Bexley Clinical Commissioning Group

ENCLOSURE:	**O**
Agenda Item:	**35/13**

Governing Body (Public) Meeting

DATE: 28tyh March 2013

Title	**Individual Funding Requests**
Recommended action for the Governing Body	That the Governing Body: **Approve** (1) the Terms of Reference for the IFR Panel (2) the terms of reference for the IFR Appeals Panel (3) the terms of reference for the IFR triage Meeting (4) to confirm these panels will report into and be accountable to the Quality and Safety Sub-Committee (5) Delegate responsibility for appointing to the panel, or agreeing changes to these terms of reference and operation of the panels to the Executive Management Committee **Note** (1) the role specification for the GP member (2) the role specification for the lay member
Executive Summary	Sometimes Clinicians request drugs or treatments that are not routinely commissioned. To ensure consistency in the decision making process Bexley Care Trust jointly held a Individual Funding Request Panel with Lewisahm PCT. It is planned to have a Joint IFR panel with Lewisham CCG. Two workshops have been held, the key messages from both workshops were as follows: • The nominated triage representative(s) have to be medically qualified; • • It was recommended that the nominated Chair of the panel should be a lay member who also has the casting vote. (NB, this was only a recommendation and therefore nominating a Chair would ultimately be the CCGs responsibility); • • Regarding Quoracy Rules, it was recommended that at

	least four members (with voting rights) had to be present to ratify and justify decisions; • • Lay membership is paramount; • • CCGs' Representation at Panel is vital to ensure ownership of local decisions and accountability for the population they represent; • • Policy developments / Standardisation shall be addressed within 2013/14 and until then local policies shall remain operational. • • IFR Commissioning Policy: CCGs are responsible for determining the IFR Commissioning Policy on clinical effective procedures and treatments. Following the workshops we have agreed to do this work during 2013/14; • • Clinical Champion: CCGs need to nominate a clinical commissioner to act as a link with the South London IFR service. This will promote engagement in the implementation of IFR policy as part of wider effective commissioning; • • Appointment of IFR Members: CCGs are required to determine the process for appointing members to undertake the Triage process, the IFR and Appeals Panel; • • Specialist Resources: CCGs are required to secure and provide the appropriate specialist resource for the IFR service, including Medicines Management, Public Health, local GPs in line with Terms of Reference and • • role specifications. This includes PH support via section 75 agreements. Operational management of the IFR lies in the Directorate of Commissioning. Administration of the panels will be undertaken by the SL CSU on our behalf.

Which objective does this paper support?	**Patients:**	Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People:	Empower our staff to make BCCG the most successful CCG in (south)	✓

	London		
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation		✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience		✓
Organisational implications	Key Risks (corporate and/or clinical)	IFR panels are designed to minimise risks in relation to appropriateness of care provided to patients and consistency of decision making for the population	
	Equality and Diversity	Equality data from the panels will be monitored	
	Patient impact	See risks	
	Financial	See risks	
	Legal Issues	None	
	NHS constitution	Accounted for	
Consultation (Public, member or other)	CSU and SEL CCG		
Audit (Considered / Approved by Other Committees / Groups)	None		
Communications Plan	To be agreed		
Author	Simon Evans-Evans		
	Clinical Lead	Executive Sponsor Simon Evans-Evans	
Date	19th March 2013		

South London's Individual Funding Requests (IFR)

IFR Panel's Terms of Reference – December 2012

1. Governance Arrangements

1.1 The Individual Funding Request (IFR) Panel is a multi-professional group responsible for the management of all IFRs within its remit (see section 2 below). The IFR Panel will be responsible for approving exceptional cases and all requests for exceptional treatment where appropriate.

