

ELECTROCONVULSIVE THERAPY (ECT) POLICY

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OPERATIONAL POLICY SUMMARY		
This Policy details the role and function of the ECT service within EPUT and is supported by CLPG26, ECT Procedural Guidelines		
The Trust monitors the implementation of and compliance with this operational policy in the following ways;		
Audit and team meetings.		
Services	Applicable	Comments
MH&LD	✓	

**The Director responsible for monitoring and reviewing this policy is
The Executive Medical Director**

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Assurance Statement

The purpose of this Policy and the associated Procedural Guidelines is to ensure that The Trust has robust procedures in place for delivering Electroconvulsive Therapy (ECT) services.

1.0 INTRODUCTION

- 1.1 The use of ECT treatment is a specialised area of clinical practice. It is one of the therapeutic options available to patients within Essex Partnership NHS Foundation Trust (EPUT) and is an essential tool in treatment of mental disorders.
- 1.2 EPUT provides high quality service to all patients. All patients who are prescribed ECT can be assured that the service will provide a safe, ethical and legal process of delivering ECT.
- 1.3 EPUT has specialist ECT suites at the Basildon Mental Health Unit, Basildon; one in the Linden Centre, Chelmsford; and another at The Lakes, Colchester.
- 1.4 Each service is led by a lead Consultant Psychiatrist, a lead Nurse and a Lead Consultant Anaesthetist. There is a team of ECT nurses. Anaesthetists and ODPs from Basildon & Thurrock University Hospital NHS Foundation Trust, CHUFT and Mid-Essex attend on a rota basis. Psychiatric and GP trainees administer ECT under direct supervision of the ECT Consultant.
- 1.5 ECT sessions in each unit are held twice a week, on Tuesdays and Fridays.
- 1.6 Although ECT can be given to any individual, EPUT does not routinely provide ECT to patients under 18.
- 1.7 ECT can be prescribed to both inpatients and outpatients.
- 1.8 This policy and associated procedural guidelines reflect the current standards in the practice of ECT, as recommended by ECTAS Standards for ECT (14th Edition), ECT Handbook (Royal College of Psychiatrists, 2013), NICE Appraisal of ECT (NICE, 2003)

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2.0 SCOPE OF ECT POLICY

- 2.1 The Policy and the associated Procedural Guidelines and Protocols should be read and used by all medical, theatre and nursing staff who may be involved in the delivery of ECT service.
- 2.2 The Procedural Guidelines underpinning this Policy must be followed, whenever ECT treatment is being considered and encompasses all aspects of the ECT process including preparation, treatment and recovery.

3.0 DEFINITIONS

ECT	Electro Convulsive Therapy
NICE	National Institute of Health & Care Excellence
RCP	Royal College of Psychiatrists
ECTAS	ECT Accreditation Service
SOAD	Second Opinion Approved Doctor
CTO	Community Treatment Order
MHA	Mental Health Act
ASA	American Society of Anaesthesiologists
CGI	Clinical Global Impression Tool

4.0 DUTIES AND RESPONSIBILITIES

4.1. ECT Clinical Director

- 4.1.1 The ECT Clinical Director provides line management for the ECT Lead Psychiatrist and ECT Consultants.
- 4.1.2 The ECT Clinical Director reports directly to the Executive Medical Director for EPUT.

4.2 ECT Lead Psychiatrists

- 4.2.1 The ECT Lead Psychiatrist will ensure that ECT practice is conducted in accordance with Trust Policies and Procedural guidelines, NICE Guidance and ECTAS Standards.
- 4.2.2 The ECT Lead will undertake further development of the service and have regular reviews of treatment protocols and practice.
- 4.2.3 The ECT Lead will be responsible for the provision of an educational programme and training on the safe administration of ECT for Trainee Doctors.

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4.3 ECT Lead Nurse

- 4.3.1 The ECT Lead Nurse will take overall responsibility for the management of the ECT clinic and will ensure that ECT practice is conducted in accordance with Trust policies, procedural guidelines, NICE guidance and ECTAS standards
- 4.3.2 The ECT Lead Nurse will take the responsibility of allocating clearly defined roles and responsibilities for the ECT clinic staff.
- 4.3.3 The ECT Lead Nurse will liaise with ECT Lead Consultant to ensure further development and regular reviews of ECT practice

4.4 Prescribing Consultants

- 4.4.1 Prescribing Consultants to ensure adherence to the ECT policy and procedural guidelines.
- 4.4.2 To discuss ECT and Anaesthesia with patients, including the side effects and risks and to provide written information.
- 4.4.3 To assess the patient's capacity to consent to treatment.
- 4.4.4 To carry out full physical history, examination and investigations.
- 4.4.5 Arrange use of MHA, MCA as appropriate.
- 4.4.6 The Prescribing Consultant to ensure all ECT documentations are fully completed.
- 4.4.7 The Prescribing Consultant has responsibility to monitor the patient throughout the course of ECT.

