Office use:

Log number	

R1:12-2011

STRICTLY PRIVATE AND CONFIDENTIAL

APPLICATION FOR EXCEPTIONAL FUNDING

Introduction

Not all treatments or medicines are routinely funded on the NHS. There may be some situations where the circumstances for an individual patient could be considered on an exceptional basis. We are using this form to ascertain whether the patient has exceptionality. It is the responsibility of the referring clinician to provide sufficient clinical evidence in the form of research papers or other documentary evidence to support the application. Applications without supporting information will not be considered and will be returned to the applicant.

Who should complete this form?

The patient's GP, secondary or tertiary Consultant should complete the form and submit to NHS Wiltshire through their Exceptions Committee process. Applications cannot be considered from patients personally. It is important to brief the patient at the outset that this process is required for the care that is proposed. The form is intended to be submitted electronically and must contain appropriate signatures before a decision is given. Approval must be obtained prior to referral or treatment. There are no provisions in the NHS to make retrospective payments and any treatments without approval will not be funded by NHS Wiltshire.

Submission

The completed form(s) should be sent electronically (from a nhs.net email address) in confidence with any other supporting documents to wil-pct.epateam@nhs.net

A. Patient Information

Name			
Address			
Post Code			
Date of Birth			
NHS Number			
Patient Consent	Does the patient understand spoken and written English	**Yes**	**No**
	The Patient hereby gives consent for disclosure of information relevant to their case from professionals involved and to the Committee	**Yes**	**No**
	Please tick if the patient agrees to receive communication by letter	**Yes**	**No**

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B. Referrer's Details

Name of GP	
Practice	
Address	
Telephone	
Email	

Name of Clinician involved in patients care	
Trust/Other	
Address	
Telephone	
Email	

C. Condition for which treatment is requested

What is the patient's clinical severity? (where possible use standard scoring systems, e.g. DAS score, walk test, cardiac index etc)	
Brief history, including the patient's current health status and any other health care problems	
Is the patient currently an inpatient?	
Patient's BMI	

In case of intervention for cancer:

What is disease status? (e.g. at presentation, 1st/2nd or 3rd relapse)	

What is the WHO performance status?	
How advanced is the cancer? (stage)	
Describe any metastases:	
Has an opinion been sought from the MDT (with access to advice from a specialist in palliative care)? **If Yes, give details.**	

D. Treatment Requested

Nature of proposed treatment or intervention:	
Proposed Provider:	
Explain why this case is exceptional	
Explain why the patient is significantly different to the general population of patients with the condition in question	
Explain why the patient is likely to gain significantly more benefit from the intervention than might normally be expected for patients with that condition	
Information about the condition, its course of development and its management without this treatment, including survival rates where appropriate	
Description of treatment, place and modality of delivery e.g. inpatient / daycase / home delivery	

Form and strength (drug requests only)	
Dosage to be used to include frequency and duration (drug requests only)	
Dosage regimen, where applicable (drug requests only)	
Is the drug licensed for this indication (drug requests only)?	
Criteria for stopping treatment	
Duration of treatment / number of courses	
Monitoring parameters if the new treatment is approved	
The proposed provider's experience in delivering the treatment	
What would be considered a successful outcome of the treatment?	
Preferred start date - and reason	
Is there any other relevant information that should be considered? (e.g. clinical factors / co-morbidities / relevant personal circumstances)	
What is the patient's prognosis? With this treatment / With standard treatment	
Has the treatment been discussed with the patient? Yes / No / NA	
Impact of refusal (on patient and/or carer)	

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E. Costs

Cost of treatment requested (for drug therapy - cycle and annual cost) include VAT if appropriate	
Details of any long-term cost implications and resultant needs that may be acquired from the proposed treatment	

F. Alternative Treatment Options

What would be the standard treatment at this stage?	
Why is the standard treatment not appropriate for this patient?	
Cost of standard treatment (include VAT if appropriate) to give both cycle and annual cost	

Provide a full list of treatments for this condition that have been tried or considered, including dates:

Date:	**Intervention drug/surgery**	**Reason for stopping/response achieved**

G. Clinical Evidence

What is the evidence to support the treatment/intervention proposed? (e.g. full journal articles, **not** just references, conference proceedings or abstracts). Note that a higher degree of proof will be required for unregistered medications or registered medications for non-registered indications.	

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Give details of National or Local Guidelines /Recommendations supporting the use of this treatment:	
Is the treatment with this drug, device or procedure in line with a technology appraisal or interventional procedure guidance from NICE?	

I have discussed all alternatives to this treatment with the patient	
I have advised the patient of any side effects and risks of this treatment	
I have informed the patient that this treatment is NOT routinely funded	
I have informed the GP of this application for funding and provided opportunity for input (if not GP request)	
The patient's GP supports this request (if not GP request)	

Referrer name and signature:…….... Date:……

Please note Registrars/Locums will need to gain approval from a senior clinician before submitting a request. Any requests not countersigned by a senior clinician will be returned

All sections (A through to G) must be fully completed for all requests