

2017-19 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
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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 PbR Excluded Devices List PbR Excluded Drugs List	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 not 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 blue	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Aesthetic Surgery (Other)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Aesthetic Surgery (Other)	Aesthetic Surgery (Other)	Aesthetic Surgery (Other)
Artificial urinary sphincter	Individual Prior Approval	This procedure is an established treatment that is rarely performed. This procedure is commissioned on an individual patient basis and will be funded where it is part of an established clinical pathway for the management of specific conditions e.g. Spina Bifida. Evidence Base: Stockport PCT review See Local Policy Statement: LPS15: Urology final		
Assisted Conception (Includes IVF and Sperm Washing)	Monitored Approval	Manchester 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 Denervation; Facet Joint Injections; Out of Contract Spinal Procedures)	Back Pain (Treatment for low back pain with or without sciatica)	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
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	Continued funding will be provided for all patients currently receiving Bobath therapy for treatment of cerebral palsy. All new cases will be considered on an individual basis. Evidence Base: Local evidence review See Local Policy Statement: LPS17-1: Bobath Therapy		
Body Contouring Includes: Panniculectomy (Apronectomy)	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	Body Contouring	Body Contouring	Body Contouring

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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) 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
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
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)
Diagnostic Dilation and Curettage for Women <40	Monitored Approval	This procedure should only be undertaken in exceptional circumstances as risk of anaesthesia, uterine perforation and cervical laceration have been identified in Effective Healthcare Bulletin 9 as outweighing the minimum potential benefit. <ul style="list-style-type: none"> In the investigation of dysfunctional uterine bleeding, hysteroscopy with selected biopsy and curettage Dilatation and curettage alone should not be used as a diagnostic tool. Dilatation and curettage should not be used as a therapeutic treatment. If appropriate, a biopsy should be taken to exclude endometrial cancer or atypical hyperplasia. Indications for a biopsy include, for example, persistent inter-menstrual bleeding, and in women aged 45 and over treatment failure or ineffective treatment. Ultrasound is the first line diagnostic tool for identifying structural abnormalities. Hysteroscopy should be used as a diagnostic tool only when ultrasound results are inconclusive, for example, to determine the exact location of a fibroid or the exact nature of the abnormality. <p>Evidence Base: NICE Guidance Jan 2007 Heavy Menstrual Bleeding</p> <p>See Local Policy Statement: LPS12: Obs and gynae final</p>		
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	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)

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Dupuytren's Contracture	Monitored Approval	Dupuytren's Contracture	Dupuytren's Contracture	Dupuytren's Contracture
Electrolysis and Laser Hair Removal for Hirsutism	Individual Prior Approval	NOTE: Hair removal for patients going through gender realignment is commissioned by NHS England. Electrolysis and Laser Hair Removal For Hirsutism	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
Extracorporeal Shockwave Therapy (EWST) for prostatic dysfunction or pelvic floor syndrome	Individual Funding Request (Exceptional Case) Approval	This is not commissioned as there is limited evidence of effectiveness. Evidence Base: Stockport PCT evidence review See Local Policy Statement: LPS15: Urology final		
Eyelid Lesions (Removal of Common Benign)	Monitored Approval and 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 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
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) 		
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 Replacement	Monitored Approval and Individual Prior Approval	Hip Replacement	Hip Replacement	Hip Replacement
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

