

CIRCUMCISION CRITERIA BASED ACCESS (CBA) POLICY

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Application Form	IFR Generic application form if appropriate to apply

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VERSION CONTROL

Document Status:	Current policy
Version:	1819.v1.1b

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1516.v1.1	July 2017	Change from CSU template to SCCG template
1516.v1.1a	March 2018	3 year review & new policy Template

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	April 2018
Quality Impact Assessment QIA. Date:	February 2018
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1 GENERAL PRINCIPLES (CBA)

- 1.1 Treatment should 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 may be sought from the CCG's Individual Funding Request (IFR) Panel by submission of an IFR application
- 1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment
- 1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment
- 1.4 Referring patients to secondary care without them meeting the criteria or 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
- 1.5 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
- 1.6 Patients should be advised being referred 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
- 1.7 The CCG does not commission surgery for cosmetic purposes alone
- 1.8 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.9 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)
- 1.10 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)

2 POLICY CRITERIA

- 2.1 Circumcision for religious or cultural reasons is **not** funded
- 2.2 The CCG only funds circumcision for therapeutic reasons. If a patient fulfils the criteria below no prior approval is required, please ensure the referral to secondary care indicates how the patient fulfils the criteria and the medical records evidence this
 - 2.2.1 The following referrals do not need prior approval:
 - 2.2.2 Suspicion or evidence of **malignancy**
 - 2.2.3 **Frenuloplasty** when carried out because the frenulum tears or bleeds during intercourse
 - 2.2.4 **Phimosis** in adults or children
 - 2.2.5 **Phimosis** in adults leading to paraphimosis for difficulties in erection
 - 2.2.6 **Recurrent, troublesome episodes of infection** beneath the foreskin (balanitis (adults only) and balanoposthitis); this includes balanitis xerotica obliterans (BXO) that has not responded to conservative treatment
 - 2.2.7 **Where specialist paediatric** surgeons or urologists may need to perform a circumcision for some rare conditions

3 INDIVIDUAL FUNDING REQUEST APPLICATION PROCESS

- 3.1 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
- 3.2 Completion of a **Generic IFR Application Form** by a GP or Consultant may be put forward
- 3.3 Applications cannot be considered from patients personally
- 3.4 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
- 3.5 IFR applications are reviewed and considered for clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England IFR policy <https://www.england.nhs.uk/wp->

<content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

- 3.6 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:
 - 3.6.1 Significantly different to the general population of patients with the condition in question
 - 3.6.2 Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

4 ACCESS TO POLICY

- 4.1 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
- 4.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** somccg.pals@nhs.net