

2017-19 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
Version	5.7	Funding applications / Process	0161 212 6250	<a href="mailto:gmifr.gmcusu@nhs.net">gmifr.gmcusu@nhs.net</a>
List Last Updated	24 December 2018	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> <b>NOTE: GM policies have specific funding request forms, please see the end column on the blue 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 blue	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
<b>Artificial urinary sphincter</b>	Individual Prior Approval	This procedure is an established treatment that is rarely performed. This procedure is commissioned on an individual patient basis and will be funded where it is part of an established clinical pathway for the management of specific conditions e.g. Spina Bifida.  Evidence Base: Stockport PCT review		
<b>Assisted Conception</b> (Includes IVF and Sperm Washing)	Monitored Approval	<a href="#">Trafford 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> (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)	<a href="#">Back Pain (Treatment for Low Back Pain with or without sciatica)</a>	<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	<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. <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> <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	Continued funding will be provided for all patients currently receiving Bobath therapy for treatment of cerebral palsy. All new cases will be considered on an individual basis.  Evidence Base: Local evidence review		
<b>Body Contouring</b> (Including Apronectomy and Abdominoplasty)	Monitored Approval and 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 Section</b>	Monitored Approval	<a href="#">Caesarean Section</a>	<a href="#">Caesarean Section</a>	<a href="#">Caesarean Section</a>

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<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>
<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>Continuous Glucose Monitoring</b> (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>
<b>Dermatochalasis</b> (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>
<b>Diagnostic Dilatation and Curettage for Women &lt;40</b>	Monitored Approval	This procedure should only be undertaken in exceptional circumstances as risk of anaesthesia, uterine perforation and cervical laceration have been identified in Effective Healthcare Bulletin 9 as outweighing the minimum potential benefit. <ul style="list-style-type: none"> <li>In the investigation of dysfunctional uterine bleeding, hysteroscopy with selected biopsy and curettage Dilatation and curettage alone should not be used as a diagnostic tool. Dilatation and curettage should not be used as a therapeutic treatment.</li> <li>If appropriate, a biopsy should be taken to exclude endometrial cancer or atypical hyperplasia. Indications for a biopsy include, for example, persistent inter-menstrual bleeding, and in women aged 45 and over treatment failure or ineffective treatment.</li> <li>Ultrasound is the first line diagnostic tool for identifying structural abnormalities. Hysteroscopy should be used as a diagnostic tool only when ultrasound results are inconclusive, for example, to determine the exact location of a fibroid or the exact nature of the abnormality.</li> </ul> Evidence Base: NICE Guidance Jan 2007 Heavy Menstrual Bleeding		
<b>Drainage of the middle ear, Surgical</b> (with or without the insertion of grommets)	Monitored Approval and Individual Prior Approval and 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 and 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>Extracorporeal shockwave therapy (ESWT)</b>	Individual Funding Request (Exceptional Case) Approval	This is <b>not</b> commissioned as there is limited evidence of effectiveness.  Evidence Base: Stockport PCT review		

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<b>Facet Joint Injections for Neck and Back Pain</b>	Monitored Approval <u>and</u> Individual Prior Approval	<a href="#">Facet Joint Injections for Neck and Back Pain</a>	<a href="#">Facet Joint Injections for Neck and Back Pain</a>	<a href="#">Facet Joint Injections for Neck and 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>Gender realignment</b> (procedures outside of commissioned service)	Individual Funding Request (Exceptional Case) Approval	<b>NOTE: Gender Realignment is commissioned by NHS England.</b> However, the following procedures fall outside of the nationally commissioned arrangements and require consideration by the patient's CCG: <ul style="list-style-type: none"> <li>• Breast Augmentation</li> <li>• Facial Feminisation Surgery (Thyroid Chondroplasty/tracheal shave, Rhinoplasty, Facial Bone Reduction, Blepharoplasty/Facelift)</li> <li>• Lipoplasty/Contouring (liposuction and/or body sculpture)</li> </ul>		
<b>Haemorrhoids and anal skin tags (Surgical management (including banding) of)</b>	Monitored Approval <u>and</u> 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>
<b>Hair Replacement Technologies</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Hair Replacement Technologies</a>	<a href="#">Hair Replacement Technologies</a>	<a href="#">Hair Replacement Technologies</a>
<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>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>Hyperthermia treatment for prostatic dysplasia or pelvic floor syndrome</b>	Individual Funding Request (Exceptional Case) Approval	This is <b>not</b> commissioned as there is limited evidence of effectiveness.  Evidence Base: Stockport PCT review		
<b>Hysterectomy</b> (Abdominal and Vaginal)	Monitored Approval	<ul style="list-style-type: none"> <li>• Hysterectomy should not be used as a first-line treatment solely for heavy menstrual bleeding.</li> <li>• Hysterectomy should only be undertaken if patients have followed the Map of Medicine pathway, or are on a cancer referral pathway.</li> </ul> <p>Meet Criteria: Clinical Audit</p> <p>Do Not Meet Criteria: Secondary: Individual Funding Request – Demonstrating Clinical Exceptionality</p> <p>Evidence Base: NICE CG44 (2007)</p>		
<b>Hysteroscopy</b>	Monitored Approval	Where appropriate, outpatient rather than inpatient ambulatory hysteroscopy will be considered. Secondary care to treat if clinically indicated.		
<b>Insertion and removal of Intra Uterine Contraceptive device</b>	Monitored Approval	Insertion and removal of IUCD should only be undertaken in a primary care setting, it is <b>not</b> commissioned as a secondary care service.		
<b>Knee arthroscopy, lavage and debridement</b>	Individual Prior Approval <u>and</u> 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>

