



Manchester

NON COMMISSIONED PROCEDURE LIST – 2011

Non Commissioned Procedures- Alternative Medicine

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Alternative Medicine Restricted Commissioning policy 2	N/A	N/A	Acupuncture Alexander Technique Applied Kinesiology Aromatherapy Autogenic Training Ayurveda Chiropractic Environmental Medicine Osteopathy Healing Herbal Medicine Hypnosis Homeopathy Massage Meditation Naturopathy Nutritional Therapy Reflexology Reiki Shiatsu Other alternative therapies	Complementary medicine / alternative therapies are not funded on the NHS. Where commissioned this is part of an established treatment pathway e.g. terminal care Complementary medicine / alternative therapies are not funded as stand alone services.	Supported by Greater Manchester EUR Evidence Review No 14 (2006)	IFR Reporting	IFR

Non Commissioned Procedures- Back Surgery

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Back Surgery Restricted Commissioning policy 3 (2)			Cryoneurolysis or laser denervation	This procedure is not commissioned	Croydon PCT evidence review		IFR only
Back Surgery Restricted Commissioning policy 3 (3)			Discectomy for lumbar disc prolapse	Funded for the following criteria only: <ul style="list-style-type: none"> • The patient is over 18 years AND • The patient has had magnetic resonance imaging, showing disc herniation (protusion, extrusion or sequestered fragment) at a level and side corresponding to the clinical symptoms AND •The patient has radicular pain (below the knee for lower lumbar herniations, into the anterior thigh for upper lumbar herniations) consistent with the level of spinal involvement OR • There is evidence of nerve root irritation with a positive nerve-root tension sign (straight leg raise – positive between 30° and 70° or positive femoral tension sign AND •Symptoms persist despite some non-operative treatment for at least 6 weeks (e.g. analgesia, physical therapy etc) provided that analgesia is adequate and there is no imminent risk of neurological defect 	Croydon PCT evidence review		Gateway/IFR

Non Commissioned Procedures- Oncology and Palliative Care

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Clinical oncology, Medical Oncology, Palliative Medicine,	E48.7 Z24.5		PDT for advanced bronchial carcinoma	Current evidence on the safety and efficacy of photodynamic therapy for advanced bronchial carcinoma appears adequate to support the use of this procedure provided that the normal arrangements are in place for consent, audit and clinical governance.	Greater Manchester EUR Policy 5. Greater Manchester EUR Policy 5. NICE Guideline IPG87 August		

Non Commissioned Procedures- Cardiology

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Cardiology Restricted Commissioning policy 7			Enhanced External Counter pulsation (EECP)	This procedure is considered to be experimental and is not commissioned	Stockport PCT evidence review		IFR only

Non Commissioned Procedures- Dental

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Dental Restricted Commissioning policy 5a	F08	CZ02S CZ02T CZ02W CZ02Y	Endosseous Implants	<p>NHSM will only fund dental implants for patients registered with their GPs (irrespective of where the referring dentist is based) whose treatment falls into any of the following categories:</p> <ul style="list-style-type: none"> As part of reconstructive treatment following surgery to the mouth and surrounding tissues for the treatment of malignant disease, where the bone loss is such that only dental implants can be used. As part of reconstructive treatment following severe facial trauma. To replace multiple congenitally absent teeth. Where there are severe eating or speaking disorders, or psychiatric problems, arising from the current or alternative replacements for missing teeth (referrals on psychiatric grounds must be supported by medical assessment) 	Supported by Greater Manchester EUR Evidence Review No 15	<p>PCT view: these should be charged under PbR – there is an HRG for Dental Implants.</p> <p>If charged as PbR – notification only required with evidence that patient meets criteria.</p>	<p>Contract Managers</p> <p>Except final bullet point which is via IFR</p>
Dental Restricted Commissioning policy 5b			Extraction of healthy wisdom teeth	Impacted wisdom teeth that are free from disease (healthy) should not be operated on and surgery is not commissioned. Note NICE guidance states - The practice of prophylactic removal of pathology-free impacted third molars should be discontinued in the NHS	NICE TA 1. Guidance on the extraction of wisdom teeth		Contract Managers

Restricted Commissioning policy 5			Procedures on the lower jaw - mandible	<p>This service includes: Manipulation under GA with inter-articular injection of steroids should only be considered as a second line treatment and in exceptional circumstances.</p> <p>Temporo-mandibular joint surgery manipulation without:</p> <ol style="list-style-type: none"> 1. Lavage 2. Excision of tissue 3. Injections <p>This procedure should only be considered as a last resort as there is limited evidence of clinical effectiveness. Numbers are currently low. Funding may be considered on an individual basis</p>	NE Sector PCTs evaluation		IFR
-----------------------------------	--	--	--	--	---------------------------	--	-----

