolve the on-going issues, with a number of issues identified and resolutions agreed.

Despite this some issues continue in relation to the timeliness and quality of information received along with invoicing. These continue to be worked on between the IFR team and GNRC.

### **Hull and East Yorkshire Hospitals**

Consultants at HEY are no longer following the established procedure of requesting funding if they are the clinician recommending treatment. Consultants are discharging patients back to their GP and asking GP's to request funding. This causes delays in the request reaching the IFR team and in turn delays for the patient in accessing services.

Concerns have been raised with the Trust however their process remains

discharging patients back to their GP is where further clinical information is required for a request. The GP is often not in a position to provide the details required again causing further delays for the patient. These are delays that a patient accessing the same treatment at NLAG would not experience. This will continue to be subject to further discussion.



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**Further data:**

Further statistical information can be found within embedded excel document below.



2014-15 Year end  
data for report.xlsx