

2020-2021 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
Version	6.6	Funding applications / Process	0161 290 4901	gm.eur@nhs.net
List Last Updated	17 November 2020	Policy development	0161 290 4937	gm.policyfeedback@nhs.net

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	NOTE: Only applies if the patient meets the policy criteria.		
PbR Excluded Drugs List			

Procedure / Treatment NOTE: GM policies are highlighted in blue NHSE EBI are highlighted in yellow	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)
Arthroscopic shoulder decompression for subacromial shoulder pain - NHS England Evidence Based Intervention		GM EUR policy for Shoulder Impingement (Arthroscopic subacromial decompression for) applies - please see policy below.		
Artificial urinary sphincter	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 See Local Policy Statement: LPS15: Urology final		
Assisted Conception (Includes IVF and Sperm Washing)	Monitored Approval	Manchester CCG Assisted Conception Policy NOTE: If the patient does <u>not</u> meet the criteria for treatment within the policy, please submit an individual funding request for consideration under exceptionality.		
Back Pain (Treatment of low back pain with or without sciatica)	Within contract for NICE NG59 approved procedures <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval (For the following - please see individual GM policies: 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)	Back Pain (Treatment for low back pain with or without sciatica)

Procedure / Treatment NOTE: GM policies are highlighted in blue NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
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	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 See Local Policy Statement: LPS17-1: Bobath Therapy		
Body Contouring Includes: Panniculectomy (Apronectomy)	Monitored 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	Breast Surgery (Aesthetic)	Breast Surgery (Aesthetic)	Breast Asymmetry Breast Augmentation Breast Lift (Mastopexy) Breast Reduction Gynaecomastia (Adolescent) Gynaecomastia (Adult) Inverted Nipple Correction Revision of Breast Augmentation
Breast Reduction (includes) gynaecomastia - NHS England Evidence Based Intervention		GM EUR policy for Breast Surgery (Aesthetic) applies - please see above policy.		
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)
Carpal Tunnel Syndrome - NHS England Evidence Based Intervention		GM EUR policy for Carpal Tunnel Syndrome (surgical intervention for) applies - please see above policy.		
Cataract Surgery	Monitored Approval	Cataract Surgery	Cataract Surgery	Cataract Surgery
Chalazia removal - NHS England Evidence Based Intervention		GM EUR policy for Eyelid Lesions (Removal of Common Benign) applies - please see policy below		
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)
Communication Aids (Non-Specialist Augmentative and Alternative (AAC))	Individual Prior Approval Individual Funding Request (Exceptional Case) Approval	Communication Aids	Communication Aids	Communication Aids
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	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Adult)

Procedure / Treatment NOTE: GM policies are highlighted in blue NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
	Individual Funding Request (Exceptional Case) Approval			Continuous Glucose Monitoring (Child)
Cough Assist (Mechanical Insufflation and Exsufflation (MI-E))	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	Cough Assist	Cough Assist	Cough Assist
Dermatochalasis (Correction of)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)
Dilatation and Curettage (D&C) and Hysterectomy for Heavy Menstrual Bleeding (HMB)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	D&C and Hysterectomy for heavy menstrual bleeding	D&C and Hysterectomy for heavy menstrual bleeding	D&C and Hysterectomy for heavy menstrual bleeding
Dilatation and Curettage (D&C) for Heavy Menstrual Bleeding (HMB) - NHS England Evidence Based Intervention	Individual Funding Request (Exceptional Case) Approval	GM EUR Policy for Dilatation and Curettage (D&C) and Hysterectomy for Heavy Menstrual Bleeding (HMB) applies - please see above		
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
Dupuytren's contracture release with in adults - NHS England Evidence Based Intervention		GM EUR policy for Dupuytren's Contracture applies - please see above policy.		
Electrolysis and Laser Hair Removal for Hirsutism	Individual Prior Approval	NOTE: Hair removal for patients going through gender realignment is commissioned by NHS England. Electrolysis and Laser Hair Removal For Hirsutism	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
Extracorporeal Shockwave Therapy for Musculoskeletal and Soft Tissue Indications (ESWT)	Individual Funding Request (Exceptional Case) Approval	Is not commissioned. Please use the Experimental and Unproven Treatments policy	Experimental and Unproven Treatments	Experimental and Unproven Treatments
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)

