

Partnership Pathways for TMS treatment

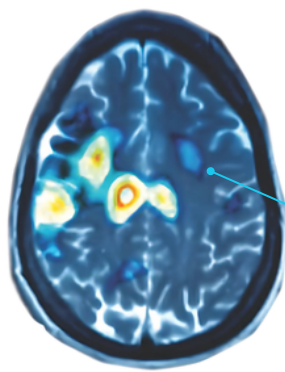
A guide for Psychiatrists and Psychologists on accessing
Transcranial Magnetic Stimulation in the UK



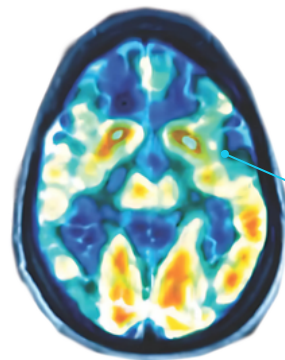
What is TMS treatment?

Transcranial Magnetic Stimulation (TMS)

Transcranial Magnetic Stimulation (TMS) is a non-invasive neurostimulation technique that uses focused magnetic pulses to modulate neural activity in specific areas of the brain involved in mood, anxiety, and attention. It is delivered using a magnetic coil placed over the scalp, typically targeting the left dorsolateral prefrontal cortex for depression.



An MRI scan of a brain **with Depression**



An MRI scan of a brain **without Depression**

How it works

- TMS induces small electrical currents in cortical neurons, enhancing or inhibiting brain activity in targeted networks.
- The effects are local and network-driven, allowing modulation of dysfunctional circuits without systemic side effects.
- Unlike ECT, TMS does not require anaesthesia and does not induce seizures.

Treatment Protocol

- Sessions are delivered outpatient, typically daily over 4–6 weeks.
- Each session lasts around 20–30 minutes (longer for OCD protocols).
- A full course includes 20–30 sessions, depending on condition and response.



	Anti-depressants	ECT (‘Electroshock’ Therapy)	TMS
NICE approved	✓	✓	✓
Non-invasive	✓	✗	✓
Side-effects	<ul style="list-style-type: none"> • Anxiety • Diarrhoea • Dizziness • Fatigue • Headache • Increased appetite • Migraine • Nausea • Nervousness • Sleep problems • Sexual dysfunction • Weight gain 	<ul style="list-style-type: none"> • Confusion • Disorientation • Headaches • Intense sleepiness • Jaw ache • Anaesthetic complications • Memory loss • Muscle aches • Nausea 	<ul style="list-style-type: none"> • Mild headache • Mild fatigue • (Seizure risk 0.0002%)



Common reasons why patients seek TMS treatment

- ✓ Clinically shown to reduce symptoms within weeks, with lasting benefits for some patients
- ✓ Non-invasive with a low side-effect profile
- ✓ Outpatient treatment – no hospitalisation required



Backed by an extensive body of research, TMS is widely approved and integrated into public and private healthcare systems globally, with regulatory approvals including FDA (US), TGA (Australia), Health Canada, and NICE (UK).

Guidelines for TMS in the UK

NICE Guidance for the treatment of Depression

Repetitive Transcranial Magnetic Stimulation (rTMS) is a non-invasive treatment for depression that has not responded to conventional therapies. In the UK, TMS is supported by the National Institute for Health and Care Excellence (NICE) under Interventional Procedures Guidance IPG542. NICE acknowledges both the safety and clinical acceptability of TMS when delivered under standard protocols, furthermore, NICE recognises the potential for sustained benefit in appropriate patients:

"Repetitive transcranial magnetic stimulation (rTMS) is a non-invasive method of stimulating the brain using magnetic pulses. It is used in the treatment of depression that has not responded to other treatments." - NICE IPG542

"The evidence on repetitive transcranial magnetic stimulation (rTMS) for depression shows no major safety concerns and the procedure can be used with normal arrangements for clinical governance, consent and audit." - NICE IPG542

"In some studies, patients showed sustained improvement in symptoms over several weeks or months." - NICE IPG542

Indication: Treatment-Resistant Depression

TMS is generally considered when symptoms have not responded to two or more antidepressant trials, psychological therapies, or when such treatments are poorly tolerated. This positions TMS as a valid next step in stepped care for patients with moderate to severe, treatment-resistant depression.

