

| 2017-19 Effective Use of Resources Treatment Policies | | GM EUR Team Contacts | Tel | Email |
|---|-----------------|--------------------------------|---------------|--|
| Version | 5.1 | Funding applications / Process | 0161 212 6250 | gmifr.gmcusu@nhs.net |
| List Last Updated | 25 January 2018 | Policy development | 0161 212 6212 | policyfeedback.gmcusu@nhs.net |

| 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 green 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. |
| | Monitored Approval (MA) | No | The specific treatment may be undertaken in line with agreed EUR policy criteria/routine commissioning arrangements provided the policy criteria is met, clinicians can refer patients without seeking approval. If the patient does <u>not</u> meet the policy 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 green | Funding Approval Category | Commissioning Policy | Summary of Policy (GM Policies only) | Funding Request Form (GM Policies only) |
|--|---|---|---|--|
| Assisted Conception (Includes IVF and Sperm Washing) | Monitored Approval | T&G 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 (Persistent Non-Specific Low Back Pain) | Individual Funding Request (Exceptional Case) Approval | Back Pain (Persistent Non-Specific Low Back Pain) | Back Pain (Persistent Non-Specific Low Back Pain) | Back Pain (Persistent Non-Specific Low Back Pain) |
| 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. <ul style="list-style-type: none"> • 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 they meet the criteria. NHSE complex and specialised obesity surgery policy April 2013 NHSE Revision Obesity Surgery Aug 2014 | | |
| Bobath Therapy | Individual Funding Request (Exceptional Case) Approval | Historically the CCG and its predecessors have funded the Centre costs for children to attend the centre following the request of their Paediatrician, usually responding to a Physio or OT request. The child's family has had to fund travel, accommodation in London for the treatment period – usually for 2 weeks. The outcome of the assessment is a comprehensive assessment and detailed individualised home programme. Copies of this are supplied to parents and all the child's key health workers locally. The reports usually include the recommendation of a follow-up two-week assessment 12 months later. | | |
| Body Contouring (Including Apronectomy and Abdominoplasty) | 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 (Adult) Gynaecomastia (Adolescent) 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 | Caesarean Section | 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 |

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|---|---|---|--|--|
| Chronic Fatigue / Multiple Sclerosis Service | Monitored Approval | Referrals to Manchester CCG's service are usually funded. | | |
| 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 & Alternative Therapies | Individual Funding Request (Exceptional Case) Approval | Complementary & Alternative Therapies | Complementary & Alternative Therapies | Complementary & Alternative Therapies |
| Dermatochalasis (Correction of) | Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | Dermatochalasis (Correction of) | Dermatochalasis (Correction of) | Dermatochalasis (Correction of) |
| Diagnostic dilation and curettage for women <40 | Monitored Approval | This procedure is not commissioned for menorrhagia. The risk of anesthesia, uterine perforation and cervical laceration outweighs the minimum potential benefit. In accordance with NICE guidance, dilation and curettage should not be used as a therapeutic treatment nor a diagnostic tool (if there is a suspected endometrial pathology, a hysteroscopy should be used for diagnosis). York Effective Healthcare Bulletin volume 1 number 9. The management of menorrhagia NICE Clinical Guideline Heavy Menstrual Bleeding (Jan 2007) Policy Statement 012 D+C under 40 - Hysteroscopy Proforma 12 D+C under 40 - Hysteroscopy | | |
| Donor breastmilk | Individual Funding Request (Exceptional Case) Approval | Considered on exceptional case basis. Requires support from Donor Milk Bank, and preferably a dietitian. | | |
| Drainage of the middle ear, Surgical (with or without the insertion of grommets) | Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | 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) | Drainage of the middle ear, Surgical (with or without the insertion of grommets) |
| Dupuytren's Contracture | Monitored Approval | Dupuytren's Contracture | Dupuytren's Contracture | Dupuytren's Contracture |
| Electrolysis & Laser Hair Removal for Hirsutism | Individual Prior Approval | NOTE: Hair removal for patients going through gender realignment is commissioned by NHS England. Electrolysis & Laser Hair Removal For Hirsutism | Electrolysis & Laser Hair Removal For Hirsutism | Electrolysis & 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 & Unproven Treatments | Individual Funding Request (Exceptional Case) Approval | Experimental & Unproven Treatments | Experimental & Unproven Treatments | Experimental & Unproven Treatments |
| Eyelid Lesions (Removal of Common Benign) | Monitored Approval <u>and</u> Individual Prior Approval | Eyelid Lesions (Removal of Common Benign) | Eyelid Lesions (Removal of Common Benign) | Eyelid Lesions (Removal of Common Benign) |
| Eyelid Ptosis (Correction of) | Monitored Approval <u>and</u> Individual Prior Approval | Eyelid Ptosis (Correction of) | Eyelid Ptosis (Correction of) | Eyelid Ptosis (Correction of) |
| Facet Joint Injections for Back Pain | Monitored Approval <u>and</u> Individual Prior Approval | Facet Joint Injections for Back Pain | Facet Joint Injections for Back Pain | Facet Joint Injections for Back Pain |

