

NHS Dorset Clinical Commissioning Group

MALE CIRCUMCISION

Criteria Based Access Protocol



NHS DORSET CLINICAL COMMISSIONING GROUP

MALE CIRCUMCISION CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 This protocol describes the exclusions and access criteria regarding circumcision surgery. It is applied in accordance with the Policy for Individual Patient Treatments.
- 1.2 NHS Dorset Clinical Commissioning Group will only support circumcision in the case of clinical need, where the patient meets the criteria outlined in paragraph 3.1.

2. DEFINITIONS

- 2.1 Any definitions related to this Criteria Based Access Protocol are included as a Glossary at Appendix B.

3. ACCESS CRITERIA

- 3.1 Male circumcision can be undertaken and will not need to have individual approval from the CCG where one or more of the following circumstances apply:
- Where circumcision is indicated as part of the management of penile carcinoma or where there is suspected cancer;
 - Balanitis xerotica obliterans (BXO);
 - Congenital urological abnormality where skin grafting is required;
 - Interference with normal sexual activity;
 - There is phimosis interfering with urine flow and/or recurrent urinary tract infection;
 - Symptomatic paraphimosis;
 - Symptomatic or minor hypospadias;
 - Recurrent balanoposthitis resistant to antibiotics.

Where appropriate, conservative measures e.g. topical steroids should have been exhausted first prior to consideration of surgery.

The relevant criterion or criteria met will be clearly recorded in the patient's notes. This will enable random audits to confirm compliance with the access criteria.

4. EXCLUSIONS

- 4.1 The CCG only funds circumcision for therapeutic reasons where one or more of the criteria outlined in paragraph 3.1 is met. Circumcision for religious or cultural reasons is not funded.

4.2 Nearly all boys are born with un-retractable foreskins. During normal development, the foreskin gradually becomes retractile without the need for any intervention. By the age of 16, only 1% of boys have an un-retractable foreskin. Inability to retract the foreskin in boys up to at least the age of 16, in the absence of scarring, is therefore physiologically normal and does not require any intervention.

5. CASES FOR INDIVIDUAL CONSIDERATION

5.1 Should a patient not meet the criteria detailed within this protocol, the Policy for Individual Patient Treatments (which is available on the NHS Dorset Clinical Commissioning Group website or upon request), recognises that there will be occasions when patients who are not considered for funding may have good clinical reasons for being treated as exceptions. In such cases the requesting clinician must provide further information to support the case for being considered as an exception.

5.2 The fact that treatment is likely to be effective for a patient is not, in itself a basis for exceptional circumstances. In order for funding to be agreed there must be some unusual or unique clinical factor in respect of the patient that suggests that they are:

- significantly different to the general population of patients with the particular condition; and
- they are likely to gain significantly more benefits from the intervention than might be expected for the average patient with the condition.

5.3 In these circumstances, please refer to the Individual Patient Treatment Team at the address below:

Second Floor West
Vespasian House
Barrack Road
Dorchester
DT1 1TG
Telephone no: 01305 368936
Email: individual.requests@dorsetccg.nhs.uk

6. CONSULTATION

6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by appropriate local clinicians and other relevant stakeholders.

6.2 An Equality Impact Assessment for this Criteria Based Access Protocol is available on request.

7. RECOMMENDATION AND APPROVAL PROCESS

7.1 This access protocol has been approved on behalf of the Clinical Commissioning Committee in line with processes agreed by the CCG's Governing Body.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval each Criteria Based Access Protocol will be uploaded to the CCG's Intranet, Internet and added to the next GP Bulletin.

9. IMPLEMENTATION

- 9.1 Following review of this Criteria Based Access Protocol it was agreed there were no new aspects to be included in this version and therefore no requirement for an implementation plan.

10. DOCUMENT REVIEW FREQUENCY AND VERSION CONTROL

- 10.1 This Criteria Based Access Protocol requires a review every three years, or in the event of any changes to national guidance or when new guidance is issued.

FREQUENTLY ASKED QUESTIONS

N/A

A		DOCUMENT DETAILS
Procedural Document Number	107	
Author (Name and Job Title)	Michael Cross, Senior Commissioner Individual Patients	
Recommending Group	Individual Patient Treatment Panel	
Date of recommendation by Group	August 2018	
Date of approval	October 2018	
Version	2.0	
Review frequency	three yearly	
Review date	August 2021	

B				CONSULTATION PROCESS
Version No	Review Date	Author and Job Title	Level of Consultation	
1.0	June 2015	Kate Halsey, Senior Programme Lead	Dr Karen Kirkham, Locality Lead, Assistant Clinical Chair Dorset CCG	
2.0	August 2018	Michael Cross, Senior Commissioner IPT	Appropriate relevant NHS provider services	

C						VERSION CONTROL
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee	
June 2015	1.0	May 2018	New Protocol	June 2015	CDG	
August 2018	2.0	August 2021	Review of protocol, amendments to reflect good practice at other commissioners	TBC	CCC	

D		ASSOCIATED DOCUMENTS
<ul style="list-style-type: none"> Policy for individual patient treatment, NHS Dorset Clinical Commissioning Group Making sense of Local Access Based Protocols, NHS Dorset Clinical Commissioning Group 		

E			SUPPORTING DOCUMENTS/EVIDENCE BASED REFERENCES
Evidence	Hyperlink (if available)	Date	

F	DISTRIBUTION LIST		
Internal CCG Intranet	CCG Internet Website	Communications Bulletin	External stakeholders
✓	✓	✓	✓