

(Essex) REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (rTMS) POLICY

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POLICY SUMMARY	
This Policy introduces the Essex rTMS service, its function within the organisation and is supported by CLPG82, rTMS Procedural Guidelines	
The Trust monitors the implementation of and compliance with this policy in the following ways:	
Through audit and team meetings	

SCOPE-

Services	Applicable	Comments
Trustwide		
Essex MH & LD		
CHS		
Privately funded patients	✓	

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

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POLICY**

ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST

**(ESSEX) REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (rTMS)
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REPETITIVE TRANSCRANIAL MAGNETIC STIMULATION (rTMS) Policy

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 Repetitive Transcranial Magnetic Stimulation (rTMS) in the Essex rTMS service.

1.0 INTRODUCTION

- 1.1 The use of rTMS treatment is a specialised area of clinical practice. It has been approved by NICE as one of the treatment modalities for Depressive Disorder which has not responded or had limited response to conventional treatments.
- 1.2 Essex rTMS Service provides high quality treatment to all referred patients. All patients who are prescribed rTMS can be assured that the service will provide a safe, ethical and legal process of delivering rTMS.
- 1.3 Essex rTMS has a specialist rTMS Suite at Brentwood Resource Centre, Brentwood.
- 1.4 The service is led by a Lead Consultant Psychiatrist, a lead Nurse and a qualified specially trained team of staff.
- 1.5 rTMS sessions are held every day of the week except on weekends.
- 1.6 Although rTMS can be given to any individual, we do not routinely provide rTMS to patients under 18 years of age.
- 1.7 rTMS can be prescribed to both inpatients and outpatients.
- 1.8 This policy and associated procedural guidelines reflect the current standards in the practice of rTMS, such as protocol approved by FDA, principles of practice recommended by NICE (NICE Interventional Procedure Guidance IPG542), Royal College of Psychiatrist Position Statement (CERT03/17)

2.0 SCOPE OF rTMS POLICY

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

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3.0 DEFINITIONS

rTMS	Repetitive Transcranial Magnetic Stimulation
NICE	National Institute of Clinical Excellence
RCP	Royal College of Psychiatrists
FDA	Food and Drug Administration.
MADRS	Montgomery-Asberg Depression Rating Scale
BDI	Becks Depression Inventory
PHQ9	Patient Health Questionnaire.
CGI	Clinical Global Impression.
DLPFC	Dorsolateral Prefrontal Cortex
MEP	Motor Evoked Potential
MT	Motor Threshold
ILS	Intermediate Life Support

4.0 DUTIES AND RESPONSIBILITIES

4.1. rTMS Lead Psychiatrists

- 4.1.1. There is a Lead Consultant Psychiatrist who has overall responsibility to lead the rTMS Service.
- 4.1.2. The rTMS Lead Psychiatrist will ensure that rTMS practice is conducted in accordance with Trust Policies and Procedural Guidelines and in accordance with NICE Guidance and any new developing and relevant standards of care.
- 4.1.3. The Consultant Psychiatrist will be responsible for initial consultation at the point of the referral, prescribing the rTMS, and attending rTMS clinic as required for clinical overview.
- 4.1.4. The Lead rTMS Consultant will be responsible for ensuring teaching and training of staff, appropriately delegating responsibility for training and is required to develop special interest sessions for senior trainees.
- 4.1.5. He or she will be responsible for the development of the rTMS service, liaising with other professionals, developing rTMS protocols, audits, quality assurance and facilitating continuous CPD for the team.

4.2. rTMS Service Manager

- 4.2.1. There is a Lead rTMS Nurse Manager who has management experience along with clinical expertise to run the service and take overall responsibility for managing the rTMS service.
- 4.2.2. The Lead rTMS Nurse Manager will be responsible along with Lead Consultant Psychiatrist in developing the service and ensuring that the rTMS service is run in accordance with relevant standards of care.

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- 4.2.3. The rTMS Lead Nurse Manager will be responsible for allocating clearly defined roles and responsibilities for the rTMS clinic staff and for the day to day running of the service. He/she will appropriately deputise to a trained staff member during periods of leave or sickness.
- 4.2.4. Other duties will include direct supervision of staff responsible for
- Ensuring the rTMS consultation rooms and treatment room are properly prepared, organised and maintained.
 - Making sure the rTMS machine is functioning, maintenance checked and liaison maintained with the manufacturer.
 - All equipment is well maintained, stored and replaced.
 - Ensuring proper ordering and storing of all required items
 - Liaising with the Finance Department for budgetary management and reporting at the rTMS Management Meetings.
 - Periodic review of staff training and competencies.
 - Recruitment of staff and their training and induction.

5.0 CONSENT

- 5.1 rTMS can only be given if the patient has the capacity to decide for and against having the specific treatment and gives an informed consent.
- 5.2 rTMS cannot be given to a patient who is deemed to lack capacity. It also cannot be given if the patient has capacity and refuses to have the treatment.
- 5.3 Written informed consent is to be obtained by a Consultant Psychiatrist with adequate knowledge of the nature and effects of rTMS and with respect to patient's rights. This written consent form should be kept in the patients records.
- 5.4 The written consent is obtained for the course of treatment and not for each treatment session. Hence patients should be clearly informed that they can withdraw their consent anytime despite having signed the consent form.
- 5.5 Confirmation of their continued consent will be checked verbally and noted in the daily nursing records before each treatment.
- 5.6 In order to obtain a valid consent, it is necessary to provide patients with all required information about the rTMS treatment both verbally and in written format. Information should also be provided about the course and number of treatment sessions. Alternate formats of information such as interpreter, sign language etc. should be made available if required.
- 5.7 Consent should never be obtained under any forms of coercion.
- 5.8 The patient's relative should be given the opportunity to assist the patient in making the decision, unless confidentiality issues preclude this.

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- 5.9 During the consent process, patients should be informed about other alternate treatment options and also clearly explained that like other forms of treatments, rTMS in some cases may not give them the anticipated benefits.

6.0 REFERENCE TO OTHER POLICIES / GUIDANCE

- 6.1 When using this Policy, reference should be made to the following documents:

- 6.1.1 National Institute for Health & Clinical Excellence (NICE) Guidelines:

- IPG542 – Interventional Procedure Guidance
- CG90 – ‘The Treatment and Management of Depression in Adults (Updated Edition)’.

- 6.1.2 Code of Practice – Mental Health Act 1983 – Department of Health (DoH) 2008

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

- 6.1.4 Royal College of Psychiatrists Position Statement CERT03/17

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 This policy is to be read in conjunction with more detailed Procedural Guidelines.

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 rTMS Lead Consultants with assistance from rTMS Lead Nurse Managers and the rTMS teams.

END