

## CLINICAL PRIORITIES ADVISORY GROUP

<b>Agenda Item No</b>	
<b>National Programme</b>	Cancer
<b>Clinical Reference Group</b>	Specialised Cancer Surgery
<b>URN</b>	1731

### Title Insert service specification title in full

Penile prosthesis surgery (for end stage erectile dysfunction)

<b>Actions Requested</b>	1. Recommend the adoption of the service specification.
	2. Recommend its approval as an IYSD.

### Proposition

This is a new service specification for penile prosthesis surgery (for end stage erectile dysfunction).

The purpose of the service specification is to support implementation of the clinical commissioning policy for penile prosthesis surgery for end stage erectile dysfunction (published by NHS England in 2016) and enable regional commissioning teams to formally designate to perform this surgery.

Commissioning responsibility for this treatment transferred from Clinical Commissioning Groups (CCGs) to Specialised Commissioning in April 2017, however, no centres have ever been formally commissioned by NHS England to provide this surgery. Prior to the transfer of responsibility to NHS England, most procedures were undertaken through spot purchase arrangements made by CCGs.

Penile prosthesis surgery is high risk urological surgery and it is usually the last treatment option for men with end stage erectile dysfunction. However, despite the surgery being high risk, the surgical skills required to perform this surgery are deemed by the clinical community to be similar to other penile surgery procedures. For this reason, the service specification states that centres must:

- Be designated specialist urological centres;
- Have demonstrable experience in performing complex penile surgery as outlined in the service specification;
- Provide access to a multi-disciplinary team, including a minimum of two surgeons, an andrology/clinical nurse specialist and psychological support.
- Be able meet the requirements for MDT working and the minimum surgical numbers in line with the [Getting It Right First Time Report for Urology Surgery](#) (2018). This recommends that each surgeon perform a minimum of 10 surgeries per annum.

Regional commissioning teams will be expected to undertake a local provider selection process. Based on current activity levels, it is anticipated that there may need to be somewhere between 10 – 15 centres across England. This will however be for regional commissioning teams to determine based on their individual geographies and local provider expertise.

**The committee is asked to receive the following assurance:**

1.	The Head of Clinical Effectiveness confirms the proposal has completed the appropriate sequence of governance steps and includes where necessary an: Evidence Review; Clinical Panel Report
2.	The Head of Acute Programmes / Head of Mental Health Programme confirms the proposal is supported by an: Impact Assessment; Stakeholder Engagement Report; Consultation Report; Equality Impact and Assessment Report; Service specification Proposition. The relevant National Programme of Care has approved these reports.
3.	The Director of Finance (Specialised Commissioning) confirms that the impact assessment has reasonably estimated a) the incremental cost and b) the budget impact of the proposal.
4.	The Clinical Programmes Director (Specialised Commissioning) confirms that the service and operational impacts have been completed.
5.	The Director of Nursing (Specialised Commissioning) confirms that the proposed quality indicators have been adequately defined.

**The following documents are included (others available on request):**

1.	Service specification proposition
2.	Consultation Report
3.	Evidence Summary (where completed)
4.	Clinical Panel Report (where completed)
5.	Equality Impact and Assessment Report

**Considerations from review by Rare Disease Advisory Group**

Not applicable.

#### **Pharmaceutical considerations**

Not applicable.

#### **Considerations from review by National Programme of Care**

##### **POC Board support**

1) The proposal received the full support of the Cancer Programme of Care on Tuesday 3<sup>rd</sup> March 2020.

##### **Benefit of Service Specification:**

The service specification aims to:

- Clarify the service standards required for providers to perform penile prosthesis surgery;
- Enable regional commissioning teams to select providers to provide this surgery based on the standards outlined in the service specification;
- Enable collection of data on the efficacy and quality of services through the introduction of clinical outcome measures (leading to the development of a specialised services quality dashboard).

##### **Implementation timescale:**

3) A local provider selection process is anticipated. It is anticipated that this may take regional commissioning teams a minimum of 6 months to complete and therefore full implementation of the service specification is not expected till April 2021.

**SECTION 2 – IMPACT REPORT (Not included in CPAG Papers,  
section 2 only)**

No	Item	N/Cost £K	Level of uncertainty
1.	Number of patients affected in England	464	The estimated eligible patient numbers are derived from 2018/19 treatment numbers.
2.	Total cost per patient over 5 years	0	The service specification has been developed to support implementation of a clinical commissioning policy which was approved by CPAG in May 2016. The funding for this service was agreed and approved by CPAG when reviewing the associated clinical commissioning policy.
3.	Budget impact year 1	0	See above.
4.	Budget impact year 2	0	See above.
5.	Budget impact year 3	0	See above.
6.	Budget impact year 4	0	See above.
7.	Budget impact year 5	0	See above.
8.	Total number of patients treated over 5 years	N/A	See above.
9.	Net cost per patient treated over 5 years	N/A	See above.
<p><b>Key additional information</b></p> <p>A financial model has not been developed. This is because the service specification has been developed to support implementation of a clinical commissioning policy which was approved by CPAG in May 2016. The funding for this service was agreed and approved by CPAG when reviewing the associated clinical commissioning policy.</p> <p>However, based on the clinical commissioning policy, the estimated costs per patient were expected to be:</p> <ul style="list-style-type: none"> <li>• £2,969 per patient for revision surgery; and</li> <li>• £8,647 for primary surgery.</li> </ul>			