

Prior Approvals, Individual Funding Requests (IFRs), Clinical Commissioning Policies and Blueteq

10th January 2019
City Locality Meeting

Introduction and objectives of the session

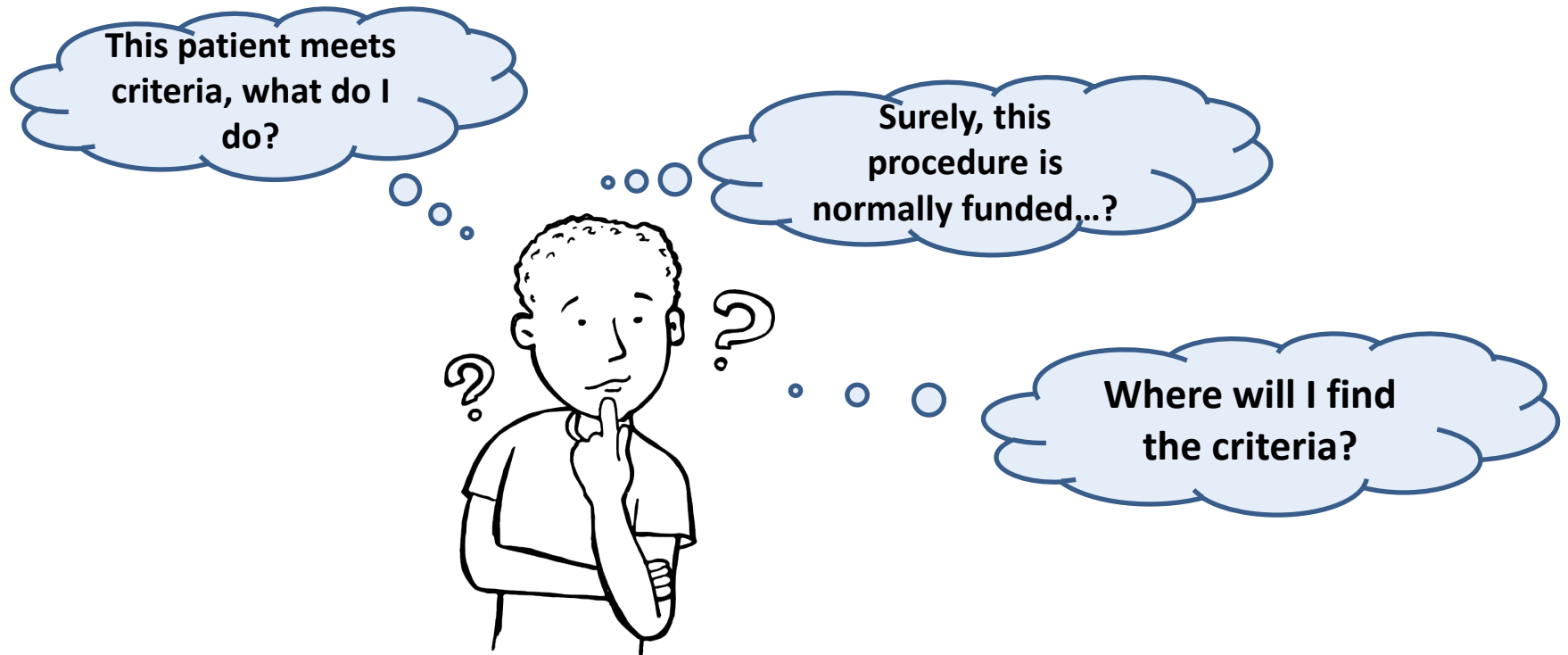
Who am I?

- Jenn Sula-Minns, Prior Approval Manager, Oxfordshire Clinical Commissioning Group

Objectives

- To understand the difference between Prior Approvals for Procedures of Limited Clinical Value (PLCV) and Individual Funding Requests (IFR)
- To learn about the processes involved in developing Clinical Commissioning policies
- To introduce Blueteq as the new method of IFR form submission to the CCG