Procedure / Treatment NOTE: GM policies are highlighted in blue NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Facet Joint Injections	Monitored Approval and Individual Prior Approval	Facet Joint Injections	Facet Joint Injections	Facet Joint Injections
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
Gallstones (Asymptomatic)	Monitored Approval	Gallstones (Asymptomatic)	Gallstones (Asymptomatic)	Gallstones (Asymptomatic)
Ganglion Cyst Removal	Monitored Approval	Ganglion Cyst Removal	Ganglion Cyst Removal	Ganglion Cyst Removal
Ganglion excision - NHS England Evidence Based Intervention		GM EUR policy for Ganglion Cyst Removal applies - please see above policy.		
Grommets for glue ear in Children - NHS England Evidence Based Intervention		GM EUR policy for Drainage of the middle ear, surgical (with or without the insertion of grommets) applies - please see above policy.		
Gender realignment (procedures outside of commissioned service)	Individual Funding Request (Exceptional Case) Approval	NOTE: Gender Realignment is commissioned by NHS England. 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"> • Breast Augmentation • Facial Feminisation Surgery (Thyroid Chondroplasty/tracheal shave, Rhinoplasty, Facial Bone Reduction, Blepharoplasty/Facelift) • Lipoplasty/Contouring (liposuction and/or body sculpture) 		
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
Haemorrhoid Surgery - NHS England Evidence Based Intervention		GM EUR policy for Haemorrhoids and anal skin tags (Surgical management (including banding) of) applies - please see above policy.		
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	Headache Disorders	Headache Disorders	Headache Disorders
Hernia (Surgical Repair of Hernias)	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Hernia Repair	Hernia Repair	Hernia Repair
Hip Replacement	Monitored Approval and Individual Prior Approval	Hip Replacement	Hip Replacement	Hip Replacement

Procedure / Treatment NOTE: GM policies are highlighted in blue NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
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
Hyperthermia treatment for prostatic dysplasia or pelvic floor syndrome	Individual Funding Request (Exceptional Case) Approval	This is not commissioned as there is limited evidence of effectiveness. Evidence Base: Stockport PCT review See Local Policy Statement: LPS15: Urology final		
Hysterectomy for Heavy Menstrual Bleeding - NHS England Evidence Based Intervention		GM EUR Policy for Dilatation and Curettage (D&C) and Hysterectomy for Heavy Menstrual Bleeding (HMB) applies - please see above		
Hysteroscopy	Monitored Approval	When appropriate, outpatient rather than inpatient ambulatory hysteroscopy will be considered. See Local Policy Statement: LPS12: Obs and gynae final		
Injections for non-specific low back pain - NHS England Evidence Based Intervention		GM EUR policies for Back Pain (Treatment for low back pain with or without sciatica) & Facet Joint Injections apply - please see above policies.		
Insertion and Removal of Inter Uterine Contraceptive Device	Monitored Approval	Insertion and removal of IUCD should only be undertaken in a primary care setting, it is not commissioned as a secondary care service. See Local Policy Statement: LPS12: Obs and gynae final		
Knee Arthroscopy	Individual Prior Approval and Individual Funding Request (Exceptional)	Knee Arthroscopy	Knee Arthroscopy	Knee Arthroscopy
Knee Arthroscopy for patients with osteoarthritis - NHS England Evidence Based Intervention		GM EUR policy for Knee Arthroscopy applies - please see above policy.		
Knee Replacement	Monitored Approval and Individual Prior Approval	Knee Replacement	Knee Replacement	Knee Replacement
Labioplasty	Individual Funding Request (Exceptional Case) Approval	Labioplasty	Labioplasty	Labioplasty
Laser Eye Surgery (Photorefractive surgery for the correction of refractive errors)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Laser Eye Surgery	Laser Eye Surgery	Laser Eye Surgery
Lycra Body Suits	Individual Funding Request (Exceptional Case) Approval	Lycra Body Suits	Lycra Body Suits	Lycra Body Suits
Lymphoedema Management	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.		

Procedure / Treatment NOTE: GM policies are highlighted in blue NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Minor Surgery	Individual Prior Approval	Minor surgery (including surgery for ingrown toenails) is not routinely commissioned in a secondary care setting. Only patients that have been referred to secondary care via an ICATS are legitimate. See separate policy in relation to Common Benign Skin Lesions.		
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
Protheses (Bespoke)	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.		
Removal of benign skin lesions - NHS England Evidence Based Intervention		GM EUR policy for Skin Lesions (Common Benign) applies - please see policy below.		
Rhinoplasty / Septoplasty / Septorhinoplasty	Monitored Approval and Individual Prior Approval	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty
Rhinosinusitis / Rhinitis / Sinusitis	Monitored Approval	Rhinosinusitis / Rhinitis / Sinusitis	Rhinosinusitis / Rhinitis / Sinusitis	Rhinosinusitis / Rhinitis / Sinusitis
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 Funding Request (Exceptional Case) Approval	Scarring (Surgical revision of)	Scarring (Surgical revision of)	Scarring (Surgical revision of)
Screening Tests (various)	Individual Funding Request (Exceptional Case) Approval	Private screening tests, employment medicals, paternity tests, X-rays for immigration purposes, etc. are not commissioned as they are low priority. Patient requests for screening tests outside the national screening programmes should only be done when clinically indicated. Evidence Base: Stockport DCT review		
Servox Communication Aids following Laryngectomy	Monitored Approval			

