NHS
East London
NHS Foundation Trust

Electro-Convulsive Therapy (ECT) Policy

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Consultation Groups:	ECT Steering Group
Approved by (Sponsor Group):	Medical Managers , Lead nurses
Ratified by:	Quality Committee
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Services	**Applicable to**
Trustwide	
Mental Health and LD	√
Community Health Services	

Version Control Summary

Version	Dates	Authors	Status	Comment
1.0	20 January 2010	Suzy Rosshandler	Final	Trust policy developed with a view to achieving external accreditation for the ECT service from the Royal College of Psychiatry and ensuring clinical procedures for using ECT showed conformity across the Trust.
2.0	21 January 2015	Quality Committee	Final	None
3.0	August 2018	Mehraj Shah ECT Lead Consultant	Draft	Trust Policy developed from existing ELFT policy with a view to achieving some parity with other Trust locations administering ECT To include Quality Standards and Good Practice from ECTAS (Accreditation service of Royal College of psychiatrists) and Association of Anaesthetists To be ratified within DMT

1. Introduction

Policy document provides an overarching governance framework to support the prescribers and treating clinicians when administering electroconvulsive therapy (ECT) to the patients requiring this procedure whilst within the care of the ELFT Trust. The document is intended to be used by all the clinical team administering ECT and for those wishing to refer patients for this procedure.
This policy provides a clear guidance for the specialist teams that delivers this treatment and can be used as a point of reference for Responsible Clinicians and other professionals involved in prescribing or the delivery of ECT to the patients.

The Royal College of Psychiatrists established Electroconvulsive Therapy Accreditation Service (ECTAS) in 2003 in response to growing criticism of ECT service in the country. Three national audits in previous decade had showed persisting deficits in the quality of Electroconvulsive Therapy (ECT) practice in the UK.

ECTAS has since been governing the national accreditation of clinics according to agreed standards in line with the ECT handbook (Royal College of Psychiatrists, 2013) and the National Institute of Health and Clinical Excellence (Appraisal of ECT NICE 2003, reviewed 2010).They have been subject to extensive consultation with all professional groups involved in ECT and with service users and their representative organizations.

This document relates to the process of administration of ECT and in this regard is consistent with NICE guidance. They do not relate to clinical decisions about which patients should be given ECT.

East London NHS trust offers ECT services to the patients at two sites. One is in the Luton and other is London. Due to the logistics the two sites operate slightly differently. Services at both the sites are underpinned by detailed and robust operational policies and associated guidelines. The ethos of this Policy is to ensure that The Trust has overarching robust framework in place for delivering Electro-convulsive Therapy (ECT) services at all the sites in the organisation. The ECT policy is detailed in a way that is understood by all staff, thereby, the policy can be fully implemented, monitored and reviewed within the organisation.

This policy and procedure is based on information and guidance taken from the NICE guidelines (2010), the ECT Handbook; Royal College of Psychiatry (2013), and the ECTAS accreditation process Royal College of Psychiatry Centre for Quality Improvement.

This policy outlines evidenced based recommendations for the administration of Electro- Convulsive Therapy with the adoption of standards of treatment to ensure quality assurance is achieved and can be measured against external standards for accreditation.

The use of ECT as an effective treatment for particular mental illnesses is well-accepted and supported by a considerable body of evidence. This policy will apply to all health-care professionals who participate within any aspect of the provision of ECT.

This Policy must be followed whenever ECT treatment is being considered and encompasses all aspects of the ECT process including preparation treatment and recovery.

This Policy should be read in conjunction with the Mental Health Act 1983, Mental Capacity Act 2005, local ECT policies and Protocols for London ECT service and Bedfordshire ECT service used by all medical, theatre and nursing staff who may be involved in the delivery of ECT service.

The administration of ECT for all patients from East London NHS Foundation Trust within Bedfordshire and Luton will be treated at

The ECT Suite
Calnwood Road
Luton LU4 0FB

The patient within London and surrounding areas will be treated at

Royal London Hospital
Whitechapel
London E1 1BB

The two teams will work in partnership to support each other and to develop and promote the ECT and other neuro-modulatory treatments.

The ECT clinics have continuously been accredited by ECTAS.

2. Purpose

The purpose of the Clinical Guidance Document for ECT is to ensure that clinicians are fully aware of the roles and responsibilities of administering ECT and that this is delivered in a safe and consistent manner. The document is to be used for clinical reference outlining the expectations for pre-treatment assessment, guidance on the requirements of the current Mental Health Act and Mental Capacity Act, Anaesthetic contra-indications and the delivery of the treatment.

3. Aims

The aim of this document is to ensure clear, accessible information and a consistent, high quality approach to the delivery of ECT within East London NHS Foundation Trust which meets national standards set out by ECTAS.

4. Guidance on the use of electroconvulsive therapy in clinical practice

Guidance for the use of ECT is clinical practice are set out by NICE in 2003 and reviewed in 2010.

