Help with filling in your Individual Patient Funding Request (IPFR) form

These notes will help you fill in your paper IPFR form. Alternatively, a form may be completed and submitted online. If you have an NHS email address then you can register for electronic IPFR submissions here from any NHS networked computer.

Before submitting an IPFR

- Please check that you are using the correct process and this should not be considered via another route such as, prior approval, continuing healthcare etc. More information on routes for accessing treatments can be found here.
- Before you start– your patient must understand their treatment options and the risks and benefits of what you are applying for. Your patient must also understand that social factors can't be taken into account – such as a patient's ability to work or study, care for dependents, or meet financial commitments. Your patient must also be aware that the panel may decline to fund this treatment through IPFR and you need to consider what the alternative options are in this circumstance.
- The forms should be completed by the clinician (NHS consultant or GP) who is responsible for the patient's care.
- You are likely to require additional documentation to support the IPFR submission e.g. clinic letters, MDT meeting notes, clinical evidence (e.g. journal articles, treatment guidelines).
- The form should be filled in electronically, expanding the boxes as required (illegible and incomplete forms will be returned).
- Unsigned forms will not be accepted. If you are using the electronic submission service please ensure that the confirmation statement in Part 10 is completed prior to submission.
- If there are any internal sign-off processes required please ensure these are completed prior to submitting the application.
- An IPFR should be completed and agreed before commencement of treatment. Retrospective requests will not be considered.

Completing the IPFR application form

PART 1: DETAILS OF CLINICIAN SUBMITTING REQUEST

These must be the details of the clinician who is providing care for the patient.

- Complete all boxes and ensure that contact details are up to date and correct.

PART 2: DETAILS OF PATIENT

- Complete all boxes and ensure that all details are up-to date and correct.

PART 3: URGENCY

- Providing details on the timescales in which a decision is required enables IPFR teams to schedule applications for the most appropriate meeting. This also provides a timeframe for the preparation of an evidence report if required.
- If a decision is required urgently it may be necessary to consider outside of the scheduled meetings by virtual panel or via a Chairs action decision.
- Applications will not be processed over weekends or bank holidays.
- It is important to provide clinical reasons to outline why the application needs to be processed urgently, for example due to a rapid deterioration of the patient's condition.
- If the application is 'Urgent' it is advisable to contact the appropriate IPFR team to inform them of the urgency of the request before submitting the form.
- Please note - a pre-planned appointment for example, would not be considered a suitable reason to request an urgent decision.
- Consider if the IPFR is truly urgent there may be disadvantages to categorising an IPFR as urgent. These cases may not be heard by a full panel, there may be little time to provide a robust case and there is minimal time for an external evidence review to be prepared, where appropriate.

PART 4: DIAGNOSIS AND PATIENT'S CURRENT CONDITION RELATED TO REQUEST

Diagnosis: please include the patient's current clinical condition here in full. <u>This should relate to the patient's condition and not the intervention being requested</u>.

- If this case has been discussed by an MDT please provide minutes of the meeting in relation to your patient when you submit this form.
- **<u>Please complete either A) Intervention for cancer or B) Intervention for non-cancer as relevant to the case</u>**.
- Please include previous interventions the patient has received for this condition in chronological order. Provide as much detail as possible including the date the intervention was started, how long the patient remained on the intervention, the reason for stopping and/or the response achieved. Examples of reasons for stopping may include: course completed; no or poor response; disease progression or adverse effects/poor tolerability.

PART 5: DETAILS OF INTERVENTION RELATED TO REQUEST

- The clinical indication for the intervention is the specific disease or condition for which the treatment is being requested. This may be the

same as the diagnosis as entered in PART 4 or it may be specific condition(s) or symptoms associated with the broader diagnosis.

- Please note the intervention should not be included here but added to part 5A or 5B as appropriate.
- Include as much detail as possible e.g. any specific genetic mutations, sub-categories or disease sites. Please make the specific indication clear, examples are shown below:
    - Metastatic spinal cord compression due to prostate cancer metastases.
    - Osteoarthritis causing severe hip pain and restriction of movement. Ability to walk impaired significantly.

PART 5A: DRUG INTERVENTIONS

- Use the generic drug name and provide the brand name in addition if known or considered relevant.
- It is important to provide an accurate, up-to-date patient body weight or body surface area (BSA) if the drug dose is based on weight/BSA. Funding will be based on the information you provide here, if the patient weight is not accurate the drug may not be funded for the whole treatment.
- If the drug is available in different formulations (e.g. intra-venous and sub-cutaneous preparations) please specify the formulation required.
- The planned duration of treatment should account for the full course of the treatment, please note the panel may not approve the full duration of treatment in the first instance.

