

Greater Manchester Joint Health Scrutiny Committee

Date: 16 June 2026

Subject: NHS Greater Manchester Individual Funding Requests - Overview

Report of: Sara Roscoe, Associate Director – Healthcare Commissioning Operations
and Dr Zubair Iqbal, Strategic Clinical Lead – Effective Use of Resources,
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Purpose of Report

The purpose of this report is to provide an overview of the NHS Greater Manchester Individual Funding Request (IFR) process to the Greater Manchester Joint Health Scrutiny Committee. The report will also provide an update of the wider plans to develop a Northwest IFR and Commissioning Policy Development Service / Team as part of the ICB reforms.

Recommendations:

The Greater Manchester Joint Health Scrutiny Committee are asked to:

- 1) Note the contents of this report
- 2) Consider the request to attend a future meeting to provide a further update / discussion surrounding the proposal for a NW IFR and Policy Development Operating Model and Team

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Risk Management

This report provides an overview of the NHS GM Individual Funding Request (IFR) process which applies a consistent and transparent approach to the consideration of individual funding requests in line with the NHS GM Standard Operating Procedure. This mitigates the risk of variation / inconsistency of decision making which could lead to challenge.

The IFR process also mitigates against the risk of funding procedures with a limited evidence base or those which are not deemed clinically effective to the majority of the population and so are assessed against eligibility criteria informed by the evidence base.

Legal Considerations

This report is part of the discharge of NHS Greater Manchester's legal duties to engage with scrutiny committees on to consult local authorities on substantial service changes that affect their population (Health and Social Care Act 2006, section 244 and the Local Authority Regulations 2013, section 21).

Financial Consequences – Revenue

This report outlines the process to ensure NHS Greater Manchester's effective use of resources, informed by the evidence base.

Financial Consequences – Capital Not applicable

Number of attachments to the report: 0

Comments/recommendations from O&S Committee Not applicable

Background Papers Nil

Tracking/ Process

Does this report relate to a major strategic decision, as set out in the GMCA Constitution . No

Exemption from call in

Are there any aspects in this report which means it should be considered to be exempt from call in by the relevant Scrutiny Committee on the grounds of urgency? No

GM Transport Committee

Not applicable

Overview and Scrutiny Committee

Not applicable.

1. Introduction/Background

The purpose of this report is to provide an overview of the NHS Greater Manchester Individual Funding Request (IFR) process to the Greater Manchester Joint Health Scrutiny Committee. The report will also provide an update of the wider plans to develop a Northwest IFR and Commissioning Policy Development Service / Team as part of the ICB reforms.

2. Individual Funding Requests (IFR) context

The NHS is under a statutory duty 'to promote comprehensive healthcare within the resources available'. It is not an absolute obligation to provide every treatment that a patient, or group of patients, may want. Integrated Care Boards (ICB) are required to consider the resources available to it and the competing demands on those resources.

On an individual basis, there may be situations where a clinician believes that their patient's clinical situation is so different to other patients with the same condition that they should have their treatment paid for when other patients would not. In such cases, NHS clinicians can make a request to NHS GM on behalf of a patient, to fund a treatment which would not usually be provided by the NHS in Greater Manchester for that patient. This request is called an Individual Funding Request (IFR).

There is not an allocated separate budget to meet the costs of providing treatments agreed through the IFR process. It is because of this that very careful consideration is required before the decision is taken to fund a treatment for an individual that is not usually available.

The NHS GM IFR Operational Policy sets out those conditions where an IFR application can be made which are also detailed below. The full policy can be found on the ICB website <https://gmintegratedcare.org.uk/wp-content/uploads/2025/05/gm-ifr-operational-policy-v11-may-2025-accessible.pdf>

The policy sets out the process that will be followed when considering IFR's. The policy applies to individuals eligible for NHS services where NHS GM is the responsible commissioner, and

- a) there is a GM Procedures of Limited Clinical Value (PLCV) commissioning statement or NICE Technology Appraisal (TA) for the patient's presenting condition which does not currently fund the treatment in question, because the available evidence does not support prioritising that treatment for population use within the available resource constraints. This is usually because the treatment falls below commonly accepted thresholds of clinical effectiveness or cost effectiveness, or a combination of both.

OR

- b) the commissioner has undergone a prioritisation of competing service developments for available resources and the treatment in question is a low priority for NHS resources when compared to the other health needs of the population.

OR

- c) When the commissioner has not yet considered the available evidence and so has not yet decided as to whether or not the requested treatment should be made available

AND

- d) There is a belief that the patient has an exceptional health care need.

