SpeedReading
for your Meetings

Normal' reading speed is around 200-220 words per minute. After you have completed this programme, you should be reading at nearer to 400wpm, possibly more.

You may hear of reading 1000+wpm, achieved by 'skimming' – reading fast 'over' the text to get an idea of the meaning. The idea of speedreading is to 'skim' documents to find the information which is of interest and then slow to concentrate on important material. That slowed speed will still be 300-400wpm using the techniques in this programme. The idea is not to understand 100% of everything you read, it is to understand 100% of everything you need to know from the document.

There are twelve techniques that will make a significant difference to your reading speed. The first ten will help with reading fast and efficiently when you need to understand the content. Not all will suit you but give each a chance before you decide which to continue, which to use when appropriate and which to drop. The final two lessons cover skimming to get an idea of the content and scanning to look for a specific term. As you learn each, consciously incorporate it into your reading until it becomes second nature, ideally before you move on to the next lesson.

In every lesson, there will be text for you to read. Rather than having long periods of silence (which would never be the right length for everyone), you'll be asked to pause the video to read – there's five seconds to find the pause button. Restart the video when you've finished reading.

Keep your mouse to hand but don't click on the graphic…

…use the play bar which comes up when you hover over the bottom of the screen.

If you prefer to read on paper (generally better while you're learning), all the text you'll be asked to read is also in this workbook.

At the end of most lessons, there's an exercise to relax your eyes; these aren't specific to the technique. Try each one and see what works for you. It's well worth giving your eyes a break, with these exercises or just focusing on the horizon for a few moments.

To make the most of the training, download and print the workbook and get together:

- Three or four business reports, ideally they should be at least four pages long. You'll be asked to read a page before several of the lessons, choose a different one for each.
- A book or two that are primarily text.
- A magazine, ideally one that you haven't read.
- Ruler and a pen.
- A stopwatch, probably on your phone or tablet

Test yourself

At the end of this workbook is a long report which you can use to test your speed before you embark on this training and again when you have completed the last lesson.

Several of the lessons include a 'before and after' speed test. This is wholly unscientific but is intended to give you an idea of which techniques help you the most. You can use any document, probably a page from a report or set of minutes that is text (rather than tables and charts). You should read an amount of your choosing, but ideally a page of A4. You can read the same page at the end of the lesson or choose one with a similar amount of text. Note your before and after speeds below.

Lesson		Before	After
0	Five-minute speed test, before and after the training		
1	Compare speed when vocalising to reading for meaning.		
3	Backskipping and rewinding, pre- and post-lesson.		
4	Chunking familiar phrases, pre- and post-lesson (you might find little difference, it takes practice but speed increases with use)		
5	Chunking exercise, pre- and post-lesson Before, reading steadily; after, reading in chunks		
5	Chunking throughout, pre- and post-lesson (again, speed increases with use)		
8	Overlining, pre- and post-lesson		
9	Guiding, pre- and post-lesson		
10	Eye Speed After, with metronome After, following fast pointer at start		

Lesson 1 | Don't talk, read

Vocalising is saying the words, 'in your head', muttering or moving your lips, as you read. It is problem for speedreaders because it slows your reading to speaking speed.

Work to prevent this by holding a pencil in your lips or your tongue between your teeth. Try to read for meaning, rather than reading the words.

Exercises from the lesson

Do you vocalise? Read this paragraph to find out.

> The shuttlebus currently operates from 8.45-4.00 and transports patients from the town centre to the hospital with hourly pick-ups in both directions. If this service was extended to 8.15am-5.30 it could be made available to staff which could reduce the car park use by those who do not need a car during the working day.

Read this report extract aloud (and later without vocalising)

The shuttlebus currently operates from 8.45-4.00 and transports patients from the town centre to the hospital with hourly pick-ups in both directions. If this service was extended to 8.15am-5.30 it could be made available to staff which could reduce the car park use by those who do not need a car during the working day.

This would incur extra costs in the region of £6,250 reflecting the driver's extra hours, additional fuel and maintenance costs as well as a nominal depreciation charge. The service is funded from car park receipts where there is a healthy cash surplus which will easily cover this cost.

HP+R operates the park and ride system from three out-of-town locations: by the motorway to the north of the town and 3-4 miles out of town to the east and south-west. All drop passengers in Market Square, 50 yards from the stop used by the shuttlebus. The fare is currently £3.60 return, and the company is willing to discuss a discount to hospital staff. This should encourage use of the P+R system combined with the shuttlebus to the hospital.

Lesson 2 | Before you Begin

Overview

Pause to take an overview of the document, looking for things such as:

- title
- length
- font
- introduction
- headings
- charts
- conclusion
- recommendations

This will help you transition from whatever you were doing before you picked it up and give you some familiarity with the style and content you will be working with.

Why am I reading?

Before you begin to read, remind yourself of your purpose. For example, you might be reading an accident report to find out what happened… or why it happened… or how to prevent it happening again… or whether the new system would stop it… or whether rules were broken.

Backskips

Backskipping is re-reading a couple of words and is usually done from habit rather than consciously. This wastes time reading extra words and does little to improve comprehension as the words are read out of order

Rewind

If you feel you are not understanding, it is tempting to go back to the beginning of the paragraph and start again. But it is not surprising you don't yet understand… you haven't finished the paragraph.
Quite often the problem is caused by poor writing. If the author doesn't get to the point until the end of the paragraph, it isn't surprising if you haven't understood it until you get there. Once you start reading, continue to the end of the paragraph and only then go back to the beginning if you need to. You will usually find that it has made sense once you got to the end.

Exercises from the lesson

Backskipping

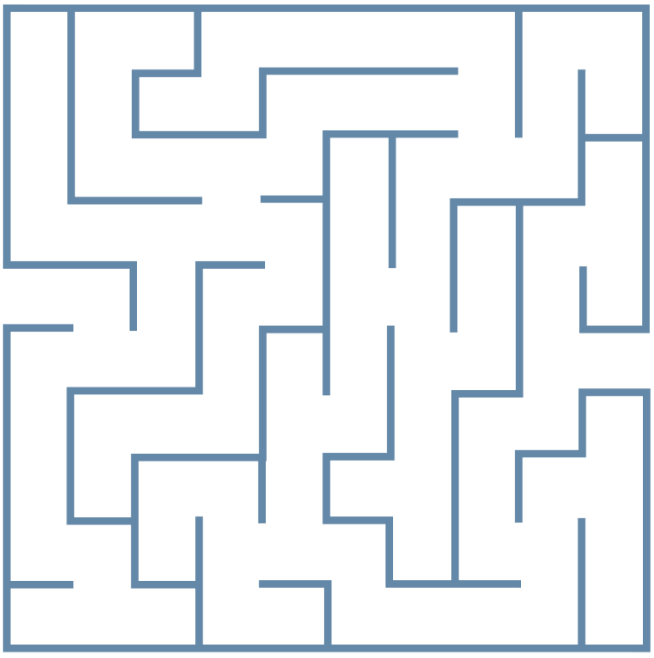
> The questionnaire was sent by email to each service-user two days after their first appointment. Last year's survey showed that any greater period led to a significant reduction in the number of responses received. The practitioner explained the purpose and importance of the survey and asked for permission to send it by email. There was a very small percentage of people who did not use email and they were given a printed copy, an information sheet, and a stamped addressed envelope to return it.