PART 5B: NON DRUG INTERVENTIONS (Surgical procedures, therapies, devices)

- Select the nature of the non-drug intervention that applies here.
- Please provide details on the whole pathway that requires funding. This may include more than one option. E.g. a medical device may require a surgical procedure and follow-up appointment.

PART 5C: TREATMENT OPTIONS

- Describe here how a patient would normally be treated for this condition which may be based on specific national guidelines (please state which guidelines).
- Explain why the patient is not suitable for following the usual pathway for treating the condition. Where there is no usual treatment pathway please state this.
- Please state any alternative treatment options and provide clinical reasons why these are not being considered for this patient.

PART 6: ANTICIPATED OUTCOMES

- The panel needs to understand how and when the patient will be monitored and what key outcome parameters will be used to assess response to treatment.

- As part of the follow-up process the clinician will be sent an outcome questionnaire. If the intervention is funded the measures included in this section will be used to assess response.
- Additional information may also be provided e.g. clinical reports.

PART 7: EVIDENCE OF CLINICAL EFFECTIVENESS

- Use this section to provide evidence supporting the use of the requested intervention. Evidence should be summarised in the text box and references (e.g. clinical journal publications) should be provided with the submission.
- Include evidence related to clinical practice (e.g. practice guidelines) or local clinician consensus.

PART 8: ECONOMIC ASSESSMENT

- Costs for medicines may be found in the British National Formulary (BNF) online or by contacting your pharmacy department. For non-medicine interventions a quote from the service provider will need to be obtained. For medical devices the manufacturer may need to be contacted. Please state if prices given include VAT (preferred).
- Costs must be fully outlined in the application, indicating not only the individual dose cost, but also the overall expected cost over the planned course of treatment
- For medicines ensure you have calculated the correct dose and cost for your patient.
- Provide details of any discounts which may be offered by the manufacturer.
- The breakdown of costs should itemise **all** associated costs (e.g. costs may include insertion of a delivery system, patient training, medicine costs, homecare and follow-up appointments).
- Offset costs are those that would be saved as a result of the requested intervention e.g. not having an alternative intervention or preventing the need for further treatment.
- If you don't know the offset costs then please provide information on what treatments or procedures are offset e.g. no longer required or prevented.

PART 9: STATEMENT IN SUPPORT OF APPLICATION

The statement must include information to outline why the clinical presentation of the patient's condition is significantly different in characteristics to other members of that population, and why the presentation means that the patent will derive a greater clinical benefit from the treatment than other patients with the same condition at the same stage. In addition, information should be provided on the cost of the treatment to establish whether or not the cost of the treatment is likely to be reasonable in balance with the expected clinical benefits.

Either Part A or Part B should be completed. **NOT BOTH**

- Part A - Should be completed if guidelines or Health Technology Advice (HTA) (e.g. from NICE or AWMSG) recommend not to use an

intervention/drug. A policy not to use an intervention is likely to be set out in either NICE or AWMSG guidance. It might also be set out in commissioning guidelines published by LHBs, WHSSC, or NHS Wales. Such commissioning guidelines must set out the rationale for not recommending an intervention in such a way that the grounds exist for establishing whether a specific patient might be an exception to those guidelines.

- Part B – Should be completed if the intervention has not been appraised (e.g. in the case of medicines, by AWMSG or NICE) or if guidelines do not provide the rationale on which they were based.

The following should be considered when completing section 9:

- The patient's clinical circumstances in comparison with other patients with the same condition and at the same stage in the progression of that condition. For a patient to be significantly different, their particular clinical presentation was unlikely to have been considered as being part of the population for which the policy/guideline/HTA was made.
- 'Benefit' should be compared with the next best alternative intervention which may in some cases be best supportive care. Quality Adjusted Life Years (QALYs) are the standard measure of 'benefit' as used by AWMSG and NICE. In practice it is not always practical to estimate numerically the benefit in this way; in these situations a description of the benefit should be provided for both the requested intervention and for the usual intervention to enable IPFR panels to compare the incremental clinical benefit likely to be obtained.
- 'Benefit' also means 'reduced suffering or discomfort'. If the normal next best alternative intervention would lead to severe side-effects your patient may benefit from the requested intervention by comparison with the negative effects of the alternative. Please provide details of the benefit of the proposed intervention in relation to your patient.
- 'Significant benefit' means that the degree of greater benefit justifies the cost for this patient.
- In assessing whether an intervention is 'value for money' the Incremental Cost Effectiveness Ratio (ICER) is used by NICE and AWMSG comparing QALY values with the alternative treatment (which may be best supportive care). Please provide relevant cost effectiveness data from your literature search. In many cases this information will not be available; IPFR panels will use a description of the expected clinical benefit and use judgement to assess value for money. To support the IPFR panel in making a decision provide as much detail as you can in this section.

