

Mental Health Prior Approval Process Document

July 2023

Commissioning Summary

NHS Herefordshire & Worcestershire Integrated Care Board (ICB) (also termed “the Commissioner” in this document) will fund mental health services that are not routinely commissioned in the following circumstances:

- Where there is **no** locally commissioned service; **OR**
- The locally commissioned service is unable to meet the needs of the patient; **AND**
- Where there is evidence of significant impairment on lifestyle and wellbeing (see section 5.3 for details) **AND**
- Where the referral is supported by local mental health service clinicians.

The commissioner does not normally fund mental health treatment with an alternative or out of area provider where a locally commissioned service is available, unless there are special indications*

*For further information regarding special indications please see section 5.2 of this document.

This document is part of the NHS Herefordshire & Worcestershire Integrated Care Board (ICB) suite of [Clinical Commissioning Policies](#), [Prescribing Policies](#) and [Formulary](#)

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Author(s)	Jack Lyons-Wainwright – Mental Health Commissioning
Directorate Responsible	Mental Health Commissioning
Directorate Lead	Mr Richard Keeble – Head of Mental Health Commissioning
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Equality & Diversity Impact Assessment	Stage 1 Equality Impact Assessment completed 20.02.2019. No requirement for Stage 2 assessment Reviewed July 2023 – no requirement for an EIA as this is a process document
Distribution:	NHS Trusts, Independent Providers, GP's, Patients, Members of Parliament (MPs), ICB Internet Pages

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Key individuals involved in developing the document:

Name	Designation	Version Reviewed
Jack Lyons-Wainwright	Delivery Programme Manager – Mental Health	V1.0 - V5.0
Helen Bryant	Senior Contract Manager	V1.0 - V5.0
Terri-Ann Millington	IFR Manager	V1.0 - V5.0
Philippa Coleman	Lead Commissioner- Early Health	V1.0 - V5.0
Patrick Fox	Children's Community Health Commissioning Team	V1.0 - V5.0
Jenny Dalloway	Transformation and Delivery Lead- Mental Health	V1.0 - V5.0

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Name	Designation	Version Reviewed
Clinical Commissioning Policy Collaborative (CCPC)	Policy development group within Worcestershire CCGs, includes key members from Public Health, Commissioning, Contracts, Primary and Secondary Care Clinicians	V1.0 - V5.0
Herefordshire and Worcestershire Policy Alignment Task and Finish Group	Policy alignment group including Herefordshire and Worcestershire CCG members, Public Health, Contracts, Medicines Commissioning, Primary and Secondary Care Clinicians across both counties	V1.0 (previously V5.0 in Worcestershire)

Herefordshire & Worcestershire Clinical Commissioning Group Policy Details:

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1.1	Minor	Application of new commissioning policy template, no change to	Helen Bryant &	. July 2021

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Helen Bryant	Head of Acute Contracts	V1.0, V1.1
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Key individuals involved in developing the document:

Name	Designation	Version Reviewed
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Helen Bryant	Head of Acute Contracts	V1.2

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Table of Contents

1. Definitions	7
2. Scope of Policy	8
3. Background.....	9
4. Relevant National Guidance and Facts.....	10
5. Commissioning Statement	11
6. Submitting A Mental Health Exceptional Treatment Pathway Funding Request	13
7. Consideration of Requests.....	14
8. Supporting Documents	16
9. Appendices	17
10. Equality Impact Assessment	18

1. Definitions

- 1.1 **Exceptional** - refers to a person who demonstrates characteristics, which are highly unusual, uncommon or rare.
- 1.2 **Exceptional clinical** circumstances are clinical circumstances pertaining to a particular patient, which can properly be described as exceptional, when compared to the clinical circumstances of other patients with the same clinical condition and at the same stage of development of that condition (i.e. similar patients). A patient with exceptional clinical circumstances will have clinical features or characteristics which differentiate that patient from other patients in that cohort and result in that patient being likely to obtain significantly greater clinical benefit (than those other patients) from the intervention for which funding is sought.
- 1.3 A **Similar Patient** is a patient who is likely to be in the same or similar clinical circumstances as the requesting patient and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. The existence of more than one similar patient indicates that a decision regarding the commissioning of a service development or commissioning policy is required of the Commissioner.
- 1.4 An **individual funding request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks exceptional funding for a single identified patient for a specific treatment.
- 1.5 An **in-year service development** is any aspect of healthcare, other than one which is the subject of a successful individual funding request, which the Commissioner agrees to fund outside of the annual commissioning round. Such unplanned investment decisions should only be made in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.
- 1.6 The term “**where appropriate**” within this document means that clinical judgement is exercised in determining which aspects of the policy guidance can be applied to individual patients depending on their condition; ability to tolerate the listed treatment; and whether they have already undergone that treatment.
- 1.7 A **Mental Health Exceptional Treatment Pathway Funding Request** is a request received from a provider or a patient with explicit support from a clinician, which seeks exceptional funding for a single identified patient for a specific mental health treatment pathway (this is similar to the Individual Funding Request made for general and acute treatments).
- 1.8 A **Mental Health Prior Approval Request** is a request received from a provider on behalf of their patient, with explicit support from local mental health services, which seeks funding for a single identified patient for a specific treatment, not routinely commissioned by the ICB. For the ease of referrers, this should be submitted by completing the ICB IFR (Individual Funding Request) proforma.

