

BOB ICB and Frimley ICB Priorities Committee Clinical Commissioning Policy Statement

Policy Number/ Name	BOBFPC80e Guidance for considering 'exceptions' in Individual Funding Requests (IFRs)
Date of BOB ICB Adoption	February 2024

Clinicians may submit requests for treatments which the ICB does not normally fund. Central to the ICB's 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 an exception.
- Social value judgements will not be considered as a basis for an exception.

Levels of Available Evidence and Consideration of IFRs

Hierarchy of Evidence		Grading of Recommendations	IFR Decision Making Principle
Category	Type of Evidence		
Ia	Evidence from systematic reviews or meta-analysis of randomised controlled trials	Level A	This level of evidence is normally REQUIRED for funding of treatment.
Ib	Evidence from at least one controlled trial		
IIa	Evidence from at least one controlled study without randomisation	Level B	Funding MAY be approved, on an individual and exceptional case basis, 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		

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

NOTES:

- Potentially exceptional circumstances may be considered by a patient's ICB where there is evidence of significant health status impairment (e.g. inability to perform activities of daily living) and there is evidence that the intervention sought would improve the individual's health status.
- This policy was developed and recommended by Thames Valley Priorities Committee which was the predecessor of Buckinghamshire, Oxfordshire, and Berkshire West ICB and Frimley ICB Priorities Committee.
- This policy will be reviewed in the light of new evidence or new national guidance, e.g., from NICE.
- BOBFPC clinical policy statements can be viewed at [Clinical Commissioning Policy Statements & IFRs | BOB ICB](#)

Recommendation made by TVPC	March 2013
Date adopted and issued by OCCG	April 2006 Reviewed May 2008 October 2010 August 2016 No change to policy Minor update June 2018
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