

**STANDARD OPERATING PROCEDURE FOR  
THE MANAGEMENT OF CLINICAL OPINIONS  
WHICH THE INDIVIDUAL FUNDING REQUEST  
(IFR) TEAM MANAGE**

Directorate	Chief Medical Officers
Purpose	Guidance
Document Purpose	Procedures
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### Document Status

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## 1.0 Purpose

The purpose of this SOP is to provide the Staffordshire and Stoke-on-Trent Integrated Care Board (ICB) clinical staff with direction and guidance to give a clinical opinion to the IFR Team whilst retaining a robust audit process. This ensures that the responsibility does not lie with one clinician alone and prevents inconsistencies.

## 2.0 Scope

The guidance contained within this document applies to all clinical specialties where a clinical opinion is required that comes via the IFR/Prior Approval Team.

Urgent clinical opinions where a response is required within 6 weeks is outside of the scope of this SOP.

Staff working within the IFR/Prior Approval Team should refer to the Excluded and Restricted Procedures (ERP) Policy V3.1, Individual Funding Request (IFR) Policy and various clinical policies e.g. Assisted Conception for Infertility and Exogen ultrasound bone healing system for bone fractures with non-union.

## 3.0 Types of Clinical Opinions

The IFR/Prior Approval Team receive an array of funding queries, which fall into two main categories: -

- Clinical oversight is required to give assurance to the IFR/Prior Approval Team that the ERP Policy has been interpreted correctly.
- Clinical opinion in the area of expertise.

## 4.0 Procedure – Clinical Opinion Process Map (Appendix A)

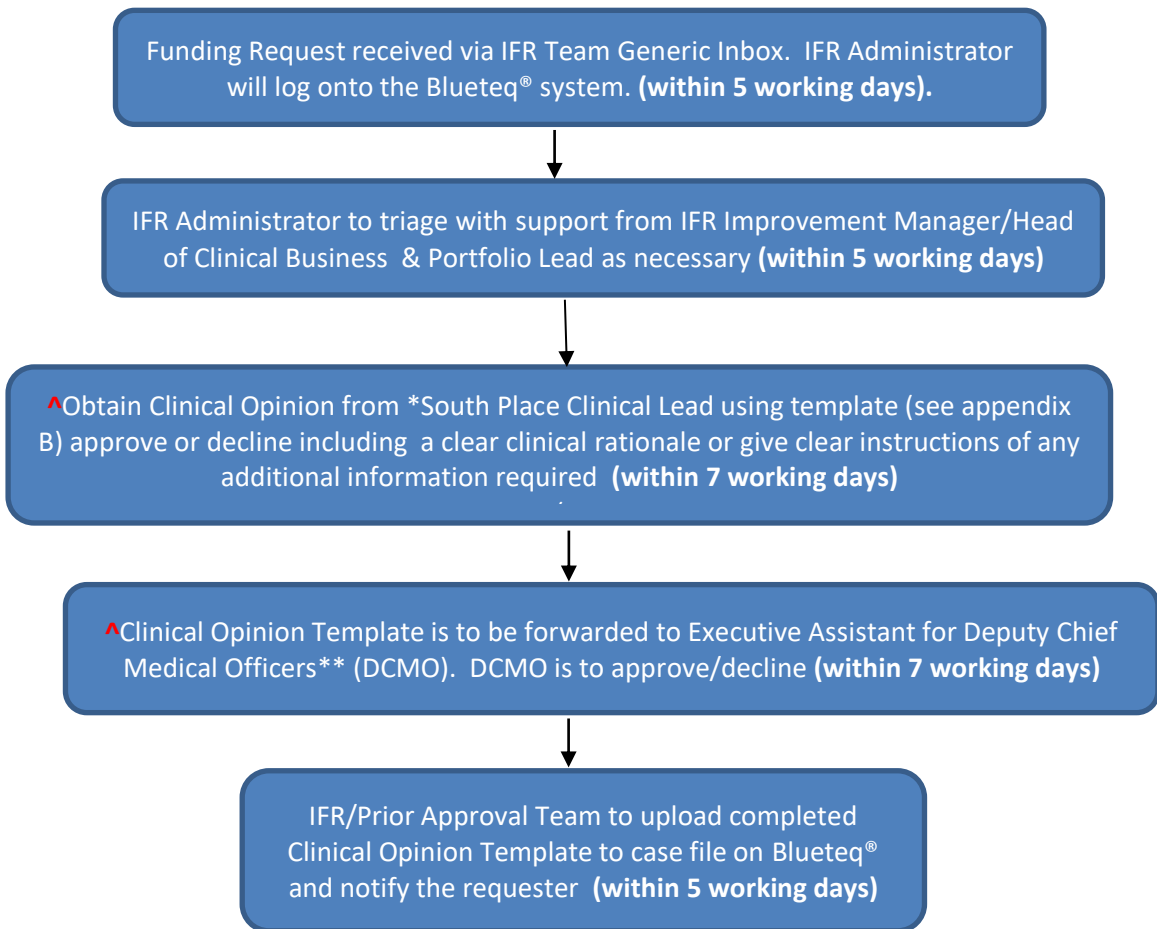
- All queries requiring a clinical opinion are received through the secure IFR mail box [ifrteam@nhs.net](mailto:ifrteam@nhs.net) for logging onto the Blueteq® system, **within five working days**.
- The IFR Administrator will triage and will be supported by the IFR Support Manager/Head of Clinical Business & the appropriate Portfolio Lead where necessary, **within five working days**.
- The IFR Administrator will request a clinical opinion from the South Place Clinical Lead using the agreed template (**Appendix B**).
- The South Place Clinical Lead will complete the agreed template, giving a clear rationale for approval/decline or giving clear instructions of any additional clinical information required **within seven working days** and return this by email to [ifrteam@nhs.net](mailto:ifrteam@nhs.net)
- Clinical Opinion Template is to be forwarded to Executive Assistant for Deputy Chief Medical Officers (DCMO) by the IFR Administrator **within 5 working days**
- DCMO is to complete the Clinical Opinion Template to approve/decline **within seven working days** and return this by email to [ifrteam@nhs.net](mailto:ifrteam@nhs.net)
- IFR Administrator to upload completed Clinical Opinion Template to case file on

Blueteq® system and respond to the requester, **within 5 working days of receiving the signed Clinical Opinion Template.**

- Where the South Place Clinical Lead or in exceptional circumstances both DCMOs are not available, alternative arrangements will be confirmed for the above procedure to the IFR Administrator supported by IFR Support Manager and/or Head of Clinical Business

## Appendix A

### Clinical Opinion Process Map



^ Note if further clinical information is required, the clock stops, and restarts again only when the required information is received. The responsibility lies with the requester to supply the requested information.

\*If absent for 7 working days or greater IFR Administrator will escalate to either DCMO

#### Key Contacts

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\*\* If absent for 7 working days or greater IFR Administrator will escalate to Chief Medical Officer

## Appendix B – Clinical Opinion Template

### Appendix B

#### Clinical Opinion Template

Clinician Name:	
Ref ID:	
Date:	
Intervention/Service Requested:	
Does the ICB have criteria (if so include below):	Yes or not routinely commissioned
Does the patient meet criteria:	Yes or No
If yes or no, explain below: Ensure to give clear rationale for approval/decline <b>OR</b> give clear instructions of any additional information required	
<b>Approve request:</b>	Yes or No
Date:	
Overview approval: Signature (Dr Lorna Clarson/ Dr Rachel Gallyot - Deputy Clinical Medical Officer):	
Any additional comments:	