

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>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>NOTE: GM policies have specific funding request forms, please see the end column on the blue coloured rows below.</b>	<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>PbR Excluded Lists</b>	<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.
<a href="#">PbR Excluded Devices List</a>	<a href="#">PbR Excluded Drugs List</a>		

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>Aesthetic Surgery (Other)</b>	Individual Prior Approval <b>and</b> 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="#">T&amp;G 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 <b>and</b> Individual Prior Approval <b>and</b> Individual Funding Request (Exceptional Case) Approval	<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>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>Bobath Therapy</b>	Individual Funding Request (Exceptional Case) Approval	Historically the CCG and its predecessors have funded the Centre costs for children to attend the centre following the request of their Paediatrician, usually responding to a Physio or OT request. The child's family has had to fund travel, accommodation in London for the treatment period – usually for 2 weeks. The outcome of the assessment is a comprehensive assessment and detailed individualised home programme. Copies of this are supplied to parents and all the child's key health workers locally. The reports usually include the recommendation of a follow-up two-week assessment 12 months later.		
<b>Body Contouring</b> Includes: Panniculectomy (Apronectomy)	Monitored Approval <b>and</b> Individual Funding Request (Exceptional Case) Approval	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>
<b>Breast Surgery (Aesthetic)</b> Includes: Breast Augmentation; Revision of Breast	Individual Funding Request (Exceptional Case) Approval	<a href="#">Breast Surgery (Aesthetic)</a>	<a href="#">Breast Surgery (Aesthetic)</a>	<a href="#">Breast Asymmetry</a>

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Includes: Breast Augmentation; Revision of Breast Augmentation; Breast Reduction; Gynaecomastia; Breast Lifts (Mastopexy); Breast Asymmetry; Nipple Inversion; PIP Implants	Request (Exceptional Case) Approval			<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</b> (Surgical Interventions for)	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>Chronic Fatigue / Multiple Sclerosis Service</b>	Monitored Approval	Referrals to Manchester CCG's service are usually funded.		
<b>Circumcision</b> (Surgical procedures on the prepuce)	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>Continuous Glucose Monitoring</b> (Real-Time)	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</b> (Correction of)	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>

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>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  <a href="https://www.england.nhs.uk/evidence-based-interventions/">https://www.england.nhs.uk/evidence-based-interventions/</a>		
<b>Donor breastmilk</b>	Individual Funding Request (Exceptional Case) Approval	Considered on exceptional case basis. Requires support from Donor Milk Bank, and preferably a dietitian.		
<b>Drainage of the middle ear, Surgical</b> (with or without the insertion of grommets)	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> 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>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 <u>and</u> 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 <u>and</u> 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.		

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<b>Gender realignment</b> (procedures outside of commissioned service)	Individual Funding Request (Exceptional Case) Approval	<b>NOTE: Gender Realignment is commissioned by NHS England.</b> However, the following procedures fall outside of the nationally commissioned arrangements and require consideration by the patient's CCG: • Breast Augmentation • Facial Feminisation Surgery (Thyroid Chondroplasty/tracheal shave, Rhinoplasty, Facial Bone Reduction, Blepharoplasty/Facelift) • Lipoplasty/Contouring (liposuction and/or body sculpture)		
<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 <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and Anal Skin Tags</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>
<b>Headache Disorders</b>	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>
<b>Hip Replacement</b>	Monitored Approval <u>and</u> Individual Prior Approval	<a href="#">Hip Replacement</a>	<a href="#">Hip Replacement</a>	<a href="#">Hip Replacement</a>
<b>Hyaluronic Acid Injections for Osteoarthritis</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>	<a href="#">Hyaluronic Acid Injections for Osteoarthritis</a>
<b>Hyperhidrosis</b>	Monitored Approval	<a href="#">Hyperhidrosis</a>	<a href="#">Hyperhidrosis</a>	<a href="#">Hyperhidrosis</a>
<b>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.		

