

| 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 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. |
| PbR Excluded Lists | | | |
| PbR Excluded Devices List | PbR Excluded Drugs List | | |

| Procedure / Treatment NOTE: 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) |
| 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 | | |
| Assisted Conception (Includes IVF and Sperm Washing) | Monitored Approval | Trafford CCG 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. | | |
| 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. • 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 | | |

| Procedure / Treatment NOTE: GM policies are highlighted in blue | Funding Approval Category | Commissioning Policy | Summary of Policy (GM Policies only) | Funding Request Form (GM Policies only) |
|--|---|---|---|--|
| 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) |
| 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 <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) |
| Cough Assist (Mechanical Insufflation and Exsufflation (MI-E)) | Monitored Approval and Individual Funding Request (Exceptional Case) Approval | Cough Assist | Cough Assist | Cough Assist |

| Procedure / Treatment NOTE: GM policies are highlighted in blue | Funding Approval Category | Commissioning Policy | Summary of Policy (GM Policies only) | Funding Request Form (GM Policies only) |
|--|---|--|--|--|
| 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) |
| 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 |
| 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 |

| Procedure / Treatment NOTE: GM policies are highlighted in blue | Funding Approval Category | Commissioning Policy | Summary of Policy (GM Policies only) | Funding Request Form (GM Policies only) |
|--|---|---|--|---|
| 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 | <p>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:</p> <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 <u>and</u> 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 <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | Headache Disorders | Headache Disorders | Headache Disorders |
| Hernia (Surgical Repair of Hernias) | Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval | Hernia Repair | Hernia Repair | Hernia Repair |
| Hip Replacement | Monitored Approval <u>and</u> Individual Prior Approval | Hip Replacement | Hip Replacement | Hip Replacement |

| Procedure / Treatment NOTE: GM policies are highlighted in blue | 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 dysuria 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 | | |
| 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 | Where appropriate, outpatient rather than inpatient ambulatory hysteroscopy will be considered. Secondary care to treat if clinically indicated. | | |
| 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 Intra 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. | | |
| Knee Arthroscopy | Individual Prior Approval <u>and</u> Individual Funding | 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 |
| Labioplasty | Individual Funding Request (Exceptional Case) Approval | Labioplasty | Labioplasty | Labioplasty |
| Laser Eye Surgery (Photorefractive surgery for the correction of refractive errors) | Individual Prior Approval <u>and</u> 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 | Funding Approval Category | Commissioning Policy | Summary of Policy (GM Policies only) | Funding Request Form (GM Policies only) |
|---|---|---|--|--|
| MRI scanning (Wide bore, open and open upright) | Individual Prior Approval <u>and</u> 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 <u>and</u> 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 <u>and</u> 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 |
| Sacrneuromodulation for Urinary Retention and Constipation | Individual Prior Approval <u>and</u> 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) |
| Screening Tests (Various) | Monitored Approval | Private screening tests, employment medicals, paternity tests, X-rays for immigration purposes, etc, are not commissioned as they are low priority. Decisions to treat within national screening programmes. Patient requests for screening tests outside the national | | |
| Servox Communication Aids following Laryngectomy | Monitored Approval | | | |
| 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. | | |
| Skin Lesions (Common Benign) | Monitored Approval | Evidence Base: Stockport PCT review Skin Lesions (Common Benign) | Skin Lesions (Common Benign) | Skin Lesions (Common Benign) |

| Procedure / Treatment NOTE: GM policies are highlighted in blue | Funding Approval Category | Commissioning Policy | Summary of Policy (GM Policies only) | Funding Request Form (GM Policies only) |
|---|---|--|--|--|
| 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 <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) |
| Squint Surgery (Surgical Correction of adult Strabismus) | Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> 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 <u>and</u> Individual Funding Request (Exceptional Case) Approval | Tongue Tie | Tongue Tie | Tongue Tie |
| 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. | | |

| Procedure / Treatment NOTE: GM policies are highlighted in blue | Funding Approval Category | Commissioning Policy | Summary of Policy (GM Policies only) | Funding Request Form (GM Policies only) |
|--|--|--|---|--|
| 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. | | |
| 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 | | |

| Version | Date | Details |
|---------|------------|---|
| v1.0 | 14/02/2014 | Approved version |
| v1.1 | 20/03/2014 | Subfertility Policy: Section 3.6 amended to read "First treatment cycles must be commenced before the woman's 43rd birthday" and Section 5.1 amended to read "6 cycles". |
| v1.2 | 08/04/2013 | Amended Treatment List policy received from Trafford CCG to align with Manchester CCGs |
| v1.3 | 15/07/2014 | <ul style="list-style-type: none"> • Revision of Breast Augmentation policy superseded by GM EUR Policy for Aesthetic Breast Surgery. • Tonsillectomy policy superseded by GM EUR Policy • Line added for Lycra Body Suits - new GM EUR Policy • Line added for Hyaluronic Acid Injections for Osteoarthritis - new GM EUR Policy |
| v1.4 | 03/10/2014 | <ul style="list-style-type: none"> • Cataract surgery policy superseded by GM EUR policy for cataract surgery. • Line added for Pelvic Vein Embolisation - new GM EUR Policy |
| v1.5 | 27/11/2014 | <ul style="list-style-type: none"> • Dermatology Minor Surgery superseded by GM EUR Policy for Common Benign Skin Lesions • Hyperhidrosis – Surgery or botulinum toxin injections superseded by GM EUR Policy for Hyperhidrosis • Treatment of cutaneous and plantar warts line removed as superseded by GM EUR Policy for Common Benign Skin Lesions (line 9) • "cosmetic surgery on the labia" removed from treatment name list as superseded by GM EUR Policy for Labiaplasty (line 69) • Treatment of cutaneous vascular lesions (including port wine stains) line removed as superseded by GM EUR Policy for Common Benign Skin Lesions (line 9) • Line added for Persistent Non-Specific Low Back Pain - new GM EUR Policy • Line added for Labiaplasty - new GM EUR Policy |
| v1.6 | 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. |
| v1.7 | 01/04/2015 | <ul style="list-style-type: none"> • Abdominoplasty / apronectomy, Abdominal Lipectomy, Liposuction policies 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 and 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 |
| v2.0 | 30/04/2015 | <p>2015/16 Refresh:</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 |

