

Policy for Male circumcision

Reference Number:	COM/32
Version:	Version 2
Name of responsible Committee and date approved or recommended to Integrated Care Board:	Finance and Performance Committee
Date approved by the Integrated Care Board (if applicable):	02 October 2024
Next Review Date:	April 2027
Expiry Date:	October 2027
Name of author and title:	Public Health Warwickshire & ICB Medical Directorate
Name of reviewer and title:	Dr Mike Caley, Deputy Chief Medical Director
Department:	Medical Directorate

VERSION HISTORY

Date	Version	Changes made to previous version	Consulting and Endorsing Stakeholders, Committees / Meetings / Forums etc.
4/10/2023	V2	<ul style="list-style-type: none"> • Formatting changes • Guidance used included • Adoption of NHS England's Evidence Based Interventions Guideline Wave 3 	Clinical Commissioning Policy Development Group, 18 April 2023 and 17 October 2023

Contents

1. Category: Prior Approval 3

2. Background 3

3. Eligibility Criteria 4

4. Guidance/References 5

5. Diagnostic and Procedure Codes 5

6. Equality and Quality Impact Assessment Tool..... 7

1. Category: Prior Approval

Prior approval from the Integrated Care Board (ICB) will be required before any treatment proceeds in secondary care unless an alternative contract arrangement has been agreed with the ICB that does not necessitate the requirement of prior approval before treatment.

2. Background

Penile circumcision is the removal of the foreskin from the penis. It is performed as a day case procedure and requires general anaesthetic. While penile circumcision may be undertaken for religious, cultural, or medical reasons, the focus of this policy is on the medical indications for penile circumcision.

Phimosis (where the foreskin is too tight to be pulled back over the head of the penis) is normal in babies and young children. The percentage that can fully retract the foreskin increases with age.

Most foreskin conditions can be managed with simple advice and reassurance. There are a range of treatment options available for foreskin conditions and it's important that children and their parents are informed of these options prior to the decision to perform a penile circumcision, which cannot be reversed once performed.

While major morbidity and mortality following medical penile circumcision is very rare, these could be reduced and potentially avoided if surgical indications were more stringently applied.

Medical penile circumcision is rarely indicated as a primary treatment. Most children and young people presenting with penile problems require no intervention other than reassurance.

Evidence shows that there is a wide variation in numbers of penile circumcision performed across the England. It is important to note that young children may be unable to give informed consent to penile circumcision, therefore clinicians should carefully consider the evidence-base and alternative options available.

The diagnostic code most often used for medical penile circumcision is phimosis. Phimosis is normal in babies and young children as the foreskin and glans of the penis are initially fused.

The percentage of children with full retraction of the foreskin increases with age. By the age of six years, approximately 8/100 cannot retract their foreskin at all, and 63/100 have adhesions which prevent the foreskin from being fully retracted. Since 99% of all children with a penis have full retraction of the foreskin by age 17 years, this leaves only one in 100 requiring medical penile circumcision for phimosis by their 17th birthday.

The GIRFT Paediatric General Surgery and Urology National Report reviewed medical penile circumcisions performed in hospital trusts in England and found variation in volumes and activity:

- 17.5% of penile circumcisions are in children aged under five years old
- In some trusts, as many as 50% of children are under the age of five years at the time of their procedure.

It is important to note that young children, especially those aged under five years are unable to give informed consent or assent and therefore it is especially important that surgeons and parents

consider the evidence base and consider less radical options when making the decision to perform penile circumcision, which cannot be reversed once performed.

NB. Circumcision refers to male circumcision only. Female circumcision is prohibited in law by the Female Genital Mutilation Act 2003 and is the subject of multi-agency guidelines from the Department of Health.

3. Eligibility Criteria

Male Circumcision

Male Circumcision for cosmetic, social, cultural and religious reasons - **not** funded

Male Circumcision under 16 years of age

This policy excludes children and young people with congenital penile conditions such as hypospadias.

