

2019-2010 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 NOTE: GM policies are highlighted in blue NHSE EBI are highlighted in yellow	Funding Approval Category	Commissioning Policy	Summary of Policy (GM Policies only)	Funding Request Form (GM Policies only)
Aesthetic Surgery (Other)	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Aesthetic Surgery (Other)	Aesthetic Surgery (Other)	Aesthetic Surgery (Other)
Arthroscopic shoulder decompression for subacromial shoulder pain - NHS England Evidence Based Intervention		GM EUR policy for Shoulder Impingement (Arthroscopic subacromial decompression for) applies - please see policy below.		
Assisted Conception (Includes IVF and Sperm Washing)	Monitored Approval	Please refer to your local CCG's policy: Bury CCG Assisted Conception Policy HMR CCG Assisted Conception Policy Oldham 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 of low back pain with or without sciatica)	Within contract for NICE NG59 approved procedures <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval (For the following - please see individual GM policies: Facet Joint Injections; Out of Contract Spinal Procedures)	Back Pain (Treatment for low back pain with or without sciatica)	Back Pain (Treatment for low back pain with or without sciatica)	Back Pain (Treatment for low back pain with or without sciatica)
Bariatric Surgery	Monitored Approval	NOTE: Until a Greater Manchester Bariatric Surgery Policy has been developed and then adopted by the CCG, the CCG will continue to use NHS England's policy criteria for bariatric surgery. <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		

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		NHSE Revision Obesity Surgery Aug 2014		
Body Contouring Includes: Panniculectomy (Apronectomy)	Monitored Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Body Contouring	Body Contouring	Body Contouring
Breast Surgery (Aesthetic) Includes: Breast Augmentation; Revision of Breast Augmentation; Breast Reduction; Gynaecomastia; Breast Lifts (Mastopexy); Breast Asymmetry; Nipple Inversion; PIP Implants	Individual Funding Request (Exceptional Case) Approval	Breast Surgery (Aesthetic)	Breast Surgery (Aesthetic)	Breast Asymmetry Breast Augmentation Breast Lift (Mastopexy) Breast Reduction Gynaecomastia (Adolescent) Gynaecomastia (Adult) Inverted Nipple Correction Revision of Breast Augmentation
Breast Reduction (includes) gynaecomastia - NHS England Evidence Based Intervention		GM EUR policy for Breast Surgery (Aesthetic) applies - please see above policy.		
Bunion (Hallux Valgus) Surgery	Monitored Approval	Bunion (Hallux Valgus) Surgery	Bunion (Hallux Valgus) Surgery	Bunion (Hallux Valgus) Surgery
Caesarean Section	Monitored Approval	Caesarean Section	Caesarean Section	Caesarean Section
Carpal Tunnel Syndrome (Surgical Interventions for)	Individual Prior Approval	Carpal Tunnel Syndrome (Surgical Interventions for)	Carpal Tunnel Syndrome (Surgical Interventions for)	Carpal Tunnel Syndrome (Surgical Interventions for)
Carpal Tunnel Syndrome - NHS England Evidence Based Intervention		GM EUR policy for Carpal Tunnel Syndrome (surgical intervention for) applies - please see above policy.		
Cataract Surgery	Monitored Approval	Cataract Surgery	Cataract Surgery	Cataract Surgery
Chalazia removal - NHS England Evidence Based Intervention		GM EUR policy for Eyelid Lesions (Removal of Common Benign) applies - please see policy below		
Circumcision (Surgical procedures on the prepuce)	Monitored Approval	Circumcision (Surgical procedures on the prepuce)	Circumcision (Surgical procedures on the prepuce)	Circumcision (Surgical procedures on the prepuce)
Complementary and Alternative Therapies	Individual Funding Request (Exceptional Case) Approval	Complementary and Alternative Therapies	Complementary and Alternative Therapies	Complementary and Alternative Therapies
Continuous Glucose Monitoring (Real-Time)	Monitored Approval <u>and</u> Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Real-Time)	Continuous Glucose Monitoring (Adult) Continuous Glucose Monitoring (Child)
Dermatochalasis (Correction of)	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)	Dermatochalasis (Correction of)
Diathermy of Nabothian Follicles	Individual Funding Request (Exceptional Case) Approval			

