NHS
Herefordshire and Worcestershire
Clinical Commissioning Group

Commissioning of Circumcision

June 2021

Commissioning Summary

Following a review of the evidence and consideration of the local circumstances for use, NHS Herefordshire and Worcestershire Clinical Commissioning Group (also termed "the Commissioner" in this document), support the NHS funding of male circumcision for all patients where:

- Penile malignancy is suspected/confirmed
- Biopsy is required for pre-malignant change, carcinoma in situ or if there is suspicion of pathology other than lichen sclerosus
- Traumatic injury to the foreskin where it cannot be salvaged.

Referral for consideration of male circumcision will be supported for the following patients when conservative treatment has failed or is not clinically indicated:

- Failure of medical treatment of severe recurrent balanoposthitis (of more than 3 documented episodes) prior to referral to specialist for review
- Pathological phimosis which has failed to respond to medical treatment caused by suspected lichen sclerosus (previously known as BXO) or chronic infection.
- Paraphimosis which has failed to respond to alternative interventions such as manual reduction or dorsal slit incision.
- Rare congenital conditions requiring surgical management.

Referral and male circumcision will NOT be supported for physiological phimosis or non-therapeutic purposes e.g. religious reasons.

'Female circumcision' also known as female genital mutilation is illegal and is not supported.

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Author(s)	Fiona Bates - Specialist Medicines and Clinical Policy Adviser Helen Bryant – Head of Acute Contracts
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Date of Next Formal Review:	Documents will be reviewed as a minimum every 3 years. However, earlier revisions to the policy may be made in light of published updates to local and national evidence of effectiveness and cost effectiveness and/or recommendations and guidelines from local, national and international clinical professional bodies. Date to Initiate Review: 1st April 2023
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Version No	Description of change	Reason for Change	Author	Date
1.0	Minor	Adoption of policies from NHS Herefordshire Clinical Commissioning Group and NHS Worcestershire Clinical Commissioning Groups, which were already fully aligned (V3.0 of previous document)		09/2019
1.1	Minor	Application of new commissioning policy template, no change to policy statement, no requirement to update Clinical Commissioning Executive Committee as Template already approved. Change of Executive Lead to Ruth Lemiech	Helen Bryant & Jennie Hammond	June 2021

Key individuals involved in developing the document:

Name	Designation	Version Reviewed
Paul Ryan	Associate Director of Contracting & Procurement	V1.0

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Fiona Bates	Specialist Medicines and Clinical Policy Adviser	V1.0
Helen Bryant	Head of Acute Contracts	V1.0
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Circulated to the following individuals/groups for comments:

Name	Date	Version Reviewed
Policy Alignment Task & Finish Group, which includes	27/08/2019	Version 1.0
Herefordshire & Worcestershire Clinical Commissioning Groups - Joint Commissioning Committee	11/09/2019	Version 1.0

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1. Definitions

1.1 **Exceptional** - refers to a person who demonstrates characteristics, which are highly unusual, uncommon or rare.

1.2 **Exceptional clinical circumstances** are clinical circumstances pertaining to a particular patient, which can properly be described as exceptional, when compared to the clinical circumstances of other patients with the same clinical condition and at the same stage of development of that condition (i.e. similar patients). A patient with **exceptional clinical circumstances** will have clinical features or characteristics which differentiate that patient from other patients in that cohort and result in that patient being likely to obtain significantly greater clinical benefit (than those other patients) from the intervention for which funding is sought.

1.3 A **Similar Patient** is a patient who is likely to be in the same or similar clinical circumstances as the requesting patient and who could reasonably be expected to benefit from the requested treatment to the same or a similar degree. The existence of more than one similar patient indicates that a decision regarding the commissioning of a **service development** or commissioning policy is required of the Commissioner.

1.4 An **individual funding request (IFR)** is a request received from a provider or a patient with explicit support from a clinician, which seeks exceptional funding for a single identified patient for a specific treatment.

1.5 An **in-year service development** is any aspect of healthcare, other than one which is the subject of a successful individual funding request, which the Commissioner agrees to fund outside of the annual commissioning round. Such unplanned investment decisions should only be made in exceptional circumstances because, unless they can be funded through disinvestment, they will have to be funded as a result of either delaying or aborting other planned developments.