Non Commissioned Procedures- Dermatology

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Dermatology Restricted Commissioning policy 6 (4)	S069	JC15Z JC07Z	Dermatology Minor surgery (for cosmetic and benign skin lesions) (Please note these apply to both Secondary or Tier 2 services	Dermatology procedures that are purely cosmetic in nature are not commissioned. Lipomas and sebaceous cysts that may be painful or become infected are not defined as cosmetic for these purposes. Removal of skin lesions within secondary care will only be considered if: <ul style="list-style-type: none"> • Lesions are suspicious or potentially malignant • There is impairment of function or significant facial disfigurement All referrals to secondary care will be reviewed by the dermatology extended care team before processing.	Purely cosmetic procedures are not commissioned, generally in the NHS	Monitoring will be by data validation of monthly SLAM / SUS submission. PCT audit of cases to ensure Trusts are compliant and are not carrying out cosmetic dermatology procedures.	IFR for cosmetic procedures only
Restricted Commissioning policy 6a			Hyperhidrosis - surgery or botulinum toxin injections	These therapies should be considered LOW PRIORITY. Therefore the treatment of hyperhidrosis with surgery or botulinum toxin injections is not commissioned	Stockport PCT evidence review		IFR only

Restricted Commissioning policy 6b			Cutaneous and plantar warts (Please note these apply to both Secondary or Tier 2 services)	Warts normally resolve spontaneously although this may take up to 2 years. Treatment for warts should only be considered if warts: are symptomatic i.e. painful or itchy; or interfere with functioning; or have been present for more than two years; or have spread extensively. Treatment should initially be by duct tape occlusion; if this is unsuccessful then treatment with topical salicylic acid should be considered. Treatment with cryotherapy should only be considered if treatment with both duct tape occlusion and topical salicylic acid has not cleared the wart. Referral to the tier 2 dermatology service should only be considered if: there is genuine doubt about the diagnosis; or the wart is recalcitrant or rapidly growing; or malignancy is suspected (malignant changes in warts are extremely rare but should be excluded in older people or people with immunosuppression or subungual warts.). Patients with the above exceptional symptoms may need specialist assessment, usually by a dermatologist. For a small proportion surgical removal (cryotherapy, cauter, laser or excision) may be appropriately performed within Primary Care.	Stockport PCT evidence review Cheshire & Merseyside review		Referral Gateway
Restricted Commissioning policy 6 (1)			Xanthelasma palpebrum - fatty deposits on the eyelids	Funding will only be considered for: 1) Larger lesions OR those that have not responded to these treatments 2) if the lesion is disfiguring. The following treatments should be considered for patients with xanthelasma: 1) Many Xanthelasma may be treated with topical trichloroacetic acid (TCA) or cryotherapy 2) Xanthelasma may be associated with abnormally high cholesterol levels and this should be tested for before referral to a specialist 3) Patients with xanthelasma should always have their lipid profile checked before referral to a specialist.	Cheshire & Merseyside review		

Dermatology/ Plastic Surgery Restricted Commissioning policy 6 (5)			Skin resurfacing techniques (including laser dermabrasion and chemical peels)	This procedure is not routinely funded and is not available for skin rejuvenation. Skin resurfacing techniques, including laser, dermabrasion and chemical peels may only be considered for funding in the following circumstances: severe scarring following, chicken pox or acne (once the active disease is controlled), post-traumatic scarring (including post surgical), tuberous sclerosis and rhinophyoma (which has failed to respond to medical treatment).	Cheshire & Merseyside review Croydon PCT review		IFR Only
Dermatology/ Plastic Surgery Restricted Commissioning policy 6 (6)			Revision of scarring	Revision of scarring will be funded if function is impaired (due to contraction, tethering or recurrent breakdown) and may be restored by the revision. In most cases revision for cosmetic purposes will not be funded.			

Non Commissioned Procedures- ENT

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
ENT Restricted Commissioning policy 8a	D241 D242	CZ25N CZ25Q	Cochlear Implants	Bilateral cochlear implants are commissioned for patients meeting NICE criteria; Sequential cochlear implants are not routinely commissioned.	NICE TA 166 (2009)	Monitoring will be by data validation of monthly SLAM / SUS submission.	Notification of new individual bilateral procedures, and speech processors to Contract Managers. Sequential implants: IFR route.

