

Policy for Requesting Exceptional Mental Health Services for Adult Patients

Background

The majority of mental health services are available through the contracts held by the Integrated Health and Care Commissioning Team (IHCCT) on behalf of Herts Valleys and East and North Herts CCGs and are accessed through referral to Hertfordshire Partnership Foundation NHS Trust HPFT or another commissioned provider. This procedure covers services outside that arrangement for adult patients with mental health issues.

It must be noted that all Child and Adolescent Mental Health Service tertiary referrals in to tier 4 services must be made by Tier 3 services.

Referrals can only be made on an individual, named patient basis and should be made by a referring clinician PRIOR to referral for treatment. On occasions the mental health commissioner may request the IFR panel to consider funding advice for complex cases and/or appeals. In such cases the mental health commissioner will be expected to present the case including all relevant history and clinical information to the panel. Decisions made by the Panel will relate to the individual patient only and are not an indication of CCG policy for the provision of this procedure. Neither are positive decisions an absolute approval for the treatment to go ahead.

The Commissioners are responsible for commissioning services to meet the health needs of its population and is required to commission services which are evidence based, clinically and cost effective, improve health outcomes and reduce health inequalities whilst representing value for money.

Referrals

This document sets out the processes covering referrals not covered by contract for:

- 1. GP and Tertiary Adult Mental Health Referrals**
 - 2. Child and Adolescent Mental Health Services (CAMHS) Tertiary Referrals (Tier 3 & 4)**
- Appendix A**

Requests are sent by clinicians securely to a mental health clinical lead at lhctt.quality@nhs.net for consideration of individual funding.

Referral will be considered when the service user:

- Does not fall within existing contracts with Commissioned providers
- The responsible clinician (Psychiatrist or GP) is able to demonstrate that the needs of the service user cannot be met within local specialist mental health services.

In addition it is expected that:

- The referring responsible clinician (either within HPFT or the GP) will maintain contact with the tertiary service provision and attend care planning meetings as appropriate.
- Treating clinician to give updates/reviews to the referring GP or referring Clinician midway through treatment or 6 months whichever is earlier.
- Further funding authorisation is required if the assessment results in a request for a treatment intervention; and any further requests.
- If further treatment is required, a further funding request should be submitted using this process before continuing with treatment

Ongoing Treatment

- There will be a need to demonstrate that local services remain unable to meet the needs of the service user locally.
- The referring Psychiatrist or GP will keep the Commissioners informed of progress on the treatment outcomes and remain involved with the aim to return health care back to local resources.

Authorisation Process

Referrals will not be considered if care options and cost of assessment/ treatment requested is not specified.

All referrals will be processed by the Mental Health Clinical Lead within the Integrated Health and Care Commissioning team (IHCCT).

Decisions will be made (within 2 weeks for urgent cases and 4 to 6 weeks for routine cases) by the Mental Health Clinical Lead within the Integrated Health and Care Commissioning Team (IHCCT) in consultation with relevant mental health professionals.

Decision can only be made after receipt of sufficient information to make an informed decision. *If further information is requested, the clock will stop for both urgent and routine cases, and will not restart until the information requested is received.* The referrer may be contacted by telephone or email if further information is required.

Basis of Decision - Exceptionality

Requests through this process will be assessed on the grounds of exceptionality. Arguments on the basis of exceptionality are requests where a patient is deemed to have *exceptional clinical circumstances*, i.e. a patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by a patient within the normal population of patients with the same medical condition and at a similar stage of progression as the patient, *exceptional to the cohort*.

The following needs to be demonstrated:

- The patient is significantly different to the general population of patients with the condition in question; and
- The patient is likely to gain significantly more benefit from the intervention than might be normally expected for patients with that condition.
- The assessment or treatment being sought is time limited, costed and with an expected outcome.

Appeals Process

An appeal process allows the case to be re-considered by a Panel of appropriate professionals team of and allows for examination of its own processes to check that they are legally and clinically robust.

If the referring clinician does not agree with the funding decision, the first step should be to write or email to the Mental Health Clinical Lead within the Integrated Health Care Commissioning Team, to discuss in more details as to why the funding has been denied. Should a second request be declined as no grounds for exceptionality have been established and the clinician appeals with new clinical information this will be presented at a panel pre-screen meeting for discussion.

