

2019-2020 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
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List Last Updated	29 March 2019	Policy development	0161 212 6212	policyfeedback.gmcusu@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)
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		

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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 <u>and</u> 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)
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 <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Adult) Continuous Glucose Monitoring (Child)
Dermatochalasis (Correction of)	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)
Dilatation and Curettage (D&C) for Heavy Menstrual Bleeding (HMB) - NHS England Evidence Based Intervention	Individual Funding Request (Exceptional Case) Approval	NHS England Category 1 Intervention - Should not be routinely offered to patients unless there is a clinical exception https://www.england.nhs.uk/evidence-based-interventions/		

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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 (EWST) for prostatic dysfunction 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 evidence review See Local Policy Statement: LPS15: Urology final		
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	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
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: • 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.		

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Hair Replacement Technologies	Individual Funding Request (Exceptional Case) Approval	Hair Replacement Technologies	Hair Replacement Technologies	Hair Replacement Technologies
Headache Disorders	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Headache Disorders	Headache Disorders	Headache Disorders
Hip Replacement	Monitored Approval <u>and</u> 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
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		NHS England Category 2 Intervention - NHS England criteria apply https://www.england.nhs.uk/evidence-based-interventions/		
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 <u>and</u> Individual Funding Request (Exceptional Case) Approval	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 <u>and</u> 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

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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.		
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
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 PCT review		
Servox Communication Aids following Laryngectomy	Monitored Approval			
Shoulder Impingement (arthroscopic subacromial decompression for)	Individual Prior Approval	Shoulder Impingement	Shoulder Impingement	Shoulder Impingement
Short sightedness surgery (including Radial Keratotomy)	Individual Funding Request (Exceptional Case) Approval	This is not commissioned. Evidence Base: Glasses are lower risk and more cost-effective See Local Policy Statement: LPS13-2: Surgery for short sight		
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

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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 <u>and</u> 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
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 <u>and</u> 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 <u>and</u> 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. See Local Policy Statement: LPS15: Urology final		
Wireless Capsule Endoscopy 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 • Hereditary GI polyposis syndromes Evidence Base: NICE IPG101 (2004) and Local evidence review NOTE: NHS England Commission Specialist gastroenterology, hepatology and nutritional support services for children and young people. See Local Policy Statement: LPS10-1: Wireless Capsule Endoscopy		