



NHS WALES PRIOR APPROVAL POLICY

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1.0 INTRODUCTION

1.1 Background

1.1.1 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being and Sport agreed the time was right for a new, independent review of the Individual Patient Funding Request (IPFR) process. The review panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

1.1.2 The “Independent Review of the Individual Patient Funding Requests Process in Wales” report was published in January 2017 and made a number of recommendations to support the IPFR process. This includes the development of a clear and consistent national process for dealing with requests to access routine services outside of Local Health Board’s existing arrangements (including those of the Welsh Health Specialised Services Committee).

1.2. Purpose of this policy

1.2.1 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

1.2.2 Health Board’s in Wales have a statutory responsibility to provide healthcare that meets the needs of their local populations in accordance with the NHS (Wales) Act 2006, the Well-being of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014 and Cross Border Healthcare Services (April 2013). They achieve this by either directly providing healthcare or by commissioning healthcare from other service providers. In addition, the Welsh Health Specialised Services Committee (WHSSC), working on behalf of all Health Board’s in Wales, commissions a number of more specialised services at a national level. The use of the term ‘Health Board’ throughout this policy includes WHSSC unless specified otherwise.

1.2.3 Consequently, patients should not be able to access healthcare services elsewhere unless **all** treatment options available within locally provided services or those commissioned by Health Boards have been exhausted and it is **clinically appropriate** to do so.

1.2.4 Each Health Board in Wales has a separate policy setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because;

- There is insufficient evidence of clinical and/or cost effectiveness
- The intervention has not been reviewed by the National Institute for Health and Care Excellence (NICE) or the All Wales Medicines Strategy Group (AWMSG)
- The intervention is considered to be of relatively low priority for NHS resources

The relevant policy for the patients' Health Board titled 'Interventions Not Normally Undertaken' (INNU) should be read together with this policy.

1.2.5 For the purpose of this policy, a prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within one of the following categories;

- Second opinion
- Lack of local/commissioned service provision/expertise
- Clinical continuity of care (considered on a case by case basis)
- Transfer back to the NHS following self-funding in the private sector
- Re-referral following a previous tertiary referral
- Students
- Veterans

Further detail is provided in Section 5.

1.2.6 This policy sets out to deliver the national context and provide clarity for referring clinicians and patients. Additional policy processes outlining specific commissioning, contractual and additional prior approval requirements may be in place and will vary across each Health Board.

1.2.7 For instances where funding is required for NHS healthcare for individual patients who fall outside the range of services and treatment that a Health Board has arranged to routinely provide, the [Individual Patient Funding Request \(IPFR\) Policy](#) route should be followed. Such a request would normally fall within one of the following categories;

- A patient requires a treatment which is new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatment,
- A patient requires a treatment which is outside of existing clinical policy criteria,
- A treatment is required for a patient with a rare or specialist condition and is not eligible for treatment in accordance with the clinical policy criteria.

2.0 AIMS AND PRINCIPLES

2.1 Health Board's in Wales have a responsibility to secure services for their patients. Patients registered with a GP in Wales who are resident in Wales do not have a statutory right to choose which hospital they are referred to. The Welsh Governments view is that in general, Health Boards can best

organise services to meet the needs of their patients when such services are provided in Wales. This ensures equity in terms of access, convenience, and affords each Health Board the opportunity to strengthen and improve the quality of their local services thus providing a net gain for the whole community.

2.2 However, patients who are registered with a Welsh GP but are resident in England, or patients who are resident in Wales but registered with an English GP (Cross Border Patients) have a specific right to choose their secondary care provider. The cross border arrangements are specific to those Health Boards that share a border with England i.e. Betsi Cadwaladr University Health Board, Powys Teaching Local Health Board and Aneurin Bevan University Health Board.

2.3 Each Health Board aims to ensure the establishment of simple uniform arrangements based around high quality, sustainable local services for their patients. Where these cannot be provided by the Health Board's own services for reasons such as resource, expertise or capacity, the Health Board will look to plan and secure necessary services with other appropriate NHS providers through its agreed care pathways. Where the service cannot be provided by the Health Board or contracted provider, the Health Board will plan to secure services from other appropriate providers.