1.2 The IFR Panel will be accountable to the Clinical Commissioning Group (CCG) Governing Board via its committee structure. Each CCG will be required to confirm its governance arrangements to ensure that the IFR Panel is held accountable to the CCG Board

1.3 Members of the IFR Panel will be appointed by the CCG's Chief Officer.

1.4 The IFR Panel will operate within the limits of delegated authority as determined by the CGG's Director of Finance and within the CCG's Standing Financial Code of Practice.

1.5 The IFR Panel will be supported administratively by the IFR service provided by the South London Commissioning Support Unit to discharge its responsibilities.

1.6. The IFR panel will participate in the regular peer review process which will be agreed with other IFR panels across South London.

2. Duties and Responsibilities

2.1 The IFR Panel will consider IFR requests as defined within the CCG(s) IFR policy.

2.2 The IRF Panel has delegated the preliminary assessment and triage of IFR requests to a clinically led triage panel. The details of the triage process and triage panel are set out in the IFR's Operating Procedure..

2.3 The IFR Panel will be required to consider IFRs for both high cost drugs and other interventions and to review decisions made for IFR submissions where new information is available.

2.4 The IFR Panel will also consider Planned Treatment Abroad if IFR Panel approval is required.

2.5 The IFR Panel will advise the CCG on the programme of care pathways and policy development as they affect patients with exceptional care needs to inform future CCG's commissioning strategies.

2.6 The IFR Panel will be required to produce an Annual Report with the support from the IFR service.

3. Constitution

3.1 Meetings

The IFR Panel will adopt the consensus method of decision making where a unanimous view cannot be reached on an individual case.

Panel meetings will be held in private. Requesting clinicians and patients will not be invited to make representations in person

3.2 Membership

The IFR Panel will be made up of a multi-professional membership comprising:

- a GP from each CCG
- a lay representative;
- a public health consultant delegated from the relevant CCG(s);
- a head of medicines management from; the relevant CCG(s);
- a senior acute commissioner (this role can be covered by the GP member in their clinical commissioning role).

Other Specialist Advisor(s) as required will be invited to attend by the Chair to address specific patient issues including senior acute contracting, dental advisors.

The IFR Panel membership must include the clinician(s) who have undertaken the triage process.

Members are expected to send suitable representation for the meetings they are unable to attend.

A register of attendance at the Panel meeting will be maintained and reviewed by the Panel on a 6 monthly basis.

IFR Panel members are required to declare their interests in a register of members' interests before serving on a IFR 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.

3.3 Chair

The Panel can be chaired by any of the members provided that s/he has sat as an IFR Panel member at least 4 times. The Chair must be identified in advance of the meeting, and must be available to approve the minutes/letters and fulfil and any other obligations within the specified time frame.

3.4 Quorum Arrangements

At least four members of the Panel must be present for IFR Panel to proceed. Two must be clinically qualified and at least one medically qualified. Where a joint IFR Panel arrangement exists, each constituent CCGs must have a minimum of one representative

3.5 Training of IFR Panel Members

Members of the IFR Panel will be provided with training, and to ensure that they are fully familiar with the IFR Principles, IFR Policy and Operating Procedures for dealing with IFRs and process before sitting on a panel. Members should attend a training session at least once every 2 years and partake in a Panel at least once a quarter to retain their specialist expertise and knowledge.

3.6 Frequency of Meetings

IFR Panels shall be held as required in order to ensure that there is a timely response to all funding requests, but within a maximum of four weeks of a completed IFR request being made. Good practice suggests that the IFR Panel meets at least once a month. However changes to this arrangement may be made in order to cover annual leave or other absence.

3.7 Chairs Action /Emergency Decisions

In clinically urgent situations a request may be considered in advance of a formal IFR Panel meeting. Emergency decisions will be made by the Triage Panel with the approval by the IFR Panel Chair or deputy. The decision will be reported at the next IFR Panel under 'chairs action'.

3.8 Venues of Meetings

The Chair of the IFR Panel will determined the venue of meetings in discussion with the members of IFR Panel.

