



North Central London
Integrated Care Board

Blueteq and IFR

Online submission

Individual Funding Requests (IFR)

An IFR is a request to fund, for an individual patient, a treatment that falls outside existing contracts and commissioning arrangements.

Are appropriate when:

- A patient's treatment falls outside generic or treatment-specific policies where an unusual ('exceptional') clinical circumstance applies to the individual
- A particular treatment or intervention could benefit a patient with a very rare clinical condition.

Are inappropriate when:

- A patient can be classified as being part of a larger cohort
- A patient is referred for physical treatment on the grounds of psychological problems, which should in the first instance be treated through the mental health route
- Social factors motivate the request



Blueteq

- Online portal which facilitates the submission of Individual Funding Requests (IFRs)
- Cloud based and can be accessed remotely
- Reduces the administrative burden associated with the submission of IFRs by:
 - replacing the current manual form with a streamlined online version
 - Supporting the submission process by being a learning system
 - Retains previous applications and clinical information in 'patient case files'

Administrative requirements

- Creation of a Blueteq account
- Internal process for information sharing i.e. where practice managers are responsible for submitting requests how will you ensure the right information is included in the application? Will GPs be responsible for their own submissions?
- Engagement with platform; monitoring for IFR outcomes

Submission Process

The screenshot shows the NHS National Trust Edition login interface. On the left, there is a graphic with the NHS logo, the text 'HiCost | Prior Approval | IFR Database', and 'National Trust Edition' below it. On the right, there is a dark blue login form with two input fields for 'Login:' and 'Password:', a 'Login' button, and links for '[Register](#)' and '[Forgotten Password?](#)'. At the bottom of the form, it says 'No unauthorised access'.

Creating a user account

New User Registration

Full Name:

Preferred User Name:

Job Title:

Personal Email:
(nhs.net only)

GP Practice/Trust(s) currently working at:

Account Request Type(s): High Cost Drugs CDF IFR/PoLCV/Prior Approval

Additional Comments (optional):

Home page



North Central London
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[Patient](#) [Notes](#) [Administration](#) [Requests](#) [Options](#) [Help](#) [Document Library](#) [Log Out](#)

Provider: BARTS HEALTH NHS TRUST - [Switch Provider](#)

Trust Mode: Prior Approval / IFR - [Switch Mode](#)



Find Patient: By: [Patient](#)



Current User: Ryan Hainey
[Report a bug to support](#)

IMPORTANT - Please note that you are now able to send High Cost Drug requests to your NHS England Local Area Team. This changes the way that you search for request forms. For further details please click on either of the following links:
[Existing Users](#) [New Users](#)

Action tabs

Patient Notes Administration Requests Options Help Document Library Log Out

- Patient: Add/edit existing patient
- Administration: Overview of all requests made and current status
- Requests: Make new request
- Help: Resources for assistance with submissions
- Document library: Internal resource for use i.e. EBICS policy

Help tab

What would you like to do?

View Training Manuals | **View Training Videos** | View FAQs | Contact Us

blue^{teq} TRUST TRAINING LOGGING IN | blue^{teq} TRUST TRAINING PATIENTS | blue^{teq} TRUST TRAINING REQUESTS

blue^{teq} TRUST TRAINING
LOGGING IN

01:40



IFR Quick Reference Sheet



Prior Approval | IFR Manual

Adding a patient

FOUR dataset minimum:

- Patient's initials
- Date of birth
- NHS number
- Practice

Add Patient

Initials:

Date Of Birth: (dd/mm/yyyy) **NHS Number:** NHS Number Check

Surname: First Name:

Middle Name: Title:

Gender: Ethnicity:

Post Code:

Address 1: Address 2:

Address 3: Address 4:

Address 5:

Tel: Mobile:

Email Address:

Practice:

Bold fields are mandatory

If a patient already exists on the platform you can find them using the search tool



Find Patient: By:

Patient case file

Patient Notes Administration Requests Options Help Document Library Log Out

Provider: BARTS HEALTH NHS TRUST - [Switch Provider](#)

Trust Mode: Prior Approval / IFR - [Switch Mode](#)



HiCost | Prior Approval | IFR Database
National Trust Edition

Find Patient: By:

 Patient Notes: RH - 29/04/1986 NHS No: 7172953002 ID: 653168

Current Status: **No information found**

Action Notes

Reverse Order: Filter by RequestID:

Date	Description
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Adding a request

- Select the 'Add Request' tab
- Confirm GP practice
- Select the appropriate form

Patient Notes: RH - 29/04/1986 NHS No: 7172953002 ID: 653168
Current Status: **No information found**
Add Request Comment Upload Docs
Action Notes Reverse Order: Filter by RequestID: All
Date Description

Current Registered GP
Please select the current registered GP for the patient if it is different.
The patient GP will be updated with this value.
NORTH STREET MEDICAL CARE-F82009-RM1 4QJ
Next

Form Selector
Choose a form to fill in
NHS BARNET CCG Forms
Application Forms
IFR Form
Forms

Adding a request

INDIVIDUAL FUNDING REQUEST (IFR) APPLICATION FORM

Are you sure that the intervention being requested is not routinely commissioned by the CCG?

Yes No

INDIVIDUAL FUNDING REQUEST (IFR) APPLICATION FORM

The clinical applicant (primary, secondary, tertiary or other) completing this form is responsible for collating all information and relevant evidence, which may involve working with other clinicians, outside of your organisation, involved in this patient's care. All forms must be typed, acronyms / abbreviations must be written out in full and all fields must be completed (or N/A stated where a field is not applicable). Incomplete mandatory fields and hand-written forms will result in the form being returned and may cause delays to consideration for funding. Please refer to your Clinical Commissioning Group's (CCGs) IFR policy or team (details at bottom form if any further support is required)

Anonymity - Please ensure that in order to protect patient's identity, apart from Section A, the patient is not referred to by name or initials within the application form.

