

2017-19 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
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List Last Updated	28 March 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	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.
NOTE: GM policies have specific funding request forms, please see the end column on the green coloured rows below.	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)	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.
PbR Excluded Devices List	NOTE: Only applies if the patient meets the policy criteria.		
PbR Excluded Drugs List			

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)
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. • 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)
Facet Joint Injections for Neck and Back Pain	Monitored Approval <u>and</u> 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

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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	Individual Funding Request (Exceptional Case) Approval	Hair Replacement Technologies	Hair Replacement Technologies	Hair Replacement Technologies
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: <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 Proforma 13 Hysterectomy</p> </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
Labiaplasty	Individual Funding Request (Exceptional Case) Approval	Labiaplasty	Labiaplasty	Labiaplasty
Lycra Body Suits	Individual Funding Request (Exceptional Case) Approval	Lycra Body Suits	Lycra Body Suits	Lycra Body Suits

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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
Pinnaplasty	Monitored Approval	Pinnaplasty	Pinnaplasty	Pinnaplasty
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)
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

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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 and 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 and Individual Prior Approval	Varicose Veins	Varicose Veins	Varicose Veins