Penile circumcision should only be performed for:

- Prevention of urinary tract infection (UTI) in patients with recurrent UTIs or at high risk of UTI
- **OR**
- Pathological phimosis (balanitis xerotica obliterans /lichen sclerosus)
- **OR**
- For persistent phimosis in children approaching puberty, following an attempted a trial of non-operative interventions e.g. a six-week course of high-dose topical steroid. A prescription of this would not normally exceed three months and should have achieved maximal therapeutic benefit within this time. A topical steroid such as Betamethasone (0.025-0.1%) is commonly prescribed.
- **OR**
- Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis

Male Circumcision over 16 years of age

Male Circumcision for clinical indications funded with following clinical indications:

- Pathological phimosis
OR
- Three documented episodes of balanoposthitis
OR

Relative indications for circumcision or other foreskin surgery include the following:

- Prevention of urinary tract infection in patients with an abnormal urinary tract
- Recurrent paraphimosis
- Trauma (e.g. zipper injury)
- Tight foreskin causing pain on arousal/ interfering with sexual function
- Congenital abnormalities

Absolute indications for circumcision

- Penile malignancy
- Traumatic foreskin injury where it cannot be salvaged

ALL patients must have a formally documented discussion of the risks and benefits of foreskin preserving surgery versus penile circumcision using a shared decision making framework.

For patients who **DO NOT** meet the eligibility criteria, the ICB will only consider funding the treatment if an Individual Funding Request (IFR) detailing the patient's clinical presentation is submitted to the ICB.

4. Guidance/References

[Penile circumcision - EBI \(aomrc.org.uk\)](http://aomrc.org.uk)

[Circumcision in boys - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Circumcision in men - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[bma-non-therapeutic-male-circumcision-of-children-guidance-2019.pdf](#)

[Circumcision.pdf \(baus.org.uk\)](http://baus.org.uk)

[The Contrasting Evidence Concerning the Effect of Male Circumcision on Sexual Function, Sensation, and Pleasure: A Systematic Review - PubMed \(nih.gov\)](#)

5. Diagnostic and Procedure Codes

Code script

Inpatient

```
WHEN LEFT(der.Spell_Dominant_Procedure,4) IN ('N303')
AND APCS.Der_Diagnosis_All LIKE '%N47%'
AND (NOT( APCS.Der_Diagnosis_All LIKE '%N390%'
OR APCS.Der_Diagnosis_All LIKE '%N48[01]%'
OR APCS.Der_Diagnosis_All LIKE '%Q54[0123489]%'
OR APCS.Der_Diagnosis_All LIKE '%Q55[345689]%' )
OR APCS.Der_Diagnosis_All IS NULL )
THEN '3J_Penile_Circumcision'
```

Code Definitions

Procedure codes (OPCS)

N303 Circumcision

Diagnosis codes (ICD)

Inclusion

N47X Redundant prepuce, phimosis and paraphimosis

Exclusion

N390 Urinary tract infection, site not specified (current infection – only added unspecified site code as most likely)

Z874 Personal history of diseases of the genitourinary system (history of infection – not specific to UTI)

N480 Leukoplakia of penis

N481 Balanoposthitis

Q540 Hypospadias, balanic

Q541 Hypospadias, penile

Q542 Hypospadias, penoscrotal
Q543 Hypospadias, perineal
Q544 Congenital chordee
Q548 Other hypospadias
Q549 Hypospadias, unspecified
Q553 Atresia of vas deferens
Q554 Other congenital malformations of vas deferens, epididymis, seminal vesicles and prostate
Q555 Congenital absence and aplasia of penis
Q556 Other congenital malformations of penis
Q558 Other specified congenital malformations of male genital organs
Q559 Congenital malformation of male genital organ, unspecified

Additional Exclusions

apcs.der_diagnosis_all not like '%C[0-9][0-9]%' and

apcs.der_diagnosis_all not like '%D0%' and

apcs.der_diagnosis_all not like '%D3[789]%' and

apcs.der_diagnosis_all not like '%D4[012345678]%'

This code captures code in the ranges C00-C99, D00-D09 and D37-D48.

