

## Guidance for considering 'exceptional health need' in Individual Funding Requests (IFRs)

***Clinicians may submit requests for treatments which the Clinical Commissioning Groups (CCGs) do not normally fund. Central to the CCGs consideration of IFRs is the question:***

*"Why should this treatment be provided for this patient, when it would not be funded for other patients who have the same, or a substantively similar, condition?"*

*If funding is to be agreed for the proposed treatment, there must be some unusual or unpredictable or unique factor about the patient's clinical circumstances, which suggests that:*

- *the presentation/effect of the condition in the patient differs significantly from that found in the general population of patients with the condition*

*and, as a result*

- *the patient is likely to gain significantly more benefit from that treatment than might generally be expected for these patients.*

*In addition to this:*

- *There should be sufficient evidence of the effectiveness of the treatment in bringing about the expected benefit for the patient. (See table overleaf for levels of evidence normally required for consideration of funding)*

**IFRS must be supported by a summary statement of evidence for the proposed treatment.**

NB: It is the requesting clinician's responsibility where relevant to set out the case for an exception to be made.

Please note:

- It is not possible to predict in advance what might provide a basis for exceptional funding, given the individual nature of each patient's clinical circumstances.
- Meeting the accepted indications for a treatment does not, in itself, provide a basis for an exception.
- The fact that a patient is likely to respond to the requested treatment does not, in itself, provide a basis for an exception.
- Non-medical or social factors will rarely be considered as a basis for exceptionality.

Hierarchy of Evidence		Grading of Recommendations	IFR Decision Making Principle
Category	Type of Evidence		
la	Evidence from systematic reviews or meta-analysis of randomised controlled trials	Level A	This level of evidence is normally REQUIRED for funding of treatment.
lb	Evidence from at least one controlled trial		
IIa	Evidence from at least one controlled study without randomisation	Level B	Funding MAY be approved, <u>on an individual and exceptional case basis</u> , for treatments where the evidence is at this level.
IIb	Evidence from at least one other type of quasi- experimental study		
III	Evidence from non-experimental studies, such as comparative studies, correlation studies and case control studies	Level C	It is UNLIKELY that funding will be approved for treatments requested on the basis of evidence at or below the level of hierarchy III (grading C).
IV	Evidence from expert committee report or opinion, and/or clinical experience of respected individual authorities	Level D	

Adapted from Eccles M and Mason J (2001) How to develop cost-conscious guidelines, *Health Technology Assessment* 5 (16), 1-78.