

NHS Dorset Clinical Commissioning Group

Testicular Protheses

Criteria Based Access Protocol



Supporting people in Dorset to lead healthier lives

NHS DORSET CLINICAL COMMISSIONING GROUP

TESTICULAR PROSTHESES CRITERIA BASED ACCESS PROTOCOL

1. INTRODUCTION AND SCOPE

- 1.1 A testicular prosthesis is a replica testicle made out of silicone, which replaces your own testicle(s) if one or both have been removed. The removal of a testicle (orchidectomy) is most commonly performed due to testicular cancer; however, some men may have one or both testicles removed for other reasons such as; undescended testes, trauma, severe torsion (twisted testicle) or as a treatment option for advanced prostate cancer. (*Guy's and St Thomas' NHS Foundation Trust, 2014*).
- 1.2 This protocol is applied in accordance with the Policy for Individual Patient Treatments.
- 1.3 Testicular prostheses provided for patients undergoing genital reconstruction as part of the gender dysphoria pathway is commissioned by NHS England and is not subject to this policy.

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 Insertion of testicular prostheses is commissioned if one of the following indications applies:
- Reconstructive surgery following destruction of the testes due to disease or trauma;
 - Congenital absence of testes.

4. EXCLUSIONS

- 4.1 Insertion of testicular prostheses is not routinely commissioned in the following circumstances:
- For cosmetic purposes;
 - Undescended testes.

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:

First 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 within the local NHS including input from 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 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 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 There has been significant discussion with stakeholders in respect of the introduction and implementation of this new access protocol. It is therefore considered that there is no requirement for a formal 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	147
Author (Name and Job Title)	Jenny Jones – Programme Officer
Recommending group	Individual Patient Treatment Panel
Date of recommendation	December 2016
Date of approval by CCC	1 June 2017
Version	1.0
Review frequency	Three yearly
Review date	June 2020

B CONSULTATION PROCESS			
Version No	Review Date	Author and Job Title	Level of Consultation
1.0	April 2017	Michael Cross Senior Commissioner IPT	Circulated for comment through the Medical Directors of the three Dorset acute NHS Foundation Trusts. Reviewed previously by IPT Panel including GP, Hospital Consultant, Public Health, and Patient and Public representation.

C VERSION CONTROL					
Date of recommendation	Version No	Review date	Nature of change	Approval date	Approval Committee
Dec 2016	1.0	Dec 2016	Introduction of document	June 2017	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 • http://www.guysandstthomas.nhs.uk/resources/patient-information/urology/procedures/insertion-of-a-testicular-prosthesis.pdf • NHS England. (2013, October). Interim Gender Dysphoria Protocol and Service Guideline 2013/14. Retrieved November 30, 2015, from NHS England: https://www.england.nhs.uk/commissioning/

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

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