

2017-19 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
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Funding Request Forms	Funding Approval Category	Approval Required	Notes
GM EUR Generic Funding Request Form NOTE: GM policies have specific funding request forms, please see the end column on the blue coloured rows below.	Individual Funding Request (Exceptional Case) Approval (IFR)	Yes	A decision has been taken not to commission a specific treatment. Funding will only be approved if there is evidence of clinical exceptional circumstances.
	Individual Prior Approval (IPA)	Yes	The Commissioner has specifically requested that funding is sought for a particular treatment. The treatment must not be undertaken without funding approval from commissioners. Exceptional circumstances do not always have to be demonstrated.
	Monitored Approval (MA) NOTE: Only applies if the patient meets the policy criteria.	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 / Drug NOTE: Drugs are highlighted in purple GM policies are highlighted in blue	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Aesthetic Surgery (Other)	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Aesthetic Surgery (Other)	Aesthetic Surgery (Other)	Aesthetic Surgery (Other)
Artificial urinary sphincter	Monitored Approval	Commissioned for severe urinary incontinence in males where all other treatments have failed or would be ineffective.		
Assisted Conception (Includes IVF and Sperm Washing)	Monitored Approval	Stockport Assisted Conception Policy NOTE: If the patient does not meet the criteria for treatment within the policy, please submit an individual funding request for consideration under exceptionality.		
Baby Milk	Monitored Approval	Baby milk should not be supplied in the NHS for lactose intolerance. Baby Milk should only be supplied on the NHS for the following conditions: <ul style="list-style-type: none"> • Cow's milk protein intolerance • extreme sensitivity to cow's milk allergen • multiple food allergy • proven food allergy • faltering growth as evidenced on a growth chart • extreme prematurity 		
Back Pain (Treatment for low back pain with or without sciatica)	Within contract for NICE NG59 (For the following - please see individual GM policies: Radiofrequency Denervation; Facet Joint Injections; Out of Contract Spinal Procedures)	Back Pain (Treatment for low back pain with or without sciatica)	Back Pain (Treatment for low back pain with or without sciatica)	There is no treatment specific form for this policy, please use: Generic GM EUR Funding Request Form
Bariatric Surgery	Monitored Approval	NOTE: Until a Greater Manchester Bariatric Surgery Policy has been developed and then adopted by the CCG, the CCG will continue to use NHS England's policy criteria for bariatric surgery. <ul style="list-style-type: none"> • 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	Services at The Bobath Centre for either new patients or patients that have previously been assessed and treated at the Centre are not commissioned. The service has not been commissioned for new patients for a number of years as there is lack of evidence of the superiority of the Bobath Centre over local services.		
Body Contouring Includes: Panniculectomy (Apronectomy)	Monitored Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Body Contouring	Body Contouring	Body Contouring

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Botulinum for Urinary Incontinence	Individual Prior Approval	This treatment is commissioned on an individual basis, for adults and children, where urinary incontinence results from idiopathic or neurogenic detrusor over activity, which is refractory to treatment with anticholinergics. This treatment is commissioned on an individual basis, for adults and children, with spinal cord disease and with urodynamic investigations showing impaired bladder storage and in whom antimuscarinic drugs have proved to be ineffective or poorly tolerated.		
Botulinum toxin for chronic migraine	Monitored Approval	Commissioned in line with NICE TA260		
Botulinum toxin injections for sialorrhoea (excessive salivation) secondary to upper motor neurone lesions in adults	Individual Prior Approval	Commissioned for sialorrhoea (excessive salivation) secondary to upper motor neuron lesions in adults on a named patient basis where other methods have failed to control the condition and where there is a high risk of aspiration.		

