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| **THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**  STRICTLY PRIVATE AND CONFIDENTIAL APPLICATION FOR **EXCEPTIONAL** FUNDING | | **Nature of proposed treatment or intervention:** | | | | |
| **A Patient Information** | | | | | | |
| **Name:** |  | **Male** |  | | **Female** |  |
| **Address:**  **Post Code:** |  | | | | | |
| **Date of Birth** |  | **NHS number** | |  | | |
| **B Referrer’s Details (GP / Consultant / Clinician)** | | | | | | |
| **Name** | | | | **Patient requested referral:** | | |
| **Address**  **Post Code** | | | | | | |
| **Telephone** |  | **Email** | |  | | |
| **GP Details (if not the referrer)** | | | | | | |
| **Name** |  | **Practice** | |  | | |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:   * Discussed all alternatives to this intervention with the patient * Had a conversation with the patient about the most significant benefits and risks of this intervention * Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated * Checked that the patient is happy to receive postal correspondence concerning their application where appropriate, or clarified alternative needs * Checked that the patient understands spoken and written English or clarified required needs   I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel / IFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient / representative has been informed of the details that will be shared for the purpose and consent has been given. | | | | | | |
| **Signed (referrer)** | | **Print name** | | | | |
| **Date** | |  | | | | |
| **SUBMISSION**  The completed form(s) should be sent electronically (from an *nhs.net* email address) in confidence with any other supporting documents to [BSWICB.EFR@nhs.net](mailto:BSWICB.EFR@nhs.net).  To **comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an *nhs.net* account.** | | | | | | |

**THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**

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| **C Treatment Requested** | |
| **Exceptionality Status Statement**  **(What makes the individual sufficiently different from the usual cohort of patients)**  **Exceptionality is central to consideration of individual requests for funding.**  For funding to be agreed there must be unusual or unique clinical factors about the patient that suggest that they are:   * Significantly different to the general population of patients with the condition in question   **AND ARE**   * Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition.   **HOWEVER:**   * The fact that a treatment is likely to be efficacious for a patient is not a basis for an exception. * If a patient's clinical condition matches the 'accepted indications' for a treatment that is not funded, their circumstances are not, by definition, exceptional. * Social value judgements (the 'worth’ of patients) are not relevant to the consideration of exceptional status but there may rarely be exceptional circumstances where benefits may go beyond the patient (e.g., as a carer) in respect of social or health related benefits for others. | |
| **Taking account of the Exceptional status statement above – Why do you consider this patient to have Exceptional Clinical circumstances? Please provide details and evidence to support your request.** | |
| **D Costs** | |
| **Cost of treatment requested** |  |