Note: Requests for funding for Mental Health Prior Approvals are distinct from Individual Funding Requests, as both are governed by different policies and have different decision-making criteria and processes.

2. Scope of Policy

- 2.1 this policy is part of a suite of locally endorsed Commissioning Policies. Copies of these Commissioning Policies are available on the following website address: <https://herefordshireandworcestershire.icb.nhs.uk/documents> and selecting the “Clinical and Medical Commissioning” option.
- 2.2 This policy applies to all patients for whom Herefordshire & Worcestershire ICB has responsibility including:
- People provided with primary medical services by GP practices which are members of the ICB and
 - People usually resident in the area covered by the ICB and not provided with primary medical services by any ICB.
- 2.3 The clinical responsibility for applying this policy to a presenting patient rests with the clinician who is responsible for the patient at that point in the treatment pathway and should be done in consideration of the patient's individual clinical circumstances, their place on the management pathway and following discussion with the patient.
- 2.4 Where a patient's clinical presentation does not clearly meet the requirements for secondary care referral within the context of this policy, and where a GP is uncertain or concerned about the appropriate treatment/management pathway, referral for Advice & Guidance should be considered as an alternative to a referral for clinical assessment.
- 2.5 There may be occasions when a GP referral is made for specialist assessment which appears to meet the policy requirements, but which on specialist clinical examination either does not meet the clinical criteria for intervention or is not considered clinically suitable for the intervention. Such patients should be discharged without intervention.
- 2.6 For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has exceptional clinical circumstances, an Individual Funding Request may be submitted for consideration. The referring clinician should consult the Commissioner's “Operational Policy for Individual Funding Requests” document for further guidance on this process.
- For a definition of the term “exceptional clinical circumstances”, please refer to the Definitions section of this document.
- 2.7 Referrals into mental health services not routinely commissioned by the ICB should only be made after an assessment by local mental health services, unless there are exceptional reasons why this is not possible. When considering referral into tertiary or out of area mental health services, clinicians should take account of the referral thresholds noted in section 5 of this policy.
- 2.8 This policy covers the process for applying for the NHS funding of Mental Health treatment for adults and children, not routinely commissioned by the ICB. The following other funding decisions are excluded from this policy:
- Adult and Children Mental Health placements which are governed by a separate process and, in the case of some children, are commissioned by NHS England.
 - Continuing Health Care placements for adult and children, which are governed by a separate process.
 - Specialist mental health inpatient admissions, as where these are funded by the ICB these are governed by the Mental Health Funding Panel.

3. Background

- 3.1 The NHS Constitution, which details the principles and values that guide the NHS, has been applied in the agreement of this policy.
- 3.2 NHS Herefordshire & Worcestershire Integrated Care Board consider all lives of all patients whom they serve to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related to a particular patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.
- 3.3 NHS England/Improvement launched their Evidenced Based Interventions (EBI) programme in 2018 which aims to ensure that interventions routinely available on the NHS are evidence-based and appropriate. Adoption of published EBI guidance is mandated in the NHS standard contract; commissioners have the freedom to implement criteria with local variations, provided that the decision to adopt varying criteria reflects the requirement to have regard to the national guidance. Where EBI guidance is available, this has been accommodated within the policy criteria.
- 3.4 Due to the wide range of recognised mental health conditions, the variable symptoms experienced by patients with these diagnoses, and the complex interactions where multiple co-morbid mental and physical health conditions are present, it is not possible to routinely commission services tailored to all presentations. The commissioner therefore recognises that there will be patients whose needs cannot be met by locally commissioned services, either due to exceptionality of diagnosis, or complexity of presenting symptoms.
- 3.5 This commissioning statement sets out eligibility criteria for the NHS funding of mental health treatment outside of standard (non-placement) treatment pathways.