PART 10: CONFIRMATION STATEMENT BY CLINICAN

Please read the confirmation statement carefully before signing or clicking 'submit' by electronic submission. An unsigned form will not be accepted.

- This statement affirms the responsibilities of you as the patients Consultant/GP to fully discuss the IPFR application and process with the patient.

- It is your responsibility to discuss the decision of the IPFR panel with the patient and explain the rationale behind the decision.
- The patient is consenting to the form being submitted. You will still require informed consent for the proposed treatment/procedure.
- Outcome data should be provided to the IPFR team on the progress of the patient regardless of the IPFR decision.
- The patient should be aware that data provided will be stored on a database and the IPFR team retain a copy of the application form. Anonymised data will be retained and pooled to identify local and national service requirements. Notify the IPFR team if your patient does not agree for data to be stored in this way once the IPFR process is completed.

Additional points

- Check the form is complete, incomplete forms will be returned which may result in a delay in it being processed.
- Please ensure you provide your contact details. You may be contacted by telephone on the day of the IPFR panel meeting should the panel have any clinical questions for you

Where to submit the form and supporting information

The form should be submitted to your Health Board IPFR team or to the Welsh Health Specialised Services Committee (WHSSC) as appropriate. If you need any further help in completing this form then please don't hesitate to contact your IPFR team.

Health Board	Post	Email, Fax & Telephone
Abertawe Bro Morgannwg University Health Board	Individual Patient Care Services Manager, Abertawe Bro Morgannwg University Health Board, 1 Talbot Gateway, Baglan Energy Park, Port Talbot, SA12 7BR	ABM.IPFR@wales.nhs.uk Fax: 01639 687675 Tel: 01639 683389
Aneurin Bevan University Health Board	IPFR Co-ordinator, Aneurin Bevan University Health Board, Llanfrechfa Grange, Room 43, Llanfrechfa Grange House, Cwmbran, NP44 8YN	ABB.IPFR@wales.nhs.uk Fax: 01633 623817 Tel: 01633 623449
Betsi Cadwaladr University Health Board	IPFR Team, Betsi Cadwaladr University Health Board, Office of Medical Director, Glan Clwyd Hospital, Bodelwyddan, LL18 5UJ	BCU.IPFR@wales.nhs.uk Tel: 01745 448788 ext 7930 Fax: 01745 448 211

Cardiff & Vale University Health Board	Cardiff and Vale IPFR Commissioning Team, 1st floor, Global Link, Dunleavy Drive, Cardiff, CF11 0SN	CAV.Irt@wales.nhs.uk Fax: 02921 832117 Tel: 02921 832101
Cwm Taf University Health Board	IPFR Co-ordinator, Cwm Taf University Health Board, Ynysmeurig House, Navigation Park, Abercynon, CF45 4SN	Cwmtaf.IPFR@wales.nhs.uk Fax: 01443 744889 Tel: 01443 744821
Hywel Dda University Health Board	IPFR /RMC Manager, Springfield Building Withybush General Hospital, Fishguard Road Haverfordwest, Pembrokeshire, SA61 2PZ	hdd.ipfr@wales.nhs.uk Fax: 01437 772402 Tel: 01437 834486
Powys Teaching Local Health Board	IPFR Co-ordinator, Commissioning Team, Powys Teaching Health Board, Bronllys Hospital, Bronllys, Brecon, Powys, LD3 0LU	monitoring.powyslhb@nhs.net Fax: 01874 712685 Tel: 01874 712690
Joint Commissioning Committee	IPFR Team, Joint Commissioning Committee (formally Welsh Health Specialised Services Committee) Unit G1, The Willowford, Treforest Industrial Estate, Pontypridd, CF37 5YL	nwjccipc@wales.nhs ,uk whssc.ipc@nhs.net Tel: 01443 443 443 ext 8123