NHS Lancashire and South Cumbria Integrated Care Board (ICB)

Individual Funding Request (IFR) Appeal Form

**Important information:**

The remit of the IFR Appeal Panel is to ascertain whether the process followed in reaching the decision taken in relation to a funding request:

* was taken in accordance with the requirements of this policy;
* properly took into account and evaluated all the relevant evidence;
* did not take into account irrelevant factors;
* was taken in good faith; and
* was a decision that falls within the range of responses which the ICB was reasonably entitled to reach on the application and evidence submitted.

The IFR Appeal Panel is not able to consider new information that was not available at the time of the original decision. If further information exists to support an application for funding this should be submitted using the IFR Reconsideration Form.

|  |
| --- |
| **SECTION 1 – PATIENT PERSONAL DETAILS** |
| **Patient Surname:** | Click or tap here to enter text. | **NHS Number:** | Click or tap here to enter text. |
| **Patient Forename:** | Click or tap here to enter text. | **Patient Date of Birth:** | Click or tap to enter a date. |
| **Patient Middle Name(s):**  | Click or tap here to enter text. | **Patient Sex (M/F):** | [ ] Male [ ] Female [ ]  MxClick or tap here to enter text. |
| **Patient Address:****(Including Postcode)** | Click or tap here to enter text. |

|  |
| --- |
| **SECTION 2 – AREA** |
| **Please indicate the location of this patient** | [ ]  Central Lancashire (Chorley South Ribble, Greater Preston)[ ]  Fylde Coast[ ]  Morecambe Bay[ ]  Pennine Lancashire (Blackburn with Darwen, East Lancashire)[ ]  West Lancashire |

|  |
| --- |
|  **SECTION 3 – APPELLANT DETAILS**  |
| **Name:** | Click or tap here to enter text. |
| **Position/Title:** | Click or tap here to enter text. |
| **Relationship to the patient:** | Click or tap here to enter text. |
| **Signature** |  |
| **Date Completed:** | Click or tap to enter a date. |

|  |
| --- |
| **SECTION 4 – DETAILS OF THE APPEAL** |
| **Please confirm which of the following three reasons is the basis for the appeal:** | 1. **Illegality** [ ]
2. **Procedural impropriety** [ ]
3. **Irrationality** [ ]
 |
| **Please provide an explanation of the reason for the appeal in the relevant section below. Please note, at least one of the sections must be completed for an appeal to be considered.**  |
| **Illegality: Please detail how the decision made was not a lawful option that could be taken.** |  |
| **Procedural impropriety: Please identify any serious or substantial procedural errors that occurred during the IFR process** |  |
| **Irrationality: Please detail how the decision to refuse funding was one which could not reasonably have been reached on the evidence available.** |  |

|  |
| --- |
| **SECTION 5 - OTHER RELEVANT INFORMATION**  |
| **Please detail any other information that you consider to be relevant to the appeal** |  |

|  |
| --- |
| **SECTION 6 – SIGNATURE OF REQUESTING CLINICIAN**  |
| **Signature** |  |
| **Date** |  |

|  |
| --- |
| **ON COMPLETION**  |
| Please email the completed form and enclosures via secure email to the email address listed below: **Email to** **funding.requests@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:**CONFIDENTIALLeyland House – Mail Account Individual Funding Request Team Lancashire Enterprise Business ParkCenturion Way, Leyland, PR26 6TR |