Procedure / Treatment NOTE: GM policies are highlighted in blue NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Shoulder Impingement (arthroscopic subacromial decompression for)	Individual Prior Approval	Shoulder Impingement	Shoulder Impingement	Shoulder Impingement
Sinus X-ray	Individual Funding Request (Exceptional Case) Approval	X-rays of sinuses are not routinely commissioned. Evidence Base: Stockport PCT review		
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)
Snoring surgery (in the absence of sleep apnoea) - NHS England Evidence Based Intervention		GM EUR policy for Invasive Snoring (invasive treatments for) applies - please see above policy.		
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)
Squint Surgery (Surgical Correction of adult Strabismus)	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Strabismus (squint surgery)	Strabismus (squint surgery)	Strabismus (squint surgery)
Tattoo Removal	Individual Prior Approval	Tattoo Removal	Tattoo Removal	Tattoo Removal
Tongue Tie (Surgical management of ankyloglossia)	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	Tongue Tie	Tongue Tie	Tongue Tie
Tonsillectomy	Monitored Approval	Tonsillectomy	Tonsillectomy	Tonsillectomy

Procedure / Treatment NOTE: GM policies are highlighted in blue NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Tonsillectomy for recurrent tonsillitis - NHS England Evidence Based Intervention		GM EUR policy for Tonsillectomy applies - please see above policy.		
Trigger Finger (Surgical Correction of)	Individual Prior Approval	Trigger Finger (Surgical Correction of)	Trigger Finger (Surgical Correction of)	Trigger Finger (Surgical Correction of)
Trigger Finger release in adults - NHS England Evidence Based Intervention		GM EUR policy for Trigger Finger (surgical correction of) applies - please see above policy.		
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
Vaginal Pessaries	Monitored Approval	Insertion of vaginal pessaries should only be undertaken in a Primary Care setting, it is not commissioned as a Secondary Care service. See Local Policy Statement: LPS12: Obs_and_gynae final		
Varicose Veins	Monitored Approval and Individual Prior Approval	Varicose Veins	Varicose Veins	Varicose Veins
Varicose Veins interventions - NHS England Evidence Based Intervention		GM EUR policy for Varicose Veins applies - please see above policy.		
Vasectomy	Monitored Approval	Provision of vasectomy should only be undertaken in a primary care setting, it is not commissioned as a secondary care service. However it is noted that referral to secondary care may be required in some circumstances e.g. general anaesthesia for needle phobics.		
Wireless Capsule Enteroscopy for Investigation of the Small Bowel	Individual Prior Approval	This investigation is commissioned on an individual basis in line with NICE guidance where patients meet one of the following criteria for investigation: <ul style="list-style-type: none"> • Overt or transfusion dependent bleeding from the GI tract, when the source was not identified on OGD and colonoscopy • Crohn's disease 		

Version	Date	Details
v1.0	14/02/2014	Approved version
v1.1	09/07/2014	<ul style="list-style-type: none"> Local Policy Statement 4b Cosmetic Breast Procedures removed from Line 36 and Revision of Breast Augmentation policy on Line 37 superceded by GM EUR Policy for Aesthetic Breast Surgery. Tonsillectomy policy superceded by GM EUR Policy Line added for Lycra Body Suits - new GM EUR Policy
v1.2	04/09/2014	<ul style="list-style-type: none"> "In-vitro fertilisation (IVF) / assisted conception" removed as duplicates line 54 Line added for Hyaluronic Acid Injections for Osteoarthritis - new GM EUR Policy
v1.3	14/11/2014	<ul style="list-style-type: none"> "Cataract Surgery" superceded with GM EUR Cataract Surgery policy Line added for GM EUR Pelvic Vein Embolisation policy
v1.4	21/01/2015	<ul style="list-style-type: none"> 'Dermatology Minor surgery' superceded by GM EUR Policy for Common Benign Skin Lesions 'Hyperhidrosis' superceded by GM EUR Policy for Hyperhidrosis Line for 'Cutaneous and plantar warts' removed as superceded by GM EUR Policy for Common Benign Skin Lesions Line for 'Minor Surgery' amended to reflect that skin lesions are covered by GM EUR Policy for Common Benign Skin Lesions 'Cosmetic surgery on the labia' policy superceded by GM EUR Policy for Labiaplasty 'Treatment of vascular lesions' removed as superceded by GM EUR Policy for Common Benign Skin Lesions Line added for GM EUR Policy for Persistent Non-Specific Low Back Pain Reformatting
v1.5	10/02/2015	<p>Reformatted to simplify and clarify:</p> <ul style="list-style-type: none"> Date on top of policy changed to date of version change. NHS England commissioned treatments taken out. Alphabeticized and numbers removed Comments and Review date columns deleted.
v2.0	02/03/2015	<p>Schedule Refresh amendments:</p> <ul style="list-style-type: none"> Servox Communication Aids policy added Sperm Washing/IVF for patients with HIV, Hepatitis B and Hepatitis C policy amended to reflect commissioning changing from GM Sexual Health Network to CCGs Reference to: "All Dermatology Services are commissioned by NHS England at Salford Royal FT" removed Hypnotherapy for Irritable Bowel Syndrome (IBS) policy amended to prior approval provided in line with NICE CG61 Continuous blood glucose monitoring devices / machines policy added Protheses (Bespoke) policy added Lymphoedema Management policy added Functional Electronic Stimulation (FES) for Foot Drop policy added
v2.1	20/03/2015	<ul style="list-style-type: none"> Apronectomy, Abdominal Lipectomy and Liposuction on the "All Cosmetic surgery procedures" policy removed and Body Contour surgery policy superseded by GM EUR Policy for Body Contouring Blepharoplasty on the "All Cosmetic surgery procedures" policy removed and superseded by GM EUR Policy for Correction of Eyelid Ptosis Bunion Surgery policy superseded by GM EUR Policy for Bunion Surgery Dupuytren's Contracture surgery for adults – Digital Fascectomy policy superseded by GM EUR Policy for Dupuytren's Contracture Ganglion / Ganglia removal policy superseded by GM EUR Policy for Policy for Ganglion Cyst Removal Pinnaplasty on the "All Cosmetic surgery procedures" policy removed superseded by GM EUR Policy for Policy for Pinnaplasty Line added for GM EUR Policy for Sacroneuromodulation for Urinary Retention and Constipation Varicose Vein Surgery policy superseded by GM EUR Policy for Policy for Varicose Veins
v2.2	22/07/2015	<ul style="list-style-type: none"> GM EUR Aesthetic Breast Surgery policy superseded by reviewed version 2.0, now incorporating Nipple Inversion and DoH advice on PIP Implants. Repair of nipple on the "All Cosmetic surgery procedures" policy removed as now superseded by this version. GM EUR Hyaluronic Acid Injections policy superseded by reviewed version 2.0 GM EUR Lycra Body Suits policy superseded by reviewed version 2.0 GM EUR Tonsillectomy policy superseded by reviewed version 2.0