4. Relevant National Guidance and Facts

- 4.1 Mental health is a broad term that includes emotional, psychological, and social wellbeing. It affects how people think, feel, and act. Being mentally healthy does not just mean the absence of a mental health problem; it also helps determine how people handle stress, relate to others, and make choices. Mental health is important at every stage of life, from childhood and adolescence through adulthood. Approximately one in four people in the UK will experience a mental health problem each year.
- 4.2 The impact of mental health diagnoses upon peoples' emotional, psychological and social wellbeing is different for each individual. This commissioning policy reflects this in that there are no fixed criteria based on specific mental health conditions. Criteria are instead based on local service provision already commissioned, clinical exceptionality, impact on lifestyle and wellbeing, and the expert clinical opinion of local mental health services.

5. Commissioning Statement

- 5.1 The Commissioner considers all lives of all patients whom it serves to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related to the patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.
- 5.2 The Commissioner does not routinely fund mental health treatment with an alternative or out of area provider where a locally commissioned service is available, unless there are special indications. Special indications may include:
- Where a patient works in local mental health services so wishes to be treated by an alternative provider.
 - There has been an irreparable breakdown in relationship between the patient and their local clinician(s). To demonstrate this, applicants will be expected to explain the reasons for relationship breakdown as well as provide evidence that efforts have been made to resolve these issues with local providers, and that both parties have taken reasonable steps to achieve this. Where such breakdown in relationship could unduly delay proper submission of a Mental Health Prior Approval Request (MHPAR), an alternative clinician (e.g. GP) may submit the MHPAR.
- 5.3 For all patients referred for tertiary or out of area mental health treatment, a Mental Health Prior Approval Request (MHPAR) application should provide clearly documented evidence:
1. Of significant impairment of lifestyle and wellbeing:
 - a. The patient's illness is substantially affecting their ability to work, engage meaningfully in the community, and undertake leisure activities; **OR**
 - b. The patient's illness is causing significant risk of harm to self or others on the part of the patient.
- AND**
2. That the patient is ready and willing to engage in the applied for treatment.
- AND**
3. Local options for treatment have been exhausted or are not routinely commissioned.
- AND**
4. That the referral is supported by local secondary care mental health services.
- 5.4 The reasons why the patient's lifestyle and wellbeing are adversely affected by their mental health illness and the expected benefit from treatment, or other exceptional circumstances, must be clearly documented in the clinical records.
- 5.5 Where requests are not of a good quality, the commissioner reserves the right to return any MHFR application to the referrer for greater clarity.

- 5.6 Where MHPAR applications are for treatments not routinely commissioned by the Commissioner, they should include evidence of the clinical effectiveness and cost effectiveness of the treatment.
- 5.7 The commissioner expects the services it commissions to represent value for money, and so may seek pricing comparisons with alternative providers. Where the same service can be provided by multiple providers, the commissioner will prioritise providers based on both price and the presence of existing contractual relationships.

6. Submitting A Mental Health Exceptional Treatment Pathway Funding Request

- 6.1 All Mental Health Exceptional Treatment Pathway Funding Requests will be considered in line with this process document.
- 6.2 A Mental Health Exceptional Treatment Pathway Funding Request may be made through completion of the [ICB IFR Proforma](#), available using the link or via the ICB website: <https://herefordshireandworcestershires.icb.nhs.uk/documents> and selecting the “Clinical and Medical Commissioning” option.
- 6.3 Submissions can be made by primary or secondary care, however support from local mental health secondary services is expected as a requirement for funding requests.

Note: Forms completed by patients or other sources e.g. Members of Parliament will not be accepted.
- 6.4 Completed forms should be sent to the following email address to allow requests to be considered in a timely manner: nhsworcs.referrals@nhs.net .
- 6.5 Any funding request received without adequate information supplied to enable a decision to be made will be returned to the requesting clinician for completion of any additional information required. If no response is received to a request for additional information within 28 calendar days the funding request will be declined and closed, though a request may be resubmitted for reconsideration at a future date once all necessary information is available.

