

2020-2021 Effective Use of Resources Treatment Policies		GM EUR Team Contacts	Tel	Email
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List Last Updated	17 November 2020	Policy development	0161 290 4937	gm.policyfeedback@nhs.net

Funding Request Forms		Funding Approval Category	Approval Required	Notes
<a href="#">GM EUR Generic Funding Request Form</a> <b>NOTE: GM policies have specific funding request forms, please see the end column on the blue coloured rows below.</b>		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.
<b>PbR Excluded Lists</b> <a href="#">PbR Excluded Devices List</a> <a href="#">PbR Excluded Drugs List</a>		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)	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 not 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 <small>NOTE: GM policies are highlighted in blue ■ NHSE EBI are highlighted in yellow ■</small>	Funding Approval Category	Commissioning Policy	Summary of Policy <small>(GM Policies only)</small>	Funding Request Form <small>(GM Policies only)</small>
Aesthetic Surgery (Other)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Aesthetic Surgery (Other)</a>	<a href="#">Aesthetic Surgery (Other)</a>	<a href="#">Aesthetic Surgery (Other)</a>
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 <small>(Includes IVF and Sperm Washing)</small>	Monitored Approval	<b>Please refer to your local CCG's policy:</b>  <a href="#">Bury CCG Assisted Conception Policy</a> <a href="#">HMR CCG Assisted Conception Policy</a> <a href="#">Oldham 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.		
Back Pain (Treatment of low back pain with or without sciatica)	Within contract for NICE NG59 approved procedures and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval <b>(For the following - please see individual GM policies: Facet Joint Injections; Out of Contract Spinal Procedures)</b>	<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>
Bariatric Surgery	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>		
Body Contouring <small>Includes: Panniculectomy (Apronectomy)</small>	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>	<a href="#">Body Contouring</a>
Breast Surgery (Aesthetic) <small>Includes: Breast Augmentation; Revision of Breast Augmentation; Breast Reduction; Gynaecomastia; Breast Lifts (Mastopexy); Breast Asymmetry; Nipple Inversion; PIP Implants</small>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Breast Surgery (Aesthetic)</a>	<a href="#">Breast Surgery (Aesthetic)</a>	<a href="#">Breast Asymmetry</a> <a href="#">Breast Augmentation</a> <a href="#">Breast Lift (Mastopexy)</a> <a href="#">Breast Reduction</a> <a href="#">Gynaecomastia (Adolescent)</a> <a href="#">Gynaecomastia (Adult)</a> <a href="#">Inverted Nipple Correction</a> <a href="#">Revision of Breast Augmentation</a>
Breast Reduction (includes) gynaecomastia - NHS England Evidence Based Intervention		GM EUR policy for Breast Surgery (Aesthetic) applies - please see above policy.		

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>Bunion (Hallux Valgus) Surgery</b>	Monitored Approval	<a href="#">Bunion (Hallux Valgus) Surgery</a>	<a href="#">Bunion (Hallux Valgus) Surgery</a>	<a href="#">Bunion (Hallux Valgus) Surgery</a>
<b>Caesarean Section</b>	Monitored Approval	<a href="#">Caesarean Section</a>	<a href="#">Caesarean Section</a>	<a href="#">Caesarean Section</a>
<b>Carpal Tunnel Syndrome (Surgical Interventions for)</b>	Individual Prior Approval	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>	<a href="#">Carpal Tunnel Syndrome (Surgical Interventions for)</a>
<b>Carpal Tunnel Syndrome - NHS England Evidence Based Intervention</b>		GM EUR policy for Carpal Tunnel Syndrome (surgical intervention for) applies - please see above policy.		
<b>Cataract Surgery</b>	Monitored Approval	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>	<a href="#">Cataract Surgery</a>
<b>Chalazia removal - NHS England Evidence Based Intervention</b>		GM EUR policy for Eyelid Lesions (Removal of Common Benign) applies - please see policy below		
<b>Circumcision (Surgical procedures on the prepuce)</b>	Monitored Approval	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>	<a href="#">Circumcision (Surgical procedures on the prepuce)</a>
<b>Communication Aids (Non-Specialist Augmentative and Alternative (AAC))</b>	Individual Prior Approval Individual Funding Request (Exceptional Case) Approval	<a href="#">Communication Aids</a>	<a href="#">Communication Aids</a>	<a href="#">Communication Aids</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 (Real-Time)</b>	Monitored Approval and Individual Prior Approval and 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>Cough Assist (Mechanical Insufflation and Exsufflation (M-E))</b>	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Cough Assist</a>	<a href="#">Cough Assist</a>	<a href="#">Cough Assist</a>
<b>Dermatochalasis (Correction of)</b>	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Dermatochalasis (Correction of)</a>	<a href="#">Dermatochalasis (Correction of)</a>	<a href="#">Dermatochalasis (Correction of)</a>
<b>Diathermy of Nabothian Follicles</b>	Individual Funding Request (Exceptional Case) Approval			
<b>Dilatation and Curettage (D&amp;C) and Hysterectomy for Heavy Menstrual Bleeding (HMB)</b>	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">D&amp;C and Hysterectomy for heavy menstrual bleeding</a>	<a href="#">D&amp;C and Hysterectomy for heavy menstrual bleeding</a>	<a href="#">D&amp;C and Hysterectomy for heavy menstrual bleeding</a>
<b>Dilatation and Curettage (D&amp;C) for Heavy Menstrual Bleeding (HMB) - NHS England Evidence Based Intervention</b>	Individual Funding Request (Exceptional Case) Approval	GM EUR Policy for Dilatation and Curettage (D&C) and Hysterectomy for Heavy Menstrual Bleeding (HMB) applies - please see above		
<b>Drainage of the middle ear, Surgical (with or without the insertion of grommets)</b>	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>	<a href="#">Drainage of the middle ear, Surgical (with or without the insertion of grommets)</a>
<b>Dupuytren's Contracture</b>	Monitored Approval	<a href="#">Dupuytren's Contracture</a>	<a href="#">Dupuytren's Contracture</a>	<a href="#">Dupuytren's Contracture</a>
<b>Dupuytren's contracture release with in adults - NHS England Evidence Based Intervention</b>		GM EUR policy for Dupuytren's Contracture applies - please see above policy.		
<b>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>

