

VASECTOMY POLICY

1. CRITERIA BASED ACCESS FOR A COMMUNITY OR PRIMARY CARE SETTING (LOCAL TARIFF)

2. INDIVIDUAL FUNDING ONLY FOR A SECONDARY CARE SETTING

Version:	1718.v1a
Recommendation by:	Somerset CCG Clinical Commissioning Policy Forum (CCPF)
Date Ratified:	12 July 2017
Name of Originator/Author:	IFR Manager
Approved by Responsible Committee/Individual:	Somerset CCG Clinical Operations Group (COG)
Publication/issue date:	12 July 2017
Review date:	Earliest of either NICE publication or 3 years from issue
Target audience:	<p>SCCG:</p> <ul style="list-style-type: none"> • Contracts Team • Providers • GP Practices SCCG • GP Bulletin • Web Site IFR Page <p>Medical Directors:</p> <ul style="list-style-type: none"> • Taunton & Somerset NHS FT • Yeovil District Hospital NHS FT • Royal United Hospitals Bath NHS FT • United Hospitals Bristol NHS FT • Weston Area Health NHS Trust • Somerset Partnership NHS FT
Application Form	Generic IFR application form

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**VASECTOMY POLICY
VERSION CONTROL**

Document Status:	CURRENT
Version:	1718.V1a

DOCUMENT CHANGE HISTORY		
Version	Date	Comments

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	IN PROGRESS
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Sponsoring Director:	SANDRA CORRY
Author(s):	
Document Reference:	1718.V1a

VASECTOMY POLICY

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.

1. Primary care clinicians should assess the patients against the criteria within this policy prior to referring patients seeking treatment.
2. Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
3. On limited occasions, the CCG may approve funding for an assessment only in order 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 and the patient has the potential to benefit from the proposed treatment. 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. Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
7. Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing. (Loof S., 2014)
8. Where funding approval is given by the Individual Funding Panel, it will be available for a specified period of time, normally one year.

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 after the operation.

Patients who have undergone a Vasectomy would not qualify for CCG 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

Sterilisation of Patents 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 and the CCG cannot consider requests to fund sterilisation for patients on this pathway.

POLICY - Criteria to Access Treatment - CBA

1) Vasectomy in a Primary or Community Care Setting should only be carried out in men who meet all of the following criteria:

- a) The patient understands that the sterilisation procedure is permanent and irreversible and the reversal of sterilisation operation would not be routinely funded by the CCG, **AND**
- b) He is certain that his family is complete, **AND**
- c) He has sound mental capacity for making the decision as emotional instability or equivocal feelings about permanent sterilization are contraindications to vasectomy (M David Stockton & Chief Editor: Edward David Kim), **AND**
- d) He 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**
- e) He understands that sterilisation does not prevent or reduce the risk of sexually transmitted infections, **AND**
- f) The procedure will be carried out in a primary or community care setting under a local anaesthetic (Faculty of Sexual and Reproductive Healthcare, 2014).

2) Vasectomy in Secondary Care Setting including those carried out under a general anaesthetic is not routinely commissioned by the CCG

Patients who require a vasectomy in secondary care may include the following:

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

Individual Funding Request Panel approval will need to be sought by clinicians seeking to undertake a Vasectomy in a secondary care setting out why the patient's procedure cannot be undertaken in a primary or community care setting and clearly stating the clinical grounds for exceptionality

Anxiety or fear of the procedure is unlikely to be considered by the Individual Funding Request Panel as exceptional given there are alternative methods of effective contraception

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.

Provided these patients receive the full support of their general practitioner, or clinician, in pursuing their funding request an application may be made to the Individual Funding Request Panel for consideration.

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 IFRP. 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 exceptional as defined below:

- Significantly different to the general population of patients with the condition in question
- Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067.

Or write to us: NHS Somerset Clinical Commissioning Group, Freepost RRKL-KKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net

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. Loof S., D. B. (2014). Perioperative complications in smokers and the impact of smoking cessation interventions [Dutch]. Tijdschrift voor Geneeskunde, vol./is. 70/4(187-192).
3. 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

4. NHS Choices : <http://www.nhs.uk/Conditions/contraception-guide/Pages/vasectomy-malesterilisation.aspx>
5. Thelwall, S. P. (2015). Impact of obesity on the risk of wound infection following surgery: results from a nationwide prospective multicentre cohort study in England. *Clinical microbiology and infection : the official publication of the European Society of Clinical Microbiology and Infectious Diseases*, , vol. 21, no. 11, p. 1008.e1.