SPECIALISED COMMISSIONING - CLINICAL EVIDENCE EVALUATION CRITERIA FOR A PROPOSITION FOR A CLINICAL COMMISSIONING POLICY FOR ROUTINE COMMISSIONING

URN: 1619
TITLE: Deep Brain Stimulation for Refractory Tourette's syndrome in Adults

CRG: Neurosciences
NPOC: Trauma
Lead: Dr Tim Foltynie
Date: 16 August 2017

This policy is being considered for:	For routine commissioning		Not for routine commissioning	X
Is the population described in the policy the same as that in the evidence review including subgroups?	The Panel noted that the overall population for Tourette's was identified as being 1% of the general population and were surprised about the numbers of that being correct. Also the Panel were not clear of what the sub population would be who might benefit from an intervention of Deep Brain Stimulation and that was not clearly defined within the evidence report. It was not clear how the estimation of 5-10 patients per year could be identified for access to treatment. The population of those benefiting cannot be well defined in response to the evidence base presented.			
Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	Yes. The same in that of the evidence review except that the brain target for stimulation was inconsistent across the presented evidence base.			
Is the comparator in the policy the same as that in the evidence review? Are the comparators in the evidence review the most plausible comparators for patients in the English NHS and are they suitable for informing policy development?	The comparator was on or off stimulation but the panel did make the comment that as with the definition of the population it is difficult to assert from the evidence base what the alternative treatments would be to DBS for the Tourette's scenario where the place in the pathway of this particular intervention.			
Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in	The evidence review did demonstrate some clinical benefits but it was felt that these were inconsistent across the evidence review and not easily applicable across the generalised population of patients with Tourette's and hence the panel felt that the evidence base did fit with the policy proposal that it should not be			

the policy? Are the clinical harms demonstrated in the evidence review reflected in the eligible and /or ineligible population and/or subgroups presented in the policy?	routinely commissioned across the whole patient population. Yes.		
Rationale Is the rationale clearly linked to the evidence?	Yes this is reasonable.		
<u>Advice</u> The Panel should provide advice on matters relating to the evidence base and policy development and prioritisation. Advice may cover: • Uncertainty in the evidence base • Challenges in the clinical interpretation and applicability of policy in clinical practice • Challenges in ensuring policy is applied appropriately • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.	Page 8 of the evidence base paragraph 2 remove the 'ER' and replace with evidence review.		
Overall conclusion	This is a proposition for routine commissioning and	Should proceed for routine commissioning	
		Should reversed and proceed as not for routine commissioning	
	This is a proposition for not routine	Should proceed for	X

	commissioning and	not routine commissioning	
		Should be reconsidered by the PWG	

Report approved by:

James Palmer
Medical Director Specialised Commissioning
30 August 2017