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Arbenigol Cymru (PGIAC)
Welsh Health Specialised
Services Committee (WHSSC)

Specialised Services Commissioning Policy: CP34

Circumcision for children

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Contents

Policy Statement	4
Disclaimer	4
1. Introduction	5
1.1 Plain Language Summary	5
1.2 Aims and Objectives	5
1.3 Epidemiology	6
1.4 Current Treatment.....	6
1.5 Proposed Treatment	6
1.6 What NHS Wales has decided.....	6
1.7 Relationship with other documents	6
2. Criteria for Commissioning	8
2.1 Inclusion Criteria	8
2.2 Exclusion Criteria	8
2.3 Acceptance Criteria.....	8
2.4 Patient Pathway (Annex i)	8
2.6 Exceptions.....	9
2.7 Clinical Outcome and Quality Measures	9
2.8 Responsibilities	9
3. Evidence	11
3.1 Date of Review.....	11
4. Equality Impact and Assessment.....	12
5. Putting Things Right: Raising a Concern.....	13
Annex i Patient Pathway.....	14
Annex ii Checklist.....	15
Annex iii Prior Approval Form	16
Annex iv Codes.....	18

Policy Statement

Welsh Health Specialised Services Committee (WHSSC) will commission a Specialist Circumcision Service for male children in accordance with the criteria outlined in this document.

Female circumcision or female genital mutilation is prohibited by the law (*The Prohibition of Female Circumcision Act 1995*) and will therefore not be funded by the Commissioner WHSSC.

In creating this policy WHSSC has reviewed this clinical condition and the options for its treatment. It has considered the place of this treatment in current clinical practice, whether scientific research has shown the treatment to be of benefit to patients, (including how any benefit is balanced against possible risks) and whether its use represents the best use of NHS resources.

Disclaimer

WHSSC assumes that healthcare professionals will use their clinical judgment, knowledge and expertise when deciding whether it is appropriate to apply this policy.

This policy may not be clinically appropriate for use in all situations and does not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

WHSSC disclaims any responsibility for damages arising out of the use or non-use of this policy.

1. Introduction

This policy has been developed for the planning and delivery of specialised circumcision surgery for children and young men resident in Wales (aged 16 and under). This service will only be commissioned by the Welsh Specialised Services Committee (WHSSC) and applies to residents of all seven Health Boards in Wales.

1.1 Plain Language Summary

Circumcision is an operation to remove the foreskin, which is a flap of skin that covers the end of the penis. The foreskin is simply cut away and the remaining skin edges sewn together.

Only Circumcision for the following clinical reasons should be done in a specialist centre:

- Phimosis is a condition where the foreskin is too tight to be pulled back over the head of the penis (glans).
- Balanitis is a skin irritation on the head of the penis that can affect men and boys.
- Posthitis is the inflammation of the foreskin.
- Balanoposthitis is an inflammation of both the glans (Balanitis) and foreskin (Posthitis).
- Paraphimosis is where the foreskin can't be returned to its original position after being retracted. It causes the glans to become painful and swollen and requires emergency medical treatment to avoid serious complications, such as increased pain, swelling and restricted blood flow to the penis.
- Lichen sclerosus is a skin condition that causes itchy white patches on the genitals or other parts of the body.

1.2 Aims and Objectives

This policy aims to define the commissioning position of WHSSC on the use of specialised paediatric services for male children requiring circumcision.

The objectives of this policy are to:

- ensure commissioning for the use of Circumcision for children
- ensure equitable access to Circumcision services for children
- define criteria for children needing circumcision to access treatment
- improve outcome for children needing circumcision

1.3 Epidemiology

Male circumcision is the most common surgical procedure in the world. It may be performed for clinical reasons or to comply with religious/cultural practice¹.

It's rare for circumcision to be recommended for medical reasons in boys. This is because other less invasive and less risky treatments are usually available².

1.4 Current Treatment

Circumcision is a surgical procedure to remove the foreskin of the penis, Circumcision carried out for medical reasons should be rare and should only be carried out for urgent medical conditions.

