

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
<a href="#">GM EUR Generic Funding Request Form</a> <b>NOTE: GM policies have specific funding request forms, please see the end column on the green coloured rows below.</b>	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.
<b>PbR Excluded Lists</b> <a href="#">PbR Excluded Devices List</a> <a href="#">PbR Excluded Drugs List</a>	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)
<b>Assisted Conception</b> (Includes IVF and Sperm Washing)	Monitored Approval	<a href="#">Bolton CCG Assisted Conception Policy</a> <b>NOTE:</b> If the patient does not meet the criteria for treatment within the policy, please submit an individual funding request for consideration under exceptionality.		
<b>Back Pain</b> (Persistent Non-Specific Low Back Pain)	Individual Funding Request (Exceptional Case) Approval	<a href="#">Persistent Non-Specific Low Back Pain</a>	<a href="#">Persistent Non-Specific Low Back Pain</a>	<a href="#">Persistent Non-Specific Low Back Pain</a>
<b>Bariatric Surgery</b>	Monitored Approval	<b>NOTE:</b> 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. <a href="#">NHSE complex and specialised obesity surgery policy April 2013</a> <a href="#">NHSE Revision Obesity Surgery Aug 2014</a>		
<b>Bobath therapy</b>	Individual Funding Request (Exceptional Case) Approval	The CCG does <b>not</b> fund Bobath therapy.		
<b>Body Contouring</b> (Including Apronectomy and Abdominoplasty)	Individual Prior Approval <b>and</b> Individual Funding Request (Exceptional Case) Approval	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>
<b>Breast Surgery</b> (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	<a href="#">Aesthetic Breast Surgery</a>	<a href="#">Aesthetic Breast Surgery</a>	<a href="#">Breast Asymmetry</a> <a href="#">Breast Augmentation</a> <a href="#">Breast Lift (Mastopexy)</a> <a href="#">Breast Reduction</a> <a href="#">Gynaecomastia (Adult)</a> <a href="#">Gynaecomastia (Adolescent)</a> <a href="#">Inverted Nipple Correction</a> <a href="#">Revision of Breast Augmentation</a>
<b>Bunion (Hallux Valgus) Surgery</b>	Monitored Approval	<a href="#">Bunion (Hallux Valgus) Surgery</a>	<a href="#">Bunion (Hallux Valgus) Surgery</a>	<a href="#">Bunion (Hallux Valgus) Surgery</a>
<b>Caesarean sections</b>	Monitored Approval	<a href="#">Caesarean Section</a>		
<b>Carpal Tunnel Syndrome</b> (Surgical Interventions for)	Individual Prior Approval	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>	<a href="#">Surgical Interventions for Carpal Tunnel Syndrome</a>	<a href="#">Surgical Interventions for Carpal Tunnel Syndrome</a>
<b>Cataract Surgery</b>	Monitored Approval	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>
<b>Circumcision</b> (Surgical procedures on the prepuce)	Monitored Approval	<a href="#">Surgical procedures on the prepuce (Circumcision)</a>	<a href="#">Surgical procedures on the prepuce (Circumcision)</a>	<a href="#">Surgical Procedures on the Prepuce (Circumcision)</a>

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)
<b>Complementary &amp; Alternative Therapies</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Complementary &amp; Alternative Therapies</a>	<a href="#">Complementary &amp; Alternative Therapies</a>	<a href="#">Complementary &amp; Alternative Therapies</a>
<b>Correction of bony and soft tissue deformity of the face</b>	Monitored Approval	Part of NHS services		
<b>CPAP/BIPAP machines</b>	Individual Prior Approval			
<b>Dilatation &amp; curettage for menorrhagia</b>	Individual Funding Request (Exceptional Case) Approval	The CCG does <b>not</b> 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.		