ENT Restricted Commissioning policy 8b	E201 E208 E209 F341 F342 F344 F345 F346 F348 F349 F361 F368 F369	CZ05S CZ05T CZ05V CZ05Y C57 C58	Tonsillectomy	<p>Referrals for tonsillectomy are only accepted where patients meet the SIGN criteria for referral:-</p> <ul style="list-style-type: none"> •Sore throats are due to tonsillitis •Five or more episodes of sore throat per year •Symptoms for at least a year •Episodes of sore throat are disabling and prevent normal functioning <p>Following specialist referral, a six month period of watchful waiting is recommended to establish the pattern of symptoms and allow the patient to consider the implications of operation.</p>	<p>Greater Manchester Evidence Review No. 11 (2004)</p> <p>SIGN Guidance No. 34 (1999)</p>	<p>Monitoring by validation of monthly SLAM / SUS submission and audit.</p> <p>NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance</p>	No request required.
ENT Restricted Commissioning policy 8 (3)	G473		Surgical Treatment for Sleep Apnoea	<p>Treatment is available at University Hospital of South Manchester, however all patients should be referred by a chest physician before being referred to the surgeon and not referred directly to the surgical provider.</p> <p>Use of uvulopalatopharyngoplasty or laser-assisted uvulopalatoplasty are not routinely commissioned for the treatment of obstructive sleep apnoea. The presence of large tonsils in a patient with obstructive sleep apnoea should prompt referral to an ENT surgeon for consideration to tonsillectomy.</p>	SIGN Guidance No. 73 (2003)		Non-Surgical Pathway
ENT Restricted Commissioning policy 8 (4)			Surgical Treatment for Snoring	The PCT will not normally fund treatment when snoring is the sole problem. Soft-palate implants for snoring are not routinely commissioned (NICE recommends use in research only).	NICE IPG 240 (2007)	Review of information provided on request form	Non-Surgical Pathways .IFR for soft-palate implants

ENT Restricted Commissioning policy 8c	D151 D152 D153 D158 D159	CZ08S CZ08T CZ08V CZ08Y	Surgical Treatment of Otitis Media with Effusion (OME)	Children should meet one of the following criteria: <ul style="list-style-type: none"> Persistent bilateral OME with a hearing level in better ear of 25-30 dBHL or worse confirmed over 3 months; or persistent bilateral OME with hearing loss less than 25-30 dBHL and significant impact on child's developmental, social or educational status. 	NICE clinical guideline CG60 on surgical management of OME (2008)	Monitoring by validation of monthly SLAM / SUM submission and audit. Annual random sample audit to ensure compliance	No request required.
ENT Restricted Commissioning policy 8(6)			Sinus X-Ray	X-rays of sinuses are not routinely commissioned.	Stockport PCT review		IFR only

Non Commissioned Procedures- Ophthalmology

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Ophthalmology Restricted Commissioning policy 13 (1)			Anti VEGF for Age Related Macular Degeneration	These treatments are commissioned in line with NICE criteria only. They are commissioned on an individual patient basis in line with the agreed referral criteria.	NICA TA 155 (2008)	Monitoring by validation of monthly SLAM / SUM submission and annual random sample audit to ensure compliance	Notification of individual patient treatment to Contract Managers
Ophthalmology Restricted Commissioning policy 13 (2)			Surgery for short sight	This is not commissioned	Glasses are lower risk and more cost- effective		IFR
Ophthalmology Restricted Commissioning policy 13(3)			Cataract Surgery	Patients with a visual acuity of 6/9 or better in either eye are considered a LOW PRIORITY for cataract surgery. <ul style="list-style-type: none"> Cataract will be commissioned only for patients who, after correction (e.g. with glasses), have a visual acuity of less than 6/12 or worse in their cataract affected eyes Referral of patients with cataracts to ophthalmologists should therefore be based 		Adopted in Croydon PCT as a threshold management policy	

			<p>upon three following indications;</p> <ol style="list-style-type: none"> 1. Reduced visual acuity <ul style="list-style-type: none"> • Documented to be 6/12 or worse in the affected eye (corrected) 2. AND impairment of lifestyle <p>This is defined in more detail in the referral guidelines – referrals should be made using the referral proforma provided.</p> <p>Second Eye. - Patients are considered in the same way as the first eye taking into account any binocular consideration.</p> <p>Exceptional cases can be considered at the PCT Individual Funding Review Panel, e.g. though with significant functional disability from cataract but no visual acuity loss.</p>			
--	--	--	---	--	--	--

Non Commissioned Procedures- Gastroenterology

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Gastroenterology Restricted Commissioning policy 10(1)	G802	FZ15Z FZ07B FZ07A	Wireless Capsule Enteroscopy for Investigation of the Small Bowel.	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 	NICE IPG 101 (2004) and local evidence review	Monitoring by validation of monthly SLAM / SUS submission and audit. NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance	Contract Exclusion. Trusts request permission to proceed based on whether patient meets the criteria.
Gastroenterology Restricted Commissioning policy 10(2)	N/A	N/A	Hypnotherapy for Irritable Bowel Syndrome (IBS)	Hypnotherapy for the treatment of IBS is not commissioned due to insufficient evidence of effectiveness.	Cochrane Review	IFR Reporting	IFR only

Non Commissioned Procedures- General Medicine

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
General Medicine	I1270 (ICD10)		Primary Pulmonary (arterial) Hypertension	Only patients who do not respond to sildenafil should be considered for treatment with an endothelian receptor antagonist (bosentan) or a prostacyclin (epoprostenol treprostinil). As all these drugs have been shown to have some degree of effectiveness but have not been directly compared, the choice of drug should therefore be based on whichever is least expensive. Requests to change to the more expensive option should only be considered after there has been a trial treatment of the initial drug for twelve weeks.	Greater Manchester Evidence Review No. 6 (2004)	Monitoring by validation of monthly SLAM / SUS submission and drug files. NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance	

