



## NHS WALES PRIOR APPROVAL POLICY

<b>Reference Number</b>	Policy Reference (as per individual Health Board)	<b>Version Number</b>	1
<b>Linked Documents</b>	Individual Patient Funding Request (IPFR) Policy Health Board Policies on Interventions Not Normally Undertaken (INNU)		

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Welsh Health Specialised Services Committee (WHSSC)  
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IPFR Panel Members  
NHS Wales Medical Directors

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**Lead Health Board Contact:** Contact details as per individual Health Board

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## 1.0 INTRODUCTION

### 1.1 Background

1.1.1 In September 2016, following the 2014 review and implementation of its recommendations, the Cabinet Secretary for Health, Well-being and Sport agreed the time was right for a new, independent review of the Individual Patient Funding Request (IPFR) process. The review panel would be independent of the Welsh Government and encompass a range of expertise and knowledge.

1.1.2 The “Independent Review of the Individual Patient Funding Requests Process in Wales” report was published in January 2017 and made a number of recommendations to support the IPFR process. This includes the development of a clear and consistent national process for dealing with requests to access routine services outside of Local Health Board’s existing arrangements (including those of the Welsh Health Specialised Services Committee).

### 1.2. Purpose of this policy

1.2.1 Continuing advances in technology, changing populations, better information and increasing public and professional expectations all mean that NHS Health Boards have to agree their service priorities for the application of their financial and human resources. Agreeing these priorities is a complex activity based on sound research evidence where available, sometimes coupled with value judgments. It is therefore important to be open and clear about the availability of healthcare treatments on the NHS and how decisions on what should be funded by the NHS are made.

1.2.2 Health Board’s in Wales have a statutory responsibility to provide healthcare that meets the needs of their local populations in accordance with the NHS (Wales) Act 2006, the Well-being of Future Generations (Wales) Act 2015, Social Services and Wellbeing (Wales) Act 2014 and Cross Border Healthcare Services (April 2013). They achieve this by either directly providing healthcare or by commissioning healthcare from other service providers. In addition, the Welsh Health Specialised Services Committee (WHSSC), working on behalf of all Health Board’s in Wales, commissions a number of more specialised services at a national level. The use of the term ‘Health Board’ throughout this policy includes WHSSC unless specified otherwise.

1.2.3 Consequently, patients should not be able to access healthcare services elsewhere unless **all** treatment options available within locally provided services or those commissioned by Health Boards have been exhausted and it is **clinically appropriate** to do so.

1.2.4 Each Health Board in Wales has a separate policy setting out a list of healthcare treatments that are not normally available on the NHS in Wales. This is because;

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- There is insufficient evidence of clinical and/or cost effectiveness
- The intervention has not been reviewed by the National Institute for Health and Care Excellence (NICE) or the All Wales Medicines Strategy Group (AWMSG)
- The intervention is considered to be of relatively low priority for NHS resources

The relevant policy for the patients' Health Board titled 'Interventions Not Normally Undertaken' (INNU) should be read together with this policy.

1.2.5 For the purpose of this policy, a prior approval is normally defined as a request for a patient to receive routine treatment outside of local services or established contractual arrangements. Such a request will normally fall within one of the following categories;

- Second opinion
- Lack of local/commissioned service provision/expertise
- Clinical continuity of care (considered on a case by case basis)
- Transfer back to the NHS following self-funding in the private sector
- Re-referral following a previous tertiary referral
- Students
- Veterans

Further detail is provided in Section 5.

1.2.6 This policy sets out to deliver the national context and provide clarity for referring clinicians and patients. Additional policy processes outlining specific commissioning, contractual and additional prior approval requirements may be in place and will vary across each Health Board.

