# Appendix four – NHS England IFR Reconsideration Form

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| Requesters are advised to review the NHS England IFR Policy, IFR Standard operating procedures (SOP) and the Guidance for Clinicians at www.england.nhs.uk/commissioning/spec-services/key-docs/#ifr. NHS England requires provider trusts and clinicians to take NHS England clinical commissioning policies into account in the advice and guidance given to patients prior to making the decision to treat a patient.  It is the responsibility of the requesting clinician to ensure all the appropriate and required clinical information is provided to NHS England. This includes full text copies of all the published papers of clinical evidence that have been cited, a list of the published papers submitted and an indication of which points within them are relevant in respect to the IFR application and criteria. Requests will only be considered on the information provided in the application and supporting papers.  **DO NOT** include patient or trust/requesting clinician identifiable data in any free text sections. Where there are large amounts of identifiable data included the application will be returned to you for redaction and resubmission.  **Please note:** Applications presenting incomplete information will be returned for amendment/completion prior to consideration by NHS England. | | | |
| 1a) | Case reference number: | Click here to enter text. | |
| 1b) | NHS Number: | Click here to enter text. | |
| 1c) | Patient’s age at time of resubmission: | Click here to enter text. | |
| 1d) | Please detail the clinical reasons for urgency if appropriate i.e. the risks of adverse clinical outcome to the individual patient: | Click here to enter text. | |
| 1e) | Proposed start date: | Click here to enter a date. | |
| 1f) If treatment has commenced more than 2 working days before submission of this application please provide an explanation for the delay | | Click here to enter text. | |
| 1g) | Proposed treatment stop date: | Click here to enter a date. | |
| 1h) Name and email of Medical Director: | | Click here to enter text - name. Click here to enter text  – email. | |
| 1i) Confirm that the Medical Director/Deputy Medical Director supports the resubmission of this application | | * Yes * No | |
| **Updated information not originally included in the IFR application** | | | |
| **Section 3 – request details** | | Click here to enter text – has there been any change to the information provided in this section of the original application form? If so provide details. | |
| **Section 4 – Treatment** | | Click here to enter text – has there been any change to the information provided in this section of the original application form? If so provide details. | |
| **Section 5 – Clinical Background** | | Click here to enter text – has there been any change to the information provided in this section of the original application form? If so provide details. | |
| **Section 6 – Clinical Exceptionality** | | Click here to enter text – has there been any change to the information provided in this section of the original application form? If so provide details. | |
| **Section 7 – Clinical Supporting Information** | | Click here to enter text – has there been any change to the information provided in this section of the original application form? If so provide details. | |
| **Tab 8 – SUBM IT** | | | |
| When you are satisfied that you have completed all sections you will need to submit the request for consideration by the NHS England IFR Team. If the team needs more information they will email you to ask that you provide more details and if this happens, the information tab will be enabled for editing. | | | |
| Clinicians are required to disclose all material facts to NHS England as part of this process.  Are there any other comments / considerations that are appropriate to bring to the attention of the IFR Team? | | | Click here to enter text. |
| Please complete and return this form in MSWord to: [**england.ifr@nhs.net**](mailto:england.ifr@nhs.net) | | | |