Circumcision does not normally require the expertise of a Specialist Paediatric Surgeon. The only circumstances where this would be the case would be if the child was of a very young age or with complex needs that needed the specific expertise of a Paediatric Surgeon at a specialist centre.

Referrals to the specialist centre for Paediatric Surgery must be through a Consultant, direct GP referrals will not be funded.

1.5 Proposed Treatment

WHSSC has undertaken a review of the provision across Wales which has highlighted issues with service accessibility in the South and Mid Wales areas. WHSSC plans to lead in the assessment of long term requirements and the investment needed in the South and Mid Wales service, providing accessible services and long term sustainability.

1.6 What NHS Wales has decided

WHSSC has carefully reviewed the evidence of specialist circumcision surgery for children. We have concluded that there is enough evidence to fund the use of treatment, within the criteria set out in section 2.1.

1.7 Relationship with other documents

This document should be read in conjunction with the following documents:

- **NHS Wales**
 - All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).
 - Equality Impact Assessment

¹ <http://www.bapu.org.uk/wp-content/uploads/2013/03/circumcision2007.pdf>

² <https://www.nhs.uk/conditions/circumcision-in-boys/>

- **WHSSC policies and service specifications**
 - All Wales Policy: [Making Decisions in Individual Patient Funding requests](#) (IPFR).
- **The British Medical Association**
 - Law and ethics of male circumcision [BMA - Male circumcision](#)

2. Criteria for Commissioning

The Welsh Health Specialised Services Committee approve funding of specialist circumcision surgery for male children in-line with the criteria identified in the policy.

2.1 Inclusion Criteria

Circumcision for medical reasons is rare and should only be carried out for the following urgent and/or complex medical conditions:

- Pathological phimosis (The commonest cause is lichen sclerosus)
- Recurrent episodes of balanoposthitis
- Balanitis Xerotica Obliterans (BXO)
- Prevention of urinary tract infection in patients with an abnormal urinary tract
- Recurrent paraphimosis
- Traumatic (e.g. zipper injury)
- Tight foreskin causing pain on arousal/interfering with sexual function
- Congenital abnormalities

2.2 Exclusion Criteria

WHSSC will not fund any cases where circumcision is requested for non-medical reasons; this includes non-therapeutic or 'ritual' circumcision or circumcision for religious or cultural reasons.

2.3 Acceptance Criteria

The service outlined in this specification is for patients ordinarily resident in Wales, or otherwise the commissioning responsibility of the NHS in Wales. This excludes patients who whilst resident in Wales, are registered with a GP practice in England, but includes patients resident in England who are registered with a GP Practice in Wales.

2.4 Patient Pathway (Annex i)

District General Hospitals should assess children and when warranted undertake non-complex procedures. Children who are complex cases or young in age should be referred to a specialist centre.

Circumcision should be performed by or under the supervision of doctors trained in children's surgery. This may be at an appropriate DGH and the vast majority of cases follow this model of care. Commissioning responsibility for General Surgery, including Paediatric Surgery at a DGH lies within the remit of Local Health Boards. Consideration of circumcision in non-complex cases should be referred directly to District General Hospitals.

Referrals to the specialist centre for surgery must be through a Consultant and approved prior to the procedure taking place. The prior approval form in Annex iii will need to be completed and signed by the Consultant treating the child. Direct GP referrals will not be funded.

2.5 Designated Centre

When children are of a young age or considered to be complex cases, referrals should be made to the relevant local specialist centre, these being:

- Cardiff & Vale University Health Board for South Wales,
- Royal Liverpool Children's Hospital for North Wales and
- Birmingham Children's University Hospital for Mid Wales.

2.6 Exceptions

If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

2.7 Clinical Outcome and Quality Measures

The Provider must work to written quality standards and provide monitoring information to the lead commissioner.

The centre must enable the patient's, carer's and advocate's informed participation and to be able to demonstrate this. Provision should be made for patients with communication difficulties for children, teenagers and young adults.

2.8 Responsibilities

Referrers should:

- inform the patient that this treatment is not routinely funded outside the criteria in this policy, and
- refer via the agreed pathway.

