

Place name CCG

Policies for the Commissioning of Healthcare

Policy for Male Circumcision

1	Introduction
1.1	This document is part of a suite of policies that the CCG uses to drive its commissioning of healthcare. Each policy in that suite is a separate public document in its own right, but will be applied with reference to other policies in that suite.
1.2	This policy is based on the CCGs Statement of Principles for Commissioning of Healthcare (version in force on the date on which this policy is adopted).
2	Scope and definitions
2.1	Circumcision is a surgical procedure with a range of medical indications.
2.2	The scope of this policy relates to requests for Male Circumcision.
2.3	The scope of this policy does not include Female circumcision which has no medical indication and is prohibited in law by the Female Genital Mutilation Act 2003 (Ref 1) and is the subject of multi-agency guidelines from the Department of Health (Ref 2).
2.4	<p>The CCG recognises that a patient may:</p> <ul style="list-style-type: none">• suffer from a condition for which male circumcision has been offered.• wish to have a service provided for their condition,• be advised that they are clinically suitable for the treatment, and• be distressed by their condition, and by the fact that that this service is not normally commissioned by this Commissioning Organisation. <p>Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.</p>
2.5	For the purpose of this policy the CCG defines male circumcision as the surgical procedure to remove of all or part of the foreskin of the penis.
3	Appropriate Healthcare
3.1	The CCG considers that the purpose of circumcision is to prevent, diagnose and treat a medical condition and therefore, accords with the Principle of Appropriateness.
4	Effective Healthcare

4.1	If the CCG is satisfied by evidence in relation to a particular treatment or service that the probable effect on a population of patients is that the benefits of the treatment or service will substantially outweigh the harm done by the treatment or service, then the CCG regard the treatment or service as effective (Ref 4).
4.2	Male circumcision will be funded for therapeutic reasons only (as described in section 8).
4.3	The reported benefits of male circumcision, reduction of urinary tract and sexually transmitted infections and reduction of penile cancer risk are insufficient to justify its therapeutic use (Ref 3).
5	Cost Effectiveness
5.1	The CCG recognises that the outcome cost effectiveness of this treatment is within the threshold, and that the service satisfies the criterion of cost effectiveness.
6	Ethics
6.1	The Commissioning Organisation recognises that this service satisfies the criteria within the 'Ethical' component of the Principles for Commissioning Health and Health Care document.
7	Affordability
7.1	The CCG recognises that this service satisfies the criteria within the 'Affordability' component of the Principles for Commissioning Health and Health Care document.
8	Policy
8.1	The CCG may commission male circumcision when one or more of the following criteria are satisfied (Ref 4): <ul style="list-style-type: none"> • Congenital abnormalities with functional impairment • Distal scarring of the preputial orifice • Painful erections secondary to a tight foreskin • Recurrent bouts of infection (Balanitis / Balanoposthitis) • Redundant prepuce, phimosis (inability to retract the foreskin due to a narrow prepuce ring) sufficient to cause ballooning of the foreskin on micturition; and paraphimosis (inability to pull forward a retracted foreskin). • Lichen sclerosus (balanitis xerotica obliterans) -chronic inflammation leading to a rigid fibrous foreskin. • Pain on intercourse secondary to a tight foreskin (Phimosis) • Traumatic injury • Malignant or potentially malignant lesions of the prepuce, or those causing diagnostic uncertainty. • Exceptionality has been demonstrated in accordance with section 8 below.
8.2	The CCG will not commission male circumcision for non-therapeutic purposes

	such as cultural, religious or cosmetic reasons (Ref 5)
9	Exceptions
9.1	The CCG will consider exceptions to this policy in accordance with the Policy for Considering Applications for Exceptionality to Commissioning Policies.
10	Force
10.1	This policy remains in force until it is superseded by a revised policy.

Date of adoption

Date for review

References

1. Female Genital Mutilation Act 2003
<http://www.legislation.gov.uk/ukpga/2003/31>
2. Female Genital Mutilation: multi-agency practice guidelines. Department of Health, February 2011
<https://www.gov.uk/government/publications/female-genital-mutilation-multi-agency-practice-guidelines>
3. Siegfried N, Muller M, Deeks J, Volmink J. Male circumcision for prevention of heterosexual acquisition of HIV in men. Cochrane Database of Systematic Reviews 2009, Issue 2.
http://www.mrw.interscience.wiley.com/cochrane/clsystrev/articles/CD003362/pdf_fs.html
4. Royal College of Surgeons Commissioning guide: Foreskin conditions (October 2013)
<http://www.rcseng.ac.uk/healthcare-bodies/docs/published-guides/foreskinconditions>
5. British Medical Association (2006), London. The law and ethics of male circumcision: guidance for doctors. J Med Ethics 2004; 30: 259–263
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