"[TMS] is usually considered when symptoms have not responded to antidepressant medication or psychological therapy, or when treatment is not well tolerated." - NICE IPG542

Learn more

For the full NICE Interventional Procedures Guidance [IPG542], visit:
www.nice.org.uk/guidance/ipg542



Smart TMS clinical governance & practice standards

At our clinics, TMS is delivered under robust clinical governance protocols, including:

- Consultant-led assessment
- Standardised outcome monitoring (e.g. PHQ-9, GAD-7)
- Shared care communication with referring clinicians
- Continuous audit of efficacy and safety

Eligibility criteria for TMS treatment



General Inclusion Criteria

Patients should meet all of the following:

- Aged 14 years or older
- Primary diagnosis of a mental health condition for which TMS is supported by clinical evidence (see page 13)
- Have experienced inadequate response or poor tolerability to at least two standard treatments (e.g., antidepressants, CBT)
- Medically stable and able to attend regular outpatient sessions
- Able to provide informed consent and engage with treatment



Exclusion Criteria

TMS is not appropriate for patients with:

- Uncontrolled epilepsy or seizure disorder
- Metallic implants or devices in or near the head (e.g., cochlear implants, aneurysm clips)
- Current or recent history of psychosis or mania (excluding stable bipolar depression)
- Severe cognitive impairment or inability to follow instructions
- Recent substance misuse disorder without stabilisation



Concurrent Medication Use

- Patients can remain on any prescribed psychiatric medications during TMS
- TMS is often delivered alongside psychotherapy or other treatments as part of a shared care approach

Referral support

If unsure about a patient's suitability, our clinical team is happy to review the case or provide a pre-referral discussion.



0345 222 5678



refer@smarttms.co.uk

Conditions treated with TMS

See page 13 for references



Depression

Remission rates up to 55% in TRD; large-scale audits and studies support efficacy; NICE approved (IPG542).

References 1, 2, 3, 4, 5, 6, 7, 8, 9, 10



OCD

Systematic review showed significant improvements; 30% remission, 55% clinical response after failed medications/therapy.

References 11, 12, 13



Anxiety

Clinical audits show 75% report improved quality of life; early response often within 15 sessions; some patients may not respond.

References 20, 21



Addiction

TMS reduced cravings and substance use across multiple studies; sustained benefit observed; no serious adverse effects reported.

References 14, 15, 16, 17, 18, 19



Postnatal Depression

4-week course achieved remission in 8 of 9 patients; remission sustained at 6-month follow-up without medications

Reference 24



Insomnia

2023 study showed 25% increase in sleep time; improved REM sleep; superior to medication and CBT for long-term outcomes.

Reference 27



ADHD

Meta-analysis of 5 RCTs (n=189) showed rTMS significantly improves sustained attention and processing speed in ADHD, with moderate effect sizes.

Reference 25, 26



Trauma / PTSD

Meta-analyses report large effect sizes (1.13–1.44); 66% symptom reduction in clinical trials; superior to some pharmacological options.

Reference 21, 22, 23



Bipolar Disorder

TMS is effective for bipolar depression, with higher response rates to left-sided stimulation. It is not used for treating manic episodes.

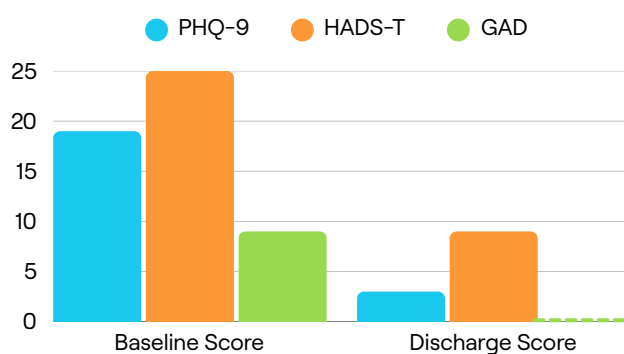
Reference 29, 30, 31

Case studies

Mid-to-Late 50s Female with Major Depression – Smart TMS Clinic St Albans

Full course of treatment administered (20 sessions)

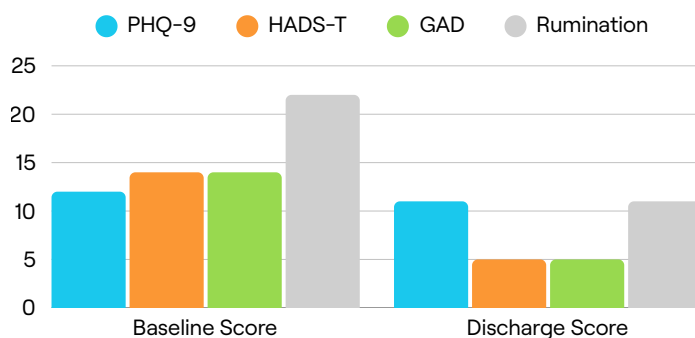
Suffered from Major Depression for 20 years. Noticed a positive response to treatment after only 6 sessions, with PHQ-9 score reducing from 19 to 8 within first week of TMS treatment. Upon completion of treatment course, mood had drastically improved, and all anxiety symptoms were absent.



