Interim Clinical Commissioning Policy: Reversal of Vasectomy or Female Sterilisation (tubal ligation)
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Interim Clinical Commissioning Policy

Reversal of Vasectomy or Female Sterilisation (tubal ligation)

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Policy Statement

NHS England will commission Reversal of Vasectomy or Female Sterilisation (tubal ligation) 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

Sterilisation is provided under the NHS on the understanding that it is an irreversible procedure. Patients are informed of this and written consent including this understanding is sought before the operation is carried out.

1. Introduction

The reversal of (male or female) sterilisation is regarded as a procedure of low clinical priority and therefore not routinely funded by the Commissioner.

Proper informed consent for sterilization requires that patients have understood all risks associated with the irreversible nature of the procedure.
2. Criteria for commissioning

No treatments or procedures are funded.

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/)

3. Evidence Base

There procedure is considered to be limited clinical value