

2017-19 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
Version	5.0	Funding applications / Process	0161 212 6250	gmifr.gmcusu@nhs.net
List Last Updated	28 December 2017	Policy development	0161 212 6212	policyfeedback.gmcusu@nhs.net

Funding Request Forms	Funding Approval Category	Approval Required	Notes
GM EUR Generic Funding Request Form NOTE: GM policies have specific funding request forms, please see the end column on the green coloured rows below.	Individual Funding Request (Exceptional Case) Approval (IFR)	Yes	A decision has been taken not to commission a specific treatment. Funding will only be approved if there is evidence of clinical exceptional circumstances.
	Individual Prior Approval (IPA)	Yes	The Commissioner has specifically requested that funding is sought for a particular treatment. The treatment must not be undertaken without funding approval from commissioners. Exceptional circumstances do not always have to be demonstrated.
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 green	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Assisted Conception (Includes IVF and Sperm Washing)	Monitored Approval	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 (Persistent Non-Specific Low Back Pain)	Individual Funding Request (Exceptional Case) Approval	Persistent Non-Specific Low Back Pain	Persistent Non-Specific Low 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	The CCG does not fund Bobath therapy.		
Body Contouring (Including Apronectomy and Abdominoplasty)	Individual Prior 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	Aesthetic Breast Surgery	Aesthetic Breast Surgery	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 sections	Monitored Approval	Caesarean Section		
Carpal Tunnel Syndrome (Surgical Interventions for)	Individual Prior Approval	Carpal Tunnel Syndrome (Surgical Interventions for)	Surgical Interventions for Carpal Tunnel Syndrome	Surgical Interventions for Carpal Tunnel Syndrome
Cataract Surgery	Monitored Approval	Cataract Surgery	Cataract Surgery	Cataract Surgery
Circumcision (Surgical procedures on the prepuce)	Monitored Approval	Surgical procedures on the prepuce (Circumcision)	Surgical procedures on the prepuce (Circumcision)	Surgical Procedures on the Prepuce (Circumcision)

Procedure / Treatment NOTE: GM policies are highlighted in green	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Complementary & Alternative Therapies	Individual Funding Request (Exceptional Case) Approval	Complementary & Alternative Therapies	Complementary & Alternative Therapies	Complementary & Alternative Therapies
Correction of bony and soft tissue deformity of the face	Monitored Approval	Part of NHS services		
CPAP/BIPAP machines	Individual Prior Approval			
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 anesthesia, 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	Surgical drainage of the middle ear (with or without the insertion of grommets)	Surgical drainage of the middle ear (with or without the insertion of grommets)	Surgical drainage of the middle ear (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 Eyelid Lesions)	Monitored Approval and Individual Prior Approval	Common Benign Eyelid Lesions	Common Benign Eyelid Lesions	Common Benign Eyelid Lesions
Eyelid Ptosis (Correction of)	Individual Prior Approval	Correction of Eyelid Ptosis	Correction of Eyelid Ptosis	Correction of Eyelid Ptosis
Facet Joint Injections for Back Pain	Monitored Approval and Individual Prior Approval	Facet Joint Injections for Back Pain	Facet Joint Injections for Back Pain	Facet Joint Injections for 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
Hair Replacement Technologies for Alopecia	Individual Funding Request (Exceptional Case) Approval	Hair Replacement Technologies for Alopecia	Hair Replacement Technologies for Alopecia	Hair Replacement Technologies for Alopecia
Headache Disorders	Monitored Approval and Individual Prior Approval and 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

Procedure / Treatment NOTE: GM policies are highlighted in green	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Hysterectomy for menorrhagia	Individual Prior Approval	Hysterectomy for menorrhagia		
Knee arthroscopy, lavage and debridement	Monitored Approval and Individual Prior Approval and 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
Lymphoedema treatment	Individual Prior Approval			
Other Aesthetic Surgery	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Other Aesthetic Surgery	Other Aesthetic Surgery	Other Aesthetic Surgery
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
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
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	Surgical Revision of Scarring	Surgical Revision of Scarring	Surgical Revision of Scarring
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	Common Benign Skin Lesions	Common Benign Skin Lesions	Common Benign Skin Lesions
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	Invasive Treatments for Snoring	Invasive Treatments for Snoring	Invasive Treatments for Snoring

Procedure / Treatment NOTE: GM policies are highlighted in green	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Spinal procedures (Out of contract)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Out of contract spinal procedures	Out of contract spinal procedures	Out of contract spinal procedures
Split / Torn Ear Lobes (Repair of)	Monitored Approval	Repair of Split / Torn Ear Lobes	Repair of Split / Torn Earlobes	Repair of Split/Torn Ear Lobes
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)	Surgical Correction of Trigger Finger	Surgical Correction of Trigger Finger
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
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 and Individual Prior Approval	Varicose Veins	Varicose Veins	Varicose Veins