Age range: the codes use the following age ranges 0-18 for children and 19-120 for adults.

— Private Appointment Exclusion

AND apcs.Administrative_Category<>'02'

6. Equality and Quality Impact Assessment Tool

The following assessment screening tool will require judgement against all listed areas of risk in relation to quality. Each proposal will need to be assessed whether it will impact adversely on patients / staff / organisations.

Insert your assessment as positive (P), negative (N) or neutral (N/A) for each area.

Record your reasons for arriving at that conclusion in the comments column. If the assessment is negative, you must also calculate the score for the impact and likelihood and multiply the two to provide the overall risk score. Insert the total in the appropriate box.

Quality Impact Assessment

Quality and Equality Impact Assessment

Scheme Title:	Policy for Male Circumcision		
Project Lead:	Lucy Dyde, IFR Team Manager	Senior Responsible Officer:	Dr Michael Caley, Deputy CMO
		Quality Sign Off:	Quality Team Members as below
Intended impact of scheme:	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB) where a patient is suffering from a medical condition, for which the ICB has commissioning responsibility.</p> <p>The policy for Male Circumcision supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.</p>		
How will it be achieved:	Through the process detailed in this document.		

Name of person completing assessment:	Lucy Dyde
Position:	IFR Team Manager
Date of Assessment:	24 June 2024

Quality Review by:	Petty Trowell, Dawn Baker, Anna Crane, Micaela Loveridge, Michelle Gorrell, Lee Hill, Annette Walker
Position:	Team Members
Date of Review:	27 06 24

High level Quality and Equality Questions

The risk rating is only to be done for the potential negative outcomes. We are looking to assess the likelihood of the negative outcome occurring and the level of negative impact. We are also seeking detail of mitigation actions that may help reduce this likelihood and potential impact.

AREA OF ASSESSMENT		OUTCOME ASSESSMENT (Please tick one)			Evidence/Comments for answers	Risk rating (For negative outcomes)			Mitigating actions
		Positive	Negative	Neutral		Risk impact (I)	Risk likelihood (L)	Risk Score (IxL)	
Duty of Quality Could the scheme impact positively or negatively on any of the following:	Effectiveness – clinical outcome	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NHS England's EBI guidance.				
	Patient experience	✓			Policy to implement access for eligible patients who will be assured that they are accessing evidenced				

					based practice to receive clinically effective NHS funded treatment.				
	Patient safety	✓			The provider will follow the Patient Safety Incident Response Framework (PSIRF) national guidance on reporting incidents via the Learning from Patient Safety Events (LFPSE) system as per individual policy/procedures to protect patients and maintain safety.				
	Parity of esteem	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically appropriate treatment which includes access to mental health and physical health support within the designated service, following best practice and NHS England's EBI guidance, where applicable.				
	Safeguarding children or adults	✓			Usual ICB and/or Provider Safeguarding policies and mechanisms will apply.				
NHS Outcomes Framework Could the scheme impact positively or negatively on the	Enhancing quality of life	✓			Patients eligible for NHS funded treatment will experience an improved access to service and desired outcome				

delivery of the five domains:	Ensuring people have a positive experience of care	✓			Increased opportunity for patients to access the service locally and nationally via patient choice.				
	Preventing people from dying prematurely			✓	Policy to implement national evidenced based guidance for eligible patients to receive NHS funded male circumcision.				
	Helping people recover from episodes of ill health or following injury	✓			Patients eligible for this NHS funded treatment will help them recover from ill health related conditions such as recurrent UTIs, persistent phimosis, balanoposthitis, recurrent paraphimosis and congenital abnormalities.				
	Treating and caring for people in a safe environment and protecting them from avoidable harm	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) "quality statements".				
Patient services Could the proposal impact positively or negatively on any of the following:	A modern model of integrated care, with key focus on multiple long-term conditions and clinical risk factors	✓			Policy to implement national evidenced based guidance for eligible patients to receive NHS funded treatment for conditions such as recurrent UTIs, persistent				

