

## NHS England and NHS Improvement: Equality and Health Inequalities Impact Assessment (EHIA)

A completed copy of this form must be provided to the decision-makers in relation to your proposal. The decision-makers must consider the results of this assessment when they make their decision about your proposal.

**1. Name of the proposal (policy, proposition, programme, proposal or initiative)<sup>1</sup>:**

Clinical commissioning policy: transcranial magnetic resonance guided focused ultrasound thalamotomy for treatment of medication-refractory essential tremor (adults)

**2. Brief summary of the proposal in a few sentences**

Essential tremor (ET) is the most common movement disorder. It causes parts of the body to move in an uncontrolled and repetitive manner, most commonly affecting the arms and hands. Drug treatment is the first line therapy for ET. Drug treatment will stop working for between a quarter and half of patients. Surgical intervention (such as deep brain stimulation, DBS) is offered to patients whose symptoms are significant and severe and have not responded to medication. The policy recommends that this new treatment is made available for patients who are not eligible for DBS. Transcranial magnetic resonance guided ultrasound thalamotomy (TcMRgFUS) uses focused ultrasound waves generated externally to the body that are directed to, and alter the function of, a very specific area in the brain to improve tremor. This is done under magnetic resonance imaging (MRI) guidance.

The policy has been developed in line with the findings of an evidence review and in accordance with NHS England's standard methods for clinical commissioning policies.

**3. Main potential positive or adverse impact of the proposal for protected characteristic groups summarised**

Please briefly summarise the main potential impact (positive or negative) on people with the nine protected characteristics (as listed below). Please state **N/A** if your proposal will not impact adversely or positively on the protected characteristic groups listed below. Please note that these groups may also experience health inequalities.

---

<sup>1</sup> Proposal: We use the term proposal in the remainder of this template to cover the terms initiative, policy, proposition, proposal or programme.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<p><b>Age:</b> older people; middle years; early years; children and young people.</p>	<p>ET prevalence increases markedly with age, with an estimated 21.7% of people above 95 years old having the condition.</p> <p>A review of the available clinical evidence demonstrates that for patients with severe, medication refractory essential tremor, treatment with TcMRgFUS thalamotomy can improve their quality of life and level of disability compared to medication alone. Therefore, implementation of this policy is considered to have a positive impact.</p> <p>It is also acknowledged that there is only one available centre in England who can provide this treatment and will require travel for people requiring this treatment, though it is a one-off treatment, and repeated visits are not necessary. This could have a potential adverse impact on patients.</p>	<p>The clinical criteria within the policy, which is based on clinical evidence, clearly define the eligible patient population to allow access to treatment for those patients who would benefit from it and where it is considered safe.</p> <p>As there is only one centre that currently provides this treatment in England, based in London, there will be work undertaken for a second provider to aid convenience for patients, but some travel will be required. For this treatment to be affordable, an increase to two providers is the most that can be achieved. Travel is mitigated by being a one-off treatment.</p>
<p><b>Disability:</b> physical, sensory and learning impairment; mental health condition; long-term conditions.</p>	<p>ET can cause physical disability when not well controlled.</p> <p>A review of the available clinical evidence demonstrates that for patients</p>	<p>The clinical criteria within the policy, which is based on clinical evidence, clearly define the eligible patient population to allow access to treatment for those patients who would benefit from it and where it is considered safe.</p>

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
	<p>with severe, medication refractory essential tremor, treatment with TcMRgFUS thalamotomy can improve their quality of life and level of disability compared to medication alone. Therefore, implementation of this policy is considered to have a potential positive impact.</p> <p>This treatment can re-enable people to get back into work if they were unable to do their job due to tremor.</p>	
<b>Gender Reassignment and/or people who identify as Transgender</b>	All patients who meet the eligibility criteria as outlined in the policy would be considered for treatment. The policy is not considered to have an adverse impact on this protected characteristic group.	Not applicable.
<b>Marriage &amp; Civil Partnership:</b> people married or in a civil partnership.	There should be no direct negative or positive impact on this group.	Not applicable.
<b>Pregnancy and Maternity:</b> women before and after childbirth and who are breastfeeding.	There should be no direct negative or positive impact on this group.	Not applicable.