The Royal college of Psychiatrists Committee on ECT and Related Treatments in February 2017 summarised the evidence for ECT in depression and other conditions like bipolar affective disorder, schizophrenia and in depression in pregnancy and have updated the recommendations for the indications for ECT.

The teams will offer ECT treatment to the patients in accordance to these standards and recommendations.

NICE Guidance on the use of electroconvulsive therapy updated May 2010

4.1 It is recommended that electroconvulsive therapy (ECT) is used only to achieve rapid and short-term improvement of severe symptoms after an adequate trial of other treatment options has proven ineffective and/or when the condition is considered to be potentially life-threatening, in individuals with:

• severe depressive illness

• catatonia

• a prolonged or severe manic episode.

4.2 The decision as to whether ECT is clinically indicated should be based on a documented assessment of the risks and potential benefits to the individual, including: the risks associated with the anaesthetic; current comorbidities; anticipated adverse events, particularly cognitive impairment; and the risks of not having treatment.

4.3 The risks associated with ECT may be enhanced during pregnancy, in older people, and in children and young people, and therefore clinicians should exercise particular caution when considering ECT treatment in these groups.

4.4 Valid consent should be obtained in all cases where the individual has the ability to grant or refuse consent. The decision to use ECT should be made jointly by the individual and the clinician(s) responsible for treatment, on the basis of an informed discussion. This discussion should be enabled by the provision of full and appropriate information about the general risks associated with ECT (see Section 1.9) and about the risks and potential benefits specific to that individual. Consent should be obtained without pressure or coercion, which may occur as a result of the circumstances and clinical setting, and the individual should be reminded of their right to withdraw consent at any point. There should be strict adherence to recognised guidelines about consent and the involvement of patient advocates and/or carers to facilitate informed discussion is strongly encouraged.

4.5 In all situations where informed discussion and consent is not possible advance directives should be taken fully into account (an advance decision by any patient to refuse ECT cannot be overridden except in an emergency) and the individual's advocate and/or carer should be consulted.

4.6 Clinical status should be assessed following each ECT session and treatment should be stopped when a response has been achieved, or sooner if there is evidence of adverse effects. Cognitive function should be monitored on an ongoing basis, and at a minimum at the end of each course of treatment.

4.7 It is recommended that a repeat course of ECT should be considered under the circumstances indicated in 1.1 only for individuals who have severe depressive illness, catatonia or mania and who have previously responded well to ECT. In patients who are experiencing an acute episode but have not previously responded, a repeat trial of ECT should be undertaken only after all other options have been considered and following discussion of the risks and benefits with the individual and/or where appropriate their carer/advocate.

4.8 As the longer-term benefits and risks of ECT have not been clearly established, it is not recommended as a maintenance therapy in depressive illness.

4.9 The current state of the evidence does not allow the general use of ECT in the management of schizophrenia to be recommended.

4.10 National information leaflets should be developed through consultation with appropriate professional and user organisations to enable individuals and their carers/advocates to make an informed decision regarding the appropriateness of ECT for their circumstances. The leaflets should be evidence based, include information about the risks of ECT and availability of alternative treatments, and be produced in formats and languages that make them accessible to a wide range of service users.

The Royal College of Psychiatrists Committee on ECT and Related Treatments: The indications of ECT use

ECT IS A FIRST-LINE TREATMENT FOR PATIENTS (including the elderly):

- where a rapid definitive response for the emergency treatment of depression is needed
- with high suicidal risk
- with severe psychomotor retardation and associated problems of compromised eating and drinking and/or physical deterioration
- who suffer from treatment-resistant depression that has responded to ECT in a previous episode of illness
- who are pregnant with severe depression, or severe mixed affective states, mania or catatonia and whose physical health or that of the foetus is at serious risk
- who prefer this form of treatment
- with life threatening malignant catatonia

ECT IS A SECOND-LINE TREATMENT FOR PATIENTS (including the elderly):

- with treatment-resistant depression
- who experience severe side-effects from medication
- whose medical or psychiatric condition, in spite of other treatments, has deteriorated to an extent that raises concern
- with persistent or life-threatening symptoms in severe or prolonged mania

ECT IN SOME CIRCUMSTANCES FOR PATIENTS:

- with bipolar depression
- with post-natal psychosis
- with treatment resistant schizophrenia
- with treatment resistant catatonia
- with frequent relapses and recurrences of depression (maintenance)

5. Duties

Roles and responsibilities of the all the staff both clinical and managerial involved in ECT service are set out in the local policies and must be adhered to as defined in the policies. This policy will not duplicate these documents in this policy and would briefly summarise the role and responsibilities of ECT teams

The role of ECT teams will be to provide a twice weekly effective and efficient ECT service with appropriately skilled staff in attendance. To provide appropriate and up to date clinical advice on ECT treatment and services to staff on request.

Teams will promote safe and legal practice of ECT within respective localities as part of the integrated governance system and supporting referring teams. Aspire to ECTAS accreditation with excellence.

