

Exceptional Funding Requests

Guidance - Who Applies for Funding?

Bristol, North Somerset and South
Gloucestershire Integrated Care Board
(BNSSG ICB)

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1. Purpose, scope and key message

This guidance explains who is responsible for applying for funding approval where the requested treatment is on the Interventions Not Normally Funded (INNF) list and requires a Prior Approval (PA) or Exceptional Funding Request (EFR).

Key message: the clinician who decides that an INNF intervention is required is responsible for submitting (or arranging submission of) the funding request.

- Where an intervention is not routinely funded, the responsible clinician should make the application for funding approval and provide the clinical evidence needed to demonstrate that the patient meets policy criteria or qualifies under exceptionality.

2. Primary care: securing funding approval before referral

INNF policies set out who is normally responsible for applying for funding approval. In many cases, approval must be secured *before* a referral to secondary care is made. This is because the patient's clinical history is usually held in primary care, and the information required to demonstrate that criteria are met is often most readily available to the GP practice.

Referring a patient typically leads to outpatient appointments (sometimes more than one) and diagnostic tests. If a referral is made for a treatment on the INNF list and the patient does not meet the funding criteria (and does not qualify under exceptionality), this can result in avoidable activity and longer waiting lists.

Securing funding approval up front can reduce delays and support achievement of Referral to Treatment (RTT) targets.

Once a patient has been assessed in an acute trust or provider service, their expectation of treatment may increase. Patients may also have arranged time off work or caring responsibilities to attend appointments and tests. If funding approval is refused later in the pathway, this can cause distress and may contribute to complaints (including escalation to the Parliamentary and Health Service Ombudsman).

Where an INNF policy requires funding approval before referral, secondary care providers should return referrals that do not evidence approval.

3. Secondary care: responsibility for seeking funding approval

Some INNF interventions are specialist treatments that can only be assessed as appropriate by a secondary care clinician. In these cases, the same overarching principle applies: the clinician who decides that an INNF intervention is clinically indicated is responsible for applying for funding approval.

If a consultant recommends an INNF intervention, the consultant should submit the funding request (or ensure it is submitted from secondary care) and provide the supporting evidence. This includes documenting how the patient meets policy criteria or, where relevant, what makes the patient exceptional.

Sometimes a patient may be seen in secondary care without funding approval having been secured at the outset. Examples include:

- Primary care referrals that were made (and accepted) despite a requirement to secure funding approval before referral.
- Internal referrals made within provider organisations (these are governed by [the BNSSG ICB Elective Care Access Policy](#)).
- Referrals from one secondary care provider (including Any Qualified Providers and private providers) to another secondary care provider.
- The EFR Team may have given approval for secondary care opinion only, and funding approval is still required for an INNF intervention.

In these situations, once the patient has been assessed and a specific INNF intervention is recommended, the secondary care clinician recommending the treatment should apply for funding approval. Having accepted and assessed the referral, secondary care clinicians should not routinely ask GPs to secure funding approval on their behalf.

