NHS Lancashire and South Cumbria Integrated Care Board (ICB)

Individual Funding Request (IFR) Reconsideration Form

**Important Information:**

**This form is to be used where there is new clinical information that was not available for consideration at the time of the original funding decision, that is relevant to the treatment or intervention requested.**

**Do not include patient or Trust/requesting clinician identifiable data in any free text sections. Where there are large amounts of identifiable data included in the application, it will be returned to you for redaction and resubmission.**

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| **SECTION 1 – REQUEST URGENCY**  |
| **Indicate the level of clinical urgency for this request.** | ☐ Not urgent☐ Urgent – state reasons:**State reasons:** Click or tap here to enter text. |
| **Proposed start date or date treatment commenced:**  | Click or tap here to enter text. |
| **PLEASE NOTE: If a request is considered urgent, the IFR Team must be contacted by telephone, in line with Section 4 of The Management of IFRs.**  |

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| **SECTION 2 – EXISTING CASE ID NUMBER** |
| **Case ID number:** | Click or tap here to enter text. |

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| **SECTION 3 – PATIENT PERSONAL DETAILS** |
| **Patient Surname:** | Click or tap here to enter text. | **NHS Number:** | Click or tap here to enter text. |
| **Patient Forename:** | Click or tap here to enter text. | **Patient Date of Birth:** | Click or tap to enter a date. |
| **Patient Middle Name(s):** | Click or tap here to enter text. | **Patient Sex (M/F):** | [ ] Male [ ] Female [ ]  MxClick or tap here to enter text. |
| **Patient Address:****(Including Postcode)** | Click or tap here to enter text. |
| **Please note that all unnecessary personal information will be removed from this form prior consideration by the IFR Panel. This information is collected for monitoring purposes only.** |

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| **SECTION 4 – AREA** |
| **Please indicate the location of this patient** | [ ]  Blackburn with Darwen[ ]  Blackpool[ ]  Lancashire - Central[ ]  Lancashire - East[ ]  Lancashire – North[ ]  South Cumbria |

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| **SECTION 5 – CLINICAL CONTACT DETAILS** |
| **Are you the clinician who submitted the original application?**  | [ ]  Yes [ ]  No If the answer is no, please provide your contact details below: Click or tap here to enter text.  |
| **SECTION 6 – NEWLY AVAILABLE SUPPORTING CLINICAL INFORMATION:** **Please Note: Only new information, which was not submitted for consideration with the original application should be provided here.** **For the application to be considered at least one of the boxes below must contain new clinical information.** |
| **Requested treatment.** | Is there new information available?[ ]  Yes [ ]  NoIf yes, please provide further details:Click or tap here to enter text. |
| **Clinical presentation and background.** | Is there new information available?[ ]  Yes [ ]  NoIf yes, please provide further details:Click or tap here to enter text. |
| **Information to support the evidence base for the requested intervention.**  | Is there new information available?[ ]  Yes [ ]  NoIf yes, please provide further details:Click or tap here to enter text. |
| **Clinical exceptionality**  | Is there new information available?[ ]  Yes [ ]  NoIf yes, please provide further details:Click or tap here to enter text. |
| **Other** | Please provide any further information you believe is relevant to the application that was not considered at the time of the original application. Click or tap here to enter text. |

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| **SECTION 7 – SIGNATURE OF REQUESTING CLINICIAN**  |
| **Signature** | Click or tap here to enter text. |
| **Date** | Click or tap to enter a date. |

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| **ON COMPLETION**  |
| Please email the completed form and enclosures via secure email to the email address listed below: **Email to** **funding.requests@nhs.net** **from a secure email account e.g. nhs.net:** **In the event that you are unable to forward the application from a secure email address, the application can be posted to:**CONFIDENTIALLeyland House – Mail Account Individual Funding Request Team Lancashire Enterprise Business ParkCenturion Way, Leyland, PR26 6TR  |