Non Commissioned Procedures- General Surgery

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
General Surgery Restricted Commissioning policy 1	L85.1 L85.2 L85.3 L85.8 L85.9 L86.1 L86.8 L86.9 L87.1 L87.2 L87.3 L87.4 L87.5 L87.6 L87.8 L87.9 ICD 10 code 183	QZ06A QZ06B QZ06Z	Varicose Vein Surgery	Skin changes or ulceration or bleeding or recurrent phlebitis (more than one documented episode) OR Severe symptoms attributable to the venous disease which are not acceptably relieved by conservative management including compression hosiery.	SW London Effective Commissioning Initiative 2006 GMEUR review	Monitoring by validation of monthly SLAM / SUS submission and audit. NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance	No request required
General Surgery Restricted Commissioning policy 11 (2)	G301 G302 G308 G309 G488 G489	FZ06A FZ06B FZ06C FZ25A FZ25B	Surgical Management of Obesity	Bariatric surgery is only considered for adults if all other methods of weight loss have failed, and if there is evidence of compliance with weight management programmes. Patients with BMI of 45+ (50+ without serious co-morbidity) may be considered for surgical treatment. Surgical services are provided through a NWSCT contract with Salford and Spire Hospitals. Manchester PCT does not routinely commission bariatric surgery for children (18 years)	NICE	Bariatric Surgery Prior Approvals Panel	Adults: Prior Approval from NSH Manchester Bariatric Panel. Children: IFR

General Surgery Restricted Commissioning policy 11(4)	H482	FZ23Z	Removal of Haemorrhoid Skin Tags	This procedure should not be performed. There may be consideration of special circumstances e.g. recurrent bleeding.	Unless other wise indicated, not provided routinely, generally in the NHS IN E	Monitoring by validation of monthly SLAM / SUS submission and drug files. NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance IFR Reporting	IFR
General Surgery Restricted Commissioning policy 11 (3)			Revisional Bariatric Surgery	This procedure is not routinely commissioned and is ONLY considered if NHS consultation identifies a significant health risk to the Individual	GM NE sector review		IFR only
General Surgery Restricted Commissioning policy 9			Excision of Ganglia	Most ganglia resolve spontaneously over time. This procedure will only be commissioned for the following: • The ganglia are painful seed ganglia OR • The ganglia are mucoid cysts arising at the distal interphalangeal joint and disturbing nail growth or discharging OR • The ganglia are causing significant functional impairment and/or pain Patients should be aware of the potential complications of ganglion surgery. If aspiration has not been attempted referrals may be redirected to a GPwSI in minor surgery for aspiration (or GPwSI in Podiatry for ganglions on the feet)	Croydon PCT review GMEUR review		Gateway
General Surgery Restricted Commissioning policy 11(1)			Minor Surgery	Minor surgery (defined as removal of lumps and bumps and 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			

Non Commissioned Procedures- Immunology

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Immunology Restricted Commissioning policy 18 (4)			Allergy therapy	Allergy services outside of those provided by the NHS are not routinely commissioned.	GM EUR ratified based on Stockport PCT review		IFR only

Non Commissioned Procedures- Neurology

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Neurology Restricted Commissioning policy 17 (1)	N/A	N/A	Bobath Therapy	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.	Local evidence review	IFR Reporting	IFR
Neurology Restricted Commissioning policy 17(2)	N/A	N/A	Specialist Epilepsy Services	Some specialist epilepsy services are commissioned on an individual basis. A maximum of one week for videotelemetry and one week for neurophysio assessment will be commissioned. Other specialist epilepsy services are not commissioned, including residential care.	The commissioning model is being reviewed currently	IFR Reporting	IFR
Neurology Restricted Commissioning policy 17(3)	N/A	N/A	Botulinum Toxin A (BTA) Treatment (for children with cerebral palsy)	Approval according to certain criteria – BTA injections are not suitable for all children with cerebral palsy and patient selection is very important. Availability and commissioning of support services should be considered prior to approval of treatment with BTA.	GM Evidence Review No. 8	IFR Reporting	IFR

Non Commissioned Procedures- Paediatrics

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Paediatrics			Nocturnal Non-Invasive Ventilation for Muscular Dystrophy	This treatment will be reviewed on an individual basis where patients blood CO2 levels are high enough	Local evidence review	IFR Reporting	IFR

Non Commissioned Procedures- Plastic & Cosmetic Surgery

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
------------	-----------	-----	-----------	------------------------	---------------	------------	---------------