v2.3	10/08/2015	<ul style="list-style-type: none"> • Hair removal on the "All Cosmetic surgery procedures" policy removed and superseded by GM policy for Hair Electrolysis & Laser Hair Removal for Hirsutism • Hair transplant/hair loss procedures on the "All Cosmetic surgery procedures" policy removed and superseded by GM policy for Hair Replacement Technologies for Alopecia • Cosmetic rhinoplasty (nose restructuring) on the "All Cosmetic surgery procedures" policy removed and superseded by GM policy for Rhinoplasty/Septoplasty/Septorhinoplasty • Revision of scarring policy superseded by GM policy for Surgical Revision of Scarring • Snoring (surgical treatment) policy superseded by GM policy for Invasive Treatments for Snoring • Tattoo removal on the "All Cosmetic surgery procedures" policy removed and superseded by GM policy for Tattoo Removal • Sub-Fertility /Assisted Conception including IVF (In-vitro fertilisation) policy updated to include one cycle of IVF to women who are aged between 23 and 42 provided that they meet all the other eligibility criteria.
v2.4	16/12/2015	<ul style="list-style-type: none"> • Local Skin Resurfacing Techniques Policy replaced by GM Skin Resurfacing Techniques Policy. • Local Alternative Therapies Policy replaced by GM Complementary & Alternative Therapies Policy • Removed local Sleep Apnoea Surgery Policy as this is now covered by the GM Invasive Treatments for Snoring Policy. • Local Hypnotherapy Policy for IBS replaced by GM Complementary & Alternative Therapies Policy. • Added GM Repair of Split/Torn Earlobes Policy. • Added GM Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing Policy. • Added GM Common Benign Eyelid Lesions Policy.
v2.5	17/12/2015	<ul style="list-style-type: none"> • GM Policy for Cataract Surgery superseded by reviewed version V2.0 • GM Policy for Common Benign Skin Lesions superseded by reviewed version V2.0 • GM Policy for Dupuytren's Contracture superseded by reviewed version V2.0 • GM Policy for Hyperhidrosis superseded by reviewed version V2.0 • GM Policy for Labiaplasty superseded by reviewed version V2.0 • GM Policy for Pelvic Vein Embolisation superseded by reviewed version V2.0 • GM Policy for non-specific low back pain superseded by reviewed version V2.0 • GM Aesthetic Breast Policy minor changes made to add clarity within the policy • GM Policy for Electrolysis & Laser Hair Removal note added for clarification regarding the number of electrolysis sessions funded. • GM Policy for Lycra Body Suits – Appendix added to show the difference between a lycra body suit and dynamic lycra orthotics.
v3.0	07/03/2016	<p>16/17 Schedule Refresh:</p> <ul style="list-style-type: none"> • GM Aesthetic Breast policy superseded by v2.2 - minor changes made to add clarity within the policy • GM Cataract Surgery policy superseded by v2.1 - minor changes made to add clarity within the policy • GM Labiaplasty policy superseded by v2.1 - minor changes made to add clarity within the policy • GM Correction of Eyelid Ptosis policy superseded by reviewed version v2.0 • GM Body Contouring policy superseded by reviewed version v2.0 • GM Pinnaplasty policy superseded by reviewed version v2.1 • GM Sacroneuromodulation for Urinary Retention and Constipation policy superseded by reviewed version v2.0 • GM Ganglion Removal policy superseded by reviewed version v2.0 • GM Bunion Removal policy superseded by reviewed version v2.0 • Surgery for split ear lobe on the "All Cosmetic surgery procedures" policy removed as now superseded by GM Repair of Split/Torn Earlobes Policy • Eyelid lumps under Cosmetic Surgery Procedures and Xanthelasma palpebrum removal - fatty deposits on the eyelids policy superseded by GM EUR Removal of Common Benign Eyelid Lesions policy
v3.1	08/07/2016	<ul style="list-style-type: none"> • Functional Electronic Stimulation (FES) for Foot Drop superseded by GM Functional Electronic Stimulation (FES) for Foot Drop Policy v1.1 • GM Trophic Electrical Stimulation (TES) for Facial Palsy Policy v1.1 added
v3.2	12/08/2016	<ul style="list-style-type: none"> • GM Electrolysis & Laser Hair Removal for Hirsutism; GM Hair Replacement Technologies for Alopecia; GM Tattoo Removal; GM Rhinoplasty / Septoplasty / Septo-Rhinoplasty; GM Invasive Treatments for Snoring; GM Surgical Revision of Scarring policies all superseded with v2.0 after annual review (with changes made to only Electrolysis & Laser Hair Removal for Hirsutism and Rhinoplasty / Septoplasty / Septo-Rhinoplasty). • GM Body Contouring policy superseded with v2.2 after amendment for clarity.
v3.3	30/09/2016	<ul style="list-style-type: none"> • Bariatric Surgery Policy added (CCG's using NHS England's policy during 16/17) • Note added to Sub-Fertility Policy Commissioning Statement to submit an IFR if patient does not meet policy.