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<b>Knee Replacement</b>	Monitored Approval <u>and</u> Individual Prior Approval	<a href="#">Knee Replacement</a>	<a href="#">Knee Replacement</a>	<a href="#">Knee Replacement</a>
<b>Labioplasty</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Labioplasty</a>	<a href="#">Labioplasty</a>	<a href="#">Labioplasty</a>
<b>Lycra Body Suits</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Lycra Body Suits</a>	<a href="#">Lycra Body Suits</a>	<a href="#">Lycra Body Suits</a>
<b>Lymphoedema Management</b>	Individual Prior Approval	Commissioned via Individual Prior Approval at Clinical Triage provided the patient has a formal diagnosis of lymphoedema and needs the lymphoedema service and would have qualified had there been a local service available.		
<b>MRI scanning (Wide bore, open and open upright)</b>	Individual Prior Approval <u>and</u> 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>
<b>Orthoses, bespoke orthoses &amp; 24-hour Posture Management</b>	Monitored Approval <u>and</u> 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>
<b>Other Aesthetic Surgery</b>	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Other Aesthetic Surgery</a>	<a href="#">Other Aesthetic Surgery</a>	<a href="#">Other Aesthetic Surgery</a>
<b>Pelvic Vein Embolisation in the management of Varicose Veins</b>	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>
<b>Pinnaplasty</b>	Monitored Approval	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>
<b>Protheses (Bespoke)</b>	Individual Prior Approval	Commissioned via Individual Prior Approval at Clinical Triage provided there is a clinical need for the prosthesis and the required prosthesis is not covered by a contract.		
<b>Radiofrequency Denervation for Back Pain</b>	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>
<b>Rhinoplasty / Septoplasty / Septorhinoplasty</b>	Monitored Approval <u>and</u> Individual Prior Approval	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>
<b>Sacroneuromodulation for Urinary Retention and Constipation</b>	Individual Prior Approval <u>and</u> 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>
<b>Scarring (Surgical revision of)</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Surgical Revision of Scarring</a>	<a href="#">Surgical Revision of Scarring</a>	<a href="#">Surgical Revision of Scarring</a>
<b>Screening Tests (Various)</b>	Monitored Approval	Private screening tests, employment medicals, paternity tests, X-rays for immigration purposes, etc, are not commissioned as they are low priority.		
<b>Servox Communication Aids following Laryngectomy</b>	Monitored Approval			
<b>Short sightedness surgery (including Radial Keratotomy)</b>	Individual Funding Request (Exceptional Case) Approval	This is not commissioned.  Evidence Base: Glasses are lower risk and more cost-effective		
<b>Sinus X-ray</b>	Individual Funding Request (Exceptional Case) Approval	X-rays of sinuses are <b>not</b> routinely commissioned.  Evidence Base: Stockport PCT review		

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<b>Skin Lesions</b> (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>
<b>Skin Resurfacing Techniques</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>
<b>Snoring</b> (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>
<b>Spinal procedures</b> (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>
<b>Split / Torn Ear Lobes</b> (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>
<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="#">Surgical Correction of Trigger Finger</a>	<a href="#">Surgical Correction of Trigger Finger</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 Pessaries</b>	Monitored Approval	Insertion of vaginal pessaries should only be undertaken in a Primary Care setting, it is <b>not</b> commissioned as a Secondary Care service.		
<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>Wireless capsule enteroscopy for investigation of the small bowel</b>	Individual Prior Approval	<p>This investigation is commissioned on an individual basis in line with NICE guidance where patients meet <b>one</b> of the following criteria for investigation:</p> <ul style="list-style-type: none"> <li>• Overt or transfusion dependent bleeding from the GI tract, when the source was not identified on OGD and colonoscopy</li> <li>• Crohn's disease</li> <li>• Hereditary GI polyposis syndromes.</li> </ul> <p>Evidence Base: NICE IPG 101 (2004) and local evidence review</p> <p><b>NOTE: NHS England Commission Specialist gastroenterology, hepatology and nutritional support services for children and young people.</b></p>		