

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Professional Expert questionnaire

Before completing this questionnaire, please read [Conflicts of Interest for Specialist Advisers](#).

Please respond in the boxes provided.

Please complete and return to: azad.hussain@nice.org.uk and IPSA@nice.org.uk

Procedure Name: Transcranial magnetic stimulation for obsessive-compulsive disorder

Name of Professional Expert: Ms Aisha Osman

Job title:

Professional Regulatory Body: GMC x
Other (specify)

Registration number:

Specialist Society:

Nominated by (if applicable):

1 About you and your speciality's involvement with the procedure

1.1 Do you have adequate knowledge of this procedure to provide advice?

Yes.

No – please answer no more questions and return the form

Comments:

1.2 Is this procedure relevant to your speciality?

Yes.

No - please answer no more questions. Please give any information you can about who is likely to be doing the procedure and return the form.

Comments:

1.3 Is this procedure performed by clinicians in specialities other than your own?

Yes – please comment – It is also performed in research.

No

Comments:

1.4 If you are in a specialty that does this procedure, please indicate your experience with it:

I have never done this procedure.

I have done this procedure at least once.

I do this procedure regularly.

Comments:

1.5 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

I have never taken part in the selection or referral of a patient for this procedure.

I have taken part in patient selection or referred a patient for this procedure at least once.

I take part in patient selection or refer patients for this procedure regularly.

Comments:

1.6 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.
- Other (please comment)

Comments:

1.7 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

Comments:

2 About the procedure

2.1 Does the title used above describe the procedure adequately?

- Yes
- No - If no, please suggest alternative titles.

Comments:

2.2 Which of the following best describes the procedure (choose one):

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.

- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

Comments:

2.3 What is/are the best comparator(s) (standard practice) for this procedure?

tDCS

2.4 Are there any major trials or registries of this procedure currently in progress? If so, please list.

N/a

2.5 Please list any abstracts or conference proceedings that you are aware of that have been *recently* presented / published on this procedure (this can include your own work). Please note that NICE will do a comprehensive literature search on this procedure and we are only asking you for any very recent or abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.

3 Safety and efficacy of the procedure

3.1 What are the potential harms of the procedure?

Please list any adverse events and major risks (even if uncommon) and, if possible, estimate their incidence:

Adverse events reported in the literature (if possible please cite literature)

Anecdotal adverse events (known from experience)

23/115 (20%) depressed patient treated at TMS experienced headache. Average onset was 4 sessions. 16.5% suffered fatigue, average onset 3 session.

Theoretical adverse events

Headache – Hearing – Fatigue – Muscle Twitching – Syncope- Cognitive impairment – Neck stiffness – Increased anxiety due to unfamiliarity – scalp discomfort.

3.2 Please list the key efficacy outcomes for this procedure?

- Effective for treatment resistant depression patient.
- Reduction in symptoms for various mental health disorders.

3.3 Please list any uncertainties or concerns about the efficacy of this procedure?

- The sustainability of the outcome

3.4 What clinician training is required to do this procedure safely?

- Professions with mental health background with at least an undergraduate Psychology degree under the supervision of a Psychiatrist.

3.5 What clinical facilities are needed to do this procedure safely?

- Resuscitation Trolley
- TMS cooler – to keep machine cool in case of over heating
- Earplugs – for those with sensitive hearing

3.6 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

N/a

4 Audit Criteria

Please suggest potential audit criteria for this procedure.

4.1 Beneficial outcome measures. This should include short and long term clinical outcomes, quality-of-life measures and patient related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured:

- Improved quality of life – patients able to come off medication safely (psychometrics scores)
- Reduction in symptoms (QEEG of the brain before and after treatment)

4.2 Adverse outcome measures. This should include early and late complications. Please state the post procedure timescales over which these should be measured.

TMS has minimal side effects and little to no complications at an later stage post treatment.

5 Uptake of the procedure in the NHS

5.1 If it is safe and efficacious, in your opinion, how quickly do you think use of this procedure will be adopted by the NHS (choose one)?

- Rapidly (within a year or two).
- Slowly (over decades)
- I do not think the NHS will adopt this procedure

Comments:

5.2 If it is safe and efficacious, in your opinion, will this procedure be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

5.3 If it is safe and efficacious, in your opinion, the potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources:

- Major.
- Moderate.
- Minor.

Comments:

6 Other information

6.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

Comments:

7 Data protection and conflicts of interest

7.1 Data Protection

The information you submit on this form will be retained and used by the NICE and its advisers for the purpose of developing its guidance and may be passed to other approved third parties. Your name and specialist society will be published in NICE publications and on the NICE website. The professional expert questionnaire will be published in accordance with our guidance development processes and a copy will be sent to the nominating Specialist Society. Please avoid identifying any individual in your comments.

