

2017-19 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
Version	5.10	Funding applications / Process	0161 212 6250	<a href="mailto:gmfr.gmcusu@nhs.net">gmfr.gmcusu@nhs.net</a>
List Last Updated	22 January 2019	Policy development	0161 212 6212	<a href="mailto:policyfeedback.gmcusu@nhs.net">policyfeedback.gmcusu@nhs.net</a>

Funding Request Forms		Funding Approval Category	Approval Required	Notes
<a href="#">GM EUR Generic Funding Request Form</a>		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.
<b>NOTE: GM policies have specific funding request forms, please see the end column on the blue coloured rows below.</b>		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		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.
<b>NOTE: Only applies if the patient meets the policy criteria.</b>				
<a href="#">PbR Excluded Devices List</a>	<a href="#">PbR Excluded Drugs List</a>			

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)
<b>Aesthetic Surgery (Other)</b>	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Aesthetic Surgery (Other)</a>	<a href="#">Aesthetic Surgery (Other)</a>	<a href="#">Aesthetic Surgery (Other)</a>
<b>Assisted Conception</b> (Includes IVF and Sperm Washing)	Monitored Approval	<p><b>Please refer to your local CCG's policy:</b></p> <p><a href="#">Bury CCG Assisted Conception Policy</a></p> <p><a href="#">HMR CCG Assisted Conception Policy</a></p> <p><a href="#">Oldham CCG Assisted Conception Policy</a></p> <p><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.</p>		
<b>Back Pain</b> (Treatment of 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)	<p><a href="#">Back Pain (Treatment for low back pain with or without sciatica)</a></p> <p><b>Bury CCG:</b> Please note that Bury CCG currently has a local pathway which supersedes this policy: <a href="#">Click here</a></p> <p><b>Oldham CCG:</b> Please note that Oldham CCG currently has a local pathway which supersedes this policy: <a href="#">Click here</a></p>	<a href="#">Back Pain (Treatment for low back pain with or without sciatica)</a>	There is no treatment specific form for this policy, please use: <a href="#">Generic GM EUR Funding Request Form</a>
<b>Bariatric Surgery</b>	Monitored Approval	<p><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.</p> <ul style="list-style-type: none"> <li>• Patient's should be referred to the local weight management pathways in the first instance.</li> <li>• Once they have complied with this they will be offered surgery if they meet the criteria.</li> </ul> <p><a href="#">NHSE complex and specialised obesity surgery policy April 2013</a></p> <p><a href="#">NHSE Revision Obesity Surgery Aug 2014</a></p>		
<b>Body Contouring</b> Includes: Panniculectomy (Apronectomy)	Monitored Approval <u>and</u> 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="#">Breast Surgery (Aesthetic)</a>	<a href="#">Breast Surgery (Aesthetic)</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 (Adolescent)</a> <a href="#">Gynaecomastia (Adult)</a> <a href="#">Inverted Nipple Correction</a> <a href="#">Revision of Breast Augmentation</a>

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Bunion (Hallux Valgus) Surgery	Monitored Approval	<a href="#">Bunion (Hallux Valgus) Surgery</a>	<a href="#">Bunion (Hallux Valgus) Surgery</a>	<a href="#">Bunion (Hallux Valgus) Surgery</a>
Caesarean Section	Monitored Approval	<a href="#">Caesarean Section</a>	<a href="#">Caesarean Section</a>	<a href="#">Caesarean Section</a>
Carpal Tunnel Syndrome (Surgical Interventions for)	Individual Prior Approval	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>
Cataract Surgery	Monitored Approval	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>
Circumcision (Surgical procedures on the prepuce)	Monitored Approval	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>
Complementary and Alternative Therapies	Individual Funding Request (Exceptional Case) Approval	<a href="#">Complementary and Alternative Therapies</a>	<a href="#">Complementary and Alternative Therapies</a>	<a href="#">Complementary and Alternative Therapies</a>
Continuous Glucose Monitoring (Real-Time)	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Continuous Glucose Monitoring (Real-Time)</a>	<a href="#">Continuous Glucose Monitoring (Real-Time)</a>	<a href="#">Continuous Glucose Monitoring (Real-Time)</a>
Dermatochalasis (Correction of)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Dermatochalasis (Correction of)</a>	<a href="#">Dermatochalasis (Correction of)</a>	<a href="#">Dermatochalasis (Correction of)</a>
Diathermy of Nabothian Follicles	Individual Funding Request (Exceptional Case) Approval			
Dilatation and Curettage and hysteroscopy (IP or DC)	Individual Funding Request (Exceptional Case) Approval	In accordance with NICE guidance, dilation and curettage should <b>not</b> be used as a therapeutic treatment or a diagnostic tool. Hysteroscopy for menorrhagia should <b>not</b> be part of the patient pathway for heavy menstrual bleeding in line with NICE guidance and is <b>not</b> commissioned unless there is clinical exceptionality.		
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	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>
Dupuytren's Contracture	Monitored Approval	<a href="#">Dupuytren's Contracture</a>	<a href="#">Dupuytren's Contracture</a>	<a href="#">Dupuytren's Contracture</a>
Electrolysis and Laser Hair Removal for Hirsutism	Individual Prior Approval	<b>NOTE:</b> Hair removal for patients going through gender realignment is commissioned by NHS England. <a href="#">Electrolysis and Laser Hair Removal For Hirsutism</a>	<a href="#">Electrolysis and Laser Hair Removal For Hirsutism</a>	<a href="#">Electrolysis and Laser Hair Removal for Hirsutism</a>
Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing	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>
Experimental and Unproven Treatments	Individual Funding Request (Exceptional Case) Approval	<a href="#">Experimental and Unproven Treatments</a>	<a href="#">Experimental and Unproven Treatments</a>	<a href="#">Experimental and Unproven Treatments</a>
Eyelid Ectropion and Entropion	Monitored Approval	<a href="#">Referral Guide - Eye Ectropion and Entropion</a>		
Eyelid Lesions (Removal of Common Benign)	Monitored Approval and Individual Prior Approval	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>

