### Individual Funding Request (IFR) Form for requests to

### NHS Leeds Clinical Commissioning Group[[1]](#footnote-1)

### *for Complementary and Alternative Therapies*

**Notes**

* From 1.4.14 requests will only be accepted on this form. Please destroy any previous paperwork predating this date.
* Requests can only be considered based on the information provided. Incomplete forms providing insufficient information will be returned and will only be reconsidered following completion of sufficient information.

Reference number (to be added by CCG)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part 1: This section will NOT be made available to the Panels**

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| **1. PATIENT PERSONAL DETAILS**  Patient Name:  Date of Birth:  Address:  NHS Number:  Ethnicity:  GP Name & Practice Details (including GP post code): |
| **2. DETAILS OF REQUESTER**  Name: Designation:  Provider trust or GP practice:  Contact telephone number:  Secure email or postal address for correspondence which must be **NHS.net email**.  Only NHS.net can be used for correspondence re IFR requests. |

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| **3. CONSENT**  I confirm that this Individual Funding Request (IFR) has been discussed in full with the patient. The patient is aware that they are consenting for the Individual Funding Request Team to access confidential clinical information held by clinical staff involved with their care about them as a patient to enable full consideration of this funding request  YES / NO  [Please indicate]  **Signature of Requester: Date**:  If the form is sent electronically rather than hard copy, no signature is required if the relevant box has been marked but please use an electronic signature if available. |

**Part 2: This section WILL be made available to the Panels.**

Reference number (to be added by CCG)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please note that all personal information from part 1 will be removed prior to the consideration by the Individual Funding Request (IFR) Panel or clinical triage. Do not use patient or clinician/trust identifiers in the remainder of the form or any non-clinical information.

The onus lies with the requesting clinician to present a full submission to the IFR Team which sets out a comprehensive and balanced clinical picture of the history and present state of the patient’s medical condition, the nature of the treatment requested and the anticipated benefits of the treatment. All necessary information including research papers must be submitted with this form.

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| **Complementary and Alternative Therapies**  **4. Treatment Requested**  Acupuncture  Spinal Manipulation  Leeds CCGs do not normally fund other complementary or alternative treatments as per decision making framework on complementary and alternative therapies. |

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| **5. Probable Diagnosis** |

**SUPPORTING INFORMATION**

Please provide all the information requested to avoid delays in processing this request.

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| **6. Clinical Background and Patient Fit with Eligibility Criteria**  **WITHOUT FULL DETAILS AGAINST EACH ELEMENT OF THE ELIGIBILITY CRITERIA, YOUR PATIENT WILL NOT BE CONSIDERED FOR APPROVAL – the referral will be returned to you for additional information and delay your patient’s care.**  Please see [*Complementary and Alternative Therapies*](http://www.leedswestccg.nhs.uk/Downloads/2014%20site%20files/About%20us/IFR%20policies%20Jan%202014/Complementary%20and%20alternative%20therapies.pdf) *IFR Policy*  *Or Map of Medicine IFR Complementary and Alternative Therapies*  Please outline below how your patient meets the eligibility criteria as per the IFR policy and/or the Map of Medicine IFR pathway.  If not detailed your referral cannot be processed: |

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| **I confirm that my patient meets the thresholds for treatment as per the IFR policy and/or the Map of Medicine IFR Pathway.**  **OR**  **I confirm my patient does not meet the thresholds above, but has exceptional clinical circumstances**  *To meet the definition of ‘exceptional[[2]](#footnote-2) clinical circumstances’ your patient must demonstrate that both:*   * *The patient 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 normally expected for patients with that condition.*   *The fact that a treatment is likely to be effective for a patient is not, in itself, a basis for exceptionality.*  Please outline circumstances below: |

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| **7. Clinicians are required to disclose all material facts to NHS Leeds Clinical Commissioning Groups as part of this process. Are there any other comments/considerations that are appropriate to bring to the attention of the IFR Team?** |

**Please complete and return this form to:**

NHS Leeds CCG IFR secure application email address: [ifrpanel@nhs.net](mailto:ifrpanel@nhs.net)

For an informal discussion relating to understanding the application process please phone NHS Leeds CCG Business Manager on 0113 843 5223

1. For NHS England please use the form <http://www.england.nhs.uk/ourwork/d-com/policies/> [↑](#footnote-ref-1)
2. For guidance on how NHS Leeds CCGs define an exceptional circumstances see the overarching policy ‘https://www.leedsccg.nhs.uk/about/policies/individual-funding-requests/ [↑](#footnote-ref-2)