1.2.7 For instances where funding is required for NHS healthcare for individual patients who fall outside the range of services and treatment that a Health Board has arranged to routinely provide, the [Individual Patient Funding Request \(IPFR\) Policy](#) route should be followed. Such a request would normally fall within one of the following categories;

- A patient requires a treatment which is new, novel, developing or unproven and is not within the Health Board's routine schedule of services and treatment,
- A patient requires a treatment which is outside of existing clinical policy criteria,
- A treatment is required for a patient with a rare or specialist condition and is not eligible for treatment in accordance with the clinical policy criteria.

## 2.0 AIMS AND PRINCIPLES

2.1 Health Board's in Wales have a responsibility to secure services for their patients. Patients registered with a GP in Wales who are resident in Wales do not have a statutory right to choose which hospital they are referred to.

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The Welsh Governments view is that in general, Health Boards can best organise services to meet the needs of their patients when such services are provided in Wales. This ensures equity in terms of access, convenience, and affords each Health Board the opportunity to strengthen and improve the quality of their local services thus providing a net gain for the whole community.

2.2 However, patients who are registered with a Welsh GP but are resident in England, or patients who are resident in Wales but registered with an English GP (Cross Border Patients) have a specific right to choose their secondary care provider. The cross border arrangements are specific to those Health Boards that share a border with England i.e. Betsi Cadwaladr University Health Board, Powys Teaching Local Health Board and Aneurin Bevan University Health Board.

2.3 Each Health Board aims to ensure the establishment of simple uniform arrangements based around high quality, sustainable local services for their patients. Where these cannot be provided by the Health Board's own services for reasons such as resource, expertise or capacity, the Health Board will look to plan and secure necessary services with other appropriate NHS providers through its agreed care pathways. Where the service cannot be provided by the Health Board or contracted provider, the Health Board will plan to secure services from other appropriate providers.

The principles underpinning this policy include;

2.4 **NHS Core Values** – set out by the Welsh Government as;

- Putting quality and safety above all else; providing high value evidence based care for our patients at all times;
- Integrating improvement into everyday working and eliminating harm, variation and waste;
- Focusing on prevention, health improvement and inequality as key to sustainable development, wellness and wellbeing for future generations of the people of Wales;
- Working in true partnerships with partner organisations and with our staff; and
- Investing in our staff through training and development, enabling them to influence decisions and providing them with the tools, systems and environment to work safely and effectively.

2.5 **Prudent Healthcare Principles**

- Achieve health and wellbeing with the public, patient and professionals as equal partners through co-production;
  - Care for those with the greatest needs first, making the most effective use of all skills and resources;
  - Do only what is needed, no more, no less; and do no harm;
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- Reduce inappropriate variation using evidence based practices consistently and transparently.

## 2.6 Cross Border Healthcare Arrangements

- Enable Cross Border patients to exercise their right of choice to a secondary care provider either in England or within the Health Board.

## 3.0 SCOPE OF THE PRIOR APPROVAL POLICY

### 3.1 This policy applies to;

- The registered population within the geographical catchment area of the Health Board to whom it has a statutory responsibility for arranging services as outlined in the Local Health Boards (Directed Functions) (Wales) Regulations 2009. (*The Who Pays? Determining Responsibility for payments to providers in August 2013 states that although the Health Board has commissioning responsibility for English resident Welsh registered patients they are the legal responsibility of the relevant CCG*)
- Secondary Care referrals only made by General Practitioners, Consultants and other clinically qualified health professionals with referral rights within the Health Board area.
- Tertiary referrals only made by Consultants and clinical gatekeepers.

Please note - it is the clinician's responsibility to complete the application form. This ensures that adequate clinical information is provided to aid the decision making process.