<p>Plastic & Cosmetic Surgery</p> <p>Restricted Commissioning policy 4; 4a, 4b, 4c and 4d and 4e</p>	<p>S021 S022 S028 S029 S031 S032 S033 S038 S038 S039 S011 S012 S014 D033 D031 D032 D034 D038 D039 E021 E022 E023 E024 E025 E026 E028 E029 S603</p>	<p>All Cosmetic surgery procedures including:-</p> <p>Abdominoplasty / Apronectomy (tummy tuck)-</p> <p>Surgery to the Ageing Face (face lift)-</p> <p>Tattoo Removal -</p> <p>Cosmetic Rhinoplasty-</p> <p>Breast Augmentation and Reduction-</p> <p>Repair of Nipple-</p> <p>Mastopexy (reposition of nipple) -</p> <p>Hair transplant /hair loss procedures-</p> <p>Cosmetic Liposuction-</p> <p>Cosmetic Blepharoplasty-</p> <p>Buttock Lift-</p> <p>Cosmetic Abdominal Lipectomy-</p> <p>Split Ear Lobes-</p> <p>Adult Bat Ears-</p> <p>Cosmetic Liposuction Pigeon Chest-</p> <p>Penile Prosthesis (for cosmetic reasons)-</p> <p>Hair Removal-</p> <p>Laser Treatment for Facial Scarring (acne)-</p> <p>Eyelid lumps-</p> <p>Other cosmetic procedures -</p> <p>Body Contour surgery such as buttock lift, thigh lift</p> <p>cosmetic surgery on the labia</p>	<p>These procedures are not usually commissioned except in the following circumstances:-</p> <ul style="list-style-type: none"> •As part of reconstructive treatment following surgery for the treatment of malignant or other disease- •As part of reconstructive treatment following trauma <p>Hair transplant/hair loss procedures:</p> <p>These are not routinely commissioned on cosmetic grounds. These treatments are not available on the NHS regardless of gender for cosmetic grounds. •Exceptional grounds include where there is evidence of previous surgery which would cause hair loss, trauma or malignancy.</p> <p>These treatments are not commissioned for male pattern baldness as male pattern baldness is considered a normal process for many men at whatever age it occurs.</p> <p>Liposuction:</p> <p>Liposuction is sometimes an adjunct to other procedures , eg thinning of a transplanted flap. It is not commissioned purely to correct fat distribution but may be commissioned as part of the management of true lipodystrophias or non-excisable clinical significant lipomata.</p>	<p>Cosmetic- see earlier comments</p>	<p>IFR Reporting</p>	<p>IFR</p>
--	--	--	--	---------------------------------------	----------------------	------------

Plastic & Cosmetic Surgery Restricted Commissioning policy 4a			Revision of breast augmentation	This is not routinely funded but may be funded in the following situations (the patient must be over 18 years at the time of application) for non-cosmetic reasons: <ul style="list-style-type: none"> • Rupture of silicone implant • Implants complicated by recurrent infections • Extrusion of implant through skin • Implants with Baker Class iv contracture associated with severe pain • Implants with severe contracture that interferes with mammography 	Croydon PCT review		IFR only
Plastic & Cosmetic Surgery Restricted Commissioning policy 4e			Cosmetic surgery on the labia	This is not routinely commissioned	GM EUR – ratified		IFR only
Plastic & Cosmetic Surgery Restricted Commissioning policy 4d			Body contour surgery such as buttock lift, thigh lift	This is not commissioned. Clinical evidence of exceptional circumstances must be submitted to the PCT to be considered on an individual case basis for a patient to have body contour surgery	GM EUR – ratified		IFR only

Non Commissioned Procedures- Psychiatry

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Psychiatry			Gender Dysphoria	Treatment for gender dysphoria via gender reassignment pathway is a low priority and will only be agreed in accordance with the referral criteria and collaborative commissioning arrangements. Referrals for gender reassignment will only be made through an NHS psychiatrist in Manchester with the support of the patient's GP.	Greater Manchester position No EUR 18		

Non Commissioned Procedures - Screening Tests

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base
Screening Tests Restricted Commissioning policy 18 (1)			Various Screening Tests	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.	Stockport PCT review

Non Commissioned Procedures- Trauma & Orthopaedics

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Trauma & Orthopaedics Restricted Commissioning policy 3 (1)	V25*	HC03* HC04*	Endoscopic Lumbar Decompression	This treatment will not be routinely commissioned; funding will be considered as part of peer reviewed randomised control trials	Greater Manchester Evidence Review No. 13 NICE IPG300 (2009)	Monitoring by validation of monthly SLAM / SUS submission and audit. NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance	IFR

