

Penile Prosthesis Surgery for End Stage Erectile Dysfunction: Consultation Guide

Penile Prosthesis Surgery: Consultation Guide

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1. Purpose of this document

NHS England is committed to working with a wide range of patients, patient groups and other stakeholders in the development of its commissioning of specialised services. A public consultation is an opportunity to check whether proposals are right and supported, the public understand their impact, and identify any alternatives before decisions are made.

NHS England has launched a consultation to seek views on the draft Service Specification for Penile Prosthesis Surgery Services for End Stage Erectile Dysfunction. The consultation will run from 18 January to 19 March 2019. This document sets out:

- How penile prosthesis surgery services are currently provided for people with end stage erectile dysfunction.
- Issues with the way care is currently provided.
- The proposed changes and reasons for these.

The document also has information about how you can share your views with NHS England. At the end of the consultation period, all feedback will be considered and a decision will be made about how services should be delivered in the future.

We recommend that you read this consultation guide alongside the following:

- [Service specification](#) – this document sets out the requirements and standards that penile prosthesis surgery centres must adhere to.
- [Impact assessment](#) – this document aims to evaluate the potential impact of the proposed changes on both patients and services.
- [Engagement report](#) – this document provides a summary of the feedback received from stakeholders during testing and highlights any changes made to the proposals as a result of this feedback.

This is a new service specification for NHS England and has been developed specifically to support implementation of the Clinical Commissioning Policy for Penile Prosthesis Surgery for End Stage Erectile Dysfunction which can be found online:-

<https://www.england.nhs.uk/wp-content/uploads/2018/07/Penile-prostheses-for-end-stage-erectile-dysfunction.pdf>

2. Context

What is end stage erectile dysfunction?

- Erectile dysfunction is when a male is unable to gain or maintain an erection sufficient enough to allow sexual intercourse or sexual activity. There are a number of reasons for this, including:
 - Medical conditions such as diabetes
 - Side effects of medication
 - Any condition affecting the nerves or blood supply to the penis (for example pelvic or spinal trauma or pelvic surgery for cancer).
- A male who is having problems with erections will see his General Practitioner (GP) who will try a range of treatment options. Often, changes to lifestyle, medicines or use of a special device called a 'penis pump' are enough to improve symptoms.
- If none of these treatments are effective, people are considered to have end stage erectile dysfunction.

Who is affected by end stage erectile dysfunction?

- End stage erectile dysfunction appears to be more prevalent in older patients.
- The majority of patients receiving treatment are aged between 40 – 70 years.

What is penile prosthesis surgery?

- Penile prosthesis surgery is an operation that aims to replace the normal mechanism of getting an erection.
- The surgeon can insert either of the following into the penis:
 - a semi-rigid rod; or
 - a device that can be pumped to cause an erection.
- Penile prosthesis surgery is usually the last treatment option for men with end stage erectile dysfunction.

3. How is care currently provided to people with end stage erectile dysfunction suitable for penile prosthesis surgery?

Penile prosthesis surgery is a highly specialist surgical procedure that is only available by tertiary referral. There are currently no formally designated centres for this type of surgery and patients are currently referred to specialist urological centres for treatment.

Surgery is carried out by a penile surgeon either in a day case setting or involving an over-night stay. Following surgery, patients are usually assessed post-operatively at various intervals. It is common over time for the implant to stop working and revision rates after 10 years post implementation can be up to 25%.

In 2017/18, 414 patients underwent penile prosthesis surgery across 28 different service providers; 18 of these providers performed less than 10 cases of surgery in the year.

4. Why do we need to change the way we deliver these services?

NHS England coordinated a review of Penile Prosthesis Surgery Services which has identified a number of issues in the way care is currently provided. These are outlined below.

What is the issue?	What does this mean for patients?
<p>Despite a national clinical commissioning policy being in place, there is variation in how the services are commissioned across England.</p> <p>This is due to how the services were previously commissioned under Clinical Commissioning Groups.</p>	<p>This may mean that some patients are unaware of how to access treatment and in some instances, may be having to travel long distances to access care.</p>
<p>Infection rates for this type of surgery are variable between surgery providers and revision surgery rates are high with approximately 22% of patients are having further surgery within 5 years of their primary implant. In addition, some patients are having multiple procedures.</p> <p>It is likely that this variation is being caused by a number of service providers performing low levels of surgery and not developing sufficient surgical expertise.</p>	<p>End stage erectile dysfunction can cause patients to suffer from psychological distress and can severely impact the well-being of patients. High infection rates and multiple surgeries are likely to be resulting in poor patient experience and unnecessary patient distress.</p>

5. What is the proposed service provision?

The new service specification has been developed by a range of stakeholders including clinicians, patient groups, commissioners and Public Health.

The new service specification stipulates the following standards that must be adhered to:

Multi disciplinary team (MDT) composition – the service specification states that each centre must have a multi-disciplinary team with at least: (i) two urological surgeons trained in penile prosthesis surgery and complex penile surgery; (ii) one andrology/clinical nurse specialist; and (iii) one radiologist with specialist training and expertise in urology. In addition, the service specification stipulates that each centre has a trained theatre team able to support surgeons in performing penile prosthesis surgery.

Minimum surgeon and unit numbers – the service specification stipulates that each surgeon performing penile prosthesis surgery must perform a minimum of 25 cases per year; this would equate to a surgeon performing surgery at least every other week. The service specification also states that each centre must perform a minimum of 60 cases in total. This minimum number is expected to rise to 100 cases by Year 3 of implementation of the service specification. It is believed that by ensuring each surgeon and centre performs a minimum number of surgeries, surgical expertise will increase resulting in a reduction in infection rates and revision surgery.

Access to andrology services and other support services – the service specification stipulates that each centre must ensure patients are able to access psychological support services and other support services (such as relevant patient organisations and groups) in order to support them pre-operatively, during treatment and post-surgery.

Based on current activity numbers, it is anticipated that **initially only four centres will be needed across England**. It is possible that over time the number of centres may increase, however, initially this could mean that patients may have to travel for their surgery. We believe that this type of high risk surgery should be carried out in larger centres to reduce the risk of infection and revision surgery; this is as much to do with individual surgeon expertise as well as team expertise. In order to minimise travel post-surgery, the service specification does enable follow-up appointments to be provided outside of the surgical centre.

At this stage we do not know which centres will be chosen, as this will be subject to a procurement process. NHS England divides the country into four health regions and so in order to meet the capacity required for England and provide reasonable access to centres across the country, it is anticipated that one centre will be selected in each NHS England health region. The standards outlined in this service specification will be used to identify suitable providers for this type of surgery for the future.

6. What do you think of these proposed changes?

NHS England would like to hear what the public think about these proposals for penile prosthesis surgery. Specifically:

- Do you believe the proposals positively impact patient access to care? Please provide details.
- What do you consider to be the major impacts of the proposals on patients? How could patients be supported with these impacts?
- Do you think the proposed quality indicators included in the service specification are appropriate to measure and monitor this service in the future?
- Are there any additions that you think should be made to this document and why?

The consultation will run from 18 January to 19 March 2019. There are a number of ways you can share your views with NHS England.

- Complete the [online survey](#).
- Email – england.npoc-cancer@nhs.net.
- Write – Penile Prosthesis Surgery Service Specification Consultation, NHS England, Floor 2B, Skipton House, 80 London Road, London, SE1 6LH
- Invite NHS England – we are happy to attend meetings or events that you may be hosting to talk about the new service specification. Please email – england.npoc-cancer@nhs.net

Your views will help NHS England to further shape and refine the plans for penile prosthesis surgery, to ensure we are delivering safe and high quality care.