

Planned Procedures with a Threshold (PPwT) and Individual Funding Requests (IFR)

IFR & PDG Team

Context

- A Planned Procedure with a Threshold (PPwT) refers to a clinical intervention that is only funded when specific evidence-based criteria are met. 'These are deemed as low priority procedures'. This approach ensures equitable access to NHS-funded treatments while maintaining clinical and cost-effectiveness standards.
- There are 51 PPwT policies which can be found here: [Publications :: North West London ICS](#)
- These policies are in the process of being reviewed. But they stand as they currently are.

[Abdominoplasty v7.pdf](#)

[Acupuncture v7.docx](#)

[Adult Snoring Surgery v7.pdf](#)

[Bariatric Surgery v7.pdf](#)

[Benign-Lesions-Lumps-v7.pdf](#)

[Blepharoplasty v7.pdf](#)

[Breast Prosthesis Removal and Replacement v7.pdf](#)

[Botox for Hyperhidrosis v7.pdf](#)

[Breast Reduction Female v7.pdf](#)

[Cataract Surgery v7.pdf](#)

[Cervical and Thoracic Facet Joint Injections and Medial Branch Blocks v7.pdf](#)

[Carpel Tunnel v7.pdf](#)

[CGM for Type 1 Diabetes v7.pdf](#)

[Chronic Fatigue Syndrome v7.pdf](#)

[Chalazia v7.pdf](#)

[Chronic Rhinosinusitis v7.pdf](#)

[Cosmetic Treatment Policy v7.pdf](#)

[Cryopreservation v7.pdf](#)

[Complementary and alternative therapies v7.pdf](#)

[Dilatation and Curettage \(D&C\) v7.pdf](#)

[Dupuytren's Disease - Contracture v7.pdf](#)

[Double Balloon Enteroscopy v7.pdf](#)

[Functional Electrical Stimulation v7.pdf](#)

[Ganglion v7.pdf](#)

[Grommets in Children v7.pdf](#)

[Hernias in Adults \(Groin Hernias Only\) v7.pdf](#)

[Haemorrhoidectomy v7.pdf](#)

[Hip Replacement v7.pdf](#)

[IVF policy review statement 21 May 2024 final.pdf](#)

[IVF v7.pdf](#)

[Hysterectomy-for-Menorrhagia- v7.pdf](#)

[Knee Arthroscopy v7.pdf](#)

[Laser Hair Removal v7.pdf](#)

[Low Back Pain and Sciatica Policy v7.pdf](#)

[Male Circumcision v7.pdf](#)

[Magnetic Resonance Guided Focused Ultrasound v7.pdf](#)

[Open MRI v7.pdf](#)

[Penile Implants v7.pdf](#)

[Pain management v7.pdf](#)

[Polysomnography v7.pdf](#)

[Septorhinoplasty v7.pdf](#)

[Short Sight Laser Surgery v7.pdf](#)

[Radiofrequency denervation v7.pdf](#)

[Reversal Male & Female Sterilisation v7.pdf](#)

[Varicose Veins v7.pdf](#)

[Surgery for Hallux Valgus Bunions v6.pdf](#)

[Shoulder decompression Surgery V6.pdf](#)

[Tonsillectomy v6.pdf](#)

[Total Knee Replacement v6.pdf](#)

[Trigger Finger Tenosynovitis Surgery v6.pdf](#)

[Uterovaginal Prolapse V6.pdf](#)

[CGM-for-Paediatric-Patients-with-type-1-Diabetes-V7.pdf](#)

Why This Matters

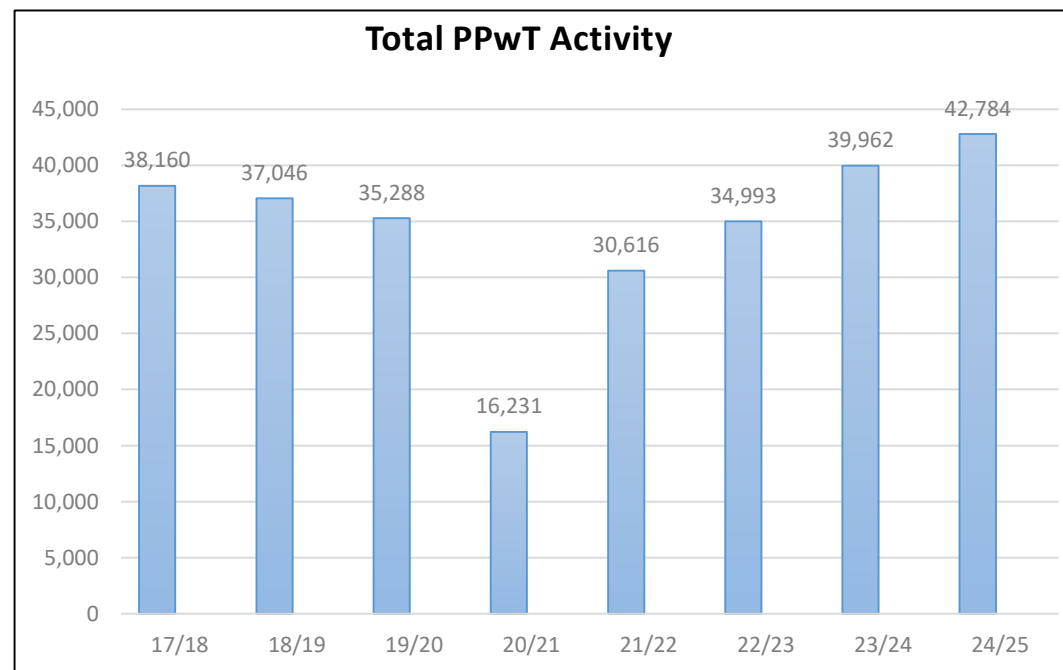
- PPwT policies are clinically driven, and are procedures that are of clinical value when certain clinical thresholds are met. Where these clinical thresholds are not met, interventions are not considered to be clinically necessary
- Hospital waiting lists are long and they are impacted if lower priority work is undertaken unnecessarily. To support efforts to reduce hospital waiting lists, it is essential to ensure that appointments are available for patients who genuinely require clinical intervention.
- The 10 Year Health Plan for England makes several references to value. It states “We will adopt an unwavering focus on value: investment will drive economic growth, productivity and better use of the taxpayer pound.” (p140)

