

COMMUNICATION FOR PRIMARY CARE

GM IFR Team (Previously EUR)

Individual Funding Request (IFR) Operating Model Update (November 2022)

On 1st July 2022, a new operating module was introduced for the GM Individual Funding Request (IFR) Service.

As part of the new operating model, interventions which were previously classed as either Individual Prior Approval (IPA) or Monitored Approval (MA) treatments are now classed as '**Permissible Treatments**'.

What this means is that interventions which were previously classed as Individual Prior Approval (IPA) or Monitored Approval (MA) treatments are now classed as 'Permissible Treatments'. Therefore, where a patient meets the criteria in a particular GM Treatment Policy Statement, there is no longer a requirement for the clinician to submit a funding request and obtain 'Prior Approval' from the GM IFR Service before referring or treating a patient.

PLEASE NOTE: Any funding requests which are submitted into the GM IFR Service which are now 'Permissible' Treatments, will therefore be rejected back to the referring clinician who will receive an email which will notify them of the new arrangements.

PLEASE NOTE: It is the responsibility of the clinicians involved in the patients care to check the patient's eligibility and policy criteria and it is NOT the responsibility of the GM IFR Service.

The current GM Treatment policy statements and Advice and Guidance document can be accessed via the GM IFR Service website; <https://gmeurnhs.co.uk/EN/index.aspx>.

**We are also working with provider trusts to upload copies of the GM Treatment policy statements to internal systems e.g., your intranet site. **

The GM IFR Service only deals with requests where there is an [exceptional health care need](#) and must be submitted on an Individual Funding Request Form.

Individual Funding Request Forms

The treatment specific and generic funding forms are no longer in use. Instead, a clinician will need to complete one of the following where an exceptional health care need has been identified. More information can be found [below](#).

- IFR Non-Drug Form
- IFR Drug Form
- IFR Reconsideration Form
- IFR Continuation of treatment form

The IFR forms can be accessed via the GM IFR website under the 'Funding Request Process heading; <https://gmeurnhs.co.uk/EN/fundingrequestsOld.aspx> (You will also find a patient guide here too).

