



ALL WALES POLICY

MAKING DECISIONS ON INDIVIDUAL PATIENT FUNDING REQUESTS (IPFR)

APPLICATION FORM

COMPLETING THIS FORM: (Incomplete forms will be returned to referring clinician)

- 1. Application Form:** Please complete the form electronically when possible, expanding the boxes as required
- 2. Supporting Evidence:** Please also enclose the latest clinic letter(s), referral letter, relevant evidence and any supporting clinical information you feel is appropriate.
- 3. How to Submit:** e-mail the form and your supporting information to karen.thomas20@wales.nhs.uk or fax to safehaven fax no: 01437 834436
- 4. Please ensure that:** your Clinical Director or Divisional Director has electronically signed this front sheet:

Authorised for IPFR Panel Submission

Clinical/ Divisional Director:

..... (name)

..... (designation)

(e-signature)

..... (date of e-signature)

DETAILS OF CLINICIAN SUPPORTING THIS REQUEST	
must be a GP/Consultant who is currently providing care for the patient	
NAME: Contact Address, telephone and e-mail: SIGNATURE & DATE 	GP DETAILS: (If different from Referrer) including address, telephone and e-mail: GP: Surgery:
PATIENT DETAILS	
PATIENT NHS NUMBER PATIENT NAME DATE OF BIRTH PATIENT SIGNATURE & DATE If the patient signature cannot be obtained in a timely manner, the referring clinician will need to sign to indicate that the patient is aware and agrees with the submission of this request	PATIENT ADDRESS
REQUEST DETAILS	
DIAGNOSIS: Provide the Treatment Details: (a) what specific treatment is being requested and indication <i>If the request is for a medicine not on formulary/off/unlicensed use, please include a risk assessment and MDT minutes with this application</i> (b) provider and location of the treatment (c) name of the clinician who will undertake the treatment	
How Urgent is the Request and Why?	(delete as applicable) Emergency: life-threatening condition Urgent: 24 - 48 hours Soon: 7-14 days Non-urgent: 4-6 weeks
What is the Treatment Duration and Frequency?	

<p>Also for Medicines: Medicine Form / Dose / Regimen</p>	
<p>What is the Alternative Treatment Strategy</p>	
<p>What are the Reasons for not Using an Alternative Strategy?</p>	
<p>What are the Implications of not Receiving the Requested Treatment?</p>	
<p>How will you Monitor the Effectiveness of the Treatment?</p>	
<p>What are the Criteria for Stopping the Treatment?</p>	
<p>Why is this Request Clinically Exceptional?</p> <p>Please do not include social factors here as they will not be considered</p>	
<p>Provide any Additional Supporting Information</p>	
<p>Economic Assessment:</p> <p>(a) What is the cost of the treatment?</p> <p>(b) What is the cost of the alternative treatment or formulary alternative?</p> <p>(c) What is the potential net cost to the health board division, if any?</p>	<p>(a)</p> <p>(b)</p> <p>(c)</p>

APPRAISAL OF TECHNOLOGY underline or highlight yes/no as applicable

Has NICE published final Technology Appraisal Guidance for this treatment for this indication?	No	Yes
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Has AWMSG published a final Appraisal for this treatment for this indication?	No	Yes
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Has NICE published a Final Appraisal Determination for this treatment for this indication?	No	Yes
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Has NICE published an Appraisal Consultation Document for this treatment for this indication?	No	Yes
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Has SMC published a final Appraisal for this treatment for this indication?	No	Yes
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Has the evidence for use of this treatment for this indication been reviewed within the NHS?	No	Yes
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Provide details of the outcome of the appraisal



Has NICE published final Technology Appraisal Guidance for this treatment for an indication other than to which this request relates? (If yes provide details)	No	Yes
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Has AWMSG published a final Appraisal for this treatment for an indication other than to which this request relates? (If yes provide details)	No	Yes
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Has NICE published any other guidance, such as Medical Technology Guidance, Intervention Procedures Guidance or Clinical Guidelines that are relevant to this request? (If yes provide details)	No	Yes
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FOR USE BY IPFR MANAGER

Allocate an IPFR Number	Scheduled for Panel Consideration
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Guidance notes for form completion for medicines:

- **Drug name/dose/form** etc: if this is different from SPC or evidence presented, indicate rationale.
- **Indication:** specify whether this is a licensed indication- **if not a risk assessment form will need to be completed** (see unlicensed medicines procedure).
- **Patient initials/postcode/HR number:** patient initials and hospital number are adequate identifiers for use
- **Treatment required:** provide an indication of the urgency of response
- **Detail of alternative strategy:** what treatment (including potential option of no treatment) would be used if this drug was not approved, give treatment plan
- **Reason for not using alternative :** give enough detail about risks/benefits to support the request
- **Supporting evidence/information:** included reference to NICE/AWMSG/SMC review if available, indicate if included in work programme of any of these organisations, otherwise refer to published evidence, trials, outcome data etc.
- **Monitoring for effectiveness and criteria for stopping:** how will outcome(s) of therapy be monitored and what criteria will be used to decide if/when to stop (as appropriate). Consider how this will be assessed and communicated.
- **Any associated costs/savings:** e.g. impact on outpatient attendance, and how will these be monitored
- **Cost of new drug:** include acquisition costs and basis for estimate e.g. fixed duration or repeat course, per annum for long-term treatments.
- **Cost of formulary alternative:** include acquisition costs and basis for estimate e.g. course, per annum; what is the cost of treating this patient if the new drug is not used? (Consider non-drug costs e.g. prolonged IP stay).
- **Potential net cost to Division:** i.e. the difference between requested and alternative treatments
- **Duration:** indicate fixed, limited or ongoing and if approved indicate agreed duration and where ongoing supply will be provided