

Appendix 3: Guidance on Service Developments and Cohorts of similar patients

1. Introduction

1.1. The Individual Funding Request (IFR) policy recognises that there needs to be a distinction between cases where the clinical circumstances of a patient are genuinely exceptional and cases where the presenting clinical circumstances are representative of a group (cohort) of similar patients. The policy is clear that where a cohort exists a request cannot be considered through the IFR process and should instead be considered a service development proposal. This document provides further guidance on service developments and cohorts of similar patients.

2. Service developments

2.1. Service development is any aspect of healthcare that the Gloucestershire Integrated Care Board (ICB) has not historically agreed to fund, and which will require additional and predictable recurrent funding.

2.2. The term refers to all decisions which have the consequence of committing the ICB to new expenditure for a cohort of patients, including:

- New services
- New treatments including medicines, surgical procedures, and medical devices
- Developments to existing treatments including medicines, surgical procedures, and medical devices
- New diagnostic tests and investigations
- Quality improvements
- Requests to alter existing policy, such as adding an indication for treatment, expanding access to a different patient sub-group or lowering the threshold for treatment.
- Support for establishing new models of care
- Requests to fund a number of patients to enter a clinical trial
- Commissioning a clinical trial

2.3. It is normal to consider funding new developments during the annual commissioning round, however in-year service developments (i.e. developments presented outside the annual commissioning round) can also be considered but if agreed may result in disinvestment elsewhere.

2.4. It is not unusual for clinicians to request funding via the IFR process for a patient who actually represents the first of a group of patients wanting a particular treatment. Any IFR application that is representative of such a group represents a service development, and as such, it is difficult to envisage circumstances in which the patient can properly be classified to have exceptional circumstances. Therefore, the IFR route is not the appropriate route to seek funding for such patients, and therefore the request should not and will not be presented to the IFR Panel for a decision on funding unless a clear and compelling case is made to suggest that the individual is genuinely different from the identified cohort.

3. Cohort of similar patients

3.1. Where the presenting clinical circumstances are representative of a small group of other patients the decision to fund or not is a commissioning policy decision, not a funding decision for an individual patient (i.e. it has wider funding implications). Treating it as a commissioning policy decision, within the wider context of the commissioning and priority setting ensures that the outcome of the decision is applied equally to all other patients who have the same presenting clinical circumstances.

3.2. The ICB has set a level at which cases will require a commissioning policy decision. Once this level is met the IFR route to funding can only be used if the patient is clinically exceptional to the cohort.

3.3. A commissioning policy decision will be required where the number of patients for whom the treatment will be requested per year is likely to exceed 3 or more patients in the population serviced by the ICB. If the number of patients reaches 3 or more the ICB will treat this as service development and therefore outside of the IFR process.

4. Screening for service developments

4.1. As set out in the IFR policy and Standard Operating Procedure the IFR process will screen requests for service developments. Where a request meets the criteria to be considered a service development rather than an individual funding request the IFR process cannot consider the request. In these circumstances the IFR team will either:

- Refuse funding through the IFR process and request that the provider that made the application prioritise a service development and, if supported internally, invite the provider to submit a business case either as part of the

annual commissioning round or as an in-year service development proposal, for the requested service development.

- Refuse funding through the IFR process and escalate the issue to commissioners within the ICB to initiate an assessment of the clinical importance of the service development with a view to developing a policy and determining its priority for funding either in the year or as part of the next annual commissioning round.

4.2. As a general rule, the first approach will be applied to requests that originate from within a secondary care provider organisation, and the second will be applied to requests that originate from a GP Practice. However, the ICB will use its discretion to determine the most appropriate action in each case.