## 4.0 EXCLUSIONS

### 4.1 This policy does not apply to the following services;

- Emergency Treatment
  - Urgent suspected cancer referrals. All referrals for urgent suspected cancer must be **referred by e-referral** into the appropriate Health Board's respective tumour sites which have been set up in accordance with NICE guidelines. If a Cross Border patient has requested to be referred to a local hospital in England then the referral will be made by fax until such time as electronic referrals can be made. A list of the relevant fax numbers by speciality are regularly updated and issues to all GP practices in the Health Board area.
  - Community based services such as district nursing.
  - Looked After Children
  - Requests for treatment in countries of the European Economic Area.
  - The specialised services pathways established as part of the arrangements under the Welsh Health Specialised Services Committee (Wales) Regulations 2009.
  - Requests which are judged to fall under IPFR or INNU.
  - Reimbursement for private treatment
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4.2 This policy does not apply to the following cohorts of patients;

- Patients diagnosed with HIV/AIDS as outlined in the Welsh Governments document “Providing for the needs of people with HIV/AIDS in Wales: National Care Pathways and Service Specification for Testing, Diagnosis, Treatment and Supportive Care”.

4.3 This policy does not apply to the following factors;

- Non-clinical factors (such as employment status) will not be considered when making decisions on prior approval requests.
- Waiting time factors will not be taken into account when considering prior approvals as this will theoretically prioritise some patients over others who are in the same clinical position.
- Patient choice. The NHS in Wales does not operate a system of patient choice. However, cross border patients are able to choose their secondary care provider.

## 5.0 GUIDING PRINCIPLES AND CRITERIA

### 5.1 Second Opinion

If a second opinion is required for routine treatment out of area, the requesting clinician must demonstrate that the patient has exhausted all local options where possible. The patient should first receive a second opinion from a consultant colleague within the same Health Board and then from a Health Board or English NHS Trust with whom a contractual agreement is held.

**Please note; if a second opinion is approved, this does not automatically mean that funding will be provided for additional appointments and/or treatment.**

### 5.2 Lack of local service provision/expertise

The NHS secondary care consultant or other care provider, for example a GP or dentist, with the support of an NHS secondary care consultant where available, needs to demonstrate that all local and locally commissioned service provision has been exhausted in order for an external referral to be considered for an ‘expert’ opinion. In addition, for reasons due to lack of local expertise, the clinician must demonstrate that the referral being made is to an ‘expert’ within that specific clinical speciality.

### 5.3 Clinical continuity of care

Whilst the Health Board understands the importance of continuity, we must endeavour to deliver the patient’s care locally. Where comparable services are available locally, the patient will be referred to those services in the first instance. Clinical advice will be sought to ensure local services meet the needs of the patient’s clinical condition.

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Consideration for a patient to remain with an existing provider will only be given if their specific clinical condition warrants continuity of care and that there are circumstances, which if unaddressed, are likely to have a serious impact on the patient's continuing health and wellbeing.

Before funding on this basis can be considered, a comprehensive report/letter from the existing clinician highlighting the specific clinical reasons why the patient should remain under their care would be required.

If a patient moves into a Health Board's area, they will be expected to access local services. However, in some instances, patients may request to remain with an existing care provider based on 'continuity of care'. As outlined above, clinical information will be required to support the reasons for this.

#### 5.4 **Transfer back to the NHS following self-funding in the private sector**

If a patient has self-funded their own referral/treatment in the private sector, the Health Board cannot be expected to fund ongoing treatment in the private sector. To ensure equity, all such referrals will be declined and the clinician advised to refer the patient to local or commissioned NHS services.

If however there is no local or locally commissioned service provision for the proposed treatment, the request for a referral to an external NHS consultant will be considered, based on the clinical information provided. The patient will be expected to receive all treatment with an NHS provider and should be added to the appropriate waiting list accordingly.

#### 5.5 **Re-referral following a previous tertiary referral**

If a service is not available locally or within existing commissioned services, the Consultant/Clinical Gatekeeper may wish to refer a patient to a specialist centre for clinical advice and/or potential treatment. Following the assessment/treatment, and when clinically appropriate, the patient should be discharged back to local services.

Patients frequently request to return to the same specialist centre for a 'new episode of care' based on 'clinical continuity'. When comparable services are available locally, patients will be expected to access the local services.

#### 5.6 **Students**

Students who register with a GP in Wales where they are receiving further or higher education become the responsibility of the Local Health Board in that area and should be treated in accordance with the principles outlined with the [Responsible Body Guidance](#) for the NHS in Wales.