Mid-30s Female with Major Depression – Smart TMS Clinic London

Full course of treatment administered (30 sessions)

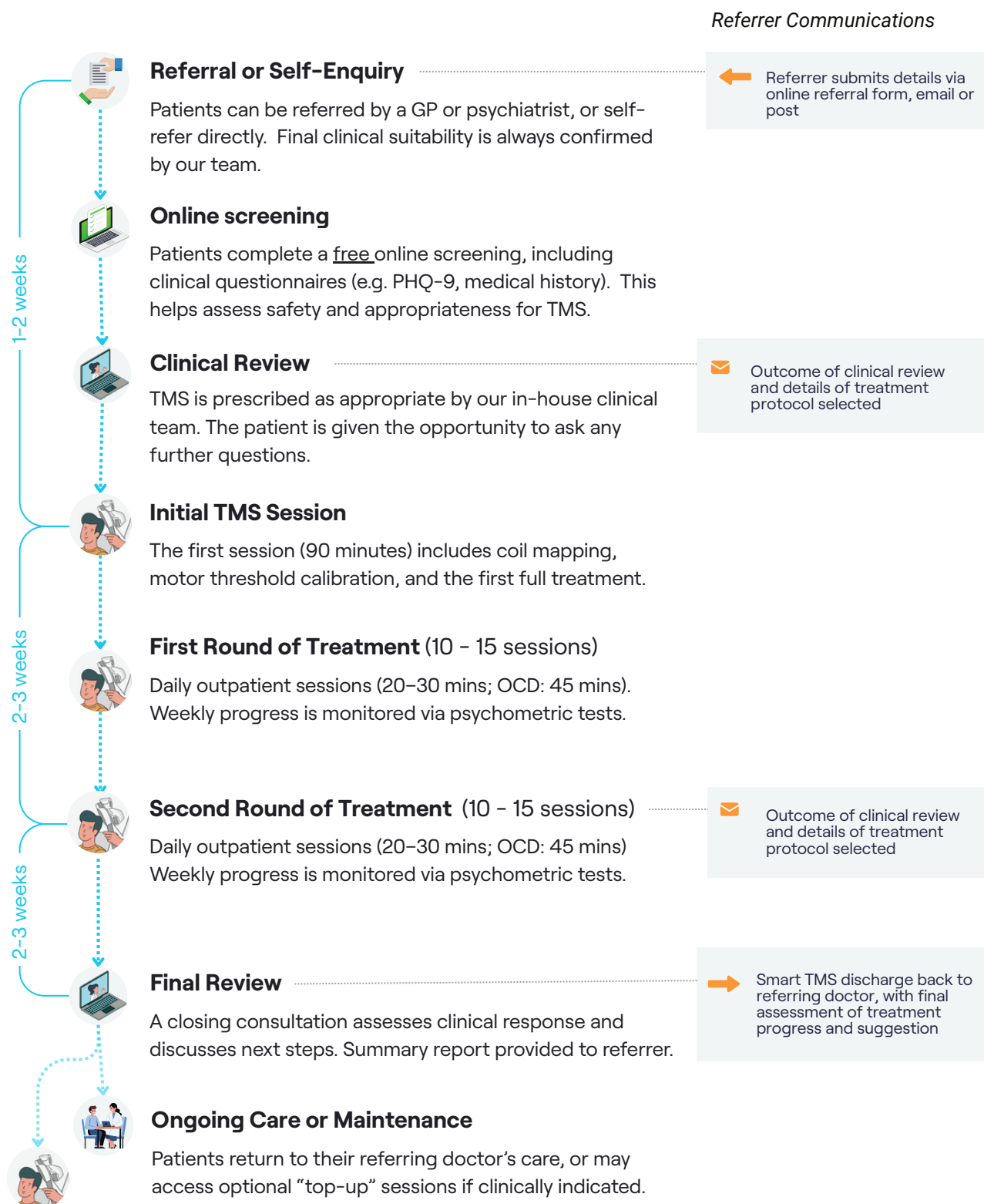
After 15 sessions, mood improved significantly. After 30 sessions, patient reported feeling much happier with more motivation and was very pleased with the outcome of TMS.