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| 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 |
| Gender realignment (procedures outside of commissioned service) | Individual Funding Request (Exceptional Case) Approval | NOTE: Gender Realignment is commissioned by NHS England. However, the following procedures fall outside of the nationally commissioned arrangements and require consideration by the patient's CCG: <ul style="list-style-type: none"> • Breast Augmentation • Facial Feminisation Surgery (Thyroid Chondroplasty/tracheal shave, Rhinoplasty, Facial Bone Reduction, Blepharoplasty/Facelift) • Lipoplasty/Contouring (liposuction and/or body sculpture) | | |
| Hair Replacement Technologies for Alopecia | Individual Funding Request (Exceptional Case) Approval | Hair Replacement Technologies for Alopecia | Hair Replacement Technologies for Alopecia | Hair Replacement Technologies for Alopecia |
| Headache Disorders | Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | Headache Disorders | Headache Disorders | Headache Disorders |
| 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 | Hyperhidrosis | Hyperhidrosis | Hyperhidrosis |
| Hysterectomy | Monitored Approval | Commissioned for appropriate patients with a diagnosis of: <ul style="list-style-type: none"> • cancer of the cervix / fallopian tubes / uterus and/or ovaries • severe and debilitating endometriosis or adenomyosis that cannot be managed by non-surgical interventions • uterine prolapse, where non-surgical options are inappropriate or have failed to manage the woman's symptoms • complicated and persistent pelvic inflammatory disease that has not responded to conventional treatment <p>With regarding to women diagnosed with menorrhagia (heavy menstrual bleeding) and/or dysmenorrhoea (painful menstruation), with or without fibroids, hysterectomy will not be commissioned as a first-line treatment.</p> <p>Hysterectomy will be commissioned for menorrhagia and/or dysmenorrhoea only when: other treatment options for heavy menstrual bleeding, dysmenorrhoea (and/or symptomatic large or multiple fibroids) have failed or are contraindicated AND there is a wish for amenorrhoea (absence of menstruation) AND the woman no longer wishes to retain her uterus and fertility AND the woman (who has been fully informed) requests hysterectomy.</p> <p>In ALL instances, women offered hysterectomy should:</p> <ul style="list-style-type: none"> • have a full discussion of the implication of the surgery before a decision is made. The discussion should include: fertility impact; bladder function; need for further treatment; treatment complications; sexual feeling; the woman's expectations; alternative surgery; and psychological impact. • be informed about the increased risk of serious complications (such as intraoperative haemorrhage or damage to other abdominal organs) associated with hysterectomy when uterine fibroids are present • be informed about the risk of possible loss of ovarian function and its consequences, even if their ovaries are retained during hysterectomy. <p>Policy Statement 013 Hysterectomy</p> <p>Proforma 13 Hysterectomy</p> | | |
| Knee arthroscopy, lavage and debridement | Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | Knee arthroscopy, lavage and debridement | Knee arthroscopy, lavage and debridement | Knee arthroscopy, lavage and debridement |

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| Labioplasty | Individual Funding Request (Exceptional Case) Approval | Labioplasty | Labioplasty | Labioplasty |
| 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) |
| Other Aesthetic Surgery | Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval | Other Aesthetic Surgery | Other Aesthetic Surgery | Other Aesthetic Surgery |
| Para-urethral silicon injections for incontinence | Monitored Approval | Funded in line with relevant NICE guidance, IPG 138, Nov 05. | | |
| 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 |
| Pinnoplasty | Monitored Approval | Pinnoplasty | Pinnoplasty | Pinnoplasty |
| Radiofrequency Denervation for Back Pain | Individual Prior Approval | Radiofrequency Denervation for Back Pain | Radiofrequency Denervation for Back Pain | Radiofrequency Denervation for Back Pain |
| Requests for therapies not available from THFT (physiotherapy) | Individual Prior Approval | Requests for therapy at CMFT are usually funded. | | |
| 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 Prior Approval | Scarring (Surgical revision of) | Scarring (Surgical revision of) | Scarring (Surgical revision of) |
| Selective Dorsal Rhizotomy post-operative community physiotherapy for children | Individual Funding Request (Exceptional Case) Approval | NOTE: Selective Dorsal Rhizotomy (SDR) is commissioned by NHS England, but the selection criteria includes CCG confirmation that they are willing to provide the post-operative community physiotherapy. Stockport FT, who provide the community physio for T&G have advised that they do have the necessary skills to undertake the level of physiotherapy needed, but there is no capacity for them to actually do so. Requests for any T&G children requiring physio confirmation before proceeding with an NHS England funded SDR will require funding approval via the CCG IFR Panel process. | | |
| Servox Communication Aids following Laryngectomy | Monitored 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 |
| Snoring (Invasive treatments for) | Individual Funding Request (Exceptional Case) Approval | Snoring (Invasive treatments for) | Snoring (Invasive treatments for) | Snoring (Invasive treatments for) |

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|---|---|--|--|--|
| Spinal procedures (Out of contract) | Individual Prior Approval <u>and</u> 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 | Tonsillectomy | Tonsillectomy | 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 |
| Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing | Monitored Approval <u>and</u> Individual Prior Approval | Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing | Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing | Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing |
| Varicose Veins | Monitored Approval <u>and</u> Individual Prior Approval | Varicose Veins | Varicose Veins | Varicose Veins |