2017-19 Effective Use of Resources Treatment Policies			
Version 5.10			
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Funding Request Forms		Funding Approval Category	Approval Required	Notes	
GM EUR Generic Funding Request Form NOTE: GM policies have specific funding request forms, please see the end column on the blue coloured rows below.		Individual Funding Request (Exceptional Case) Approval (IFR)	Yes	A decision has been taken not to commission a specific treatment. Funding will only be approved if there is evidence of clinical exceptional circumstances.	
		Individual Prior Approval (IPA)	Yes	The Commissioner has specifically requested that funding is sought for a particular treatment. The treatment must not be undertaken without funding approval from commissioners. Exceptional circumstances do not always have to be demonstrated.	
PbR Excluded Lists		Monitored Approval (MA)		The specific treatment may be undertaken in line with agreed EUR policy criteria/routine commissioning arrangements	
PbR Excluded Devices List	PbR Excluded Drugs List	NOTE: Only applies if the patient meets the policy critiera.	No	provided the policy criteria is met, clinicians can refer patients without seeking approval. If the patient does <u>not</u> meet the pc criteria clinicians should apply for Individual Funding Request (Exceptional Case) Approval. Audits may be undertaken to ensure adherence with agreed commissioning arrangements.	

Procedure / Treatment NOTE: GM policies are highlighted in blue	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Adaptive Servo-ventilation (ASV) for Central Sleep Apnoea	Monitored Approval			
Aesthetic Surgery (Other)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Aesthetic Surgery (Other)	Aesthetic Surgery (Other)	Aesthetic Surgery (Other)
Assisted Conception (Includes IVF and Sperm Washing)	Monitored Approval	Salford CCG Assisted Conception Policy NOTE: If the patient does not meet the criteria for treatment within the policy, please submit an individual funding request for consideration under exceptionality.		
Back Pain (Treatment for low back pain with or without sciatica)	Within contract for NICE NG59 (For the following - please see individual GM policies: Radiofrequency Deneration; Facet Joint Injections; Out of Contract Spinal Procedures)		Back Pain (Treatment for low back pain with or without sciatica)	There is no treatment specific form for this policy, please use: Generic GM EUR Funding Request Form
Balloon Assisted Enteroscopy	Monitored Approval	For visual examination of the small bowel. NOTE: For Specialist gastroenterology, hepatology and nutritional support (GHNS) services for children and young people, NHS England states they commission enteroscopy from 20 Paediatric Specialist GHNS Centres.		
Balloon Kyphoplasty	Monitored Approval	For painful vertebral compression fractures as per NICE IPG166		
Bariatric Surgery	Monitored Approval	NOTE: Until a Greater Manchester Bariatric Surgery Policy has been developed and then adopted by the CCG, the CCG will continue to use NHS England's policy criteria for bariatric surgery. • Patient's should be referred to the local weight management pathways in the first instance. • Once they have complied with this they will be offered surgery if the meet the criteria. NHSE complex and specialised obesity surgery policy April 2013 NHSE Revision Obesity Surgery Aug 2014		
Body Contouring Includes: Panniculectomy (Apronectomy)	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	Body Contouring	Body Contouring	Body Contouring
Breast Surgery (Aesthetic) Includes: Breast Augmentation; Revision of Breast Augmentation; Breast Reduction; Gynaecomastia; Breast Lifts (Mastopexy); Breast Asymmetry; Nipple Inversion; PIP Implants	Individual Funding Request (Exceptional Case) Approval	Breast Surgery (Aesthetic)	Breast Surgery (Aesthetic)	Breast Asymmetry Breast Augmentation Breast Lift (Mastopexy) Breast Reduction Gynaecomastia (Adolescent) Gynaecomastia (Adult)