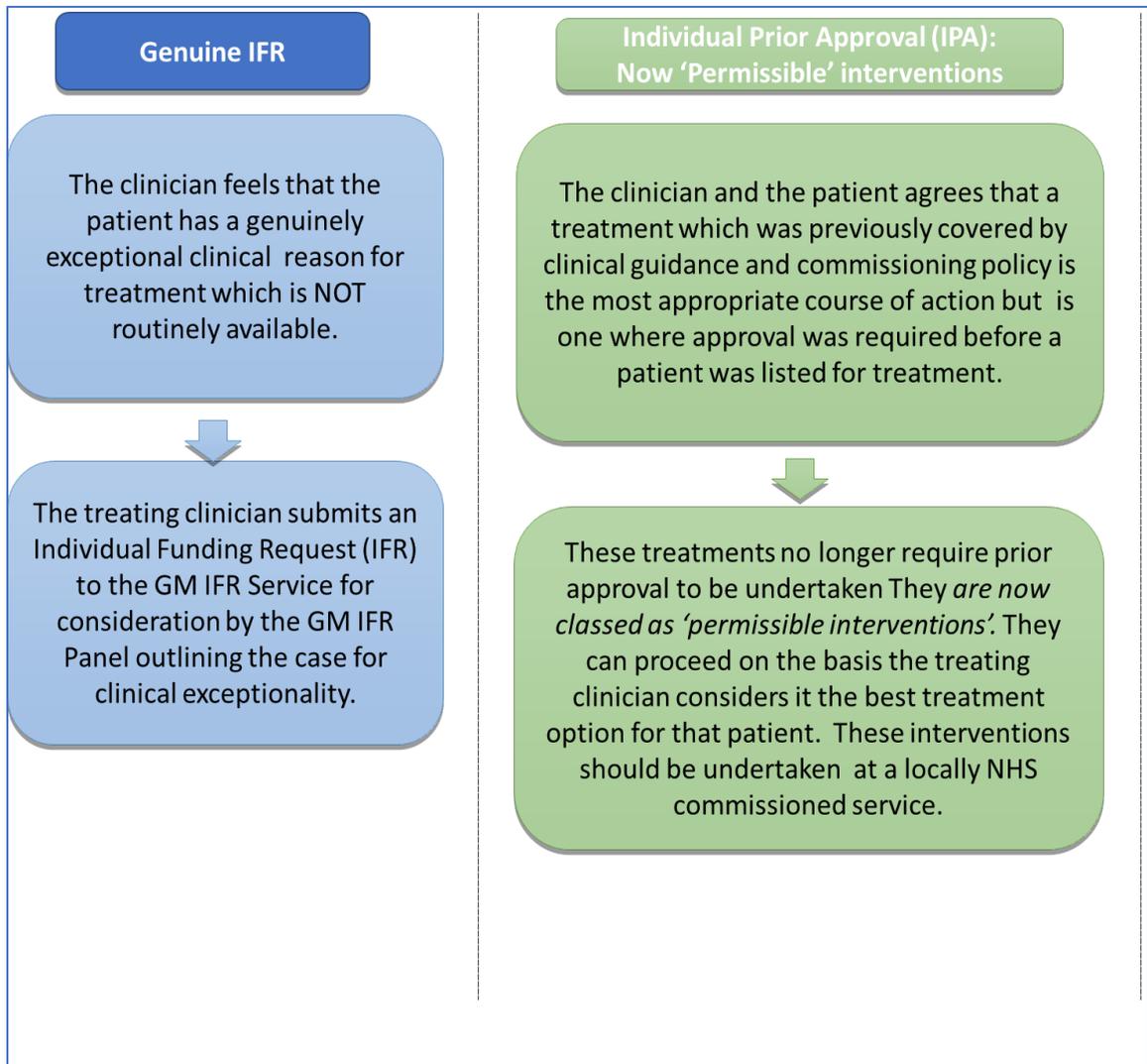
IFR Form Completion

From 1st December 2022, the majority of IFR forms will need to be completed by **the treating clinician (predominantly from Secondary Care)**, although we do recognise there will be some requests submitted which have been completed by the patient's GP, as the patient has not been referred into secondary care.

IFR forms will need to be completed on the correct form and if this is not the case, the request will be rejected back and the clinician will be advised to complete the correct form.

The current GM EUR website has been updated to include information on how the GM IFR Service will process [genuine exceptional funding requests](#).

For information, below is a summary of the changes that have been implemented from 1st July 2022;



Exceptional Health Care Needs

The GM IFR Service will continue to process requests for patients who have exceptional health care needs.

The onus is on the clinician making the request to set out the grounds of the patient's exceptional health care need clearly for the GM IFR Panel. In the majority of cases, we expect that the request will be submitted by the treating clinician. The clinician, when submitting the request should consider whether this individual patient has a **health problem which is unique or rare**, whether there is a proposed solution that is known to work and that provides good benefits at acceptable risks and at an affordable cost. All relevant research evidence must be provided in full for each case along with any other supporting information.

When will the GM IFR Service consider funding in response to an IFR?

Individual Funding Requests to be considered for funding should meet the following five conditions to be funded:-

The 5 criteria's

- The clinician is making an individual request for funding for treatment in connection with a presenting medical condition for which there is a GM Policy Statement, but the patient does not meet the criteria, and the clinician is claiming that the patient has an exceptional health care need;

OR

- The clinician is making an individual request for funding for a treatment which is not routinely commissioned, and the clinician is claiming that the patient has an exceptional health care need;

AND

- There is enough evidence to show that, for the individual patient, the proposed treatment is likely to be clinically effective;

AND

- Applying the approach that the commissioners take to the assessments of costs for other treatments outside this policy, the cost to the commissioners of providing funding to support the requested treatment would be justified in the light of the benefits likely to be delivered for the individual patient by the requested treatment;

AND

- There are **unlikely** to be further requests on behalf of patients like the patient for whom the request is being made (unless this is a “test case”, i.e. an urgent request ahead of a commissioning policy being developed/adopted).