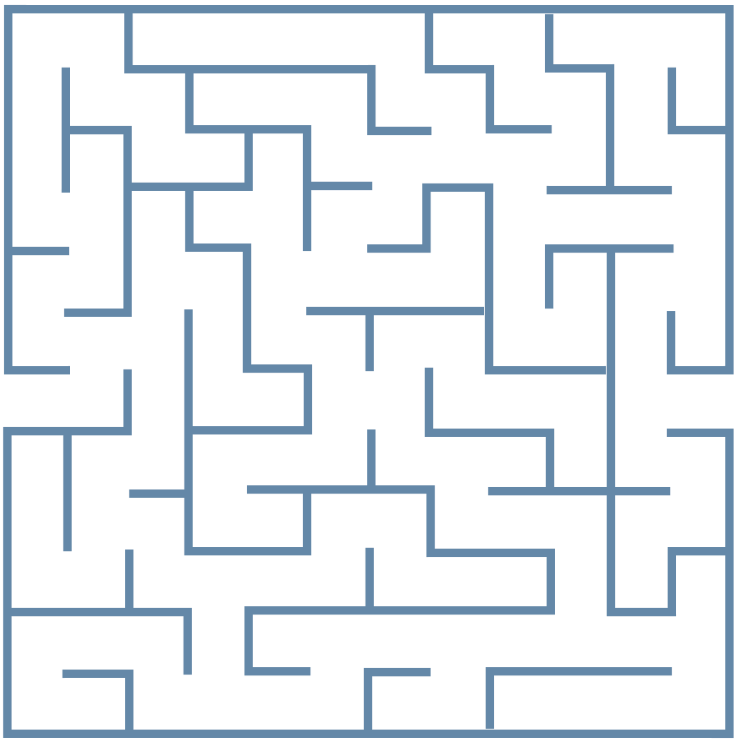
Rewinding, less helpful author:

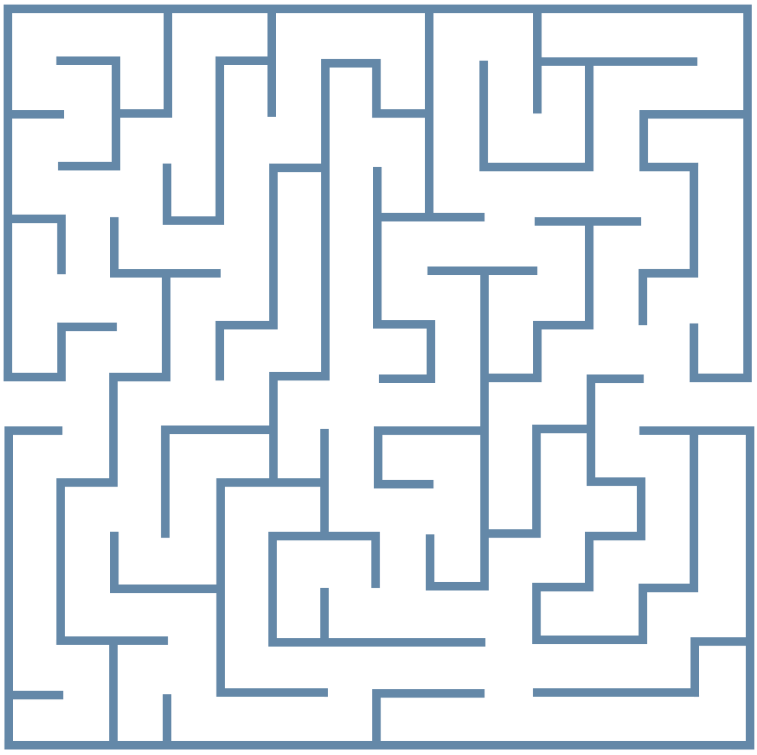
Several participants did not complete the questionnaire, often stopping after the first five questions. There were no comments made as to why they had stopped but it is possible that having to give their name at the foot of the first page they didn't realise that the questions continued overleaf. A few people did not seem to understand the scoring system for our service, choosing the same number in answer to each question so giving contradictory answers. Most of the problems seem to be caused by the layout of the questionnaire and more thought needs to be given to its design when the second survey is run.

More help to the speedreader:

The layout of the survey needs to be reviewed as it caused some problems in the trial. Several participants did not complete the questionnaire, often stopping after the first five questions. There were no comments made as to why they had stopped but it is possible that having to give their name at the foot of the first page they didn't realise that the questions continued overleaf. A few people did not seem to understand the scoring system for our service, choosing the same number in answer to each question so giving contradictory answers.







Lesson 4 | Chunking (recognised groups)

A slow reader is likely to look at each word – to 'fix' on it. Each fix takes around a quarter of a second. Train your brain to fix on a group of works and you will drop your number of fixes per line from around ten to three or four. Always fix around the centre of your group of words and let your peripheral vision take in the rest.

Exercises from the lesson

Read this paragraph, chunking the highlighted phrases

The partner organisations will work together to achieve their vision and strategy. The vision is a new integrated care system, maximising their collective skills and capabilities. This system will build on the services already in place to improve outcomes for residents of all ages through a close working alliance. Services will be high quality and sustainable, delivered as a mix of face-to-face and digital care.

Read it again, seeing the chunks without the help of the highlighting

The partner organisations will work together to achieve their vision and strategy. The vision is a new integrated care system, maximising their collective skills and capabilities. This system will build on the services already in place to improve outcomes for residents of all ages through a close working alliance. Services will be high quality and sustainable, delivered as a mix of face-to-face and digital care.

Exercises from the lesson

Time yourself reading this report extract

The shuttlebus currently operates from 8.45-4.00 and transports patients from the town centre to the hospital with hourly pick-ups in both directions. If this service was extended to 8.15-5.30 it could be made available to staff which could reduce the car park use by those who do not need a car during the working day.

This would incur extra costs in the region of £6,250 reflecting the driver's extra hours, additional fuel and maintenance costs as well as a nominal depreciation charge. The service is funded from car park receipts where there is a healthy cash surplus which will easily cover this cost.

HP+R operates the park and ride system from three out-of-town locations: by the motorway to the north of the town and 3-4 miles out of town to the east and south-west. All drop passengers in Market Square, 50 yards from the stop used by the shuttlebus. The fare is currently £3.60 return and the company is willing to discuss a discount for hospital staff. This should encourage use of the P+R system combined with the shuttlebus to the hospital.

Time taken: .....

Time yourself again

The shuttlebus
currently operates
from 8.45-4.00 and
transports patients
from the town centre
to the hospital
with hourly pick-ups
in both directions.
If this service was
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it could be made
available to staff
which could reduce
the car park use
by those who
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during the working day

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in the region of
£6,250 reflecting
the driver's extra hours,
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and maintenance costs
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The fare is
currently £3.60 return
and the company is
willing to discuss
a discount for hospital staff.
This should encourage
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combined with the
shuttlebus to the hospital.