4.5 Ward Managers

- 4.5.1 Ward Managers are required to follow the ECT process as detailed within the policy. Particular attention should be given to ensure that ward staff know how to prepare and escort ECT Service Users.

4.6 Nurses

- 4.6.1 Nurses escorting the Service User to ECT Suites are required to ensure that they regularly update their ECT knowledge and skills by accessing the ECT intranet; seeking advice from ECT staff and by periodically attending the ECT treatment centre.

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5.0 CONSENT

- 5.1 Consent must be obtained and recorded in case notes for all Service Users that have capacity to consent.
- 5.2 If the patient is "capable of understanding the nature, purpose and likely effects of the treatment" then ECT cannot be given without his consent. (Where a child consents, the treatment must be certified as "appropriate").
- 5.3 A person must be assumed to have capacity unless it is established that they lack capacity.
- 5.4 Capacity assessments should be related to a specific decision and should be reviewed as people can improve decision making capabilities during treatment.
- 5.5 Consent takes the form of written consent prior to a course of ECT, and verbal consent prior to each individual ECT being administered.
- 5.6 The active involvement of relatives, carers and court appointed advocates or Independent Mental Health Advocates (IMHA's) is encouraged to facilitate an informed decision.
- 5.7 If the patient lacks capacity then ECT must be certified as "appropriate" and must not conflict with an Advance Decision (which the registered medical practitioner concerned is satisfied is valid and applicable) or with a decision made by a donee or deputy or by the Court of Protection.
- 5.8 In emergency situations ECT can still be given under S62 but only in two situations namely for treatment:
- (a) Which is immediately necessary to save the patient's life; or
 - (b) Which (not being irreversible) is immediately necessary to prevent a serious deterioration of his condition.

6.0 REFERENCE TO OTHER POLICIES / GUIDANCE

- 6.1 This policy needs to be read in conjunction with the Procedure for ECT.
- 6.2 When using this Policy, reference should be made to the following documents:
- 6.3 National Institute for Health & Clinical Excellence (NICE) Guidelines:
- TA59 – 'Guidance on the use of electroconvulsive therapy'
 - CG38 – 'Bipolar disorder. The management of bipolar disorder in adults, children and adolescents, in primary and secondary care'
 - CG90 – 'The Treatment and Management of Depression in Adults (Updated Edition)'
 - CG82 – 'Schizophrenia. Core interventions in the treatment and management of schizophrenia in adults in primary and secondary care' (replaces CG1)

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6.4 Royal College of Psychiatrists – www.rcpsych.ac.uk

- The ECT Handbook (Third Edition)
- The ECTAS Standards and Guidance (14th Edition)

6.5 Royal College of Anaesthetists – www.rcoa.ac.uk

- Recommendations for standards of monitoring during Anaesthesia and recovery (4th Edition)
- Guidance for Electro-Convulsive Therapy provided in Remote Sites

6.6 Code of Practice – Mental Health Act 1983 – Department of Health (DoH) 2015

6.7 Mental Capacity Act – Code of Practice – Department for Constitutional Affairs 2007

6.8 Royal College of Nursing Guidance to ECT April 2005

6.9 CG28 Depression in children and young people Re- Modified in March 2015

7.0 IMPLEMENTATION

7.1 The policy will be a part of the Clinical Policies and Procedures Manual and will also be available on the Trust's intranet.

7.2 All clinical directorates are responsible for implementing this policy

8.0 MONITORING AND REVIEW

8.1 The Executive Medical Director will be responsible for the overall monitoring and review of this policy.

8.2 Reviews of this policy and the associated procedural guidelines will be undertaken by the ECT Lead Consultants with assistance from ECT Lead Nurses and the ECT teams in consultation with the Clinical Director of Older Peoples Services with overall responsibility for ECT.

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