AND

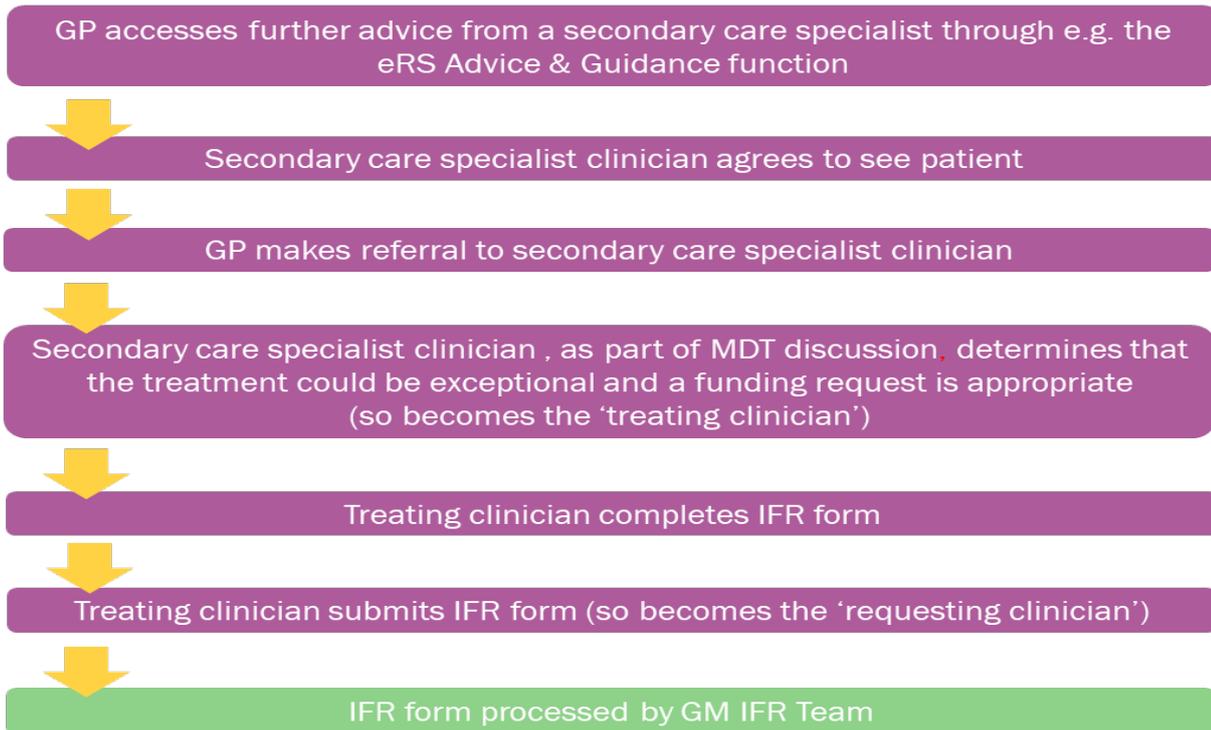
- The Greater Manchester Individual Funding Request (IFR) Panel determines that the patient has an exceptional health care need and is therefore clinically exceptional to other patients.

More information can be found in the Greater Manchester Individual Funding Request Operational Policy;