Time taken: .....

Read this report, chunking but with less support as you continue

The baby buddy scheme
was launched in
April 2019
to support
first-time
new mothers
in the Henrow locality.
The scheme paired
new mothers with
those with older babies.
It was voluntary
and Henrow SureStart
was commissioned
to co-ordinate it
for twelve months.

Formal research and
anecdotal evidence
showed that many
first-time, new mothers
in the Henrow area
feel isolated
with just a small
group of acquaintances
in a similar position,
usually met through
ante-natal classes.
For financial reasons,
mothers often worked
as near to
their due date
as possible
so have little time
to build friendships
with other
expectant women.
They then
find themselves
thrown from
the world of work,
to being at home
with a tiny baby
over just a few weeks.

Continued/…

Whilst some are willing to approach the official services with questions or concerns others are worried that they would be seen as failing or do not know who to approach. The local midwife and health visitor services are fully stretched and are not able to spend as much time as they would like with individual mothers.

The baby buddy scheme was designed to offer informal, volunteer peer support and friendship to mothers in the early weeks of a baby's life. The buddies were mothers of children aged six to eighteen months and generally met with the new mothers for around five months. Some of the buddies have moved on to a second family and one to a third.

The buddies were recruited through SureStart centres, GP surgeries, toddler groups and social media. Buddies also peer-recruited as the scheme developed and new mothers moved on to become buddies. In the early stages, recruitment was attempted by leaflets alone but the take-up was poor. When the team co-ordinator visited the toddler groups and classes, the take-up was much better and once the scheme was running, mothers introduced friends and numbers grew further.

Lesson 6 | Clipping

You don't need to read every word of a line in order to get the point. Develop the habit of starting each line around 1-2cm from the left margin and finish the same distance from the right. Your peripheral vision will absorb the ends of the lines and help you make sense of what you are reading.

Exercises from the lesson

Time yourself reading this report extract

Difficulty in parking causes stress to patients and visitors and there has been an increase in reported 'parking rage' incidents. Complaints have risen and there has been negative press coverage in both local papers. Clinics often run late as clinicians and patients can be delayed by parking problems, meetings seldom start on time as visitors struggle to park and the stress to patients can have a negative effect on their physical health at the time of their appointment. Staff time is taken up with investigating formal complaints and there have been three recent cases where members of the public have wanted compensation for damage to their cars for car-park related accidents.

Lesson 7 | Place the page

Try holding or placing the page or screen in different positions, to the left or right, higher or lower, different angles. Work out which is the most effective for you and arrange your workspace as best you can to accommodate this.

Lesson 8 | Overlining

Help yourself to stop backskipping or rewinding by hiding the text with a ruler or piece of card. Don't hide the text to come (underlining), but the text that you have read (overlining). Use the ruler to 'push' you along as you read.

Lesson 9 | Guiding

When small children learn to read, they often put a finger under the word they are puzzling over. Yet this is discouraged as reading improves. Despite this, we often run a finger down the words in a dictionary as we look for what we want… or down the list of ingredients in a recipe, or names in a phone book. However, if you were to see a board member reading a report, moving a finger along the line, you might doubt their intelligence or reading skill!

Use a guide, a wooden skewer or retracted ball pen, to guide your eye as you read. It helps the eye move in a smoother, more fluid, way and will help you follow the line. Encourage yourself to read faster by increasing the speed of your guide.

Lesson 10 | Eye speed

Use a metronome and adjust your reading speed to start a new line with the 'click'. Initially start at 124bpm, reading a paragraph (or more) until you are comfortable at that speed, then increasing it by 8bpm, again read until you are comfortable and increase until you are maximum speed. Return to the exercise after a day or so and start again, but 16bpm below your maximum and again build up.

For a more visual approach, use your guide and move it fast across the page – too fast to read, although you might notice some words, concentrate on following the point. Practice getting faster and faster. You are not trying to read, but to get your eye moving fast in a controlled manner. Do this before reading.

Exercises from the lesson

Internal communications with member practices

Streamlining communications with our member practices has been a top priority in the last quarter, and there are now weekly updates from the CCG to all member practices. These updates are also uploaded on to the member practice intranet sites, so they can be accessed from there too. This has been really well received and will be evaluated in six months' time to ensure staff are happy with the messaging, frequency and content.

Digital communications: **Facebook**

Henrowshire CCGs have an online presence in the form of a Facebook account. This has been active since mid-October, and has been promoting Winter Wellness, flu, pharmacy opening times as well as Dry January. In 2021, a digital strategy was put in place to maximize the use and reach of all our social media and digital tools. Activity reports on digital communications will be presented to the governing body for information.

360 Survey

The stakeholder lists for the 360 survey have been submitted to NHS England via Ipsos Mori. For stakeholders that work with all three CCGs in Henrowshire, this year will be able to respond to the survey, giving their views on us as a federation rather than completing surveys on the three CCGs, separate trusts, out-of-hour service and the commissioning support unit. The survey will be extended from two weeks to a month, starting on 8 March 2021.

Lesson 11 | Scanning

Scanning is looking through a document, searching for a particular word or phrase. Try to picture the word or phrase, don't just speed along each line, rather you should be scanning over paragraphs with a sweeping movement just looking for the word or phrase. Try starting this from different points and sweeping in different directions.

Exercises from the lesson

Outright purchase would give greater certainty over finance but there were concerns about the need for ongoing software updates which will incur unknown costs in the future. The cost of a technical support contract was around 20% of the lease cost and the latest software update was 40% of the current purchase price for the system. The possibility of leasing the system was considered; this would spread the financial investment and ensure that system is always maintained and up to date. It was therefore decided to take out the three-year contract in order to attract a 5% discount.

can	but	was	and	end	bit	con	wit	put	can	pun	ten
was	and	fan	ten	was	wit	end	put	pun	con	cot	bit
and	was	had	cot	pun	fan	bit	and	ten	put	wit	con
con	pun	con	bit	put	ten	was	wit	cot	end	and	had
wit	con	ten	was	cot	and	had	gap	wit	hot	hat	put
ten	end	cot	gap	and	pun	con	bit	put	was	ten	wit
but	bit	wit	end	ten	put	but	fan	and	had	cot	pun
end	wit	put	con	had	was	pun	ten	bit	hot	and	end

went	type	sent	went	also	gate	many	show	cost	vent	many	done
show	done	also	cost	vent	sent	onto	able	gate	rare	type	show
type	vent	gate	also	able	show	cost	onto	type	done	sent	rare
vent	sent	show	type	onto	vent	done	able	rare	many	also	cost
done	also	done	gate	many	rare	sent	cost	able	show	vent	type
many	cost	onto	vent	show	type	rare	many	done	sent	able	also
sent	done	type	onto	many	able	show	vent	also	cost	sent	gate
cost	rare	vent	able	cost	done	onto	type	sent	also	gate	many

