

Thames Valley Priorities Committee Statement

Policy No. 308 (TVPC 101) Application of the use of ‘Activities of Daily Living’ to Individual Funding Requests.

**Recommendation made by
the Priorities Committee:** **July 2020**

Adopted by OCCG: **10th September 2020**

Date of issue: **September 2020**

This policy guidance addresses the role of activities of daily living (ADL) when reviewing Individual Funding Requests (IFRs). IFRs will be considered for patients whose clinicians can demonstrate that they are likely to gain either: significantly more clinical benefit from the intervention than other similar patients; or for patients with rare conditions, an equivalent benefit to patients with comparable symptoms. In these circumstances a patient may have access to treatment not normally funded by the CCG.

IFR decisions normally exclude a person’s non-clinical and personal circumstances (e.g. that the patient is in employment, or that the patient is a carer) when determining whether a patient is likely to obtain significant clinical benefit from treatment. This is to prevent unfairness and discrimination. However, ADL may be important for describing the likely impact of a treatment on the quality of a patient’s life, the likely improvement following treatment, and the nature and extent of improvement by comparison to others with the same condition.

In considering whether a treatment will have a significant clinical benefit, IFR panels should consider the impact on and the extent to which it will improve a patient’s ability to perform or participate in ADL, the following of which are examples;

- Activities required for personal care, such as personal hygiene, grooming, dressing, toileting, transferring, walking, and eating.
- Activities required for managing wider occupations such as managing medications, food preparation, housekeeping, driving or using public transport, education, work, and activities related to the caring of others.

When considering ‘significant clinical benefit’, IFR panels should consider the nature and extent of the likely improvement expected from the treatment, on a person’s ADL.