Prior Approvals For PLCV Versus Individual Funding Requests



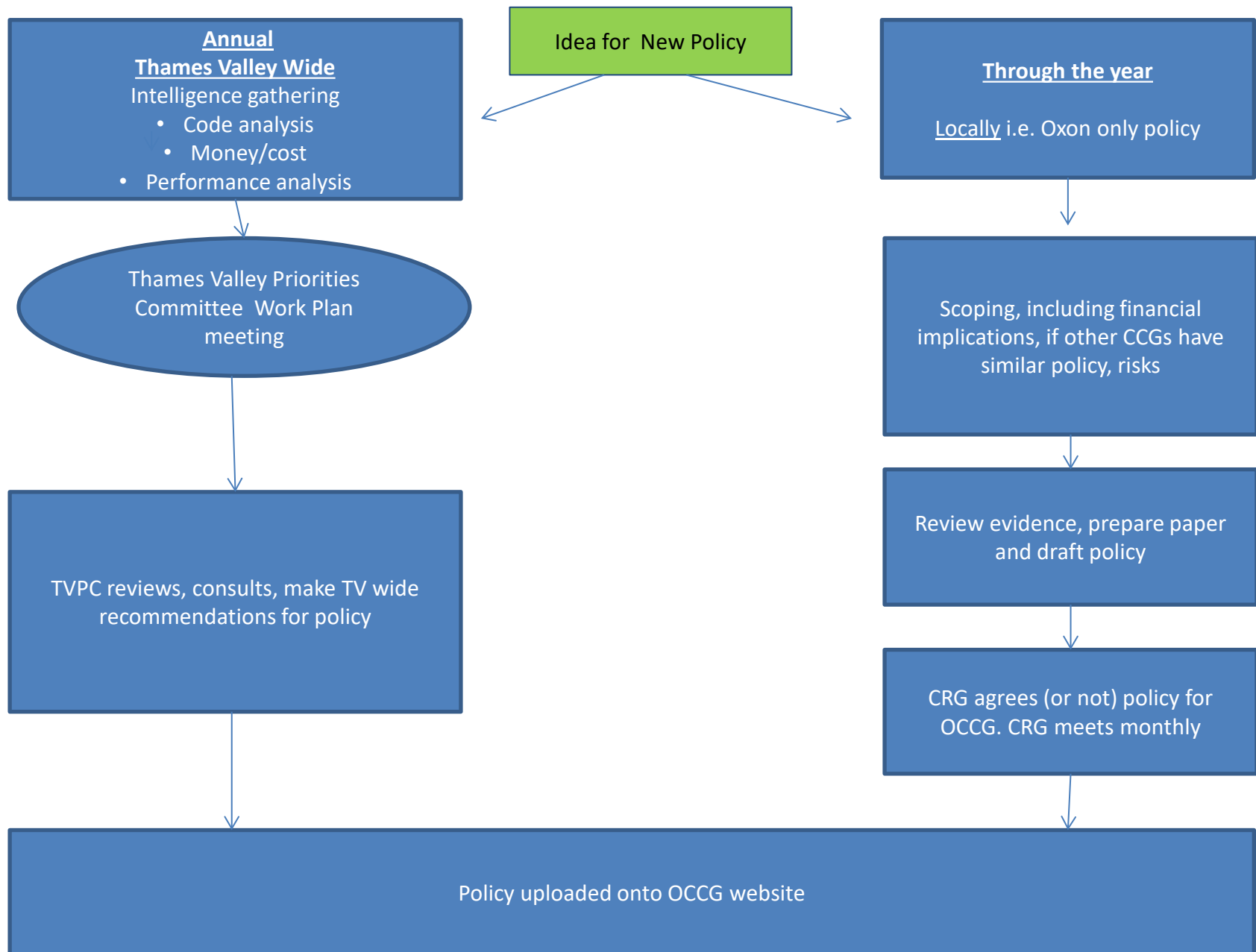
Procedures of Limited Clinical Value (PLCV)- criteria based requests that require prior authorisation before surgery

- Interventions for which there is a threshold below which the risks or the cost of the procedure outweighs the potential benefit to the patient
- Procedures of limited clinical value and low priority procedures are those which:
 - Have clear evidence that they are ineffective
 - Have no evidence of effectiveness and are not being delivered in a context that would allow the gathering of an evidence base to judge effectiveness, i.e. through ethically approved research

Individual Funding Requests (IFR)- Requests for individuals who are 'exceptional'

- There is something about the patient's condition or circumstances that differentiate them on the basis of need from other patients with a similar diagnosis or condition and would justify funding being provided in an individual case when it is not routinely funded for others

Clinical Commissioning Policies



Looking to the future

- Since 2015 GPs in Oxfordshire have been asked to submit IFRs via Datix
- For a number of reasons, we now propose to switch to IFR form submission to Blueteq



- Blueteq is a web based Case Management System that is being used widely in the Oxfordshire Health economy
- The Blueteq IFR forms will be more straightforward for GPs to complete and to submit
- Including attachments such as Summary Care Records and clinical correspondence will be easier/more intuitive
- Communication between the GP/practice and the CCG concerning the IFR via Blueteq will be easier, enabling GPs to track progress if necessary

**ANY
QUESTIONS?**