#### 5.7 **Veterans**

The treatment of veterans should be undertaken in accordance with the principles outlined within [WHC \(2017\) 041 Armed Forces Covenant – Healthcare Priority for Veterans](#)

## 6.0 **PROCESS UNDERTAKEN WHEN CONSIDERING A PRIOR APPROVAL REQUEST**

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- 6.1 Prior approval requests are managed by IPFR Team. All prior approval requests are considered on their own merits using the guiding principles and criteria outlined in this document. Decisions are based on the clinical circumstances of the individual patient. It is therefore important to ensure that adequate clinical information is provided to aid the decision making process.
- 6.2 Where the patient does not meet the guiding principles outlined above, the prior approval request will be declined.
- 6.3 Should an application be received which has not been completed sufficiently enough to determine whether or not the request meets the guiding principles and criteria, or the incorrect form has been completed, the form will be returned to the requesting clinician within five working days of receipt.
- 6.4 Prior approval requests made directly by a patient or a patient representative will not be accepted. If a direct request is received, the patient will be advised to contact their GP or Hospital Consultant. Requests for referrals will not be accepted to private providers. The NHS cannot pay for or subsidise private hospital treatment.
- 6.5 A formal process will be held on a regular basis to ensure that correctly submitted and completed applications are considered in a timely manner. The volume and urgency of applications may require a decision more frequently as and when required.
- 6.6 A standard decision letter notifying the requesting clinician of the decision will be sent.

## **7.0 HOW TO REQUEST A REVIEW OF THE PROCESS**

If a prior approval request is declined, a patient and/or their NHS clinician have the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, they can ask for that decision to be reviewed.

## **8.0 WHAT IS THE SCOPE OF A REVIEW**

There will be a period of 25 working days from the date of the decision letter during which a review may be requested.

The request for a review form should be completed clearly outlining the grounds for the review and sent to the IPFR Team. The review panel will endeavour to meet within one month of the request being logged by the Health Board. Following the review, a decision letter will be issued to notify the patient and their clinician of the review panel's decision.

If new or additional information becomes available the application will be reconsidered.

## **9.0 REVIEW PANEL MEMBERSHIP**

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The review panel should comprise;

- Chair
- Senior Clinical Representative
- Senior Management Representative

## 10.0 CONFIDENTIALITY AND INFORMATION GOVERNANCE

In operating the prior approval policy, the Health Board will have due regard to the need to ensure that patient confidentiality is maintained at all times.

Each Health Board must comply with the requirements of the Data Protection Act and Caldicott Principles of Good Practice.

## 11.0 REVIEW OF THIS POLICY

This policy will be reviewed every 2 years or as required to reflect changes in legislation and guidance.

## 12.0 MAKING A COMPLAINT

Making a request for a prior approval does not conflict with a patient's ability to make a complaint to the Public Services Ombudsman for Wales. Further information is available on the Ombudsman's website [www.ombudsman-wales.org.uk](http://www.ombudsman-wales.org.uk).

Annex 1



**PRIOR APPROVAL  
REQUEST FORM**

Please only use this form when **all** treatment optional available within locally provided services have been exhausted and it is **clinically appropriate** to consider accessing healthcare services elsewhere.

**Details of clinician making the**

**Details of clinician patient is being**

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<b>referral:</b>	<b>referred to:</b>
Name:	Name:
Designation:	Specialty:
Address:	Address:
Postcode:	Postcode:
Telephone number:	Telephone number:
Fax number:	Fax number:
Email:	Email:

<b>Patient Details</b>	
Forename:	Surname:
Address:	Date of birth:
	Telephone number:
	NHS number:
Postcode:	Hospital number:

<b>Urgency</b>			
How urgent is the request? (tick as applicable)	<b>Urgent:</b> 24-48 hours	<b>Soon:</b> Within 3 weeks	<b>Non-urgent:</b> 4-6 weeks

**Please note:** If a decision is required urgently, clinical reasons must be provided. Administrative reasons will not be considered.

