Humber Teaching
NHS Foundation Trust

Electroconvulsive Therapy (ECT) Policy (M-003)

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Author (name & job title)	Alison Lazenby Clinical Lead, ECT/Clozaril Dr Richard Ward, Consultant Psychiatrist
Executive Lead (name & job title):	Dr Kwame Fofie, Medical Director
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Minor amendments made prior to full review date above (see appended document control sheet for details)	
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Policies should be accessed via the Trust intranet to ensure the current version is used

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1. INTRODUCTION

This policy has been developed following a thorough review of previous policies and in support of The National Institute for Clinical Excellence Guidelines on depression (Oct 2009),The Royal College of Psychiatrists Handbook, forth edition (2019) and ECTAS (ECT accreditation service) standards (2023).The NICE ECT Guidance 2003.

It is recommended by the Guidelines 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 depression – (Life limiting/treatment resistant depression)
- Catatonia
- A prolonged or severe manic episode

An assessment of the risks and potential benefits to the individual undergoing ECT is documented. If the individual is pregnant, an older person, or a child or young person (SOAD and T5 requeired), the clinician(s) involved should exercise particular caution and the individual or their advocate or carer should be made aware that the risks associated with ECT may be enhanced in these circumstances.

The individual undergoing ECT provides valid consent if he or she has the ability to grant or refuse consent (please refer to SOP Appendix 5) In situations where joint decision making, informed discussion and consent are not possible, advance directives are fully taken into account and the individual's advocate and/or carer is consulted.

The consent process provides that the clinician(s) responsible for treatment:

- involves the individual's advocate and/or carer where possible
- provides full and appropriate information in a suitable format and language to enable an informed discussion
- explains and discusses the general risks of ECT, risks specific to the individual and potential benefits to the individual
- does not pressure or coerce the individual into consent to the treatment
- reminds the individual that he or she has the right to withdraw consent at any point.
- Use the Royal Collage of Psychiatrists ECT information booklet.

  (Use of the Mental Health Act can be used if the individual is incapable of consent)

The individual's clinical status is assessed following each ECT session and the individual's cognitive function is monitored on an ongoing basis and at a minimum at the end of each course of treatment.

ECT treatment is stopped once remission is achieved, if there is evidence of adverse effects, or if the individual withdraws consent.

A repeat course of ECT is considered only for an individual:

- under the circumstances described above who has previously responded well to ECT
- who has not responded previously but is experiencing an acute episode and all other options have been considered and following discussion with the individual and/or where appropriate the carer/advocate of the risks and benefits of such a course of action.

Despite numerous new psychotropic drugs being available for use, Electroconvulsive therapy remains a valuable clinical treatment and is recognised as an efficacious treatment for depression. However Electroconvulsive therapy has an unfortunate historical legacy and has a largely negative public perception. It is of vital importance therefore that the Trust aims to provide a framework for providing the highest possible quality of clinical care.

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

2. SCOPE

This policy is aimed at all clinical/medical staff who are directly involved in the preparation, treatment and recovery stages for patients being considered for, prescribed and given ECT.

The clinical guidelines cover:

- ECT procedures
- Staffing Requirements
- Training
- Equipment and clinical engineering
- Prescribing ECT
- Drug requirements
- Physical investigation requirements
- Patient and carer information
- Liaison services
- Consent procedures and status
- Preparation and management of the ECT department
- Medical administration of ECT including anaesthesia
- Dose setting and stimulus dosing
- Post recovery and assessment
- Monitoring and audit
- ECT in under 18's
- Outpatient ECT
- ECT out of normal hours

3. POLICY STATEMENT

The Trust policy is supportive of the NICE clinical guidelines for ECT Oct 2009 and depression 2022, the Royal College of Psychiatrists handbook 2022 and ECTAS Standards 2016. The Trust will positively support these recommendations and continue to develop practice in line with the recommended standards.

4. DUTIES AND RESPONSIBILITIES

Directors and Senior Managers will:

- Ensure that all managers and Trust staff are aware of the policy and promote good practice.
- Provide support and guidance regarding resources and the consistent application of the policy and future practice recommendations.
- Ensure recommended training for both medical and nursing staff is available and accessible.

Medical Staff (Either patients RC or the ECT consultant) will :

- Ensure medical staff training in the administration of ECT is undertaken and level of competency assessed as per RCPsych guidelines.
- Ensure each service user and carer is given information regarding the risks and benefits associated with ECT including anaesthesia and the risks of not having treatment as per RCPsych guidelines.

- Ensure valid consent is obtained in all cases where the individual has the capacity to grant consent. (or use of MHA if incapacitated using Sec 62/T6).
- Ensure the policy and clinical guidelines are consistently applied.
- Ensure clinical status is assessed following every 2 ECT treatments.
- If ECT is prescribed for any condition not recommended by NICE including maintenance ECT this must be specified in the patient's notes, clearly indicating the rationale and expected outcomes if treatment is not undertaken.
- Anaesthetists and ODP's adhere to standards of monitoring during anaesthesia and recovery (AAGBI, 2015) and Royal College of Anaesthetists' 2014 guidelines and follow ECTAS 13th Ed. Standards. Their roles and responsibilities are listed in the ECT SOP and ECTAS 14tth Ed standards (2023).