3.9 Joint IFR Panels

Chief Officer of the CCG will determine whether Joint IFR Panels are an effective means of executing the IFR Panels responsibilities. This is somewhat vague

3.10 Administrative Support

The IFR Panel will be supported by a comprehensive administrative function provided by the South London CSU.

The minutes of the IFR Panel shall be comprehensively and formally recorded and retained in a confidential file. A record of all decisions will be made using a standard format and will be held on the patient's file. Records must be retained in line with CCG(s) Records Retention policy, normally for 6 years.

Copies of minutes will not be distributed to panel members for their retention and will not be placed in the public domain in order to preserve patient confidentiality.

The Operational Procedure manual outlines the processes by which the IFR Administrative teams will operate.

4. Confidentiality

When cases are considered which require access to confidential clinical information through triage and/or the implied consent to disclosure of such information to all members of the IFR Panel will be assumed. This will be indicated to patients by the referring clinician and be confirmed in IFR publicity material and the patient will be requested to complete a consent form when the IRF application is initially submitted.

5. Review

The IFR Panel's Terms of Reference will be reviewed annually or in light of any changes in legislation, practice or local/national guidance.

South London's Individual Funding Requests (IFR)

IFR Appeals Panel Terms of Reference – December 2012

1. Governance Arrangements

1.1 The IFR Appeals Panel will be accountable to the Clinical Commissioning Group (CCG) Governing Board via its committee structure. Each CCG will be required to confirm its governance arrangements to ensure that the IFR Appeals Panel is held accountable to the CCG Board.

1.2 Members of the IFR Panel will be appointed by the CCG's Chief Officer

1.3 The IFR Panel will be supported to discharge its responsibilities administratively by the IFR service provided by the South London Commissioning Support Unit.

2. Duties and Responsibilities

2.1 On behalf of the CCG(s), the IFR service will receive and acknowledge the letter of appeal. The Chair of the IFR Appeal Panel will consider the request to assess whether there are permissible grounds of appeal which are that there was a shortcoming in the process of consideration of the request by the IFR Panel.

2.2 Having considered the documentation the Chair will decide whether to convene an Appeals Panel and will take into consideration:-

- the grounds of appeal presented by and on behalf of the patient
- whether any further action can be taken to resolve the issue, other than by convening an Appeals Panel.
- whether further expert advice is needed
- what value convening an Appeals Panel would add to the process

2.3 Where it is decided to convene a Panel, members of the Appeals Panel should be provided with full details of the case including all correspondence, evidence of clinical and cost effectiveness, full documentation of the discussion and outcome.

2.4 Appeals Panel members will not have been a member of the Committee involved in the original IFR Panel decision

2.5 The Appeals Panel will need to consider whether, in the light of the patient's statement:-

- the IFR Panel; decision-making process was robust and had been followed correctly and fairly in line with the criteria (this should include resolution of any disputed aspects if appropriate).
- sufficient advice and information was sought by the IFR Panel.
- the decision of the IFR Panel was reasonable, lawful and based on all relevant factors and not on irrelevant factors

2.6 An IFR Appeal Panel will not consider new evidence.

2.7 If the Appeal Panel upholds the original IFR Panel's decision, the appellant will be advised that if they wish to take the matter further this must be done through the NHS Complaints process.

3. Constitution

3.1 Meetings

IRF Appeals Panel meetings will be held in private.

Patients and their representatives will not be permitted to attend the panel discussions to put forward their case verbally but will be supported by the Appeals Panel Co-ordinator to submit their full case in writing. All appeal cases will be submitted in writing to the Panel.

The IFR Appeals Panel will adopt the consensus method of decision making where a unanimous view cannot be reached on an individual case. However if necessary the decision of the Chair of the Appeal panel regarding process and relevance shall be final.

