

VASECTOMY POLICY

CRITERIA BASED ACCESS (CBA) ONLY FOR A COMMUNITY/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

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VERSION CONTROL

Document Status:	Current policy
Version:	2223.v1d

DOCUMENT CHANGE HISTORY

Version	Date	Comments
1718.v1a	September 2020	Rebranding IFR to EBI
1718.v1b	December 2021	3-year review, updated template, no clinical amendments
2122.V1c	July 2022	Amendment from SCCG to NHS Somerset ICB. New PALS email address

Equality Impact Assessment (EIA) Form OR EIA Screening Form completed. Date:	N/A
Quality Impact Assessment QIA. Date:	March 2018
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1 GENERAL PRINCIPLES (CBA)

- 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 ICB Evidence Based Interventions Service (EBI) by submission of an EBI application form
- 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 / community care without them meeting the criteria or funding approval not 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 ICB 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 meet 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 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
- 1.8 Patients with an elevated BMI of 30 or more may experience more post-surgical complications including post-surgical wound infection so should be encouraged to lose weight further prior to seeking surgery.
<https://www.sciencedirect.com/science/article/pii/S1198743X15007193>
(Thelwall, 2015)
- 1.9 Patients who are smokers should be referred to smoking cessation services in order to reduce the risk of surgery and improve healing

2 POLICY CRITERIA (CBA)

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
- Patients who have undergone a Vasectomy would not qualify for CCG NHS funded fertility treatment in the future should they change their mind and wish to have a child, even where a procedure has been successfully reversed

Vasectomy in a Primary/Community Care Setting should only be carried out in patients who meet all the following criteria:

- 2.1 The patient understands the sterilisation procedure is permanent and irreversible, and the reversal of sterilisation operation would not be routinely funded by the ICB **AND**
- a) The patient is certain that their family is complete **AND**
 - b) The patient 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**
 - c) The patient has received counselling about the availability of alternative, long-term and highly effective contraceptive methods, and these are either contra-indicated or unacceptable to the patient **AND**
 - d) The patient understands that sterilisation does not prevent or reduce the risk of sexually transmitted infections **AND**
 - e) The procedure will be carried out in a primary care setting under a local anaesthesia (Faculty of Sexual and Reproductive healthcare 2014)

3 POLICY CRITERIA EVIDENCE BASED INTERVENTIONS (EBI)

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

Evidence Based Interventions Panel (EBI) funding authorisation will need to be sought by clinicians referring/seeking to undertake a Vasectomy in a secondary care setting

Setting out why the procedure cannot be undertaken in a primary/ community care setting and clearly stating the clinical grounds

Please refer to process detailed in section 4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

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

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

- a) Anatomic abnormalities, such as the inability to palpate and mobilize both vas deferens or large hydroceles or varicoceles
- b) Past trauma and scarring of the scrotum
- c) Acute local scrotal skin infections
- d) Electro-surgery in contraindicated in certain types of pacemakers

4 EVIDENCE BASED INTERVENTIONS APPLICATION PROCESS

- 4.1 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
- 4.2 Completion of a **Generic EBI Application Form** by a patient's GP or Consultant is required
- 4.3 Applications cannot be considered from patients personally
- 4.4 Only electronically completed EBI applications will be accepted to the EBI Service
- 4.5 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 EBI service. This will reassure the service that the patient has a reasonable expectation of the outcome of the application and its context
- 4.6 EBI applications are reviewed and considered against clinical exceptionality

For further information on 'clinical exceptionality' please refer to the NHS England information using the link below page 9-13;
<https://www.england.nhs.uk/wp-content/uploads/2017/11/comm-policy-individual-funding-requests.pdf>

Social, Emotional and Environmental factors *i.e., income, housing, environmental pollution, access to services, family, friends, ethnicity, life experiences etc.* CANNOT be considered with an application

4.7 Where appropriate photographic supporting evidence can be forwarded with the application form

4.8 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

5 ACCESS TO POLICY

5.1 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

5.2 **Or write to us:** NHS Somerset ICB, Freepost RRKL-XKSC-ACSG, Yeovil, Somerset, BA22 8HR or **Email** us: somicb.pals@nhs.net

6 REFERENCES

The following sources have been considered when drafting this policy:

- 6.1 [Scenario: Male sterilization \(vasectomy\) | Management | Contraception - sterilization | CKS | NICE](#)
- 6.2 [Commissioning Policy | NHS Bristol, North Somerset and South Gloucestershire CCG \(bnsgccg.nhs.uk\)](#)