POLICY FOR MALE CIRCUMCISION
Polices for the Commissioning of Health and Healthcare

Policy for the commissioning of Male Circumcision

1. Introduction
   1.1 This document is part of a suite of policies adopted by the Commissioning Organisation 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 framework describes the policy for commissioning male circumcision.

2. Definition
   2.1 This policy relates to the circumcision of males. (Female circumcision has no medical indication and is prohibited by the Prohibition of Female Circumcision Act, 1995)
   2.2 The Commissioning Organisation recognises that the patient may:
       - 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.

       Such features place the patient within the group to whom this policy applies and do not make them exceptions to it.

3. Appropriate Healthcare
   3.1 The Commissioning Organisation considers that the purpose of male circumcision places it within the category of services that are appropriate for commissioning, under Category 1. Therefore it will be commissioned by the Commissioning Organisation if it also satisfies the criteria for effectiveness, cost effectiveness and ethical delivery.

4. Effective Healthcare
   4.1 The Commissioning Organisation recognises that the outcome of this intervention is likely to be better than the outcome in untreated patients and that the intervention satisfies the criterion of effectiveness.
   4.2 Male circumcision should normally be funded for therapeutic reasons only -
       a. Paraphimosis – inability to pull forward a retracted foreskin
       b. Phimosis – inability to retract the foreskin
       c. Balanoposthitis – recurrent infection of the foreskin.
       d. Balanitis Xerotica Obliterans – chronic inflammation leading to a rigid, fibrous foreskin
   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.

5. Cost Effective Healthcare
   5.1 The Commissioning Organisation recognises that the outcome cost effectiveness of this treatment is within the threshold, and that the service satisfies the criterion of cost effectiveness.
6. Ethical Healthcare

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. Policy

7.1 The Commissioning Organisation will only commission male circumcision for therapeutic reasons if the one or more of the following criteria are met:
   a) Paraphimosis – inability to pull forward a retracted foreskin
   b) Phimosis – inability to retract the foreskin
   c) Balanoposthitis – recurrent infection of the foreskin.
   d) Balanitis Xerotica Obliterans – chronic inflammation leading to a rigid, fibrous foreskin
   e) In the case of certain rare conditions identified by paediatric surgeons or urologists

8. Exceptions

8.1 The Commissioning Organisation will consider exceptions to this policy. This policy is based on criteria of appropriateness, effectiveness, cost effectiveness and ethical issues. A successful request to be regarded as an exception is likely to be based on evidence that the patient differs from the usual group of patients to which the policy applies, and this difference substantially changes the application of those criteria for this patient. Requests for funding for male circumcision under exceptional circumstances may be submitted to the Commissioning Organisation's Individual Funding Request Panel. (See Policy for Individual Funding Requests for guidance on exceptionality and application process.)

9 Force

9.1 This policy remains in force for a period of four years from the date of its adoption, or until it is superseded by a revised policy, whichever is sooner.

Date of adoption: 1 June 2011
Date of review: July 2016

Summary of Evidence Base
a. A BMJ Clinical review of male circumcision concluded that
   i. absolute indications for male circumcision in childhood are rare and include Phimosis secondary to Balanitis Xerotica Obliterans and recurrent Balanoposthitis, both of which affect about 2% of children
   ii. There are many relative indications to circumcise but the evidence needs to be carefully appraised
   iii. Complications of circumcision are well documented and can be drastic.

b. A recent BMJ article revisited the evidence base for risk reduction in the light of the recent Dutch Medical Association decision to oppose routine circumcision of babies and children.

References
BMJ 2007;335:1206-1209, doi: 10.1136/bmj.39385.382708.AD
Circumcision. Divided we fall BMJ 341 370-371