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| **cIRCUMCISION** | | | | | | | | | |
| **PRIOR APPROVAL REQUIRED** | | | | | | | | | |
| **A Patient Information** | | | | | | | | | |
| **Name** |  | | | | | | | | |
| **Address**  **Post Code** |  | | | | | | | | |
| **Date of Birth** |  | | **NHS Number** | | | | | |  |
| **B Referrer’s Details (GP / Consultant / Clinician)** | | | | | | | | | |
| **Name** |  | | | | | | | **Patient requested referral** | |
| **Address**  **Post Code** |  | | | | | | | | |
| **Telephone** |  | | | **Email** | |  | | | |
| **GP Details (if not referrer)** | | | | | | | | | |
| **Name** |  | **Practice** | | | | |  | | |
| By submitting this form, you confirm that the information provided is, to the best of your knowledge, true and complete and that you have:   * Discussed all alternatives to this intervention with the patient * Had a conversation with the patient about the most significant benefits and risks of this intervention – Where appropriate * Informed the patient that this intervention is only funded where criteria are met, or exceptionality demonstrated * Checked that the patient is happy to receive postal correspondence concerning their application where appropriate, or clarified alternative needs * Checked that the patient understands spoken and written English, or clarified required needs   I understand that it is a legal requirement for fully informed consent to be obtained from the patient (or a legitimate representative of the patient) prior to disclosure of their personal details for the purpose of a panel / IFR team to decide whether this application will be accepted, and treatment funded. By submitting this form, I confirm that the patient / representative has been informed of the details that will be shared for the purpose and consent has been given. | | | | | | | | | |
| **Signed (referrer)** | | | | | **Date** | | | | |
| **Submission**  The completed form(s) should be sent electronically (from an *nhs.net* email address) in confidence with any other supporting documents to the appropriate email address: [BSWICB.EFR@nhs.net](mailto:BSWICB.EFR@nhs.net).  **To comply with information governance standards, emails containing identifiable patient data should only be sent securely, i.e., from an *nhs.net* account.** | | | | | | | | | |

**THIS PAGE MUST BE COMPLETED FOR ALL REQUESTS**

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| **C Clinical Criteria - to be read in conjunction with the Circumcision Policy** | |
| **Criteria to Access Treatment**  The ICB does not commission Circumcision surgery for personal, social, cultural, or religious reasons; patients or their parents seeking this procedure should not be referred for ICB funded treatment.  The ICB does not commission Circumcision surgery for the prevention of sexually transmitted diseases or where a patient is **solely** suffering from pain on arousal or interference with sexual function.  Conservative management is the first line of treatment and applications will not normally be accepted without evidence that conservative management techniques have been attempted in the first instance. | |
| **Indications for circumcision** | |
| * Scarring of the opening of the foreskin making it non retractable (pathological phimosis) | Choose an item. |
| **OR** | |
| * recurrent, troublesome episodes of infection beneath the foreskin | Choose an item. |
| **OR** | |
| * Patient suffers from a rare condition that may require a specialist paediatric surgeon or urologist to perform a circumcision. | Choose an item. |
| The foreskin is still in the process of developing at birth and hence is often non-retractable up to the age of three years. The process of separation is spontaneous and does not require manipulation.  By three years of age, 90% of boys will have a retractable foreskin. In a small proportion of boys this natural process of separation continues to occur well into childhood. | |
| * **Supporting information must be provided with the application (please document the evidence you are enclosing to support this request)** * **To enable the ICB to approve individual cases, information with examples of functional impairment using the guidance below should be provided.** * **The patient is welcome to provide a statement, to include examples of significant functional impairment. You may provide photographs if appropriate as supporting evidence. The ICB will accept patients own photographs and will NOT reimburse the costs of medical photography.** | |
| **Significant functional impairment is defined as:** *symptoms preventing the patient fulfilling activities of daily living or carrying out vital domestic or carer activities.* | |