level	leant	mixed	learn	fixed	paced	often	space	build	built	other	level
mixed	paced	found	level	space	fixed	mixed	built	other	seven	leant	often
space	built	often	build	paced	learn	other	entry	leant	space	mixed	fixed
other	often	built	other	mixed	leant	leant	fixed	level	build	eight	learn
learn	learn	paced	space	built	often	learn	mixed	build	other	level	leant
built	space	built	build	fixed	level	found	paced	often	leant	learn	mixed
leant	level	other	mixed	learn	leant	space	eight	found	built	often	paced
paced	fixed	learn	often	level	build	built	leant	paced	mixed	other	space

though	simply	lotion	winter	motion	reduce	potion	health	person	mental	though	people
motion	mental	person	people	potion	motion	lotion	though	branch	motion	reduce	health
branch	potion	though	branch	reduce	simply	health	motion	mental	people	lotion	suffer
people	reduce	motion	health	branch	person	mental	potion	people	lotion	simply	though
potion	winter	suffer	mental	potion	though	motion	simply	health	branch	suffer	reduce
reduce	though	potion	people	winter	lotion	person	mental	suffer	reduce	health	motion
winter	people	reduce	lotion	simply	health	carers	winter	motion	potion	mental	branch
simply	person	simply	though	suffer	potion	people	branch	reduce	winter	carers	mental

1

achieve

Then number of extra spaces needed is too great to achieve by simply adding a few here and there. In order to make a worthwhile change, around 200 spaces would necessary. It would be difficult to change the public parking as it all

2

public

needs to be on-site and appropriately located. It is therefore only possible to change the arrangements for staff parking and open up the areas currently used to the public. The field on the southern border is a good

3

walkway

size and would create the necessary number of spaces. It is some walk from the main buildings but a walkway could be provided, covered if necessary. It could also be possible to encouraged staff to use it by offering a

4

surface

discounted parking charge. The biggest drawback to this idea is the need to create a suitable surface. Broad price estimates have been obtained and these figures used below; quotations could be obtained if the board feel this

5

retention

alternative is worth further investigation. There may also be problems with planning permission as the retention of this area was a stipulation of the original planning consent for the rebuilding of the site.

6

cost

Tarmac is the best solution as it offers a long-term option, can be painted with lines to encourage maximum use of the space and would be popular with users. It would, however, be expensive at an estimated cost of £150,000

7

grooves

which includes site preparation and drainage. Hardcore would provide a reasonably solid service in the short-term, but over time the passage of cars and heavy vehicles will wear grooves in it which cause problems in wet

8

mesh

weather. Again the site would need preparation and drainage installed but the cost would be in the region of £90,000. This is heavy duty mesh, through which grass can grow. It can also be laid with gravel or with

9

offsite

imitation grass. It is likely to be a harder wearing surface than hardcore and the cost would be around £85,000
There are two locations which could be of interest for offsite parking. Both would involve staff walking across the road.

Mark Devine, a 54 year old sales account manager, found that the odds were pitched against him when he was made redundant. "I went to a succession of recruitment agencies which seemed to be run by young people for their own age group, and although I was put forward for a number of interviews it felt as though I was there to make up the numbers," says Lindsell. "Although there are laws against age discrimination, I felt I wasn't being given fair consideration."

He decided to take the situation into his own hands. "I realised that I had to carve out a job for myself, and to do that I had to make myself outstandingly better than the other candidates," says Devine. In his previous position, Devine had at times been responsible for recruiting people, but now he found it was more difficult to be on the other side of the table. "As an employer it's easy to know what you want, but when I was asked 'tell me a bit about yourself', it completely threw me."

Working with a recruitment coach, he learnt to put structure into my interview technique and talk about himself in a concise way that left an impact. It's one thing to be good at a job, but another to demonstrate that. For Devine, the story had a happy ending: after narrowly missing out in his next interview, he was offered a senior position. "I understand I was up against 200 or so other people, including a dozen strong candidates," he says. "To say I was lifted by the coaching would be an understatement. I was totally elevated psychologically – I felt very good about myself."

Recruitment coaching is a growing sector that is devoted to giving candidates that all-important edge over competitors in the job interview. Not surprisingly, there has been no shortage of those scenting silver lining in the overall cloud of unemployment. A new interview training course My Job, is aimed at new graduates and is offered at various locations around the country. "It can be a battle even to get invited for interview for your dream job," intones the narrator on its video over a chilling soundtrack. "So when you get there, it is crucial that you stand out from the crowd. The sales manager explains that their target market is parents of graduates who are unemployed. "They might have spent up to £300,000 educating their sons and daughters in the independent sector, so another £1000 or so to help them get that first job is a good investment.

Major recruiters may not be delighted to see their clever questions for graduate trainees advertised to all and sundry, in what could be construed as a kind of job candidate's crib sheet. We can expect to see more of this subversive approach to the interview, with Generation Y less ready to accept the role of applicant as supplicant, and regarding the interview as a two-way conversation.

01232 125746 **Grant Alan** 42 Meadow Avenue
01232 846187 **Grant Andrew** The Grange, Parsonage Road
01232 354818 **Grant AD & M** 9 High Street
01232 573618 **Grant Barker & Partners** , Market Court , Ash Walk
01232 976321 **Grant B Vernon** 25 Chipstead Street
01232 618437 **Grant Carmen** Dunroamin, Upper Mill Street
01232 284459 **Grant C Henry** 163 Stafford Street
01232 718762 **Grant Cooper Ltd** Brackets Yard
01232 147684 **Grant C St J** 58 Bradley Road
01232 432846 **Grant David** 21 Stafford Street
01232 348694 **Grant Duke, and Martin** 29 Market Place
01232 215597 **Grant E B W** 4 Sycamore Place
01232 185927 **Grant Edward** Cob Cottage, Spinnaker Mews
01232 568321 **Grant Edward Simon** 8 Fenders Lane
01232 861431 **Grant Fenman** Kings Cottage, Dry Hill
01232 453765 **Grant Frankie** Flat 3, Tower Court
01232 571855 **Grant Gerry** (**Gerald**) 75 Market Rise
01232 315753 **Grant George** The Old Post Office, Sunbury Hill
01232 489227 **Grant George C** 16 Bowen Court
01232 665521 **Grant G R** 1 Hillwood Mews
01232 241058 **Grant H** 21 Hanover Street
01232 632487 **Grant Howard** Old Church Cottage, Rectory Lane
01232 318433 **Grant Hubury & Co** 18 Hamilton Hill
01232 280143 **Grant Iain** St George's Terrace, Market Street
01232 489336 **Grant Joe** Flat 42, Ebsbury Tower
01232 132584 **Grant Joseph & Son** Southgate Yard, Milsbury Road
01232 218943 **Grant Keith** 243 Stafford Street
01232 210686 **Grant Kruger** Dower House, Rectory Lane
01232 156318 **Grant Lance Edmund MP** (office) 6 Market Place
01232 230390 **Grant Leonard & Elspeth** 12 South Row
01232 513258 **Grant L S J** 96 Stafford Street
01232 020424 **Grant Lucus** (**solicitors**) Ludgate House, Church Street
01232 521223 **Grant Martin** Flat 17, Marshall Court
01232 845213 **Grant Mark & Mary** 23 Sheep Street
01232 290522 **Grant M B** 21 Stafford Street
01232 748622 **Grant Marguerite Ingrid** 3 Bower Court, West Street

Skimming is looking over a document to get a feel for the content. You might want to know what it is about, or whether to read all of it, or just part, to read it immediately, later… or never. You might find it useful to read the headings, introduction and conclusion or take a more 'overview' approach. Although the pattern of your eye movement over the page is less random than when you're scanning, you should be looking at it line-by-line, but with a more vertical, meandering movement.