I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above. For more information about how we process your personal data please see our [privacy notice](#)

7.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

Please use the “Conflicts of Interest for Specialist Advisers” policy as a guide when declaring any conflicts of interest. Specialist Advisers should seek advice if needed from the Associate Director – Interventional Procedures. [Conflicts of Interest for Specialist Advisers](#)

Declarations of interest form			
Type of interest	Description of interest	Relevant dates	
		Interest arose	Interest ceased
Aisha Osman LeadTMS Practitioners at SMART TMS	<i>Non-financial professional and personal interest – to increase professional interest.</i>	2015 to date	

* Guidance notes for completion of the Declarations of interest form

Name and role	Insert your name and your position in relation to your role within NICE
Description of interest	<p>Provide a description of the interest that is being declared. This should contain enough information to be meaningful to enable a reasonable person with no prior knowledge to be able to read this and understand the nature of the interest.</p> <p>Types of interest:</p> <p>Direct interests</p> <p>Financial interests - Where an individual gets direct financial benefits from the consequences of a decision they are involved in making. <i>For examples of financial interests please refer to the policy on declaring and managing interests.</i></p> <p>Non-financial professional and personal interests - Where an individual obtains a non-financial professional or personal benefit, such as increasing or maintaining their professional reputation, from the consequences of a decision they are involved in making. <i>For examples of non-financial interests please refer to the policy on declaring and managing interests.</i></p> <p>Indirect interests - Where there is, or could be perceived to be, an opportunity for a third party associated with the individual in question to benefit.</p> <p>A benefit may arise from both a gain or avoidance of a loss.</p>
Relevant dates	Detail here when the interest arose and, if applicable, when it ceased.
Comments	This field should be populated by the guidance developer and outline the action taken in response to the declared interest. It should include the rationale for this action, and the name and role of the person who reviewed the declaration.

Thank you very much for your help.

**Dr Tom Clutton-Brock, Interventional
Procedures Advisory Committee
Chair**

**Mirella Marlow
Programme Director**

Clinicians such as myself require advanced knowledge of mental illness and then to complete a TMS literature review and be familiar with how the machine operates, potential side effects and so on. Technicians who administer the treatment require the need to know how to specifically operate the machine, complete measurements and so on.

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Interventional Procedures Programme

Professional Expert questionnaire

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Please complete and return to: azad.hussain@nice.org.uk and IPSA@nice.org.uk

Procedure Name: Transcranial magnetic stimulation for obsessive-compulsive disorder

Name of Professional Expert: Mr Aleks Srbinoski

Job title:

Professional Regulatory Body: GMC

Other - HCPC

Registration number: PYL32898

Specialist Society: BPS

Nominated by (if applicable):

1 About you and your speciality's involvement with the procedure

1.1 Do you have adequate knowledge of this procedure to provide advice?

Yes.

No – please answer no more questions and return the form

Comments:

Clinicians such as myself require advanced knowledge of mental illness and then to complete a TMS literature review and be familiar with how the machine operates, potential side effects and so on. Technicians who administer the treatment require the need to know how to specifically operate the machine, complete measurements and so on.

I have studied the procedure (rTMS) and been providing assessments of patient suitability, creating prescriptions and progress reports and adjustments for 2.5 years. I am the Senior Lead Assessor at Smart TMS.

1.2 Is this procedure relevant to your specialty?

Yes.

No - please answer no more questions. Please give any information you can about who is likely to be doing the procedure and return the form.

Comments:

This is a mental health treatment. As a Consultant Clinical Psychologist specialising in Mental Health Therapy and rTMS, this procedure is related to my field of study.

1.3 Is this procedure performed by clinicians in specialities other than your own?

Yes – please comment

No

Comments:

This procedure may be performed by psychiatrists and a range of health professionals trained in administering the treatment. I do not administer it, I provide psychological reviews, prescriptions and guidance as treatment progresses.

1.4 If you are in a specialty that does this procedure, please indicate your experience with it:

I have never done this procedure.

I have done this procedure at least once.

I do this procedure regularly.

Comments:

I do not administer the treatment. I assess and review patients.

1.5 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

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- I have never taken part in the selection or referral of a patient for this procedure.
- I have taken part in patient selection or referred a patient for this procedure at least once.
- I take part in patient selection or refer patients for this procedure regularly.