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>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>Extracorporeal Shockwave Therapy for Musculoskeletal and Soft Tissue Indications (ESWT)</b>	Individual Funding Request (Exceptional Case) Approval	Is not commissioned. Please use the <a href="#">Experimental and Unproven Treatments policy</a>	<a href="#">Experimental and Unproven Treatments</a>	<a href="#">Experimental and Unproven Treatments</a>
<b>Eyelid Ectropion and Entropion</b>	Monitored Approval	<a href="#">Referral Guide - Eye Ectropion and Entropion</a>		
<b>Eyelid Lesions (Removal of Common Benign)</b>	Monitored Approval and Individual Prior Approval	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>	<a href="#">Eyelid Lesions (Removal of Common Benign)</a>
<b>Facet Joint Injections</b>	Monitored Approval and Individual Prior Approval	<a href="#">Facet Joint Injections</a>	<a href="#">Facet Joint Injections</a>	<a href="#">Facet Joint Injections</a>
<b>Functional Electronic Stimulation (FES) for Foot Drop</b>	Individual Prior Approval	<a href="#">Functional Electronic Stimulation (FES) for Foot Drop</a>	<a href="#">Functional Electronic Stimulation (FES) for Foot Drop</a>	<a href="#">Functional Electrical Stimulation (FES) for Foot Drop</a>
<b>Gallstones (Asymptomatic)</b>	Monitored Approval	<a href="#">Gallstones (Asymptomatic)</a>	<a href="#">Gallstones (Asymptomatic)</a>	<a href="#">Gallstones (Asymptomatic)</a>
<b>Ganglion Cyst Removal</b>	Monitored Approval	<a href="#">Ganglion Cyst Removal</a>	<a href="#">Ganglion Cyst Removal</a>	<a href="#">Ganglion Cyst Removal</a>
<b>Ganglion excision - NHS England Evidence Based Intervention</b>		GM EUR policy for Ganglion Cyst Removal applies - please see above policy.		
<b>Genital prolapse (Female)</b>	Monitored Approval	Full management within the primary care/ community pathway is required prior to secondary care referral unless there is indication for early referral. <a href="#">Referral Guide - Female genital prolapse</a> <a href="#">Referral Gateway - Female genital prolapse</a>		
<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 (Surgical management (including banding) of)</b>	Monitored Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and anal skin tags (Surgical management (including banding) of)</a>	<a href="#">Haemorrhoids and Anal Skin Tags</a>
<b>Haemorrhoid Surgery - NHS England Evidence Based Intervention</b>		GM EUR policy for Haemorrhoids and anal skin tags (Surgical management (including banding) of) applies - please see above policy.		
<b>Hair Replacement Technologies</b>	Individual Funding Request (Exceptional Case) Approval	<a href="#">Hair Replacement Technologies</a>	<a href="#">Hair Replacement Technologies</a>	<a href="#">Hair Replacement Technologies</a>
<b>Headache Disorders</b>	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>	<a href="#">Headache Disorders</a>
<b>Hernia (Surgical Repair of Hernias)</b>	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Hernia Repair</a>	<a href="#">Hernia Repair</a>	<a href="#">Hernia Repair</a>

