

Mr Paul Thomas-Peter

By e-mail to

21st March 2019

Dear Mr Thomas-Peter,

Re: Individual Funding Request Process

Thank you for your open letter of 24th January 2019 about the process for agreeing Individual Funding Requests (IFR). I am replying as the National Director responsible for the IFR process.

I am very sorry to hear about your illness and appreciate how difficult a time this must be for you and your family.

Since your letter was published we have received a letter from Hodge Jones & Allen Solicitors. That letter, dated 15th February, triggered a number of actions within NHS England which we undertook as swiftly as possible, including consideration by the full IFR panel of your request. The IFR Panel considered your request on 6th March 2019, and they have written to your doctor on 15th March 2019. You should have received a letter by post advising you to contact your doctor to discuss the outcome.

However, in response to your open letter, I wanted to explain how decisions about NHS access to treatments in England are made and how the IFR process fits with that.

To ensure that patients have fair access to the most clinically- and cost-effective treatments, decisions about which medicines should be made available are taken in line with consistent and transparent processes. It is the role of the National Institute for Health and Care Excellence (NICE) to assess the clinical and cost effectiveness of health technologies. The relevant commissioner, either NHS England or local Clinical Commissioning Groups, then has a legal duty to fund the treatments NICE recommends.

In addition, NHS England makes additional funding available each year for other new treatments proposed by a clinician that are not the subject of a full NICE technology appraisal, carrying out a relative prioritisation process twice a year to determine which services will be routinely commissioned. This process ensures that a clear commissioning position can be reached on treatments not considered by NICE. It is not a process for overruling a recommendation made by NICE.

Some treatments go through these processes and are not recommended; others have not been through these processes at all. The result is the same: such treatments are not “routinely commissioned”, which means that they are not normally made available to NHS patients. This is because there is not sufficient objective and independent medical evidence of the treatment’s clinical and cost effectiveness across the group of patients with the same condition.

However, we recognise that the clinical circumstances of patients can vary and therefore we offer an opportunity for their doctor to put forward a case for funding where they believe that:

- the patient's clinical circumstances are so unusual that no existing treatment policy could be considered to apply to them, or it would not make sense to develop a new treatment policy;
- the requested treatment is likely to be clinically effective for this individual patient; and
- the requested treatment is likely to be a good use of NHS resources.

Accordingly, an IFR will only be successful if it can demonstrate evidence against all three of these criteria. More information which outlines the IFR process is available on the NHS England website: <https://www.england.nhs.uk/commissioning/spec-services/key-docs/#ifr>

Once again, I do appreciate how difficult a time this must be for you.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'John Stewart', is positioned above the typed name.

John Stewart
Director of Specialised Commissioning