

Engagement Report

Topic details

Title of policy or policy statement:	Stereotactic radiosurgery for essential tremor refractory to medication (adults) [2342]
Programme of Care:	Cancer
Clinical Reference Group:	Radiotherapy & Neurosurgery CRG
URN:	2342

1. Summary

This report summarises the feedback NHS England received from engagement during the development of this policy proposition, and how this feedback has been considered.

2. Background

Essential tremor 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. The cause is not known but many patients have a family history of the condition. At first, the tremor may not be present all the time. However, it gradually worsens. Purposeful movements, stress, tiredness, hunger, heightened emotions or extremes in temperature can make the tremor more pronounced. The majority of patients are managed with medications. However, a small proportion may require neurosurgical intervention to treat their symptoms.

Medication is the first line treatment for essential tremor. Treatment for essential tremor includes medications such as beta blockers, anti-epileptics or sedatives. Drug treatments will stop working for between a quarter and a half of patients (Louis E.D., 2011) and essential tremor can then be considered refractory (or resistant) to medication once two or more trials of appropriate medical therapy have failed (Elias et al, 2016). Surgical intervention in essential tremor can then be considered if symptoms are severe and significant.

The following surgical treatments are commissioned by NHS England for the treatment of medication-refractory essential tremor:

- Deep brain stimulation (DBS), a surgical procedure.
- Surgical thalamotomy, a surgical procedure.
- Transcranial MRI guided ultrasound thalamotomy (TcMRgFUS), a non-invasive thermal ablation technique.

Stereotactic radiosurgery is an alternative method of producing a focal lesion in the brain by delivering very highly focussed radiation to the ventralis intermedius (VIM) nucleus of the thalamus, typically targeting one side to alleviate the tremor on the most severely affected side. The patient is awake during the procedure in which a

stereotactic frame is first fixed to the patient's head, and CT/MRI images are acquired before treatment is delivered. Stereotactic radiosurgery is a minimally invasive neurosurgical procedure, and is usually done as a day case, taking approximately 1 – 1.5 hours.

NHS England will routinely commission stereotactic radiosurgery as an option for patients with medication-refractory tremor, after the currently commissioned procedures DBS and TcMRgFUS have been considered and following discussion at the joint TcMRgFUS and stereotactic radiosurgery MDT. Patients suitable for stereotactic radiosurgery must be referred to an all-tiers stereotactic radiosurgery (SRS) service with an Ionising Radiation (Medical Exposure) Regulations (IR(ME)R) designated radiosurgery practitioner who is part of an existing functional neurosurgery service.

Stereotactic radiosurgery is proposed as a new treatment option for patients unsuitable for TcMRgFUS.

3. Engagement

The policy proposition underwent a two-week stakeholder testing between 26th March and 8th April 2025 with registered stakeholders from the Radiotherapy as well as the Neurosurgery and spinal surgery Clinical Reference Group and relevant patient charities.

Respondents were asked the following consultation questions:

- Do you support the proposal for stereotactic radiosurgery for essential tremor refractory to medication (adults) through routine commissioning based on the evidence review and within the criteria set out in this document?
- Do you believe that there is any additional information that we should have considered in the evidence review? If so, please give brief details.
- Do you believe that there are any potential positive and/or negative impacts on patient care as a result of making this treatment option available? If so, please give details.
- Do you have any further comments on the proposal?
- Do you support the Equality and Health Inequalities Impact Assessment (EHIA)?
- Does the Patient Impact Assessment (PIA) present a true reflection of the patient and carers lived experience of this condition?
- Do you have any potential conflict of interest relating to this document or service area?

The comments have then been shared with the Policy Working Group to enable full consideration of feedback and to support a decision on whether any changes to the proposition might be recommended.

A 13Q assessment has been completed following stakeholder testing.

The Programme of Care has decided that the proposition offers a clear and positive impact on patient treatment, by potentially making a new treatment available which widens the range of treatment options without disrupting current care or limiting patient choice, and therefore further public consultation was not required. This decision has been assured by the Patient Public Voice Advisory Group.