3.2 Membership

IFR Appeals Panel will include the following members:

- A clinician/GP;
- A representative of the Constituent CCG(s) ;
- Lay Member (chair)

All IFR Appeals Panel members mst be independent of any of the original decision making processes and must have received appropriate training (see section 3.4) and must be familiar with all relevant policies and procedures.

IFR Appeals Panel members are required to declare their interests in a register of members' interests before serving on a IFR Appeals 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.

3.3 Chair

The IFR Appeals Panel will be chaired by the Lay Member. However any of the members can chair, provided that s/he has received appropriate training, in the absence of the Lay Member.

The Chair must be identified in advance of the meeting, and must be available to approve the minutes and relevant correspondence and fulfil and any other obligations within the specified time frame**.**

3.4 Training

IFR Appeal Panel's members must have attended training to ensure that they are fully familiar with the IFR Principles and National guidance, IFR Policy and Operating Procedures for dealing with IFRs and process before sitting on the IFR Appeals panel. Members should attend a training session at least once every 2 years to retain their specialist expertise and knowledge.

3.5 Frequency of Appeals Panels

The numbers of appeals that may be received are difficult to predict and therefore arrangements for Appeal Panel meetings will be flexible, and will be arranged to ensure that appeals are considered within 20 working days of an appeal being received by IFR Team.

If a matter is exceptionally urgent the Chair shall have the power to call an IFR Appeals Panel at any other time.

3.6 Quorum Arrangements

The IFR Appeals Panel may not proceed unless at least two members are present, including the Chair.

3.7 Joint IFR Appeals Panels

Chief Officer of the CCG will determine whether Joint IFR Appeals Panels are an effective means of executing the IFR Appeals Panels responsibilities.

3.8 Administrative Support

The IFR Appeals Panel will be supported by a comprehensive administrative function provided by the South London CSU.

The record or the Chair's consideration and decisions will be formally taken and retailed in a confidential file.

The minutes of the IFR Appeals Panel shall be comprehensively and formally recorded and retained in a confidential file. A record of all decisions will be made using a standard format and will be held on the patient's file. Records must be retained for 6 years in line with the CCG(s) Record Retention Policy.

Copies of minutes will not be distributed to IFR Appeals panel members for their retention and will not be placed in the public domain in order to preserve patient confidentiality.

The administrative IFR team will co-ordinate the communication of the decision of the appeals panel in writing to:

- The appellant
- The referring clinician/Patient's GP

- The Chair of the IFR Panel

The Operational Procedure manual outlines the processes by which the IFR Administrative teams will operate.

4. Confidentiality

When cases are considered which require access to confidential clinical information through triage and/or the implied consent to disclosure of such information to all members of the IFR Panel will be assumed. This will be indicated to patients by the referring clinician and be confirmed in IFR publicity material.

5. Review

The IFR Panel's Terms of Reference will be reviewed annually or in light of any changes in legislation, practice or local/national guidance.

South London's Individual Funding Requests (IFR)

IFR Triage Meeting - Terms of Reference – December 2012

1. Governance Arrangements

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

1.2 The IFR Triage Meeting is accountable to the IFR Panel, so will act as a sub-committee the IFR Panel. The IFR Panel is accountable to the Clinical Commissioning Group (CCG) Governing Board via its committee structure.

2. The IFR Triage Process

The IFR Panel will consider only requests as defined within the CCG(s) IFR policy so the IFR Triage process is undertaken in three stages to reduce inappropriate requests:

2.1 Establishing that the IFR request is appropriate - administratively lead

The IFR team administrators will assess, in discussion with more senior members of the team if necessary, whether the request has been appropriately addressed to the IFR Service. Inappropriate requests fall into a number of categories which are managed as follows:

- Non-contracted activity (NCAs) ;
- Mental health and community services funding requests;
- Notifications – These are almost always for PbR-excluded drugs;
- Prior approvals;
- Planned treatment abroad – These requests are managed by the IFR Service but, unless they are IFRs requiring Panel approval, follow a different pathway set out in a separate policy document, flowchart and patient leaflet.

