

NHS Dorset Clinical Commissioning Group

## Male Circumcision

### Criteria Based Access Protocol



## POLICY TRAIL AND VERSION CONTROL SHEET:

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1.0	30.04.15		Kate Halsey
	05.05.15		Mike Cross
	09.06.15		Dr Karen Kirkham and Family Health CDG

<b>Target Audience</b>	All staff and Members within NHS Dorset Clinical Commissioning and relevant referring and receiving clinicians.		
<b>Distribution</b>			
<b>Intranet</b>	<b>Clinical Commissioning Group Website</b>		<b>Email to Staff</b>
✓	✓		✓

**NHS DORSET CLINICAL COMMISSIONING GROUP**

**MALE CIRCUMCISION**

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## NHS DORSET CLINICAL COMMISSIONING GROUP

### MALE CIRCUMCISION

#### 1. Introduction

- 1.1 This protocol describes exclusions and access criteria regarding circumcision surgery and will be applied in accordance with the Policy for Individual Patient Treatment.
- 1.2 NHS Dorset Clinical Commissioning Group will only support circumcision in the case of clinical need, where the patient meets the criteria indicated below.

#### 2. Access Criteria

- 2.1 In the following circumstances, male circumcision can be undertaken and will not need to have individual approval from commissioners:

- Where circumcision is indicated as part of the management of penile carcinoma;
- In adult males or boys with pathological phimosis where inability to retract the foreskin is due to permanent scarring of the preputial orifice
- In boys with lower urinary tract outflow obstruction and/or with recurrent urinary tract infection and circumcision is considered necessary management

- 2.2 In the above circumstances, the reason for approval against this criteria will be clearly recorded in the notes. This will enable random audits to confirm compliance with these guidelines.

- 2.3 Nearly all boys are born with unretractable 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 unretractable 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.

#### 3. Cases for Individual Consideration

- 3.1 Should a patient not meet the access criteria, the Policy for Individual Patient Treatment (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 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.

- 3.2 The fact that treatment is likely to be effective for a patient is not, 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 they are:

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

#### 4. Equality Impact Assessment

**Title of Document:** Equality Impact Assessment Form  
Criteria Based Access Protocol for Male Circumcision

**What are the intended outcomes of this work?** *Include outline of objectives and function aims*

This protocol describes exclusions and access criteria regarding circumcision surgery and will be applied in accordance with the Policy for Individual Patient Treatment.

Patients and staff

#### Evidence

**What evidence have you considered?**

There has been no change in legislation or guidance that will impact upon this policy area that needed to be reflected within this policy review.

**Disability** *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.*

No Impact

**Sex** *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below)*

No Impact - applies only to male patients who meet the criteria.

**Race** *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers*

No Impact

**Age** *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.*

No Impact

**Gender reassignment (including transgender)** *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.*

No Impact

**Sexual orientation** *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people*

No Impact

**Religion or belief** *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.*

This protocol will only support circumcision in the case of clinical need, where the patient meets the criteria indicated. Males who request surgery for cosmetic or cultural reasons will not be eligible for surgery under this policy.

**Pregnancy and maternity** Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities

No Impact

**Carers** Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities

No Impact

**Other identified groups** Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.

No impact

**What is the overall impact?** Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?

Professionals will need to ensure that requests for surgery outside of this policy will need to be funded the patient along with any requests for second opinions.

**Addressing the impact on equalities** Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.

**Name of person who carried out this assessment:** Kate Halsey

**Date assessment completed:** 20.07.15

**Name of responsible Director:** Mike Wood

**Date assessment was signed:** 22.07.15