Commissioning Policy

NHS
Redditch and Bromsgrove
Clinical Commissioning Group

NHS
South Worcestershire
Clinical Commissioning Group

NHS
Wyre Forest
Clinical Commissioning Group

Commissioning of Circumcision

January 2018

This policy applies to patients for whom the following Clinical Commissioning Groups are responsible:

- NHS South Worcestershire Clinical Commissioning Group (CCG)
- NHS Redditch & Bromsgrove Clinical Commissioning Group (CCG)
- NHS Wyre Forest Clinical Commissioning Group (CCG)

Collectively referred to as the Worcestershire CCGs

COMMISSIONING SUMMARY

Following a review of the evidence and consideration of the local circumstances for use, Worcestershire Clinical Commissioning Groups **supports funding of** male circumcision surgery for the following specified clinical conditions when conservative treatment has failed or is not clinically indicated:

- Penile malignancy is suspected/confirmed
- Biopsy is required for pre-malignant change, carcinoma in situ or if there is suspicion of pathology other than lichen sclerosus
- Traumatic injury to the foreskin where it cannot be salvaged
- Failure of medical treatment of severe recurrent balanoposthitis (of more than 3 documented episodes) prior to referral to specialist for review
- Pathological phimosis which has failed to respond to medical treatment caused by suspected lichen sclerosus (previously known as BXO) or chronic infection
- Paraphimosis which has failed to respond to alternative interventions such as manual reduction or dorsal slit incision
- Rare congenital conditions requiring surgical management.

Worcestershire Clinical Commissioning Groups **will not separately fund** circumcision in the following circumstances:

- Male circumcision for non-therapeutic purposes e.g. religious reasons
- 'Female circumcision' also known as female genital mutilation which is illegal.

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Lead Executive/Director:	Christina Emerson - PMO Specialist Adviser
Name of originator/author:	**Version 1** – Mr Stuart Bourne, Mrs Helen Bryant and Mrs Fiona Bates **Version 2** - Dr Amy Ritchie FY2 Public Health and Mrs Fiona Bates Medicines Management and Public Health Liaison **Version 3** – Mr Matthew Fung, Consultant in Public Health
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Equality & Diversity Impact Assessment	April 2014 – reviewed December 2017

Key individuals involved in developing the document:

Name	Designation	Version Reviewed
Mr P Rajjayabun	Clinical Lead of Urology at Worcestershire Acute Hospitals NHS Trust	Version 3.0
Mr Stuart Bourne	Consultant in Public Health Worcestershire PCT	Version 1.0
Mrs Janie Thomas	Patient and Public Representative	Version 1.0

Circulated to the following individuals/groups for comments:

Name	Date	Version Reviewed
Clinical Senate	March 2012	Version 1
Clinical Commissioning Policy Collaborative, which includes: GPs, Commissioners, Medicines Commissioning, Public Health, Patient and Public Representatives	February 2012 March 2014 January 2018	Version 1 Version 2 Version 3

Version Control:

Version No	Type of Change	Date	Description of change
1.0	Original Document	July 2010	New policy
1.1	Minor	March 2012	Update of template.
2.0	Policy Update	April 2014	Updated evidence review performed such that background, facts and policy altered
3.0	Policy Update	January 2018	Updated evidence review, inclusion of greater emphasis on conservative management & flow chart

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1. Definitions

1.1 **Exceptional clinical circumstances** are clinical circumstances pertaining to a particular patient, which can properly be described as exceptional, when compared to the clinical circumstances of other patients with the same clinical condition and at the same stage of development of that condition (i.e. similar patients). A patient with **exceptional clinical circumstances** will have clinical features or characteristics which differentiate that patient from other patients in that cohort and result in that patient being likely to obtain significantly greater clinical benefit (than those other patients) from the intervention for which funding is sought.

1.2 A **Similar Patient** is a patient who is likely to be in the same or similar clinical circumstances as the requesting patient and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. The existence of more than one similar patients indicates that a decision regarding the commissioning of a **service development** or commissioning policy is required of the Commissioner.

1.3 An **individual funding request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks exceptional funding for a single identified patient for a specific treatment.

1.4 An **in-year service development** is any aspect of healthcare, other than one which is the subject of a successful individual funding request, which the Commissioner agrees to fund outside of the annual commissioning round. Such unplanned investment decisions should only be made in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.