<b>Drainage of the middle ear, Surgical</b> (with or without the insertion of grommets)	Monitored Approval <b>and</b> Individual Prior Approval <b>and</b> Individual Funding Request (Exceptional Case) Approval	<a href="#">Surgical drainage of the middle ear (with or without the insertion of grommets)</a>	<a href="#">Surgical drainage of the middle ear (with or without the insertion of grommets)</a>	<a href="#">Surgical drainage of the middle ear (with or without the insertion of grommets)</a>
<b>Dupuytren's Contracture</b>	Monitored Approval	<a href="#">Dupuytren's Contracture</a>	<a href="#">Dupuytren's Contracture</a>	<a href="#">Dupuytren's Contracture</a>
<b>Electrolysis &amp; Laser Hair Removal for Hirsutism</b>	Individual Prior Approval	<b>NOTE:</b> Hair removal for patients going through gender realignment is commissioned by NHS England. <a href="#">Electrolysis &amp; Laser Hair Removal For Hirsutism</a>	<a href="#">Electrolysis &amp; Laser Hair Removal For Hirsutism</a>	<a href="#">Electrolysis &amp; Laser Hair Removal for Hirsutism</a>
<b>Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing</a>	<a href="#">Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing</a>	<a href="#">Endoscopic Thoracic Sympathectomy (ETS) for facial blushing</a>
<b>Experimental &amp; Unproven Treatments</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Experimental &amp; Unproven Treatments</a>	<a href="#">Experimental &amp; Unproven Treatments</a>	<a href="#">Experimental &amp; Unproven Treatments</a>
<b>Eyelid Lesions</b> (Removal of Common Benign Eyelid Lesions)	Monitored Approval <b>and</b> Individual Prior Approval	<a href="#">Common Benign Eyelid Lesions</a>	<a href="#">Common Benign Eyelid Lesions</a>	<a href="#">Common Benign Eyelid Lesions</a>
<b>Eyelid Ptosis</b> (Correction of)	Individual Prior Approval	<a href="#">Correction of Eyelid Ptosis</a>	<a href="#">Correction of Eyelid Ptosis</a>	<a href="#">Correction of Eyelid Ptosis</a>
<b>Facet Joint Injections for Back Pain</b>	Monitored Approval <b>and</b> Individual Prior Approval	<a href="#">Facet Joint Injections for Back Pain</a>	<a href="#">Facet Joint Injections for Back Pain</a>	<a href="#">Facet Joint Injections for Back Pain</a>
<b>Functional Electronic Stimulation (FES) for Foot Drop</b>	Individual Prior Approval	<a href="#">Functional Electronic Stimulation (FES) for Foot Drop</a>	<a href="#">Functional Electronic Stimulation (FES) for Foot Drop</a>	<a href="#">Functional Electrical Stimulation (FES) for Foot Drop</a>
<b>Ganglion Cyst Removal</b>	Monitored Approval	<a href="#">Ganglion Cyst Removal</a>	<a href="#">Ganglion Cyst Removal</a>	<a href="#">Ganglion Cyst Removal</a>
<b>Hair Replacement Technologies for Alopecia</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Hair Replacement Technologies for Alopecia</a>	<a href="#">Hair Replacement Technologies for Alopecia</a>	<a href="#">Hair Replacement Technologies for Alopecia</a>
<b>Headache Disorders</b>	Monitored Approval <b>and</b> Individual Prior Approval <b>and</b> Individual Funding Request (Exceptional Case) Approval	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>
<b>Hyaluronic Acid Injections for Osteoarthritis</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>
<b>Hyperhidrosis</b>	Monitored Approval	<a href="#">Hyperhidrosis</a>	<a href="#">Hyperhidrosis</a>	<a href="#">Hyperhidrosis</a>

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Hysterectomy for menorrhagia	Individual Prior Approval	<a href="#">Hysterectomy for menorrhagia</a>		
Knee arthroscopy, lavage and debridement	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Knee arthroscopy, lavage and debridement</a>	<a href="#">Knee arthroscopy, lavage and debridement</a>	<a href="#">Knee arthroscopy, lavage and debridement</a>
Labiaplasty	Individual Funding Request (Exceptional Case) Approval	<a href="#">Labiaplasty</a>	<a href="#">Labiaplasty</a>	<a href="#">Labiaplasty</a>
Lycra Body Suits	Individual Funding Request (Exceptional Case) Approval	<a href="#">Lycra Body Suits</a>	<a href="#">Lycra Body Suits</a>	<a href="#">Lycra Body Suits</a>
Lymphoedema treatment	Individual Prior Approval			