<b>Reason for request</b>

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- Second opinion
- Lack of local/commissioned service provision/expertise
- Clinical continuity of care
- Transfer back to the NHS following self-funding in the private sector
- Re-referral following a previous tertiary referral
- Student
- Veteran
- Other- please specify

### Clinical details

Details of treatment requested:

Medical history and current clinical status:

(Please provide a copy of the latest clinical report)

What plans are in place to ensure the patient is returned to local services following the treatment/intervention requested?

Has advice been sought from other colleagues or neighbouring Health Boards with whom we hold a contract (please provide details)

Additional information to support the referral:

(clinical letters/reports should be attached)

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Cost of treatment:

<p>I confirm that as the patients Consultant/GP, I have discussed this application and consent has been provided to obtain further clinical information pertinent to this funding request if required.</p> <p><b>Clinicians signature:</b></p> <p><b>Date:</b></p>
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<p><b>Please return this form with a copy of the referral letter to:</b></p> <p>IPFR Team Cardiff &amp; Vale Public Health Team, Global Link, Dunleavy Drive, Cardiff, CF11 0SN CAV.IRT@wales.nhs.uk</p>
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## Equality & Health Impact Assessment for NHS WALES PRIOR APPROVAL POLICY

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Public Health Melanie Wilkey 02921 832100 Elinor Hammond 02921 832101
3.	Objectives of strategy/ policy/ plan/ procedure/ service	As stated in the individual policies
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> <li>• population data</li> <li>• staff and service users data, as applicable</li> <li>• needs assessment</li> <li>• engagement and involvement findings</li> <li>• research</li> <li>• good practice guidelines</li> <li>• participant knowledge</li> <li>• list of stakeholders and how stakeholders have engaged in the development stages</li> <li>• comments from those involved in the designing and development stages</li> </ul>	<ul style="list-style-type: none"> <li>• The procedure operates within the principles of the:</li> <li>• Cardiff and Vale University Health Board's 2015- 2025 ten year strategy,</li> <li>• 'Shaping Our Future Wellbeing',</li> <li>• 2010 Equality Act,</li> <li>• Human Rights Act 1998,</li> <li>• Welsh Language Act 1993 and Welsh Language (Wales) Measure 2011.</li> <li>• All Wales Policy - Making decisions on Individual Patient Funding Requests (IPFR) 2016.</li> <li>• IPFR Independent Review</li> <li>• Related policies such as Interventions Not Normally Undertaken, Top-Up Policy and European Economic Area funding.</li> <li>• Related UHB policies such as flexible working and Dignity at Work policies.</li> <li>• R v North West Lancashire Health Authority Ex Parte A(2000)1WLR 977CA</li> </ul>

	<p>Population pyramids are available from Public Health Wales Observatory<sup>1</sup> and the UHB's 'Shaping Our Future Wellbeing' Strategy provides an overview of health need<sup>2</sup>.</p>	<p>NHS (Wales) Act 2006</p> <ul style="list-style-type: none"> <li>• Colin Ross v West Sussex Primary Care Trust 2008 EWHC 2252 (admin) Health Commission Wales: A Review (2008), Professor Sir Mansel Aylward</li> <li>• Priority Setting: Managing Individual Funding Requests (2008), NHS Confederation Routledge Report 2009</li> <li>• Improving the Availability of Medicines for Patients in Wales: Report of the Routledge Report Implementation Group 2011 R (on the Application of AC) v Berkshire West Primary Care Trust [2011] EWCA Civ 247.</li> <li>• Oxfordshire PCT Equality Impact Assessment on Individual Funding Request Policy (March 2011)</li> </ul> <p>During the Independent review of Individual Patient Funding Requests and development of the policy, views were sought from patients, carers, relatives, patient representatives, health charities, lobbying groups, clinicians, healthcare professionals, IPFR panel members in local health boards (LHBs) and the Welsh Health Specialised Services Committee (WHSSC), Assembly Members (drawing from their constituency correspondence), political parties and pharmaceutical industry representatives. The review group held a total of ten face-to-face engagement sessions in Wrexham, Aberystwyth and Cardiff during November 2016. In each location, there was a session specifically for patients, patient organisations, and healthcare professionals, as well as one in Cardiff for the pharmaceutical industry. The review group considered the published documents outlining the approach taken to IPFRs and wider commissioning in England, Scotland and Northern Ireland. And looked at statistics on IPFRs and commissioning processes in Wales and, where available, the equivalent processes elsewhere.</p>
<p><b>5.</b></p>	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p>	<p>Clinicians submitting prior approval request and their patients for whom the request is for, who are residents of the UHB will be affected by the Policy.</p>

EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.1 Age</b> For most purposes, the main categories are:</p> <ul style="list-style-type: none"> <li>• under 18;</li> <li>• between 18 and 65; and</li> <li>• over 65</li> </ul>	<p>The Prior Approval Request (PAR) application form requires patients to disclose their date of birth. This is collected to help:-</p> <ul style="list-style-type: none"> <li>• Establish the legal status of the patient and the need for an appropriate adult (parent or guardian) to act as an advocate on behalf of the patient.</li> <li>• To help locate the patient's hospital or general practice records as appropriate when required.</li> </ul> <p>The panel provides clinical based decision making and therefore social factors such as age, gender, etc. are redacted prior to review at the IPFR panel. Protected characteristics</p>	<p>N/A</p>	<p>N/A</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>are not provided to the IPFR Panel for review and consideration therefore, this information is not taken into account during the decision making process.</p> <p>The Office of National Statistics, 2011 Census, Population and Household Estimates for Wales, states the median age of the population in Wales was 40 years for men and 42 years for women.</p>		
<p><b>6.2 Persons with a disability as defined in the Equality Act 2010</b> Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes</p>	<p>The Policy would be made accessible to staff in alternative formats on request or via usual good management practice.</p> <p>The Prior Approval Request form does not routinely require patients to disclose this information. It is at the referrers discretion to disclose this information if it is clinically relevant to the treatment being sought in the request. Therefore this data is not routinely collected and cannot be measured.</p>	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.3 People of different genders:</b> Consider men, women, people undergoing gender reassignment</p> <p><b>NB</b> Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender</p>	<p>Clinicians of any gender and patients of any gender are considered in the same way. All protected patient characteristics, including gender, are redacted in the information provided to the IPFR Panel for consideration, therefore this information is not taken into account during the decision making process. However, where there is evidence that capacity to benefit from a treatment is related to gender, this may affect the decision of the IPFR Panel.</p> <p>The Prior Approval Request form requires the disclosure of the patients' gender.</p> <p>The Office of National Statistics, 2011 Census, Population and Household Estimates for Wales states there were 1.50 million men and 1.56 million women in Wales.</p> <p>The Prior Approval Request form does not routinely require the disclosure of information relating to gender reassignment. It is at</p>	<p>N/A</p>	<p>N/A</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
	<p>the referrers discretion to disclose this information if it is clinically relevant to the treatment being sought in the prior approval request. It has been noted that NHS England were legally challenged in the case of AC v Berkshire West PCT [2010] EWHC. The challenge itself related to the evidence for 'exceptional significance' for the IPFR commissioning decision rather than the collection or discrimination of the protected characteristic.</p> <p>Cardiff and Vale IPFR team do not consider requests for gender reassignments as these are considered by the Welsh Health Specialised Services Committee.</p>		
<b>6.4 People who are married or who have a civil partner.</b>	<p>The prior approval request form does not require patients to disclose their marriage or civil partnership status. Therefore this data is not collected and cannot be measured.</p>	N/A	N/A
<b>6.5 Women who are expecting a baby, who are on a break from work after having a baby, or</b>	<p>The prior approval request form does not routinely require patients to disclose this information. It is at</p>	N/A	N/A