1.5 Glossary relating to this policy[1]:

Term	Definition
Balanoposthitis	Acute inflammation of the foreskin and glans penis.
Circumcision	Surgical removal of the foreskin.
Foreskin	That part of penile shaft skin and associated inner mucous membrane layer that covers and protects the glans penis and external urethral meatus. Also often referred to as the prepuce.
Lichen Sclerosus	A chronic, scarring, inflammatory skin condition of unknown cause that leads to narrowing of the foreskin opening and a true pathological phimosis (balanitis xerotica obliterans BXO is an old fashioned descriptive term and is not a pathological diagnosis)
Meatal stenosis	Narrowing of the external urethral opening leading to an obstructed urinary stream.
Non-retractile foreskin	A foreskin that cannot be manipulated to expose the whole of the glans penis.
Paraphimosis	Paraphimosis is the inability to pull forward a foreskin that has been retracted behind the glans penis, causing substantial pain and penile swelling requiring emergency medical treatment to avoid complications.
Phimosis	A condition where the foreskin cannot be retracted over the glans penis.
- Pathological (symptomatic) phimosis	A condition associated with scarring of the foreskin opening leading to symptoms and non-retractability of the prepuce.
- Physiological (asymptomatic) phimosis	A normal foreskin where non-retractability is due to 'physiological' congenital adherence of the inner prepuce to the glans penis. There is no evidence of scarring.

2. Scope of policy

2.1 This policy is part of a suite of locally endorsed Commissioning Policies. Copies of these Commissioning Policies are available on the following website address: http://www.redditchandbromsgroveccg.nhs.uk/about-us/strategies-policies-and-procedures/commissioning-ifr/

2.2 This policy applies to all patients for whom the Worcestershire CCGs have responsibility including:

- People provided with primary medical services by GP practices which are members of any one of the CCGs and
- People usually resident in any of the areas covered by the CCG's and not provided with primary medical services by any CCG.

2.3 This policy applies to male adults and children for whom circumcision is being considered.

2.4 Female genital mutilation is sometimes regarded as 'female circumcision'. It is the mutilation of the labia majora, labia minora or clitoris. It is illegal in the UK and relates to the Female Genital Mutilation Act 2003[5]. This procedure therefore is out of the scope of this commissioning policy.

2.5 Where a patient's clinical presentation does not clearly meet the requirements for secondary care referral within the context of this policy, and where a GP is uncertain or concerned about the appropriate treatment/management pathway, referral for Advice & Guidance should be considered as an alternative to a referral for clinical assessment.

2.6 There may be occasions when a GP referral is made for specialist assessment which appears to meet the policy requirements, but which on specialist clinical examination either does not meet the clinical criteria for surgery or is not considered clinically suitable for surgery. Such patients should be discharged without surgery.

2.7 For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has exceptional clinical circumstances, an Individual Funding Request may be submitted for consideration. The referring clinician should consult the Commissioner's "Operational Policy for Individual Funding Requests" document for further guidance on this process.

For a definition of the term "exceptional clinical circumstances", please refer to the Definitions section of this document.

3. Background

3.1. The NHS Constitution, which details the principles and values that guide the NHS, has been applied in the agreement of this policy.

3.2. NHS Redditch & Bromsgrove Clinical Commissioning Group, NHS South Worcestershire Clinical Commissioning Group and NHS Wyre Forest Clinical Commissioning Group consider all lives of all patients whom they serve to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related a particular patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.

3.3. A Worcestershire policy for male circumcision was first written in July 2010; a review of relevant National guidelines and facts has informed each update to that original policy.

3.4. Male Circumcision is the surgical removal of the foreskin. This procedure is performed for clinical reasons such as lichen sclerosus and malignancy or for non-therapeutic reasons e.g. religious circumcision[1]. Funding is not provided for non-therapeutic reasons, as set out in section 5.

3.5. British Medical Association (BMA) guidance states that invasive procedures should be avoided if possible if alternative less invasive techniques are equally available and efficient[2]. For example the usual management of balanitis, posthitis and balanoposthitis can be treated with simple bathing, topical steroids and antibiotics[1]. NICE clinical knowledge summaries[3] advises referral to urology, genito-urinary medicine or dermatology with recurrent balanitis despite treatment depending on most likely cause.

3.6. Male circumcision remains a common procedure with around 27,000 performed annually in England[4]. Complications of circumcision must be considered and can include pain, infection, bleeding, poor cosmesis, meatal stenosis, glans amputation and urethral injury[1].