Other Aesthetic Surgery	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Other Aesthetic Surgery</a>	<a href="#">Other Aesthetic Surgery</a>	<a href="#">Other Aesthetic Surgery</a>
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 <a href="#">Healthcare Travel Cost Scheme</a>		
Pelvic Vein Embolisation in the management of Varicose Veins	Individual Funding Request (Exceptional Case) Approval	<a href="#">Pelvic Vein Embolisation in the management of varicose veins</a>	<a href="#">Pelvic Vein Embolisation in the management of varicose veins</a>	<a href="#">Pelvic Vein Embolisation in the management of varicose veins</a>
Pinnaplasty	Monitored Approval	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>
Radiofrequency Denervation for Back Pain	Individual Prior Approval	<a href="#">Radiofrequency Denervation for Back Pain</a>	<a href="#">Radiofrequency Denervation for Back Pain</a>	<a href="#">Radiofrequency Denervation for Back Pain</a>
Rhinoplasty / Septoplasty / Septorhinoplasty	Monitored Approval and Individual Prior Approval	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>
Sacroneuromodulation for Urinary Retention and Constipation	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Sacroneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacroneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacroneuromodulation for Urinary Retention and Constipation</a>
Scarring (Surgical revision of)	Individual Prior Approval	<a href="#">Surgical Revision of Scarring</a>	<a href="#">Surgical Revision of Scarring</a>	<a href="#">Surgical Revision of Scarring</a>
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	<a href="#">Common Benign Skin Lesions</a>	<a href="#">Common Benign Skin Lesions</a>	<a href="#">Common Benign Skin Lesions</a>
Skin Resurfacing Techniques	Individual Funding Request (Exceptional Case) Approval	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>
Snoring (Invasive treatments for)	Individual Funding Request (Exceptional Case) Approval	<a href="#">Invasive Treatments for Snoring</a>	<a href="#">Invasive Treatments for Snoring</a>	<a href="#">Invasive Treatments for Snoring</a>

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Spinal procedures (Out of contract)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Out of contract spinal procedures</a>	<a href="#">Out of contract spinal procedures</a>	<a href="#">Out of contract spinal procedures</a>
Split / Torn Ear Lobes (Repair of)	Monitored Approval	<a href="#">Repair of Split / Torn Ear Lobes</a>	<a href="#">Repair of Split / Torn Earlobes</a>	<a href="#">Repair of Split/Torn Ear Lobes</a>
Tattoo Removal	Individual Prior Approval	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>
Termination of Pregnancy (by independent sector provider – Marie Stopes International; South Manchester Private Clinic)	Individual Prior Approval			
Tonsillectomy	Monitored Approval	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>
Trigger Finger (Surgical Correction of)	Individual Prior Approval	<a href="#">Trigger Finger (Surgical Correction of)</a>	<a href="#">Surgical Correction of Trigger Finger</a>	<a href="#">Surgical Correction of Trigger Finger</a>
Trophic Electrical Stimulation (TES) for Facial Palsy	Individual Prior Approval	<a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy</a>	<a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy</a>	<a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy</a>
Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing	Monitored Approval and Individual Prior Approval	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>
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.  <b>NOTE:</b> NHS England commissions the following: <ul style="list-style-type: none"> <li>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.</li> <li>the investigation and management of women whose primary surgery for stress urinary incontinence has failed or who have recurrence of the condition</li> <li>the investigation and management of women whose primary surgery for pelvic organ prolapse has failed or who have recurrence of the condition</li> </ul>		
VAC Therapy	Individual Prior Approval			
Varicose Veins	Monitored Approval and Individual Prior Approval	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>