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<b>Hip Replacement</b>	Monitored Approval and 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>		GM EUR Policy for Dilatation and Curettage (D&C) and Hysterectomy for Heavy Menstrual Bleeding (HMB) applies - please see above		
<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) and Facet Joint Injections apply - please see above policies		
<b>Incontinence (Female)</b>	Monitored Approval	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.  <a href="#">Referral Guide - Female urinary incontinence</a> <a href="#">Referral Gateway - Female incontinence</a>		
<b>Knee Arthroscopy</b>	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Knee Arthroscopy</a>	<a href="#">Knee Arthroscopy</a>	<a href="#">Knee Arthroscopy</a>
<b>Knee Arthroscopy for patients with osteoarthritis - NHS England Evidence Based Intervention</b>		GM EUR policy for Knee Arthroscopy applies - please see above policy.		
<b>Knee Replacement</b>	Monitored Approval 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>Laser Eye Surgery</b> (Photorefractive surgery for the correction of refractive errors)	Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Laser Eye Surgery</a>	<a href="#">Laser Eye Surgery</a>	<a href="#">Laser Eye Surgery</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</b> (Wide bore, open and open upright)	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>Pelvic Pain</b> (Chronic)	Monitored Approval	<a href="#">Referral Guide - Chronic pelvic pain</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>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>Prosthetics</b> (Other joint prosthetics / replacements)	Monitored Approval	<b>NOTE: NHS England commissions Specialist Orthopaedics, including revisions.</b>		
<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>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>Rhinosinusitis / Rhinitis / Sinusitis</b>	Monitored Approval	<a href="#">Rhinosinusitis / Rhinitis / Sinusitis</a>	<a href="#">Rhinosinusitis / Rhinitis / Sinusitis</a>	<a href="#">Rhinosinusitis / Rhinitis / Sinusitis</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</b> (Surgical revision of)	Individual Funding Request (Exceptional Case) Approval	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>	<a href="#">Scarring (Surgical revision of)</a>
<b>Servox Communication Aids following Laryngectomy</b>	Monitored Approval			
<b>Shoulder Impingement</b> (arthroscopic subacromial decompression for)	Individual Prior Approval	<a href="#">Shoulder Impingement</a>	<a href="#">Shoulder Impingement</a>	<a href="#">Shoulder Impingement</a>
<b>Skin Lesions</b> (Common Benign)	Monitored Approval	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</a>	<a href="#">Skin Lesions (Common Benign)</a>
<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 and Individual Funding Request (Exceptional Case) Approval	<a href="#">Spinal procedures (Out of contract)</a>	<a href="#">Spinal procedures (Out of contract)</a>	<a href="#">Spinal procedures (Out of contract)</a>
<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>

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>Squint Surgery</b> (Surgical Correction of adult Strabismus)	Monitored Approval and Individual Prior Approval and Individual Funding Request (Exceptional Case) Approval	<a href="#">Strabismus (squint surgery)</a>	<a href="#">Strabismus (squint surgery)</a>	<a href="#">Strabismus (squint surgery)</a>
<b>Tattoo Removal</b>	Individual Prior Approval	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>	<a href="#">Tattoo Removal</a>
<b>Tongue Tie</b> (Surgical management of ankyloglossia)	Monitored Approval and Individual Funding Request	<a href="#">Tongue Tie</a>	<a href="#">Tongue Tie</a>	<a href="#">Tongue Tie</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 and Individual Prior Approval	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>	<a href="#">Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing</a>
<b>Vaginal Discharge</b> (Abnormal)	Monitored Approval	<a href="#">Referral Guide - Abnormal Vaginal Discharge</a>		
<b>Varicose Veins</b>	Monitored Approval and Individual Prior Approval	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>	<a href="#">Varicose Veins</a>
<b>Varicose Veins interventions - NHS England Evidence Based Intervention</b>		GM EUR policy for Varicose Veins applies - please see above policy.		
<b>Watery eyes</b> (Adults)	Monitored Approval	<a href="#">Referral Guide - Watery eyes</a>		