1.6 The term "**where appropriate"** within this document means that clinical judgement is exercised in determining which aspects of the policy guidance can be applied to individual patients depending on their condition; ability to tolerate the listed treatment; and whether they have already undergone that treatment.

1.7 Glossary relating to this policy[1]:

Term	Definition
Balanoposthitis	Acute inflammation of the foreskin and glans penis.
Circumcision	Surgical removal of the foreskin.
Foreskin	That part of penile shaft skin and associated inner mucous membrane layer that covers and protects the glans penis and external urethral meatus. Also often referred to as the prepuce.
Lichen Sclerosus	A chronic, scarring, inflammatory skin condition of unknown cause that leads to narrowing of the foreskin opening and a true pathological phimosis (balanitis xerotica obliterans BXO is an old fashioned descriptive term and is not a pathological diagnosis)
Meatal stenosis	Narrowing of the external urethral opening leading to an obstructed urinary stream.

Term	Definition
Non-retractile foreskin	A foreskin that cannot be manipulated to expose the whole of the glans penis.
Paraphimosis	Paraphimosis is the inability to pull forward a foreskin that has been retracted behind the glans penis, causing substantial pain and penile swelling requiring emergency medical treatment to avoid complications.
Phimosis	A condition where the foreskin cannot be retracted over the glans penis.
Pathological (symptomatic) phimosis	A condition associated with scarring of the foreskin opening leading to symptoms and non-retractability of the prepuce.
Physiological (asymptomatic) phimosis	A normal foreskin where non-retractability is due to 'physiological' congenital adherence of the inner prepuce to the glans penis. There is no evidence of scarring.

2. Scope of Policy

2.1 This policy is part of a suite of locally endorsed Commissioning Policies. Copies of these Commissioning Policies are available on the following website address: www.herefordshireandworcestershireccg.nhs.uk

2.2 This policy applies to all patients for whom Herefordshire & Worcestershire CCG has responsibility including:

- People provided with primary medical services by GP practices which are members of the CCG and
- People usually resident in the area covered by the CCG and not provided with primary medical services by any CCG.

2.3 The clinical responsibility for applying this policy to a presenting patient rests with the clinician who is responsible for the patient at that point in the treatment pathway and should be done in consideration of the patient's individual clinical circumstances, their place on the management pathway and following discussion with the patient.

2.4 Where a patient's clinical presentation does not clearly meet the requirements for secondary care referral within the context of this policy, and where a GP is uncertain or concerned about the appropriate treatment/management pathway, referral for Advice & Guidance should be considered as an alternative to a referral for clinical assessment.

2.5 There may be occasions when a GP referral is made for specialist assessment which appears to meet the policy requirements, but which on specialist clinical examination either does not meet the clinical criteria for the intervention or is not considered clinically suitable for the intervention . Such patients should be discharged without the intervention.

2.6 For patients who do not fall within the eligibility criteria set out in the policy but where there is demonstrable evidence that the patient has exceptional clinical circumstances, an Individual Funding Request may be submitted for consideration. The referring clinician should consult the Commissioner's "Operational Policy for Individual Funding Requests" document for further guidance on this process.

For a definition of the term "exceptional clinical circumstances", please refer to the Definitions section of this document.

3. Background

3.1 The NHS Constitution, which details the principles and values that guide the NHS, has been applied in the agreement of this policy.

3.2 NHS Herefordshire & Worcestershire Clinical Commissioning Group consider all lives of all patients whom they serve to be of equal value and, in making decisions about funding treatment for patients, will seek not to discriminate on the grounds of sex, age, sexual orientation, ethnicity, educational level, employment, marital status, religion or disability except where a difference in the treatment options made available to patients is directly related to a particular patient's clinical condition or is related to the anticipated benefits to be derived from a proposed form of treatment.

3.3 NHS England/Improvement launched their Evidenced Based Interventions (EBI) programme in 2018 which aims to ensure that interventions routinely available on the NHS are evidence-based and appropriate. Adoption of published EBI guidance is mandated in the NHS standard contract; commissioners have the freedom to implement criteria with local variations, provided that the decision to adopt varying criteria reflects the requirement to have regard to the national guidance. Where EBI guidance is available, this has been accommodated within the policy criteria.

3.4 Male Circumcision is the surgical removal of the foreskin. This procedure is performed for clinical reasons such as lichen sclerosus and malignancy or for non- therapeutic reasons e.g. religious circumcision[1]. Funding is not provided for non- therapeutic reasons, as set out in section 5.