3.7. Alternative surgical procedures to circumcision include frenuloplasty or preputioplasty/prepuceplasty. Frenuloplasty is the lengthening of the skin on the underside of the glans penis to enable foreskin retraction and reduced symptoms if the frenulum is too short. A preputioplasty/prepuceplasty is an operation on 'tight foreskin' to promote retraction[1]. Manual reduction of foreskin and dorsal slit incision of prepuce are other procedures involved in managing paraphimosis which is a medical emergency. This may progress to circumcision in some patients particularly those with with chronic balanoposthitis[6].

4. Relevant National Guidance and Facts

4.1 The BMA recommends that circumcision for clinical purposes are only performed by or under supervision of doctors trained in children's surgery (when carried out on children) and undertaken in premises that are suitable for surgical procedures[2].

4.2 Indications for circumcision according to the latest (October 2016) commissioning guidelines from the British Association of Urological Surgeons, British Associations of Paediatric Surgeons/ British Associations of Paediatric Urologists[1] include:

- In rare circumstances a circumcision may be undertaken to treat a malignant or pre-malignant preputial lesion that is confined to the foreskin and for biopsy if there is suspicion of pathology other than lichen sclerosus.
- Traumatic foreskin injury where it may not be salvaged e.g. zipper injury
- Pathological phimosis
- Severe recurrent episodes of balanoposthitis

Relative indications for circumcision include recurrent paraphimosis (where the foreskin is retracted and cannot be subsequently reduced), prevention of urinary tract infections where there is abnormal urinary tract, congenital abnormalities and phimosis causing pain on arousal which may interfere with sexual function[1].

4.3 Phimosis is physiological in the newborn and the foreskin is initially adherent to the glans, normally becoming spontaneously retractable over time: partially or fully retractable foreskins are demonstrated in 90% of boys by 3-11 years of age and 99% of boys by 14 years of age). Phimosis is not a problem unless it causes obstruction, haematuria or pain. Non retractile ballooning of the foreskin and spraying of urine do not need to be referred for circumcision routinely[1].

4.4 Standards in the following table should be used to guide referrals from primary care and assessment of referrals, interventions and appraisal in secondary care[1].

Measure		**Standard**
Primary Care	Referral	Do not refer children or adults with physiological (asymptomatic) phimosis
	Patient Information	Patients should be directed to appropriate information including NHS Choices and Patient.co.uk
Secondary Care	Assessment	Do not offer circumcision for physiological (asymptomatic) phimosis
	Intervention	Almost all circumcisions should be day case unless the patient has significant co morbidity
	Appraisal	Inclusion of outcome data at annual appraisal/departmental audit meeting

4.5 Conservative treatment should be considered where clinically indicated. Topical steroids may be considered and appear to be a safe, less invasive treatment option than circumcision. A prescription would not normally exceed three months and should have achieved maximal therapeutic benefit within this time. A topical steroid such as Betamethasone (0.05%) is commonly prescribed for approximately 4 weeks[7].

5. Patient Eligibility

5.1 Male circumcision is supported for all patients where:

- Penile malignancy is suspected/confirmed
- Biopsy is required for pre-malignant change, carcinoma in situ or if there is suspicion of pathology other than lichen sclerosus
- Traumatic injury to the foreskin where it cannot be salvaged.

Referral for consideration of male circumcision will be supported for the following patients when conservative treatment has failed or is not clinically indicated:

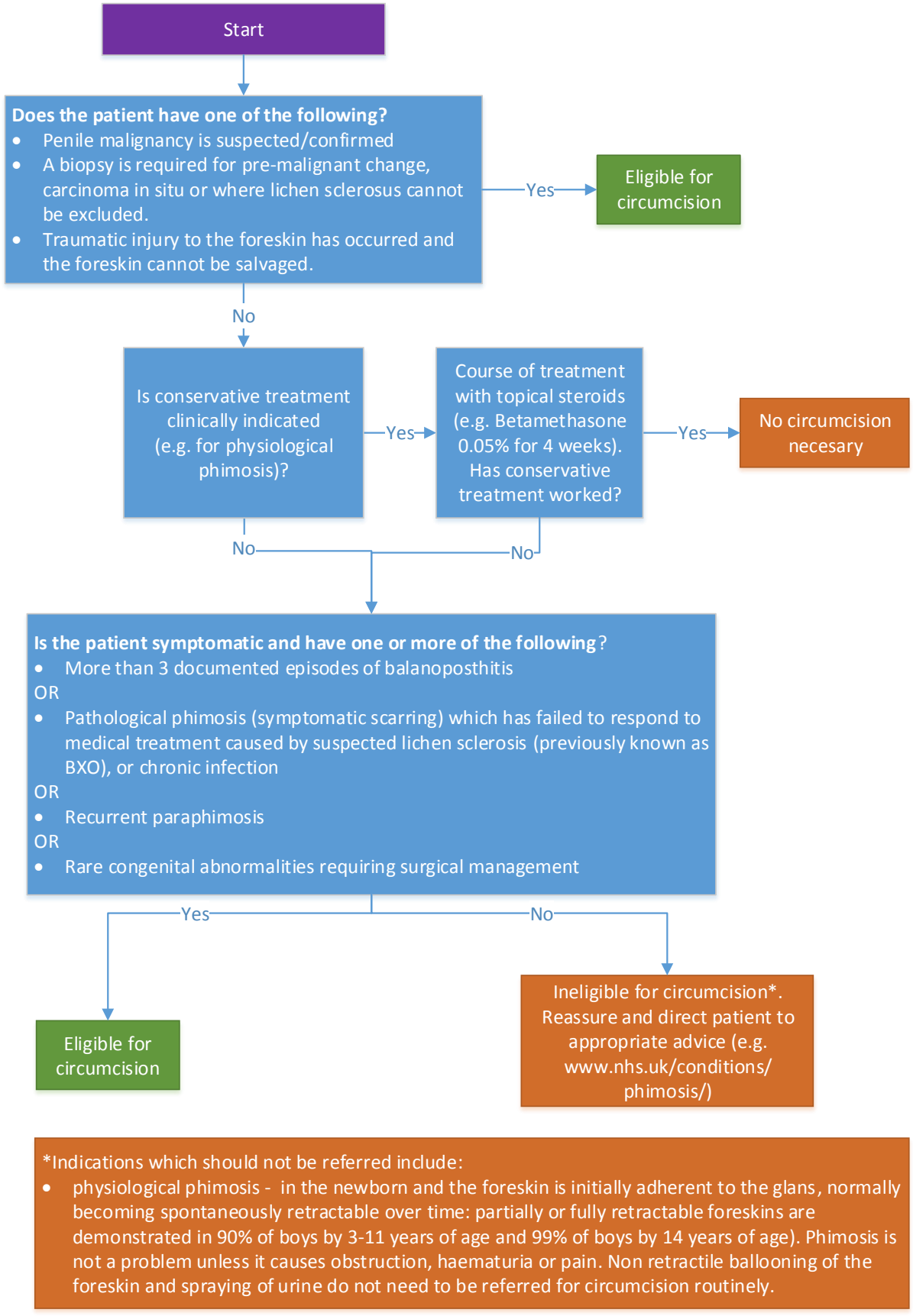
- Failure of medical treatment of severe recurrent balanoposthitis (of more than 3 documented episodes) prior to referral to specialist for review
- Pathological phimosis which has failed to respond to medical treatment caused by suspected lichen sclerosus (previously known as BXO) or chronic infection.
- Paraphimosis which has failed to respond to alternative interventions such as manual reduction or dorsal slit incision.
- Rare congenital conditions requiring surgical management.

5.2 Referral and male circumcision will NOT be supported for physiological phimosis or non-therapeutic purposes e.g. religious reasons.

5.3 'Female circumcision' also known as female genital mutilation is illegal and is not supported.

5.4 Please see Circumcision eligibility flow chart below for more information.

6. Circumcision Eligibility Flow Chart



*Indications which should not be referred include:

- physiological phimosis - in the newborn and the foreskin is initially adherent to the glans, normally becoming spontaneously retractable over time: partially or fully retractable foreskins are demonstrated in 90% of boys by 3-11 years of age and 99% of boys by 14 years of age). Phimosis is not a problem unless it causes obstruction, haematuria or pain. Non retractile ballooning of the foreskin and spraying of urine do not need to be referred for circumcision routinely.

7. Supporting Documents

- Worcestershire CCGs: Operational Policy for Individual Funding Requests
- Worcestershire CCGs: Prioritisation Framework for the Commissioning of Healthcare Services
- NHS England: Ethical Framework for Priority Setting Resource Allocation
- NHS England: Individual Funding Requests
- NHS Constitution, updated 27th July 2015

Referenced documents:

1. Commissioning Guide: foreskin conditions. British Associations of Urological Surgeons / British Association of Paediatric Surgeons / British Association of paediatric Urologists / Royal College of Surgeons. Published 2016.