Exercises from the lesson

Skim the following article to see if you'd like to visit Loxbury.

Loxbury is a pretty market town located in central England.

At its centre is an old market square with several old an interesting buildings. Four roads lead from the square, each with many small shops.

It is no surprise to find shops like Boots, WH Smith and the inevitable coffee shops but few of the major retail chains have opened in Loxbury, it is too small for many to be interested, particularly in view of the proximity to two major shopping towns.

The four streets that lead from the market square each contain some interesting independent stores. North street attracts food shops with a butcher, baker and greengrocer close together.
.

There is in interesting delicatessen and cheese shop and a small tea shop with a tempting smell of freshly baked scones.

West street is home to a variety of clothes shops, with something to attract everyone. There is a

gentleman's outfitter and, at the far, end a barber and ultra-modern hairdresser.

There is a range of antique shops located in East Street, some offering fine furniture and others a variety of bric-a-brac.

South street doesn't seem to have a particular style but an eclectic mix of shops makes it a pleasant place to browse and the Boar's Head pub half way along, attracts a cheerful crowd

Again, skim to see what happened to this gentleman.

Dear Sir

I was unfortunate enough to need the care of your staff in the accident and emergency department on Friday.

I was painting our dining room, using a ladder that is of some age and near the end of applying the first coat, I made the stupid mistake of leaning a little too far over, the ladder slipped and I ended up on the floor.

It was at my wife's insistence that I went to the hospital and I have to admit that I did so with some trepidation, anticipating a long wait in dreary surroundings and a telling off from an unsympathetic doctor.

However, I was pleasantly surprised. The greeting from the receptionist would have been fitting in a hotel. She clearly explained the system and the role of a triage nurse. She warned me of a twenty-minute wait but I was seen within ten.

The doctor I saw was most thorough and went to great lengths to check that the bump on the head I received had not led to concussion. Everyone explained what was happening, how long it would take and offered to answer questions.

I was finally sent on my way, with directions to the canteen and the advice to have a cup of tea before we left… advice I happily took.

I have been quick to criticise the hospital system in the past, but and completely changed my view in the light of this experience.

And finally, what happened in A&E?

Incident Report

On Friday 26 October at 11.15pm four youths attended the Accident and Emergency department. One of them had fallen down four steps and hit his head on a railing resulting in a cut to his forehead which had been bleeding.

All four were clearly under the influence of alcohol and one had vomited on arrival at the department. They had walked to the hospital as they didn't have any money for a taxi and hadn't thought to dial 999.

The patient's head wound had stopped bleeding but his face needed cleaning and the wound would subsequently need two stitches. He was complaining of dizziness.

The department was busy and there was a half-hour minimum wait following the initial triage assessment. Although the group waiting quietly for around 20 minutes, they then began to make comments about the delay before moving on to discussing the others who were waiting to be seen.

After a further ten minutes, the group decided that they would like another drink and so would give up on A&E and leave. The triage nurse, receptionist and another member of staff tried to persuade them that the patient needed medical attention but they were unwilling to accept this.

At first they sat down again but quickly returned to their attempt to leave. Again the staff members tried to discourage this, but one of the group pushed the receptionist out of the way. She was caught off balance and fell awkwardly across a chair. Although not seriously injured, she is likely to be bruised to her right arm and hip.

This event calmed the group and they accepted the need for the patient to receive medical attention. They continued to make comments about others waiting for care but the patient was seen within five minutes and they left the unit at 12.10.

The patient was sent home in a taxi (arranged by his parents) and the other three left on foot. The receptionist refused any medical treatment.

All appropriate forms have been completed.

Rest your eyes, summary of exercises

Keeping your head facing forwards and still, look left then roll your eyes up in an arc to the right… and return. Do the same but rolling down. Start at the top and roll all the way around to return to the start point in both directions.

Look gently ahead. Place your index finger gently on the bone to the outside corner of your eye and blink a couple of times. You only feel the tiniest of movement under your finger. If there's any more, you're overworking the blink. Try to blink without feeling any movement.

Look at a distant wall and write your name (or any word that takes your fancy) on the wall with your eyes.

Look gently ahead. Squeeze the muscles around the eye as though squinting to see something small and relax. Concentrate on feeling the muscles work and, more importantly, how they feel when relaxed – that is what you are aiming for as you read

Imagine you are inside a huge globe with you head at the midpoint – the seam running horizontally around you. Look at the seam ahead of you (on the horizon) and, without moving your head, follow it to your left. Follow it back and on to the right and return. Do this a few times. Rather than just looking left to right along a straight-ish line, your focus stays roughly the same distance, from your body.

Take your arms out to your side with thumbs up.
Move your arms forward until you can just see your thumbs in your peripheral vision.
Keep your head still, facing forwards, but look from one thumb to the other.
Try moving your arms back a fraction as you continue to do this (but still able to see them).

Use the tips of your first and second fingers, to gently drum around your eye socket.

Hold your hands in front of your face, with comfortably bent arms - palms facing away from you and fingers pointing straight up. Breathe in and slowly move your hands apart and look at a distant object. Breathe out and slowly bring your hands together again, switch your focus to look at your hands. Repeat a few times.

Inhale and open your eyes as wide as you can. Hold your breathe and squeeze your lids shut for 10 second (or as long as is comfortable).

Exhale gently, relaxing (letting go) of all the muscles around your eyes - look blankly ahead. Repeat a few times.

Before you start the training, try this speed test and then repeat it when you have completed all the lessons. Set an alarm for five minutes and read steadily. The number of words in each paragraph is shown on the right with a cumulative total in brackets.