Protected characteristic groups	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<b>Race and ethnicity</b> <sup>2</sup>	There should be no direct negative or positive impact on this group.	Not applicable.
<b>Religion and belief:</b> people with different religions/faiths or beliefs, or none.	There should be no direct negative or positive impact on this group.	Not applicable.
<b>Sex:</b> men; women	There should be no direct negative or positive impact on this group.	Not applicable.
<b>Sexual orientation:</b> Lesbian; Gay; Bisexual; Heterosexual.	There should be no direct negative or positive impact on this group.	Not applicable.

#### 4. Main potential positive or adverse impact for people who experience health inequalities summarised

Please briefly summarise the main potential impact (positive or negative) on people at particular risk of health inequalities (as listed below). Please state **N/A** if your proposal will not impact on patients who experience health inequalities.

Groups who face health inequalities <sup>3</sup>	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
<b>Looked after children and young people</b>	This treatment is proposed to be not available for children as there is no evidence of its safety or effectiveness for this group.	Not applicable.

<sup>2</sup> Addressing racial inequalities is about identifying any ethnic group that experiences inequalities. Race and ethnicity includes people from any ethnic group incl. BME communities, non-English speakers, Gypsies, Roma and Travelers, migrants etc. who experience inequalities so includes addressing the needs of BME communities but is not limited to addressing their needs, it is equally important to recognise the needs of White groups that experience inequalities. The Equality Act 2010 also prohibits discrimination on the basis of nationality and ethnic or national origins, issues related to national origin and nationality.

<sup>3</sup> Please note many groups who share protected characteristics have also been identified as facing health inequalities.

<b>Groups who face health inequalities<sup>3</sup></b>	<b>Summary explanation of the main potential positive or adverse impact of your proposal</b>	<b>Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact</b>
<b>Carers of patients:</b> unpaid, family members.	There is only currently one provider of this treatment, based in London. Another provider is to be commissioned. This may require travel long distances for this treatment.	This treatment is a one-off treatment, minimising the time away from patients, where respite may be able to be utilised.
<b>Homeless people.</b> People on the street; staying temporarily with friends /family; in hostels or B&Bs.	There is only currently one provider of this treatment, based in London. Another provider is to be commissioned. This may require travel long distances for this treatment.	As there is only one centre that currently provides this treatment in England, based in London, there will be work undertaken for a second provider to aid convenience for patients, but some travel will be required. For this treatment to be affordable, an increase to two providers is the most that can be achieved. This is mitigated by being a one-off treatment.
<b>People involved in the criminal justice system:</b> offenders in prison/on probation, ex-offenders.	The policy is applicable to anyone who fulfils the criteria for treatment.	As there is only one centre that currently provides this treatment in England, based in London, there will be work undertaken for a second provider to aid convenience for patients, but some travel will be required. For this treatment to be affordable, an increase to two providers is the most that can be achieved. This is mitigated by being a one-off treatment.
<b>People with addictions and/or substance misuse issues</b>	There should be no direct negative or positive impact on this group.	Not applicable.
<b>People or families on a low income</b>	There is only currently one provider of this treatment, based in London. Another provider is to be commissioned. This may require travel long distances for this treatment.	As there is only one centre that currently provides this treatment in England, based in London, there will be work undertaken for a second provider to aid convenience for patients, but some travel will be required. For this treatment to be affordable,

Groups who face health inequalities <sup>3</sup>	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
		an increase to two providers is the most that can be achieved. This is mitigated by being a one-off treatment.
<b>People with poor literacy or health Literacy:</b> (e.g. poor understanding of health services poor language skills).	There should be no direct negative or positive impact on this group.	Not applicable.
<b>People living in deprived areas</b>	There is only currently one provider of this treatment, based in London. Another provider is to be commissioned. This may require travel long distances for this treatment.	As there is only one centre that currently provides this treatment in England, based in London, there will be work undertaken for a second provider to aid convenience for patients, but some travel will be required. For this treatment to be affordable, an increase to two providers is the most that can be achieved. This is mitigated by being a one-off treatment.
<b>People living in remote, rural and island locations</b>	There is only currently one provider of this treatment, based in London. Another provider is to be commissioned. This may require travel long distances for this treatment.	As there is only one centre that currently provides this treatment in England, based in London, there will be work undertaken for a second provider to aid convenience for patients, but some travel will be required. For this treatment to be affordable, an increase to two providers is the most that can be achieved. This is mitigated by being a one-off treatment.
<b>Refugees, asylum seekers or those experiencing modern slavery</b>	There should be no direct negative or positive impact on this group.	Not applicable.

