

Interim Clinical Commissioning Policy

Vasectomy

NHS England and NHS Improvement



Interim Clinical Commissioning Policy - Vasectomy

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General Principles

Funding approval will only be given in line with these general principles. Where patients are unable to meet these principles in addition to the specific treatment criteria set out in this policy, funding approval will not be given.

Patients must be registered with an English Defence Medical Services (DMS) GP practice.

NHS England Armed Forces Health funding is not in place for patients registered with a civilian GP practice.

1. Primary care clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment.
2. Patients should not be referred to secondary care without funding approval having been secured as this inappropriately raises the patient's expectation of treatment.
3. On limited occasions, NHS England may approve funding for an assessment only to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy.
4. Funding approval will only be given where there is evidence that the treatment requested is effective, the patient has the potential to benefit from the proposed treatment and the eligibility criteria has been met. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed.
5. Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment.
6. Where funding approval is given by the NHS England Prior Approval Panel, treatment should commence within 12 months of the date of approval letter.

Please Note:

Patients should be advised that after a Vasectomy procedure they will need to use effective contraception until Azoospermia has been confirmed by two consecutive semen samples with no spermatozoa seen. This usually takes 12 weeks from the date of the operation.

Patient should also be aware that there is a risk of failure of this procedure. The early failure rate of vasectomy (i.e., the presence of motile sperm in the ejaculate at 3 to 6 months post-vasectomy) ranges from 0.3% to 9%¹

¹ <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2950776/>

Patients who have undergone a vasectomy would not qualify for NHS England Armed Forces Health funded fertility treatment in the future should they change their mind and wish to have a child, even if the procedure has been successfully reversed. This is in line with the NHS England Armed Forces Health Assisted Conception policy².

Vasectomy reversals are not routinely funded by the NHS and this is outlined in the NHS England Armed Forces Health policy³

Sterilisation of Patients with Gender Dysphoria

Sterilisation of patients on the Gender Dysphoria pathway as part of their transition and genital reconstruction is solely commissioned by NHS England Specialised Services and NHS England Armed Forces Health cannot consider requests to fund sterilisation for patients on this pathway.

1.1 Criteria to Access Treatment

1.1.1 Bi-Lateral Vasectomy under local anaesthetic

Patients who require a vasectomy under local anaesthetic must meet all the following criteria:

- a) The patient is registered with an English Defence Medical Services (DMS) GP practice. NHS England Armed Forces Health funding is not in place for patients registered with a civilian GP practice, **AND**
- b) The patient understands that the sterilisation procedure is permanent and irreversible, and the reversal of sterilisation operation would not be routinely funded by the NHS, **AND**
- c) The patient is certain that his family is complete, **AND**
- d) The patient has sound mental capacity for making the decision as emotional instability or equivocal feelings about permanent sterilisation are contraindications to vasectomy, **AND**
- e) The patient has received counselling about the availability of alternative, long-term and highly effective contraceptive methods and these are either contra-indicated or unacceptable to the patient, **AND**
- f) The patient understands that sterilisation does not prevent or reduce the risk of sexually transmitted infections, **AND**
- g) The procedure will be carried out in a primary or community care setting under a local anaesthetic, using a no-scalpel method where possible (Faculty of Sexual and Reproductive Healthcare, 2014).

² <https://www.england.nhs.uk/commissioning/policies/ssp/>

³ <https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2013/11/N-SC028.pdf>

If there is no a primary or community care setting locally available for patients, the procedure should be carried out in a secondary care setting under local anaesthetic. General anaesthetic will only be funded if the patient meets the criteria set out below.

1.1.2 Vasectomy under a general anaesthetic is not routinely commissioned by NHS England Armed Forces Health

Prior Approval will need to be sought by clinicians seeking to undertake a vasectomy under a general anaesthetic, setting out why the patient's procedure cannot be undertaken under local anaesthetic clearly stating the clinical grounds for which they meet the criteria below. Applications should be made to england.armedforcespriorapprovals@nhs.net

Patients who require a vasectomy under general anaesthetic must meet one of the following criteria:

- a) Anatomic abnormalities, such as the inability to palpate and mobilize both vas deferens or large hydroceles or varicoceles, **OR**
- b) Past trauma and scarring of the scrotum, **OR**
- c) Acute local scrotal skin infections, **OR**
- d) Electro-surgery in contraindicated in certain types of pacemakers

Anxiety or fear of the procedure is unlikely to be considered by the Prior Approval Panel as there are alternative methods of effective contraception.

1.1.3 Individual Funding Request (IFR)

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Applications cannot be considered from patients personally.

The patient's general practitioner or clinician can apply for individual funding and an application may be made to the NHS England Individual Funding Request Panel for consideration and applications should be sent to england.ifr@nhs.net

It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the IFR panel. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context.

An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are clinically exceptional.

References

The following sources have been considered when drafting this policy:

1. Faculty of Sexual and Reproductive Healthcare. (2014). *FSRH Clinical Guidance: Male and Female Sterilisation Summary of Recommendations*. Retrieved from FSRH.org: <https://www.fsrh.org/standards-and-guidance/documents/cec-ceu-guidance-sterilisation-cpd-sep-2014/>
2. NHS Choices. (n.d.). *Female sterilisation*. Retrieved 09 16, 2016, from *Female sterilisation NHS Choices*: <http://www.nhs.uk/Conditions/contraception-guide/Pages/female-sterilisation.aspx> NHS Choices. (n.d.). *Vasectomy (male sterilisation)*. Retrieved 09 19, 2016, from *Vasectomy*
3. NHS Choices: <http://www.nhs.uk/Conditions/contraception-guide/Pages/vasectomy-malesterilisation.aspx>