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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
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
Capsaicin patch	Monitored Approval	Commissioned where the following criteria are met: the patient has severe, non-diabetic neuropathic pain unresponsive to multimodal neuropathic analgesics; the patient's pain significantly impairs activities of daily living as demonstrated on the Brief Pain Inventory; and the patient is under the care of a specialist pain clinic.		
Carpal Tunnel Syndrome (Surgical Interventions for)	Individual Prior Approval	Carpal Tunnel Syndrome (Surgical Interventions for)	Carpal Tunnel Syndrome (Surgical Interventions for)	Carpal Tunnel Syndrome (Surgical Interventions for)
Cataract Surgery	Monitored Approval	Cataract Surgery	Cataract Surgery	Cataract Surgery
Circumcision (Surgical procedures on the prepuce)	Monitored Approval	Circumcision (Surgical procedures on the prepuce)	Circumcision (Surgical procedures on the prepuce)	Circumcision (Surgical procedures on the prepuce)
Complementary and Alternative Therapies	Individual Funding Request (Exceptional Case) Approval	Complementary and Alternative Therapies	Complementary and Alternative Therapies	Complementary and Alternative Therapies
Continuous Glucose Monitoring (Real-Time)	Monitored Approval <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 (Real-Time)
Dermatochalasis (Correction of)	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)
Drainage of the middle ear, Surgical (with or without the insertion of grommets)	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> 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
Ear Irrigation/syringing	Monitored Approval	Ear irrigation commissioned for: Removal of a foreign body from the ear canal or removal of excess wax where 3 weeks of conservative measures (e.g. wax softening with olive oil) have failed and where the excess wax is impairing hearing or the wax needs removing prior to the fitting of a hearing aid. Ear irrigation where the sole indication is in preparation for an aircraft flight is not commissioned.		
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

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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
Erectile dysfunction (Surgery)	Individual Prior Approval	Penile prosthesis are commissioned as part of reconstructive treatment following surgery of the treatment of malignant or other diseases as part of reconstructive surgery following trauma and all non-surgical methods of treatment must previously have been exhausted. Penile Prostheses are not commissioned for cosmetic reasons. Patients with erectile dysfunction may make use of any NHS psychological and psychosexual counseling services that are available within the portfolio of service agreements.		
Experimental and Unproven Treatments	Individual Funding Request (Exceptional Case) Approval	Experimental and Unproven Treatments	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)
Facet Joint Injections for Neck and Back Pain	Monitored Approval and Individual Prior Approval	Facet Joint Injections for Neck and Back Pain	Facet Joint Injections for Neck and Back Pain	Facet Joint Injections for Neck and Back Pain
Fluconazole for thrush in breastfeeding	Individual Funding Request (Exceptional Case) Approval	This is not commissioned as there is little published evidence to support the use of fluconazole in the management of ductal candidiasis in breastfeeding women.		
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
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) 		
Gluten free foods for gluten enteropathy	Monitored Approval	NHS supply of gluten free foods should only be for patients with established gluten enteropathy. Only the following gluten free foods may be prescribed: <ul style="list-style-type: none"> • bread (6-8 loaves every 2 months)* • bread mix • flour mix • part baked rolls • pasta *As an alternative to standard bread, patients are entitled to one prescription for 6-8 loaves of fresh bread (to be frozen) every two months.		
Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Haemorrhoids and anal skin tags (Surgical management (including banding) of)
Hair Replacement Technologies	Individual Funding Request (Exceptional Case) Approval	Hair Replacement Technologies	Hair Replacement Technologies	Hair Replacement Technologies
Headache Disorders	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Headache Disorders	Headache Disorders	Headache Disorders
Hip Replacement	Monitored Approval and Individual Prior Approval	Hip Replacement	Hip Replacement	Hip Replacement