					phimosis, balanoposthitis, recurrent paraphimosis and congenital abnormalities.				
	Access to the highest quality urgent and emergency care			✓	Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NHS England's EBI guidance.				
	Convenient access for everyone	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients to receive NHS funded treatment.				
	Ensuring that citizens are fully included in all aspects of service design and change			✓	Nationally patient engagement and participation has been key to the policy design Patients are invited to participate in current providers National/Local staff satisfaction surveys to ensure ongoing engagement continues.				
	Patient Choice	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients to receive				

					clinically effective NHS funded treatment.				
	Patients are fully empowered in their own care	✓			Eligible patients will be fully involved in their care planning through shared decision-making, personalised care, and support planning following NHS England's EBI guidance.				
	Wider primary care, provided at scale			✓	Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment within the Secondary Care services under patient choice.				
Access Could the proposal impact positively or negatively on any of the following:	Patient choice	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients to receive clinically effective NHS funded treatment.				
	Access	✓			This policy applies to all patients registered at an NHS Coventry and Warwickshire ICB GP practice and is available under patient choice for eligible patients to receive clinically effective NHS funded treatment within				

					the Secondary Care services under patient choice.				
	Integration	✓			There is collaboration across the pathway at system level across primary and secondary care.				
Compliance with NHS Constitution	Quality of care and environment	✓			The ICB expectation is that all providers of service hold an NHS standard contract where delivery of the service is stipulated under the core requirements to safeguard quality of care in line with the Care Quality Commission (CQC) “quality statements”.				
	Nationally approved treatment/drugs	✓			Policy to implement national evidenced based guidance for eligible patients to receive clinically effective NHS funded treatment following NHS England’s EBI guidance.				
	Respect, consent and confidentiality	✓			All usual ICB and/or Provider respect, consent and confidentiality policies and mechanisms will apply.				
	Informed choice and involvement	✓			Patients will be fully involved in their care planning through shared decision-making, personalised care, and				

					support planning following NHS England's EBI guidance.				
	Complain and redress	✓			Usual ICB and/or Provider compliment, complaint and redress policies and mechanisms will apply				

*Risk score definitions are provided in the next section.

Equality Impact Assessment

Project / Policy Details

What is the aim of the project / policy?

To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB) where a patient is suffering from a medical condition, for which the ICB has commissioning responsibility.

The policy for Male Circumcision supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness and desired outcomes for patients it is intended for.

Who will be affected by this work? e.g staff, patients, service users, partner organisations etc.

Patients

Is a full Equality Analysis Required for this project?

Yes	Proceed to complete this form.	No	Explain why further equality analysis is not required.
If no, explain below why further equality analysis is not required. For example, the decision concerned may not have been made by the ICB or it is very clear that it will not have any impact on patients or staff.			

Equality Analysis Form

1. Evidence used

What evidence have you identified and considered? This can include national research, surveys, reports, NICE guidelines, focus groups, pilot activity evaluations, clinical experts or working groups, JSNA or other equality analyses.

[Penile circumcision - EBI \(aomrc.org.uk\)](http://aomrc.org.uk)

[Circumcision in boys - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[Circumcision in men - NHS \(www.nhs.uk\)](http://www.nhs.uk)

[bma-non-therapeutic-male-circumcision-of-children-guidance-2019.pdf](#)

[Circumcision.pdf \(baus.org.uk\)](http://baus.org.uk)

[The Contrasting Evidence Concerning the Effect of Male Circumcision on Sexual Function, Sensation, and Pleasure: A Systematic Review - PubMed \(nih.gov\)](#)