Comments:

1.6 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.
- Other (please comment)

Comments:

If by clinical research you mean studying the results of patients we have treated then yes. If you mean academic clinical research, then no.

1.7 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

Comments:

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2 About the procedure

2.6 Does the title used above describe the procedure adequately?

- Yes
- No - If no, please suggest alternative titles.

Comments:

2.7 Which of the following best describes the procedure (choose one):

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.
- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

Comments:

TMS is approved and quite successful with treating Treatment Resistant Major Depression. OCD is a different diagnosis requiring targeting a different area of the brain. It has also been shown to be quite efficacious for a disorder that is very difficult to treat via medication and therapy. I have not come across any academic instances or instances within our own treatment where patients suffered adverse effects from the OCD protocol.

2.8 What is/are the best comparator(s) (standard practice) for this procedure?

Standard OCD treatment is CBT, antidepressant medication or best practice is usually combining both.

2.9 Are there any major trials or registries of this procedure currently in progress? If so, please list.

NICE should have the key academic papers for TMS treatment for OCD.

2.10 Please list any abstracts or conference proceedings that you are aware of that have been *recently* presented / published on this procedure (this can include your own work). Please note that NICE will do a comprehensive literature search on this procedure and we are only asking you for any

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very recent or abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.

As above.

3 Safety and efficacy of the procedure

3.6 What are the potential harms of the procedure?

Please list any adverse events and major risks (even if uncommon) and, if possible, estimate their incidence:

Adverse events reported in the literature (if possible please cite literature)

OCD treatment is a low frequency treatment, therefore risk of any major side effects is extremely low.

Anecdotal adverse events (known from experience)

No known side effects during time with our patients.

Theoretical adverse events

3.7 Please list the key efficacy outcomes for this procedure?

The most recent systematic review of the treatment of OCD with TMS was by Zhou in 2017, who reviewed 20 studies with 791 patients.

They concluded that TMS gave clinically significant improvements compared to a placebo. Arns reported in 2018 that TMS can lead to remission in 30% of OCD patients and a clinically significant improvement in 55% who had failed to respond to medication and psychotherapy. At Smart TMS we have experience of treating patients with OCD, using the most up to date TMS techniques, and we have seen patients make a complete recovery.

3.8 Please list any uncertainties or concerns about the efficacy of this procedure?

As above

Clinicians such as myself require advanced knowledge of mental illness and then to complete a TMS literature review and be familiar with how the machine operates, potential side effects and so on. Technicians who administer the treatment require the need to know how to specifically operate the machine, complete measurements and so on.

3.9 What clinician training is required to do this procedure safely?

Advanced knowledge of mental illness via academic training. Literature review. Extended supervision under expert psychiatrist in the field.

3.10 What clinical facilities are needed to do this procedure safely?

You require a standard medical room. Power is required for the machine and enough room for a large chair and the machine.

3.11 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

I do not believe so. It appears to be very safe.

4 Audit Criteria

Please suggest potential audit criteria for this procedure.

4.1 Beneficial outcome measures. This should include short and long term clinical outcomes, quality-of-life measures and patient related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured:

Standard psychometric tests, such as YBOCS, HADS, GAD, PHQ. Usually done each week.

4.2 Adverse outcome measures. This should include early and late complications. Please state the post procedure timescales over which these should be measured.

None known. Treatment either improves the condition or it does not.

5 Uptake of the procedure in the NHS

5.1 If it is safe and efficacious, in your opinion, how quickly do you think use of this procedure will be adopted by the NHS (choose one)?

- Rapidly (within a year or two).
- Slowly (over decades)
- I do not think the NHS will adopt this procedure

Comments:

Clinicians such as myself require advanced knowledge of mental illness and then to complete a TMS literature review and be familiar with how the machine operates, potential side effects and so on. Technicians who administer the treatment require the need to know how to specifically operate the machine, complete measurements and so on.

5.2 If it is safe and efficacious, in your opinion, will this procedure be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

5.3 If it is safe and efficacious, in your opinion, the potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources:

- Major.
- Moderate.
- Minor.

Comments:

6 Other information

6.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

Comments:

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7 Data protection and conflicts of interest

7.1 Data Protection

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I have read and understood this statement and accept that personal information sent to us will be retained and used for the purposes and in the manner specified above. For more information about how we process your personal data please see our [privacy notice](#)

7.2 Declarations of interest by Specialist Advisers advising the NICE Interventional Procedures Advisory Committee

Nothing in your submission shall restrict any disclosure of information by NICE that is required by law (including in particular, but without limitation, the Freedom of Information Act 2000).

