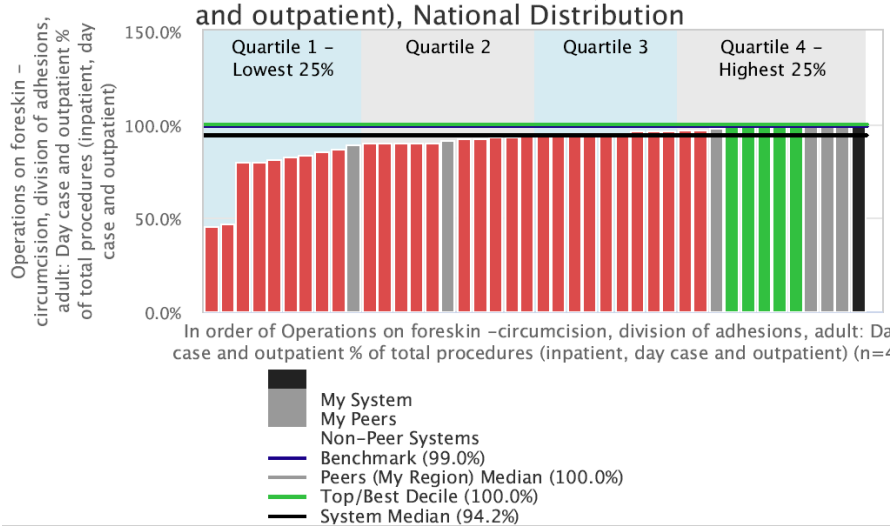
Reference: FOI.ICB-2627/166

Subject: Regional Oversight of Elective Urology Productivity (N30.3)

I can confirm that the ICB does hold some of the information requested; please see responses below:

QUESTION	RESPONSE
I am writing to request information regarding the ICB's regional oversight of elective urology productivity, specifically concerning stapler-assisted circumcision (OPCS-4 N30.3).	
1) Regional Benchmarking: Does the BNSSG ICB hold any regional benchmarking or comparative productivity data regarding adult circumcision? Specifically, do you hold data comparing traditional theatre-based throughput against stapler-assisted (ZSR/CircCurer) throughput within the region?	The ICB is not responsible for the regional position. However, the ICB can offer data that demonstrates the ICBs own benchmarked position (indicated in black in the graph below, and other systems within the southwest region, which are indicated in grey). This is shown within the National Distribution of ICBs and shows BNSSG ICB as top of the highest quartile for Operations on foreskin circumcision, division of adhesions, adult: Day case and outpatient % of total procedures (inpatient, day case and outpatient). The chart shows that this is 100%.

	Operations on foreskin –circumcision, division of adhesions, adult: Day case and outpatient % of total procedures (inpatient, day case and outpatient), National Distribution  Data Source: Model Health System. Updated: June 2026: This metric is updated monthly in line with Hospital Episode Statistics publication and processing. The ICB does not hold any data comparing traditional theatre-based throughput against stapler-assisted (ZSR/CircCurer) throughput within the region.
2) Productivity Support: Has the ICB provided any regional guidance, funding, or "Further Faster" elective recovery initiatives specifically aimed at migrating N30.3 procedures from main theatre suites to outpatient/stapler-assisted settings?	The ICB does not produce Regional Guidance. Regional guidance would be produced by NHS England » Contact NHS England BNSSG services are however, engaged in the broader GIRFT (Getting It Right First Time) programme and utilise the various guides and resources.

	The ICB has not funded any specific initiatives related to transfer of care from theatres to outpatient settings for Urology. Any such changes would be part of service transformation, development or improvement opportunity determined and delivered at the Trust level. Please consider contacting the Trusts directly for further information: North Bristol NHS Trust (NBT): https://www.nbt.nhs.uk/about-us/information-governance/freedom-information/request-information University Hospitals Bristol and Weston NHS Foundation Trust (UHBW): https://www.uhbw.nhs.uk/p/how-we-use-your-data/freedom-of-information-foi-requests
3) Pathway Modernization: Please provide copies of any briefing notes, meeting minutes, or strategy documents from the last 12 months concerning the regional directive to transition routine N30.3 circumcisions from Main Theatre/General Anaesthetic settings to Outpatient/Local Anaesthetic settings.	This specific change has not been raised in any ICB or system meetings. The following Commissioning Policy applies to circumcision: Penile Conditions - Surgical Opinion and Treatment including Circumcision in all Patients Over the Age of 16 - BNSSG Healthier Together
4) Community-Based Commissioning: Does the ICB currently commission any community-based delivery of routine adult circumcisions? If yes, please provide the Service Specification and confirm if these contracts are available for patients referred from secondary care (hospital) waiting lists.	No

The information provided in this response is accurate as of 28 July 2026 and has been approved for release by Caroline Dawe, Deputy Director of Performance and Delivery, Acute and Integrated Care, MHLDA and EPRR for NHS Bristol, North Somerset and South Gloucestershire ICB.