2. Impact and Evidence:
In the following boxes detail the findings and impact identified (positive or negative) within the research detailed above; this should also include any identified health inequalities which exist in relation to this work.
Age: A person belonging to a particular age (e.g. 32 year olds) or a range of ages (e.g. 18-30 year olds)
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Disability: A person has a disability if he/she has a physical, hearing, visual or mental impairment, which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
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 (including transgender): Where a person has proposed, started or completed a process to change his or her sex.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
This policy only affects only patients assigned male at birth, male transgender patients should not be affected.
Marriage and civil partnership: A person who is married or in a civil partnership.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Pregnancy and maternity: A woman is protected against discrimination on the grounds of pregnancy and maternity. With regard to employment, the woman is protected during the period of her pregnancy and any statutory maternity leave to which she is entitled. Also, it is unlawful to discriminate against women breastfeeding in a public place.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
This policy only affects patients assigned male at birth, so this equality group will not be affected by the policy.
Race: A group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Religion or belief: A group of people defined by their religious and philosophical beliefs including lack of belief (e.g. atheism). Generally a belief should affect an individual's life choices or the way in which they live.
This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.
Patients may wish for themselves or their male children to be circumcised for religious reasons.

<p>The policy does not discriminate between patients based on their religious beliefs.</p> <p>Religion or belief will not be considered as a reason for circumcision. The decision to fund this procedure is based purely on clinical presentation.</p>		
<p>Sex: A man or a woman</p>		
<p>This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.</p> <p>This policy will affect male patients as circumcision is the surgical removal of foreskin.</p> <p>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.</p>		
<p>Sexual orientation: Whether a person feels generally attracted to people of the same gender, people of a different gender, or to more than one gender (whether someone is heterosexual, lesbian, gay or bisexual).</p>		
<p>This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.</p>		
<p>Carers: A person who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support</p>		
<p>This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.</p>		
<p>Other disadvantaged groups:</p>		
<p>This policy does not contain any statements which may exclude clinicians of the NHS Coventry and Warwickshire Integrated Care Board from applying this policy.</p> <p>The ICB is not aware of any other vulnerable and disadvantaged groups that are not already covered by other equality groups identified within the EIA.</p>		
<p>3. Human Rights</p>		
<p>FREDA Principles / Human Rights</p>	<p>Question</p>	<p>Response</p>
<p>Fairness – Fair and equal access to services</p>	<p>How will this respect a person's entitlement to access this service?</p>	<p>To provide a fair, equitable and transparent process for all patients of the NHS Coventry and Warwickshire Integrated Care Board (ICB) where a patient is suffering from a medical condition, for which the ICB has commissioning responsibility.</p> <p>The policy for Male Circumcision supports the objective to prioritise resources and provide interventions with the greatest proven health gain, within ICB budgetary</p>

		constraints. The intention is to ensure equity and fairness in respect of access to NHS funding for interventions and to ensure that interventions are provided within the context of the needs of the overall population and the evidence of clinical and cost effectiveness.
Respect – right to have private and family life respected	How will the person's right to respect for private and family life, confidentiality and consent be upheld?	The patient will not be contacted by the ICB. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Equality – right not to be discriminated against based on your protected characteristics	How will this process ensure that people are not discriminated against and have their needs met and identified?	This policy is applied to all patients of the NHS Coventry and Warwickshire Integrated Care Board where the clinician has identified that the patient is suffering from a medical condition, for which the ICB has commissioning responsibility.
Dignity – the right not to be treated in a degrading way	How will you ensure that individuals are not being treated in an inhuman or degrading way?	All communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Autonomy – right to respect for private & family life; being able to make informed decisions and choices	How will individuals have the opportunity to be involved in discussions and decisions about their own healthcare?	Individuals will have the opportunity to discuss their healthcare with the requesting clinician. If the patient contacts the ICB of their own accord then all communication, written or verbal, will be provided in a confidential, clear, understandable, format.
Right to Life	Will or could it affect someone's right to life? How?	No
Right to Liberty	Will or could someone be deprived of their liberty? How?	No

4. Engagement, Involvement and Consultation

If relevant, please state what engagement activity has been undertaken and the date and with

Senior Manager Signoff	Dr Michael Caley, Deputy CMO	24.06.2024
Which committee will be considering the findings and signing off the EA?	F&P	02.10.2024
Approved by the Policy Procedure and Strategy Assurance Group.		

Once complete, please send to the ICB's Governance Team