Version	Date	Details
v1.0	14/02/2014	Approved version
v1.1	27/06/2014	<ul style="list-style-type: none"> <li>• Aesthetic Surgery: Breast Surgery, e.g augmentation, reduction or mastopexy (breast lift) on line 39 and Aesthetic Surgery: Revision of mammoplasty on line 60 superseded by GM EUR Policy for Aesthetic Breast Surgery</li> <li>• Line added for Lycra Body Suits - new GM EUR Policy</li> </ul>
v1.2	21/07/2014	Tonsillectomy policy superseded by GM EUR Policy
v1.3	05/08/2014	Line added for Hyaluronic Acid Injections for Osteoarthritis - new GM EUR Policy
v1.4	19/11/2014	Line added for Pelvic Vein Embolisation - new GM EUR Policy
v1.5	19/11/2014	Cataract Surgery policy superseded by GM EUR Policy
v1.6	10/02/2015	Reformatted to simplify and clarify: <ul style="list-style-type: none"> <li>• Date on top of policy changed to date of version change.</li> <li>• NHS England commissioned treatments taken out.</li> <li>• Alphabeticized and numbers removed</li> <li>• Comments and Review date columns deleted.</li> <li>• Grouped same/similar Aesthetic Surgery treatments</li> </ul>
v1.7	17/02/2015	<ul style="list-style-type: none"> <li>• Line added for GM EUR Hyperhidrosis Policy</li> <li>• Excision of all minor skin lesions policy superseded by GM EUR Common Benign Skin Lesions policy</li> <li>• Labial Reduction policy superseded by GM EUR Labiaplasty policy</li> </ul>
v2.0	02/03/2015	Schedule Refresh amendments: <ul style="list-style-type: none"> <li>• Servox Communication Aids policy added</li> <li>• Sperm Washing/IVF for patients with HIV, Hepatitis B and Hepatitis C policy added</li> <li>• References to: "All Dermatology Services are commissioned by NHS England at Salford Royal FT" removed</li> <li>• Orthoses policy added</li> </ul>
v2.1	05/03/2015	Lumbar spine procedures for non specific low back pain superseded by GM Persistent Non-Specific Low Back Pain policy
v2.2	20/03/2015	<ul style="list-style-type: none"> <li>• Hallux valgus/ hallux rigidus (Bunions) Surgery policy superseded by GM EUR Policy for Bunion Surgery</li> <li>• Eyelid Ptosis (droopy eye) and dermatochalasis (droopy upper eyelid skin) / Upper or Lower Lid Blepharoplasty policy superseded by GM EUR Policy for Correction of Eyelid Ptosis</li> <li>• Dupuytren's Contracture policy superseded by GM EUR Policy for Dupuytren's Contracture</li> <li>• Ganglion removal policy superseded by GM EUR Policy for Policy for Ganglion Cyst Removal</li> </ul>
v2.3	01/04/2015	<ul style="list-style-type: none"> <li>• Abdominoplasty or Apronectomy, Abdominal lipectomy and Liposuction policies removed as superseded by GM EUR Policy for Body Contouring</li> <li>• Body Contour policy superseded by GM EUR Policy for Body Contouring</li> <li>• Pinnaplasty / Otoplasty / Bat Ears superseded by GM EUR Policy for Pinnaplasty</li> <li>• Varicose Veins superseded by GM EUR Policy for Varicose Veins</li> </ul>
v2.4	29/04/2015	<ul style="list-style-type: none"> <li>• Referral guide for Benign Lid Lesions including Meibomian cyst / chalazion updated</li> <li>• Referral guide for Female Sub-fertility updated</li> <li>• Referral guide for Watery Eyes updated</li> </ul>

v2.5	22/07/2015	<ul style="list-style-type: none"> <li>• GM EUR Aesthetic Breast Surgery policy superseded by reviewed version 2.0, now incorporating Nipple Inversion and DoH advice on PIP Implants. Inverted nipple surgery policy removed as now superseded by this version.</li> <li>• GM EUR Hyaluronic Acid Injections policy superseded by reviewed version 2.0</li> <li>• GM EUR Lycra Body Suits policy superseded by reviewed version 2.0</li> <li>• GM EUR Tonsillectomy policy superseded by reviewed version 2.0</li> </ul>
v2.6	24/07/2015	<ul style="list-style-type: none"> <li>• Hair depilation policy superseded by GM policy for Hair Electrolysis &amp; Laser Hair Removal for Hirsutism</li> <li>• • Hair loss - Correction of policy superseded by GM policy for Hair Replacement Technologies for Alopecia</li> <li>• Rhinoplasty policy superseded by GM policy for Rhinoplasty/Septoplasty/Septorhinoplasty</li> <li>• Scar revision / refashioning of scar policy superseded by GM policy for Surgical Revision of Scarring</li> <li>• Uvulopalatoplasty (for snoring) policy superseded by GM policy for Invasive Treatments for Snoring</li> <li>• Tattoo removal (cosmetic) policy superseded by GM policy for Tattoo Removal</li> </ul>
V2.7	24/11/2015	<ul style="list-style-type: none"> <li>• Added GM policy for Common Benign Eyelid Lesion</li> <li>• Added GM policy for Complementary &amp; Alternatives Therapy</li> <li>• Added GM policy for Endoscopic Thoracic Sympathectomy (ETS) for Facial Blushing</li> <li>• Added GM Policy for the Repair of Split/Torn Earlobes</li> <li>• Added GM Policy for Skin Resurfacing Techniques.</li> </ul>
V2.8	16/12/2015	<ul style="list-style-type: none"> <li>• GM Policy for Cataract Surgery superseded by reviewed version V2.0</li> <li>• GM Policy for Common Benign Skin Lesions superseded by reviewed version V2.0</li> <li>• GM Policy for Dupuytren's Contracture superseded by reviewed version V2.0</li> <li>• GM Policy for Hyperhidrosis superseded by reviewed version V2.0</li> <li>• GM Policy for Labiaplasty superseded by reviewed version V2.0</li> <li>• GM Policy for Pelvic Vein Embolisation superseded by reviewed version V2.0</li> <li>• GM Policy for non-specific low back pain superseded by reviewed version V2.0</li> <li>• GM Aesthetic Breast Policy minor changes made to add clarity within the policy</li> <li>• GM Policy for Electrolysis &amp; Laser Hair Removal note added for clarification regarding the number of electrolysis sessions funded.</li> <li>• GM Policy for Lycra Body Suits – Appendix added to show the difference between a lycra body suit and dynamic lycra orthotics.</li> </ul>
v3.0	07/03/2016	<p>16/17 Schedule Refresh:</p> <ul style="list-style-type: none"> <li>• GM Aesthetic Breast policy superseded by v2.2 - minor changes made to add clarity within the policy</li> <li>• GM Cataract Surgery policy superseded by v2.1 - minor changes made to add clarity within the policy</li> <li>• GM Labiaplasty policy superseded by v2.1 - minor changes made to add clarity within the policy</li> <li>• GM Correction of Eyelid Ptosis policy superseded by reviewed version v2.0</li> <li>• GM Body Contouring policy superseded by reviewed version v2.0</li> <li>• GM Pinnaplasty policy superseded by reviewed version v2.1</li> <li>• GM Sacroneuromodulation for Urinary Retention and Constipation policy superseded by reviewed version v2.0</li> <li>• GM Ganglion Removal policy superseded by reviewed version v2.0</li> <li>• GM Bunion Removal policy superseded by reviewed version v2.0</li> </ul>
v3.1	19/07/2016	<ul style="list-style-type: none"> <li>• GM Trophic Electrical Stimulation (TES) for Facial Palsy Policy v1.1 added</li> <li>• GM Functional Electronic Stimulation (FES) for Foot Drop Policy v1.1 added</li> </ul>



