

NHS Dorset Clinical Commissioning Group

Penile Prosthesis

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

PENILE PROSTHESIS CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 Male erectile dysfunction (ED) is the persistent inability to attain and maintain an erection sufficient to permit satisfactory sexual performance. Pathophysiology of ED may be vasculogenic, neurogenic, hormonal, anatomical, drug-induced or psychogenic in nature.
- 1.2 Penile prosthesis implantation involves the surgical insertion of a rod or chamber inside the penis. There are two types of penile prosthesis; the most simple is a semi-rigid, malleable rod which makes the corpora cavernosa rigid. The other type is a hydraulic system comprising a fluid-filled reservoir, a pump and two inflatable cylinders. Hydraulic prostheses are available as one, two and three piece designs. The prosthesis is activated by squeezing a pump which transfers fluid from the reservoir to the cylinders, causing the penis to become rigid. Once the prosthesis is inserted the erection can be created at any time. If mechanical failure, erosion or infection occurs further surgery is usually required to correct the problem.

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 Dorset Clinical Commissioning Group (CCG) has reviewed the evidence for clinical and cost-effectiveness of the use of penile prosthesis for erectile dysfunction.
Insertion of penile prosthesis is not routinely commissioned by NHS Dorset CCG.

4. EXCLUSIONS

- 4.1 **Insertion of penile prosthesis is not routinely commissioned by NHS Dorset CCG.**

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 www.dorsetccg.nhs.uk/aboutus/clinical-policies.htm

6. CONSULTATION

- 6.1 Prior to approval from Dorset CCG's Clinical Commissioning Committee this Protocol was reviewed by the General Medical and Surgical/CDG which includes commissioners, 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 As documented in NHS Dorset CCG's 'Procedure for the management and development of procedural documents', Criteria Based Access Protocols must be formally recommended by the Clinical Delivery Group responsible for the protocol, prior to formal approval by the Clinical Commissioning Committee.

8. COMMUNICATION/DISSEMINATION

- 8.1 Following approval of Criteria Based Access Protocols at Clinical Commissioning Committee each 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

GLOSSARY

N/A

A DOCUMENT DETAILS	
Procedural Document Number	126
Author (Name and Job Title)	Jenny Jones, Programme Officer
Clinical Delivery Group (recommending group)	Planned and Specialist
Date of recommendation by CDG	20 January 2016
Date of approval by CCC	17 February 2016
Version	1.0
Review frequency	3 Years
Review date	January 2019

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
January 2016	1.0	Jan 2019	Document Development	Feb 2016	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

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