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Dilatation and Curettage (D&C) for Heavy Menstrual Bleeding (HMB) - NHS England Evidence Based Intervention	Individual Funding Request (Exceptional Case) Approval	NHS England Category 1 Intervention - Should not be routinely offered to patients unless there is a clinical exception https://www.england.nhs.uk/evidence-based-interventions/		
Drainage of the middle ear, Surgical (with or without the insertion of grommets)	Monitored Approval <u>and</u> Individual Prior 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
Eyelid Ectropion and Entropion	Monitored Approval	Referral Guide - Eye Ectropion and Entropion		
Eyelid Lesions (Removal of Common Benign)	Monitored Approval <u>and</u> Individual Prior Approval	Eyelid Lesions (Removal of Common Benign)	Eyelid Lesions (Removal of Common Benign)	Eyelid Lesions (Removal of Common Benign)
Facet Joint Injections	Monitored Approval <u>and</u> Individual Prior Approval	Facet Joint Injections	Facet Joint Injections	Facet Joint Injections
Functional Electronic Stimulation (FES) for Foot Drop	Individual Prior Approval	Functional Electronic Stimulation (FES) for Foot Drop	Functional Electronic Stimulation (FES) for Foot Drop	Functional Electrical Stimulation (FES) for Foot Drop
Ganglion Cyst Removal	Monitored Approval	Ganglion Cyst Removal	Ganglion Cyst Removal	Ganglion Cyst Removal
Ganglion excision - NHS England Evidence Based Intervention		GM EUR policy for Ganglion Cyst Removal applies - please see above policy.		
Genital prolapse (Female)	Monitored Approval	Full management within the primary care/ community pathway is required prior to secondary care referral unless there is indication for early referral. Primary care interventions <ul style="list-style-type: none"> • Weight loss • Treat constipation • Treat COPD for cough • Pelvic floor muscle training • Ring/other pessary Indications for early referral <ul style="list-style-type: none"> • Not responded to conservative interventions • Extent of symptoms e.g. distressing to patient, • Co-existing urinary incontinence NOTE: NHS England commissions specialist care for women with recurrence of symptoms or de novo symptoms following surgical treatment of urinary incontinence or pelvic organ prolapse.		

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		Referral Guide - Female genital prolapse Referral Gateway - Female genital prolapse		
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.		
Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Haemorrhoids and anal skin tags (Surgical management (including banding) of)	Haemorrhoids and Anal Skin Tags
Haemorrhoid Surgery - NHS England Evidence Based Intervention		GM EUR policy for Haemorrhoids and anal skin tags (Surgical management (including banding) of) applies - please see above policy.		
Hair Replacement Technologies	Individual Funding Request (Exceptional Case) Approval	Hair Replacement Technologies	Hair Replacement Technologies	Hair Replacement Technologies

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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
Hernias (Abdominal) (excluding inguinal hernias)	Monitored Approval	Clinical presentation <ul style="list-style-type: none"> • Defined as spigelian, epigastric, umbilical, peri-umbilical, lumbar and incisional • Wide necked incisional, umbilical, peri-umbilical and lumbar hernia are unlikely to strangulate and may not need referral Indication for urgent admission <ul style="list-style-type: none"> • Signs of strangulation Indication for early referral <ul style="list-style-type: none"> • Signs of incarceration Indications for routine referral <ul style="list-style-type: none"> • Pain • Small neck • Bowel symptoms • Recent sudden increase in size • Previous repair • Asymptomatic large neck • Significant comorbidities Referral Guide - Abdominal wall hernia		
Hip Replacement	Monitored Approval <u>and</u> Individual Prior Approval	Hip Replacement	Hip Replacement	Hip Replacement
Hyaluronic Acid Injections for Osteoarthritis	Individual Funding Request (Exceptional Case) Approval	Hyaluronic Acid Injections for Osteoarthritis	Hyaluronic Acid Injections for Osteoarthritis	Hyaluronic Acid Injections for Osteoarthritis
Hyperhidrosis	Monitored Approval	Hyperhidrosis	Hyperhidrosis	Hyperhidrosis
Hysterectomy for Heavy Menstrual Bleeding - NHS England Evidence Based Intervention		NHS England Category 2 Intervention - NHS England criteria apply https://www.england.nhs.uk/evidence-based-interventions/		
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) and Facet Joint Injections apply - please see above policies		

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Incontinence (Female)	Monitored Approval	<p>Full management within the primary care/ community pathway is required prior to secondary care referral unless there is indication for early referral as per NICE Guidance.</p> <p>Female incontinence needs to be categorised as stress, urge or mixed incontinence and should be treated according to the predominant symptom based on history, examination and investigation with a urine dipstick on midstream sample and a 3 day bladder diary.</p> <p>The following interventions need to be undertaken prior to referral:</p> <p>Stress incontinence</p> <ul style="list-style-type: none"> • Weight loss if BMI >30 • Modify high or low fluid intake • Pelvic floor muscle training for at least 3 months <p>Urge incontinence:</p> <ul style="list-style-type: none"> • Caffeine reduction • Bladder training for at least 6 weeks • Trial of antimuscarinic drugs • Topical oestrogens for vaginal atrophy <p>Further information can be found on the referral proforma check list for female incontinence.</p> <p>NOTE: NHS England commissions specialist care for women with recurrence of symptoms or de novo symptoms following surgical treatment of urinary incontinence or pelvic organ prolapse.</p> <p>Referral Guide - Female urinary incontinence</p> <p>Referral Gateway - Female incontinence</p>		
Knee Arthroscopy	Individual Prior Approval <u>and</u> Individual Funding Request (Exceptional Case) Approval	Knee Arthroscopy	Knee Arthroscopy	Knee Replacement
Knee Arthroscopy for patients with osteoarthritis - NHS England Evidence Based Intervention		GM EUR policy for Knee Arthroscopy applies - please see above policy.		
Knee Replacement	Monitored Approval <u>and</u> Individual Prior Approval	Knee Replacement	Knee Replacement	Knee Replacement
Labiaplasty	Individual Funding Request (Exceptional Case) Approval	Labiaplasty	Labiaplasty	Labiaplasty
Laparoscopic hernia repair	Individual Funding Request (Exceptional Case) Approval	Not commissioned unless there is clinical exceptionality.		
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 <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