2.2 Checking the completeness of IFR application – administratively lead

After confirming that the request is an appropriate IFR, the IFR Assistants then will confirm that the patient is registered with a GP who is a member of a SL CCG. If a patient is registered elsewhere, the request will be returned to the applicant with details of the appropriate contact. The IFR Assistant also will check that IFR application form is complete, including the following information checks:

- The request has been submitted on the appropriate application form;
- All relevant sections of the form have been completed;
- Attachments referred to in the application form are enclosed as stated;
- The patient has consented to sharing their confidential information;
- For drug requests, the Trust Chief Pharmacist has approved the application.

At this stage the patient's details, the applicant's details and details of the funding request will be entered into the Commissioning Support Unit's (CSU) secure database and a secure file created and a unique identifier assigned to the IFR referral.

2.3 Triage meeting – clinically lead

Once an application has been administratively triaged, as detailed above, it will be submitted to the next triage meeting to determine whether the IFR is eligible for consideration by the IFR panel , from a clinical perspective.

3. Duties and Responsibilities

3.1 The triage meeting will consider the following options for each IFR requests:

- To request any further information they think is necessary;
- To refer the request to Public Health for an evidence review;
- To approve the request ;
- To decline the request ;
- To refer the request to the IFR Panel.

3.2 The triage team can agree to fund a request where they agree that:

- The patient fully meets the relevant criteria as set out within the appropriate section of the CCG(s) IFR Policies
  or
- there is compelling evidence of exceptionality and significant evidence of clinical effectiveness**.**

3.3 The triage team can decline to fund a request based on the assessors' view that the patient does not fulfil the relevant criteria as set out within the appropriate SL IFR policies and there is no evidence that the patient would constitute an exception. The applicant may appeal the decision in the usual way.

3.4 In case of uncertainty or ambiguity, the preliminary assessors should refer the request to the IFR Panel.

3.5 All decisions made by the triage team will be recorded and reported to the next Individual Funding Request Panel.

4. Membership

The IFR Panel will be made up of a multi-professional membership comprising a GP or Consultant in Public Health supported by an IFR Manager/Officer of the IFR .

The IFR Panel membership must include the clinician(s) who have undertaken the clinically lead triage process.

5. Frequency of Triage Meetings

The frequency of triage meetings depends on volume of IFR applications received. A minimum of one triage meeting a month is required to meet the timeline of IFR referrals to be responded within 20 working days.

6. Confidentiality

When cases are considered which require access to confidential clinical information through triage and/or the implied consent to disclosure of such information to all members of the IFR Panel will be assumed. This will be indicated to patients by the referring clinician and be confirmed in IFR publicity material and the patient will be requested to complete a consent form when the IRF application is initially submitted.

7. Review

The IFR Panel's Terms of Reference will be reviewed annually or in light of any changes in legislation, practice or local/national guidance.

Individual Funding Request (IFR) Panel

DRAFT Role Specifications - GP Member

1. Summary

The GP Member will contribute to the decision making of the Individual Funding Request (IFR) Panel regarding the funding of healthcare interventions for individual patients who wish to access treatment not usually funded by the Clinical Commissioning Groups (CCGs).

The key responsibility of this role is to ensure that the approved IFR policies, processes and procedures by the CCG(s) are followed by the IFR Panel.

Specifically the GP Member, as a lead clinical commissioner and a primary care provider, will ensure that the decision making process of the IFR Panel is based on individual clinical need, in the context of the wider population perspective. The GP Member is also the formal representative of the CCG(s), so will be responsible to ensure that the IFR Panel has an understanding of current local Borough health services and care pathways and communicates the commissioning implications of IFR activity to the CCG(s) to inform future improvements in clinical care pathways and potential service developments.

