

Clinical Commissioning Policy

CMICB_Clin104

Penile circumcision in children and young people under 16 years

(Based on Evidence Based Intervention (EBI) Programme Best Practice Guidance)

Category 2 Intervention - Only routinely commissioned when specific criteria are met

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Last Reviewed: March 2024

This policy statement will be reviewed 5 years from the date of the last review unless new evidence or technology is available sooner.

1. Policy statement

- 1.1 Circumcision is not routinely commissioned for cultural, religious or cosmetic reasons.
- 1.2 Medical penile circumcision is rarely indicated as a primary treatment and most children presenting with penile problems require no intervention other than reassurance.
- 1.3 Penile circumcision is routinely commissioned in children and young people (under 16 years) 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**
- Persistent phimosis in children approaching puberty who have failed to respond to a minimum trial of 6 weeks of topical corticosteroid (e.g. betamethasone – 0.025 – 0.1%) up to a maximum of twelve weeks treatment.
- OR**
- Acquired trauma where reconstruction is not feasible, for example, following zipper trauma or dorsal slit for paraphimosis
- 1.4 **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.

2. Exclusions

- 2.1 This guidance excludes children with congenital penile conditions such as hypospadias and also cases of acute trauma such as zipper injury or a dorsal slit for paraphimosis.

3. Core Eligibility Criteria

- 3.1 There are several circumstances where a patient may meet a 'core eligibility criterion' which means they are eligible to be referred for this procedure or treatment, regardless of whether they meet the policy statement criteria, or the procedure or treatment is not routinely commissioned.
- 3.2 These core clinical eligibility criteria are as follows:
- Any patient who needs 'urgent' treatment will always be treated.
 - All NICE Technology Appraisals Guidance (TAG), for patients that meet all the eligible criteria listed in a NICE TAG will receive treatment.
 - In cancer care (including but not limited to skin, head and neck, breast and sarcoma) any lesion that has features suspicious of malignancy, must be referred to an appropriate specialist for urgent assessment under the 2-week rule.
NOTE: Funding for all solid and haematological cancers are now the responsibility of NHS England.
 - Reconstructive surgery post cancer or trauma including burns.

- Congenital deformities: Operations on congenital anomalies of the face and skull are usually routinely commissioned by the NHS. Some conditions are considered highly specialised and are commissioned in the UK through the National Specialised Commissioning Advisory Group (NSCAG). As the incidence of some cranio-facial congenital anomalies is small and the treatment complex, specialised teams, working in designated centres and subject to national audit, should carry out such procedures.
- Tissue degenerative conditions requiring reconstruction and/or restoring function e.g. leg ulcers, dehisced surgical wounds, necrotising fasciitis.
- For patients expressing gender incongruence, further information can be also be found in the current ICB gender incongruence policy and within the [NHS England gender services programme](https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/) - <https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/>

4. Rationale behind the policy statement

- 4.1 See Evidence Based Interventions (EBI) programme <https://ebi.aomrc.org.uk/resources/>.

5. Summary of evidence review and references

- 5.1 Penile circumcision is the surgical removal of the foreskin. 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 guideline is on the medical indications for penile circumcision.
- 5.2 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.
- 5.3 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.
- 5.4 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.
- 5.5 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.
- 5.6 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.
- 5.7 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.

References

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13. GIRFT Programme National Specialty Report. 2021 *Paediatric General Surgery and Urology.* (Pending formal approval)
14. Singh-Grewal D, Macdessi J, Craig J. Circumcision for the prevention of urinary tract infection in boys: a systematic review of randomised trials and observational studies. *Arch Dis Child*, 2005; 90:853–858.

6. Advice and Guidance

6.1 Aim and Objectives

- This policy aims to ensure a common set of criteria for treatments and procedures across the region. This is intended to reduce variation of access to NHS services in different areas and allow fair and equitable treatment for all patients.
- This policy relates to the commissioning of interventions which optimise clinical effectiveness and represent value for money.
- This document is part of a suite of policies which the Integrated Care Board (ICB) uses to drive its commissioning of healthcare. Each policy is a separate public document in its own right but should be considered alongside all the other policies in the suite as well as the core principles outlined.
- At the time of publication, the evidence presented per procedure/treatment was the most current available.