v3.2	12/08/2016	<ul style="list-style-type: none"> <li>• GM Electrolysis &amp; 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 &amp; Laser Hair Removal for Hirsutism and Rhinoplasty / Septoplasty / Septo-Rhinoplasty).</li> <li>• GM Body Contouring policy superseded with v2.2 after amendment for clarity.</li> </ul>
v3.3	09/09/2016	<ul style="list-style-type: none"> <li>• GM Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing Policy v1.2 added</li> <li>• GM Facet Joint Injections for back and neck pain Policy v1.1 added</li> <li>• GM Radiofrequency Denervation for back and neck pain Policy v1.1 added</li> </ul>
v3.4	30/09/2016	Bariatric Surgery Policy added (CCG's using NHS England's policy during 16/17)
v3.5	08/11/2016	<ul style="list-style-type: none"> <li>• Local Circumcision policies removed as they are now superseded by the addition of the GM Operations of the Prepuce (Circumcision) policy</li> <li>• GM Experimental &amp; Unproven Treatments policy added.</li> </ul>
v4.0	13/12/2016	<p>17/19 Schedule Refresh:</p> <ul style="list-style-type: none"> <li>• Treatment list reformatted and contacts, info and links to summary docs and proformas added</li> <li>• Laser Treatment Birth Marks policy removed as covered by GM Common Benign Skin Lesions policy</li> <li>• Low Back Pain with Nerve Root Pain and Low Back Pain with Red Flags policies removed as they are covered by contract and as policy exclusions in the GM Persistent Non-Specific Low Back Pain policy</li> <li>• From the Commissioning Policy column for Carpal Tunnel Syndrome, 'Refer to ARC document Hands on CTS' removed as this document no longer exists; and 'A carpal tunnel PDA questionnaire is also to be developed during 2012.' removed as this is now out of date.</li> </ul>
v4.1	06/04/2017	<ul style="list-style-type: none"> <li>• Knee washout / Diagnostic knee arthroscopy superseded by GM EUR policy for Knee arthroscopy, lavage and debridement</li> <li>• Myringotomy policy superseded by GM EUR policy for Surgical drainage of the middle ear (with or without the insertion of grommets)</li> <li>• GM EUR policy for Headache Disorders added</li> <li>• GM EUR policy for Out of contract spinal procedures added</li> <li>• Some policies re-ordered for clarity</li> </ul>
v4.2	26/06/2017	<ul style="list-style-type: none"> <li>• GM Aesthetic Breast policy reviewed with changes to criteria</li> <li>• GM Tonsillectomy policy reviewed with changes to criteria</li> <li>• GM Functional Electronic Stimulation (FES) for Foot Drop policy reviewed with no changes to criteria</li> <li>• GM Tropic Electrical Stimulation (TES) for Facial Palsy policy reviewed with no changes to criteria</li> <li>• GM Hyaluronic Acid Injections for Osteoarthritis policy reviewed with no changes to criteria</li> <li>• GM Lycra Body Suits policy reviewed with no changes to criteria</li> </ul>
v4.3	18/07/2017	Knee Joint replacement surgery for osteoarthritis (including revisions) and Hip Replacement (Primary - including revisions) removed on instruction from NE Sector CCGs as both the summary text and referral gateway / criteria are now out of date and inaccurate.