If the referring clinician is not satisfied after further discussion, the Mental Health Clinical Lead will provide details of the appeals process.

To proceed further, the referring clinician should apply in writing setting out the clinical reasons for the appeal. On these occasions the mental health commissioner may request the IFR Panel to consider funding advice for complex cases and/or appeals. In such cases the mental health commissioner will be expected to present the case including all relevant history and clinical information to the panel. The IFR panel will make a funding decision and/or provide advice in line with section 6.8 of this policy. IHCCT remain responsible for the administration process of the case in question and the dissemination of the outcome. The monthly Panel meeting will discuss the appeal with a panel with relevant knowledge and experience. Decision made by this panel will be the final decision. Any challenges to the process followed would need to be dealt with through the complaints process within the relevant CCG.

Appeals will only be considered if there is new clinical information provided to support clinical exceptionality. Personal, social or economic circumstances will not be considered.

The IFR Panel is not obliged to allow patients to attend Panel. The IFR process is clinician lead and all deliberations at IFR Panel will be based on evidence of individual clinical exceptionality and will not take into account issues relating to social or personal circumstances. It is therefore not appropriate for patients to attend the IFR Panel and the Commissioners are not legally bound to invite them. However, patients may submit a supporting statement but this needs to be limited to clinical issues i.e.: what effect the condition has on the patient's activities of day to day living.

Service Improvement

Should a *patient group* be identified the IFR team will treat this as a service development requiring consideration of a commissioning policy.

Action Required

Please fill in all the sections of this form. The review process for funding will be expedited by the availability of as much information as you provide in response to each question. If you do not have information, please complete the box to say 'not applicable' or 'not known'. It is also important to include any relevant background information and clinical correspondence to familiarise the Panel on the case. It is essential to complete the sections on the criteria for **exceptionality** and quantification of the benefits of the proposed treatment.

Please ensure you complete the patient consent details on page 2 and then send the completed form to:

INTEGRATED HEALTH & CARE COMMISSIONING TEAM

Mental Health Clinical Lead

2nd Floor, SFAR 224

Farnham House

Six Hills Way

Stevenage

Hertfordshire

SG1 2FQ

Tel No: 01438 845253

Fax No: 01438 843233

Email: ihcct.quality@nhs.net

We would encourage you to complete the forms electronically (the space given for answers can expand to fit any amount of information) and then send by post, fax or email. Forms submitted via email need to have the electronic signature.

Please contact the team if you have any difficulties completing this form

Clinician Requesting Funding:

Contact details:

Tel No :

Email:

Address:

Name of Trust providing treatment:

Speciality:

What is the Funding request for:

Submission Date:

Signature of requesting clinician & date:

Date funding request received by the IHCCT:

(For IHCCT use only – the clock starts from this date)

The IHCCT response of how this request will be processed will be sent within 3 working days.

ALL FIELDS MUST BE COMPLETED

Patient Consent

Delete as appropriate

Is the patient aware of this referral and the contents of this form and supporting documents?	YES/NO
I confirm that the patient consents to the IHCCT Team accessing personal clinical information about them that is held by IHCCT staff to enable full consideration of this funding request?	YES/NO

By submitting this request you are confirming that you have fully explained to the patient the proposed treatment and they have consented to you raising this request on their behalf.

Name of Patient:

Date of birth:

NHS number:

Address:

Registered GP Name: GP Address Tel No:	
1. Patient Diagnosis Please attach details of relevant clinical correspondence and background information.	
2. Please list other co-existing conditions To what extent is each of these likely to improve or impair the patient's response to the intervention for which funding has been requested?	
3. Treatment / management so far Include summary of previous intervention(s) for condition to be treated.	
4. Description of proposed treatment	
5. Why choose this particular treatment over other options?	
6. Does it meet local guidance? (Please specify how) If yes please provide brief summary and/or reference of the relevant paragraphs.	What guidance do you refer to?
7. Does it meet national guidance (e.g. NICE) Please specify how. If yes please provide brief summary and/or reference of the relevant paragraphs.	
8. What is the evidence to support the use of the proposed intervention? What benefits are associated with this treatment?	