2. Key Responsibilities

2.1 The GP Member will be a full member of the IFR panel.

2.2 All members of the IFR Panel will contribute their specific professional perspective and a corporate perspective to the deliberations of the Panel. They are expected to:

- actively participate in discussions ensuring that a full discussion about each case takes place.
- collectively support consensus decisions that take account of any impact on individuals or other agencies.
- ensure that individual actions are followed up and progressed against agreed timescales.
- ensure that decisions are disseminated within their own teams for action to be taken where relevant.
- ensure that the decision making process of the IFR Panel is equitable and transparent, in accordance with principles and values set out in the NHS Constitution 2012;
- share any learning gained to ensure that organisational learning occurs.

2.3 The GP Member will be required to prove a specific clinical expertise to:

- identify individual clinical need;
- enable a balance between the needs of the individual and equity in the population;
- identify priorities in individuals with multiple pathologies;
- use their clinical experience and expertise to advise on the need for additional enquiries from GP or consultant applicants about the clinical implications of a request for the individual.

2.4 The GP Member also will be the formal representative of his/her Clinical Commissioning Group so will be required to ensure that:

- The IFR Panel makes decisions in line with CCG(s) strategic priorities and commissioning intentions;
- The commissioning implications of IFR activity are communicated effectively to Clinical Commissioning Groups to inform improvements in clinical care pathways and potential service developments;
- The appropriate governance arrangements are in place within his/her CCG(s) to ensure that the IFR service maintains its accountability to the CCG.

2.5 The GP Member will:

- receive anonymised application forms and copies of any additional correspondence or reports which may be relevant to an individual case prior to each meeting;
- participate effectively in IFR Panel meetings, as described above, to help to ensure that the decisions and recommendations of the IFR panel are reached by consensus or majority voting based on the information, evidence and expert advice provided to it;
- be expected to be available to attend the IFR normally monthly but a minimum of ten times a year. Additional meetings may be convened at the discretion of the chair.

3. Training of IFR Panel Members

The GP Member of the IFR Panel will be provided with training, and to ensure that they are fully familiar with the IFR Principles, IFR Policy and Operating Procedures for dealing with IFRs and process before sitting on a panel. Members should attend a training session at least once every 2 years and partake in a Panel at least once a quarter to retain their specialist expertise and knowledge.

4. Person Specification

The GP Member should have the following knowledge, experience, skills and personal attributes:

4.1 Knowledge

- Qualified GP, working in the local Borough area;
- A comprehensive knowledge of local Borough NHS commissioned services and care pathways;
- An understanding of the importance of patient confidentiality and the principles of Information Governance.

4.2 Experience

- Experience of participating effectively in discussions as a member of a multi-disciplinary committee;
- Extensive clinical experience and expertise to advise on the need for additional enquiries from GP or consultant applicants about the clinical implications of a request for the individual.

4.3 Skills and Personal Attributes

- Ability to communicate effectively to a multi-disciplinary group;
- ability to process complex information in a short time scale;
- ability to balance the needs of an individual patient with the priorities of commissioners and the health needs of the local population.

- a commitment to service improvement to be able to advise on innovative care pathways to the benefit of the local population;
- commitment to ensuring that decision- making is equitable and transparent.
- commitment to the principle of providing effective clinical heath care whilst being empathetic to the needs of the patient.

5. Confidentiality

The GP Member must maintain confidentiality of information about patients, staff and all health service business in line with the CCG(s) Information Governance Policy. Information gained must not be communicated to any other person, unless specifically agreed by the IFR Panel. All case notes and supporting information must be returned to the IFR officer following a Panel meeting for confidential shredding.

6. Declaration of Interests

At the beginning of the of the IFR Panel meeting, the GP Member must declare any conflicts of interest in relation to:

- personal knowledge of a case that is presented to the IFR Panel;
- financial or other interest in the healthcare intervention(s) under consideration.

Any action to be taken following a declaration of interest will be at the discretion of the of the IFR Chair.

