

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
GM EUR Generic Funding Request Form		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.
NOTE: GM policies have specific funding request forms, please see the end column on the blue coloured rows below.		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.
PbR Excluded Devices List	PbR Excluded Drugs List	NOTE: Only applies if the patient meets the policy criteria.		

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	Wigan 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. • 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	Not routinely commissioned.		
Body Contouring Includes: Panniculectomy (Apronectomy)	Monitored Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Body Contouring	Body Contouring	Body Contouring
Bony and soft tissue deformity of the face correction	Monitored Approval	Is available on the NHS		
Botulinum Toxin	Monitored Approval	Botulinum toxin has many uses within the NHS. It is available for pathological conditions by appropriate specialists in cases such as: • Frey's syndrome • Blepharospasm • Cerebral palsy Botulinum toxin is not available for the treatment of facial ageing or excessive wrinkles. See GM Other Aesthetic Policy. NOTE: For use in Hyperhidrosis, see specific GM Hyperhidrosis Policy.		
Breast Surgery (Aesthetic) Includes: Breast Augmentation; Revision of Breast Augmentation; Breast Reduction;	Individual Funding Request (Exceptional Case) Approval	Breast Surgery (Aesthetic)	Breast Surgery (Aesthetic)	Breast Asymmetry Breast Augmentation

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Gynaecomastia; Breast Lifts (Mastopexy); Breast Asymmetry; Nipple Inversion; PIP Implants				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
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
Continuous Glucose Monitoring (Real-Time)	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Real-Time)
Dermatochalasis (Correction of)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)
Dilation and Curettage for menorrhagia	Individual Funding Request (Exceptional Case) Approval	<p>This procedure is not commissioned for menorrhagia.</p> <p>The risk of anesthesia, uterine perforation and cervical laceration outweighs the minimum potential benefit.</p> <p>In accordance with NICE guidance, 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).</p>		
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	<p>NOTE: Hair removal for patients going through gender realignment is commissioned by NHS England.</p> <p>Electrolysis and Laser Hair Removal For Hirsutism</p>	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

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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
Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Monitored Approval and 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 and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Headache Disorders	Headache Disorders	Headache Disorders
Hip Replacement	Monitored Approval and Individual Prior Approval	Hip Replacement	Hip Replacement	Hip Replacement
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

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Hysterectomy for Menorrhagia	Monitored Approval	<p>There is evidence that the woman fits the clinical criteria of heavy menstrual bleeding (HMB). This is defined as excessive menstrual blood loss which interferes with the woman's physical, emotional, social and material quality of life, and which can occur alone or in combination with other symptoms. Women offered hysterectomy should have a full discussion of the implications of surgery and the increased risk of serious complications. Any interventions should aim to improve quality of life measures.</p> <p>For hysterectomy a patient must have documented evidence of heavy bleeding due to fibroids greater than 3cm and the following must apply:</p> <ul style="list-style-type: none"> • Other symptoms (e.g. pressure) are present; • There is evidence of severe impact on quality of life; • Other pharmaceutical options have failed; • Patient has been offered myomectomy and/or uterine ablation (unless medically contra-indicated). <p>For HMB alone hysterectomy should not be the first line of treatment.</p> <p>In line with NICE hysterectomy for HMB should only be undertaken when there is documented evidence that there has been an unsuccessful use of a levonorgestrel intrauterine system (e.g. Mirena) unless medically contraindicated. And at least two of the following treatments have failed, are not appropriate or are contra-indicated:</p> <ul style="list-style-type: none"> • Non –steroidal anti-inflammatory agents; • Tranexamic acid; • Injected progesterone's; • Combined oral contraceptives. <p>A hysterectomy patient with HMB should meet all of the following criteria:</p> <ul style="list-style-type: none"> • There is evidence that all other treatment options have failed, are contraindicated or have been offered and declined by the woman • There is a wish for amenorrhoea • The woman has been fully informed of all options and requests it • The woman no longer wishes to retain her uterus and fertility <p>In women with HMB alone, with uterus no bigger than a 10- week pregnancy, endometrial ablation should be considered preferable to hysterectomy.</p>		
Knee Arthroscopy	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Knee Arthroscopy	Knee Arthroscopy	Knee Arthroscopy
Knee Replacement	Monitored Approval and Individual Prior Approval	Knee Replacement	Knee Replacement	Knee Replacement
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
MRI scanning (Wide bore, open and open upright)	Individual Prior Approval and 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)
Orthoses, bespoke orthoses & 24-hour posture management	Monitored Approval and Individual Prior Approval	Orthoses, bespoke orthoses & 24-hour posture management	Orthoses, bespoke orthoses & 24-hour posture management	Orthoses, bespoke orthoses & 24-hour posture management
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

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Rhinoplasty / Septoplasty / Septorhinoplasty	Monitored Approval and Individual Prior Approval	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty
Sacrneuromodulation for Urinary Retention and Constipation	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Sacrneuromodulation for Urinary Retention and Constipation	Sacrneuromodulation for Urinary Retention and Constipation	Sacrneuromodulation 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	Monitored 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 and 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
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 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
Varicose Veins	Monitored Approval and Individual Prior Approval	Varicose Veins	Varicose Veins	Varicose Veins