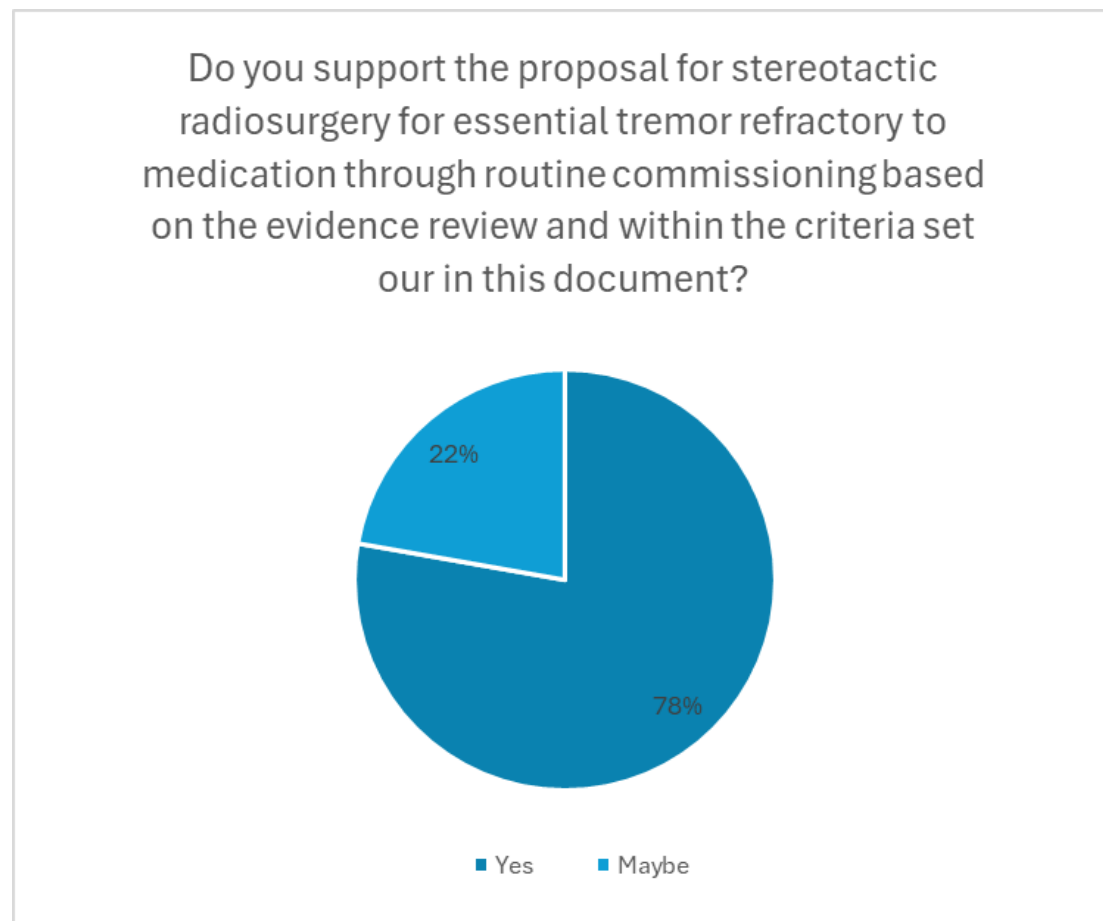
4. Engagement Results

Number stakeholders responded: 9

4 individuals experienced in field both professional and patient.

5 organisations including NHS Trusts, professional bodies and medical industry representatives.

This was deemed to be a significant stakeholder response. The majority of stakeholders agreed with the policy proposition and felt this offered patients a positive change.



5. How has feedback been considered?

Responses to engagement have been reviewed by the Policy Working Group and the Trauma PoC. The following themes were raised during engagement:

Keys themes in feedback	NHS England Response
Support for proposal	
The majority of respondents supported the proposal citing potential cost savings and alternatives to those presently ineligible for current interventions. Two respondents responded 'maybe' with one individual noting the lack of certainty of available evidence and another a lack of studies assessing	All studies in the evidence review are assessed against the GRADE criteria. NHS England also looks at patient experience through a variety of supplementary documents. Alongside the evidence sourced through the evidence review, these documents support the decision-making of the Panel members.

quality of life and the 7% complete hemiparesis risk.	Radiation induced side effects including hemiparesis, are typically transient, although may sometimes take several months to resolve. Nevertheless, the systematic reviews comparing radiosurgery with alternative therapies were favourable with a tendency for radiosurgery causing less morbidity than alternatives. As set out in the policy this surgery will only be considered as an option for patients with medication-refractory tremor, after the currently commissioned procedures DBS and TcMRgFUS have been considered. An assessment of potential patient risk and benefit of the procedure will be carefully considered at the joint TcMRgFUS and stereotactic radiosurgery MDT and following discussion with the patient.
Evidence review	
The majority of respondents supported the evidence review. Two respondents noted the evidence review did not include alternative forms of radiosurgery to expand access.	Alternative forms of radiosurgery in frameless stereotactic linac radiosurgery (SRS) techniques are outside the scope of this policy.
Impact on patient care from making treatment option available	
Of the respondents that answered, many suggested the new treatment option increased accessibility and improvement in quality of life.	No further action taken.

3. Has anything been changed in the policy proposition as a result of the stakeholder testing and consultation?

Nil.

Are there any remaining concerns outstanding following the consultation that have not been resolved in the final policy proposition?

Nil.