Context

- FY 2024/25 has recorded the highest PPwT activity and cost since FY 2017/18.

Total PPwT Activity

FY/ Activity/Cost	Activity	Cost	Average Cost Per Activity
17/18	38,160	£54,495,017	£1,428.09
18/19	37,046	£56,582,139	£1,527.43
19/20	35,288	£57,458,963	£1,628.14
20/21	16,231	£24,319,190	£1,498.69
21/22	30,616	£49,645,166	£1,621.92
22/23	34,993	£59,150,970	£1,690.73
23/24	39,962	£65,080,724	£1,628.61
24/25	42,784	£76,068,047	£1,777.90



What is the Role of Primary Care?

- PPwTs are clinically driven best-practice policies, and they are based around national and regional policies.
- NW London clinicians are asked to use them in order to support the management of their patients using these clinically evidenced based policies.
- Sometimes this can result in difficult conversations with patients when patient's expectations are not met.
- If clinicians are unsure whether patients meet policy, clinicians may decide to refer to a specialist for an opinion, e.g. community MSK service or secondary care consultant. In these scenarios it may be helpful to let the patient know that a referral may not necessarily mean that the patient will be eligible for treatment.

What is the role of secondary care?

- Secondary care can turn down patients if they feel that they do not meet policy and may discharge patients back to primary care.
- It is therefore important that we try and avoid unnecessary referrals to secondary care as patients may have unrealistic expectations
- We are working with secondary care colleagues to also validate that patients meet policy criteria before progressing with treatment.

Individual Funding Request (IFR)

What is an IFR?

To be used when a patient does not meet the policy.

- A request for NHS funding for a treatment that is **not routinely commissioned** (i.e., not normally funded) by NWL ICB.
- Typically used in **clinically exceptional circumstances** — where the patient is significantly different from others with the same condition and is likely to gain more benefit than the average patient.
- Can also apply to **rare conditions** where there is no existing commissioning policy.
- Decisions are made by the **NWL ICB IFR Triage and Panel** based on clinical evidence, cost-effectiveness, and exceptionality — **not** on non-clinical factors.
- Not suitable for: clinical trials, experimental treatments, retrospective funding, “rule of rescue” cases, service developments for cohorts, or treatments funded by NHS England.

Individual Funding Request (IFR)

How to Apply for an IFR

- **Clinician-led:** Only the treating NHS clinician can apply (not the patient).
- **Submission:**
 - Complete the NWL ICB IFR form which can be found here: [Individual funding requests :: North West London ICS](#) with supporting clinical evidence.
 - Send via secure **nhs.net** email to nhsnwl.ifr@nhs.net.
- **Urgent cases:** Use both the standard and urgent IFR forms; only if there's immediate risk of death/serious harm.
- **After submission:**
 - IFR Team screens, triages, and sends eligible cases to the Panel.
 - If all information is available a decision in ~28 working days (non-urgent) or 3 days (urgent).

It is important to highlight that a significant number of IFR applications are returned by the administrative team upon initial receipt due to incomplete submissions. Common reasons include:

- **Incomplete application forms:** Common issues include patient consent not being dated within the last two weeks, missing key sections such as medical diagnosis, name of intervention, and justification for clinical exceptionality. Additionally, patient BMI is often omitted in cases where it is a policy requirement for the requested procedure i.e Breast reduction.
- **Incomplete Explanation of the Condition's Impact:**
Some applications lack sufficient detail regarding how the condition affects the patient. For example, if the condition impairs function, it is important to specify the nature of the functional limitations. Similarly, if there is an impact on the patient's mental health, this should be clearly described in the application.
- **Insufficient Supporting Evidence:**
This may include references to mental health impact without accompanying documentation from a qualified mental health practitioner. It is essential that all claims made within the application are substantiated with appropriate supporting documentation. If such evidence is unavailable, please ensure this is clearly communicated to the IFR team.

Contact details

- For IFR submissions or any queries about the PPWT policies, please contact: nhsnwl.ifr@nhs.net.