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Facet Joint Injections for Neck and Back Pain	Monitored Approval and Individual Prior Approval	<a href="#">Facet Joint Injections for Neck and Back Pain</a>  <b>Bury CCG:</b> Please note that Bury CCG currently has a local pathway which supersedes this policy: <a href="#">Click here</a>  <b>Oldham CCG:</b> Please note that Oldham CCG currently has a local pathway which supersedes this policy: <a href="#">Click here</a>	<a href="#">Facet Joint Injections for Neck and Back Pain</a>  	<a href="#">Facet Joint Injections for Neck and Back Pain</a>  
Functional Electronic Stimulation (FES) for Foot Drop	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>
Ganglion Cyst Removal	Monitored Approval	<a href="#">Ganglion Cyst Removal</a>	<a href="#">Ganglion Cyst Removal</a>	<a href="#">Ganglion Cyst Removal</a>
Genital prolapse (Female)	Monitored Approval	Full management within the primary care/ community pathway is required prior to secondary care referral unless there is indication for early referral.  Primary care interventions <ul style="list-style-type: none"> <li>• Weight loss</li> <li>• Treat constipation</li> <li>• Treat COPD for cough</li> <li>• Pelvic floor muscle training</li> <li>• Ring/other pessary</li> </ul> Indications for early referral <ul style="list-style-type: none"> <li>• Not responded to conservative interventions</li> <li>• Extent of symptoms e.g. distressing to patient,</li> <li>• Co-existing urinary incontinence</li> </ul> <b>NOTE:</b> NHS England commissions specialist care for women with recurrence of symptoms or de novo symptoms following surgical treatment of urinary incontinence or pelvic organ prolapse. <a href="#">Referral Guide - Female genital prolapse</a> <a href="#">Referral Gateway - Female genital prolapse</a>		
Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>
Hair Replacement Technologies	Individual Funding Request (Exceptional Case) Approval	<a href="#">Hair Replacement Technologies</a>	<a href="#">Hair Replacement Technologies</a>	<a href="#">Hair Replacement Technologies</a>