ECT Department Staff will:

- Maintain accreditation with ECTAS (ECT accreditation service) and registration is renewed annually with RCPsych.
- Ensure the policy and clinical guidelines are reviewed at least 3 yearly or as and when required within that period.
- Ensure the policy and clinical guidelines are consistently applied.
- Ensure maintenance and monitoring of practice standards and equipment is carried out as outlined in the clinical guidelines.
- Ensure every service user / carer has been given information regarding the risks and benefits associated with ECT using RCPsy Booklet for reference.
- Ensure valid consent has been obtained in all cases where the individual has the capacity to grant consent. (If incapacitated, use the MHA)
- Endeavour to update all Trust staff on current practice, legal requirements, and documentation (including recording NEWS).
- Provide support and guidance to Trust staff, service users and carers in the consistent application of the policy and clinical guidelines.

Clinical staff

All clinical staff involved in the care of a patient undergoing ECT are responsible for ensuring that they have an awareness and understanding of ECT practice standards and the Humber Foundation Trust policy and procedures which support good practice.

5. TRAINING

ECT consultant will provide regular lectures to other psychiatrists and train junior doctors/trainees up to competency standards set by RCPsych.

Nursing staff trained according to RCPsych and ECTAS standards. Qualified staff will have Immediate Life Support training and health care assistants will be basic life support trained. See SOP.

6. PROCEDURES

See ECT Standard Operating Procedure (SOP18-013).

7. EQUALITY AND DIVERSITY

An Equality and Diversity Impact Assessment has been carried out on this document using the Trust approved EIA. This is within the SOP January 2024.

8. MENTAL CAPACITY

The principles of the 2005 Act:

- A presumption of capacity- every adult has a right to make his or her own decisions and must be assumed to have capacity to do so unless it is proved otherwise.
- The right for individuals to be supported to make their own decisions- people must be given all appropriate help before anyone concludes that they cannot make their own decisions.
- That individuals must retain the right to make what might be seen as eccentric or unwise decisions.
- Best interests- anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedom.
- Least restrictive option intervention – anything done for or on behalf of people without capacity should be the least restrictive of their basic rights and freedoms.

9. IMPLEMENTATION

- Policy and guidelines to be shared via the intranet
- Policy to be shared within the MDT/Team Meetings by senior staff within teams i.e. Service manager and Modern matron.
- Clear accountability and responsibility is identified within the team/unit for implementation with feedback to the team manager/ modern matrons.

This policy will be disseminated as per the Policy for the Production, Approval and Review of Policies. This policy does not require additional financial resource.

10. MONITORING AND AUDIT

- Compliance with the NICE audit recommendations and ECTAS standards will be undertaken and monitored by the ECT department staff concurrently with the provision of ECT treatments or every 24 months.
- The trust policy for adverse and serious untoward incidents will be followed in the event of any breach of procedure, failure of equipment, unexpected patient reaction / outcome. (see Business Contingency Plan Mar 2022)

11. REFERENCES/EVIDENCE/GLOSSARY/DEFINITIONS

- Guidance on the use of Electroconvulsive Therapy National Institute for Clinical Excellence (NICE) Technology Appraisal 59 Sept 2014 and NICE guidance on depression June 2022.
- Royal College of Psychiatrists, The ECT Handbook, 4th edition, council report CR176:2019.
- Electroconvulsive Therapy Accreditation Standards (ECTAS)

12. RELEVANT POLICIES/PROCEDURES/PROTOCOLS/GUIDELINES

ECT SOP

Appendix 1: Document Control Sheet

This document control sheet, when presented to an approving committee must be completed in full to provide assurance to the approving committee.

Document Type	Policy – Electroconvulsive Therapy (ECT) Policy (M-003)		
Document Purpose	The policy is aimed at all clinical / medical staff who are directly involved in the preparation, treatment and recovery stages for patients being considered for, prescribed and given ECT.		
Consultation/ Peer Review:	Date:	Group / Individual	
list in right hand columns consultation groups and dates ->	May 2023	ECT Team	
	April 18	QPaS Group	
Approving Committee:	QPaS	Date of Approval:	12 January 2024
Ratified at:	Trust Board	Date of Ratification:	23 May 2018 (v4.04)
Training Needs Analysis: *(please indicate training required and the timescale for providing assurance to the approving committee that this has been delivered)*		Financial Resource Impact	
Equality Impact Assessment undertaken?	Yes	No [ ]	N/A [ ] Rationale:
Publication and Dissemination	Intranet [✓]	Internet [ ]	Staff Email [ ]
Master version held by:	Author [ ]	HealthAssure [✓]	
Implementation:	*Describe implementation plans below*		
	• Dissemination to staff via Global email • Teams responsible for ensuring policy read and understood		
Monitoring and Compliance:	• Compliance with the NICE audit recommendations and ECTAS standards will be undertaken and monitored by the ECT department staff concurrently with the provision of ECT treatments or every 24 months. • The Trust policy for adverse and serious untoward incidents will be followed in the event of any breach of procedure, failure of equipment, unexpected patient reaction / outcome. (see Business Contingency Plan Mar 2023)		