v3.4	03/11/2016	<ul style="list-style-type: none"> Local Spinal and Facet Joint Injections for Lower Back Pain removed as this is now superseded by the addition of the GM Facet Joint Injections for back and neck pain policy GM Radiofrequency Denervation for back and neck pain Policy added GM Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing Policy Local Circumcision policy removed as this is now superseded by the addition of the GM Operations of the Prepuce (Circumcision) policy Local Enhanced External Counter Pulsation (EECP) plus local TAMARS policy removed as these are now superseded by the addition of the GM Experimental & Unproven Treatments policy added. Local Allergy Therapy policy removed as this is covered by GM Complementary & Alternative Therapies Policy
v4.0	13/12/2016	<p>17/19 Schedule Refresh:</p> <ul style="list-style-type: none"> Treatment list reformatted and contacts, info and links to summary docs and proformas added Link for LPS 4b Cosmetic Face and brow removed from policy and info relating to Face lifts and brow lifts (rhytidectomy) added onto treatment list itself. Joint Injections for Pain (peripheral joints) removed from policy and LPS18: Primary_Care final as this is covered by the GM Facet Joint Injections policy Discectomy for lumbar disc prolapse policy removed as this is covered by NICE and in contract
v4.1	24/03/2017	<ul style="list-style-type: none"> Knee Arthroscopy policy superseded by GM EUR policy for Knee arthroscopy, lavage and debridement Surgical Treatment of Otitis Media with Effusion (OME) policy superseded by GM EUR policy for Surgical drainage of the middle ear (with or without the insertion of grommets) Back Surgery: Cryoneurolysis / laser denervation, Endoscopic Lumbar Decompression, Lower Back Surgery for Chronic Back Pain and Spinal Foundation treatments policies superseded by GM EUR policy for Out of contract spinal procedures GM EUR policy for Headache Disorders added Some policies re-ordered for clarity
v4.2	26/06/2017	<ul style="list-style-type: none"> GM Aesthetic Breast policy reviewed with changes to criteria GM Tonsillectomy policy reviewed with changes to criteria GM Functional Electronic Stimulation (FES) for Foot Drop policy reviewed with no changes to criteria GM Trophic Electrical Stimulation (TES) for Facial Palsy policy reviewed with no changes to criteria GM Hyaluronic Acid Injections for Osteoarthritis policy reviewed with no changes to criteria GM Lycra Body Suits policy reviewed with no changes to criteria
v4.3	14/09/2017	<ul style="list-style-type: none"> GM Aesthetic Breast Policy updated (slight amendment to a bullet point in criteria) GM Facet Joint Injections for neck and back pain policy reviewed - Changes to criteria GM Radiofrequency Denervation for back pain policy reviewed - Changes to criteria GM Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing policy reviewed - No changes to criteria GM Cataract Surgery policy reviewed - No changes to criteria GM Experimental and Unproven Treatments policy reviewed - No changes to criteria GM Operations on the Prepuce (Circumcision) policy reviewed - No changes to criteria Sub-Fertility / Assisted Conception including IVF (In-vitro fertilisation), Reversal of Sterilisation and Sperm Washing / IVF for people with HIV, Hepatitis B and Hepatitis C policies superseded by new Assisted Conception Policy based on GM template. LPS 18 Primary Care link removed as no longer needed. LPS 12 Obs_and_gynae amended to remove Assisted Conception and PIGD
v4.4	29/09/2017	<ul style="list-style-type: none"> GM Aesthetic Breast Policy updated (slight amendment to a bullet point in criteria)
v4.5	04/12/2017	<ul style="list-style-type: none"> Carpal tunnel syndrome surgery policy replaced by GM Surgical Interventions for Carpal Tunnel Syndrome policy Trigger Finger surgery for adults policy replaced by GM Surgical Correction of Trigger Finger policy Cosmetic surgery procedures policy replaced by GM Other Aesthetic Policy
v5.0	28/12/2017	<p>17/19 Schedule Refresh</p> <p>Policies reviewed at GM EUR Steering Group on 15/11/2017:</p> <ul style="list-style-type: none"> GM Labiaplasty policy - No changes to criteria GM Dupuytren's policy - Changes to criteria (Moderate, Collagenase and Recurrent Disease sections) GM Common Benign Skin Lesions - No changes to criteria GM Cataract Surgery policy - No changes to criteria

v5.1	23/03/2018	<ul style="list-style-type: none"> • GM policy for Eyelid Ptosis superseded by GM policy for Dermatochalasis (Correction of) • GM policy for MRI scanning (Wide bore, open and open upright) added • GM Aesthetic Breast Surgery policy amended – Changes to criteria • GM Varicose veins policy amended – Changes to criteria • Hyperhidrosis policy reviewed – Changes to criteria • Bunion (Hallux Valgus) Surgery policy reviewed – Changes to criteria • Pinnaplasty policy reviewed – No changes to criteria • Sacroneuromodulation for Urinary Retention and Constipation policy reviewed – Changes to criteria
v5.2	03/04/2018	<ul style="list-style-type: none"> • Caesarian Section policy superseded by GM Caesarian Section policy
v5.3	29/06/2018	<p><u>Policies amended at GM EUR Steering Group on 17/01/2018 and 21/03/2018:</u></p> <ul style="list-style-type: none"> • Other Aesthetic - Minor changes to v1.2 criteria for clarification • Assisted Conception Template - Changes to v1.3 criteria for clarification <p><u>Policies amended at GM EUR Steering Group on 21/03/2018:</u></p> <ul style="list-style-type: none"> • Hair Replacement Technologies - No change to criteria for v2.1 <p><u>Policies reviewed at GM EUR Steering Group on 21/03/2018:</u></p> <ul style="list-style-type: none"> • Headache Disorders – Minor changes to v2.0 criteria for clarification • Out of Contract Spinal Procedures - No change to criteria for v2.0 • Surgical Drainage of the Middle Ear - Minor changes to v2.0 criteria for clarification <p><u>Policy amended at GM EUR Steering Group on 16/05/2018:</u></p> <ul style="list-style-type: none"> • Removal of Common Benign Eyelid Lesions - Minor change to criteria for v2.2 <p><u>Diagnostic codes amended for:</u></p> <ul style="list-style-type: none"> • GM003 Varicose Veins; • GM004 Radiofrequency Denervation for Back and Neck Pain • GM005 Tropic Electrical Stimulation (TES) for Facial Palsy; • GM006-GM010 Aesthetic Breast Surgery; • GM011-&GM019 Body Contouring; • GM013 Common Benign Skin Lesions; • GM014 Electrolysis & Laser Hair Removal for Hirsutism; • GM015 Drainage of the middle ear; • GM016 Hyperhidrosis; • GM017 Headache Disorders; • GM018 Out of contract spinal procedures; • GM022 Pelvic Vein Embolisation in the management of varicose veins; • GM024 Rhinoplasty / Septoplasty / Septo-Rhinoplasty; • GM027 Labiaplasty; • GM028 Tonsillectomy; • GM030 Complementary & Alternative Therapies; • GM031 Skin Resurfacing Techniques; • GM034 Knee arthroscopy, lavage and debridement; • GM036 Functional Electronic Stimulation (FES) for Foot Drop; • GM038 Trigger Finger (Surgical Correction of) • GM040 Other Aesthetic Surgery; • GM044 Common Benign Eyelid Lesions; • GM048 Correction of Dermatochalasis; • GM052 Bunion Surgery; • GM052 Caesarean Section; • GM066 Surgical Revision of Scarring; • GM067 Tattoo Removal; • GM068 Invasive Treatments for Snoring
v5.4	13/07/2018	<ul style="list-style-type: none"> • GM Persistent Non-Specific Low Back Pain Policy (GM021) replaced by GM Low Back Pain Policy (GM046)
v5.5	28/09/2018	<ul style="list-style-type: none"> • GM Varicose Veins policy (GM003) updated - Minor wording change for clarification in v2.4
v5.6	18/12/2018	<p><u>New GM policies approved at GM DoCs on 13/11/2018:</u></p> <ul style="list-style-type: none"> • Continuous blood glucose monitoring devices / machines policy superseded by new GM Continuous Glucose Monitoring policy v1.0 • GM Orthoses, bespoke orthoses & 24-hour Posture Management policy v1.0 added • GM Hip Replacement policy v1.0 added • GM Knee Replacement policy v1.0 added <p><u>GM policies updated following amendments to criteria and approval at GM DoCs on 13/11/2018:</u></p> <ul style="list-style-type: none"> • GM Ganglion Cyst Removal policy v3.3 • GM Knee arthroscopy, lavage and debridement policy v2.4 <p><u>GM Policies amended (minor criteria change):</u></p> <ul style="list-style-type: none"> • Common Benign Skin Lesions v3.2 • Removal of Common Benign Eyelid Lesions v2.3
v5.7	24/12/2018	<p><u>Policy reviewed at GM EUR Steering Group on 19/09/2018:</u></p> <ul style="list-style-type: none"> • Assisted Conception Policy v2.0 - Change to criteria <p><u>Policies reviewed at GM EUR Steering Group on 21/11/2018:</u></p> <ul style="list-style-type: none"> • GM Carpal Tunnel policy v2.0 - No change to criteria • GM Trigger Finger Policy v2.0 - Change to criteria • Other Aesthetic Surgery Policy v2.0 - Change to criteria <p><u>Policies amended at GM EUR Steering Group on 21/11/2018:</u></p> <ul style="list-style-type: none"> • GM Varicose Veins Policy v2.5 - Change to criteria • GM Facet Joint Injections Policy v2.1 - Change to criteria
v5.8	15/01/2019	<ul style="list-style-type: none"> • Removal of Haemorrhoid Skin Tags policy superseded by GM EUR policy for Haemorrhoids and Anal Skin Tags policy v1.0 • Links updated as documents have all moved to a new EUR web address