v4.4	13/09/2017	<ul style="list-style-type: none"> <li>• GM Aesthetic Breast Policy updated (slight amendment to a bullet point in criteria)</li> <li>• GM Facet Joint Injections for neck and back pain policy reviewed - Changes to criteria</li> <li>• GM Radiofrequency Denervation for back pain policy reviewed - Changes to criteria</li> <li>• GM Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing policy reviewed - No changes to criteria</li> <li>• GM Cataract Surgery policy reviewed - No changes to criteria</li> <li>• GM Experimental and Unproven Treatments policy reviewed - No changes to criteria</li> <li>• GM Operations on the Prepuce (Circumcision) policy reviewed - No changes to criteria</li> <li>• Note added for Oldham CCG on Sub-fertility (Female) policy and Sperm Washing / IVF for people with HIV, Hepatitis B and Hepatitis C policy, as Oldham CCG have now adopted the GM Assisted Conception Template.</li> </ul>
v4.5	29/09/2017	<ul style="list-style-type: none"> <li>• GM Aesthetic Breast Policy updated (slight amendment to a bullet point in criteria)</li> </ul>
v4.6	05/10/2017	<ul style="list-style-type: none"> <li>• Carpal Tunnel Surgery policy replaced by GM Surgical Interventions for Carpal Tunnel Syndrome policy</li> <li>• Trigger Finger policy replaced by GM Surgical Correction of Trigger Finger policy</li> <li>• Facial atrophy, Face or Brow lifts, Cosmetic Procedures, Pigeon Chest, Squint policies replaced by GM Other Aesthetic Policy</li> </ul>
v4.7	09/10/2017	<ul style="list-style-type: none"> <li>• Note added for HMR CCG on Sub-fertility (Female) policy and Sperm Washing / IVF for people with HIV, Hepatitis B and Hepatitis C policy, as HMR CCG have now adopted the GM Assisted Conception Template.</li> </ul>
v4.8	13/12/2017	<ul style="list-style-type: none"> <li>• Sub-Fertility / Assisted Conception policy, Sub-fertility (Female) policy and Sperm Washing / IVF for people with HIV, Hepatitis B and Hepatitis C policy superseded by new Assisted Conception Policy based on GM template following Bury CCG's adoption.</li> </ul>
v5.0	28/12/2017	<p><u>17/19 Schedule Refresh</u> Policies reviewed at GM EUR Steering Group on 15/11/2017:</p> <ul style="list-style-type: none"> <li>• GM Labiaplasty policy - No changes to criteria</li> <li>• GM Dupuytren's policy - Changes to criteria (Moderate, Collagenase and Recurrent Disease sections)</li> <li>• GM Common Benign Skin Lesions - No changes to criteria</li> <li>• GM Cataract Surgery policy - No changes to criteria</li> </ul>
v5.1	22/01/2018	<ul style="list-style-type: none"> <li>• GM policy for Eyelid Ptosis superseded by GM policy for Dermatochalasis (Correction of) added</li> <li>• GM policy for Caesarean Section added</li> <li>• GM policy for MRI scanning (Wide bore, open and open upright) added</li> </ul>
v5.2	28/03/2018	<ul style="list-style-type: none"> <li>• GM Aesthetic Breast Surgery policy amended – Changes to criteria</li> <li>• GM Varicose veins policy amended – Changes to criteria</li> <li>• Hyperhidrosis policy reviewed – Changes to criteria</li> <li>• Bunion (Hallux Valgus) Surgery policy reviewed – Changes to criteria</li> <li>• Pinnoplasty policy reviewed – No changes to criteria</li> <li>• Sacroneuromodulation for Urinary Retention and Constipation policy reviewed – Changes to criteria</li> </ul>

v5.3	29/05/2018	<ul style="list-style-type: none"> <li>• GM Persistent Non-Specific Low Back Pain Policy (GM021) replaced by GM Low Back Pain Policy (GM046)</li> </ul> <u>Policies amended at GM EUR Steering Group on 17/01/2018 and 21/03/2018:</u> <ul style="list-style-type: none"> <li>• Other Aesthetic - Minor changes to v1.2 criteria for clarification</li> <li>• Assisted Conception Template - Changes to v1.3 criteria for clarification</li> </ul> <u>Policies amended at GM EUR Steering Group on 21/03/2018:</u> <ul style="list-style-type: none"> <li>• Hair Replacement Technologies - No change to criteria for v2.1</li> </ul> <u>Policies reviewed at GM EUR Steering Group on 21/03/2018:</u> <ul style="list-style-type: none"> <li>• Headache Disorders – Minor changes to v2.0 criteria for clarification</li> <li>• Out of Contract Spinal Procedures - No change to criteria for v2.0</li> <li>• Surgical Drainage of the Middle Ear - Minor changes to v2.0 criteria for clarification</li> </ul>
v5.4	29/06/2018	<u>Policy amended at GM EUR Steering Group on 16/05/2018:</u> <ul style="list-style-type: none"> <li>• Removal of Common Benign Eyelid Lesions - Minor change to criteria for v2.2</li> </ul> <u>Diagnostic codes amended for:</u> <ul style="list-style-type: none"> <li>• GM003 Varicose Veins; • GM004 Radiofrequency Denervation for Back and Neck Pain</li> <li>• GM005 Trophic Electrical Stimulation (TES) for Facial Palsy; • GM006-GM010 Aesthetic Breast Surgery; • GM011-&amp;GM019 Body Contouring; • GM013 Common Benign Skin Lesions; • GM014 Electrolysis &amp; 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 &amp; 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)</li> <li>• 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</li> </ul>
v5.5	01/10/2018	<ul style="list-style-type: none"> <li>• Bury CCG's Assisted Conception Policy updated - change of IVF cycles from 3 (v1.3) to 1 (v1.4)</li> <li>• GM Varicose Veins policy (GM003) updated - Minor wording change for clarification in v2.4</li> </ul>
v5.6	09/10/2018	Haemorrhoidectomy / Anal procedures policy replaced by GM Surgical management (including banding) of haemorrhoids and anal skin tags policy v1.0
v5.7	29/11/2018	Interim local pathways added to supersede GM Treatment of low back pain with or without sciatica; GM Facet Joint Injections for Neck and Back Pain; and GM Radiofrequency Denervation for Back Pain policies for Bury and Oldham CCGs

