

## VASECTOMY POLICY

### CRITERIA BASED ACCESS (CBA) FOR A COMMUNITY OR PRIMARY CARE SETTING (LOCAL TARIFF)

### EVIDENCE BASED INTERVENTIONS (EBI) ONLY FOR A SECONDARY CARE SETTING

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| Application Form                              | EBI Generic application form if appropriate to apply   |

## VASECTOMY POLICY

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### VERSION CONTROL

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### DOCUMENT CHANGE HISTORY

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| 1718.v1a | Sept 2020 | Rebranding from IFR to EBI. |

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## **1 GENERAL PRINCIPLES (CBA) FOR ITEM 4**

- 1.1 Treatment should only be given in line with these general principles. Where patients are unable to meet these principles, in addition to the specific treatment criteria set out in this policy, funding approval may be sought from the CCG's Evidence Based Interventions Panel (EBIP) by submission of an EBI application
- 1.2 Clinicians should assess their patients against the criteria within this policy prior to a referral and/or treatment
- 1.3 Treatment should only be undertaken where the criteria have been met and there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where the patient has previously been provided with the treatment with limited or diminishing benefit, it is unlikely that they will qualify for further treatment
- 1.4 Referring patients to secondary care without them meeting the criteria or funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment
- 1.5 On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy
- 1.6 Patients should be advised being referred does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 1.7 The CCG does not commission surgery for cosmetic purposes alone
- 1.8 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 1.9 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased (Thelwall, 2015)
- 1.10 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

## **2 GENERAL PRINCIPLES (EBI) FOR ITEM 5**

- 2.1 Funding approval must be secured prior to an assessment and/or surgery
- 2.2 Referring patients to secondary care without funding approval having been secured not only incurs significant costs in out-patient appointments for patients that may not qualify for surgery, but inappropriately raises the patient's expectation of treatment.
- 2.3 The CCG does not commission surgery for cosmetic purposes alone
- 2.4 On limited occasions, the CCG may approve funding for an assessment only in order to confirm or obtain evidence demonstrating whether a patient meets the criteria for funding. In such cases, patients should be made aware that the assessment does not mean that they will be provided with surgery and surgery will only be provided where it can be demonstrated that the patients meets the criteria to access treatment in this policy
- 2.5 Funding approval will only be given where there is evidence that the treatment requested is effective and the patient has the potential to benefit from the proposed treatment. Where it is demonstrated that patients have previously been provided with the treatment with limited or diminishing benefit, funding approval is unlikely to be agreed
- 2.6 Patients should be advised that receiving funding approval does not confirm that they will receive treatment or surgery for a condition as a consent discussion will need to be undertaken with a clinician prior to treatment
- 2.7 The policy does not apply to patients with suspected malignancy who should continue to be referred under 2 week wait pathway rules for assessment and testing as appropriate
- 2.8 Patients with an elevated BMI of 30 or more are likely to receive fewer benefits from surgery and should be encouraged to lose weight further prior to seeking surgery. In addition, the risks of surgery are significantly increased. (Thelwall, 2015)
- 2.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing
- 2.10 Where funding approval is given by the Evidence Based Interventions Panel, it will be available for a specified period of time, normally one year

### **3 POLICY CRITERIA BASED ACCESS**

**Vasectomy in a Primary or Community Care Setting should only be carried out in men who meet all of the following criteria:**

- 3.1 The patient understands that the sterilisation procedure is permanent and irreversible and the reversal of sterilisation operation would not be routinely funded by the CCG, **AND**

- 3.2 He is certain that his family is complete, **AND**
- 3.3 He has sound mental capacity for making the decision as emotional instability or equivocal feelings about permanent sterilization are contraindications to vasectomy (M David Stockton & Chief Editor: Edward David Kim), **AND**
- 3.4 He has received counselling about the availability of alternative, long-term and highly effective contraceptive methods and these are either contraindicated or unacceptable to the patient, **AND**
- 3.5 He understands that sterilisation does not prevent or reduce the risk of sexually transmitted infections, **AND**
- 3.6 The procedure will be carried out in a primary or community care setting under a local anaesthetic (Faculty of Sexual and Reproductive Healthcare, 2014).

#### **4 POLICY CRITERIA EBI**

**Vasectomy in Secondary Care Setting including those carried out under a general anaesthetic is not routinely commissioned by the CCG**

Patients who require a vasectomy in secondary care may include the following:

- 4.1 Anatomic abnormalities, such as the inability to palpate and mobilize both vas deferens or large hydroceles or varicoceles
- 4.2 Past trauma and scarring of the scrotum
- 4.3 Acute local scrotal skin infections
- 4.4 Electro-surgery in contraindicated in certain types of pacemakers
- 4.5 Evidence Based Interventions Panel approval will need to be sought by clinicians seeking to undertake a Vasectomy in a secondary care setting out why the patient's procedure cannot be undertaken in a primary or community care setting and clearly stating the clinical grounds for exceptionality.

Please refer to item 6 for the EBI pathway

- 4.6 Anxiety or fear of the procedure is unlikely to be considered by the Evidence Based Interventions Panel as exceptional given there are alternative methods of effective contraception

#### **5 BACKGROUND**

- 5.1 **Please Note:**  
Patients should be advised that after a Vasectomy procedure they will need to use effective contraception until Azoospermia has been confirmed by two consecutive semen samples with no spermatozoa seen. This usually takes 12 weeks after the operation
- 5.2 Patients who have undergone a Vasectomy would not qualify for CCG funded fertility treatment in the future should they change their mind and wish to have a child, even if the procedure has been successfully reversed
- 5.3 **Sterilisation of Patents with Gender Dysphoria**  
Sterilisation of patients on the Gender Dysphoria pathway as part of their transition and genital reconstruction is solely commissioned by NHS England and the CCG cannot consider requests to fund sterilisation for patients on this pathway

## 6 EVIDENCE BASED INTERVENTIONS PANEL APPLICATION PROCESS

- 6.1 Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or Consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy
- 6.2 Completion of a **Generic EBI Application Form** by a GP or Consultant may be put forward
- 6.3 Applications cannot be considered from patients personally
- 6.4 It is expected that clinicians will have ensured that the patient, on behalf of who they are forwarding the application for, is appropriately informed about the existing policies prior to an application to the EBIP. This will reassure the Panel that the patient has a reasonable expectation of the outcome of the application and its context
- 6.5 EBI applications are reviewed and considered for clinical exceptionality
- For further information on 'clinical exceptionality' please refer to the NHS England IFR policy <https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>
- 6.6 An application put forward for consideration must demonstrate some unusual or unique clinical factor about the patient that suggests they are exceptional as defined below:
- Significantly different to the general population of patients with the condition in question
  - Likely to gain significantly more benefit from the intervention than might be expected from the average patient with the condition

## **7 ACCESS TO POLICY**

- 7.1 If you would like further copies of this policy or need it in another format, such as Braille or another language, please contact the Patient Advice and Liaison Service on Telephone number: 08000 851067
- 7.2 **Or write to us:** NHS Somerset Clinical Commissioning Group, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email us:** [somccg.pals@nhs.net](mailto:somccg.pals@nhs.net)