Appendix D
IFR Triage Group: Terms of Reference

1. Governance Arrangements

1.1 The Individual Funding Request (IFR) Triage group is a clinically led multi-professional meeting responsible for determining if an IFR application is eligible for consideration by the IFR Panel.

1.2 The IFR Triage group is a sub-committee of and accountable to the IFR Panel. The IFR Panel is accountable to the Integrated Care Board (ICB) Governing Body or equivalent via its committee structure.

2. The IFR Triage Process

2.1 The purpose of triage is to determine if the IFR is eligible for consideration by the IFR Panel. The IFR Panel will only consider requests as defined within the ICB's IFR policy; the IFR Triage process is undertaken in order to reduce inappropriate funding requests.

2.2 Once an application has been administratively screened, it will be submitted to the next triage meeting to determine if the IFR is eligible for consideration by the IFR panel. IFR applications will be triaged within no more than seven (7) working days from receipt of the application.

2.3 The Triage group will assess the appropriateness of an IFR application using the IFR Policy.

3. Duties and Responsibilities/Remit of the IFR triage group

3.1 The purpose of triage is to determine if the IFR is eligible for consideration by the IFR Panel. The triage members will reference the following questions:

- Is the requested treatment covered by NHSE&I commissioning responsibilities? If so, not for IFR.
- Is the treatment requested funded within an existing commissioning policy? If so, not for IFR unless submitted under clinical exceptionality.
- Is the treatment requested covered by another NCL ICB policy or process? If so, not for IFR unless submitted under clinical exceptionality.
- Is the treatment an obvious Service Development (i.e. a request pertaining to a cohort of patients and not reflective of an individual's clinical circumstances)? If so, not for IFR unless submitted under clinical exceptionality.
- Does the submission include sufficient information?
- Is the request an appeal or resubmission of a previous case? If an appeal of an IFR panel decision forward for consideration by the IFR Appeals Panel if the submission meets the appeal process criteria and is not new case information.
- European funding (EEA) requests - Is the treatment routinely funded by the ICB?
- Continuation requests **-** If the IFR Panel has provided delegated authority to the triage group to make a decision, has the applicant demonstrated the further funding conditions have been met?
- Does the submission demonstrate an arguable case of clinical rarity or exceptionality whereby the following two points are fully evidenced:

- The patient's clinical condition is significantly different to the general population of patients with the condition in question; AND
- The patient is likely to gain significantly more benefit from the intervention than might be expected for the average patient with the condition.

3.2 Triage has the authority to:

- Request further information from the applicant or another source;
- Refer the application to the IFR Panel for funding consideration if an arguable case for exceptionality or rarity has been made by the clinical applicant;
- Triage out and close the case – where no case for exceptionality or rarity has been made and/or when further information has not been received in the given timescales or a repeat application containing no new or additional information has been received.

3.3 Continuation requests are cases where the IFR Panel have previously approved funding and a subsequent request has been made for further funding. Triage has the authority to approve further funding where the following is in place:

- The IFR Panel has delegated authority to the Triage group to approve funding for continuation requests;
- Any conditions attached to the funding approval by the IFR Panel for any further funding have been met and demonstrated in the continuation request (e.g. evidence of clinical improvements/outcome).

3.4 Triage decisions to approve continuation requests will be reported back to the next IFR Panel.

3.5 The triage group has the authority to undertake a preliminary assessment of an appeal request against the grounds for appeal criteria to determine whether the request is eligible for consideration by the IFR Appeal Panel. The grounds for appeal are set out within the Appeals Panel Terms of reference and the IFR Policy.

4. Triage group administration and reporting

4.1 Unless otherwise agreed, each member of the IFR Triage Group and any other person required to attend will be sent/notified of how to access the agenda and supporting papers confirming venue or if taking place virtually, time and date no later than two working days before the meeting.

4.2 A note of the key meeting decisions and rationale will be taken by a member of the IFR team.

5. Membership & Quorum

5.1 IFR Triage will be made up of a multi-professional membership comprising:

- Senior Pharmacist
- Consultant in Public Health (or their delegate)
- GP
- IFR manager
- IFR officer.

5.2 The meeting will be considered quorate if one medically qualified member is present. If a drug case is to be considered, a Pharmacist must be present.

5.3 Triage members are required to declare any interests before serving on an IFR Triage Panel. Any conflicts of interest must be declared as a standing item at the commencement of every meeting and the Chair will decide the appropriate action, including requesting that members withdraw from the meeting.

6. Chair

6.1 Triage can be chaired by any of the members provided that they have sat as an IFR Triage member at least 4 times.

7. Frequency of Triage Meetings

7.1 IFR applications will be triaged within no more than seven (7) working days from receipt of the application to minimise the risk of delays for patients and clinicians.

8. Venue of Triage Meetings

8.1 Triage meetings will take place virtually via MS Teams until further notice.

9. Confidentiality

9.1 Anonymity is essential for two reasons:

- In order to protect patient's identity, for this reason the requesting clinician is asked to not refer to the patient by name or initials within the rest of the application form.
- For equity of decision making, to ensure that the panel decisions do not take into account personal details such as age or sex

9.2 Depending upon individual clinical circumstances it may be necessary to re-introduce information on the patient's age and/or sex for consideration. When cases are considered which require access to confidential clinical information through triage, consent to disclosure of such information to all members of the IFR Triage Panel is provided by the applicant's declaration of patient consent within the submission. This will be indicated to patients by the referring clinician and be confirmed in IFR publicity material.

10. Review

10.1 The IFR Triage Meeting Terms of Reference will be reviewed every two years or in light of any changes in legislation, practice or local/national guidance.

Next review: March 2026