Clinician considering treatment should:

- discuss all the alternative treatment with the patient

- advise the patient of any side effects and risks of the potential treatment
- inform the patient that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with WHSSC for the treatment.

In all other circumstances an IPFR must be submitted.

3. Evidence

WHSSC is committed to regularly reviewing and updating all of its commissioning policies based upon the best available evidence of both clinical and cost effectiveness.

3.1 Date of Review

This document is scheduled for review before March 2024 where we will check if any new evidence is available. If no new evidence or intervention is available the review date will be progressed.

If an update is carried out the policy will remain extant until the revised policy is published.

4. Equality Impact and Assessment

The Equality Impact Assessment (EQIA) process has been developed to help promote fair and equal treatment in the delivery of health services. It aims to enable Welsh Health Specialised Services Committee to identify and eliminate detrimental treatment caused by the adverse impact of health service policies upon groups and individuals for reasons of race, gender re-assignment, disability, sex, sexual orientation, age, religion and belief, marriage and civil partnership, pregnancy and maternity and language (Welsh).

This policy has been subjected to an Equality Impact Assessment.

The Assessment demonstrates the policy is robust and there is no potential for discrimination or adverse impact. All opportunities to promote equality have been taken.

5. Putting Things Right: Raising a Concern

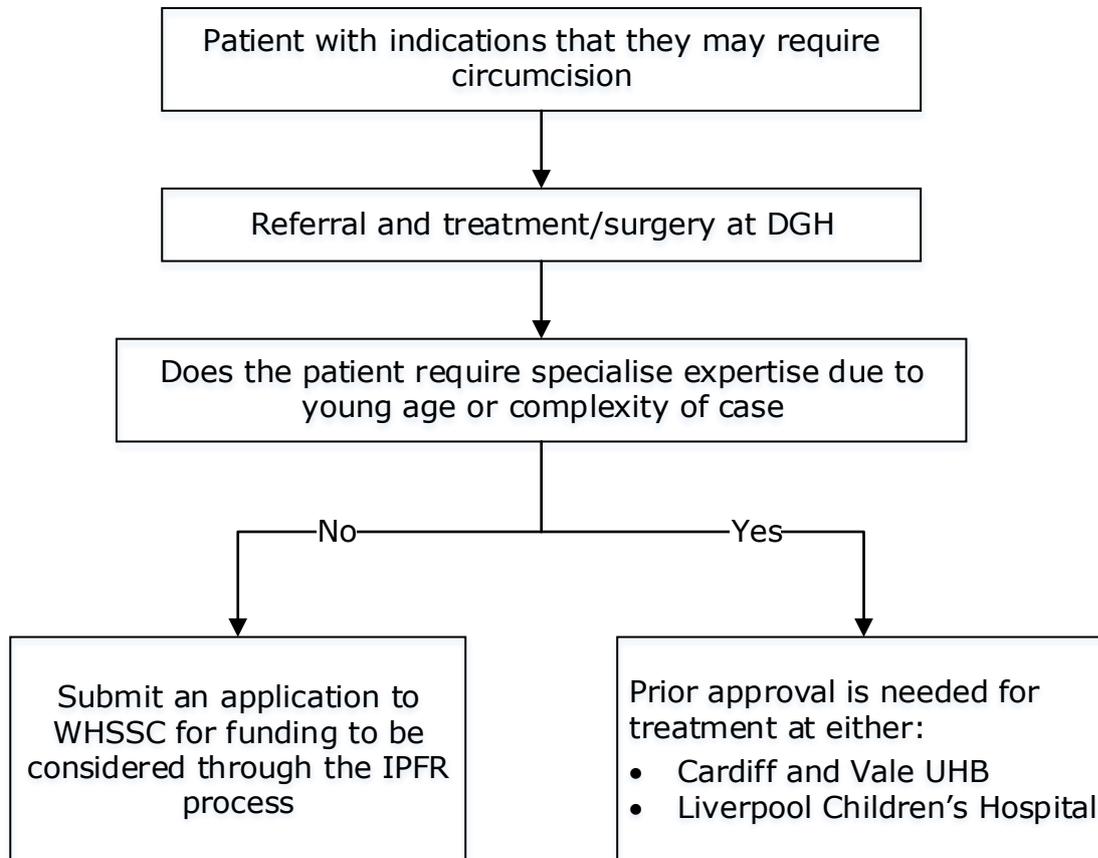
If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