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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
Idebenone	Individual Funding Request (Exceptional Case) Approval	Not commissioned for optic neuropathy, where both eyes have poor vision, owing to inadequate evidence of efficacy.		
Ingrown toenails in secondary care (Surgery)	Monitored Approval	Surgery for ingrown toenails is not routinely commissioned in a secondary care setting. Surgery for ingrowing toenails may be performed in secondary care when future orthopaedic surgery would be compromised. For example, a recurrently infected ingrowing toe nail requiring treatment prior to joint replacement surgery. Referral to secondary care for failed primary care management is commissioned.		
Insertion and Removal of Inter Uterine Contraceptive Device	Monitored Approval	As a stand-alone procedure IUCD insertions/ changes and removals for contraception and dysfunctional menstrual bleeding should be done out of hospital by a GP or the tier 2 service. A patient may be referred to secondary care if: • insertion/ removal is difficult. • Insertion / change of an IUCD at the time of another procedure e.g. hysteroscopy or as part of heavy menstrual bleeding management in secondary care, is permitted in secondary care.		
Ketones testing in blood for patients at risk of diabetic ketoacidosis	Individual Prior Approval	The CCG support ketone testing in at risk individuals using strips designed to test for ketones alone. Strips testing jointly for glucose and ketones are not commissioned. Commissioned only for patients who are under the care of a the diabetes specialist service and who have received advice on appropriate testing.		
Knee Arthroscopy	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Knee Arthroscopy	Knee Arthroscopy	Knee Arthroscopy
Knee Replacement	Monitored Approval and Individual Prior Approval	Knee Replacement	Knee Replacement	Knee Replacement
Labioplasty	Individual Funding Request (Exceptional Case) Approval	Labioplasty	Labioplasty	Labioplasty
Local risk sharing schemes between a hospital, Stockport CCG and the manufacturer of the drug to give patients access to a drug that would otherwise not be commissioned on cost-effectiveness grounds.	Monitored Approval	Risk sharing schemes are a way of reducing the overall cost of a drug for a specific disease, through a special agreement with the manufacturer. On a national scale, risk sharing schemes (also known as patient access schemes) exist between the Department of Health and pharmaceutical manufacturers for NICE approved technologies (TAs). A local risk sharing scheme is an agreement between a hospital, its CCG and the manufacturer of the drug, used to give patients access to a drug that would otherwise not be commissioned on cost-effectiveness grounds. Stockport CCG will only enter into local risk sharing schemes which are GMMMG approved or have clinical and financial approval from the appropriate CCG boards.		
Lycra Body Suits	Individual Funding Request (Exceptional Case) Approval	Lycra Body Suits	Lycra Body Suits	Lycra Body Suits
MRI scanning (Wide bore, open and open upright)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	MRI scanning (Wide bore, open and open upright)	MRI scanning (Wide bore, open and open upright)	MRI scanning (Wide bore, open and open upright)
Orthoses, bespoke orthoses & 24-hour posture management	Monitored Approval and Individual Prior Approval	Orthoses, bespoke orthoses & 24-hour posture management	Orthoses, bespoke orthoses & 24-hour posture management	Orthoses, bespoke orthoses & 24-hour posture management

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PDE5 Inhibitors	Monitored Approval	<p>Erectile Dysfunction</p> <ul style="list-style-type: none"> Patients affected by erectile dysfunction who meet the selected list scheme (SLS) criteria can be prescribed medication at NHS expense. First line therapy is always sildenafil, up to 8 tabs /month as standard, this can be increased to 12 tablets a month at the clinicians discretion. Other medications for ED can be prescribed but only up to a quantity of 4 tablets /month. SLS criteria limits use to patients who: have a chronic disease associated with erectile dysfunction e.g. diabetes, multiple sclerosis, Parkinson's disease, poliomyelitis, prostate cancer, severe pelvic injury, spina bifida or spinal cord injury; AND/OR are receiving dialysis for renal failure; AND/OR have had radical pelvic surgery, prostatectomy or kidney transplant; OR who were previously receiving Caverject®, Erecnos®, MUSE®, Viagra®, or Viridal® for erectile dysfunction at the expense of the NHS on the 14th September 1998. Patients meeting the SLS criteria will also be eligible for vacuum pumps and constrictor rings for the treatment of erectile dysfunction. Patients who have ED but do not meet the criteria can ONLY be prescribed sildenafil with the same quantity limits. Daily tadalafil should not be prescribed at NHS expense. <p>Post Radical Prostatectomy</p> <ul style="list-style-type: none"> Patients who have undergone radical prostatectomy should be provided with a 2 month course of daily PDE5 inhibitor in order to improve blood flow during healing. The full course of Sildenafil will be provided by the hospital during postoperative follow up. Following this period of intensive therapy if erectile dysfunction continues patients should be managed as any other patient with this condition in line with our erectile dysfunction treatment policy. 		
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
Prosthetic testicle post-orchidectomy	Individual Prior Approval	The provision of a prosthetic testicle post-orchidectomy either at the time of the orchidectomy or at a later date is commissioned.		
Radiofrequency Denervation for Back Pain	Individual Prior Approval	Radiofrequency Denervation for Back Pain	Radiofrequency Denervation for Back Pain	Radiofrequency Denervation for Back Pain
Replacement equipment	Individual Funding Request (Exceptional Case) Approval	Funding is not available for replacement equipment, including but not limited to BAHAs and cochlear implant speech processors, which has been lost or damaged . NOTE: BAHA's and Cochlear Implants are commissioned by NHS England.		
Rhinoplasty / Septoplasty / Septorhinoplasty	Monitored Approval and Individual Prior Approval	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty
Rituximab for AIHA (Autoimmune haemolytic anaemia)	Individual Prior Approval	This is commissioned for patients with refractory autoimmune haemolytic anaemia at the lowest clinically effective dose. For appropriate patients, rituximab should be considered before treatment with IVIg.		
Rituximab for chronic ITP in adults	Individual Prior Approval	Rituximab for chronic idiopathic thrombocytopenic purpura is commissioned for adult patients with a platelet count <10,000 per µL of blood who have failed to respond to standard treatment.		
Rituximab for MAR (melanoma associated retinopathy)	Individual Prior Approval	This treatment is commissioned. There is no published evidence as to whether this treatment is clinically effective or not. The Effective Use of Resources policy allows requests to be approved when there is 'biological plausibility that an uncommon condition (in this case MAR) would respond to treatment in a similar way to the common condition' e.g. other auto immune conditions.		
Sacrneuromodulation for Urinary Retention and Constipation	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Sacrneuromodulation for Urinary Retention and Constipation	Sacrneuromodulation for Urinary Retention and Constipation	Sacrneuromodulation for Urinary Retention and Constipation
Scarring (Surgical revision of)	Individual Funding Request (Exceptional Case) Approval	Scarring (Surgical revision of)	Scarring (Surgical revision of)	Scarring (Surgical revision of)
Short or long Sight surgery	Individual Funding Request (Exceptional Case) Approval	This is considered low priority and hence not commissioned. This includes laser correction of short sightedness; insertion of intraocular lens for correction of refractive error; corneal inlay implantation for correction of presbyopia.		
Skin Lesions (Common Benign)	Monitored Approval	Skin Lesions (Common Benign)	Skin Lesions (Common Benign)	Skin Lesions (Common Benign)

