**Clinically Exceptional Case Request**

This form is to be used where there is a local or national Evidence Based Intervention (EBI) policy in place and the patient does not meet the policy criteria. However, the clinician is able to demonstrate that patient has exceptional clinical circumstances as defined below.

This form is not to be used for Individual Funding Requests (where no clinical policy exists)

or for drug requests. For further guidance please see the IFR and exceptional cases policy at <https://www.hweclinicalguidance.nhs.uk/clinical-policies-group-evidence-based-interventions>

Please complete and return this form to:

For west Essex patients [ifr.hweicb@nhs.net](mailto:ifr.hweicb@nhs.net) Tel: 01992 566150

For Hertfordshire patients [ifr.hweicb@nhs.net](mailto:ifr.hweicb@nhs.net) Tel: 01707 685354

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| **Please confirm that the patient is aware of this application and that they consent for the EBI & IFR team to receive relevant clinical information in relation to this request.**  **Yes No** |
| Patient Name:  Date of Birth:  NHS Number:  Hospital Number:  GP Name & Practice Details: |

**How urgent is this request?**Given that the local and national EBI policies relate to routine elective surgery, we would expect most cases to be submitted as routine. These timeframes allow for the cases to be processed in line with the IFR policy and be presented at the monthly IFR panel if necessary.  **Routine** Decision needed in 4 to 6 weeks.  
**Immediate** Decision needed within 3 weeks as delay will not be clinically appropriate.  
**Most Urgent** Decision needed within a week as the patient’s life might be in danger.  
  
*For treatments that are urgently required, where significant harm may occur through delay, treatment must be provided to the patient and retrospective approval for funding should be sought. Please note, funding is not guaranteed, and this approach would be at your own financial risk.*

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| **1 - What is the proposed treatment and related local or national EBI policy?** |
| **2 - Which criterion/criteria is/are not met?** |
| **3 - Please complete the Fitness for Elective Surgery policy criteria below**  Never smoked  Current smoker  Ex-smoker – Date last smoked: - - / - - / - - - -  For patients who currently smoke or who stopped smoking less than 8 weeks ago, please tick to show that you have made your patient aware that they will need to have stopped smoking or switched to e-cigarettes for at least 8 weeks prior to surgery |
| Height: ……….cm Weight: …………kg BMI …..…….. kg/m²  **BMI >40 –** Patientsare expected to reduce their weight by 15% or BMI <40 (whichever is greater).  **BMI 30-40 -** Patients are expected to lose 10% of their weight or reduce BMI to <30.  If the patient has already achieved their target weight loss within the past 9 months, please give details of previous recorded measurements and the date recorded by clinician or, attach referral coversheet from GP or community provider.  Previous Weight: ………..kg Previous BMI ………… kg/m²  Date measured - - / - - / - - - - % weight reduction = ………….  For non-orthopaedic surgery where the patient’s BMI is 30 to 40 and metabolic syndrome has been actively excluded in the last 18 months, please attach copy of evidence from GP or Community referral form.  At 9 months, if the patient has not met their target weight and/or stopped smoking, they should be reassessed for their need for, and fitness for, surgery. See the Fitness for Surgery policy at <https://www.hweclinicalguidance.nhs.uk/clinical-policies> |

**What is meant by ‘exceptional clinical circumstances?**

For the ICB to consider funding on the grounds of clinical exceptionality, you must show that your patient is clinically very different from others in that group of patients with the same condition/stage of the disease and has clinical features that mean that they will derive more benefit from the treatment you are requesting. The ICB must ensure that, by approving an individual request, we are not setting a precedent that would apply to all other patients in this group. More details around clinical exceptionality can be found in the EBI and IFR policy at <https://hertsandwestessex.icb.nhs.uk/information-clinicians>

To meet the definition of ‘exceptional clinical circumstances’ you must provide detailed answers to the following questions (include conservative management, alternative treatment options, and implications if the request is declined).

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| **4. Who would typically be eligible and benefit from this procedure/treatment?** |
| **5. Please state how your patient is clinically significantly different to the group of patients with the condition in question and at the same stage of progression of the condition.** |
| **6. Please state how your patient is likely to gain significantly more clinical benefit than others in the group of patients with the condition in question and at the same stage of progression of the condition.** |
| **7. Tick to confirm that clinic letter and other relevant supporting documents are attached** |

**Declaration**

**DeclarDe**

**By signing and submitting this form the requesting clinician is confirming the following;**

## I understand that the onus lies with the requesting clinician to present a full submission to the IFR Team which sets out a comprehensive and balanced clinical picture of the history and present state of the patient’s medical condition, the nature of the treatment requested and the anticipated benefits of the treatment. All necessary supporting information including clinic letters and research papers must be submitted with this form. Requests can only be considered based on the information provided. Incomplete forms providing insufficient information will be returned.

## I confirm that this Clinically Exceptional Case Request has been discussed in full with the patient.

## I confirm the patient understands about the treatment options, including benefits and risk and potential consequences.

## I confirm the patient understands that this treatment is only routinely commissioned for the cohort of patients outlined in the clinical policy.

## I confirm that it would / would not be appropriate (please delete as necessary) for the patient to be copied into all correspondence.

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## DETAILS OF REQUESTING CLINICIAN

## Signed:

## Print Name: Designation:

## Provider/Surgery:

## Contact ‘phone number(s):

## Secure email: