

2019-2020 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
Version	6.0	Funding applications / Process	0161 212 6250	<a href="mailto:gmifr.gmcsu@nhs.net">gmifr.gmcsu@nhs.net</a>
List Last Updated	29 March 2019	Policy development	0161 212 6212	<a href="mailto:policyfeedback.gmcsu@nhs.net">policyfeedback.gmcsu@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>	<b>Individual Funding Request (Exceptional Case) Approval (IFR)</b>	Yes	A decision has been taken not to commission a specific treatment. Funding will only be approved if there is evidence of clinical exceptional circumstances.
	<b>Individual Prior Approval (IPA)</b>	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>Monitored Approval (MA)</b> <b>NOTE: Only applies if the patient meets the policy criteria.</b>	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 NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
<b>Adaptive Servo-ventilation (ASV) for Central Sleep Apnoea</b>	Monitored Approval			
<b>Aesthetic Surgery (Other)</b>	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Aesthetic Surgery (Other)</a>	<a href="#">Aesthetic Surgery (Other)</a>	<a href="#">Aesthetic Surgery (Other)</a>
<b>Arthroscopic shoulder decompression for subacromial shoulder pain - NHS England Evidence Based Intervention</b>		GM EUR policy for Shoulder Impingement (Arthroscopic subacromial decompression for) applies - please see policy below.		
<b>Assisted Conception</b> (Includes IVF and Sperm Washing)	Monitored Approval	<a href="#">Salford 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 approved procedures <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional)	<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>	<a href="#">Back Pain (Treatment for low back pain with or without sciatica)</a>
<b>Balloon Assisted Enteroscopy</b>	Monitored Approval	For visual examination of the small bowel.  <b>NOTE:</b> For Specialist gastroenterology, hepatology and nutritional support (GHNS) services for children and young people, NHS England states they commission enteroscopy from 20 Paediatric Specialist GHNS Centres.		
<b>Balloon Kyphoplasty</b>	Monitored Approval	For painful vertebral compression fractures as per NICE IPG166		
<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. • 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.  <a href="#">NHSE complex and specialised obesity surgery policy April 2013</a>  <a href="#">NHSE Revision Obesity Surgery Aug 2014</a>		
<b>Body Contouring</b> Includes: Panniculectomy (Apronectomy)	Monitored Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>

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<b>Breast Surgery (Aesthetic)</b> Includes: Breast Augmentation; Revision of Breast Augmentation; Breast Reduction; Gynaecomastia; Breast Lifts (Mastopexy); Breast Asymmetry; Nipple Inversion; PIP Implants	Individual Funding Request (Exceptional Case) Approval	<a href="#">Breast Surgery (Aesthetic)</a>	<a href="#">Breast Surgery (Aesthetic)</a>	<a href="#">Breast Asymmetry</a> <a href="#">Breast Augmentation</a> <a href="#">Breast Lift (Mastopexy)</a> <a href="#">Breast Reduction</a> <a href="#">Gynaecomastia (Adolescent)</a> <a href="#">Gynaecomastia (Adult)</a> <a href="#">Inverted Nipple Correction</a> <a href="#">Revision of Breast Augmentation</a>
<b>Breast Reduction (includes) gynaecomastia - NHS England Evidence Based Intervention</b>		GM EUR policy for Breast Surgery (Aesthetic) applies - please see above policy.		
<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>
<b>Carpal Tunnel Syndrome (Surgical Interventions for)</b>	Individual Prior Approval	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>
<b>Carpal Tunnel Syndrome - NHS England Evidence Based Intervention</b>		GM EUR policy for Carpal Tunnel Syndrome (surgical intervention for) applies - please see above policy.		
<b>Cataract Surgery</b>	Monitored Approval	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>
<b>Chalazia removal - NHS England Evidence Based Intervention</b>		GM EUR policy for Eyelid Lesions (Removal of Common Benign) applies - please see policy below		
<b>Circumcision (Surgical procedures on the prepuce)</b>	Monitored Approval	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>
<b>Complementary and Alternative Therapies</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Complementary and Alternative Therapies</a>	<a href="#">Complementary and Alternative Therapies</a>	<a href="#">Complementary and Alternative Therapies</a>
<b>Complex Gastrointestinal Referrals</b>	Individual Prior Approval	Specialist service provided by SRFT, clinically appropriate, but a deviation from tariff.		
<b>Continence Product - Peristeen Anal Irrigation</b>	Monitored Approval	<a href="#">NHS Salford - Anal Irrigation</a>  <b>NOTE: Anal irrigation systems are outside the scope of the NHS England Specialist Service.</b>		
<b>Continuous Glucose Monitoring (Real-Time)</b>	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> 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 (Adult)</a>  <a href="#">Continuous Glucose Monitoring (Child)</a>
<b>Dermatochalasis (Correction of)</b>	Individual Prior Approval <u>and</u> 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>Dilatation and Curettage (D&amp;C) for Heavy Menstrual Bleeding (HMB) - NHS England Evidence Based Intervention</b>	Individual Funding Request (Exceptional Case) Approval	NHS England Category 1 Intervention - Should not be routinely offered to patients unless there is a clinical exception		

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		<a href="https://www.england.nhs.uk/evidence-based-interventions/">https://www.england.nhs.uk/evidence-based-interventions/</a>		
<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="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>
<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>Dupuytren's contracture release with in adults - NHS England Evidence Based Intervention</b>		GM EUR policy for Dupuytren's Contracture applies - please see above policy.		
<b>Ear Wax Removal</b>	Monitored Approval	<a href="#">NHS Salford - Aural Toileting Techniques</a>		
<b>Electrolysis and 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 and Laser Hair Removal For Hirsutism</a>	<a href="#">Electrolysis and Laser Hair Removal For Hirsutism</a>	<a href="#">Electrolysis and Laser Hair Removal for Hirsutism</a>
<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 and Unproven Treatments</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Experimental and Unproven Treatments</a>	<a href="#">Experimental and Unproven Treatments</a>	<a href="#">Experimental and Unproven Treatments</a>
<b>Eyelid Lesions</b> (Removal of Common Benign)	Monitored Approval and Individual Prior Approval	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>
<b>Facet Joint Injections</b>	Monitored Approval and Individual Prior Approval	<a href="#">Facet Joint Injections</a>	<a href="#">Facet Joint Injections</a>	<a href="#">Facet Joint Injections</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>Ganglion excision - NHS England Evidence Based Intervention</b>		GM EUR policy for Ganglion Cyst Removal applies - please see above policy.		
<b>Grommets for glue ear in Children - NHS England Evidence Based Intervention</b>		GM EUR policy for Drainage of the middle ear, surgical (with or without the insertion of grommets) applies - please see above policy.		
<b>Haemorrhoids and anal skin tags</b> (Surgical management (including banding) of)	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and Anal Skin Tags</a>
<b>Haemorrhoid Surgery - NHS England Evidence Based Intervention</b>		GM EUR policy for Haemorrhoids and anal skin tags (Surgical management (including banding) of) applies - please see above policy.		
<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>

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<b>Headache Disorders</b>	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>
<b>Hip Arthroscopy</b>	Monitored Approval			
<b>Hip Replacement</b>	Monitored Approval <u>and</u> Individual Prior Approval	<a href="#">Hip Replacement</a>	<a href="#">Hip Replacement</a>	<a href="#">Hip Replacement</a>
<b>Hyaluronic Acid Injections for Osteoarthritis</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>
<b>Hyperhidrosis</b>	Monitored Approval	<a href="#">Hyperhidrosis</a>	<a href="#">Hyperhidrosis</a>	<a href="#">Hyperhidrosis</a>
<b>Hysterectomy for Heavy Menstrual Bleeding - NHS England Evidence Based Intervention</b>		NHS England Category 2 Intervention - NHS England criteria apply  <a href="https://www.england.nhs.uk/evidence-based-interventions/">https://www.england.nhs.uk/evidence-based-interventions/</a>		
<b>Injections for non-specific low back pain - NHS England Evidence Based Intervention</b>		GM EUR policies for Back Pain (Treatment for low back pain with or without sciatica) & Facet Joint Injections apply - please see above policies.		
<b>Knee Arthroscopy</b>	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Knee Arthroscopy</a>	<a href="#">Knee Arthroscopy</a>	<a href="#">Knee Arthroscopy</a>
<b>Knee Arthroscopy for patients with osteoarthritis - NHS England Evidence Based Intervention</b>		GM EUR policy for Knee Arthroscopy applies - please see above policy.		
<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>Labiaplasty</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Labiaplasty</a>	<a href="#">Labiaplasty</a>	<a href="#">Labiaplasty</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>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>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>