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Procedure / Treatment NOTE: GM policies are highlighted in blue	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
				Inverted Nipple Correction Revision of Breast Augmentation
Bunion (Hallux Valgus) Surgery	Monitored Approval	Bunion (Hallux Valgus) Surgery	Bunion (Hallux Valgus) Surgery	Bunion (Hallux Valgus) Surgery
Caesarean Section	Monitored Approval	<u>Caesarean Section</u>	Caesarean Section	Caesarean Section
Carpal Tunnel Syndrome (Surgical Interventions for)	Individual Prior Approval	Carpal Tunnel Syndrome (Surgical Interventions for)	Carpal Tunnel Syndrome (Surgical Interventions for)	Carpal Tunnel Syndrome (Surgical Interventions for)
Cataract Surgery	Monitored Approval	Cataract Surgery	Cataract Surgery	Cataract Surgery
Circumcision (Surgical procedures on the prepuce)	Monitored Approval	Circumcision (Surgical procedures on the prepuce)	Circumcision (Surgical procedures on the prepuce)	Circumcision (Surgical procedures on the prepuce)
Complementary and Alternative Therapies	Individual Funding Request (Exceptional Case) Approval	Complementary and Alternative Therapies	Complementary and Alternative Therapies	Complementary and Alternative Therapies
Complex Gastrointestinal Referrals	Individual Prior Approval	Specialist service provided by SRFT, clinically appropriate, but a deviation from tariff.		
Continence Product - Peristeen Anal Irrigation	Monitored Approval	NHS Salford - Anal Irrigation NOTE: Anal irrigation systems are outside the scope of the NHS England Specialist Service.		
Continuous Glucose Monitoring (Real-Time)	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Real-Time)
Dermatochalasis (Correction of)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)
Drainage of the middle ear, Surgical (with or without the insertion of grommets)	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<u>Drainage of the middle ear, Surgical (with or without the insertion of grommets)</u>	Drainage of the middle ear, Surgical (with or without the insertion of grommets)	Drainage of the middle ear, Surgical (with or without the insertion of grommets)
Dupuytren's Contracture	Monitored Approval	<u>Dupuytren's Contracture</u>	Dupuytren's Contracture	<u>Dupuytren's Contracture</u>
Ear Wax Removal	Monitored Approval	NHS Salford - Aural Toileting Techniques		
Electrolysis and Laser Hair Removal for Hirsutism	Individual Prior Approval	NOTE: Hair removal for patients going through gender realignment is commissioned by NHS England. <u>Electrolysis and Laser Hair Removal For Hirsutism</u>	Electrolysis and Laser Hair Removal For Hirsutism	Electrolysis and Laser Hair Removal for Hirsutism
Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing	Individual Funding Request (Exceptional Case) Approval	Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing	Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing	Endoscopic Thoracic Sympathectomy (ETS) for facial blushing
Experimental and Unproven Treatments	Individual Funding Request (Exceptional Case) Approval	Experimental and Unproven Treatments	Experimental and Unproven Treatments	Experimental and Unproven Treatments
Eyelid Lesions (Removal of Common Benign)	Monitored Approval and Individual Prior Approval	Evelid Lesions (Removal of Common Benign)	Evelid Lesions (Removal of Common Benign)	Evelid Lesions (Removal of Common Benign)

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Procedure / Treatment NOTE: GM policies are highlighted in blue	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Facet Joint Injections for Neck and Back Pain	Monitored Approval and Individual Prior Approval	Facet Joint Injections for Neck and Back Pain	Facet Joint Injections for Neck and Back Pain	Facet Joint Injections for Neck and Back Pain
Functional Electronic Stimulation (FES) for Foot Drop	Individual Prior Approval	Functional Electronic Stimulation (FES) for Foot Drop	Functional Electronic Stimulation (FES) for Foot Drop	Functional Electrical Stimulation (FES) for Foot Drop
Ganglion Cyst Removal	Monitored Approval	Ganglion Cyst Removal	Ganglion Cyst Removal	Ganglion Cyst Removal
Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Haemorrhoids and anal skin tags (Surgical management (including banding) of)
Hair Replacement Technologies	Individual Funding Request (Exceptional Case) Approval	Hair Replacement Technologies	Hair Replacement Technologies	Hair Replacement Technologies
Headache Disorders	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Headache Disorders	Headache Disorders	Headache Disorders
Hip Arthroscopy	Monitored Approval			
Hip Replacement	Monitored Approval and Individual Prior Approval	Hip Replacement	Hip Replacement	<u>Hip Replacement</u>
Hyaluronic Acid Injections for Osteoarthritis	Individual Funding Request (Exceptional Case) Approval	Hyaluronic Acid Injections for Osteoarthritis	Hyaluronic Acid Injections for Osteoarthritis	Hyaluronic Acid Injections for Osteoarthritis
Hyperhidrosis	Monitored Approval	<u>Hyperhidrosis</u>	<u>Hyperhidrosis</u>	<u>Hyperhidrosis</u>
Knee Arthroscopy	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Knee Arthroscopy	Knee Arthroscopy	Knee Arthroscopy
Knee Replacement	Monitored Approval and Individual Prior Approval	Knee Replacement	Knee Replacement	Knee Replacement
Labiaplasty	Individual Funding Request (Exceptional Case) Approval	Labiaplasty	<u>Labiaplasty</u>	Labiaplasty
Lycra Body Suits	Individual Funding Request (Exceptional Case) Approval	Lycra Body Suits	Lycra Body Suits	Lycra Body Suits
MRI scanning (Wide bore, open and open upright)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	MRI scanning (Wide bore, open and open upright)	MRI scanning (Wide bore, open and open upright)	MRI scanning (Wide bore, open and open upright)
Orthoses, bespoke orthoses & 24-hour posture management	Monitored Approval and Individual Prior Approval	Orthoses, bespoke orthoses & 24-hour posture management	Orthoses, bespoke orthoses & 24-hour posture management	Orthoses, bespoke orthoses & 24-hour posture management
Pelvic Vein Embolisation in the management of varicose veins	Individual Funding Request (Exceptional Case) Approval	Pelvic Vein Embolisation in the management of varicose veins	Pelvic Vein Embolisation in the management of varicose veins	Pelvic Vein Embolisation in the management of varicose veins

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Procedure / Treatment NOTE: GM policies are highlighted in blue	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Penile Implants	Individual Prior Approval			
Pinnaplasty	Monitored Approval	Pinnaplasty	<u>Pinnaplasty</u>	<u>Pinnaplasty</u>
Radiofrequency Denervation for Back Pain	Individual Prior Approval	Radiofrequency Denervation for Back Pain	Radiofrequency Denervation for Back Pain	Radiofrequency Denervation for Back Pain
Rhinoplasty / Septoplasty / Septorhinoplasty	Monitored Approval and Individual Prior Approval	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty
Sacroneuromodulation for Urinary Retention and Constipation	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Sacroneuromodulation for Urinary Retention and Constipation	Sacroneuromodulation for Urinary Retention and Constipation	Sacroneuromodulation for Urinary Retention and Constipation
Scarring (Surgical revision of)	Individual Funding Request (Exceptional Case) Approval	Scarring (Surgical revision of)	Scarring (Surgical revision of)	Scarring (Surgical revision of)
Servox Communication Aids following Laryngectomy	Monitored Approval	Commissioned for <u>adults only</u> providing it is clinically appropriate, up to a cost of £750.		
Shockwave Therapy	Individual Funding Request (Exceptional Case) Approval	Not routinely commissioned for any musculoskeletal or similar indication. NOTE: Shockwave Lithotripsy used to treat urinary stones is routinely commissioned.		
Simple Airflow Studies	Monitored Approval	NOTE: Please also refer to NHS England for Adult highly specialist respiratory services / Specialised Respiratory		
Simple and Complex Gas Exchange Studies	Monitored Approval	NOTE: Please also refer to NHS England for Adult highly specialist respiratory services / Specialised Respiratory		
Sinus X-ray	Individual Prior Approval			
Skin Lesions (Common Benign)	Monitored Approval	Skin Lesions (Common Benign)	Skin Lesions (Common Benign)	Skin Lesions (Common Benign)
Skin Resurfacing Techniques	Individual Funding Request (Exceptional Case) Approval	Skin Resurfacing Techniques	Skin Resurfacing Techniques	Skin Resurfacing Techniques
Sleep Aponea (Surgical Treatment)	Individual Prior Approval	NOTE: See also the GM Tonsillectomy policy for snoring and sleep apnoea in children.		
Snoring (Invasive treatments for)	Individual Funding Request (Exceptional Case) Approval	Snoring (Invasive treatments for)	Snoring (Invasive treatments for)	Snoring (Invasive treatments for)
Spinal procedures (Out of contract)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Spinal procedures (Out of contract)	Spinal procedures (Out of contract)	Spinal procedures (Out of contract)
Split / Torn Ear Lobes (Repair of)	Monitored Approval	Split / Torn Ear Lobes (Repair of)	Split / Torn Ear Lobes (Repair of)	Split / Torn Ear Lobes (Repair of)
Tattoo Removal	Individual Prior Approval	Tattoo Removal	Tattoo Removal	Tattoo Removal
Tonsillectomy	Monitored Approval	<u>Tonsillectomy</u>	<u>Tonsillectomy</u>	Tonsillectomy
Trigger Finger (Surgical Correction of)	Individual Prior Approval	Trigger Finger (Surgical Correction of)	Trigger Finger (Surgical Correction of)	Trigger Finger (Surgical Correction of)
Trophic Electrical Stimulation (TES) for Facial Palsy	Individual Prior Approval	Trophic Electrical Stimulation (TES) for Facial Palsy	Trophic Electrical Stimulation (TES) for Facial Palsy	Trophic Electrical Stimulation (TES) for Facial Palsy

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	Monitored Approval and Individual Prior Approval			Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing
	Monitored Approval and Individual Prior Approval	Varicose Veins	Varicose Veins	<u>Varicose Veins</u>

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