In Smart TMS clinics, 72% of patients experience a clinically meaningful response to TMS treatment, with 56% achieving remission

Based on internal outcome monitoring across routine practice.
Smart TMS Clinical Data and Patient Outcomes (Internal Report, 2024).

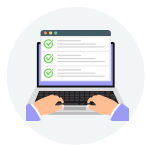
Referral & treatment steps



In some cases, intensive sessions (multiple sessions per day) are offered to help patients get through treatment in a shorter space of time.

How to refer

Please mention your patients pre-conditions, any formal diagnosis and medication history. Your patient will then be triaged to a suitable clinician and a TMS practitioner in their region.



Online Form

Visit
www.smarttms.co.uk/online-referral/
or scan the QR code



Email

Write to
refer@smarttms.co.uk



Post

Please address referral letters with attention to:
Patient Care Team, Smart TMS
9 Cirencester Office Park
Tetbury Road, Cirencester
Gloucestershire, GL7 6JJ

Managing patient expectations

How much does TMS cost?

TMS treatment with private providers like Smart TMS usually involves some cost. We'll help check if private insurance can cover treatment. The number of sessions varies by condition. For full cost details, patients can contact the Smart TMS Patient Care team on **0345 222 5678**. While TMS has upfront costs, it may reduce long-term expenses from medication and hospital stays.

Can I get TMS through the NHS?

Only a limited number of NHS Foundation Trusts offer TMS for depression, typically in inpatient settings, with strict eligibility criteria and often lengthy waiting times. Private TMS providers such as Smart TMS clinics offer an alternative for patients seeking quicker access to treatment in an outpatient setting, and depending on the patient's coverage, costs may be covered by private health insurance.

TMS is covered by all major Private Insurance Providers in the UK



About Smart TMS clinics

The UK's most experienced network of TMS clinics, together with a global leader in neuromodulation.

Since NICE approved Transcranial Magnetic Stimulation (TMS) for depression in 2015, **Smart TMS** has been a leading provider across the UK and Ireland, with a network of 10 clinics dedicated to delivering this evidence-based intervention. Through a structured shared care model, **Smart TMS** collaborates with referring clinicians to provide a hospital-free treatment pathway, particularly for patients seeking a non-pharmacological option for conditions such as treatment-resistant depression, OCD, anxiety and addiction.

Smart TMS is now part of the **neurocare group**, a best-practice platform in neuromodulation, offering advanced technologies in neurostimulation and EEG and internationally recognised professional training. This partnership supports healthcare professionals in the safe and effective delivery of TMS and aims to advance both clinical understanding and accessibility of this intervention within psychiatric practice in the UK and worldwide.



How Smart TMS works with the NHS

Our goal is to help expand safe, evidence-based access to TMS across the UK. Our experienced team supports several NHS hospital groups with clinical training and development of TMS services. If you are part of an NHS service and you are interested in offering TMS to your patients, write to info@smarttms.co.uk for further information..

Partnership opportunities

At Smart TMS, we believe psychiatrists and psychologists should remain central to their patients' recovery journey. Our partnership pathways are designed to keep you closely connected, expand your practice, and ensure the best possible outcomes while we provide expert TMS treatment.



Shared Care

Our **Shared Care Model** allows you to remain actively involved in your patient's treatment while they undergo TMS at **Smart TMS**. With patient consent, you become part of our multidisciplinary team and receive daily clinical updates, including psychometric scores and treatment notes. This ensures you retain full visibility and can provide input on reviews, medication changes, or any clinical concerns throughout the course. At the end of treatment, you receive a comprehensive discharge summary to support ongoing care. By keeping you closely engaged, this model protects the therapeutic relationship, strengthens continuity, and enhances patient outcomes through a unified approach.



Practising Privileges

The **Practising Privileges Program** is designed for psychiatrists and psychologists who want to take a more proactive role or explore offering TMS without the cost or complexity of setting up a clinic. Through this pathway, you establish a **"virtual" TMS clinic** within **Smart TMS**, retaining clinical oversight and financial participation while we provide the infrastructure, staff, and regulatory framework. You conduct and bill for the initial assessment, prescribe TMS, and remain engaged with reviews and updates as your patient progresses. Revenue is shared across the course of treatment, allowing you to grow your practice, improve patient outcomes, and stay connected to care — all without the burden of equipment, staffing, or compliance requirements.

Partner with Us

Whether through Shared Care or Practising Privileges, Smart TMS offers flexible ways to strengthen your practice and support your patients with advanced, evidence-based treatment. Contact us today to discuss partnership opportunities and see how we can work together to deliver better outcomes.



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