Trauma & Orthopaedics Restricted Commissioning policy 14 (1)	W852 W878 W879	Various in Chapter HA HB	Knee Arthroscopy	<p>Diagnostic arthroscopy should not be carried out for any of the following indications:-</p> <ul style="list-style-type: none"> •Investigation of knee pain •Treatment of OA including arthroscopic washout <p>If there is diagnostic uncertainty despite a competent examination or if there are "red flag" symptoms then an MRI scan may be indicated.</p> <p>If patients have had an inconclusive MRI scan and physiotherapy the procedure may be considered.</p> <p>Arthroscopic lavage and debridement should not be offered as part of treatment for osteoarthritis, unless the person has knee osteoarthritis with a clear history of mechanical locking (not gelling, 'giving way' or X-ray evidence of loose bodies).</p>	NICE CG59 (Osteoarthritis) (2008)	Monitoring by validation of monthly SLAM / SUM submission and annual random sample audit to ensure provider compliance.	IFR
Trauma & Orthopaedics Restricted Commissioning policy 3 b	V544		Spinal and Facet Joint Injections for Lower Back Pain	These injections will not be commissioned for lower back pain, on the basis of lack of evidence of clinical efficacy.	NICE CG88 Low back pain: full guideline (2009)		IFR
Trauma & Orthopaedics Restricted Commissioning policy 14 (2)	X334	SA26A SA26B	Autologous Chondrocyte Implantation	Manchester PCT does not commission this procedure unless as part of clinical trial.	NICE TA89	<p>Monitoring by validation of monthly SLAM/SUS submission and audit</p> <p>NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance</p> <p>IFR Reporting</p>	IFR

Trauma & Orthopaedics Restricted Commissioning policy 3(5)			Lower Back Surgery for Chronic Back Pain	Lower back surgery for chronic back pain will be commissioned on an agreed pathway. The following procedures are not commissioned: •intradiscal electrothermal therapy · •percutaneous intradiscal radiofrequency thermocoagulation •radiofrequency facet joint denervation.	NICE Guidance CG88 (2009)	Proposed annual audit of an agreed % of cases (% to be agreed in year by commissioner and provider)	
Trauma & Orthopaedics Restricted Commissioning policy 14 (3)			TAMARS (Technology Assisted Micromobilisation and Reflex Stimulation)	This procedure is not commissioned as there is limited evidence of effectiveness.	Stockport PCT review		IFR only
Trauma & Orthopaedics Restricted Commissioning policy 3 (1)			Treatments at the Spinal Foundation	These services are rarely commissioned and only as part of a randomised controlled trial	Stockport PCT review		IFR only
Trauma & Orthopaedics Restricted Commissioning policy 14 (7)			Surgery for bunion	Bunion surgery in adults that have a confirmed diagnosis of hallux valgus deformity can be undertaken following prior approval from the PCT for those that meet both the following criteria: 1) Conservative treatment to manage symptoms that includes padding, appropriate footwear and analgesics or anti-inflammatory drugs has been tried for six months AND 2) The deformity is causing either significant and persistent pain, or an obvious difficulty in walking or recurrent ulcers or recurrent infections	GM EUR review		Gateway

Trauma & Orthopaedics Restricted Commissioning policy 14 (4)			Surgery for adults with Dupuytren's contracture	The recommendation is that hand surgery for Dupuytren's contracture is not routinely commissioned and is not available for patients that do not have severe symptoms. Access to be restricted to patients with a metacarpophalangeal joint contracture of 30 degrees or more or patients with proximal interphalangeal joint contracture	GM EUR review		Gateway
Trauma & Orthopaedics Restricted Commissioning policy 14 (6)			Surgery for carpal tunnel syndrome	An adult patient with a diagnosis of carpal tunnel syndrome is eligible for surgery following prior approval from the PCT if the patient has at least one of the following: 1) Mild to moderate symptoms that have not responded to at least 4 months* of conservative measures 2) Severe symptoms including neurological deficit such as sensory loss or weakness that will not be resolved by conservative measures *In pregnant women carpal tunnel syndrome often resolves and for those women with mild to moderate symptoms to be eligible for surgery they must have not responded to at least 4 months of conservative measures post partum.	GM EUR review		Gateway
Trauma & Orthopaedics Restricted Commissioning policy 14 (5)			Surgery for adults with trigger finger	Surgery will not be funded unless the patient has at least one of the following: i) persistent triggering 12 months after a single steroid injection; ii) recurrent triggering or iii) has a fixed deformity that cannot be corrected with conservative measures	Stockport PCT review ratified by GMEUR		Gateway

Non Commissioned Procedures- Urology

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Urology Restricted Commissioning policy 15(8)	N181 Q291 Q292 Q298 Q299	LB34A LB34B LB34C	Reversal of Sterilisation	This service is not commissioned. The surgical reversal of sterilisation and sub fertility treatment for couples where one or other is sterilised would only be considered in very exceptional circumstances e.g. the catastrophic death of all living children. Patients should be counselled prior to sterilisation that the procedure is not effectively reversed and should be considered non reversible.	Greater Manchester / Lancashire policy on assisted conception	IFR Reporting	IFR
Urology Restricted Commissioning policy 15(4)	No trace on SUS	No trace on SUS	Botulinum for Urinary Incontinence	This treatment is usually commissioned on an individual basis where urinary incontinence results from idiopathic or neurogenic detrusor over activity, which is refractory to treatment with anticholinergics, with BTX-A or BTX-B. BTX-A is the preferred treatment as BTX-B appears to have only a short duration of action. Local evidence review	Stockport PCT review	Monitoring by validation of monthly SLAM/SUS submission and audit NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance	

