

INDIVIDUAL FUNDING REQUESTS – THE RUGBY EXPERIENCE



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Starting Points

- PCT has a fixed budget with which to fund comprehensive health care for population
- PCT has a statutory duty not to exceed budget
- PCT cannot afford every healthcare intervention that may be requested



THEREFORE...

- The PCT will have to make choices about what it will commission
- These choices should be made in a way which is consistent, transparent and fair
- This should apply to commissioning at all levels – from whole population, through defined subgroups to individual cases
- This needs ownership by stakeholders



Our Principles...

1

- We will prioritise options for funding against the following framework:
- Health Outcome – prioritising interventions that produce greatest benefit for our population
- Clinical Effectiveness – prioritising interventions with sound evidence of effectiveness



Our Principles...

2

- Cost Effectiveness – prioritising interventions which yield greatest benefit relative to cost of provision
- Equity – we will prioritise on the basis of clinical need, not on the basis of age, gender, ethnicity, lifestyle, etc.
- Inequalities – we will prioritise ensuring full access to existing pathways for the majority over funding for new/experimental technologies for the minority



Our Principles...

3

- Access – we will prioritise delivery of care as close to the patient as possible where this meets governance standards
- Patient choice - wherever possible patients will be given informed access to appropriate options. BUT – we will not offer to fund for one patient treatment that could not be offered to all patients with equal clinical need



Our Principles...

4

- Disinvestment – we will review existing services to ensure diversion of resources from less effective to more effective services wherever possible
- Quality – we will commission and monitor services against agreed quality standards
- Affordability – we recognise that not all interventions with evidence of clinical and cost effectiveness will be affordable from fixed budgets. Further prioritisation may be necessary in line with national and local strategies, health needs assessment, etc.



Process

- The Local Delivery Plan is the mechanism through which investment and disinvestment decisions are taken
- Interventions recommended in NICE TAGs will be implemented only on publication of guidance, unless previously prioritised through the LDP
- We do not expect to introduce any health care intervention in year outside this process since to do so will take resources from identified priorities

- Commissioning Advisory Group – advises Board on health impact, clinical and cost-effectiveness of proposed interventions and also on options for disinvestment
- CAG will only recommend in year investment in exceptional circumstances
- Interventions meeting criteria for health impact, clinical and cost-effectiveness go forward to next LDP for prioritisation against affordability/strategy thresholds

- We recognise that there will be individual patients whose circumstances may make them an exception to this policy/process
- We have an Individual Case Policy and Panel to consider such cases



What's in a name...

- Individual Case Panel – NOT Exceptional or Complex Case Panel
- Most cases seeking individual funding are NOT exceptional or complex
- They are usually members of a definable patient group, the rest of whom would not be offered the treatment



Individual Cases...

- Should be considered against the commissioning principles to ensure...
- That we don't offer treatment to a named individual that would not be offered to all patients with equal clinical need and...
- That decisions made at all population levels are congruent



Individual Case Assessment

- Is this patient an exception to our usual policy?
- Is this request about exceptional circumstances or is it about introducing a new intervention through the individual case route?



Individual Case Assessment

- Responsibility for demonstrating 'exceptionality' lies with person requesting funding (usually clinician)
- Requester needs to demonstrate that request is not about introducing a new treatment for a definable group (however small)
- If it is, they need to present case to CAG for consideration within LDP process (ie as a service development not an individual case)



Basis for exceptionality...

1

- Need to demonstrate that:
- Patient is significantly different to the general population of patients with condition in question
- Patient is likely to gain significantly more benefit from the intervention than might be expected for the average patient with the condition



Basis for exceptionality...

2

- The fact that a treatment is likely to be efficacious for a patient is not, in itself, a basis for exceptionality
- If a patient's clinical condition matches the 'accepted indications' for a treatment that is not funded, they are, by definition, not exceptional
- The responsibility for demonstrating exceptionality lies with the requesting clinician (or patient/family)



Check for the Panel...

- The Panel CANNOT make commissioning policy on behalf of the PCT
- The Panel must assure itself that any funding request agreed to has unique circumstances
- If it is representative of a group/would set precedent the Panel cannot agree funding
- If the Panel feel there is strong evidence to support a particular intervention they should refer to CAG but they cannot fund the individual case



Consistency, transparency, fairness...

- Any one enquiring about individual funding is given a copy of our Principles and Policy documents and asked to fill in a standard proforma
- Only cases where evidence to suggest exceptionality is presented are referred on to Panel
- Where no such evidence is offered, PH/Commissioning decline request referenced against policy documents. Option always given of further consideration if further evidence becomes available
- Regular audit
- Regular liaison with CAG to ensure clear policy statements on interventions identified through ICP



Thank you

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