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Penile Implants	Individual Prior Approval			
Pinnaplasty	Monitored Approval	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>
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	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>	<a href="#">Rhinoplasty / Septoplasty / Septo-Rhinoplasty</a>
Sacrneuromodulation for Urinary Retention and Constipation	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Sacrneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacrneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacrneuromodulation for Urinary Retention and Constipation</a>
Scarring (Surgical revision of)	Individual Funding Request (Exceptional Case) Approval	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>
Servox Communication Aids following Laryngectomy	Monitored Approval	Commissioned for <u>adults only</u> providing it is clinically appropriate, up to a cost of £750.		
Shockwave Therapy	Individual Funding Request (Exceptional Case) Approval	<b>Not</b> routinely commissioned for any musculoskeletal or similar indication. <b>NOTE:</b> Shockwave Lithotripsy used to treat urinary stones is routinely commissioned.		
Shoulder Impingement (arthroscopic subacromial decompression for)	Individual Prior Approval	<a href="#">Shoulder Impingement</a>	<a href="#">Shoulder Impingement</a>	<a href="#">Shoulder Impingement</a>
Simple Airflow Studies	Monitored Approval	<b>NOTE:</b> Please also refer to NHS England for Adult highly specialist respiratory services / Specialised Respiratory		
Simple and Complex Gas Exchange Studies	Monitored Approval	<b>NOTE:</b> Please also refer to NHS England for Adult highly specialist respiratory services / Specialised Respiratory		
Sinus X-ray	Individual Prior Approval			
Skin Lesions (Common Benign)	Monitored Approval	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</a>
Skin Resurfacing Techniques	Individual Funding Request (Exceptional Case) Approval	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>
Sleep Aponea (Surgical Treatment)	Individual Prior Approval	<b>NOTE:</b> See also the GM Tonsillectomy policy for snoring and sleep apnoea in children.		
Snoring (Invasive treatments for)	Individual Funding Request (Exceptional Case) Approval	<a href="#">Snoring (Invasive treatments for)</a>	<a href="#">Snoring (Invasive treatments for)</a>	<a href="#">Snoring (Invasive treatments for)</a>
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	<a href="#">Spinal procedures (Out of contract)</a>	<a href="#">Spinal procedures (Out of contract)</a>	<a href="#">Spinal procedures (Out of contract)</a>
Split / Torn Ear Lobes (Repair of)	Monitored Approval	<a href="#">Split / Torn Ear Lobes (Repair of)</a>	<a href="#">Split / Torn Ear Lobes (Repair of)</a>	<a href="#">Split / Torn Ear Lobes (Repair of)</a>

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Tattoo Removal	Individual Prior Approval	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>
Tonsillectomy	Monitored Approval	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>
<b>Tonsillectomy for recurrent tonsillitis - NHS England Evidence Based Intervention</b>		GM EUR policy for Tonsillectomy applies - please see above policy.		
Trigger Finger (Surgical Correction of)	Individual Prior Approval	<a href="#">Trigger Finger (Surgical Correction of)</a>	<a href="#">Trigger Finger (Surgical Correction of)</a>	<a href="#">Trigger Finger (Surgical Correction of)</a>
<b>Trigger Finger release in adults - NHS England Evidence Based Intervention</b>		GM EUR policy for Trigger Finger (surgical correction of) applies - please see above policy.		
Trophic Electrical Stimulation (TES) for Facial Palsy	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>
Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing	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>
Varicose Veins	Monitored Approval and Individual Prior Approval	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>
<b>Varicose Veins interventions - NHS England Evidence Based Intervention</b>		GM EUR policy for Varicose Veins applies - please see above policy.		