2. The Law and ethics of male circumcision. British Medical Association. https://www.bma.org.uk/advice/employment/ethics/children-and-young-people/male-circumcision Accessed 09/11/2017

3. Balanitis. NICE clinical knowledge summaries. Updated July 2015. https://cks.nice.org.uk/balanitis#!scenariorecommendation:5 Accessed 09/11/2017

4. Hospital Episode Statistics – Admitted Patient Care, England 2012-13 Interventions and Procedures (OPCS 4 codes used). http://www.hscic.gov.uk/catalogue/PUB12566/hosp-epis-stat-admi-proc-2012-13-tab.xlsx Accessed 09/11/2017

5. Multiagency Practice Guidelines: Female Genital Mutilation HM Government document. Published 2011.

6. Phimosis and Paraphimosis- patient.co.uk/doctor/phimosis-and-paraphimosis. (accessed 09/11/2017)

7. Moreno G, Corbalán J, Peñaloza B, Pantoja T. Topical corticosteroids for treating phimosis in boys. Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD008973. DOI: 10.1002/14651858.CD008973.pub2.

8. Equality Impact Assessment

Organisation	NHS South Worcestershire CCG, NHS Redditch and Bromsgrove CCG and NHS Wyre Forest CCG		
Department	Public Health and Commissioning/Contracting	Name of lead person	Fiona Bates, Helen Bryant
Piece of work being assessed	Commissioning policy: Commissioning of Circumcision		
Aims of this piece of work	To identify any equality impacts of implementation the above policy and to confirm actions to redress these inequalities if identified		
Date of EIA	April 2014 Reviewed December 2017	Other partners/stakeholders involved	Matt Fung – Consultant in Public Health
Who will be affected by this piece of work?	Patients, GPs, Specialist Clinicians		

Single Equality Scheme Strand	**Baseline data and research on the population that this piece of work will affect.** What is available? Eg population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**	**Is there likely to be a differential impact?** Yes, no, unknown
Gender	This policy will affect male patients as circumcision is the surgical removal of foreskin. The female genital mutilation or 'female circumcision' aspect is not covered in the policy as it is illegal to perform such operations in this country.	Yes – affects only men. Transgender patients should not be affected.
Race	Patients will not be discriminated against in this policy based on their race. In populations where HIV is more prevalent ie. Africa, there is some evidence that male circumcision reduces the acquisition of HIV by heterosexual men by between 38% and 66% over 24 months. However, the impact of this in the UK population with a significantly lower HIV rate has not been assessed and therefore this is not recommended as an indication for circumcision at this time.	No
Disability	Patients will not be discriminated against in this policy if they have a disability. People with disabilities affecting their ability to self-care may be at greater risk of infection due to poor hygiene and subsequently balanoposthitis and pathological phimosis. The policy covers these indications and therefore is non-discriminatory.	No
Religion/ belief	Patients may wish for themselves or their male children to be circumcised for religious reasons. The policy does not discriminate between patients based on their religious beliefs. Religion or belief will not be considered as a reason for circumcision. The decision to fund this procedure is based purely on clinical presentation.	No

Sexual orientation	Patients will not be discriminated against in this policy based on their sexual orientation. Current evidence suggests that male circumcision may be protective among homosexual males who practice primarily insertive anal sex, but the role of male circumcision overall in the prevention of HIV and other sexually transmitted infections among homosexual males remains to be determined. Therefore, there is not enough evidence to recommend male circumcision for HIV prevention among homosexual males at present.	No
Age	Patients will not be discriminated against in this policy based on their age. Phimosis is a normal physiological condition in newborns and the foreskin becomes retractable spontaneously with age. The policy does not cover circumcision for this indication and is not discriminatory.	No
Social deprivation	Patients will not be discriminated against in this policy based on their social deprivation status or economic disadvantage.	No
Carers	Patients will not be discriminated against in this policy based on their carer status.	No
Human rights	Will this piece of work affect anyone's human rights?	No

Equality Impact Assessment Action Plan

Strand	Issue	Action required	How will you measure the outcome/impact	Timescale	Lead
Gender	Policy affects only men as it involves the removal of foreskin	No action. Unavoidable	-	-	-