Interim Clinical Commissioning Policy: Circumcision

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Interim Clinical Commissioning Policy: Circumcision

Described 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).
Interim Clinical Commissioning Policy

Circumcision

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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.

2. **Medical indications for circumcision:**
   - Balanitis Xerotica Obliterans (BXO) (chronic inflammation leading to a rigid fibrous foreskin).
   - Severe recurrent attacks of Balanoposthitis (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


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

3. Evidence Base