<p>9. What are the specific goals and expected outcomes of this treatment for this patient? Please <u>quantify</u> the added benefits of using this treatment compared to the alternative options provided by commissioned provider/s</p>	
<p>10. What other treatment options are available for this condition? If any, please provide details and state reasons why they are not being considered in this case</p>	
<p>11. Is there any information on the cost effectiveness of this intervention? If yes, please provide details</p>	
<p>12. Please state the estimated duration and total costs The Panel is required to consider the anticipated health gain and justify the extra cost for this treatment</p>	
<p>15. Please state any cost savings to be gained from this intervention such as admissions avoided/ improvement of quality of life. When would you expect these savings to be realised against current treatment costs?</p>	
<p>16. What are the exceptional circumstances, that would merit consideration It is important that such circumstances are fully articulated (please see definition footnote)</p>	
<p>19. What are the plans to engage local services alongside and following the proposed intervention?</p>	

Signature of requesting clinician

Equality and diversity monitoring form

Herts Valleys CCG and East and North Herts CCG wants to meet the aims and commitments set out in its equality policy. This includes not discriminating under the Equality Act 2010.

Gender Male Female Prefer not to say

Are you married or in a civil partnership? Yes No Prefer not to say

Age 16-24 25-29 30-34 35-39 40-44 45-49 50-54
 55-59 60-64 65+ Prefer not to say

What is your ethnicity?

Ethnic origin is not about nationality, place of birth or citizenship. It is about the group to which you perceive you belong. Please tick the appropriate box

White

English Welsh Scottish Northern Irish Irish
British Gypsy or Irish Traveller Prefer not to say

Any other white background, please write in:

Mixed/multiple ethnic groups

White and Black Caribbean White and Black African White and Asian Prefer not to say
Any other mixed background, please write in:

Asian/Asian British

Indian Pakistani Bangladeshi Chinese Prefer not to say
Any other Asian background, please write in:

Black/ African/ Caribbean/ Black British

African Caribbean Prefer not to say
Any other Black/African/Caribbean background, please write in:

Other ethnic group

Arab Prefer not to say Any other ethnic group, please write in:

Do you consider yourself to have a disability or health condition?