Groups who face health inequalities <sup>3</sup>	Summary explanation of the main potential positive or adverse impact of your proposal	Main recommendation from your proposal to reduce any key identified adverse impact or to increase the identified positive impact
Other groups experiencing health inequalities (please describe)	There should be no further direct negative or positive impacts on any other groups experiencing health inequalities not described here.	Not applicable.

### 5. Engagement and consultation

a. Have any key engagement or consultative activities been undertaken that considered how to address equalities issues or reduce health inequalities? Please place an x in the appropriate box below.

Yes	X	No	Do Not Know
-----	---	----	-------------

b. If yes, please briefly list up the top 3 most important engagement or consultation activities undertaken, the main findings and when the engagement and consultative activities were undertaken.

Name of engagement and consultative activities undertaken	Summary note of the engagement or consultative activity undertaken	Month/Year
1 Stakeholder engagement	Two week stakeholder engagement with key stakeholders as per NHS England's methods. Five stakeholder responses were received with no specific comments on equalities or impact. There is a stakeholder engagement report for details.	February 2020
2 Public consultation (planned)	30 day public consultation took place in March 2020.	March 2020
3 Policy working group	The policy working group that developed the policy is made up of specialist clinicians, a public health consultant and a patient public voice representative to offer a wide range of opinions and backgrounds to develop the policy.	Throughout the policy development process

6. What key sources of evidence have informed your impact assessment and are there key gaps in the evidence?

Evidence Type	Key sources of available evidence	Key gaps in evidence
<b>Published evidence</b>	<p>Hubble, J.P., Busenbark, K.L., Pahwa, R., Lyons, K., Koller, W.C. (1997) Clinical expression of essential tremor: effects of gender and age. <i>Movement Disorder</i>. 12(6): 969-972.</p> <p>Louis, E.D., Fried, L.P., Fitzpatrick, A.L., Longstreth, W.T. Jr., Newman, A.B. (2003) Regional and racial differences in the prevalence of physician-diagnosed essential tremor in the United States. <i>Movement Disorder</i>. 18(9): 1035-1040.</p> <p>Thangavelu, K., Talk, A.C., Clark, G.I., Dissanayaka, N.N.W. (2020) Psychosocial factors and perceived tremor disability in essential tremor. <i>Neuroscience and biobehavioural reviews</i>. 108: 246-253.</p>	
<b>Consultation and involvement findings</b>	<p>There was positive feedback for this intervention and few requested. 23 patients were involved in the consultation responses with travel being a key concern. The balance between very small numbers of patients and access is being addressed by considering a second centre in the north of England.</p>	
<b>Research</b>	<p>Not applicable.</p>	
<b>Participant or expert knowledge</b> For example, expertise within the team or expertise drawn on external to your team	<p>Through the Trauma Programme of Care and its Clinical Reference Group structures, supporting the policy working group, with its expert knowledge regarding the incidence and treatment of essential tremor.</p>	



**7. Is your assessment that your proposal will support compliance with the Public Sector Equality Duty?** Please add an x to the relevant box below.

	Tackling discrimination	Advancing equality of opportunity	Fostering good relations
The proposal will support?	Not applicable	X	Not applicable
The proposal may support?			
Uncertain whether the proposal will support?			

**8. Is your assessment that your proposal will support reducing health inequalities faced by patients?** Please add an x to the relevant box below.

	Reducing inequalities in access to health care	Reducing inequalities in health outcomes
The proposal will support?		
The proposal may support?	X	X
Uncertain if the proposal will support?		

**9. Outstanding key issues/questions that may require further consultation, research or additional evidence.** Please list your top 3 in order of priority or state N/A

Key issue or question to be answered	Type of consultation, research or other evidence that would address the issue and/or answer the question
1 Not applicable.	
2	

## 10. Summary assessment of this EHIA findings

Essential tremor prevalence increases markedly with age, with an estimated 21.7% of people above 95 years old having the condition. This policy recommends that transcranial magnetic resonance guided ultrasound thalamotomy is made available for people with medication-refractor essential tremor that are not eligible for deep brain stimulation. The policy and clinical criteria defined in this policy are based on the results of an evidence review, which helped to determine the eligibility criteria, including the exclusion criteria.

Given the incidence of essential tremor (more common with increasing age) the policy could have a negative impact on people with protected characteristics due to the increased burden of travel to only one site in England. This could have a negative impact on other groups such as carers, or other people that may find it difficult to travel long distances. The impact of this will be mitigated by it being a one-off treatment and by commissioning a second centre.