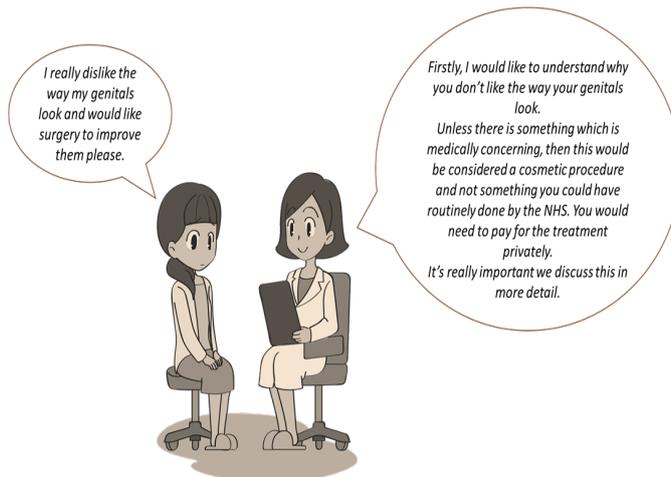
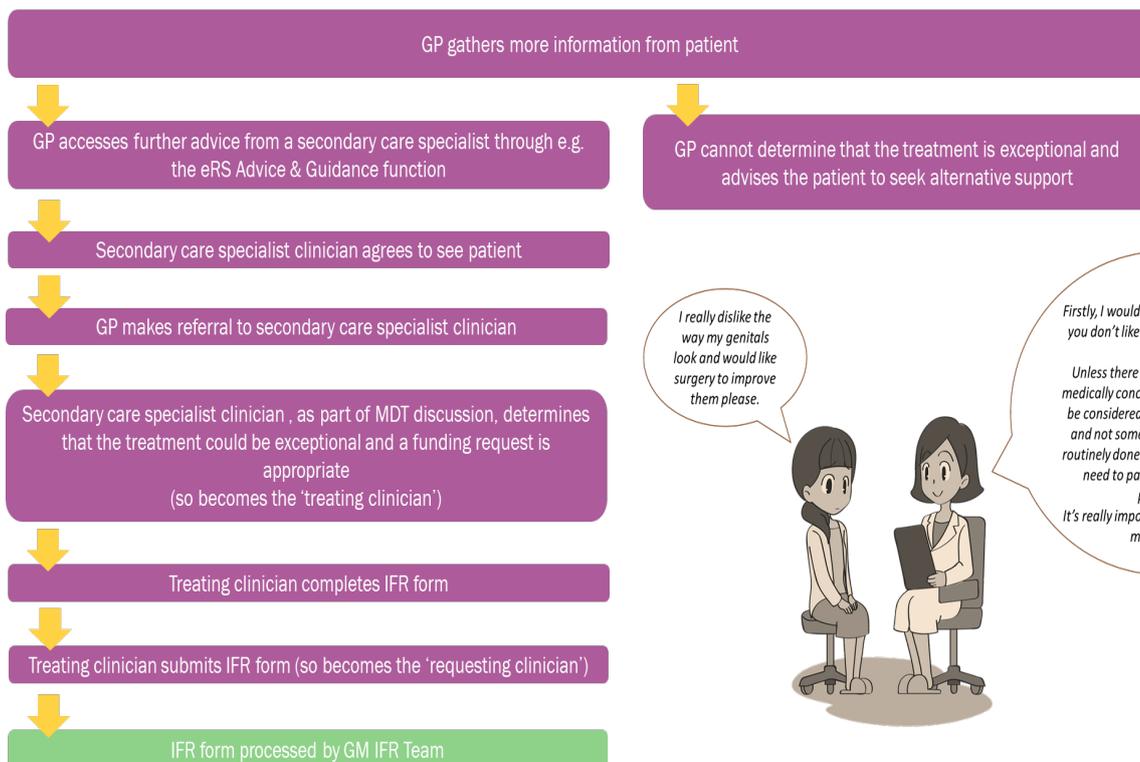
<https://gmeurnhs.co.uk/Docs/Other%20Policies/GM%20EUR%20Operational%20Policy.pdf>

The graphics below provide some examples;

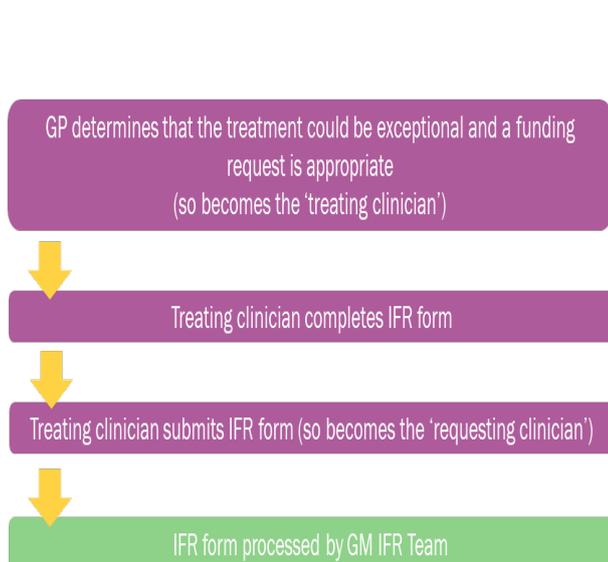
Shared decision between primary and secondary care for breast reduction / gynaecomastia



GP discussion for Labiaplasty



GP discussion for tattoo removal



Gaps in GM Commissioning Services

The IFR Service will not process requests where there are gaps in services/pathways that affect a group of patients, or where a particular service doesn't have capacity to treat a patient. These issues should be taken up with the lead commissioner of the service.

If, it's the opinion of the GM IFR Team when considering a submitted IFR in relation to a patient, there is likely to be a defined group of patients in similar clinical circumstances to that patient, the application will be classified as a **request for development** which needs to be considered by the appropriate GM Commissioner, to determine whether the treatment/device should be routinely commissioned.

The IFR will not be progressed through the GM IFR route from that point and the case will be closed by the IFR Team.

Any IFR enquiries should be directed to the GM IFR Team at: gm.eur@nhs.net

Any GM policy enquiries should be directed to the Policy Team at; gm.policyfeedback@nhs.net

Please disseminate within your organisation as appropriate.