v5.8	18/12/2018	<p><u>New GM policies approved at GM DoCs on 13/11/2018:</u></p> <ul style="list-style-type: none"> <li>• Continuous blood glucose monitoring devices / machines policy superseded by new GM Continuous Glucose Monitoring policy v1.0</li> <li>• Orthoses policy superseded by GM Orthoses, bespoke orthoses &amp; 24-hour Posture Management policy v1.0</li> <li>• GM Hip Replacement policy v1.0 added</li> <li>• GM Knee Replacement policy v1.0 added</li> </ul> <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"> <li>• GM Ganglion Cyst Removal policy v3.3</li> <li>• GM Knee arthroscopy, lavage and debridement policy v2.4</li> </ul> <p><u>GM Policies amended (minor criteria change):</u></p> <ul style="list-style-type: none"> <li>• Common Benign Skin Lesions v3.2</li> <li>• Removal of Common Benign Eyelid Lesions v2.3</li> </ul>
v5.9	24/12/2018	<p><u>Policy reviewed at GM EUR Steering Group on 19/09/2018:</u></p> <ul style="list-style-type: none"> <li>• Assisted Conception Policy v2.0 - Change to criteria</li> </ul> <p><u>Policies reviewed at GM EUR Steering Group on 21/11/2018:</u></p> <ul style="list-style-type: none"> <li>• GM Carpal Tunnel policy v2.0 - No change to criteria</li> <li>• GM Trigger Finger Policy v2.0 - Change to criteria</li> <li>• Other Aesthetic Surgery Policy v2.0 - Change to criteria</li> </ul> <p><u>Policies amended at GM EUR Steering Group on 21/11/2018:</u></p> <ul style="list-style-type: none"> <li>• GM Varicose Veins Policy v2.5 - Change to criteria</li> <li>• GM Facet Joint Injections Policy v2.1 - Change to criteria</li> </ul>
v5.10	22/01/2019	<ul style="list-style-type: none"> <li>• Links updated as documents have all moved to a new EUR web address</li> </ul>
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"> <li>• Haemorrhoids and Anal Skin Tags</li> <li>• Hip Replacement</li> <li>• Knee Replacement</li> <li>• Orthoses, Bespoke Orthoses &amp; 24-hour Posture Management</li> <li>• Continuous Glucose Monitoring (Adult) and (Child)</li> <li>• Out of Contract Spinal Procedures</li> </ul> <p><u>Policies reviewed at GM EUR Steering Group on 16/01/2019</u></p> <p>GM MRI Scanning policy – slight change to criteria  GM Correction of Dermatochalasis policy – no change to criteria  GM Caesarean Section policy – slight change to criteria  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"> <li>• GM Trigger Finger policy – changes to criteria</li> <li>• GM Ganglion policy – changes to criteria</li> <li>• GM Tonsillectomy policy – changes to criteria</li> <li>• GM Common Benign Eyelid Lesions policy – changes to criteria</li> <li>• GM Aesthetic Breast policy – changes to criteria</li> <li>• GM Common Benign Skin Lesions policy reviewed and updated</li> </ul> <p>New GM EUR Policy added following approval by DoCs on 21/03/2019</p>

		<p>• GM Shoulder Impingement (Arthroscopic subacromial decompression for)</p> <p><u>GM Policies updated following amendments to criteria and approval at GM DoCs on 21/03/2019:</u></p> <ul style="list-style-type: none"> <li>• GM Low Back Pain policy – changes to criteria</li> <li>• GM Facet Joint Injections policy – changes to criteria</li> </ul> <p><u>GM and Local Policies that have been removed</u></p> <ul style="list-style-type: none"> <li>• GM Radiofrequency Denervation policy- removed (now covered by GM Low Back Pain Policy)</li> <li>• Local policy for Dilatation and Curettage and hysteroscopy (IP or DC) and replaced with Dilatation and Curettage (D&amp;C) for Heavy Menstrual Bleeding (HMB) - NHS England Evidence Based Intervention.</li> <li>• Local policy for Hysterectomy for Menorrhagia (Includes: • Abdominal excision of uterus and vaginal excision of uterus) and replaced with Hysterectomy for Heavy Menstrual Bleeding - NHS England Evidence Based Intervention</li> </ul> <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>
6.1	08/07/2019	<p>PbR Drugs List updated to 2019-2020 v1.0</p> <p>PbR Devices List updated to 2019-2020 v1.0</p>
6.2	16/09/2019	<p><u>New GM EUR Policies added</u></p> <ul style="list-style-type: none"> <li>• GM059 - Surgical Repair of Hernias - replaces local policy for Hernias (abdominal) (excluding inguinal hernias) &amp; Laparoscopic hernias</li> <li>• GM060 - Photorefractive (laser) surgery for the surgical correction of refractive errors</li> <li>• GM058 - Surgical correction of adult Strabismus (squint)</li> <li>• GM050 - Surgical management of Ankyloglossia (tongue tie)</li> </ul> <p><u>Local Policies</u></p> <p>Removed - Submucous diathermy / resection of the nose and related procedures.</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"> <li>• Body Contouring</li> <li>• Electrolysis and Laser Hair Removal for Hirsutism</li> <li>• Hair Replacement Technologies</li> <li>• Snoring (Invasive treatment for)</li> <li>• Scarring (Surgical revision of)</li> <li>• Tattoo Removal</li> <li>• Hip Replacement</li> <li>• Knee Replacement</li> <li>• Low Back Pain</li> <li>• Other Aesthetic Surgery</li> </ul> <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. <a href="#">Link to GM EUR Operational Policy</a></p>