4. Exceptions and special circumstances

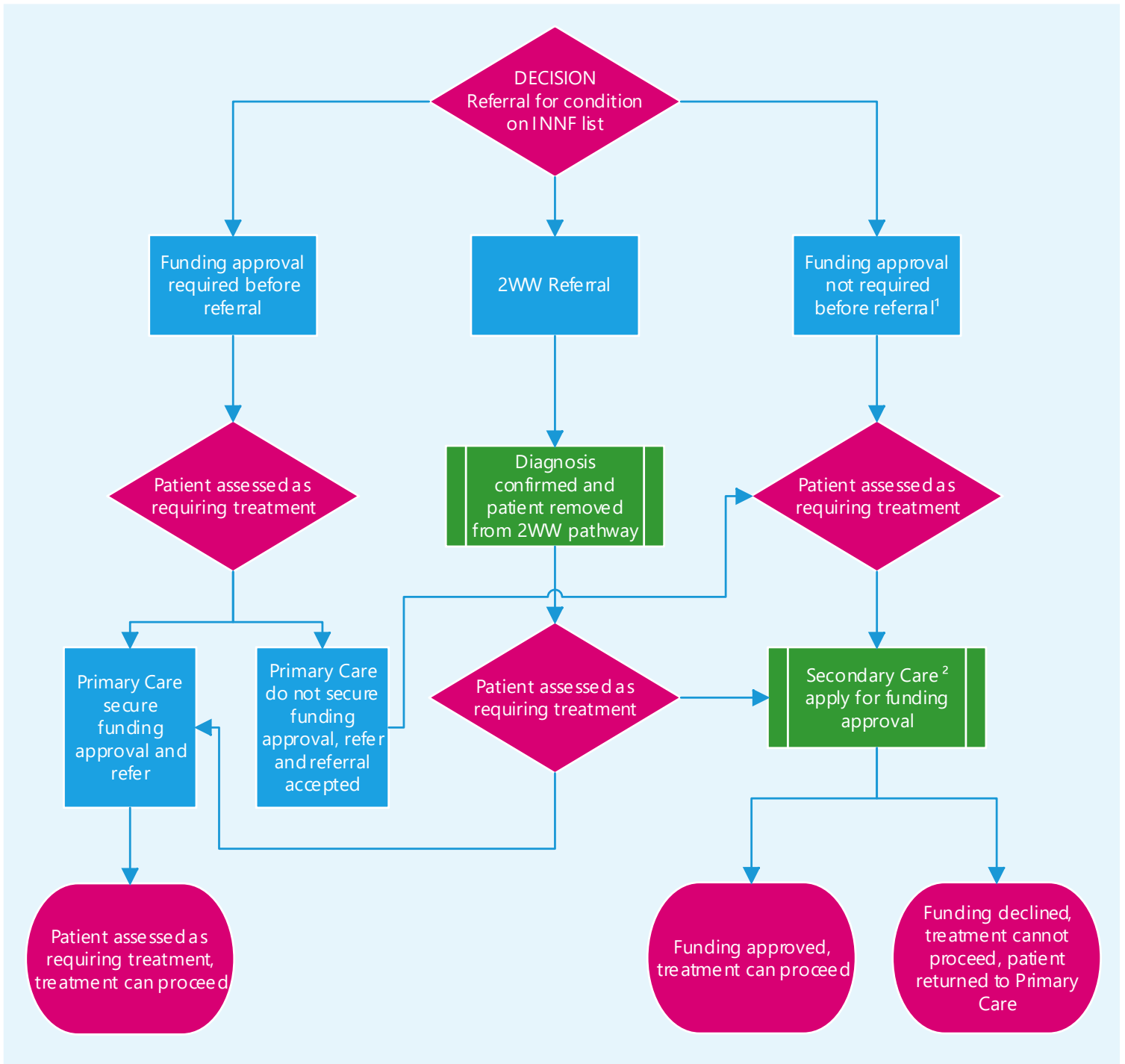
Two Week Wait (2WW)

INNF policies do not generally apply to patients referred under Two Week Wait (2WW) pathways. However, if a patient is subsequently cleared of cancer concerns and an INNF intervention is then recommended, responsibility for securing funding approval sits with the clinician recommending the INNF treatment.

If there is diagnostic uncertainty, the referrer should consider whether a 2WW referral is clinically appropriate. If not, and the intended intervention is on the INNF list, funding approval will be required before referring.

2WW pathways should not be used solely to avoid the need for funding approval where an INNF policy applies.

Appendix A - Flowchart Demonstrating Responsibility To Secure Funding Approval



- Notes:
1. A small number of INNF policies require funding approval to be secured once the patient is assessed in Secondary Care.
 2. Secondary Care includes all Acute Trusts and AQPs

Appendix B: Glossary of terms

Term	Definition
Acute Trust or Provider	<p>A hospital trust, also known as an acute trust is an NHS trust that provides secondary health services within the English National Health Service.</p> <p>NHS Providers are the membership organisation and trade association for NHS acute, ambulance, community and mental health services that treat patients and service users in the NHS.</p>
Any Qualified Provider	Any qualified provider (AQP) means that when patients are referred, usually by their GP, for a particular service, they should be able to choose from a list of qualified providers who meet NHS service quality requirements, prices and normal contractual obligations.
Integrated Care Board	A statutory NHS organisation responsible for planning and commissioning NHS services for a local population as part of an Integrated Care System (ICS), working with partner organisations to improve health outcomes and use resources effectively.
Exceptionality	Where a patient is or isn't deemed exceptional by the Exceptional Funding Request Panel. For this to occur the patient's clinician needs to submit evidence to the Panel for them to determine whether they believe the patient is exceptional above the cohort of patients that would also benefit from the intervention being requested.
The INNF List	The INNF list includes treatments, drugs or procedures that are not routinely funded, often because they provide limited benefit for the eligible population or because they are unusual or uncommon.
Parliamentary and Health Service Ombudsman	Parliamentary and Health Service Ombudsman is an independent body established to provide a service to the public by undertaking independent investigations into complaints that public bodies, including the NHS in England, have not acted properly or fairly or have provided a poor service.
Primary Care	Primary care is the day-to-day healthcare given by a health care provider. Typically, this provider (usually GPs) acts as the first contact and principal point of continuing care for patients within a healthcare system, and coordinates other specialist care that the patient may need.
Exceptional Funding Request	A request for funding approval for an individual patient for a specific intervention, procedure or drug.
Exceptional Funding Request Team	Administrators and facilitators of the Exceptional Funding Request process.
Intervention	An intervention carried out with the aim to improve, maintain or assess the health of a person, in a clinical situation.
RTT	Referral to Treatment
Secondary Care	Secondary care refers to services provided by medical specialists who generally do not have the first contact with a patient.
2 Week Wait	A referral pathway used where there is a suspicion of cancer and urgent specialist assessment is required (often described as being seen within two weeks).