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Pelvic Pain (Chronic)	Monitored Approval	Referral Guide - Chronic pelvic pain		
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
Prosthetics (Other joint prosthetics / replacements)	Monitored Approval	NOTE: NHS England commissions Specialist Orthopaedics, including revisions.		
Removal of benign skin lesions - NHS England Evidence Based Intervention		GM EUR policy for Skin Lesions (Common Benign) applies - please see policy below.		
Rhinoplasty / Septoplasty / Septorhinoplasty	Monitored Approval and Individual Prior Approval	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty	Rhinoplasty / Septoplasty / Septo-Rhinoplasty
Sacroneuromodulation for Urinary Retention and Constipation	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	Sacroneuromodulation for Urinary Retention and Constipation	Sacroneuromodulation for Urinary Retention and Constipation	Sacroneuromodulation for Urinary Retention and Constipation
Scarring (Surgical revision of)	Individual Funding Request (Exceptional Case) Approval	Scarring (Surgical revision of)	Scarring (Surgical revision of)	Scarring (Surgical revision of)
Servox Communication Aids following Laryngectomy	Monitored Approval			
Shoulder Impingement (arthroscopic subacromial decompression for)	Individual Prior Approval	Shoulder Impingement	Shoulder Impingement	Shoulder Impingement
Skin Lesions (Common Benign)	Monitored Approval	Skin Lesions (Common Benign)	Skin Lesions (Common Benign)	Skin Lesions (Common Benign)
Skin Resurfacing Techniques	Individual Funding Request (Exceptional Case) Approval	Skin Resurfacing Techniques	Skin Resurfacing Techniques	Skin Resurfacing Techniques
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 and 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)

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Submucous diathermy / resection of the nose / related procedures	Monitored Approval	<ul style="list-style-type: none"> Nasal-based ENT referrals should come from GP principals, and not nurse practitioners and GP trainees No nasal surgery will be performed purely for aesthetic reasons Patients should have a degree of nasal obstruction which evidence of disability that has an impact on functionality (including septal deviation) <p>Clinical presentation</p> <ul style="list-style-type: none"> Nasal obstruction >12 weeks Nasal discharge. If purulent can indicate secondary bacterial infection Facial pain Reduction/loss of sense of smell Red flag – unilateral obstruction/discharge especially if blood stained <p>Primary / Community provision prior to specialist opinion (unless indication for early referral)</p> <ul style="list-style-type: none"> Smoking cessation and good dental hygiene if indicated Paracetamol for pain Normal saline nasal douching Topical nasal steroid if allergic component or polypoid change present. May require 8-12 weeks of treatment Consider anti-histamines if allergic component Antibiotics if purulent discharge persists or patient is deteriorating <p>Indication for referral for specialist opinion</p> <ul style="list-style-type: none"> If significant symptoms persist despite adequate medical management Red flag – unilateral obstruction/discharge especially if blood stained -would indicate urgent referral <p>NOTE: It is a Consultant only decision to list for surgery.</p> <p>Referral Guide - Nasal obstruction including chronic rhinosinusitis</p> <p>Referral Gateway - Submucous Diathermy of Nose</p>		
Tattoo Removal	Individual Prior Approval	Tattoo Removal	Tattoo Removal	Tattoo Removal
Tonsillectomy	Monitored Approval	Tonsillectomy	Tonsillectomy	Tonsillectomy
Tonsillectomy for recurrent tonsillitis - NHS England Evidence Based Intervention		GM EUR policy for Tonsillectomy applies - please see above policy.		
Trigger Finger (Surgical Correction of)	Individual Prior Approval	Trigger Finger (Surgical Correction of)	Trigger Finger (Surgical Correction of)	Trigger Finger (Surgical Correction of)
Trigger Finger release in adults - NHS England Evidence Based Intervention		GM EUR policy for Trigger Finger (surgical correction of) applies - please see above policy.		
Trophic Electrical Stimulation (TES) for Facial Palsy	Individual Prior Approval	Trophic Electrical Stimulation (TES) for Facial Palsy	Trophic Electrical Stimulation (TES) for Facial Palsy	Trophic Electrical Stimulation (TES) for Facial Palsy
Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing	Monitored Approval and 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 Discharge (Abnormal)	Monitored Approval	Referral Guide - Abnormal Vaginal Discharge		
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.		
Watery eyes (Adults)	Monitored Approval	Referral Guide - Watery eyes		