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| v2.1 | 22/07/2015 | <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 • GM policy for Surgical Revision of Scarring added • Snoring (surgical treatment) policy and Sleep Apnoea surgery 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 • 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 |
| v2.2 | 20/11/2015 | <ul style="list-style-type: none"> • Laser treatment for facial scarring under Cosmetic Surgery Procedures superseded by GM EUR Skin Resurfacing Techniques policy • GM EUR Endoscopic Thoracic Sympathectomy for Facial Blushing policy added • Split ear lobes under Cosmetic Surgery Procedures superseded by GM EUR Repair of Split / Torn Ear Lobes policy • Alternative Therapies policy superseded by GM EUR Complementary and Alternative Therapies 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 |
| v2.3 | 16/12/2015 | <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>GM Aesthetic Breast policy superseded by v2.2 - minor changes made to add clarity within the policy</p> <ul style="list-style-type: none"> • '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 |
| v3.1 | 05/07/2016 | <ul style="list-style-type: none"> • Functional Electronic Stimulation (FES) for Foot Drop by GM Policy for Functional Electronic Stimulation (FES) for Foot Drop • GM policy for Trophic Electrical Stimulation (TES) for Facial Palsy added |

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| 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 | 23/09/2016 | <ul style="list-style-type: none"> • GM Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing Policy v1.2 added • GM Facet Joint Injections for back and neck pain Policy v1.1 added • GM Radiofrequency Denervation for back and neck pain Policy v1.1 added • Lower back surgery for chronic back pain and Spinal and facet joint injections for lower back pain policies removed as superseded by GM Facet Joint Injections for back and neck pain and GM Radiofrequency Denervation for back and neck pain policies. |
| v3.4 | 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. |
| v3.5 | 29/11/2016 | <ul style="list-style-type: none"> • Circumcision policy superceded by GM EUR Policy for Operations of the Prepuce (Circumcision). • GM EUR Policy for Experimental & Unproven Treatments added. |
| 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 • Joint injections for pain removed as this is covered by the GM Facet Joint Injections policy • Local Allergy Therapy policy removed as this is covered by GM Complementary & Alternative Therapies 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. • Discectomy for lumbar disc prolapse policy removed as this is covered by NICE and in contract |
| v4.1 | 22/03/2017 | <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) superseded by GM EUR policy for Surgical drainage of the middle ear (with or without the insertion of grommets) • GM EUR policy for Headache Disorders added • 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 • 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 | 13/09/2017 | <ul style="list-style-type: none"> • 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 • GM Aesthetic Breast Policy updated (slight amendment to a bullet point in criteria) |
| v4.4 | 22/09/2017 | <ul style="list-style-type: none"> • 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. |

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| v4.5 | 29/09/2017 | <ul style="list-style-type: none"> • GM Aesthetic Breast Policy updated (slight amendment to a bullet point in criteria) |
| v4.6 | 05/10/2017 | <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 replaced by GM Other Aesthetic Policy |
| v5.0 | 28/12/2017 | <p><u>17/19 Schedule Refresh</u></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 | 12/03/2018 | <ul style="list-style-type: none"> • GM policy for Eyelid Ptosis superseded by GM policy for Dermatochalasis (Correction of) added • Caesarian Section policy superseded by GM policy for Caesarean Section • 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 | 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 Trophic 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 |
| v5.3 | 10/09/2018 | Continuous blood glucose monitoring devices / machines amended to include NICE NG17 and NICE NG18. |
| v5.4 | 27/09/2018 | <ul style="list-style-type: none"> • GM Persistent Non-Specific Low Back Pain Policy (GM021) replaced by GM Low Back Pain Policy (GM046) • GM Varicose Veins policy (GM003) updated - Minor wording change for clarification |
| v5.5 | 29/11/2018 | Haemorrhoid Skin Tags (Removal of) policy superseded by GM Surgical management (including banding) of haemorrhoids and anal skin tags policy v1.0 |

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| 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 | 22/01/2019 | <ul style="list-style-type: none"> • 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</p> <p>GM Correction of Dermatochalasis policy – no change to criteria</p> <p>GM Caesarean Section policy – slight change to criteria</p> <p>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</u></p> |

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| | | <p><u>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</u> added in yellow with advice on whether the NHSE or GM Policy commissioning criteria apply.</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> |

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| 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> |
| v6.5 | 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> |

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| v6.6 | 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 <p>PbR Drugs and Devices Lists updated to those approved by GMMMG High Cost Drugs Sub Group on 24th June 2020.</p> |
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