

Interim Clinical Commissioning Policy: Circumcision

Agreed: November 2013

Ref: N-SC010











## NHS England INFORMATION READER BOX

Directorate		
Medical	Operations	Patients and Information
Nursing	Policy	Commissioning Development
Finance	Human Resources	

Publications Gateway Refe	erence: 00585	
Document Purpose	Resources	
Document Name	Interim Clinical Commissioning Policy: Circumcision	
Author	NHS England/Operations Directorate/Direct Commissioning	
Publication Date	19 November 2013	
Target Audience	CCG Clinical Leaders, CCG Chief Officers, CSO Managing Directors, Care Trust CEs, Foundation Trust CEs, Medical Directors, NHS England Regional Directors, NHS England Area Directors, Directors of Finance, GPs, NHS Trust CEs	
Additional Circulation List		
Description	The set of non-specialised commissioning policies have been agreed by NHS England's Clinical Priority Advisory Group (CPAG) and approved by the Directly Commissioned Services Committee (DCSC) as interim policies for those populations we directly commission services for (namely the Serving Armed Forces & some families and those in detained settings)	
Cross Reference	N/A	
Superseded Docs (if applicable)	N/A	
Action Required	N/A	
Timing / Deadlines (if applicable)	N/A	
Contact Details for	Andy Bacon	
further information	Assistant Head of Armed Forces Health Commissioning	
	NHS England	
	Skipton House, London SE1 6LH	
	SE1 6LH armedforceshealth@nhs.net	
	amediologaneaul@fillb.llet	

## **Document Status**

This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet

# **Interim Clinical Commissioning Policy**

# Circumcision

First published: November 2013

Prepared by Armed Forces Commissioning Policy Task and Finish Group

Published by NHS England in electronic format only

Gateway Reference: 00585

# **Contents**

Policy Statement	4
Equality Statement	4
Plain Language Summary	4
1. Introduction	4
2. Criteria for commissioning	5
3. Evidence Base	6

## **Policy Statement**

NHS England will not commission treatments for Circumcision for personal, social, cultural or religious reasons in accordance with the criteria outlined in this document.

In creating this policy NHS England has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

This policy document outlines the arrangements for funding of this treatment for patients where NHS England directly commissions this service.

# **Equality Statement**

NHS England has a duty to have regard to the need to reduce health inequalities in access to health services and health outcomes achieved as enshrined in the Health and Social Care Act 2012. NHS England is committed to ensuring equality of access and non-discrimination, irrespective of age, gender, disability (including learning disability), gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex (gender) or sexual orientation. In carrying out its functions, NHS England will have due regard to the different needs of protected equality groups, in line with the Equality Act 2010. This document is compliant with the NHS Constitution and the Human Rights Act 1998. This applies to all activities for which they are responsible, including policy development, review and implementation.

#### Plain Language Summary

Male circumcision is the surgical removal of the foreskin. Female circumcision is prohibited by the law.

#### 1. Introduction

Male Circumcision for personal, social, cultural and religious reasons is regarded as a procedure of low clinical priority and therefore not routinely funded by the Commissioner.

#### Female Circumcision

Female circumcision or female genital mutilation is prohibited by the law (*The Prohibition of Female Circumcision Act 1995*) and will therefore not be funded by the Commissioner.

#### 2. Criteria for commissioning

Policy: Circumcision is considered a low priority treatment and will only be provided for a small number of therapeutic reasons in line with these guidelines:

1. Absolute indications for circumcision:

Penile malignancy.

Traumatic foreskin injury where it cannot be salvaged.

Medical indications for circumcision:

Balanitis Xerotica Obliterans (BXO) (chronic inflammation leading to a rigid fibrous foreskin).

Severe recurrent attacks of Balanoposthis (recurrent bacterial infection of the glans and foreskin).

Recurrent febrile UTIs with an abnormal urinary tract.

Phimosis in adults leading to paraphimosis or difficulties in erection.

The clinician proposing this intervention will make the decision to treat based on the criteria set out above.

If the patient does not fully meet this criteria the clinician may submit an application for exceptional funding

(Individual funding request policy, application form and contact details on NHS Internet – http://www.england.nhs.uk/ourwork/d-com/policies/gp/)

An annual audit will be completed to confirm that patients have been treated in accordance with these criteria.

#### 3. Evidence Base

1. Statement from the British Association of Paediatric Urologists on behalf of the British Association of Paediatric Surgeons and the Association of Paediatric Anaesthetists.

Management of Foreskin Conditions. 2007.

http://www.rcsed.ac.uk/fellows/meflett/Library/Statements/circumcision2007.pdf

2. Hackett G, Kell P, Ralph D, Dean J, Price D, Speakman M, Wylie, K and for the British Society for Sexual Medicine (2008), British Society for Sexual Medicine Guidelines on the Management of Erectile Dysfunction. The Journal of Sexual Medicine, 5:1841–1865. doi:10.1111/j.1743-6109.2008.00773.x.

http://onlinelibrary.wiley.com/doi/10.1111/j.1743-6109.2008.00773.x/abstract

- 3 General Medical Council. Personal Beliefs and Medical Practice. March 2008. http://www.gmc-uk.org/static/documents/content/Personal\_Beliefs.pdf
- 4. British Medical Association. The law and ethics of male circumcision. Guidance for doctors. June 2006. http://www.bma.org.uk/images/Circumcision\_tcm41-147277.pdf
- 5. The Royal College of Surgeons of England. Good Surgical Practice, February 2008.
- 6. Dr Peter Ball MB, B Chir and John Dalton BSc, MSc. Norm-UK. Clinical Guidelines for Phimosis. Last updated on 1 May 2008. http://www.norm-uk.org/phimosis clinical guidelines.html
- 7. Siegfried N, et al. Male circumcision for prevention of heterosexual acquisition of HIV in men. Cochrane Database of Systematic Reviews 2009. DOI: 10.1002/14651858. CD003362.pub2.

http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD003362.pub2/pdf

- 8. Caryn L et al. Safety and efficacy of non therapeutic male circumcision: a systematic review Jan-Feb 2010; 8(1):64-72. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2807391/
- 9. Black's Medical Dictionary. 42nd Edition. A & C Black. London. 2010.
- 10. The Prohibition of Female Circumcision Act 1995.