If an IPFR is declined by the Panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached. If the patient and their NHS clinician feel the process has not been followed in accordance with this policy, arrangements can be made for an independent review of the process to be undertaken by the patient's Local Health Board. The ground for the review, which are detailed in the All Wales Policy: Making Decisions on Individual Patient Funding Requests (IPFR), must be clearly stated

If the patient wishes to be referred to a provider outside of the agreed pathway, and IPFR should be submitted.

Further information on making IPFR requests can be found at: [Welsh Health Specialised Services Committee \(WHSSC\) | Individual Patient Funding Requests](#)

Annex i Patient Pathway



Annex ii Checklist

Specialist Circumcision for Children

The following checklist should be completed for every patient to whom the policy applies:

- Where the patient meet the criteria **and** the procedure is included in the contract **and** the referral is received by an agreed centre, the form should be completed and retained by the receiving centre for audit purposes.
- The patient meets the criteria **and** is received at an agreed centre, but the procedure is not included in the contract. The checklist must be completed and submitted to WHSSC for prior approval to treatment.
- The patient meets the criteria but wishes to be referred to a non contracted provider. An Individual Patient Funding Request (IPFR) Form must be completed and submitted to WHSSC for consideration.
- If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All Wales IPFR Panel.

Annex iii Prior Approval Form



PRIOR APPROVAL REQUEST FORM

Please only use this form when **all** treatment options available within locally provided services have been exhausted and it is **clinically appropriate** to consider accessing healthcare services elsewhere.

Details of clinician making the referral:	Details of clinician patient is being referred to:
Name:	Name:
Designation:	Specialty:
Address:	Address:
Postcode:	Postcode:
Telephone number:	Telephone number:
Fax number:	Fax number:
Email:	Email:

Patient Details	
First name:	Last name:
Address:	Date of birth:
	Telephone number:
	NHS number:
Postcode:	Hospital number:

Urgency			
How urgent is the request? (tick as applicable)	Urgent: 24-48 hours	Soon: Within 3 weeks	Non-urgent: 4-6 weeks

Please note: If a decision is required urgently, clinical reasons must be provided. Administrative reasons will not be considered.

Reason for request
<input type="checkbox"/> Second opinion <input type="checkbox"/> Lack of local/commissioned service provision/expertise <input type="checkbox"/> Clinical continuity of care <input type="checkbox"/> Transfer back to the NHS following self-funding in the private sector <input type="checkbox"/> Re-referral following a previous tertiary referral <input type="checkbox"/> Student <input type="checkbox"/> Veteran <input type="checkbox"/> Other - please specify

Clinical details
Details of treatment requested:
Medical history and current clinical status: (Please provide a copy of the latest clinical report)
What plans are in place to ensure the patient is returned to local services following the treatment/intervention requested?
Has advice been sought from other colleagues or neighbouring Health Boards with whom we hold a contract (please provide details)
Additional information to support the referral: (clinical letters/reports should be attached)
Cost of treatment:

I confirm that as the patients Consultant/GP, I have discussed this application and consent has been provided to obtain further clinical information pertinent to this funding request if required.
Clinicians signature:
Date:

Please return this form with a copy of the referral letter to:
Please return completed form to: Patient Care Team Welsh Health Specialised Services 3a Caerphilly Business Park CF83 3ED Email: whssc.ipc@wales.nhs.uk or whssc.ipc@nhs.net Fax: 029 2086 9534
If you have any questions, please telephone 01443 443443 ext.8123

Annex iv Codes

ICD-10 Codes

Code Category	Code	Description
Redundant prepuce, phimosis and paraphimosis	N47.0	Redundant prepuce, phimosis and paraphimosis
Other disorders of penis	N48.1	Balanoposthitis

OPCS 4 Codes

Code Category	Code	Description
Operations on prepuce	N30.3	Circumcision