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Joint Commissioning  
Committee

# **Circumcision for children aged up to 16 years**

## **Commissioning Policy: CP34**

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# Contents

Policy Statement .....	5
Welsh Language .....	5
Decarbonisation .....	5
Disclaimer .....	6
1. Introduction .....	7
1.1 Plain Language Summary .....	7
1.2 Aims and Objectives .....	7
1.3 Epidemiology .....	8
1.4 Current Treatment.....	8
1.5 Proposed Treatment.....	8
1.6 What NHS Wales has decided.....	8
1.7 Relationship with other documents .....	8
2. Criteria for Commissioning .....	10
2.1 Inclusion Criteria .....	10
2.2 Exclusion Criteria.....	10
2.3 Acceptance Criteria .....	10
2.4 Patient Pathway (Annex i) .....	10
2.5 Designated Centre .....	11
2.6 Exceptions.....	11
2.7 Clinical Outcome and Quality Measures .....	11
2.8 Responsibilities.....	12
3. Evidence .....	13
3.1 Date of Review .....	13
4. Equality Impact and Assessment.....	14
5. Putting Things Right: .....	15
5.1 Raising a Concern.....	15
5.2 Individual Patient Funding Request (IPFR) .....	15
Annex i Patient Pathway .....	16
Annex ii Checklist.....	17
Annex iii: Prior approval form.....	18

Annex iv Abbreviations and Glossary .....21

# Policy Statement

NHS Wales Joint Commissioning Committee (NWJCC) 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 NWJCC

In creating this document NWJCC 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.

## Welsh Language

NWJCC is committed to treating the English and Welsh languages on the basis of equality, and endeavour to ensure commissioned services meet the requirements of the legislative framework for Welsh Language, including the [Welsh Language Act \(1993\)](#), the [Welsh Language \(Wales\) Measure 2011](#) and the [Welsh Language Standards \(No.7\) Regulations 2018](#).

Where a service is provided in a private facility or in a hospital outside of Wales, the provisions of the Welsh language standards do not directly apply but in recognition of its importance to the patient experience, the referring health board should ensure that wherever possible patients have access to their preferred language.

In order to facilitate this, NWJCC is committed to working closely with providers to ensure that in the absence of a Welsh speaker, written information will be offered and people have access to either a translator or 'Language-line' if requested. Where possible, links to local teams should be maintained during the period of care.

## Decarbonisation

NWJCC is committed to taking assertive action to reducing the carbon footprint through mindful commissioning activities. Where possible and taking into account each individual patient's needs, services are provided closer to home, including via digital and virtual access, with a delivery chain for service provision and associated capital that reflects the NWJCC commitment

## **Disclaimer**

NWJCC 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, or Local Authority.

NWJCC 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 aged 16 and under resident in Wales. This service will only be commissioned by the NHS Wales Joint Commissioning Committee (NWJCC) 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 NWJCC 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 is evidence based
- ensure equitable access to circumcision services for children
- define criteria for children needing circumcision to access treatment
- improve outcomes 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 practice<sup>1</sup>.

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 available<sup>2</sup>.

### 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

NWJCC has undertaken a review of the provision across Wales which has highlighted issues with service accessibility in the South and Mid Wales areas. NWJCC 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

NWJCC has carefully reviewed the evidence of specialised 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:

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<sup>1</sup> [bma-non-therapeutic-male-circumcision-of-children-guidance-2019.pdf](#)

<sup>2</sup> [Circumcision in boys - NHS \(www.nhs.uk\)](#)

- **NHS Wales**
  - All Wales Policy: [Making Decisions in Individual Patient Funding requests \(IPFR\)](#).
  
- **Relevant NHS England policies**
  - [NHSE Interim Clinical Commissioning Policy - Circumcision Nov 2013 N-SC010](#)
  - [Paediatric General Surgery and Urology GIRFT Feb 2021](#)
  
- **Other published documents**
  - [Non-therapeutic male circumcision \(NTMC\) of children - practical guidance for doctors BMA 2019](#)
  - [Circumcision in boys -NHS](#)
  - [BMA CYP toolkit for doctors 2021](#)

## 2. Criteria for Commissioning

The NHS Wales Joint Commissioning Committee approve funding of specialist circumcision surgery for male children in line with the criteria identified in this 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

NWJCC 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 policy 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 (DHGs) 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
- Birmingham Children's 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, an IPFR should be submitted.

Further information on making IPFR requests can be found at: [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 and for children, teenagers and young adults.

## 2.8 Responsibilities

Referrers should:

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

Clinicians considering treatment should:

- discuss all alternative treatments with the patient and/or their parent or guardian;
- advise the patient and/or their parent or guardian of any side effects and risks of the potential treatment
- inform the patient and/or their parent or guardian that treatment is not routinely funded outside of the criteria in the policy, and
- confirm that there is contractual agreement with NWJCC for the treatment.

In all other circumstances an IPFR must be submitted.

## 3. Evidence

NWJCC 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 July 2027, 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 NHS Wales Joint Commissioning 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:

### 5.1 Raising a Concern

Whilst every effort has been made to ensure that decisions made under this policy are robust and appropriate for the patient group, it is acknowledged that there may be occasions when the patient or their representative are not happy with decisions made or the treatment provided.

The patient or their representative should be guided by the clinician, or the member of NHS staff with whom the concern is raised, to the appropriate arrangements for management of their concern.

