

| 2017-19 Effective Use of Resources Treatment Policies | | GM EUR Team Contacts | Tel | Email |
|---|-----------------|--------------------------------|---------------|--|
| Version | 5.6 | Funding applications / Process | 0161 212 6250 | gmifr.gmcusu@nhs.net |
| List Last Updated | 15 January 2019 | 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 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 <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 blue | Funding Approval Category | Commissioning Policy | Summary of Policy (GM Policies only) | Funding Request Form (GM Policies only) |
|--|---|---|--|--|
| Aesthetic Surgery (Other) | Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | Aesthetic Surgery (Other) | Aesthetic Surgery (Other) | Aesthetic Surgery (Other) |
| Assisted Conception (Includes IVF and Sperm Washing) | Monitored Approval | Bolton 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. <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 | The CCG does not fund Bobath therapy. | | |
| Body Contouring Includes: Panniculectomy (Apronectomy) | Monitored Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | Body Contouring | Body Contouring | Body Contouring |
| Breast Surgery (Aesthetic) Includes: Breast Augmentation; Revision of Breast Augmentation; Breast Reduction; Gynaecomastia; Breast Lifts (Mastopexy); Breast Asymmetry; Nipple Inversion; PIP Implants | Individual Funding Request (Exceptional Case) Approval | Breast Surgery (Aesthetic) | Breast Surgery (Aesthetic) | Breast Asymmetry Breast Augmentation Breast Lift (Mastopexy) Breast Reduction Gynaecomastia (Adolescent) Gynaecomastia (Adult) 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 |

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|---|---|---|--|--|
| 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 |
| Correction of bony and soft tissue deformity of the face | Monitored Approval | Part of NHS services | | |
| CPAP/BiPAP machines | Individual Prior Approval | | | |
| Dermatochalasis (Correction of) | Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval | Dermatochalasis (Correction of) | Dermatochalasis (Correction of) | Dermatochalasis (Correction of) |
| Dilatation & curettage for menorrhagia | Individual Funding Request (Exceptional Case) Approval | The CCG does not commission this procedure for menorrhagia. This is in accordance with NICE guidance (CG44) which states that 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). Reason: The risk of anaesthesia, uterine perforation and cervical laceration outweighs the minimum potential benefit. | | |
| 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) |
| 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 |
| 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 |

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| Haemorrhoids and anal skin tags (Surgical management (including banding) of) | Monitored Approval <u>and</u> 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 <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 for menorrhagia | Individual Prior Approval | Hysterectomy for menorrhagia | | |
| Knee Arthroscopy | Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | Knee Arthroscopy | Knee Arthroscopy | Knee Arthroscopy |
| 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 |
| Lymphoedema treatment | Individual Prior Approval | | | |
| MRI scanning (Wide bore, open and open upright) | Individual Prior Approval <u>and</u> 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) |
| Out of area non-emergency ambulance journeys | Monitored Approval | Non-emergency Patient Transport Services, are commissioned for patient's with a medical need for transport to and from a premises providing NHS healthcare, and/or between NHS healthcare providers in line with the Healthcare Travel Cost Scheme | | |
| 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 |
| Rhinoplasty / Septoplasty / Septorhinoplasty | Monitored Approval <u>and</u> Individual Prior Approval | Rhinoplasty / Septoplasty / Septo-Rhinoplasty | Rhinoplasty / Septoplasty / Septo-Rhinoplasty | Rhinoplasty / Septoplasty / Septo-Rhinoplasty |

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|---|---|--|--|--|
| Sacroneuromodulation for Urinary Retention and Constipation | Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | Sacroneuromodulation for Urinary Retention and Constipation | Sacroneuromodulation for Urinary Retention and Constipation | Sacroneuromodulation for Urinary Retention and Constipation |
| Scarring (Surgical revision of) | Individual Funding Request (Exceptional Case) Approval | Scarring (Surgical revision of) | Scarring (Surgical revision of) | Scarring (Surgical revision of) |
| Servox Communication Aids following Laryngectomy | Individual Funding Request (Exceptional Case) Approval | | | |
| Sign Counselling (Action on Hearing Loss) | Individual Prior Approval | | | |
| Skin Lesions (Common Benign) | Monitored Approval | Skin Lesions (Common Benign) | Skin Lesions (Common Benign) | Skin Lesions (Common Benign) |
| Skin Resurfacing Techniques | Individual Funding Request (Exceptional Case) Approval | Skin Resurfacing Techniques | Skin Resurfacing Techniques | Skin Resurfacing Techniques |
| 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 <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 |
| Termination of Pregnancy (by independent sector provider – Marie Stopes International; South Manchester Private Clinic) | Individual Prior Approval | | | |
| 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 |
| Urinary incontinence | Monitored Approval | CCGs commission primary surgical treatment for urinary incontinence, primary surgery for stress urinary incontinence and primary surgery for pelvic organ prolapse. NOTE: NHS England commissions the following: <ul style="list-style-type: none"> • the investigation and management of women whose primary surgery for urinary incontinence has failed or who have complications such as mesh exposure following insertion of a tape. • the investigation and management of women whose primary surgery for stress urinary incontinence has failed or who have recurrence of the condition • the investigation and management of women whose primary surgery for pelvic organ prolapse has failed or who have recurrence of the condition | | |
| VAC Therapy | Individual Prior Approval | | | |
| Varicose Veins | Monitored Approval <u>and</u> Individual Prior Approval | Varicose Veins | Varicose Veins | Varicose Veins |