7. Consideration of Requests

7.1 Decision Making Process

- 7.1.1 The process for consideration of requests is summarised in **Appendix 1**.
- 7.1.2 Requests received by the Mental Health Commissioning Team will be initially screened to check that the treatment requested is the commissioning responsibility of the local Clinical Commissioning Group, and that all necessary information is included within the submission. This will include, as a minimum:
- Treatment being requested
 - Proposed provider of treatment
 - Reason for requesting treatment
 - Estimated duration of treatment
 - Cost of treatment
 - Evidence of utilisation of local pathways for treatment (where appropriate)
 - Evidence of support for referral from local mental health services
 - See also section 5.2 in this document for additional requirements where local pathways are available
- The list above is not exhaustive, and additional information may still be required where there are specific questions related to the case being considered.
- 7.1.3 Requests for Mental Health services or treatments that are not the responsibility of the local Clinical Commissioning Group will be forwarded to the appropriate organisation. This may include services which are the responsibility of NHS England Specialised Commissioning, Individual Funding Requests for the IFR Panel, the Learning Disabilities team and Continuing Healthcare.
- 7.1.4 Once all necessary information is received, the request will be circulated electronically for consideration by the Mental Health Commissioning Team against the criteria in section 5.3 of this document.
- 7.1.5 A minimum of two members of the Mental Health Commissioning Team must agree compliance with the criteria in this document for a decision to be confirmed and the decision must be unanimous.
- 7.1.6 Once a decision is reached, notification and explanation of the decision will be sent to the requesting clinician via email, or via post if email is not available.

7.2 Appeals

- 7.2.1 Where a Mental Health Exceptional Treatment Pathway Funding Request is declined; appeals will be considered in the following circumstances only:
- Where new information is provided related to the request
 - Where there is a change in circumstances or clinical presentation
 - Where there is concern that the appropriate process has not been undertaken; this must be clearly documented as part of the appeal.
- 7.2.2 Unless appeals are submitted with evidence of one of the above criteria, appeals will not be accepted. All requests will be limited to one appeal on the above grounds.