Urology Restricted Commissioning policy 15(1)	N303 Z426	LB32A LB32B LB32C	Circumcision	<p>Circumcision will only be considered for a small number of therapeutic reasons in line with the guidelines.</p> <ul style="list-style-type: none"> •Balanitis xerotica obliterans (chronic inflammation leading to a rigid fibrous foreskin) •Severe recurrent balanoposthitis (recurrent bacterial infection of the prepuce). •penile malignancy; •traumatic foreskin injury where it cannot be salvaged; . •recurrent febrile UTIs with an abnormal urinary tract. <p>Religious circumcision may be funded where an underlying condition e.g Haemophilia makes the procedure high risk</p>	<p>Management of Foreskin Conditions.</p> <p>Statement from the British Association of Paediatric Urologists on behalf of the British Association of Paediatric Surgeons and The Association of Paediatric Anaesthetists.</p>	<p>Monitoring by validation of monthly SLAM/SUS submission and audit.</p> <p>NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance</p>	<p>No request required for clinically indicated procedures meeting the criteria</p> <p>High risk religious circumcision is via the IFR route</p>
Urology Restricted Commissioning policy 15(2)	A483 Z112	AB01Z	Sacral Nerve Modulation	<p>This treatment is usually commissioned on an individual basis for patients in one or more of the following categories:-</p> <ul style="list-style-type: none"> •Individuals with urinary urge incontinence where conventional treatment has failed. •Individuals with urgency-frequency where conventional treatment has failed. •Individuals with faecal incontinence and a structurally intact anal sphincter. 	Local evidence review	<p>Monitoring by validation of monthly SLAM/SUS submission and audit.</p> <p>NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance</p>	<p>PbR exclusion. Route is by request to Contract Managers with evidence that patient meets the criteria.</p>
Urology Restricted Commissioning policy 15(3)			Artificial urinary sphincter	<p>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.</p>	Stockport PCT review		IFR only
Urology Restricted Commissioning policy 15(5)			ESWT (Extracorporeal Shockwave Therapy) for prostatic dysuria or pelvic floor syndrome	<p>This is not commissioned as there is limited evidence of effectiveness</p>	Stockport PCT review		IFR only

Urology Restricted Commissioning policy 15(6)			Hyperthermia treatment for prostadynia or pelvic floor syndrome	This is not commissioned as there is limited evidence of effectiveness	Stockport PCT review		IFR only
Urology /Primary care Restricted Commissioning policy 18 (2) and 15(7)			Vasectomy	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.			

Non Commissioned Procedures- Vascular Surgery

Speciality	OPCS Code	HRG	Procedure	Commissioning Position	Evidence Base	Monitoring	Request Route
Vascular Surgery Restricted Commissioning policy 16(1)	Not Sure	Not Sure	Chelation Therapy for Vascular Occlusions	Effectiveness in treatment CVD unproven by RCT or other high- quality evidence. DH does not recommend the NHS offers chelation for treatment of vascular complications associated with CVD and other disease, such as diabetes. Chelating drugs are not licensed under the Medicines Act 1968 for use in treating patients with heart and arterial disease and cannot therefore be used except where such use is part of a clinical trial, or in accordance with the provision of the Act.	Greater Manchester Evidence Review No. 12	IFR Reporting Monitoring by validation of monthly SLAM/SUS submission and audit NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to ensure compliance	

Vascular Surgery Restricted Commissioning policy 16(2)			Treatment of vascular lesions (including port wine stains)	Not commissioned for small, benign, acquired vascular lesions such as thread veins and spider naevi	Croydon PCT review			IFR only
---	--	--	---	--	-----------------------	--	--	----------

Couldn't see the following in the above tables

Obstetrics & Gynaecology Restricted Commissioning policy 12(1)				Insertion and Removal of Inter Uterine Contraceptive Device	Insertion and removal of IUCD should only be undertaken in a primary care setting, it is not commissioned as a secondary care service.			
Obstetrics & Gynaecology Restricted Commissioning policy 12(2)	P26*	MA05A MA05B		Vaginal Pessaries	Insertion of vaginal pessaries should only be undertaken in a Primary Care setting, it is not commissioned as a Secondary Care service.			
Obstetrics & Gynaecology Restricted Commissioning policy 12(3)	Q181 Q188 Q189	MA10Z		Hysteroscopy	When appropriate, outpatient rather than inpatient ambulatory hysteroscopy will be considered			
Obstetrics & Gynaecology Restricted	Q101 Q102 Q103 Q108	MA13A MA13B MA13B		Diagnostic Dilation and Curettage for Women <40	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	NICE Guidance Jan 2007 Heavy Menstrual Bleeding	Monitoring by validation of monthly SLAM / SUS submission	No request required.