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Hyperthermia treatment for prostatic adenocarcinoma or pelvic floor syndrome	Individual Funding Request (Exceptional Case) Approval	This is not commissioned as there is limited evidence of effectiveness. Evidence Base: Stockport PCT review See Local Policy Statement: LPS15: Urology final		
Hysterectomy (abdominal and vaginal)	Monitored Approval	Hysterectomy should not be used as a first-line treatment solely for heavy menstrual bleeding. Hysterectomy should only be undertaken if patients have followed the Map of Medicine pathway, or are on a cancer referral pathway. Evidence Base: NICE CG44 (2007) See Local Policy Statement: LPS12: Obs and gynae final		
Hysteroscopy	Monitored Approval	When appropriate, outpatient rather than inpatient ambulatory hysteroscopy will be considered. See Local Policy Statement: LPS12: Obs and gynae final		
Insertion and Removal of Intrauterine Contraceptive Device	Monitored Approval	Insertion and removal of IUCD should only be undertaken in a primary care setting, it is not commissioned as a secondary care service. See Local Policy Statement: LPS12: Obs and gynae final		
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	Labiaplasty	Labiaplasty
Lycra Body Suits	Individual Funding Request (Exceptional Case) Approval	Lycra Body Suits	Lycra Body Suits	Lycra Body Suits
Lymphoedema Management	Individual Prior Approval	Commissioned via Individual Prior Approval at Clinical Triage provided the patient has a formal diagnosis of lymphoedema and needs the lymphoedema service and would have qualified had there been a local service available.		
Minor Surgery	Individual Prior Approval	Minor surgery (including surgery for ingrown toenails) is not routinely commissioned in a secondary care setting. Only patients that have been referred to secondary care via an ICATS are legitimate. See separate policy in relation to Common Benign Skin Lesions.		
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
Pinnaplasty	Monitored Approval	Pinnaplasty	Pinnaplasty	Pinnaplasty
Prostheses (Bespoke)	Individual Prior Approval	Commissioned via Individual Prior Approval at Clinical Triage provided there is a clinical need for the prosthesis and the required prosthesis is not covered by a contract.		

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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
Sacrneuromodulation for Urinary Retention and Constipation	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Sacrneuromodulation for Urinary Retention and Constipation	Sacrneuromodulation for Urinary Retention and Constipation	Sacrneuromodulation 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)
Screening Tests (various)	Individual Funding Request (Exceptional Case) Approval	Private screening tests, employment medicals, paternity tests, X-rays for immigration purposes, etc, are not commissioned as they are low priority. Patient requests for screening tests outside the national screening programmes should only be done when clinically indicated. Evidence Base: Stockport PCT review		
Servox Communication Aids following Laryngectomy	Monitored Approval			
Short sightedness surgery (including Radial Keratotomy)	Individual Funding Request (Exceptional Case) Approval	This is not commissioned. Evidence Base: Glasses are lower risk and more cost-effective See Local Policy Statement: LPS13-2: Surgery for short sight		
Sinus X-ray	Individual Funding Request (Exceptional Case) Approval	X-rays of sinuses are not routinely commissioned. Evidence Base: Stockport PCT review		
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
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

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Vaginal Pessaries	Monitored Approval	Insertion of vaginal pessaries should only be undertaken in a Primary Care setting, it is not commissioned as a Secondary Care service. See Local Policy Statement: LPS12: Obs. and gynae final		
Varicose Veins	Monitored Approval and Individual Prior Approval	Varicose Veins	Varicose Veins	Varicose Veins
Vasectomy	Monitored Approval	Provision of vasectomy should only be undertaken in a primary care setting, it is not commissioned as a secondary care service. However it is noted that referral to secondary care may be required in some circumstances e.g. general anaesthesia for needle phobics. See Local Policy Statement: LPS15: Urology final		
Wireless Capsule Enteroscopy for Investigation of the Small Bowel	Individual Prior Approval	This investigation is commissioned on an individual basis in line with NICE guidance where patients meet one of the following criteria for investigation: <ul style="list-style-type: none"> • Overt or transfusion dependent bleeding from the GI tract, when the source was not identified on OGD and colonoscopy • Crohn's disease • Hereditary GI polyposis syndromes Evidence Base: NICE IPG101 (2004) and Local evidence review NOTE: NHS England Commission Specialist gastroenterology, hepatology and nutritional support services for children and young people. See Local Policy Statement: LPS10-1: Wireless Capsule Enteroscopy		