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Skin Resurfacing Techniques	Individual Funding Request (Exceptional Case) Approval	Skin Resurfacing Techniques	Skin Resurfacing Techniques	Skin Resurfacing Techniques
Snoring (Invasive treatments for)	Individual Funding Request (Exceptional Case) Approval	Snoring (Invasive treatments for)	Snoring (Invasive treatments for)	Snoring (Invasive treatments for)
Spinal procedures (Out of contract)	Individual Prior Approval <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)
Sunscreen preparations	Individual Funding Request (Exceptional Case) Approval	Sunscreen preparations are not available on the NHS except where there is abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis.		
Tattoo Removal	Individual Prior Approval	Tattoo Removal	Tattoo Removal	Tattoo Removal
Tonsillectomy	Monitored Approval	Tonsillectomy	Tonsillectomy	Tonsillectomy
Trigger Finger (Surgical Correction of)	Individual Prior Approval	Trigger Finger (Surgical Correction of)	Trigger Finger (Surgical Correction of)	Trigger Finger (Surgical Correction of)
Trophic Electrical Stimulation (TES) for Facial Palsy	Individual Prior Approval	Trophic Electrical Stimulation (TES) for Facial Palsy	Trophic Electrical Stimulation (TES) for Facial Palsy	Trophic Electrical Stimulation (TES) for Facial Palsy
Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing	Monitored Approval <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 ring pessaries in secondary care	Monitored Approval	Replacement of vaginal ring pessaries should be undertaken out of hospital by a GP or the tier 2 service. A patient may be referred to secondary care if replacement is difficult.		
Varicose Veins	Monitored Approval <u>and</u> Individual Prior Approval	Varicose Veins	Varicose Veins	Varicose Veins
Vasectomy in secondary care setting	Individual Prior 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. GA for needle phobics.		
Vitamin D	Monitored Approval	Testing for symptomatic individuals is available for patients with: rickets, osteomalacia or symptomatic hypocalcaemia or high risk patient group with suggestive symptoms such as proximal muscle weakness or musculoskeletal aches and pains. Patients with levels below 25nmol/l (≤ 10 $\mu\text{g/L}$) require treatment with colecalciferol (Dekristol®) and monitoring as recommended in the GMMMG Vitamin D deficiency recommendation (link below). . Monitoring in primary care is available for patients commenced on high dose treatment. Patients from the following high risk groups but who are asymptomatic should be advised on regular sunlight exposure, dietary sources of vitamin D & use of over the counter vitamin D: Dark skinned patients, Institutionalised/Housebound or elderly, Alcoholics, Vegetarians, Obese, People who cover up e.g. Muslim women, Medical Risk (renal and hepatic disease, malabsorption, anticonvulsant and HAART use).		