Team will incorporate **QI** as the means to continuously improve the ECT service. Undertake audit reporting and training activity associated with maintaining ECTAS accreditation.

Work in cooperation with each ECT providers trust wide to optimize effective and efficient service.

6. Teaching and Training

The East London NHS Foundation Trust is committed to developing an open learning culture. ECT service will work closely and in collaboration with directorate of medical education and to training programme director to support the training and education of the staff and trainee doctors. The team will also support the undergraduate department to support the training of medical students and nursing students. The trust will support ECT teams to be the hub of training of this specialist service. ECT services will work closely with local educational partners like university of Bedfordshire and the acute trusts to offer the training and teaching in ECT and related neuro-modulatory therapies

Where training is required it is the responsibility of and lead clinicians and managers to ensure that this is undertaken and that attendance is verified and recorded.

The ECT clinics provides training for core trainees (CT) and opportunities for senior trainees (ST) to develop higher levels of ECT-related competencies, and ensures that all core trainees on the training scheme have an opportunity to achieve the Royal College of Psychiatrists ECT competencies. Trainees attend the clinic regularly

All Psychiatric trainees will receive training in ECT during their rotation. The training will be delivered by the Lead consultants for ECT or trained senior trainees. The trainee's supervisor needs to ensure that trainees are supported to attend the ECT and prepare patients for ECT according to the protocol, and their competence in this area remains with the Lead ECT consultant. As part of their induction, new trainees will be offered brief introduction to ECT and the Trust ECT Policy.

Trainees are encouraged to undertake an audit project or a research project on ECT. Supervision and support will be available for the project from the Lead consultants.

7. Nurse administered ECT

All the ECT teams will over the time develop the skills of the senior ECT nurses support them to take the role of ECT administering Nurses. Nurse administered ECT is a new development supported by the Royal college of Psychiatrists and Nursing and Midwifery Council. The standards for Nurse administered are set out by ECTAS must be adhered to by the teams.

Nurses who administer ECT

- have a minimum of 3 years' senior nurse experience
- They have completed and updated the ECT nurse training course;
- They have attended an ECT training day in the last 3 years;
- They attend and contribute to a regional special interest group
- Have completed the current Royal College of Psychiatrists' competencies for junior doctors and the ECT nurse competencies, and this is reassessed regularly in supervision
- The administering nurse has an up-to-date appraisal
- The administering nurse receives monthly 'medical' supervision, both clinical and managerial
- The administering nurse completes at least 20 treatments a year to retain competency, with at least 10 treatments supervised by the department's medical lead

Specialist medical advice is available during nurse-administered treatment

In clinics that deliver nurse-administered ECT, there is a named lead consultant psychiatrist who:

- has been in post for at least 6 months;
- has dedicated sessional time in the clinic;
- meets the competencies set out in the Royal College of Psychiatrists' competency document at appointment;
- demonstrates ongoing CPD in their annual appraisal and;
- maintains their clinical skills

8. Quality Improvement QI

As an organisation ELFT aspires to provide care of the highest quality, in collaboration with those who use our services. As an organisation we embrace continuous improvement and learning. Achieving this will mean we have to think differently, be innovative, and give everyone, at every level, the skills they need to lead change. Although is not easy to build this culture, but the ECT team will be supported and provided with all the help by the trust to focus on what matters most to our service users and staff, and improving access to evidence-based care will make our services more effective. Staff will be given more power and training to improve patient experience and outcomes by incorporating the QI framework in the day to day running of ECT services

9. Monitoring and Audit

The ELFT NHS Trust ECT services are accredited members of ECTAS which is part of the Royal College of Psychiatrists. The delivery of the ECT service is guided by ECTAS standards and membership of ECTAS is determined by achievement of these standards. To maintain accreditation the ECT service is required to comply with the 3 yearly accreditation cycle which is assessed by peer review and evidenced documentation.

The ECT service delivery and governance will be overseen by the ECT team Leads that meets every two months and will report to the Clinical Governance team. The ECT teams will commission regular audits of the ECT service. All ECT related audits will be monitored by team leads and will action plan these audits as appropriate.

QI will be incorporated into the work of ECT teams.

10. Monitoring and compliance

All relevant staff members should be made aware of this policy and its practice guidance notes. All the ECT Team staff to have completed required training necessary for the relevant jobs.

All patients receiving a course of ECT treatment should undergo cognitive and mood assessments in accordance with minimum policy standards

11. Implementation

Taking into consideration all the implications associated with this policy, it is considered that a target six months from date of issue is achievable for the contents to be embedded within the organisation.

12. Definition of terms used

ECT –Electroconvulsive Therapy.

ECTAS -Electroconvulsive Therapy Accreditation Service

NICE - National Institute of Health and Clinical Excellence.

CRAG -Clinical resource and audit group.

NALNECT – National Association of Lead ECT Nurses

13. References

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