NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: October 2019

Intervention: Transcranial magnetic resonance guided focused ultrasound thalamotomy

Indication: Essential Tremor

ID: 1904

Gateway: 2 Round 1

Programme: Trauma

CRG: Neurosciences

Information provided to the panel

Clinical Panel Report from Gateway 1

Evidence Review undertaken by Solutions for Public Health

Clinical Priorities Advisory Group Summary Report

Policy Proposition

Key elements discussed

This proposition is for routine commissioning. A NICE IPG is published which recommends use only where there are special arrangements for clinical governance, consent, and audit or research.

This is a common condition although the policy proposition states approximately 1,842 patients would be eligible using the criteria stated. The Clinical Panel queried how the incidence was calculated and asked for clarification.

There were a number of studies (six) included in the evidence review. Some studies compared ultrasound thalamotomy with deep brain stimulation (DBS). Various medications are available to treat this condition and then DBS which is commissioned according to specific criteria in a published NHS England clinical policy. This proposition is for those patients for whom DBS has failed or is not suitable as a treatment option.

The evidence base presented demonstrated some evidence of effectiveness, although the trials included were considered to be of a lower quality. Some questions about the reporting of the numerical scale outcomes in the study reporting quality of life was noted by Panel.

From the evidence the Panel considered that this non-invasive treatment was non-inferior to DBS, they did not consider that the evidence reflected anything more than this.

Panel considered the criteria in policy proposition were clearly stated.

The title of the proposition needs to clearly reflect ‘refractory/relapse’ in it as this is currently not clear. The intention in the policy proposition needs to be stated more clearly.

The patient pathway algorithm needs further revision to be clearer, the Panel recommended the use of a legend.

A comprehensive commissioning plan is required as this procedure would only be performed in limited centres due to the complexity of the equipment requiring specialist training.

Recommendation

Clinical Panel recommended that this proposition progress to stakeholder testing once the revisions have been made and signed off by the Clinical Effectiveness team.

Why the panel made these recommendations

The Clinical Panel considered that the evidence base presented demonstrates some clinical effectiveness and this procedure is non-inferior DBS.

Documentation amendments required

Policy Proposition:

- The title of the proposition needs to be amended to reflect ‘refractory/relapse’ in it as this is currently not clear.
- Review the pathway algorithm to make sure it is clear and introduce a Legend for clarity

Declarations of Interest of Panel Members: One member declared an interest as treated some of these patients in the past, not for many years. One member declared that a relative has treated some of these patients but that they had not discussed this proposition with them.

Panel Chair: James Palmer, Medical Director

Post Panel Note

The paragraph regarding how the number of patients eligible was calculated has been re-written for clarity.

Title and introductory paragraph amended to make the population (refractory / relapse) clearer.

Legend added to patient pathway.