7. Period of Office

The GP Member can resign from the IFR panel at any time by giving notice of at least one month to the chair of the IFR Panel.

Individual Funding Request (IFR) Panel

DRAFT Role Specifications - Lay Member

1. Summary

The Lay Member will contribute to the decision making of the Individual Funding Request (IFR) Panel regarding the funding of healthcare interventions for individual patients who wish to access treatment not usually funded by the Clinical Commissioning Groups (CCGs).

The key responsibility of this role is to help to ensure that the approved IFR policies, processes and procedures by the CCG(s) are followed by the IFR Panel. Specifically the Lay Member, as an independent member of the commissioning executive, will help to ensure that the decision making process of the IFR Panel is equitable and transparent, in accordance with principles and values set out in the NHS Constitution 2012.

2. Key Responsibilities

2.1 The Lay Member will be a full member including voting rights of the IFR panel.

2.2 All members of the IFR Panel will contribute their specific professional perspective and a corporate perspective to the deliberations of the Panel. They are expected to:

- actively participate in discussions ensuring that a full discussion about each case takes place.
- collectively support consensus decisions that take account of any impact on individuals or other agencies.
- ensure that individual actions are followed up and progressed against agreed timescales.
- ensure that decisions are disseminated within their own teams for action to be taken where relevant;
- ensure that the decision making process of the IFR Panel is equitable and transparent, in accordance with principles and values set out in the NHS Constitution 2012;
- share any learning gained to ensure that organisational learning occurs.

2.3 The Lay Member will:

- receive anonymised application forms and copies of any additional correspondence or reports which may be relevant to an individual case prior to each meeting;
- participate effectively in IFR Panel meetings, as described above, to help to ensure that the decisions and recommendations of the IFR panel are reached by consensus or majority voting based on the information, evidence and expert advice provided to it;
- be expected to be available to attend the IFR normally monthly but a minimum of ten times a year . Additional meetings may be convened at the discretion of the chair.

3. Training of IFR Panel Members

The Lay Member of the IFR Panel will be provided with training, and to ensure that they are fully familiar with the IFR Principles, IFR Policy and Operating Procedures for dealing with IFRs and process before

sitting on a panel. Members should attend a training session at least once every 2 years and partake in a Panel at least once a quarter to retain their specialist expertise and knowledge.

4. Person Specification

The Lay Member should have the following knowledge, experience, skills and personal attributes:

4.1 Knowledge;

- A general good education;
- A good understanding of the healthcare/NHS system, ideally some understanding of local Borough NHS commissioned services;
- An understanding of the importance of patient confidentiality and the principles of Information Governance.

4.2 Experience

- Experience of participating effectively in discussions as a member of a multi-disciplinary committee;
- Experience of working within a person centre environment.

4.3 Skills and Personal Attributes

- Ability to communicate effectively to a multi-disciplinary group
- ability to process complex information in a short time scale;
- ability to balance the needs of an individual patient with the priorities of commissioners and the health needs of the local population.
- commitment to ensuring that decision- making is equitable and transparent.
- commitment to the principle of providing effective clinical heath care whilst being empathetic to the needs of the patient.

5. Confidentiality

The Lay Member must maintain confidentiality of information about patients, staff and all health service business in line with the CCG(s) Information Governance Policy. Information gained must not be communicated to any other person, unless specifically agreed by the IFR Panel. All case notes and supporting information must be returned to the IFR officer following a Panel meeting for confidential shredding.

6. Declaration of Interests

At the beginning of the of the IFR Panel meeting, the Lay Member must declare any conflicts of interest in relation to:

- personal knowledge of a case that is presented to the IFR Panel;
- financial or other interest in the healthcare intervention(s) under consideration.

Any action to be taken following a declaration of interest will be at the discretion of the IFR Chair.

7. Period of Office

The Lay Member can resign from the IFR panel at any time by giving notice of at least one month to the chair of the IFR Panel.