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<b>Knee Replacement</b>	Monitored Approval and 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 and 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 and 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>Para-urethral silicon injections for incontinence</b>	Monitored Approval	Funded in line with relevant NICE guidance, IPG 138, Nov 05.		
<b>Pelvic Vein Embolisation in the management of varicose veins</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Pelvic Vein Embolisation in the management of varicose veins</a>	<a href="#">Pelvic Vein Embolisation in the management of varicose veins</a>	<a href="#">Pelvic Vein Embolisation in the management of varicose veins</a>
<b>Pinnaplasty</b>	Monitored Approval	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>	<a href="#">Pinnaplasty</a>
<b>Removal of benign skin lesions - NHS England Evidence Based Intervention</b>		GM EUR policy for Skin Lesions (Common Benign) applies - please see policy below.		
<b>Requests for therapies not available from THFT (physiotherapy)</b>	Individual Prior Approval	Requests for therapy at CMFT are usually funded.		
<b>Rhinoplasty / Septoplasty / Septorhinoplasty</b>	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>
<b>Sacroneuromodulation for Urinary Retention and Constipation</b>	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Sacroneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacroneuromodulation for Urinary Retention and Constipation</a>	<a href="#">Sacroneuromodulation for Urinary Retention and Constipation</a>
<b>Scarring (Surgical revision of)</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>
<b>Selective Dorsal Rhizotomy post-operative community physiotherapy for children</b>	Individual Funding Request (Exceptional Case) Approval	<b>NOTE: Selective Dorsal Rhizotomy (SDR) is commissioned by NHS England, but the selection criteria includes CCG confirmation that they are willing to provide the post-operative community physiotherapy.</b> Stockport FT, who provide the community physio for T&G have advised that they do have the necessary skills to undertake the level of physiotherapy needed, but there is no capacity for them to actually do so. Requests for any T&G children requiring physio confirmation before proceeding with an NHS England funded SDR will require funding approval via the CCG IFR Panel process.		
<b>Servox Communication Aids following Laryngectomy</b>	Monitored Approval			
<b>Shoulder Impingement (arthroscopic subacromial decompression for)</b>	Individual Prior Approval	<a href="#">Shoulder Impingement</a>	<a href="#">Shoulder Impingement</a>	<a href="#">Shoulder Impingement</a>
<b>Skin Lesions (Common Benign)</b>	Monitored Approval	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</a>

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<b>Skin Resurfacing Techniques</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>	<a href="#">Skin Resurfacing Techniques</a>
<b>Snoring</b> (Invasive treatments for)	Individual Funding Request (Exceptional Case) Approval	<a href="#">Snoring (Invasive treatments for)</a>	<a href="#">Snoring (Invasive treatments for)</a>	<a href="#">Snoring (Invasive treatments for)</a>
<b>Snoring surgery (in the absence of sleep apnoea) - NHS England Evidence Based Intervention</b>		GM EUR policy for Invasive Snoring (invasive treatments for) applies - please see above policy.		
<b>Spinal procedures</b> (Out of contract)	Individual Prior Approval <u>and</u> 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>
<b>Split / Torn Ear Lobes</b> (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>
<b>Tattoo Removal</b>	Individual Prior Approval	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>
<b>Tonsillectomy</b>	Monitored Approval	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>	<a href="#">Tonsillectomy</a>
<b>Tonsillectomy for recurrent tonsillitis - NHS England Evidence Based Intervention</b>		GM EUR policy for Tonsillectomy applies - please see above policy.		
<b>Trigger Finger</b> (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.		
<b>Trophic Electrical Stimulation (TES) for Facial Palsy</b>	Individual Prior Approval	<a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy</a>	<a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy</a>	<a href="#">Trophic Electrical Stimulation (TES) for Facial Palsy</a>
<b>Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</b>	Monitored Approval <u>and</u> Individual Prior Approval	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>
<b>Varicose Veins</b>	Monitored Approval <u>and</u> 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.		