v6.0	29/03/2019	<p><u>2019/2020 Schedule Refresh</u></p> <p><u>Treatment specific funding request forms added for following GM EUR policies:</u></p> <ul style="list-style-type: none"> • Haemorrhoids and Anal Skin Tags • Hip Replacement • Knee Replacement • Orthoses, Bespoke Orthoses & 24-hour Posture Management • Continuous Glucose Monitoring (Adult) and (Child) • Out of Contract Spinal Procedures <p><u>Policies reviewed at GM EUR Steering Group on 16/01/2019</u></p> <p>GM MRI Scanning policy – slight change to criteria GM Correction of Dermatochalasis policy – no change to criteria GM Caesarean Section policy – slight change to criteria GM Pelvic Vein Embolisation policy – no change to criteria</p> <p><u>Policy reviewed at GM EUR Steering Group on 20/03/2019</u></p> <ul style="list-style-type: none"> • GM Trigger Finger policy – changes to criteria • GM Ganglion policy – changes to criteria • GM Tonsillectomy policy – changes to criteria • GM Common Benign Eyelid Lesions policy – changes to criteria • GM Aesthetic Breast policy – changes to criteria • GM Common Benign Skin Lesions policy reviewed and updated <p><u>New GM EUR Policy added following approval by DoCs on 21/03/2019</u></p> <ul style="list-style-type: none"> • GM Shoulder Impingement (Arthroscopic subacromial decompression for) <p><u>GM Policies updated following amendments to criteria and approval at GM DoCs on 21/03/2019:</u></p> <ul style="list-style-type: none"> • GM Low Back Pain policy – changes to criteria • GM Facet Joint Injections policy – changes to criteria <p><u>GM and Local Policies that have been removed</u></p> <ul style="list-style-type: none"> • GM Radiofrequency Denervation policy- removed (now covered by GM Low Back Pain Policy) • Local Policy Diagnostic Dilation and Curettage for Women <40 removed and replaced with Dilatation and Curettage (D&C) for Heavy Menstrual Bleeding (HMB) - NHS England Evidence Based Intervention • Local Policy Hysterectomy (abdominal and vaginal) removed and replaced with Hysterectomy for Heavy Menstrual Bleeding (HMB) - NHS England Evidence Based Intervention <p><u>NHS England's (NHSE) Evidence Based Interventions added in yellow with advice on whether the NHSE or GM Policy commissioning criteria apply.</u></p>
v6.1	08/07/2019	<p>PbR Drugs List updated to 2019-20 v1.0</p> <p>PbR Devices List updated to 2019-20 v1.0</p>
v6.2	16/09/2019	<p><u>New GM EUR Policies added</u></p> <ul style="list-style-type: none"> • GM059 - Surgical Repair of Hernias • GM060 - Photorefractive (laser) surgery for the surgical correction of refractive errors - replaces local policy for short sightedness surgery • GM058 - Surgical correction of adult Strabismus (squint) • GM050 - Surgical management of Ankyloglossia (tongue tie) <p><u>Local Policies</u></p> <p>Added - Extracorporeal Shockwave Therapy for Musculoskeletal and Soft Tissue Indications (ESWT)</p> <p><u>Current GM EUR Policies</u></p> <p>The following policies have been reviewed by the GM EUR Steering Group and some minor changes have been made to the commissioning criteria (see version control of each policy for further details):-</p> <ul style="list-style-type: none"> • Body Contouring • Electrolysis and Laser Hair Removal for Hirsutism • Hair Replacement Technologies • Snoring (Invasive treatment for) • Scarring (Surgical revision of) • Tattoo Removal • Hip Replacement • Knee Replacement • Low Back Pain • Other Aesthetic Surgery <p>The Clinical Exceptionality section in each GM EUR policy has been amended to read: Clinicians can submit an Individual Funding Request (IFR) outside of this guidance if they feel there is a good case for exceptionality. More information on determining clinical exceptionality can be found in the Greater Manchester (GM) Effective Use of Resources (EUR) Operational Policy. Link to GM EUR Operational Policy</p>

