NHS ENGLAND SPECIALISED SERVICES

CLINICAL PANEL REPORT

Date: November 2019

Intervention: Transcranial magnetic resonance guided focused ultrasound thalamotomy

Indication: Medication refractory essential tremor

ID: 1904

Gateway: 2 Round 2

Programme: Trauma

CRG: Neurosciences

Information provided to the panel

Clinical Panel Report from Gateway 2 Round 1

Evidence Reviews undertaken by Solutions for Public Health

Clinical Priorities Advisory Group Summary Report

Policy Proposition

Policy Working Group appendix

Key elements discussed

This proposition is proposed as for routine commissioning. It was previously considered by Clinical Panel in October who determined that revisions were required.

Actions from the previous Panel were considered in turn to ensure revisions had been undertaken as requested.

Revisions had been made to the incidence and prevalence however the incidence figures cited for the eligible population did not appear accurate to Panel members. The Policy Working Group are asked to recheck the calculations. Information regarding access to Deep Brain Stimulation treatments can be gained from registry data in order to help with the quantum.

The patient pathway algorithm had been amended in line with the Clinical Panel's request.

The Panel discussed the CRST score and were unsure whether the number (20) quoted within the inclusion criteria is a sub score or a total score. Panel asked that the scoring system be added as an appendix for clarity.

A section in the CPAG summary report relating to the QUEST summary score was queried as to whether the interpretation of the evidence was accurate or the evidence paper incorrect. A question had previously been raised by the evidence review team. This needs to be followed up.

Panel were concerned regarding the number of potentially eligible patients and the number of machines available to undertake the treatment – one as far as the members were aware. They questioned if this policy was actually implementable in reality and whether this would require a major capital investment. The Chair agreed to have further conversations with clinicians where this treatment was available to understand the implications more fully.

All other actions addressed appropriately.

Recommendation

Clinical Panel recommended that this proposition progress as a for routine commissioning proposition to stakeholder testing once further revisions are made. These revisions are to be signed off by the Clinical Effectiveness Team and progression can be made only once the Chair has explored the impact of the proposition.

Why the panel made these recommendations

The Clinical Panel considered that the evidence base supports the proposition as written, with a few further revisions to the proposition to make it clearer. The impact of the proposition needs to be clearly understood.

Documentation amendments required

Policy Proposition:

- Recheck the incidence calculation to ensure figures are accurate.
- Add the CRST scoring system as an appendix. Copy the related footnote that is in the evidence review and put it into the proposition as explanation.

CPAG Summary Report:

- Clinical Effectiveness Team (CET) to review the CPAG Summary Report and the evidence review for accuracy relating to the QUEST summary score section.
- CET to amend the formatting of the report.

Declarations of Interest of Panel Members: None.

Panel Chair: James Palmer, Medical Director

Post panel notes

Revisions as suggested by clinical panel have been made:

- Epidemiology has been re-reviewed, with the potential numbers of patients eligible changed based on:
  1. Clinical consensus
  2. Up to date commissioning data for DBS
- The eligibility criteria has been amended to make it clearer what score is required on the CRST score
- QUEST score is accurately described as ‘higher scores indicate lower quality of life’.