If a patient or their representative is unhappy with the care provided during the treatment or the clinical decision to withdraw treatment provided under this policy, the patient and/or their representative should be guided to the LHB for [NHS Putting Things Right](#). For services provided outside NHS Wales the patient or their representative should be guided to the [NHS Trust Concerns Procedure](#), with a copy of the concern being sent to NWJCC.

### 5.2 Individual Patient Funding Request (IPFR)

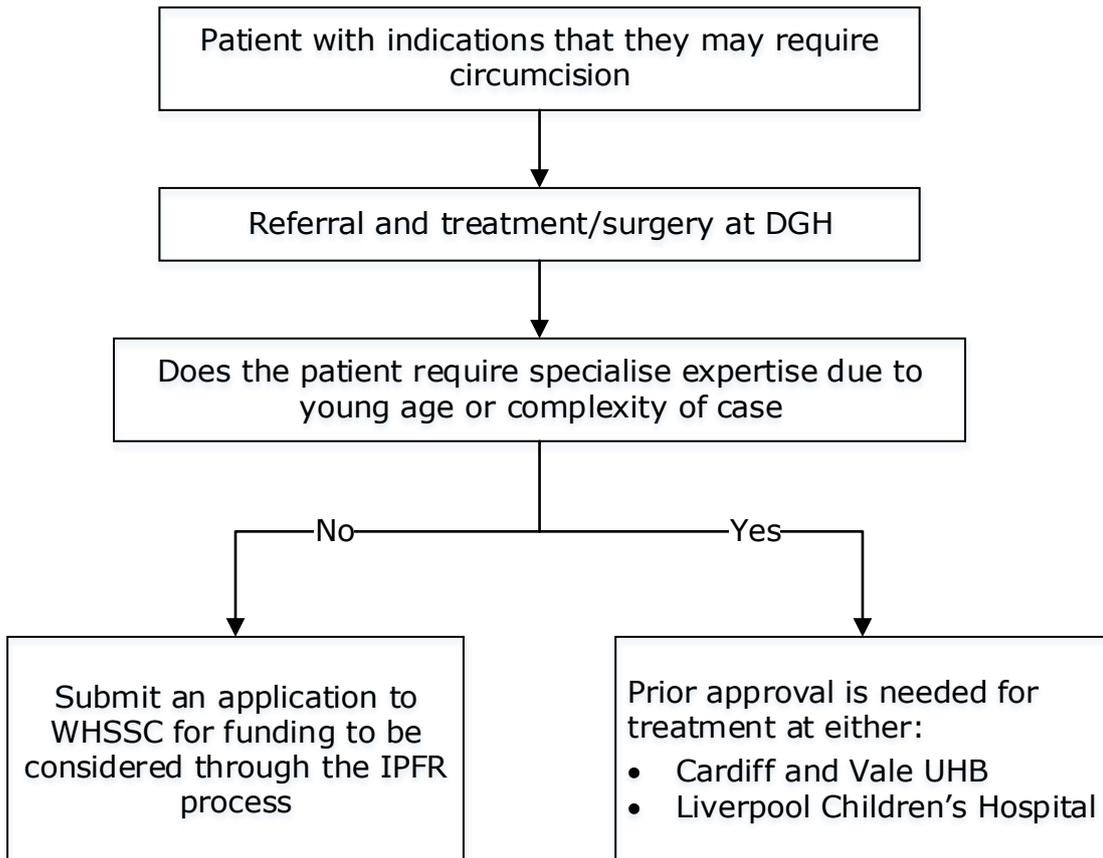
If the patient does not meet the criteria for treatment as outlined in this policy, an Individual Patient Funding Request (IPFR) can be submitted for consideration in line with the All Wales Policy: Making Decisions on Individual Patient Funding Requests. The request will then be considered by the All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

# Annex i Patient Pathway



## Annex ii Checklist

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

- Where the patient meets 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 NWJCC 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 NWJCC 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)	<b>Urgent:</b> 24-48 hours	<b>Soon:</b> Within 3 weeks	<b>Non-urgent:</b> 4-6 weeks

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

<b>Reason for request</b>
<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
<b>Clinical details</b>
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.
<b>Clinicians signature:</b>
<b>Date:</b>

**Please return this form with a copy of the referral letter to:**

Please return completed form to:

Patient Care Team

NHS Wales Joint Commissioning Committee

3a Caerphilly Business Park

CF83 3ED

Email: [nwjccipc@wales.nhs.uk](mailto:nwjccipc@wales.nhs.uk)

Fax: 029 2086 9534

If you have any questions, please telephone 01443 443443 ext.8123

# Annex iv Abbreviations and Glossary

## Abbreviations

<b>BXO</b>	Balanitis Xerotica Obliterans
<b>DGH</b>	District General Hospital
<b>EQIA</b>	Equality Impact Assessment
<b>GP</b>	General Practitioner
<b>IPFR</b>	Individual Patient Funding Request
<b>NHS</b>	National Health Service
<b>NWJCC</b>	NHS Wales Joint Commissioning Committee

## Glossary

### Individual Patient Funding Request (IPFR)

An IPFR is a request to NHS Wales Joint Commissioning Committee (NWJCC) to fund an intervention, device or treatment for patients that fall outside the range of services and treatments routinely provided across Wales.

### NHS Wales Joint Commissioning Committee (NWJCC)

NWJCC is a joint committee of the seven local health boards in Wales. The purpose of NWJCC is to ensure that the population of Wales has fair and equitable access to the full range of Tertiary Services. NWJCC ensures that services within our portfolio are commissioned from providers that have the appropriate experience and expertise. They ensure that these providers are able to provide a robust, high quality and sustainable services, which are safe for patients and are cost effective for NHS Wales.