ECTAS Newsletter

Issue 7-December 2007

Edited by Nicola Scanlon

Hello and welcome to the seventh edition of the ECT Accreditation Service newsletter. ECTAS is member-led and promotes an inclusive, interactive approach to quality improvement. If you have any comments or suggestions about any aspect of ECTAS, please get in touch

NEWS

Update

ECTAS currently has 93 Member clinics. Of these, 69 Are accredited (16 with excellence). Cycle 2 is progressing well, with 20 of our clinics accredited for a second time. ECTAS has seen a significant overall improvement in performance between the clinics' first and second cycles, showing success in our aim to drive up standards in our member clinics.

Reviewer Feedback

ECTAS continues to receive positive feedback from our reviewers. Out of 51 feedback forms we received, 98% said it was "very useful" to participate in a review team. We couldn't carry out the peer reviews without help from all our reviewers, and are extremely grateful to everyone. If you have any feedback on the review process, or would like to become an ECTAS reviewer, we would love to hear from you. We are holding a training day for reviewers in June 2008. Details will be sent out via the discussion group shortly

Memory testing and ECT

In response to an article circulated by Chris Freeman, a number of our member clinics have expressed an interest in the AMI scale. We are hoping to pilot this scale in some of our member clinics in the new year, and will keep you informed of the results.

Service user feedback

We value service user input into the ECTAS process, and are planning to run a forum in March 2008 to gain service user feedback on the standards, the process and the review tools. If you have any patients who may like to attend this forum, please pass on our details.

ECT Practitioners day 2007

The RCPsych ECT training/practitioners day took place in November. If you attended, we hope you enjoyed the day. There was a good turnout for the ECTAS presentation, with some key issues being discussed. There were some questions raised about the standards regarding nursing staff in the recovery area. Standards covering this are in Section 2, Staff and Training 2.1-2.7. This means that, for a clinic with more than one patient, staff needed are:
1 psychiatrist
1 lead nurse for ECT
1 anaesthetist
1 ODA/ODP/ theatre trained suitably qualified nurse acting as anaesthetic assistant
1 trained nurse in the recovery area plus one nurse for each patient in recovery.
If you only have one patient in a clinic session, it is then possible for the lead nurse or ODP to act as the recovery nurse. An extra nurse in the recovery area will still be required (this is usually the escort).

New Standards

The standards have been recently revised. The 5th edition of our standards are now in use. They are included with this newsletter and will be available to download from the website. We would like extend our thanks to all our members for providing feedback on our standards and to all those who sit on our reference group.

Second National Report

The second ECTAS National report is almost complete, and will be sent out to all member clinics shortly. It will contain data from the first and second cycles. We have seen some very promising results, and we hope you enjoy reading about them.

View from a clinic: Between treatment assessment

An interesting finding from the results of Cycle 2 clinics reviewed so far is that clinics are tending to meet more of the standards overall at their second review, despite standards having been tightened from year to year. Some standards are harder than other for clinics to meet, and between treatment assessment standards are examples of these. Parkwood Clinic in Blackpool met these standards 100% at their first and second reviews. We asked Lead Nurse Eamonn Heaney if he had any useful tips to pass on.

"I do spend time following it up with the ward staff", said Eamonn. "If there are assessments missing I'll get hold of someone to do them. Patients are entitled to regular assessment of how their treatment affects them. If a referrer tries to send someone for treatment without assessing, that often means we can't treat, and it's not unknown for me to fill out a Risk Incident Report when that happens".

The message seems to be that assertiveness is a key factor in meeting these standards. We would be very interested in other advice or experience from our members.

Email Discussion Group Update

The ECTAS email discussion group continues to attract regular queries and lively debate. Please see the document attached for a summary of all the recent queries on the discussion group. Thank you to everyone who has contributed to the discussion group, and offered expertise and advice.

We encourage members to post queries, exchange ideas on current practice and offer their opinion on contentious issues. We also welcome comments and questions about the ECTAS standards and all aspects of the accreditation process.

RECENT QUERIES AND DEBATE

The issue of giving extra treatments "For Luck" sparked a lengthy debate. Although most members were in agreement that treatment should be stopped once the patient has recovered, some also pointed out that this is an under-researched area. Dr Bassett proposed that a multi-centre randomised control trial should be conducted.

Kay Sayers raised the issue of re-consent for patients receiving maintenance ECT on a monthly basis. A consent form may specify 12 treatments, but many members agreed that it would be good practise to formally re-consent every 6 months.

Another member asked about pregnant trainees delivering ECT. Members were in agreement that there are no risks involved for pregnant staff.

Dr Pakrasi asked whether members feel the NICE guidelines are causing psychiatrists to wait longer before prescribing ECT. Dr Garnett responded by saying that consultants are following their own clinical judgement rather than the NICE guidelines. Dr Easton answered yes to Dr Pakrasi's question, as evidenced by the national drop-off rate in prescribing ECT.