The principles underpinning this policy include;

2.4 **NHS Core Values** – set out by the Welsh Government as;

- Putting quality and safety above all else; providing high value evidence based care for our patients at all times;
- Integrating improvement into everyday working and eliminating harm, variation and waste;
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
- Working in true partnerships with partner organisations and with our staff; and
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

2.5 **Prudent Healthcare Principles**

- Achieve health and wellbeing with the public, patient and professionals as equal partners through co-production;
- Care for those with the greatest needs first, making the most effective use of all skills and resources;
- Do only what is needed, no more, no less; and do no harm;
- Reduce inappropriate variation using evidence based practices consistently and transparently.

2.6 **Cross Border Healthcare Arrangements**

- Enable Cross Border patients to exercise their right of choice to a secondary care provider either in England or within the Health Board.

3.0 SCOPE OF THE PRIOR APPROVAL POLICY

3.1 This policy applies to;

- The registered population within the geographical catchment area of the Health Board to whom it has a statutory responsibility for arranging services as outlined in the Local Health Boards (Directed Functions) (Wales) Regulations 2009. (*The Who Pays? Determining Responsibility for payments to providers in August 2013 states that although the Health Board has commissioning responsibility for English resident Welsh registered patients they are the legal responsibility of the relevant CCG*)
- Secondary Care referrals only made by General Practitioners, Consultants and other clinically qualified health professionals with referral rights within the Health Board area.
- Tertiary referrals only made by Consultants and clinical gatekeepers.

Please note - it is the clinician's responsibility to complete the application form. This ensures that adequate clinical information is provided to aid the decision making process.

4.0 EXCLUSIONS

4.1 This policy does not apply to the following services;

- Emergency Treatment
- Urgent suspected cancer referrals. All referrals for urgent suspected cancer must be **referred by e-referral** into the appropriate Health Board's respective tumour sites which have been set up in accordance with NICE guidelines. If a Cross Border patient has requested to be referred to a local hospital in England then the referral will be made by fax until such time as electronic referrals can be made. A list of the relevant fax numbers by speciality are regularly updated and issues to all GP practices in the Health Board area.
- Community based services such as district nursing.
- Looked After Children
- Requests for treatment in countries of the European Economic Area.
- The specialised services pathways established as part of the arrangements under the Welsh Health Specialised Services Committee (Wales) Regulations 2009.
- Requests which are judged to fall under IPFR or INNU.
- Reimbursement for private treatment

4.2 This policy does not apply to the following cohorts of patients;

- Patients diagnosed with HIV/AIDS as outlined in the Welsh Governments document "Providing for the needs of people with HIV/AIDS in Wales:

4.3 This policy does not apply to the following factors;

- Non-clinical factors (such as employment status) will not be considered when making decisions on prior approval requests.
- Waiting time factors will not be taken into account when considering prior approvals as this will theoretically prioritise some patients over others who are in the same clinical position.
- Patient choice. The NHS in Wales does not operate a system of patient choice. However, cross border patients are able to choose their secondary care provider.

5.0 GUIDING PRINCIPLES AND CRITERIA

5.1 Second Opinion

If a second opinion is required for routine treatment out of area, the requesting clinician must demonstrate that the patient has exhausted all local options where possible. The patient should first receive a second opinion from a consultant colleague within the same Health Board and then from a Health Board or English NHS Trust with whom a contractual agreement is held.

Please note; if a second opinion is approved, this does not automatically mean that funding will be provided for additional appointments and/or treatment.

5.2 Lack of local service provision/expertise

The NHS secondary care consultant or other care provider, for example a GP or dentist, with the support of an NHS secondary care consultant where available, needs to demonstrate that all local and locally commissioned service provision has been exhausted in order for an external referral to be considered for an ‘expert’ opinion. In addition, for reasons due to lack of local expertise, the clinician must demonstrate that the referral being made is to an ‘expert’ within that specific clinical speciality.

5.3 Clinical continuity of care

Whilst the Health Board understands the importance of continuity, we must endeavour to deliver the patient’s care locally. Where comparable services are available locally, the patient will be referred to those services in the first instance. Clinical advice will be sought to ensure local services meet the needs of the patient’s clinical condition.

Consideration for a patient to remain with an existing provider will only be given if their specific clinical condition warrants continuity of care and that there are circumstances, which if unaddressed, are likely to have a serious impact on the patient’s continuing health and wellbeing.

Before funding on this basis can be considered, a comprehensive report/letter from the existing clinician highlighting the specific clinical reasons why the patient should remain under their care would be required.