Yes No Prefer not to say

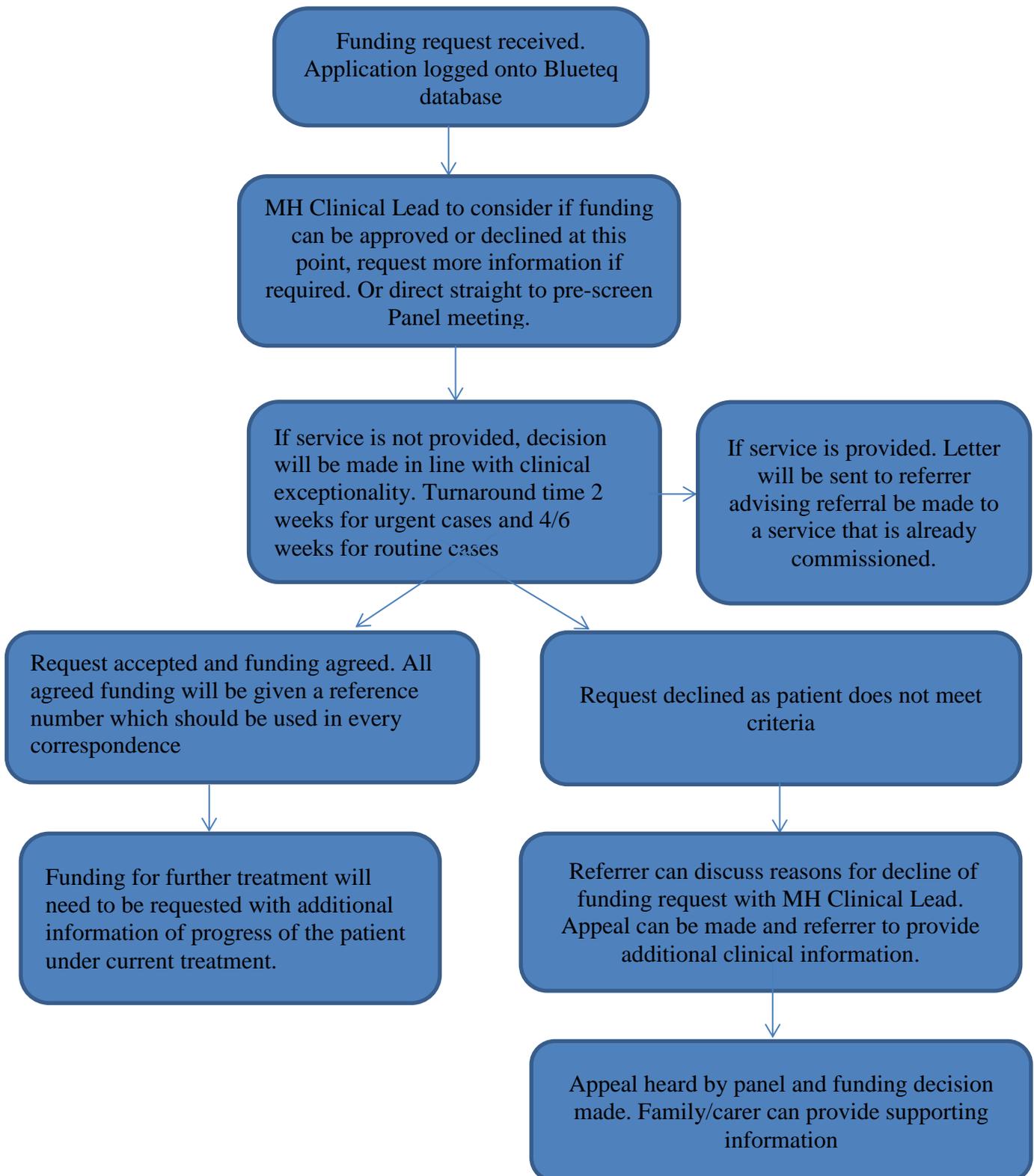
What is your sexual orientation?

Heterosexual Gay woman/lesbian Gay man Bisexual
Prefer not to say If other, please write in:

What is your religion or belief?

No religion or belief Buddhist Christian Hindu Jewish
Muslim Sikh Prefer not to say If other religion or belief, please write in

Escalation Process for Complex Exceptional Funding Requests



3. Child and Adolescent Mental Health Services (CAMHS) Tertiary Referrals

Referrals for CAMHS should follow the protocol below.

Protocol for requesting Tertiary CAMHS services for use by CAMHS clinicians (Version 5)

1.1. This information includes a referral form to be completed when requesting tertiary CAMHS outpatient services outside Hertfordshire such as GOSH, Tavistock and Portman, South London and Maudsley, South West London and St George's etc. **Please note that this is not for referrals for inpatient services or the Gender Identity Disorder clinic which are both Commissioned by NHS England.**

1.2. This form must be completed and sent to the Service Line Lead for sign off prior to being sent to the CAMHS commissioning team (if the commissioning team receive a form that has not been signed, by this will be returned)

1.3. Criteria for referral:

The responsible clinician is able to demonstrate that the needs of the child or young person cannot be met within local specialist CAMHS.

1.4 Conditions of referral:

The referring clinician will maintain contact with the tertiary service provision and attend care planning meetings as appropriate.

Further funding authorisation is required if the assessment results in a request for a treatment intervention.

1.5 Ongoing treatment:

There will be a need to demonstrate that local services remain unable to meet the needs of the young person locally.

The referring clinician/team will keep the local CAMHS Service line lead and CAMHS Commissioner informed of progress on tier 4 treatment outcomes.

The Care Coordinator will remain actively involved and the aim to return child or young person back to local services/resources.

1.6 Authorisation Process

You will be contacted by telephone or email if further information is required.

If a request for information is made this is required within 5 working days of the request, or this referral will be rejected.

This tertiary referral form will be completed and returned with the outcome, within five days of receipt of this form by the Commissioning Team.

Urgent requests should be highlighted to the Service Line lead.

Following sign off, please forward the funding request to camhs.hertfordshire@nhs.net from your nhs.net account or password protect if you do not have access to an NHS.net account.