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"> <li>• GM030 Complementary and Alternative Therapies (v2.3 to v3.0)</li> <li>• GM042 Haemorrhoids and Anal Skin Tags (v1.3 to v2.0)</li> <li>• GM044 Common Benign Eyelid Lesions (v2.6 to v3.0)</li> <li>• GM062 Endoscopic Thoracic Sympathectomy (ETS) for facial blushing (v2.3 to v3.0)</li> <li>• GM023 Repair of Split and Torn Ear Lobes (v2.3 to v3.0)</li> <li>• GM031 Skin Resurfacing Techniques (v2.3 to v3.0)</li> </ul> <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"> <li>• GM024 Rhinoplasty / Septoplasty / Septorhinoplasty (v2.4 to v3.0)</li> <li>• GM035 Carpal Tunnel (v2.2 to v2.3)</li> <li>• GM058 Surgical Correction of Adult Strabismus (squint) (v1.1 to v1.2)</li> </ul>
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"> <li>• GM072 D&amp;C and Hysterectomy for heavy menstrual bleeding (v 1.0)</li> <li>• GM061 Gallstones (Asymptomatic) (v 1.0)</li> <li>• GM065 Rhinosinusitis/Rhinitis/Sinusitis (v 1.0)</li> </ul> <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"> <li>• GM039 Continuous Glucose Monitoring (Real-time) (v2.0)</li> <li>• GM036 Functional Electrical Stimulation (FES) for foot drop (v2.5)</li> <li>• GM025 Ganglion Cyst Removal (v 4.0)</li> <li>• GM056 Hip Replacement (v2.0)</li> <li>• GM051 Knee Replacement (v 2.0)</li> <li>• GM043 Orthoses, bespoke orthoses &amp; 24 hour posture management (v 2.0)</li> <li>• GM063 Ultrasound and Pulsed Electromagnetic Systems (PES) for bone healing (v 3.0)</li> </ul> <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>
6.5	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>

6.6	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"> <li>• GM057 - Non-Specialist Augmentative and Alternative Communication Aids v1.0</li> <li>• GM073 - Cough Assist (Mechanical Insufflation and Exsufflation (MI-E)) v1.0</li> </ul> <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"> <li>• GM060 Photorefractive (laser) surgery for the correction of refractive errors (v1.1 to v2.0)</li> </ul> <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"> <li>• GM044 Common Benign Eyelid Lesions (v3.0 to v3.1)</li> <li>• GM049 Dupuytren's Contracture (v3.2 to v3.3)</li> <li>• GM017 Headache Disorders (v2.3 to v2.5)</li> <li>• GM059 Hernias (Surgical repair of) (v1.2 to v2.0)</li> <li>• GM056 Hip Replacement (v2.0 to v2.1)</li> <li>• GM051 Knee Replacement (v2.0 to v2.1)</li> <li>• GM032 Shoulder Impingement (Arthroscopic sub-acromial decompression for:) (v1.1 to v2.0)</li> <li>• GM058 Surgical correction of Adult Strabismus (Squint) (v1.2 to v2.0)</li> <li>• GM050 Surgical management of Ankyloglossia (tongue tie) (v1.1 to v2.0)</li> <li>• GM067 Tattoo Removal (v3.0 to v3.1)</li> <li>• GM038 Trigger Finger (v2.3 to v2.4)</li> </ul> <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"> <li>• GM072 Dilatation and curettage (D&amp;C) and Hysterectomy for heavy menstrual bleeding (v1.2 to v1.3)</li> <li>• GM042 Surgical management (including banding) of haemorrhoids and anal skin tags (v2.0 to v2.2)</li> <li>• GM003 Varicose Veins (v2.8 to v2.9) - Amendment to Appendix 3 Diagnostic and Procedure codes</li> </ul> <p><u>PbR Drugs and Devices Lists updated</u> to those approved by GMMM High Cost Drugs Sub Group on 24th June 2020.</p>
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