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>who are breastfeeding.</b> They are protected for 26 weeks after having a baby whether or not they are on maternity leave.</p>	<p>the referrers discretion to disclose this information if it is clinically relevant to the eligibility or treatment being sought in the request. Therefore this data is not routinely collected and cannot be measured.</p>		
<p><b>6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers</b></p>	<p>There appears not to be any impact on patients regarding race, nationality, colour, culture or ethnic origin. The prior approval request form does not require patients to disclose this information. Therefore this data is not collected and cannot be measured.</p>		
<p><b>6.7 People with a religion or belief or with no religion or belief.</b> The term 'religion' includes a religious or philosophical belief</p>	<p>The prior approval request form does not require patients to disclose this information. It is at the referrers discretion to disclose this information if it is clinically relevant to the eligibility or treatment being sought in the request. Therefore this data is not collected and cannot be measured.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate. Make reference to where the mitigation is included in the document, as appropriate
<p><b>6.8 People who are attracted to other people of:</b></p> <ul style="list-style-type: none"> <li>• the opposite sex (heterosexual);</li> <li>• the same sex (lesbian or gay);</li> <li>• both sexes (bisexual)</li> </ul>	<p>The prior approval request form does not require patients to disclose this information. Therefore this data is not collected and cannot be measured.</p>		
<p><b>6.9 People who communicate using the Welsh language in terms of correspondence, information leaflets, or service plans and design</b></p> <p>Well-being Goal – A Wales of vibrant culture and thriving Welsh language</p>	<p>The All Wales policy, claim forms, website information and patient leaflets will all be made available in Welsh. Patients have the discretion to apply through the medium of the Welsh language in line with the UHB's Welsh language policy. Receipt of applications in the Welsh language will be measured accordingly.</p>		
<p><b>6.10 People according to their income related group:</b> Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health</p>	<p>The prior approval request form does not require patients to disclose this information. Therefore this data is not collected and cannot be measured.</p>	N/A	N/A
<p><b>6.11 People according to where they live:</b> Consider people living in areas known to exhibit poor economic and/or health</p>	<p>The prior approval request form requests the patient's address on the application form to ensure that the patient is a Cardiff and Vale</p>	N/A	

<b>How will the strategy, policy, plan, procedure and/or service impact on:-</b>	<b>Potential positive and/or negative impacts</b>	<b>Recommendations for improvement/ mitigation</b>	<b>Action taken by Clinical Board / Corporate Directorate.</b> Make reference to where the mitigation is included in the document, as appropriate
indicators, people unable to access services and facilities	resident and to allow for communication regarding requests. All protected patient characteristics, including address are redacted in the information provided to the IPFR Panel consideration, therefore this information is not taken into account during the decision making process.		
<b>6.12 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service</b>	There are no other groups or risk factors to take into account with regard to this Policy. All patient identifiable information is redacted from the request prior to being presented at the IPFR panel and is therefore not taken into account.		

**6. HIA / How will the strategy, policy, plan, procedure and/or service impact on the health and well-being of our population and help address inequalities in health?**

Questions in this section relate to the impact on the overall health of individual people and on the impact on our population. Specific alignment with the 7 goals of the Well-being of Future Generations (Wales) Act 2015 is included against the relevant sections.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
<p><b>7.1 People being able to access the service offered:</b> Consider access for those living in areas of deprivation and/or those experiencing health inequalities</p> <p>Well-being Goal - A more equal Wales</p>	<p>The All Wales Prior Approval Request policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.</p>	<p>N/A</p>	<p>N/A</p>
<p><b>7.2 People being able to improve /maintain healthy lifestyles:</b> Consider the impact on healthy lifestyles, including healthy eating, being active, no smoking /smoking cessation, reducing the harm caused by alcohol and /or non-prescribed drugs plus access to services that support disease prevention (eg immunisation and vaccination, falls prevention). Also consider impact on access to supportive services including smoking cessation services, weight management services etc</p> <p>Well-being Goal – A healthier</p>	<p>The All Wales Prior Approval Request policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.</p>	<p>N/A</p>	<p>N/A</p>