3. Consideration of Individual Funding Requests (IFRs)

Individual Funding Requests to be considered for funding should meet the following five conditions to be processed by the GM IFR service:

The clinician is making an individual request for funding for treatment in connection with a presenting medical condition for which there is a GM commissioning statement, or NICE Technology Appraisal, but the patient does not meet the criteria, and the clinician is claiming that the patient has an exceptional health care need;

- I. The clinician is making an individual request for funding for a treatment which is not routinely commissioned and the clinician is claiming that the patient has an exceptional health care need;

OR

- II. There is enough evidence to show that, for the individual patient, the proposed treatment is likely to be clinically effective;

AND

- III. Applying the approach that the commissioners take to the assessments of costs for other treatments outside this policy, is the cost of the requested treatment being delivered, justified as being likely to provide a satisfactory benefit to the patient at an acceptable risk, and at an affordable cost”

AND

- IV. There are unlikely to be further requests on behalf of patients like the patient for whom the request is being made.

AND

- V. The Greater Manchester Individual Funding Request (IFR) Panel determines that the patient has an exceptional health care need and is therefore clinically exceptional to other patients.

4. Exceptional Healthcare Need

There can be no exhaustive description of the situations which are likely to come within the definition of exceptional clinical circumstances. The onus is on the clinician making the request to set out the grounds for clinical exceptionality clearly for the GM IFR Panel.

'Exceptional' in IFR terms means a person to whom the general rule should not apply. This implies that there is likely to be something about their clinical situation which was not considered when formulating the general rule. Very few patients have clinical circumstances which are genuinely exceptional.

To justify funding for treatment for a patient which is not available to other patients, and is not part of the established care pathway, the GM IFR Panel needs to be satisfied that the clinician has demonstrated that this patient's individual clinical circumstances are clearly different to those of other patients, and that because of this difference, the general policies should not be applied. Simply put, the consideration is whether it is fair to fund this patient's treatment when the treatment is not available to others. It should be stressed that an IFR is not a route to "have another look" at the general rule, or to protest that the general rule is ungenerous.

Where a 'not for routinely commissioned' GM PLCV commissioning statement is in place in relation to a treatment, the commissioners will have been aware when making that commissioning statement that in most studies, some patients will respond better than others to the treatment and indeed, a small group may respond significantly better than the average. This would be considered in developing the commissioning statement. Consequently, in considering whether a request for an IFR should be made, the clinician should consider whether this individual patient is likely to respond to the treatment in a way that exceeds the response of other patients in the group to which the commissioning statement applies, and whether there is evidence to support this.

5. NHS GM Activity 2025/26

During 2025/26, a total of 454 IFR requests were received by NHS GM.

Table one provides a breakdown of the status of these requests.

Table one

Description	Number	Rationale
IFR requests screened / closed	294	These are requests which have been screened at administrative triage and clinical triage and rejected due to insufficient evidence to demonstrate clinical exceptionality, or where it is deemed permissible under the relevant NHS GM Commissioning Policy and therefore the procedure can be performed.
IFR requests reviewed by Clinical Triage and progress for consideration by the IFR Panel	3	Of these: 1 application was approved 1 declined 1 ongoing (as at end of March 2026)
IFR requests for Open Open, Wide Bore and upright MRIs	157	These requests are for people who cannot tolerate mainstream MRI scans, mainly due to claustrophobia and are reviewed by clinical triage to ensure they meet the

		<p>eligibility criteria in the commissioning policy.</p> <p>The ICB (like neighbouring ICBs), does not currently commission wide bore / upright MRI scans.</p> <p>Of the 157 requests, 140 were approved.</p>
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The table above confirms that there are a very few patients who have clinical circumstances which are genuinely exceptional to other patients in Greater Manchester.

6. Proposals to develop a NW IFR Team / Process

As part of the ICB reforms, the three ICBs in the Northwest (NHS Greater Manchester, Lancashire and South Cumbria and Cheshire and Merseyside) are currently working together along with NHS England to consider the development of a NW IFR and Policy Development Team. This would ultimately reduce variation across the Northwest by alignment of commissioning policies and the development of single, Northwest Commissioning Policies but also provide a more cost effective operating model, with the one team operating on a Northwest footprint.

The current proposal is that NHS GM would host this service on behalf of the three ICBs. Work continues to further work up the proposal and a single operating model which will then be presented to the three ICBs for agreement.

If approved, it is proposed to implement the NW Team from October 2026. Colleagues from the ICB would welcome an opportunity to update the Joint Health Scrutiny Committee as these plans progress.

7. Recommendations

The Greater Manchester Joint Health Scrutiny Committee are asked to:

- 1) Note the contents of this report
- 2) Consider the request to attend a future meeting to provide a further update / discussion surrounding the proposal for a NW IFR and Policy Development Operating Model and Team