Mandatory for all requests - *
Mandatory for drug requests - **
Mandatory for non-drug requests - ***

Before completing this form, please answer the following questions	
Type of Intervention *	Select One <input type="button" value="v"/> * Missing Intervention
Is this drug or non-drug request for a treatment currently commissioned by NHS England? * If Yes, then STOP HERE and refer to NHS England.	<input type="radio"/> Yes <input type="radio"/> No
Drug requests	
Is the requested intervention part of a clinical trial? ** If Yes, then STOP HERE. This funding route is not appropriate. Please speak to your trust chief pharmacist regarding drug trials.	<input type="radio"/> Yes <input type="radio"/> No
Is the drug listed on the National Tariff excluded drug list and is for use in accordance with a NICE Technology Appraisal Guidance / locally commissioned pathway ** If Yes, then STOP HERE. This funding route is not appropriate. Please redirect to the appropriate High Cost Drug (HCD) team.	<input type="radio"/> Yes <input type="radio"/> No
Governance - Has the treatment been approved through the provider's clinical governance arrangements for the requested intervention for use? ** If No, then STOP HERE. The application requires trust governance approval. Evidence MUST be supplied e.g. drug and therapeutic committee (DTC) minutes, a letter from the DTC Chairman, if Chairman's action has been taken.	<input type="radio"/> Yes <input type="radio"/> No
Non drug requests	
Does the intervention requested fall under an existing policy (Treatment Access Policy (TAP), Effective Commissioning Initiative (ECI), Policy of Limited Clinical Value / Effectiveness (POLCV/E), prior approval)? *** If Yes, and this application is being submitted by a GP, please check whether your CCG provides a referral management, clinical assessment	<input type="radio"/> Yes <input type="radio"/> No

Adding a request (points to note)

The clinical applicant (primary, secondary, tertiary or other) completing this form is responsible for collating all information and relevant evidence, which may involve working with other clinicians, outside of your organisation, involved in this patient's care. All forms must be typed, acronyms / abbreviations must be written out in full and all fields must be completed (or N/A stated where a field is not applicable). Incomplete mandatory fields and hand-written forms will result in the form being returned and may cause delays to consideration for funding. Please refer to your Clinical Commissioning Group's (CCGs) IFR policy or team (details at bottom form if any further support is required)

Non drug requests	
<p>Does the intervention requested fall under an existing policy (Treatment Access Policy (TAP), Effective Commissioning Initiative (ECI), Policy of Limited Clinical Value / Effectiveness (POLCV/E), prior approval)? ***</p> <p>If Yes, and this application is being submitted by a GP, please check whether your CCG provides a referral management, clinical assessment or prior approval service.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No
<p>Has this request already been declined by a referral management/clinical assessment centre or Prior Approval Service? ***</p> <p>If Yes, and the patient does not meet local policy criteria then your application needs to explicitly explain why your patient is clinically exceptional or rare in section G.</p>	<input checked="" type="radio"/> Yes <input type="radio"/> No

Save, submit, or cancel

At the bottom of the online application please make sure you select one of the following options:

Save

Submit

Cancel

Patient case file (active request)

 Patient Notes: CS - 27/05/1969 NHS No: 4000356429 ID: 919926

Request ID: 6128518 - 09/01/2020 - Open MRI Scan / - Status: Received By Commissioner

Add Request Comment Upload Docs

Action Notes Reverse Order: Filter by RequestID: All ▼

Date	Description			
09/01/2020	On-Line Referral Received by Commissioner from Miss Jandira Trindade User: Jandira Trindade ID: 6128518 Hospital Number: 6244065 Intervention: Open MRI Scan CCG ReferenceID (UIN): 2020-38292 5K8 CS CCG: NHS ISLINGTON CCG			

Additional information

Where additional information (e.g. clinical letters, letters from patients, clinical photographs, published literature) form part of the submission these can be added (in PDF format) using the 'Upload Docs' tab on the patient screen

Patient Notes: CS - 27/05/1969 NHS No: 4000356429 ID: 919926

Request ID: **6128518** - **09/01/2020** - **Open MRI Scan** / - Status: **Received By Commissioner**

Add Request Comment Upload Docs

Action Notes Reverse Order: Filter by RequestID: All ▼

Date	Description			
09/01/2020	On-Line Referral Received by Commissioner from Miss Jandira Trindade User: Jandira Trindade ID: 6128518 Hospital Number: 6244065 Intervention: Open MRI Scan CCG ReferenceID (UIN): 2020-38292 5K8 CS CCG: NHS ISLINGTON CCG			

Triage outcomes

IFR applications submitted to the NHS North Central London Integrated Care Board IFR team are reviewed weekly

Potential outcomes are:

- **Declined, no clinical exceptionality:** the application did not provide sufficient evidence to demonstrate how the clinical presentation of the patient differs from other patients and/or how the patient would gain greater health benefit than other patients with the same condition
- **Not for IFR:** Standard treatment, NHS England remit, covered by an existing contract/service
- **Refer to IFR panel**

Outcomes will appear on the patient file alongside a rationale

Useful contacts



North Central London
Integrated Care Board

- Blueteq: <https://www.blueteq-secure.co.uk/Trust/default.aspx>
- IFR team email: nclicb.ifr@nhs.net