3.5 British Medical Association (BMA) guidance states that invasive procedures should be avoided if possible if alternative less invasive techniques are equally available and efficient[2]. For example the usual management of balanitis, posthitis and balanoposthitis can be treated with simple bathing, topical steroids and antibiotics[1]. NICE clinical knowledge summaries[3] advises referral to urology, genito-urinary medicine or dermatology with recurrent balanitis despite treatment depending on most likely cause.

3.6 Male circumcision remains a common procedure with around 27,000 performed annually in England[4]. Complications of circumcision must be considered and can include pain, infection, bleeding, poor cosmesis, meatal stenosis, glans amputation and urethral injury[1].

3.7 Alternative surgical procedures to circumcision include frenuloplasty or preputioplasty/prepuceplasty. Frenuloplasty is the lengthening of the skin on the underside of the glans penis to enable foreskin retraction and reduced symptoms if the frenulum is too short. A preputioplasty/prepuceplasty is an operation on 'tight foreskin' to promote retraction[1]. Manual reduction of foreskin and dorsal slit incision of prepuce are other procedures involved in managing paraphimosis which is a medical emergency. This may progress to circumcision in some patients particularly those with chronic balanoposthitis[6].

4. Relevant National Guidance and Facts

4.1 The BMA recommends that circumcision for clinical purposes are only performed by or under supervision of doctors trained in children's surgery (when carried out on children) and undertaken in premises that are suitable for surgical procedures[2].

4.2 Indications for circumcision according to the latest (October 2016) commissioning guidelines from the British Association of Urological Surgeons, British Associations of Paediatric Surgeons/ British Associations of Paediatric Urologists[1] include:

- In rare circumstances a circumcision may be undertaken to treat a malignant or pre-malignant preputial lesion that is confined to the foreskin and for biopsy if there is suspicion of pathology other than lichen sclerosus.
- Traumatic foreskin injury where it may not be salvaged e.g. zipper injury
- Pathological phimosis
- Severe recurrent episodes of balanoposthitis

Relative indications for circumcision include recurrent paraphimosis (where the foreskin is retracted and cannot be subsequently reduced), prevention of urinary tract infections where there is an abnormal urinary tract, congenital abnormalities and phimosis causing pain on arousal which may interfere with sexual function[1].

4.3 Phimosis is physiological in the newborn and the foreskin is initially adherent to the glans, normally becoming spontaneously retractable over time: partially or fully retractable foreskins are demonstrated in 90% of boys by 3-11 years of age and 99% of boys by 14 years of age). Phimosis is not a problem unless it causes obstruction, haematuria or pain. Non retractile ballooning of the foreskin and spraying of urine do not need to be referred for circumcision routinely[1].

4.4 Standards in the following table should be used to guide referrals from primary care and assessment of referrals, interventions and appraisal in secondary care[1].

Measure		Standard
Primary Care	Referral	Do not refer children or adults with physiological (asymptomatic) phimosis
	Patient Information	Patients should be directed to appropriate information including NHS Choices and Patient.co.uk
Secondary Care	Assessment	Do not offer circumcision for physiological (asymptomatic) phimosis
	Intervention	Almost all circumcisions should be day case unless the patient has significant co morbidity
	Appraisal	Inclusion of outcome data at annual appraisal/departmental audit meeting

4.5 Conservative treatment should be considered where clinically indicated. Topical steroids may be considered and appear to be a safe, less invasive treatment option than circumcision. A prescription would not normally exceed three months and should have achieved maximal therapeutic benefit within this time. A topical steroid such as Betamethasone (0.05%) is commonly prescribed for approximately 4 weeks[7].

5. Patient Eligibility

5.1. Male circumcision is supported for all patients where:

- Penile malignancy is suspected/confirmed
- Biopsy is required for pre-malignant change, carcinoma in situ or if there is suspicion of pathology other than lichen sclerosus
- Traumatic injury to the foreskin where it cannot be salvaged.