Please submit a conflicts of interest declaration form listing any potential conflicts of interest including any involvement you may have in disputes or complaints relating to this procedure.

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Declarations of interest form			
Type of interest	Description of interest	Relevant dates	
		Interest arose	Interest ceased
Commercial	I am employed by Smart rTMS and provide paid for assessments and reviews on patients undergoing TMS.	2.5 years ago and ongoing	

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* Guidance notes for completion of the Declarations of interest form

Name and role	Insert your name and your position in relation to your role within NICE
Description of interest	<p>Provide a description of the interest that is being declared. This should contain enough information to be meaningful to enable a reasonable person with no prior knowledge to be able to read this and understand the nature of the interest.</p> <p>Types of interest:</p> <p>Direct interests</p> <p>Financial interests - Where an individual gets direct financial benefits from the consequences of a decision they are involved in making. <i>For examples of financial interests please refer to the policy on declaring and managing interests.</i></p> <p>Non-financial professional and personal interests - Where an individual obtains a non-financial professional or personal benefit, such as increasing or maintaining their professional reputation, from the consequences of a decision they are involved in making. <i>For examples of non-financial interests please refer to the policy on declaring and managing interests.</i></p> <p>Indirect interests - Where there is, or could be perceived to be, an opportunity for a third party associated with the individual in question to benefit.</p> <p>A benefit may arise from both a gain or avoidance of a loss.</p>
Relevant dates	Detail here when the interest arose and, if applicable, when it ceased.
Comments	This field should be populated by the guidance developer and outline the action taken in response to the declared interest. It should include the rationale for this action, and the name and role of the person who reviewed the declaration.

Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair **Mirella Marlow**

Clinicians such as myself require advanced knowledge of mental illness and then to complete a TMS literature review and be familiar with how the machine operates, potential side effects and so on. Technicians who administer the treatment require the need to know how to specifically operate the machine, complete measurements and so on.

Programme Director

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

Interventional Procedures Programme

Professional Expert questionnaire

Before completing this questionnaire, please read [Conflicts of Interest for Specialist Advisers](#).

Please respond in the boxes provided.

Please complete and return to: azad.hussain@nice.org.uk and IPSA@nice.org.uk

Procedure Name: Transcranial magnetic stimulation for obsessive-compulsive disorder

Name of Professional Expert: Dr Leigh Neal

Job title: Medical Director/Consultant Psychiatrist

Professional Regulatory Body: GMC

Other (specify)

Registration number: 2716958

Specialist Society: Royal College of Psychiatrists

Nominated by (if applicable):

1 About you and your speciality's involvement with the procedure

1.1 Do you have adequate knowledge of this procedure to provide advice?

Yes.

No – please answer no more questions and return the form

Comments:

1.2 Is this procedure relevant to your specialty?

Yes.

No - please answer no more questions. Please give any information you can about who is likely to be doing the procedure and return the form.

Comments:

1.3 Is this procedure performed by clinicians in specialities other than your own?

Yes – please comment **NOT SURE**

No

Comments:

1.4 If you are in a specialty that does this procedure, please indicate your experience with it:

I have never done this procedure.

I have done this procedure at least once. **I improve it regularly**

I do this procedure regularly.

Comments:

1.5 If your specialty is involved in patient selection or referral to another specialty for this procedure, please indicate your experience with it.

I have never taken part in the selection or referral of a patient for this procedure.

I have taken part in patient selection or referred a patient for this procedure at least once.

I take part in patient selection or refer patients for this procedure regularly.

Comments:

1.6 Please indicate your research experience relating to this procedure (please choose one or more if relevant):

- I have done bibliographic research on this procedure.
- I have done research on this procedure in laboratory settings (e.g. device-related research).
- I have done clinical research on this procedure involving patients or healthy volunteers.
- I have had no involvement in research on this procedure.
- Other (please comment) **Clinical audit**

Comments:

1.7 Please estimate the proportion of doctors in your specialty who are doing this procedure (choose one):

- More than 50% of specialists engaged in this area of work.
- 10% to 50% of specialists engaged in this area of work.
- Fewer than 10% of specialists engaged in this area of work.
- Cannot give an estimate.

Comments:

2 About the procedure

2.1 Does the title used above describe the procedure adequately?

- Yes
- No - If no, please suggest alternative titles.

Comments:

2.2 Which of the following best describes the procedure (choose one):

- Established practice and no longer new.
- A minor variation on an existing procedure, which is unlikely to alter the procedure's safety and efficacy.

- Definitely novel and of uncertain safety and efficacy.
- The first in a new class of procedure.

