

11 2019  
Communications and Engagement Team

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## **Briefing note:**

# **Planned Changes to Electro Convulsive Therapy (ECT) Service**

### **Overview**

Electro Convulsive Therapy (ECT) is a highly skilled treatment (carried out under general anaesthetic) which is of great value in the treatment of certain illnesses, predominantly severe depression. For some patients, it is used as a life-saving form of treatment (for individuals who may have stopped eating) and also greatly increases the quality of life for those with, for example, difficult to treat depression.

The service is specialised, treating 130 or so patients a year and demand is forecast to remain stable at these levels, according to both national and SHFT forecasts. The current operating model for delivering the service is becoming less sustainable and there is now a need to make changes to ensure this well regarded service remains sustainable in the future - by making best use of our resources for the long-term benefit of patients.

### **Background**

Electro Convulsive Therapy is a physical treatment carried out under a general anaesthetic. An electrical current is passed across the brain for a few seconds to produce a fit – hence the name, electro-convulsive. This affects the entire brain, including the parts that control thinking, mood, appetite and sleep. Whilst the exact mechanism of action is not known, it is thought that depression can be caused by problems with certain brain chemicals. ECT causes the release of these chemicals and also makes them more likely to work and so helps recovery.

The ECT service is delivered from three sites currently based in Antelope House (Southampton), Parklands Hospital (Basingstoke) and Elmleigh Hospital (Havant). Each site has an SLA (service level agreement) in place with the local acute hospital to provide anaesthetists and recovery nurses - although the exact provision varies from site to site. This arrangement is generally reliable but there have been problems in the past securing theatre staff from Portsmouth Hospitals NHS Trust to run clinics at Elmleigh – resulting in the clinic there closing for a short period last summer (and patients instead being treated at Antelope House).

The ECT service operates according to the Royal College of Psychiatry's ECTAS (Electro Convulsive Therapy Accreditation Society) guidance. Each site is registered with ECTAS and holds an ECTAS accreditation with excellence. Overall, the service sees approximately 130 patients per year and provides around 1,500 treatments (patients typically attend a clinic twice a week for five to six weeks). About 40% of patients are treated at Antelope, 30% at Parklands and 30% at Elmleigh.

Each site runs two clinics per week and the majority of patients begin as inpatients but are usually discharged during the course of treatment. The service treats some outpatients on a 'maintenance' basis as well as providing treatment for a small number of patients from Solent NHS Trust and other private hospitals (which provides a small source of additional income).

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### **OUR VALUES**



**Patients & people first**



**Partnership**



**Respect**

The issue we have is that, currently, whilst each clinic can treat up to 10 patients, they often treat far fewer (sometimes as low as 3 patients in a day) as the number requiring treatment is spread over the three sites. This demonstrates a waste of capacity as the staff provided (internally and through the SLA) are there for the duration of the 4 hour clinic, regardless of how many patients attend.

Additionally, there is a staffing challenge as a number of specialised ECT nursing staff have retired or are due to retire. It is difficult to recruit sufficient staff to maintain the number of clinics currently being provided.

The ECT service was also the subject of a Southern Health Quality Improvement Project earlier this year which came about to improve patient experience. The project focused on the unnecessary waiting that patients experienced because they were being transported to clinics too early, were not given specific treatment times and frequently had to wait for return transport journeys. Whilst improvements have been made, further progress is limited by the current operating model of three separate sites.

As a result of these challenges, we are proposing a substantial change to the way the service is structured.

### **Planned Changes**

Our aim is to improve the sustainability and patient experience of Southern Health's ECT service.

The current set-up (of three different teams, budgets and SLAs) makes it difficult to understand peaks and troughs of demand at individual sites for reallocation purposes. It also provides concerns regarding succession planning as disparate clinic locations make staff recruitment and development opportunities more challenging.

Discussion of a centralised ECT facility has been in motion for the last 10 years, in keeping with the national changes of geographically centralised ECT services. To replace the current set-up, we propose a single ECT service which operates across two sites (one fewer than we currently offer). This is because the current operating model provides greater capacity than is required and, in the long-term, is becoming more difficult to staff.

Our plan is to right-size the capacity of the service and change the staffing model by reducing the number of clinic locations to Antelope House and Parklands - ceasing services at Elmleigh. This option was agreed as the preferred choice after detailed consideration was also given to other possibilities, including a rotational team operating across all three sites. This option would be carefully monitored if implemented and would inform a future proposal to eventually move to a single site.

It is imperative that we make best use of resources to provide high quality patient care, therefore it is fair to conclude that the provision of excess capacity is wasteful. This refers to the provision of three physical sites when fewer are needed; the payments for three sets of SLA staff from acute hospitals, when only two are required; and the resulting requirement to sometimes use bank and agency staff to deliver three sets of clinics.