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Wales			
<p><b>7.3 People in terms of their income and employment status:</b> Consider the impact on the availability and accessibility of work, paid/ unpaid employment, wage levels, job security, working conditions</p> <p>Well-being Goal – A prosperous Wales</p>	<p>The All Wales Prior Approval Request policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.</p>		
<p><b>7.4 People in terms of their use of the physical environment:</b> Consider the impact on the availability and accessibility of transport, healthy food, leisure activities, green spaces; of the design of the built environment on the physical and mental health of patients, staff and visitors; on air quality, exposure to pollutants; safety of neighbourhoods, exposure to crime; road safety and preventing injuries/accidents; quality and safety of play areas and open spaces</p>	<p>The All Wales Prior Approval Request policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.</p>		

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts and any particular groups affected	Recommendations for improvement/ mitigation	Action taken by Clinical Board / Corporate Directorate Make reference to where the mitigation is included in the document, as appropriate
Well-being Goal – A resilient Wales			
<p><b>7.5 People in terms of social and community influences on their health:</b> Consider the impact on family organisation and roles; social support and social networks; neighbourliness and sense of belonging; social isolation; peer pressure; community identity; cultural and spiritual ethos</p> <p>Well-being Goal – A Wales of cohesive communities</p>	The All Wales Prior Approval Request policy enables the decision making process for patient funding requests and as such this is not applicable to this policy.		
<p><b>7.6 People in terms of macro-economic, environmental and sustainability factors:</b> Consider the impact of government policies; gross domestic product; economic development; biological diversity; climate</p> <p>Well-being Goal – A globally responsible Wales</p>	As part of the decision making process, the IPFR panel consider ethics of funding requests e.g. whether the patient is accessing services equitably.		

<b>8.1 Please summarise the potential positive and/or negative impacts of the strategy, policy, plan or service</b>	Overall, there appears to be very limited impact on the protected characteristics and health inequalities as a result of this All Wales Prior Approval Policy.
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### Action Plan for Mitigation / Improvement and Implementation

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>
<b>8.2 What are the key actions identified as a result of completing the EHIA?</b>	All non-clinical information will be redacted from the information provided to the IPFR panel during the decision making process.	IPFR Commissioning Officer	Ongoing	
<b>8.3 Is a more comprehensive Equalities Impact Assessment or Health Impact Assessment required?</b>  This means thinking about relevance and proportionality to the Equality Act and asking: is the impact significant enough that a more formal and full consultation is required?	As there has been potentially very limited impact identified, it is unnecessary to undertake a more detailed assessment and formal consultation is not required.	N/A	N/A	

	<b>Action</b>	<b>Lead</b>	<b>Timescale</b>	<b>Action taken by Clinical Board / Corporate Directorate</b>
<p><b>8.4 What are the next steps?</b></p> <p>Some suggestions:-</p> <ul style="list-style-type: none"> <li>• Decide whether the strategy, policy, plan, procedure and/or service proposal: <ul style="list-style-type: none"> <li>○ continues unchanged as there are no significant negative impacts</li> <li>○ adjusts to account for the negative impacts</li> <li>○ continues despite potential for adverse impact or missed opportunities to advance equality (set out the justifications for doing so)</li> <li>○ stops.</li> </ul> </li> <li>• Have your strategy, policy, plan, procedure and/or service proposal approved</li> <li>• Publish your report of this impact assessment</li> <li>• Monitor and review</li> </ul>	<p>The Policy is due to consideration by the QSE Committee.</p> <p>When the Prior Approval policy is developed or reviewed, this EHIA will form part of that consultation exercise and publication. This EHIA will be reviewed three years after approval unless changes to terms and conditions, legislation or best practice determine that an earlier review is required. The UHB standard is that all policies are reviewed within 3 years (1 year if a statutory requirement).</p>			