Policy for the Management of Individual Funding Requests

Summary

This policy has been revised to reflect the arrangements for administering the Individual Funding Request function since the formation of the Clinical Commissioning Groups (CCGs). This revision reflects that a single team, hosted by Henrow CCG, administers the requests and appeals across the three CCGs in the cluster. The changes relate to the administration of the policy and not the policy itself. 61 [61]

An IFR is a request to fund for treatment of an episode of healthcare that currently falls outside existing contracts. The funding request may be asking for any type of healthcare: a service, a piece of equipment or aid, a specific treatment or medicine. In contrast to annual prioritisation and in-year service development decisions, requests are considered on an individual patient, rather than population, basis. 65 [126]

There are two main categories of appropriate IFR: first, where patients fall outside an existing generic or treatment-specific policy where an unusual circumstance applies to the individual; second, for patients with a very rare clinical condition. 36 [162]

The IFR appeal process allows patients and their clinicians to appeal against a decision made by an IFR panel. The appeal process must be independent of the IFR process. 29 [191]

Introduction

Significant decisions, about what to fund (or what not to fund), are made at a local level by the organisation. With limited resources available, for the treatment of healthcare, to fund something new, something else may have to be foregone, and the impact in terms of health outcomes for procedures must be considered. 53 [244]

The constituent CCGs have the responsibility to provide for the health needs of their residents. In determining which procedures and treatments it should provide, CCGs have discretion as to the allocation of resources and do not have an obligation to fund all requested treatments/procedures, especially where more cost-effective alternatives are available. Decisions to fund new treatments will be considered as part of each CCG's annual planning cycle. 68 [312]

The CCGs will need to be able to justify decisions to the wider community for which there are three key questions:

- What was the process by which the decision was made?
- What were the grounds for making the decision?
- Did the decisions comply with relevant policies? 46 [358]

The CCGs will administer this function jointly and will establish joint panels which will consider requests as outlined below in order to provide a transparent and equitable decision-making process. The panels will not consider requests for specialist mental health, which will be dealt with by the Specialist Mental Health Panel. In considering individual cases, the panels will take into account guidance issued, effectiveness, fairness and patient choice as well as the budgetary implications i.e. it will make funding decisions based on clinical advice as well as taking into account best value for money and availability of resources for the population. 100 [458]

The CCGs will also establish joint appeals panels to consider appeals against decisions made by the IFR panel and will advise the organisation's commissioning teams on issues, which may need to be addressed as a result of individual case reviews. 40 [498]

Definition of an individual funding request

The following definition of an Individual Funding Request, as set out in the NPC handbook, has been adopted: "An IFR is a request to fund, for an individual, an episode of healthcare that currently falls outside existing contracts. The funding request may be asking for any type of healthcare: a service, a piece of equipment or aid, a specific treatment or medicine. In contrast to annual prioritisation and in-year service development decisions, appropriate requests are considered on an individual patient, rather than population, basis. There are two main categories of appropriate IFR: first, where patients fall outside an existing generic or treatment-specific policy where an unusual circumstance applies to the individual; second, for patients with a very rare clinical condition." 120 [618]

Ethical Framework

The CCGs are committed to the ethical framework developed and agreed by the Health Priorities Support Unit. This framework continues to be applied by the CCGs when prioritising health care interventions or health services. It seeks to make the CCG decision-making processes consistent, transparent and fair, as well as provide accountability. 51 [669]

The key principles in the ethical framework are that the panels will seek to:

- be logical in reasoning towards a decision;
- ensure that the decision is based on evidence of clinical effectiveness, including national guidance where available (e.g. NICE guidance);
- make a realistic appraisal of the likely benefit to patients;
- weigh up all the relevant factors, including risks and costs;

- provide equitable access to healthcare;
- respecting individual needs. 68 [737]

Resources are finite and must be managed responsibly. The cost of treatment must be considered 15 [738]

IFR panel and roles

The IFR panel

The IFR panel is charged with deciding whether individual funding requests should be funded or not. The IFR panel should be constituted within the appropriate governance structures of the CCGs with authority and accountability clearly defined. 36 [774]
At least one IFR panel will sit at least monthly for twelve months of the year, and more frequently if required. 21 [776]

A pool of suitably qualified and trained members should be recruited. Members may be recruited from CCG directors and senior managers, clinicians and the lay community. 26 [802]

Members of an IFR panel serve as individuals not as representatives of any particular organisation or interest group. Indemnity is provided by their CCG. It is recommended that lay members of IFR panels should have had Criminal Records Bureau checks. 40 [842]

Members must have attended induction training, and ensure that they are fully familiar with the IFR policy and process, before sitting on a panel. Members should attend a training session at least once every two years, and sit on panels at least twice a year, in order to retain their qualification to serve. 53 [895]

An IFR panel should have at least four members to include one lay person, one clinically qualified person, and one CCG employee. It is legitimate for one individual to “wear two hats”. As far as practical, the combination of members should be selected to provide a good range of perspectives and relevant skills. 53 [948]

An IFR panel may be chaired by any of the members provided that s/he has sat as an IFR panel member at least four times. The Chair must be identified in advance of the meeting, and must be available to approve the minutes and fulfil any other obligations within the specified time frame. The IFR panel may call for specialist clinical, legal, financial, or other advice as appropriate. 68 [1016]

Role of IFR lead

The IFR Lead is responsible for coordinating, managing and developing the IFR process, and the work of the IFR panels.
Key elements of the IFR Lead's role will be:

- Managing the work of the administration team.
- Establishing the protocols for communicating and liaising with patients and clinicians.
- Triaging submissions to the IFR process, identifying service development requirements, and redirecting inappropriate submission as required.

- Deciding which submissions should be fast-tracked.
- Determining the additional information, specialist advice and reviews of evidence necessary to inform the panel's decision.
- Attending IFR panel meetings in the role of advisor.
- Contributing to the recruitment and training of panel members. 103 [1119]
- Contributing to the continuing development of the IFR process, both within the CCG and on a regional basis.
- Liaising with the CCG body responsible for priority-setting and policy development to deal with situations where there is a lack of existing policy.
- Serve as a member of the region-wide IFR Leads Group. 51 [1170]

S/he will be responsible for ensuring there is a single point of contact for patients and clinicians involved in the IFR and Appeal processes. 24 [1194]

Responsibilities of the administration team

The administration team will be responsible for:

- administering the paperwork, ensuring the efficient handling and documentation of submissions, from first receipt through to archiving;
- maintaining patient confidentiality and data security in accordance with the standards set by the Records Management Code of Practice;
- organising the IFR panel meetings, and acting as secretary to the meetings;
- correspondence;
- progress chasing;
- submitting returns to the regional IFR register. 65 [1259]

The IFR Process

Who can make a submission

IFRs may be submitted by an NHS consultant, a GP or dental practitioner, or an equivalent autonomous practitioner provided s/he will be responsible for administering the treatment. Patients may not make applications directly. 33 [1292]

Responsibilities of the requesting clinician

The requesting clinician is required to affirm that s/he has discussed the proposed treatment with the patient (or has offered such a discussion) before the application is made for funding on his/her behalf. 33 [1325]

The requesting clinician must make the patient aware of the implications of embarking on this process; particularly that it may take some time before the request can be decided and if the patient is considering privately funding the requested treatment while the IFR is being considered that no retrospective funding is available even if the IFR is approved. 58 [1383]

It is the responsibility of the requesting clinician to ensure that all the required information is submitted. 17 [1400]

Provider trusts to screen potential IFRs before submission to CCGs

When an IFR is submitted by an NHS consultant or equivalent practitioner the national guidance requires the submission to be approved by the designated representative of the provider Trust. In the case of an IFR for a drug this is likely to be the Chief Pharmacist. For other treatments it may the business manager of the department where the treatment will be provided. 63 [1463]

When an IFR is submitted by a GP or dental practitioner it is expected that s/he will have fully considered whether this is the correct process to use. 28 [1491]

The organisation will encourage clinicians to use standard IFR submission form or equivalent when applying for individual funding. 18 [1509]