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<b>Headache Disorders</b>	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>
<b>Hernias (Abdominal)</b> (excluding inguinal hernias)	Monitored Approval	<p>Clinical presentation</p> <ul style="list-style-type: none"> <li>Defined as spigelian, epigastric, umbilical, peri-umbilical, lumbar and incisional</li> <li>Wide necked incisional, umbilical, peri-umbilical and lumbar hernia are unlikely to strangulate and may not need referral</li> </ul> <p>Indication for urgent admission</p> <ul style="list-style-type: none"> <li>Signs of strangulation</li> </ul> <p>Indication for early referral</p> <ul style="list-style-type: none"> <li>Signs of incarceration</li> </ul> <p>Indications for routine referral</p> <ul style="list-style-type: none"> <li>Pain</li> <li>Small neck</li> <li>Bowel symptoms</li> <li>Recent sudden increase in size</li> <li>Previous repair</li> <li>Asymptomatic large neck</li> <li>Significant comorbidities</li> </ul> <p><a href="#">Referral Guide - Abdominal wall hernia</a></p>		
<b>Hip Replacement</b>	Monitored Approval <u>and</u> Individual Prior Approval	<a href="#">Hip Replacement</a>	<a href="#">Hip Replacement</a>	<a href="#">Hip Replacement</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>
<b>Hysterectomy for Menorrhagia</b> Includes: • Abdominal excision of uterus • Vaginal excision of uterus	Monitored Approval	<p>The primary care/community pathway for menorrhagia should be followed in the first instance.</p> <p>Patients meeting <b>ALL</b> the following criteria will be considered for surgery within secondary care:</p> <ul style="list-style-type: none"> <li>All other treatment options have failed, are contraindicated or declined by the woman</li> <li>There is a wish for amenorrhoea</li> <li>The woman (who has been fully informed) requests it</li> <li>The woman no longer wishes to retain her uterus and fertility</li> <li>Documented evidence of an unsuccessful trial with a levonorgestrel intrauterine system (e.g. Mirena) unless medically contraindicated</li> <li>At least two of the following treatments have failed, are not appropriate or are contra-indicated in line with NICE guidance: <ul style="list-style-type: none"> <li>Non-steroidal anti-inflammatory agents</li> <li>Tranexamic acid</li> <li>Injected progesterone's</li> <li>Combined oral contraceptives.</li> </ul> </li> <li>Endometrial ablation has been tried (unless patient has fibroids &gt;3cm) <b>OR</b> there is documented evidence of heavy bleeding due to fibroids greater than 3cm <b>AND</b> the following must apply: <ul style="list-style-type: none"> <li>Other symptoms (e.g. pressure) are present</li> <li>There is evidence of severe impact on quality of life</li> <li>Other pharmaceutical options have failed</li> <li>Patient has been offered myomectomy and/or uterine ablation (unless medically contra-indicated).</li> </ul> </li> </ul> <p><a href="#">Referral Gateway - Hysterectomy for Menorrhagia</a></p> <p><a href="#">Referral Guide - Menorrhagia</a></p>		

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Incontinence (Female)	Monitored Approval	<p>Full management within the primary care/ community pathway is required prior to secondary care referral unless there is indication for early referral as per NICE Guidance.</p> <p>Female incontinence needs to be categorised as stress, urge or mixed incontinence and should be treated according to the predominant symptom based on history, examination and investigation with a urine dipstick on midstream sample and a 3 day bladder diary.</p> <p>The following interventions need to be undertaken prior to referral:</p> <p><b>Stress incontinence</b></p> <ul style="list-style-type: none"> <li>• Weight loss if BMI &gt;30</li> <li>• Modify high or low fluid intake</li> <li>• Pelvic floor muscle training for at least 3 months</li> </ul> <p><b>Urge incontinence:</b></p> <ul style="list-style-type: none"> <li>• Caffeine reduction</li> <li>• Bladder training for at least 6 weeks</li> <li>• Trial of antimuscarinic drugs</li> <li>• Topical oestrogens for vaginal atrophy</li> </ul> <p>Further information can be found on the referral proforma check list for female incontinence.</p> <p><b>NOTE:</b> NHS England commissions specialist care for women with recurrence of symptoms or de novo symptoms following surgical treatment of urinary incontinence or pelvic organ prolapse.  <a href="#">Referral Guide - Female urinary incontinence</a>  <a href="#">Referral Gateway - Female incontinence</a></p>		
Knee Arthroscopy	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Knee Arthroscopy</a>	<a href="#">Knee Arthroscopy</a>	<a href="#">Knee Arthroscopy</a>
Knee Replacement	Monitored Approval and Individual Prior Approval	<a href="#">Knee Replacement</a>	<a href="#">Knee Replacement</a>	<a href="#">Knee Replacement</a>
Labiaplasty	Individual Funding Request (Exceptional Case) Approval	<a href="#">Labiaplasty</a>	<a href="#">Labiaplasty</a>	<a href="#">Labiaplasty</a>
Laparoscopic hernia repair	Individual Funding Request (Exceptional Case) Approval	<b>Not</b> commissioned unless there is clinical exceptionality.		
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>
MRI scanning (Wide bore, open and open upright)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">MRI scanning (Wide bore, open and open upright)</a>	<a href="#">MRI scanning (Wide bore, open and open upright)</a>	<a href="#">MRI scanning (Wide bore, open and open upright)</a>
Orthoses, bespoke orthoses & 24-hour posture management	Monitored Approval and Individual Prior Approval	<a href="#">Orthoses, bespoke orthoses &amp; 24-hour posture management</a>	<a href="#">Orthoses, bespoke orthoses &amp; 24-hour posture management</a>	<a href="#">Orthoses, bespoke orthoses &amp; 24-hour posture management</a>
Pelvic Pain (Chronic)	Monitored Approval	<a href="#">Referral Guide - Chronic pelvic pain</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>
Prosthetics (Other joint prosthetics / replacements)	Monitored Approval	<b>NOTE:</b> NHS England commissions Specialist Orthopaedics, including revisions.		

