

Borders NHS Board



PROTOCOL FOR THE MANAGEMENT OF INDIVIDUAL PATIENT FUNDING REQUESTS (EXTRA CONTRACTUAL REFERRALS)

Aim

To brief and gain approval from the NHS Borders Board on planned changes to the existing extra contractual referral (ECR) protocol.

Background

The changes to the current protocol are detailed below

1. The ECR panel process includes the ability for the panel to ask questions of the referrer before making a decision regarding funding and also to suggest that the referrer or service consider alternative means of providing the care requested. The current ECR protocol does not clearly identify this as part of the ECR panel function to make recommendations - this has now been added for clarification.
2. Membership - historically the ECR appeals panel membership included an NHS Borders chaplain as one of the current incumbents had a specific background in ethics. That particular individual has now left the employment of NHS Borders and it is proposed that the membership be revised to remove the chaplain and leave the remaining existing membership.
3. There had been a lack of clarity regarding at what stage an appeal should be taken back to the ECR panel, largely as a result of additional information or when the appeal would go straight to the appeals panel for review. An additional sentence has been added to give clarity.
4. A flow chart has been added to give clarity to the process

Summary

The Clinical Strategy Group have approved the following changes

- o page 9 addition to the policy, 3.7 the ECR panel may make alternative recommendations for the referrer to consider - these are required to be scoped out before a decision will be made.
- o page 13 addition to the policy, 4.1 if additional clinical information is received as part of the appeal that was not available at time of panel making decision the case will be referred back to ECR panel for further reconsideration.
- o page 13 removal from the protocol 4.1 NHS Borders chaplain

- o page 22 addition of flowchart of appeals procedure

Recommendation

The Board is asked to **approve** the proposed changes

Policy/Strategy Implications	As per the protocol.
Consultation	Core Clinical Strategy Group, Medical Director and Chief Executive. Clinical Strategy Group approved proposed changes 11 th Dec 2014
Consultation with Professional Committees	None
Risk Assessment	As per the protocol
Compliance with Board Policy requirements on Equality And Diversity	Equalities scoping template completed.
Resource/Staffing Implications	None

Approved by

Name	Designation	Name	Designation
Dr Sheena MacDonald	Medical Director		

Author(s)

Name	Designation	Name	Designation
Denise Patterson	Commissioning Contracts Manager		



Equality Impact Assessment Scoping Template

*This form will help you decide if you need to undertake a full Equality Impact Assessment. In using the form, please read the guidance document “**Equality Impact Assessment Procedure & Toolkit**”. Equality Impact Assessments need to consider the needs for people covered by the equality strands of Age, Disability, Gender, Race, Religion or Belief and Sexual Orientation.*

Title: PROTOCOL FOR THE MANAGEMENT OF INDIVIDUAL PATIENT FUNDING REQUESTS										
<p>Which communities, groups of people, employees or thematic groups do you think will be, or potentially could be, impacted upon by the implementation of this policy? Please indicate whether these would be positive or negative impacts</p> <p>POTENTIALLY ALL GROUPS USERS REQUIRING OF PATIENTS MAY BE IMPACTED WITH THIS PROTOCOL. THE PROPOSED CHANGES SHOULD HAVE A POSITIVE IMPACT ON INDIVIDUAL PATIENT FUNDING REQUESTS AS GIVES FULLER CLARITY.</p>										
<p>1. Who does the proposed piece of work/policy/proposal affect?</p> <table style="width: 100%; text-align: center; border: none;"> <tr> <td style="width: 25%;">Staff</td> <td style="width: 25%;">Patients/Service Users/Carers</td> <td style="width: 25%;">Communities/Voluntary Groups</td> <td style="width: 25%;">Public</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>			Staff	Patients/Service Users/Carers	Communities/Voluntary Groups	Public	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Staff	Patients/Service Users/Carers	Communities/Voluntary Groups	Public							
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>							
<p>2. What are the aims and objectives of the work/policy/proposal being assessed?</p> <p>THE OBJECTIVE OF THE POLICY IS TO ENSURE FAIRNESS AND EQUALITY FOR CONSIDERATION TO ALL INDIVIDUAL PATIENT FUNDING REQUESTS.</p> <p>THIS PAPER PRESENTS THE APPROACH TO BE ADOPTED BY NHS BORDERS IN MANAGING REQUESTS FOR FUNDING OF PATIENT TREATMENTS/SERVICES THAT FALL WITHIN THE FOLLOWING CATEGORIES:</p> <ul style="list-style-type: none"> ❖ EXTRA CONTRACTUAL REFERRALS (ECR) ❖ OUT OF AREA TREATMENTS (OATS) ❖ UNPLANNED ACTIVITY (UNPACS) ❖ NATIONAL SPECIALISED SERVICES ❖ JOINTLY FUNDED PACKAGES OF CARE 										
		<table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center;">Yes</td> <td style="width: 50%; text-align: center;">No</td> </tr> </table>	Yes	No						
Yes	No									
3.	Will the proposal have any impact on equality of opportunity, discrimination between groups or relations between groups?	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">X</td> </tr> </table>		X						
	X									

4.	Is the proposal controversial in any way in terms of equality and diversity (including media, academic, voluntary or sector specific interest)?		X
5.	Will the workforce or users of the service be disadvantaged as a result of the proposed work?		X
6.	Is there doubt about answers to any of the above questions (e.g. there is not enough information to draw a conclusion)?		X

If the answer to any of the above questions is yes or you are unsure of your answers to any of the above a full impact assessment is recommended.

7.	Given the above statement, do you recommend a full impact assessment is completed?		X
8.	<p>If a full impact assessment is not required briefly explain why and provide evidence for the decision.</p> <p>THIS IS AN ALREADY EXISTING POLICY, PROPOSED CHANGES ARE TO GIVE CLARITY TO USERS ON ALREADY APPLIED PROTOCOL. CHANGES WOULD APPLY TO ALL PATIENTS WHO REQUEST INDIVIDUAL FUNDING REQUESTS WITH NO DISCRIMINATION TO ANY ONE GROUP.</p> <p>INDIVIDUAL PATIENT REQUESTS ARE ANONOMISED PRIOR TO SUBMISSION TO THE EXTRA CONTRAUCTUAL REFERRAL PANEL AND APPEALS PANEL THEREFORE NO INDIVIDUAL CAN BE DISCRIMINATED AGAINST.</p>		

Completed By

Name	Denise Patterson	Dept.	Finance
Post	Commissioning Contracts Manager	Date	08/01/2015

For your records, keep one copy of this Equality Scoping Assessment form and send an electronic copy plus any supporting documentation to evidence your decision to equality@borders.scot.nhs.uk