	Commissioning policy 12(4)	Q109			<p>minimum potential benefit.</p> <p>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>		and audit	
	<p>Obstetrics & Gynaecology</p> <p>Restricted Commissioning policy 12(5)</p>	<p>R171</p> <p>R172</p> <p>R178</p> <p>R179</p> <p>R181</p> <p>R182</p> <p>R188</p> <p>R189</p>	<p>NZ03A</p> <p>NZ03B</p>	<p>Elective Caesarean Section</p>	<p>Intervention approved according to criteria established in guidelines issued jointly by NICE and National Collaborating Centre for Women's and Children's Health.</p> <p>Planned caesarean section should only be routinely offered to women with:-</p> <ul style="list-style-type: none"> •a term singleton breech (if external cephalic version is contraindicated or has failed)- •a twin pregnancy with breech first twin- HIV (only if recommended by a HIV consultant)- •both HIV and hepatitis C (as above, there is no evidence that CS should be performed for hepatitis C alone) . •primary genital herpes in the third trimester (active genital herpes at the onset of labour)- <p>Grade 3 and 4 placenta praevia-</p> <ul style="list-style-type: none"> •Two previous caesarean sections or more- 	<p>Greater Manchester Evidence Review No. 9</p> <p>NICE guideline CG13 April 2004</p>	<p>Pathway Monitoring by validation of monthly SLAM / SUS submission annual random sample audit to ensure provider compliance<</p> <p>NHSM reserves the right to conduct an annual random sample audit of either HRG or OPCS to</p>	<p>No request required</p>

					Previous upper segment caesarean section or type unknown. •Previous significant uterine perforation/surgery breaching the cavity.		ensure compliance	
	Obstetrics & Gynaecology Restricted Commissioning policy 12(7)			In-vitro fertilisation (IVF) / assisted conception	IVF is approved for one Cycle Only. Eligibility criteria is as following below: •Couples have failed to conceive after regular unprotected sexual intercourse for 2 years in the absence of known reproductive pathology . •Women must be aged between 23 and 39 years old at the time of treatment. •Women's BMI must be between 19-29 before treatment. •Both partners must be non-smokers. •Both partners must give assurance that alcohol intake is within Department of Health guidelines and they are not using recreational drugs. •Couples with primary infertility will be eligible. •This includes new couples where only one partner has a child •IVF is not funded when that azoospermia or oligospermia occurs following male reversal of sterilisation or following female reversal of sterilisation, except in exceptional circumstances e.g. death of a child.	Greater Manchester Evidence Review No. 1 NICE CG11	Pathway if referred via secondary care Prior Approval if referred via primary care	IFR (for all requests outside the Pathway)
	Obstetrics & Gynaecology Restricted Commissioning policy 12(6)	Q071 Q072 Q073 Q074 Q075 Q078 Q079 Q081 Q082 Q083 Q088	MA07A MA07B	Hysterectomy (abdominal and vaginal)	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.	NICE CG44 (2007)	Monitoring by validation of monthly SLAM / SUM submission and annual random sample audit to ensure compliance	No request required

		Q089						
	Obstetrics & gynaecology Restricted Commissioning policy 12(8)			Pre-implantation genetic diagnosis (PIGD)	PIGD will be funded for those couples meeting the following criteria: the genetic condition is included on the list of conditions licensed for PIGD by the Human Fertilisation and Embryology Authority (HFEA); the female partner is aged between 23 and 39 years old at the time of treatment; the female partner's BMI is between 19-29; both partners are non-smokers; both partners can give assurance that alcohol intake is within Department of Health guidelines and they are not using recreational drugs; neither partner has previously undergone a sterilisation procedure. One cycle of PIGD will be funded.	NHS Stockport internal evaluation process.		
added	Obstetrics & gynaecology Restricted Commissioning policy 12(9)			Sperm washing	The recommendation is that this is commissioned on a named patient basis for infection control reasons where there is discordant HIV infection (e.g. one partner is positive the other negative or where both are positive but with different resistance profiles. The sexual health network has set up a "sperm washing panel" to support the decision making process for commissioners. Any accompanying fertility treatment requests will be managed as for any couple requesting such treatment The sexual health network are setting up a GM group to review all requests and	GM EUR ratified		

					make recommendations – triage at the gateway should use this service			
	Clinical oncology, Medical Oncology, Palliative Medicine,	E48.7 Z24.5		PDT for advanced bronchial carcinoma	Current evidence on the safety and efficacy of photodynamic therapy for advanced bronchial carcinoma appears adequate to support the use of this procedure provided that the normal arrangements are in place for consent, audit and clinical governance.			

Rheumatology Restricted Commissioning policy 18 (3)	X30*	AB06Z	Joint Injections for Pain (peripheral joints)	<p>Provision of joint injections for this pain should only be undertaken in a primary care setting, it is not commissioned as a secondary care service.</p> <p>However it is noted there may be certain circumstances where secondary care referral is required e.g. small joints under ultrasound.</p> <p>Joint injections will not be carried out when a patient could be a candidate for joint replacement in the next 6-12 months as this may compromise the new joint.</p>			
--	------	-------	---	---	--	--	--