Comments:

2.3 What is/are the best comparator(s) (standard practice) for this procedure?

rTMS treatment of depression

2.4 Are there any major trials or registries of this procedure currently in progress? If so, please list.

See NICE (2015)

2.5 Please list any abstracts or conference proceedings that you are aware of that have been *recently* presented / published on this procedure (this can include your own work). Please note that NICE will do a comprehensive literature search on this procedure and we are only asking you for any very recent or abstracts or conference proceedings which might not be found using standard literature searches. You do not need to supply a comprehensive reference list but it will help us if you list any that you think are particularly important.

None

3 Safety and efficacy of the procedure

3.1 What are the potential harms of the procedure?

Please list any adverse events and major risks (even if uncommon) and, if possible, estimate their incidence:

Adverse events reported in the literature (if possible please cite literature)

Bermudes et al (2008) TMS: Clinic app for psych practice Am Psych Assoc

Anecdotal adverse events (known from experience)

1. Headaches
2. Scalp discomfort
3. Fatigue
4. Other minor e.g. dizziness

All transient

Theoretical adverse events

3.2 Please list the key efficacy outcomes for this procedure?

3.3 Please list any uncertainties or concerns about the *efficacy* of this procedure?

RCT evidence limited

3.4 What clinician training is required to do this procedure safely?

Smart TMS training course
Northampton NHS training course

3.5 What clinical facilities are needed to do this procedure safely?

TMS machine

3.6 Is there controversy, or important uncertainty, about any aspect of the way in which this procedure is currently being done or disseminated?

Alternative procedures and protocols under debate

4 Audit Criteria

Please suggest potential audit criteria for this procedure.

4.1 Beneficial outcome measures. This should include short and long term clinical outcomes, quality-of-life measures and patient related outcomes. Please suggest the most appropriate method of measurement for each and the timescales over which these should be measured:

YBOCS, CCGI, functional outcomes

4.2 Adverse outcome measures. This should include early and late complications. Please state the post procedure timescales over which these should be measured.

12/12 to cover relapse criteria

5 Uptake of the procedure in the NHS

5.1 If it is safe and efficacious, in your opinion, how quickly do you think use of this procedure will be adopted by the NHS (choose one)?

- Rapidly (within a year or two).
- Slowly (over decades)
- I do not think the NHS will adopt this procedure

Comments:

5.2 If it is safe and efficacious, in your opinion, will this procedure be carried out in (choose one):

- Most or all district general hospitals.
- A minority of hospitals, but at least 10 in the UK.
- Fewer than 10 specialist centres in the UK.
- Cannot predict at present.

Comments:

5.3 If it is safe and efficacious, in your opinion, the potential impact of this procedure on the NHS, in terms of numbers of patients eligible for treatment and use of resources:

- Major.
- Moderate.
- Minor.

Comments:

6 Other information

6.1 Is there any other information about this procedure that might assist NICE in assessing the possible need to investigate its use?

Comments:

7 Data protection and conflicts of interest

7.1 Data Protection

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Declarations of interest form			
Type of interest	Description of interest	Relevant dates	
		Interest arose	Interest ceased
Financial	Shares in Smart TMS Ltd	Sept 2015	
Personal	Medical Director of Smart TMS Ltd	Sept 2015	

* Guidance notes for completion of the Declarations of interest form

Name and role	N/A
Description of interest	<p>Provide a description of the interest that is being declared. This should contain enough information to be meaningful to enable a reasonable person with no prior knowledge to be able to read this and understand the nature of the interest.</p> <p>Types of interest:</p> <p>Direct interests</p> <p>Financial interests - Where an individual gets direct financial benefits from the consequences of a decision they are involved in making. <i>For examples of financial interests please refer to the policy on declaring and managing interests.</i></p> <p>Non-financial professional and personal interests - Where an individual obtains a non-financial professional or personal benefit, such as increasing or maintaining their professional reputation, from the consequences of a decision they are involved in making. <i>For examples of non-financial interests please refer to the policy on declaring and managing interests.</i></p> <p>Indirect interests - Where there is, or could be perceived to be, an opportunity for a third party associated with the individual in question to benefit.</p> <p>A benefit may arise from both a gain or avoidance of a loss.</p>
Relevant dates	Detail here when the interest arose and, if applicable, when it ceased.
Comments	This field should be populated by the guidance developer and outline the action taken in response to the declared interest. It should include the rationale for this action, and the name and role of the person who reviewed the declaration.

Thank you very much for your help.

Dr Tom Clutton-Brock, Interventional Procedures Advisory Committee Chair **Mirella Marlow Programme Director**