The proposed change to a two site service would provide cost savings of up to £137,000 or 4.17% (across the first three years) which can then be reinvested back into other local mental health services. This can be achieved without unduly impacting patients – access to the ECT service will be unchanged (as the proposal provides sufficient capacity for demand) and only patients from the East of Hampshire will see a slight increase in their travel. This increase in travel for some can be balanced against the planned introduction of timed appointments for all – and reduced waiting times in clinics is an improvement that patients have already told us is a higher priority to them than transport (and the overall time, from home to service and back again, should reduce).

With regard to transport, we also plan to improve the current experience of using the Patient Transport Service provided by South Central Ambulance Service (SCAS). This mostly applies to inpatients, although some outpatients may be entitled to transport too (note: some inpatients are transported by Secure Services). The

current service has proven to be unreliable with patients arriving early or being collected late. Patients are also generally given the same arrival time, with waiting areas then becoming congested. As part a move towards a centralised ECT service, we have met with transport colleagues to develop a shared and collaborative working relationship. A greater degree of flexibility will be introduced, with a staggered booking system and notification if a patient is ready to leave earlier than expected (to avoid any delays and potential distress after a treatment).

Finally, a peer support worker role is also planned for the ECT service - to bring greater support for patients where they need it, someone who understands their anxieties and experiences, and can work with the ECT service to continue making improvements.

In summary, the proposed changes would:

- reflect the demand that exists for ECT services
- ensure equitable access and experience for patients
- improve patient waiting times in the clinic with a new timed appointment system being introduced
- reflect patient priorities (i.e. travelling is acceptable if there is no wait on arrival)
- improve hospital transport to ECT clinics, with greater flexibility for timed drop offs/pick ups
- introduce a new peer support worker role to provide vulnerable patients with support and reassurance
- help create sustainable staffing and improved workforce/succession planning
- enable us to create a 'neuromodulation centre' which could provide TMS (Transcranial Magnetic Stimulation – a less invasive treatment that does not require general anaesthesia) in the future
- create one system of governance and one set of data and information supporting it, promoting learning and continuous improvement as well as the opportunity to introduce a standard outcome based set of data for the entire service
- ensure the best use of resources and budget, balancing capacity with future demand.

## **When?**

In recent months, Southern Health has been liaising closely with Hampshire commissioners (West Hampshire CCG, North Hampshire CCG, Southampton City CCG and South East Hampshire/Fareham and Gosport CCG) to agree how the ECT service should operate in the future.

Commissioners are now supportive of the proposed changes and, subject to the views of the overview and scrutiny committee, Southern Health will provide an appropriate notice period to Portsmouth Hospitals NHS Trust to cease the service level agreement at Elmleigh.

From the point of giving notice, new referrals to the service will be treated at either Parklands Hospital or Antelope House. The closure date for the ECT clinic at Elmleigh is still to be determined (and will depend on the notice period) but will not be less than the time needed for all current patients to complete their series of treatments at the site they currently attend. Importantly, no patient will have to transfer their treatment to another site midway through their 5-6 week treatment cycle.

## **Engagement Activity & Next Steps**

### Staff

There are six members of staff working within the ECT service and they will all be fully consulted (including one-to-one meetings) on the proposals. Antelope House and Parklands staff would be largely unaffected by the proposed changes. The nurse based at Elmleigh in Havant (who currently also spends part of her working week on the unit's wards) will be given the option to continue doing this and/or travel to Southampton's Antelope House to the ECT clinic there.

### Patients

As mentioned above, all patients will complete their series of treatments at the sites they currently attend - and won't be required to transfer their treatment to an unfamiliar site midway through. As a result, individual

patient letters shouldn't be required, but we'll be writing to a number of mental health stakeholders (such as Solent Mind, Healthwatch and Health and Wellbeing Boards) to explain the proposed changes, providing contact details for any queries that they or an interested member of the public might have.

#### ECT Service: Quality Improvement Project

In the spring of 2019, Southern Health's Quality Improvement (QI) Team ran a dedicated workshop week for the ECT service which saw a number of staff, patients and other stakeholders attend to look at ways to improve the service. Many of the proposed changes contained within this briefing paper have evolved from this QI project.

The workshop benefitted from positive and powerful contributions from patients. They had clear views on the issues of travelling/transport and waiting times in clinics. Their input challenged several assumptions, primarily that 'travelling is bad and waiting is inevitable'. Thanks to their input, this became, 'travelling is okay but waiting should be avoided'. This reflects our focus on introducing scheduled appointment times, improving transport issues but also being willing to increase some travelling time if the payback is reduced in-clinic waiting times and cost savings which can be reinvested in other mental health services.

Laura, a patient who credits ECT with her recovery, took part in the workshop and said during the end of week presentation: "I feel really part of this process, making improvements. My birthday is in a few weeks and I can honestly say this is the first time in a long time that I am actually looking forward to it, so thank you."

#### **Any questions?**

If you have any questions, please contact on Steven Manning, senior service improvement manager, on 02380 874466 or email: [steven.manning@southernhealth.nhs.uk](mailto:steven.manning@southernhealth.nhs.uk)

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