The use of ECT for treatment resistant schizophrenia was once again discussed, though this time the issues of consent were highlighted. Dr Burke asked for opinions on whether to give compulsory ECT to a patient with treatment resistant schizophrenia, given the families opposition and the evidence base for efficacy. There was some discussion of efficacy of treatment, with Dr Gorst-Unsworth pointing out that it is not often used, but can work very well. Dr Lumsden cited one study (James & Grey, 1999) of the effects of ECT and clozapine combined for schizophrenia. Dr Humphreys applauded Dr Burke for his attempts to involve the family in the patient's treatment.

Jill Garnett asked about the use of the MHA in patients with learning disabilities. Dr Easton said that if the patient is compliant and the consent form 4 is completed to confirm lack of capacity, there are no grounds to detain the patient.

And Finally.........

We would like to wish all our member clinics a very merry Christmas and a Happy New Year.

ECTAS Member Clinics

Member clinics that have not yet been accredited/re-accredited and are currently in the process of self– or peer-review

Arundel Suite, Middlesbrough
Briary Wing, Harrogate
Broadmoor, London
Grafton Treatment Centre, Worcester
Harplands ECT Clinic, Stoke-on-Trent
Hartington ECT Clinic, Chesterfield
Huntingdon ECT Clinic
John Connolly, West London
Kinwell Treatment Centre, Kettering
Llwyn-y-Groes, Wrexham
Minsmere House, Ipswich
Miranda House, Hull
Morecambe Bay
Pendle View, Royal Blackburn Hospital
Princess Grace Hospital, London
Queen Elizabeth Psychiatric Hospital, Birmingham
Sligo Clinic
St Georges Hospital, Stafford
Torbay, Newton Abbot
Wedgwood House, Suffolk
West Cumberland Hospital, Cumbria
Weston General, Weston-Super-Mare
Wonford, Exeter
Worthing ECT Unit

Accredited Clinics (*=with excellence)

Ablett Unit, Denbighshire
Addenbrookes Hospital, Cambridge
Airedale Hospital, West Yorkshire
Barnes Hospital London
Becklin Centre Leeds
Bethlem Royal Hospital, London
Bodmin Hospital, Cornwall*
Broadoak Unit, Liverpool*
Bushey Fields Hospital, Dudley*
Callington Road Hospital, Bristol
Calderdale Hospital, Halifax*
Carol Foster Unit, Oxleas, Sidcup
Cefn Coed ECT Suite, Swansea
Charlton Lane
Chase Farm, London
Cheadle Royal Hospital, Cheadle
Cherry Knowle
Clatterbridge Hospital, Wirral
Coity Hospital, Bridgend
Dorothy Pattison Hospital, West Midlands*
Downshire Hospital, Downpatrick*
Edward Street Hospital, West Bromwich
Elm Mount*
Fairfield Hospital, Bury
Farnham Road Hospital
Fieldhead, Wakefield*
Forston Clinic, Dorset
Galway
Glenbourne Clinic, Plymouth*
Green Lane, Devizes
Hadrian Clinic, Newcastle General Hospital
Hafan Derwin ECT Clinic, Camarthenshire*
John Eliot Clinic, Birch Hill Hospital
Ladywell Mental Health Unit, Lewisham
Lakeview Clinic, Coventry
Lagan Valley Hospital, Lisburn*
Longley centre, Sheffield
Maudsley Hospital, London*
Millbrook Hospital, Nottingham
Needham Suie, York
Park House Hospital, Manchester
Parkwood ECT Suite, Blackpool*
Princess Marina Hospital, Nottingham
Prospect Park Hospital, Reading*
The Priory Hospital, Roehampton*
Purbeck Suite, Poole*
Queens Medical Centre, Nottingham
The Riverside Clinic, Uxbridge
Rowan Ward, Oldham
Royal Preston Hospital
Saffron Suite, Wolverhampton
Sevenacres, St Mary's Hospital, Isle of White
Shelton Hospital, Shrewsbury
Springfield Hospital, London
St Patricks Hospital, Dublin
Stepping Hill, Stockport
St Georges Hospital, Morpeth*
Stonebow Unit, Hereford
Sutton Hospital, London
Tameside Hospital, Aston-under-lyne
The Mount, Leeds
Warneford Clinic, Oxford
Waterford Regional Hospital
Wellsprings ECT Clinic, Somerset
West Park, Darlington
Whiston Hospital, Prescot
Whitchurch Hospital, Cardiff
Wigan & Leigh Hospital
Wotton Lawn, Stroud

ECTAS

Joanne Cresswell
Programme Manager
020 7977 4994
jcresswell@cru.rcpsych.ac.uk

Chloe Hood
Deputy Programme Manager
020 7977 6694
chood@cru.rcpsych.ac.uk

Nicola Scanlon
Quality Improvement Worker
020 7977 6696
nscanlon@cru.rcpsych.ac.uk

ECTAS
020 7977 6696
ECTAS@cru.rcpsych.ac.uk