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

URN: D08X07
TITLE: Deep brain stimulation for post stroke pain

CRG: Specialised pain
NPOC: Trauma
Lead: Jacquie Kemp

Date: 17/2/16

The panel were presented a policy proposal for routine commissioning.

Question	**Conclusion of the panel**	**If there is a difference between the evidence review and the policy please give a commentary**
<u>The population</u> 1. Are the eligible and ineligible populations defined in the policy consistent with the evidence of effectiveness, and evidence of lack of effectiveness; and where evidence is not available for the populations considered in the evidence review?	The eligible population(s) defined in the policy are the same or similar to the population(s) for which there is evidence of effectiveness considered in the evidence review	*The panel noted that there was insufficient evidence identified in the evidence review, which aimed to identify evidence specific to central post stroke pain. Most of the trails held were conducted in Oxford and there was limited evidence from trials conducted elsewhere. The panel were concerned that there was limited corroborating evidence of effectiveness from other centres The evidence comes from mostly small uncontrolled trials and the evidence of effectiveness is weak. Evidence of a significant impact on quality of life improvement is also lacking.*
<u>Population subgroups</u> 2. Are any population subgroups defined in the policy and if so do they match the subgroups considered by the	N/A	*The proposed policy criteria identified the population of patients with medication refractory post stroke pain. There were no subgroups*

evidence review?		*identified.*
<u>Outcomes - benefits</u> 3. Are the clinical benefits demonstrated in the evidence review consistent with the eligible population and/or subgroups presented in the policy?	The clinical benefits demonstrated in the evidence review do not support the eligible population and/or subgroups presented in the policy	*The panel noted that the benefits are postulated to include improvements in pain, mood, quality of life and benefits such as returning to work. The evidence supporting these is very limited. The panel noted that the policy was not able to define what constitutes an adequate response to treatment.*
<u>Outcomes – harms</u> 4. Are the clinical harms demonstrated in the evidence review reflected in the eligible and / or ineligible population and/or subgroups presented in the policy?	The clinical harms demonstrated in the evidence review are reflected in the eligible population and/or subgroups presented in the policy	*The panel noted that this was a relatively safe procedure.*
<u>The intervention</u> 5. Is the intervention described in the policy the same or similar as the intervention for which evidence is presented in the evidence review?	The intervention described in the policy the same or similar as in the evidence review	
<u>The comparator</u> 6. Is the comparator in the policy the same as that in the evidence review? 7. Are the comparators in the evidence review the most plausible comparators for patients	N/A	*There were no comparators, the panel recognised that chronic pain may have a severe impact on quality of life and is difficult to assess.*

in the English NHS and are they suitable for informing policy development.		
Advice 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 • Issues with regard to value for money • Likely changes in the pathway of care and therapeutic advances that may result in the need for policy review.		*The panel were concerned about the study methodology used in the identified evidence.* *Studies were small and often heterogeneous. The panel were also concerned that research evidence was mainly found from only one centre (Oxford). A trial conducted in Germany and published in 2006 produced disappointing evidence of benefit. Further evidence of effectiveness would be required from other centres and from sufficiently robust trials in order to inform future commissioning decisions.* *The panel noted that this should progress as a non-routine commissioning policy because of the lack of robust evidence of effectiveness.*

Overall conclusions of the panel

The policy should proceed as a non-routine commissioning policy.

Report approved by:
David Black
Clinical panel Chair (panel B)
17/2/16

Post meeting note:
The policy proposition has been represented as a no routine commissioning policy