5.2. Referral for consideration of male circumcision will be supported for the following patients when conservative treatment has failed or is not clinically indicated:

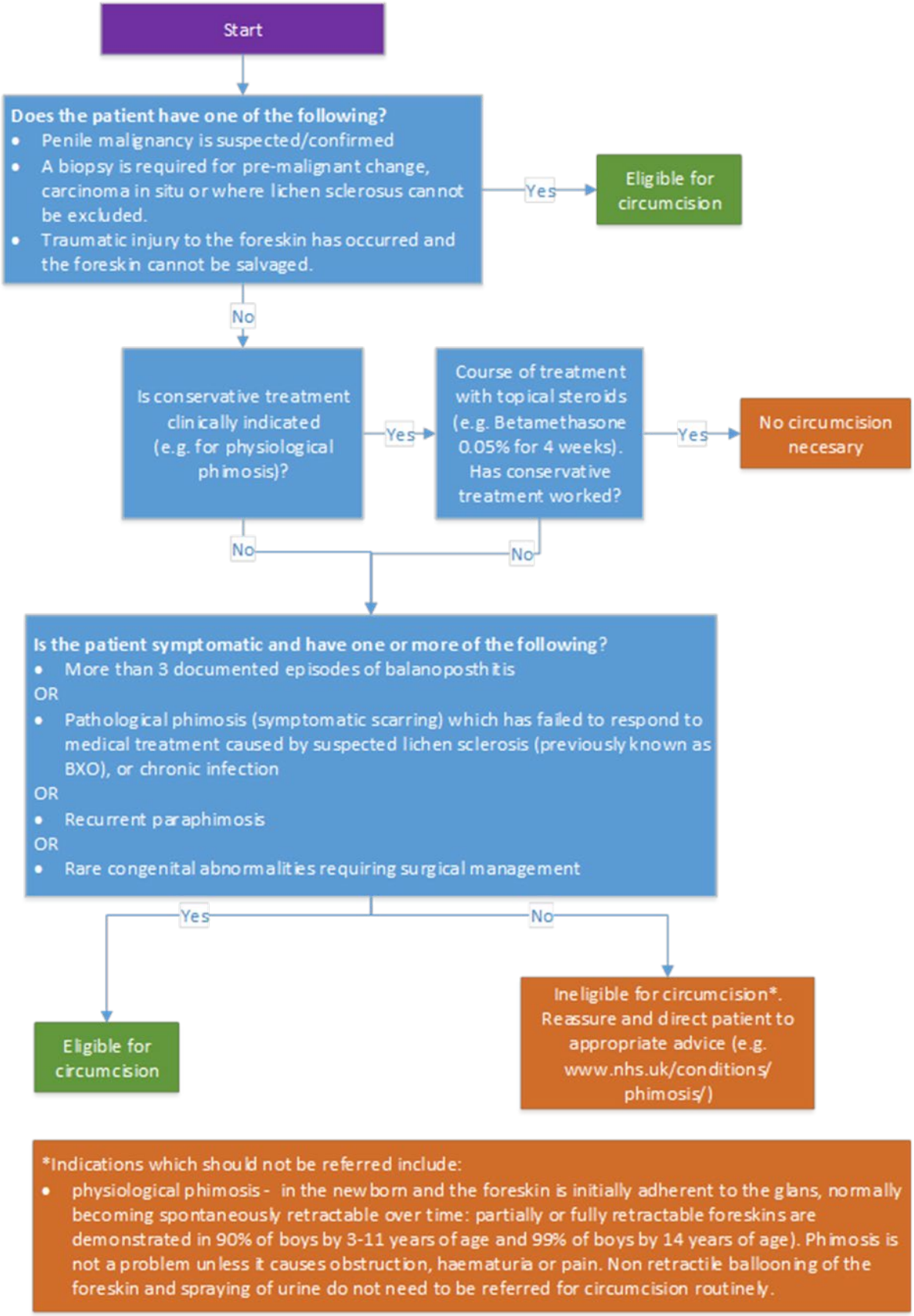
- Failure of medical treatment of severe recurrent balanoposthitis (of more than 3 documented episodes) prior to referral to specialist for review
- Pathological phimosis which has failed to respond to medical treatment caused by suspected lichen sclerosus (previously known as BXO) or chronic infection.
- Paraphimosis which has failed to respond to alternative interventions such as manual reduction or dorsal slit incision.
- Rare congenital conditions requiring surgical management.

5.3. Referral and male circumcision will NOT be supported for physiological phimosis or non-therapeutic purposes e.g. religious reasons.

5.4. 'Female circumcision' also known as female genital mutilation is illegal and is not supported.