6.3	23/10/2019	<p><u>Current GM EUR Policies</u></p> <p>The following policies have been reviewed by the GM EUR Steering Group.</p> <p>No changes were made to the commissioning criteria in the following policies:-</p> <ul style="list-style-type: none"> • GM030 Complementary and Alternative Therapies (v2.3 to v3.0) • GM042 Haemorrhoids and Anal Skin Tags (v1.3 to v2.0) • GM044 Common Benign Eyelid Lesions (v2.6 to v3.0) • GM062 Endoscopic Thoracic Sympathectomy (ETS) for facial blushing (v2.3 to v3.0) • GM023 Repair of Split and Torn Ear Lobes (v2.3 to v3.0) • GM031 Skin Resurfacing Techniques (v2.3 to v3.0) <p>Minor changes have been made to the commissioning criteria in the following policies. Please see the version control of each policy for further details.</p> <ul style="list-style-type: none"> • GM024 Rhinoplasty / Septoplasty / Septorhinoplasty (v2.4 to v3.0) • GM035 Carpal Tunnel (v2.2 to v2.3) • GM058 Surgical Correction of Adult Strabismus (squint) (v1.1 to v1.2)
6.4	20/01/2020	<p>The following new GM EUR Policies have been added following approval by Directors of Commissioning on 10/12/2019</p> <ul style="list-style-type: none"> • GM072 D&C and Hysterectomy for heavy menstrual bleeding (v 1.0) • GM061 Gallstones (Asymptomatic) (v 1.0) • GM065 Rhinosinusitis/Rhinitis/Sinusitis (v 1.0) <p>The following policies have been recently reviewed by the GM EUR Steering Group. Please see version control of each policy for further details:-</p> <ul style="list-style-type: none"> • GM039 Continuous Glucose Monitoring (Real-time) (v2.0) • GM036 Functional Electrical Stimulation (FES) for foot drop (v2.5) • GM025 Ganglion Cyst Removal (v 4.0) • GM056 Hip Replacement (v2.0) • GM051 Knee Replacement (v 2.0) • GM043 Orthoses, bespoke orthoses & 24 hour posture management (v 2.0) • GM063 Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing (v 3.0) <p>The Assisted Conception policy has been moved to a more user friendly format and slightly amended, please see version control for further details.</p>
6.5	10/09/2020	<p>The EUR team generic email addresses have been updated as follows;</p> <p>gm.eur@nhs.net gm.policyfeedback@nhs.net</p>
6.6	17/11/2020	<p><u>New GM Policies added following approval by DoCs on 10/11/2020</u></p> <ul style="list-style-type: none"> • GM057 - Non-Specialist Augmentative and Alternative Communication Aids v1.0 • GM073 - Cough Assist (Mechanical Insufflation and Exsufflation (MI-E)) v1.0 <p><u>Current GM EUR Policies</u></p> <p>The following policies have been reviewed by the GM EUR Steering Group.</p> <p>No changes were made to the commissioning criteria in the following policies:-</p> <ul style="list-style-type: none"> • GM060 Photorefractive (laser) surgery for the correction of refractive errors (v1.1 to v2.0) <p>Minor changes have been made to the commissioning criteria in the following policies. Please see the version control of each policy for further details.</p> <ul style="list-style-type: none"> • GM044 Common Benign Eyelid Lesions (v3.0 to v3.1) • GM049 Dupuytren's Contracture (v3.2 to v3.3) • GM017 Headache Disorders (v2.3 to v2.5) • GM059 Hernias (Surgical repair of) (v1.2 to v2.0) • GM056 Hip Replacement (v2.0 to v2.1) • GM051 Knee Replacement (v2.0 to v2.1) • GM032 Shoulder Impingement (Arthroscopic sub-acromial decompression for:) (v1.1 to v2.0) • GM058 Surgical correction of Adult Strabismus (Squint) (v1.2 to v2.0) • GM050 Surgical management of Ankyloglossia (tongue tie) (v1.1 to v2.0) • GM067 Tattoo Removal (v3.0 to v3.1) • GM038 Trigger Finger (v2.3 to v2.4) <p><u>Slight amendments have been made to either the diagnostic or procedure codes in the following policies (please see version control for further details):-</u></p> <ul style="list-style-type: none"> • GM072 Dilatation and curettage (D&C) and Hysterectomy for heavy menstrual bleeding (v1.2 to v1.3) • GM042 Surgical management (including banding) of haemorrhoids and anal skin tags (v2.0 to v2.2) • GM003 Varicose Veins (v2.8 to v2.9) - Amendment to Appendix 3 Diagnostic and Procedure codes