**NHS Cheshire and Merseyside Integrated Care Board (ICB)**

# Individual Funding Request (IFR)

# Process Review/Appeal Request Form

Complete this form if you are the referring clinician and believe the IFR team have not followed the correct process to reach their decision.

If you are the referring clinician and believe the IFR team have not considered everything relevant when they made the decision, DO NOT complete this form. Instead, please download, complete and submit an IFR reconsideration application form together with any additional information not previously considered.

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| 1. **Existing Case ID Number** | |
| **Case ID number:** |  |

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| 1. **Area** | | |
| **Please indicate the location of this patient:** | Cheshire East  Cheshire West  Halton  Knowsley  Liverpool | Sefton  St Helens  Warrington  Wirral |

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| 1. **Patient Details** | | | |
| **Forename:** | Click or tap here to enter text. | **NHS Number:** | Click or tap here to enter text. |
| **Middle name:** | Click or tap here to enter text. | **Hospital Number:** | Click or tap here to enter text. |
| **Surname:** | Click or tap here to enter text. | **Sex: M/F** | Male Female  Mx  Click or tap here to enter text. |
| **Date of Birth:** | Click or tap to enter a date. | **Ethnic Origin:** | Click or tap here to enter text. |
| **Patient’s Address & Postcode:** | Click or tap here to enter text. | | |
| **(Please note that all necessary personal information will be removed from this form prior to being reviewed. This information is collected for monitoring purposes only)** | | | |

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| 1. **Appellant** | |
| **Name:** | Click or tap here to enter text. |
| **Position/Title:** | Click or tap here to enter text. |
| **Contact email:**  **(nhs.net)** | Click or tap here to enter text. |
| **Contact Telephone number:** | Click or tap here to enter text. |
| **Relationship to the patient:** | Click or tap here to enter text. |
| **Signature:** | Click or tap here to enter text. |
| **Date Completed:** | Click or tap to enter a date. |

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| 1. **Details of the IFR Process Review**   **(Please note that one of the sections below needs to be completed for an process review to be considered)**  The remit of the IFR Process Review Panel is to ascertain whether the IFR decision making process:  • Adhered to the required standards (in accordance with the IFR Management Policy).  • Made a reasonable decision in light of the available evidence and the individual circumstances of the case.  • Took into account material factors relating to the application.  • Came to a decision that fell within the range of responses which could have been reasonably reached based on the evidence provided. |
| 1. **Please confirm the basis of your request for an IFR process review, including why you believe that the IFR decision making process was not followed appropriately when considering the points above.** |
| Click or tap here to enter text. |
| 1. **Please detail any other information that you consider to be relevant to the process review** |
| Click or tap here to enter text. |

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| **Please note that if new evidence regarding exceptionality or new clinical evidence is submitted then the case will need to be referred back through the IFR decision making process for reconsideration.** |

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| 1. **On Completion** |
| **Email to** [**ifr.manager@nhs.net**](mailto:ifr.manager@nhs.net) **from a secure email account e.g. nhs.net:**  **In the event that you are unable to forward the application from a secure email address, the application can be posted to:**  CONFIDENTIAL  1829 Building – Mail Account  Facilities Services  Individual Funding Request Team  Countess of Chester Hospital NHS Foundation Trust  Liverpool Road  CHESTER  Cheshire CH2 1UL |