5.5. Please see Circumcision eligibility flow chart below for more information.

6. Circumcision Eligibility Flow Chart



7. Supporting Documents

- NHS Herefordshire & Worcestershire: Individual Funding Request Operating Procedure
- NHS Herefordshire & Worcestershire: Prioritisation Framework for the Commissioning of Healthcare Services
- WM01 – Ethical Framework
- WM02 – Orphan Drugs
- WM03 – Patients Leaving Industry Sponsored Trials
- WM05 – NICE Guidance
- WM07 – Choice
- WM08 – In Year Service Developments
- WM09 – Individual Funding Requests (to be read with local process document)
- WM10 – Patients Leaving Non Commercially Funded Trials
- WM11 – Patients Leaving a CCG Funded Trial
- WM12 – Patients Changing Responsible Commissioner
- WM13 – NHS Private Interface
- WM14 – Experimental Treatments
- WM15 – Trial of Treatment
- NHS Constitution, updated 27th July 2015

Referenced documents:

1. Commissioning Guide: foreskin conditions. British Associations of Urological Surgeons / British Association of Paediatric Surgeons / British Association of paediatric Urologists / Royal College of Surgeons. Published 2016.
2. The Law and ethics of male circumcision. British Medical Association. https://www.bma.org.uk/advice/employment/ethics/children-and-young-people/male-circumcision Accessed 09/11/2017
3. Balanitis. NICE clinical knowledge summaries. Updated July 2015. https://cks.nice.org.uk/balanitis#!scenariorecommendation:5 Accessed 09/11/2017
4. Hospital Episode Statistics – Admitted Patient Care, England 2012-13 Interventions and Procedures (OPCS 4 codes used). http://www.hscic.gov.uk/catalogue/PUB12566/hosp-epis-stat-admi-proc-2012-13-tab.xlsx Accessed 09/11/2017

5. Multiagency Practice Guidelines: Female Genital Mutilation HM Government document. Published 2011.
6. Phimosis and Paraphimosis- patient.co.uk/doctor/phimosis-and-paraphimosis. (accessed 09/11/2017)
7. Moreno G, Corbalán J, Peñaloza B, Pantoja T. Topical corticosteroids for treating phimosis in boys. Cochrane Database of Systematic Reviews 2014, Issue 9. Art. No.: CD008973. DOI: 10.1002/14651858.CD008973.pub2.

8. Equality Impact Assessment

Equality Statement

8.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on race equality. This obligation has been increased to include equality and human rights with regard to disability, age, gender, sexual orientation, gender reassignment and religion.

8.2. HWCCG endeavours to challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

8.3. All staff are expected to deliver services and provide care in a manner which respects the individuality of patients and their Carer's and as such treat them and members of the workforce respectfully, regardless of age, gender, race, ethnicity, religion/belief, disability and sexual orientation.

8.4. Providers are expected to use the appropriate interpreting, translating or preferred method of communication for those who have language and/or other communication needs. CCG staff and Providers will need to assess that the policy is applied fairly and equitably for all groups covered under the Equality Act 2010 and that they are implementing the Accessible Information Standard and have considered health inequalities.

8.5. HWCCG must meet its statutory duty to reduce inequalities of access and outcomes, as set out in the NHS Act 2006 (as amended). As a result, the CCG aims to design and implement policy documents that seek to reduce any inequalities that already arise or may arise from any new policy. Therefore, the CCG will consciously consider the extent to which any policy reduces inequalities of access and outcomes.

8.6. Any change to this policy will require a conscious effort from the HWCCG to actively consider the impact that this will have on any Protected group(s) and act due diligently. Where an impact on any of the Equality groups is realised after the implementation of this policy, HWCCG and the Providers, will seek to minimise such an impact and simultaneously carry out a full review.

8.7. HWCCG aims to design and implement policy documents that meet the diverse needs of our services, population and workforce, ensuring that none are placed at a disadvantage over others. It takes into account current UK legislative requirements, including the Equality Act 2010 and the Human Rights Act 1998, and promotes equal opportunities for all. This document has been designed to ensure that no-one receives less favourable treatment due to their personal circumstances, i.e. the protected characteristics of their age, disability, sex,

gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy and maternity. Appropriate consideration has also been given to gender identity, socio-economic status, immigration status and the principles of the Human Rights Act.