Receipt of a submission and triages for appropriateness

All submissions will be date-stamped on receipt. The administration team will check the submission form and ensure:

- the relevant CCG is the responsible commissioner for that patient;
- all contact details, including instructions for communicating with the patient, have been provided;
- appropriate parts of the form have been fully completed;
- all supplementary documentation referred to is attached;
- the submission has been approved by a suitable representative of the Trust providing the treatment (as appropriate). 73 [1582]

The administration team will decide when the submission is sufficiently complete to proceed to the next stage of determining whether the submission is appropriate for consideration by the IFR panel. The aim of this process is to provide an efficient service, not create unnecessary bureaucratic hurdles, therefore minor deficiencies may be tolerated at this stage. 55 [1637]

If the submission is not sufficiently complete the administration team will return it (and any accompanying material) to the requesting clinician using a standard letter within three working days. 29 [1666]

Check for appropriateness

Within three working days of receipt, submissions will be reviewed by the IFR Lead who will decide whether they are appropriate for consideration by the IFR panel. 27 [1693]

To discriminate between appropriate and inappropriate submissions the IFR Lead will consider whether the treatment requested:

- Is funded within an existing commissioning policy?
- Is covered by another CCG policy or process?
- Amounts to a service development and thus requires a CCG policy decision? 43 [1736]

Whether or not a request should be considered as an IFR or as a request for an in-year service development will depend on whether there are one or more other patients within the population served by the organisation who are, or are likely to be, in the same or similar clinical circumstances as the requesting patient in the same financial year, and who could reasonably be expected to benefit to the same or a similar degree from the requested treatment. 80 [1816]

If it is foreseeable that there will be other than one similar patient, then the request should properly be considered as a request for a service development, except where all the anticipated patients are expected to be from the same family group; a situation which may arise in the context of a rare genetic disease. 55 [1871]

If the IFR Lead considers that the request requires a service development decision, but the referring clinician is also requesting treatment on the basis of exceptionality, the IFR Lead shall refer the matter to the relevant CCG's procedure for dealing with service development for a policy decision before consideration of the issue of exceptionality. Any issue of urgency for the individual patient shall be considered within the in-year service development procedure. 71 [1942]

If the answers to the three questions listed above are all negative, then the application meets the criteria for consideration as an IFR on the grounds that either: 28 [1970]

- The patient is suffering from a medical condition or clinical presentation which is considered rare, and for which the relevant CCG has no policy because the low probability of the condition occurring among that CCG's population means that an explicit policy is not warranted ("A rarity request"), or 48 [2018]

- The patient is suffering from a presenting medical condition for which the relevant CCG has a policy but where the requested treatment has not been agreed to be funded under the policy ("An exceptionality request"). The basis of the request must be that the patient's clinical circumstances are exceptional. 49 [2067]

Dealing with a request

Anonymity and IFR Tracking Record

The administration team will open a file for each appropriate submission. A unique identifier will be assigned to the submission. The construction of unique identifiers should bear in mind that NHS numbers may not be used pseudonymously, and that the identifier should not be a code which is easily read by anyone familiar with the system. 56 [2123]

The submission form will be anonymised and distinguished only by the identifier, in keeping with Caldicott principles. Only the IFR team will be able to link an identifier to the patient's name and contact details. The IFR team will ensure that social and personal details of the patient which are not relevant to the patient's clinical circumstances are removed from the material to be forwarded to the IFR Panel. 69 [2192]

The administration team will also open an IFR Tracking Record for each submission. This tracking form will be used to summarise all the actions, decisions and reasons for decisions relating to this IFR. 33 [2225]

All personal confidential data (PCD) will be kept secure (in locked storage) and will not be shared with anyone who is not authorised to see that information. Only nhs.net emails will be used to transmit PCD. Further advice is available on the CCGs intranet sites and from the CCG information governance leads. 52 [2277]

Identification of time limits and potential cost pressures

The IFR Lead will establish whether any time-limited procedures, such as the 18-week rule, apply to each submission and identify any special circumstances which may interact with the timing and progress of the IFR process. 35 [2312]

The IFR Lead may also decide to advise the relevant CCG finance team if submissions have been received which, if approved, are likely to lead to cost pressures. 28 [2340]

Call for more information/evidence review/specialist advice

The IFR Lead will decide what further information, specialist advice, and/or review of evidence is required to enable the IFR panel to consider the submission. Each case is likely to be different and so communications will be handled on an ad hoc basis. The administration team will maintain a list of appropriately qualified and available evidence reviewers in order that reviews may be commissioned at short notice, and a list of specialists able to provide advice. 76 [2416]

The administration team will enter appropriate notes of the information, specialist advice and evidence reviews requested in respect of each submission on the IFR tracking record. 26 [2442]

Acknowledgement

The requesting clinician will be advised in writing that the submission has been accepted.

This letter may also specify any more information that the IFR Lead has called for, and the timeframe within which it should be received. 38 [2480]

The administration team will take any steps necessary to ensure that the submission is fully complete and all supplementary information has been received. The administration team will use the IFR tracking record to note the dates on which the submission was received, reviewed by the IFR Lead, and acknowledged. 49 [2529]

Assigning submissions for consideration by IFR panel

The majority of IFR submissions should be allocated for consideration at the next available IFR panel meeting. For each scheduled meeting the administration team should define a cut-off date after which no more items can be added to the agenda. 40 [2569]

Fast-tracking urgent IFRs

IFRs should only be fast-tracked where there is a clear clinical reason why the patient's health will be significantly compromised by waiting until the next scheduled IFR panel meeting for a decision to be made. It is expected that only a small minority of IFRs will be dealt with in this way, and these will usually involve life-threatening conditions. IFRs will not be fast-tracked on the basis that waiting until the next IFR panel is inconvenient or problematic for the patient or requesting clinician. 87 [2656]

The IFR Lead will decide whether or not an IFR should be dealt with under the fast-track procedure. Before assigning IFRs to the fast-track procedure, the IFR Lead should consider carefully whether sufficient information of acceptable quality is available to make the decision without compromising any of the principles upon which decisions should be made. 55 [2711]

A fast-tracked IFR should be considered under delegated powers by a specially convened group acting as a sub-committee of the next scheduled IFR panel. This group will be composed of three members of the IFR panel member pool, and must include one lay member, one person qualified to chair and one member who is clinically qualified. 56 [2767]

The group may confer by telephone conference as well as in person. The IFR Lead is responsible for managing communications and the distribution of information/evidence among the sub-group. A fast-track decision will be made with reference to the SEC Ethical Framework and the consensus method for decision-making, as would be the case for regular IFRs. 55 [2822]

The decisions of the sub-group will be ratified by the IFR panel during its next scheduled meeting. The decisions available to a fast-track panel are:

- the request will be funded without conditions
- the request will be funded with conditions attached
- the request will not be funded 46 [2868]

The group may also decide that it is not appropriate for them to make a decision on the request, in which case they must refer the request to the next meeting of the IFR Panel, stating the reasons why they could not make a decision. 45 [2872]

The group should make a decision within three working days of the IFR Lead's decision to fast track the IFR. The IFR Lead is responsible for communicating the fast-track decision to the requesting clinician (and the patient if appropriate) in writing by a secure means. S/he will also be responsible for documenting the decision, the reasons behind the decision and the consensus achieved, and passing all relevant information to the administration team for inclusion in the papers for the next scheduled panel meeting, and to update the IFR tracking record. 90 [2962]

The panel meeting

The chair is responsible for the conduct of the meeting, determining whether the meeting is quorate, and ensuring that the agenda is completed. It is expected that the chair and the secretary to the meeting will liaise to ensure that the agenda can be completed within a reasonable time. 49 [3011]

Panel meetings will be held in private. Requesting clinicians or patients will not be invited to make representations in person. The panel may request specialists to attend the meeting and advise members during their deliberations. The IFR Lead may attend the meetings to provide advice or information, but may not be a voting member of the panel.