Document Change History:			
Version Number / Name of procedural document this supersedes	*Type of Change i.e. Review / Legislation*	*Date*	*Details of Change and approving group or Executive Lead (if done outside of the formal revision process)*
3.00	*Review*	*July 14*	*2 paragraphs removed as irrelevant. Some grammar and wording corrected*
4.00	*Review*	*May 17*	*Reviewed and updated*
4.01	*Review*	*May 17*	*Updated NICE, ECTAS duidance reference and wording corrected*
4.02	*Review*	*Oct 17*	*Reviewed and updated*
4.03	*Review*	*Dec 17*	*Amended following QPaS to include training paragrpah, reference to SOP consent for treatment, EIAand registration/accreditation maintained*
4.04	*Review*	*March 18*	*Training updated, references updated*
4.04	*Review*	*December 2020*	*Full review and no changes made. Version number has not changed. The expiry date has been amended to show it is due a review in three years' time*

4.05	*Review*	*January 2024*	*Reviewed.* *Dr Kwame Fofie added as Executive lead.* *Updated editions to NICE guidelines on Depression and updated RCPsh Handbook date.* *Also:* • *Name change of Clinical Lead* • *Royal College of Psychatrist Booklet added as the reference for ECT information.* • *ECTAS Accreditation date changed to 2023* • *‘Severe Depression’ explained as Life Threatening and Treatment resistant* • *Third Edition Royal Collage of Psychiatrists Handbook amended to Fourth Edition and date amended to 2019* *Approved at QPaS (11 January 2024).*

Appendix 2: Equality Impact Assessment (EIA) Toolkit

For strategies, policies, procedures, processes, guidelines, protocols, tenders, services

1. Document or Process or Service Name: Electroconvulsive Therapy Policy
2. EIA Reviewer (name, job title, base and contact details) Dr Richard Ward, Consultant Psychiatrist
3. Is it a **Policy**, Strategy, Procedure, Process, Tender, Service or Other? Policy

Main Aims of the Document, Process or Service This policy is aimed at all clinical/medical staff who are directly involved in the preparation, treatment and recovery stages for patients being considered for, prescribed and given ECT.
Please indicate in the table that follows whether the document or process has the potential to impact adversely, intentionally or unwittingly on the equality target groups contained in the pro forma

Equality Target Group 1. Age 2. Disability 3. Sex 4. Marriage/Civil Partnership 5. Pregnancy/Maternity 6. Race 7. Religion/Belief 8. Sexual Orientation 9. Gender re-assignment	Is the document or process likely to have a potential or actual differential impact with regards to the equality target groups listed? Equality Impact Score Low = Little or No evidence or concern (Green) Medium = some evidence or concern(Amber) High = significant evidence or concern (Red)	How have you arrived at the equality impact score? a) who have you consulted with b) what have they said c) what information or data have you used d) where are the gaps in your analysis e) how will your document/process or service promote equality and diversity good practice

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Age	Including specific ages and age groups: Older people Young people Children Early years	Low	Specific guidelines for persons under 18 to receive ECT. ECT is not recommended for young children.
Disability	Where the impairment has a substantial and long term adverse effect on the ability of the person to carry out their day to day activities: Sensory, Physical, Learning, Mental Health (and including cancer, HIV, multiple sclerosis)	Low	RCPsych and ECTAS Guidelines and 4th Ed. Handbook 2022.
Sex	Men/Male Women/Female	Low	ECT is a recognised treatment for all genders.
Marriage/Civil Partnership		Low	
Pregnancy/ Maternity		Low	Specific guidelines for pregnant people to receive ECT.
Race	Colour Nationality Ethnic/national origins	Low	Information available in most languages. Interpreter available if necessary.
Religion or Belief	All religions Including lack of religion or belief and where belief includes any religious or philosophical belief	Low	

Equality Target Group	Definitions	Equality Impact Score	Evidence to support Equality Impact Score
Sexual Orientation	Lesbian Gay Men Bisexual	Low	
Gender Reassignment	Where people are proposing to undergo, or have undergone a process (or part of a process) for the purpose of reassigning the person's sex by changing physiological or other attribute of sex	Low	

Summary

Please describe the main points/actions arising from your assessment that supports your decision above. Age – ECT has to be used with caution when treating under 18's. Guidelines are to be followed. (From RCPsych Handbook) Pregnancy – ECT must be used with caution and special consideration implemented when treating pregnant people. (RCPsych handbook)	
EIA Reviewer: Dr Richard Ward and Alison Lazenby	
Date completed: 11 January 2024	Signature: Dr Richard Ward and Alison Lazenby