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Radiofrequency Denervation for Back Pain	Individual Prior Approval	<a href="#">Radiofrequency Denervation for Back Pain</a>  <b>Bury CCG:</b> Please note that Bury CCG currently has a local pathway which supersedes this policy: <a href="#">Click here</a>  <b>Oldham CCG:</b> Please note that Oldham CCG currently has a local pathway which supersedes this policy: <a href="#">Click here</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>
Sacrneuromodulation for Urinary Retention and Constipation	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Sacrneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacrneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacrneuromodulation for Urinary Retention and Constipation</a>
Scarring (Surgical revision of)	Individual Funding Request (Exceptional Case) Approval	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>
Servox Communication Aids following Laryngectomy	Monitored Approval			
Skin Lesions (Common Benign)	Monitored Approval	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</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="#">Snoring (Invasive treatments for)</a>	<a href="#">Snoring (Invasive treatments for)</a>	<a href="#">Snoring (Invasive treatments for)</a>
Spinal procedures (Out of contract)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Spinal procedures (Out of contract)</a>	<a href="#">Spinal procedures (Out of contract)</a>	<a href="#">Spinal procedures (Out of contract)</a>
Split / Torn Ear Lobes (Repair of)	Monitored Approval	<a href="#">Split / Torn Ear Lobes (Repair of)</a>	<a href="#">Split / Torn Ear Lobes (Repair of)</a>	<a href="#">Split / Torn Ear Lobes (Repair of)</a>
Submucous diathermy / resection of the nose / related procedures	Monitored Approval	<ul style="list-style-type: none"> <li>Nasal-based ENT referrals should come from GP principals, and not nurse practitioners and GP trainees</li> <li>No nasal surgery will be performed purely for aesthetic reasons</li> <li>Patients should have a degree of nasal obstruction which evidence of disability that has an impact on functionality (including septal deviation)</li> </ul> <b>Clinical presentation</b> <ul style="list-style-type: none"> <li>Nasal obstruction &gt;12 weeks</li> <li>Nasal discharge. If purulent can indicate secondary bacterial infection</li> <li>Facial pain</li> <li>Reduction/loss of sense of smell</li> <li>Red flag – unilateral obstruction/discharge especially if blood stained</li> </ul> <b>Primary / Community provision prior to specialist opinion (unless indication for early referral)</b> <ul style="list-style-type: none"> <li>Smoking cessation and good dental hygiene if indicated</li> <li>Paracetamol for pain</li> <li>Normal saline nasal douching</li> <li>Topical nasal steroid if allergic component or polypoid change present. May require 8-12 weeks of treatment</li> <li>Consider anti-histamines if allergic component</li> <li>Antibiotics if purulent discharge persists or patient is deteriorating</li> </ul> <b>Indication for referral for specialist opinion</b> <ul style="list-style-type: none"> <li>If significant symptoms persist despite adequate medical management</li> <li>Red flag – unilateral obstruction/discharge especially if blood stained -would indicate urgent referral</li> </ul> <b>NOTE:</b> It is a Consultant only decision to list for surgery.		

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		<a href="#">Referral Guide - Nasal obstruction including chronic rhinosinusitis</a> <a href="#">Referral Gateway - Submucous Diathermy of Nose</a>		
<b>Tattoo Removal</b>	Individual Prior Approval	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>
<b>Tonsillectomy</b>	Monitored Approval	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>
<b>Trigger Finger</b> (Surgical Correction of)	Individual Prior Approval	<a href="#">Trigger Finger (Surgical Correction of)</a>	<a href="#">Trigger Finger (Surgical Correction of)</a>	<a href="#">Trigger Finger (Surgical Correction of)</a>
<b>Trophic Electrical Stimulation (TES) for Facial Palsy</b>	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>
<b>Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</b>	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>
<b>Vaginal Discharge</b> (Abnormal)	Monitored Approval	<a href="#">Referral Guide - Abnormal Vaginal Discharge</a>		
<b>Varicose Veins</b>	Monitored Approval and Individual Prior Approval	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>
<b>Watery eyes</b> (Adults)	Monitored Approval	<a href="#">Referral Guide - Watery eyes</a>		