During the meeting the members of the panel will consider:

- new submissions
- submissions deferred from an earlier meeting pending the availability of evidence or information
- follow-up information relating to earlier conditional approvals
- ratification of decisions made using the fast-track procedure 97 [3108]

The panel will also note submissions that have been withdrawn, but no action or decision is required. 17 [3125]

Principles to be applied by the IFR Panel

Each IFR will be considered on its own merits. Decisions will be taken using the agreed consensus decision-making process and panel members should have received training in this method as part of their induction training. 35 [3160]
In keeping with the principles of the SEC Ethical Framework, the IFR panel will need to take an objective view of the submission, and maintain an open mind about the information and factors to be considered. 36 [3196]

The IFR Panel shall be entitled to approve requests for funding for treatment for a named patient where all four of the following conditions are met:

- Either
  (a) the patient makes a rarity request for funding for treatment in connection with a presenting medical condition for which the relevant CCG has no policy, or

(b) the patient makes an exceptionality request for funding for treatment in connection with a medical condition for which the relevant CCG has a policy and where the patient has demonstrated exceptional clinical circumstances.

- There is sufficient evidence to show that, for the named patient, the proposed treatment is likely to be clinically effective.
- Applying the approach that the relevant CCG takes to the assessments of costs for other treatments outside this policy, the cost to the relevant CCG of providing funding to support the requested treatment is justified in the light of the benefits likely to be delivered for the named patient by the requested treatment.
- The request for this patient is not a request for a service development. 174 [3370]

The IFR Panel shall determine, based upon the evidence provided to the panel, whether the patient has demonstrated exceptional clinical circumstances. The evidence to show that, for the individual patient, the proposed treatment is likely to be clinically effective may be part of the case that the patient's clinical circumstances are asserted to be exceptional. 55 [3425]

However, in determining whether a patient is able to demonstrate exceptional clinical circumstances the IFR Panel shall compare the patient to other patients with the same presenting medical condition at the same stage of progression. 35 [3460]

Whether a patient can demonstrate "exceptional clinical circumstances" depends on the precise clinical facts of each individual case and whether those can genuinely be described as exceptional. However an IFR Panel may consider that a named patient who has clinical circumstances which, taken as a whole, are outside the range of clinical circumstances presented by at least 95% of patients with the same medical condition at the same stage of

progression as the named patient could show that their clinical circumstances were sufficiently unusual that they could properly be described as being exceptional. 93 [3553]

Decisions available to the panel

When considering a new submission, the panel may decide as follows:

- the request will be funded without conditions
- the request will be funded with conditions attached
- the request will not be funded
- the submission cannot be decided at this meeting because more evidence/information is required and is therefore deferred. 49 [3602]

Deferred submissions

Panels may decide to defer a decision because information called for by the IFR Lead before the meeting is not yet available, or because the panel members decide at the meeting that they need more information. 36 [3638]

The status of deferred submissions must be reviewed within one month of the decision to defer. If the required information is still not available, the panel may decide to defer a second time. The minutes of the meeting at which the second deferral is made must record detailed reasons why the submission cannot be decided (for example, information has been

requested from a specialist in a very rare disease who is located outside the UK, and a response has not yet been received). The panel may instruct the IFR Lead to seek alternative sources of information. 96 [3734]

All submissions must be decided within two months of the date of the first decision to defer. The aim is to ensure that submissions which have been deferred, and for which information is not forthcoming, are not allowed to languish without a decision for an unacceptable period. 47 [3781]

Once the panel is in a position to make a decision, it may decide:

- the request will be funded without conditions
- the request will be funded with conditions attached
- the request will not be funded 38 [3819]

Conditional approval

IFRs may be approved for funding subject to conditions. In some cases, the panel will need to be advised of the patient's status at an interim point in order that they can approve a second phase of treatment. 38 [3857]

Record of panel meetings and confidentiality

All discussion during a meeting of the IFR panel will be confidential. 12 [3869]

At the end of the meeting the secretary to the meeting will collect the copies of the papers from members and will file them for six months and then, if there is no appeal or legal challenge, will destroy copy records. One complete set of original records will be retained for six years. 53 [3922]
Members of the fast-track sub-panel will be instructed to forward relevant emails and faxes to the administration team, and then to destroy their own copies. The administration team will retain copies of all relevant emails for six months and then, if there is no appeal or legal challenge, will destroy all but one set, which will be retained for six years. 61 [3983]

Notes of an IFR panel meeting will be taken by the secretary at the meeting, and written up as formal minutes as soon as possible. The wording used to describe the panel's decisions, conditions and rationales in the minutes will be translated exactly into the decision letters. Any error or ambiguity in this wording is the responsibility of the chair. When preparing minutes, both the secretary and the chair should bear in mind that these are documents which could become subject to a Freedom of Information Act request, and use language accordingly. The decisions of an IFR panel are attributable to the panel as a whole. The minuting of discussion about specific concerns raised by individual submissions should avoid personalities. 120 [4103]

Communicating the panel's decision

The panel's decision will always be communicated in writing by a secure means. The protocol for communicating with patients will advise the secretariat how to deal with contacts initiated by the patient or requesting clinician before the written communication has

been received. The letters communicating the panel's decision may be signed by or on behalf of the chair. 58 [4161]

Within five working days of the meeting, following the chair's approval of the minutes, the administration team will:

- write to the requesting clinician to convey the panel's decision, any conditions attached to an approval, and whether the conditions require any interim report on the patient's status;
- write to the patient (or his/her representative) to convey the panel's decision, provided the patient has indicated they wish to receive such letters, using appropriate language;
- notify the panel's decision to the appropriate budget holder within the relevant CCG;
- notify the panel's decision to the relevant business manager (and/or other designated contact) at the provider trust, if appropriate;
- update the IFR record form. 109 [4270]

Reporting, quality assurance checks, and archiving

The administration team is responsible for the final task of ensuring that:

- all documentation relating to each submission is properly identified, controlled and filed;
- quality assurance checks are completed;
- files are updated, closed and securely stored;
- electronic data are properly documented, secured and stored;
- in keeping with the requirement of Records Management: Code of Practice (DH, 2006), IFR files should be kept in archive for a minimum of six years. 70 [4340]