Organisation	NHS Herefordshire & Worcestershire Clinical Commissioning Group		
Department	Contracts & Policy Development	Name of lead person	Helen Bryant / Fiona Bates
Name of Policy being assessed	Circumcision Surgery Policy		
Aims of this Policy	To define the circumstances when circumcision will be offered to patients in Herefordshire & Worcestershire		
Date of EIA	September 2019 (previously December 2017). Updated June 2021	Other partners/stakeholders involved	Herefordshire & Worcestershire Policy Alignment Task & Finish Group
Who will be affected by this Policy?	Patients, GPs, Specialist Clinicians		
Did the Policy require Engagement or Consultation?	No		

Equality Group	Potential Positive Impact	Potential Neutral Impact	Potential Negative Impact	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**
Age		Y		Patients will not be discriminated against in this policy based on their age. Phimosis is a normal physiological condition in newborns and the foreskin becomes retractable spontaneously with age. The policy does not cover circumcision for this indication and is not discriminatory.

Equality Group	Potential Positive Impact	Potential Neutral Impact	Potential Negative Impact	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**
Disability		Y		Patients will not be discriminated against in this policy if they have a disability. People with disabilities affecting their ability to self-care may be at greater risk of infection due to poor hygiene and subsequently balanoposthitis and pathological phimosis. The policy covers these indications and therefore is non-discriminatory.
Gender Reassignment		Y		Affects only naturalised men. Transgender patients should not be affected.
Marriage & Civil Partnerships		Y		Patients will not be discriminated against in this policy based on whether they are single, married or in a civil partnership.
Pregnancy & Maternity		Y		Affects only naturalised men, so this equality group will not be affected by the policy.
Race including Travelling Communities		Y		Patients will not be discriminated against in this policy based on their race. In populations where HIV is more prevalent ie. Africa, there is some evidence that male circumcision reduces the acquisition of HIV by heterosexual men by between 38% and 66% over 24 months. However, the impact of this in the UK population with a significantly lower HIV rate has not been assessed and therefore this is not recommended as an indication for circumcision at this time.
Religion & Belief		Y		Patients may wish for themselves or their male children to be circumcised for religious reasons. The policy does not discriminate between patients based on their religious beliefs. Religion or belief will not be considered as a reason for circumcision. The decision to fund this procedure is based purely on clinical presentation.
Sex/Gender	Y			This policy will affect male patients as circumcision is the surgical removal of foreskin. The act of female genital mutilation or 'female circumcision' is not funded on the NHS as it is illegal to perform such operations in this country.

Equality Group	Potential Positive Impact	Potential Neutral Impact	Potential Negative Impact	Baseline data and research on the population that this piece of work will affect. What is available? E.g. population data, service user data. What does it show? Are there any gaps? Use both quantitative data and qualitative data where possible. **Include consultation with service users wherever possible**
Sexual Orientation		Y		Patients will not be discriminated against in this policy based on their sexual orientation. Current evidence suggests that male circumcision may be protective among homosexual males who practice primarily insertive anal sex, but the role of male circumcision overall in the prevention of HIV and other sexually transmitted infections among homosexual males remains to be determined. Therefore, there is not enough evidence to recommend male circumcision for HIV prevention among homosexual males at present.
Carers		Y		Patients will not be discriminated against in this policy based on their carer status.
Care Leavers		Y		Patients will not be discriminated against in this policy based on whether they are a care leaver.
Homeless		Y		Patients will not be discriminated against in this policy based on whether they are homeless.
Socio/Economic Deprivation		Y		Patients will not be discriminated against in this policy based on their social deprivation status or economic disadvantage.
Other Vulnerable and Disadvantaged Groups		Y		The CCG is not aware of any other vulnerable and disadvantaged groups that are not already covered by other equality groups identified within the EIA.
Health Inequalities		Y		In producing the policy, the commissioner's intention was to provide clear clinical information to patients and their responsible clinician, therefore improving the option for equitable access to treatment for clinically eligible patients.
Does this policy impact on an individual's Human Rights?		Y		The CCG does not intend this policy to impact on an individual's human rights.

Equality Impact Assessment Action Plan

Equality Group	Risk Identified	Action required to reduce/eliminate negative impact	How will you measure the outcome/impact	Timescale	Lead
Sex/Gender	Policy affects only men as it involves the removal of foreskin	No action. Unavoidable	-	-	-