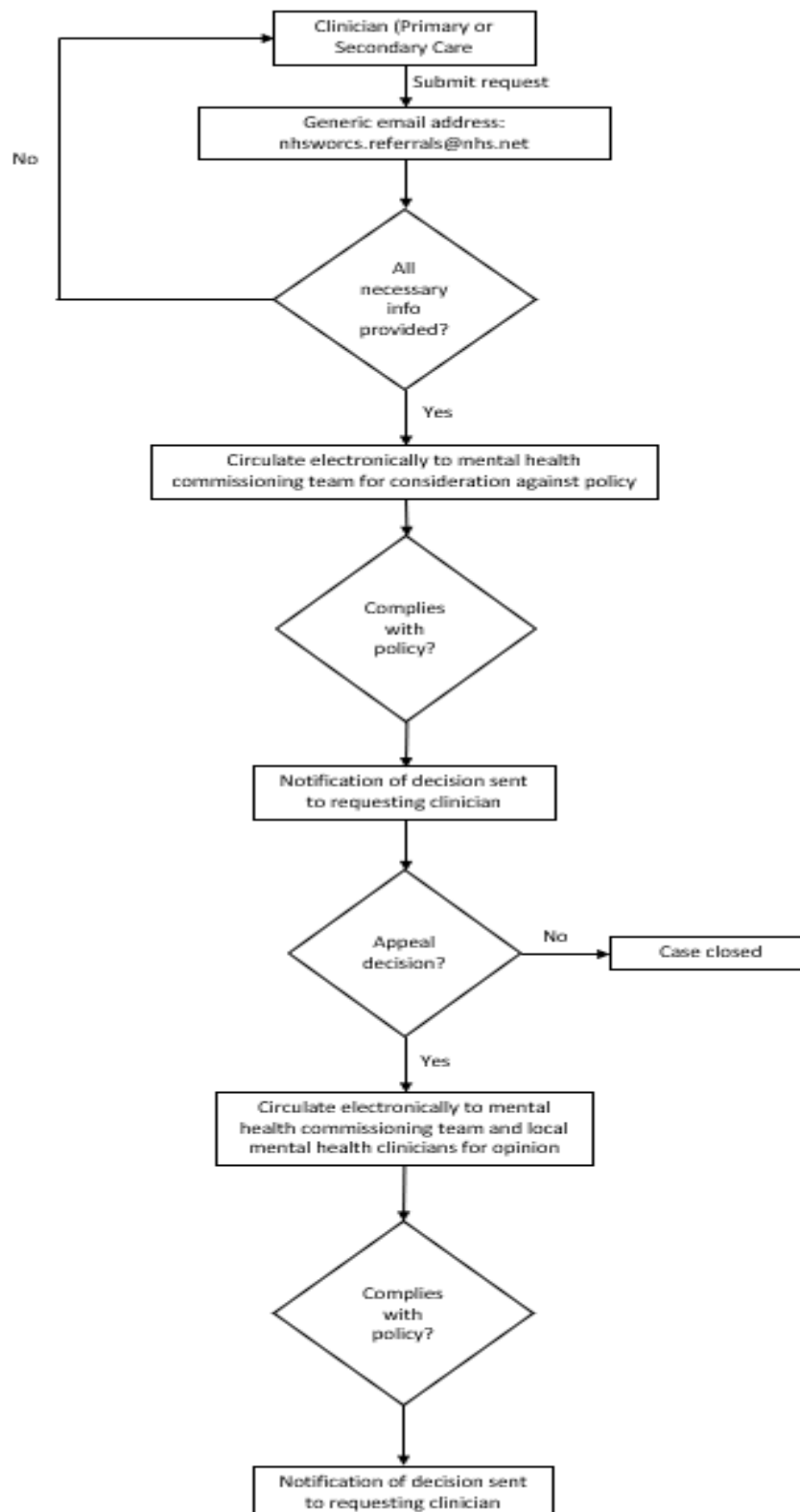
- 7.2.3 Appeals should be submitted via the same method as the original request. Appeals will be screened by the Mental Health Commissioning Team to ensure they meet the criteria laid out in section 7.1.2 of this policy and the relevant evidence supplied.
- 7.2.4 Where the appeal meets the criteria of section 7.1.2 of this policy, the original request and subsequent appeal documentation will be re-circulated to the Mental Health Commissioning Team for consideration against the criteria in section 5.3 of this policy. The Commissioner may also circulate to local mental health clinicians for opinion where required.
- 7.2.5 A minimum of four members of the Mental Health Commissioning Team (and/or local mental health clinicians where relevant) must agree compliance with section 5.3 of this document for a decision on an appeal to be confirmed. The decision must be unanimous.
- 7.2.6 Once a decision on an appeal is reached, notification and explanation of the decision will be sent to the requesting clinician via email, or via post if email is not available.
- 7.2.7 An unsuccessful request and/or appeal against a decision does not preclude further applications being submitted on behalf of the same patient, where the requested Exceptional Treatment Pathway is substantively different from that already requested.

8. Supporting Documents

- NHS Herefordshire & Worcestershire: Individual Funding Request Operating Procedure
- NHS Herefordshire & Worcestershire: Prioritisation Framework for the Commissioning of Healthcare Services (under review)
- NHS Herefordshire & Worcestershire ICS: Patients Changing Responsible Commissioner July 2022
- NHS Herefordshire & Worcestershire ICS: Defining the Boundaries between NHS and Private Health Care June 2022
- WM01 – Ethical Framework
- WM03 – Patients Leaving Industry Sponsored Trials
- WM05 – NICE Guidance
- WM08 – In Year Service Developments
- WM10 – Patients Leaving Non-Commercially Funded Trials
- WM11 – Patients Leaving a CCG Funded Trial
- WM14 – Experimental Treatments
- WM15 – Trial of Treatment
- [NHS Constitution, updated 1st January 2021](#)

9. Appendices

Appendix 1 – Mental Health Funding Request Process



10. Equality Impact Assessment

Equality Statement

- 10.1 All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.
- 10.2 HWICB endeavours to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- 10.3 All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their Carer's and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.
- 10.4 Providers are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. ICB staff and Providers will need to assess that the policy is applied fairly and equitably for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.
- 10.5 HW ICB must meet its statutory duty to reduce inequalities of access and outcomes, as set out in the NHS Act 2006 (as amended). As a result, the ICB aims to design and implement policy documents that seek to reduce any inequalities that already arise or may arise from any new policy. Therefore, the ICB will consciously consider the extent to which any policy reduces inequalities of access and outcomes.
- 10.6 Any change to this policy will require a conscious effort from the HW ICB to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of this policy, HW ICB and the Providers, will seek to minimise such an impact and simultaneously carry out a full review.
- 10.7 HW ICB aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex, gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

As this is a document describes a decision making process a Full Equality Impact Assessment is not required.