- The main objective for having healthcare commissioning policies is to ensure that:
 - Patients receive appropriate health treatments
 - Treatments with no or a very limited evidence base are not used; and
 - Treatments with minimal health gain are restricted.
- Owing to the nature of clinical commissioning policies, it is necessary to refer to the biological sex of patients on occasion. When the terms 'men' and 'women' are used in this document (unless otherwise specified), this refers to biological sex. It is acknowledged that this may not necessarily be the gender to which individual patients identify.

6.2 Core Principles

- Commissioning decisions by ICB Commissioners are made in accordance with the commissioning principles set out as follows:
 - Commissioners require clear evidence of clinical effectiveness before NHS resources are invested in the treatment.
 - Commissioners require clear evidence of cost effectiveness before NHS resources are invested in the treatment.
 - Commissioners will consider the extent to which the individual or patient group will gain a benefit from the treatment.
 - Commissioners will balance the needs of an individual patient against the benefit which could be gained by alternative investment possibilities to meet the needs of the community.
 - Commissioners will consider all relevant national standards and consider all proper and authoritative guidance.
 - Where a treatment is approved Commissioners will respect patient choice as to where a treatment is delivered, in accordance with the 'NHS Choice' framework.
 - Commissioning decisions will give 'due regard' to promote equality and uphold human rights. Decision making will follow robust procedures to ensure that decisions are fair and are made within legislative frameworks.

6.3 Individual Funding Requests (Clinical Exceptionality Funding)

- If any patients are excluded from this policy, for whatever reason, the clinician has the option to make an application for clinical exceptionality. However, the clinician must make a robust case to the Panel to confirm their patient is distinct from all the other patients who might be excluded from the designated policy.
- The ICB will consider clinical exceptions to this policy in accordance with the Individual Funding Request (IFR) Governance Framework consisting of: IFR Decision Making Policy; and IFR Management Policy available on the C&M ICB website:
<https://www.cheshireandmerseyside.nhs.uk/your-health/individual-funding-requests-ifr/>

6.4 Cosmetic Surgery

- Cosmetic surgery is often carried out to change a person's appearance to achieve what a person perceives to be a more desirable look.
- Cosmetic surgery/treatments are regarded as procedures of low clinical priority and therefore not routinely commissioned by the ICB Commissioner.
- A summary of Cosmetic Surgery is provided by NHS Choices. Weblink:
<http://www.nhs.uk/conditions/Cosmetic-surgery/Pages/Introduction.aspx> and
<http://www.nhs.uk/Conditions/Cosmetic-surgery/Pages/Procedures.aspx>

6.5 Diagnostic Procedures

- Diagnostic procedures to be performed with the sole purpose of determining whether or not a restricted procedure is feasible should not be carried out unless the eligibility criteria are met, or approval has been given by the ICB or GP (as set out in the approval process of the patients responsible ICB) or as agreed by the IFR Panel as a clinically exceptional case.
- Where a General Practitioner/Optometrlist/Dentist requests only an opinion the patient should not be placed on a waiting list or treated, but the opinion given and the patient returned to the care of the General Practitioner/Optometrlist/Dentist, in order for them to make a decision on future treatment.

6.6 Clinical Trials

- The ICB will not fund continuation of treatment commenced as part of a clinical trial. This is in line with the Medicines for Human Use (Clinical Trials) Regulations 2004 and the Declaration of Helsinki which stipulates that the responsibility for ensuring a clear exit strategy from a trial, and that those benefiting from treatment will have ongoing access to it, lies with those conducting the trial. This responsibility lies with the trial initiators indefinitely.

7. Monitoring and Review

- 7.1 This policy remains in force until it is superseded by a revised policy or by mandatory NICE guidance or other national directive relating to this intervention, or to alternative treatments for the same condition.
- 7.2 This policy can only be considered valid when viewed via the ICB website or ICB staff intranet. If this document is printed into hard copy or saved to another location, you must check that the version number on your copy matches that of the one published.
- 7.3 This policy may be subject to continued monitoring using a mix of the following approaches:
- Prior approval process
 - Post activity monitoring through routine data
 - Post activity monitoring through case note audits
- 7.4 This policy will be kept under regular review, to ensure that it reflects developments in the evidence base regarding effectiveness and value.

8. Quality and Equality Analysis

- 8.1 Quality and Equality Impact Analyses have been undertaken for this policy at the time of its review.

9. Clinical Coding

- 9.1 **Office of Population Censuses and Surveys (OPCS)**
None
- 9.2 **International classification of diseases (ICD-10)**
None

Document Control

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