If a patient moves into a Health Board's area, they will be expected to access local services. However, in some instances, patients may request to remain with an existing care provider based on 'continuity of care'. As outlined above, clinical information will be required to support the reasons for this.

5.4 **Transfer back to the NHS following self-funding in the private sector**

If a patient has self-funded their own referral/treatment in the private sector, the Health Board cannot be expected to fund ongoing treatment in the private sector. To ensure equity, all such referrals will be declined and the clinician advised to refer the patient to local or commissioned NHS services.

If however there is no local or locally commissioned service provision for the proposed treatment, the request for a referral to an external NHS consultant will be considered, based on the clinical information provided. The patient will be expected to receive all treatment with an NHS provider and should be added to the appropriate waiting list accordingly.

5.5 **Re-referral following a previous tertiary referral**

If a service is not available locally or within existing commissioned services, the Consultant/Clinical Gatekeeper may wish to refer a patient to a specialist centre for clinical advice and/or potential treatment. Following the assessment/treatment, and when clinically appropriate, the patient should be discharged back to local services.

Patients frequently request to return to the same specialist centre for a 'new episode of care' based on 'clinical continuity'. When comparable services are available locally, patients will be expected to access the local services.

5.6 **Students**

Students who register with a GP in Wales where they are receiving further or higher education become the responsibility of the Local Health Board in that area and should be treated in accordance with the principles outlined with the [Responsible Body Guidance](#) for the NHS in Wales.

5.7 **Veterans**

The treatment of veterans should be undertaken in accordance with the principles outlined within [WHC \(2017\) 041 Armed Forces Covenant – Healthcare Priority for Veterans](#)

6.0 **PROCESS UNDERTAKEN WHEN CONSIDERING A PRIOR APPROVAL REQUEST**

6.1 Prior approval requests are managed by the Referral Management Team (RMT). All prior approval requests are considered on their own merits using the guiding principles and criteria outlined in this document. Decisions are based on the clinical circumstances of the individual patient. It is therefore important to ensure that adequate clinical information is provided to aid the decision making process.

- 6.2 Where the patient does not meet the guiding principles outlined above, the prior approval request will be declined.
- 6.3 Should an application be received which has not been completed sufficiently enough to determine whether or not the request meets the guiding principles and criteria, or the incorrect form has been completed, the form will be returned to the requesting clinician within five working days of receipt.
- 6.4 Prior approval requests made directly by a patient or a patient representative will not be accepted. If a direct request is received, the patient will be advised to contact their GP or Hospital Consultant. Requests for referrals will not be accepted to private providers. The NHS cannot pay for or subsidise private hospital treatment.
- 6.5 A formal process will be held on a regular basis to ensure that correctly submitted and completed applications are considered in a timely manner. The volume and urgency of applications may require a decision more frequently as and when required.
- 6.6 A standard decision letter notifying the requesting clinician of the decision will be sent.

7.0 HOW TO REQUEST A REVIEW OF THE PROCESS

If a prior approval request is declined, a patient and/or their NHS clinician have the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, they can ask for that decision to be reviewed.

8.0 WHAT IS THE SCOPE OF A REVIEW

There will be a period of 25 working days from the date of the decision letter during which a review may be requested.

The request for a review form should be completed clearly outlining the grounds for the review and sent to the Referral Management Team. The review panel will endeavour to meet within one month of the request being logged by the Health Board. Following the review, a decision letter will be issued to notify the patient and their clinician of the review panel's decision.

If new or additional information becomes available the application will be reconsidered.

9.0 REVIEW PANEL MEMBERSHIP

The review panel should comprise;

- Chair

- Senior Clinical Representative
- Senior Management Representative

10.0 CONFIDENTIALITY AND INFORMATION GOVERNANCE

In operating the prior approval policy, the Health Board will have due regard to the need to ensure that patient confidentiality is maintained at all times.

Each Health Board must comply with the requirements of the Data Protection Act and Caldicott Principles of Good Practice.

11.0 REVIEW OF THIS POLICY

This policy will be reviewed every 2 years or as required to reflect changes in legislation and guidance.

12.0 MAKING A COMPLAINT

Making a request for a prior approval does not conflict with a patient's ability to make a complaint to the Public Services Ombudsman for Wales. Further information is available on the Ombudsman's website www.ombudsman-wales.org.uk.