

# Epilepsy12 National Audit

Newsletter No. 1 (March 2010)

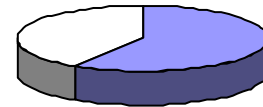
**EPILEPSY12**  
Better diagnoses | Better care | Better outcomes

WELCOME to our first newsletter to update you on the Epilepsy12 National Audit Project.

## Announcing the Audit

We are currently in the engagement phase. Letters have been sent to Chief Executives, Paediatricians, Neurologists and Audit leads in Trusts within England, Wales and Northern Ireland announcing the audit and inviting them to register their interest.

Units are eligible if they are a paediatric service that sees children aged 1 month to 16 years with suspected or diagnosed epilepsies.



So far 142/235 (60%) of eligible paediatric units have registered an interest and more than 30 organisations have registered as stakeholders

The full proposed audit methodology including patient inclusion and exclusion criteria and performance indicators rationale will be available shortly via the project website.

## Summary of Methodology:

- ◆ All secondary and tertiary paediatric services will be invited to describe their current paediatric service at a defined point in time
- ◆ All children presenting to secondary paediatric services with a paroxysmal episode and an EEG within defined time periods will be identified retrospectively
- ◆ Casenotes will be analysed by services using a customised web-tool
- ◆ Services may also participate in a user experience component
- ◆ Participation, data completeness and performance indicators will be published for all paediatric services
- ◆ Services will be encouraged to appraise their own data and develop individual 'Action Plans'.

## 12 Performance Indicators:

- ◆ Percentage of children with epilepsy with evidence of input by '**Consultant Paediatrician with expertise in epilepsies**' by 1 year
- ◆ Percentage of children with epilepsy with evidence of **input by Epilepsy Specialist Nurse** by 1 year
- ◆ Percentage with evidence of **appropriate clinical assessment** at first paediatric assessment
- ◆ Percentage with **no** evidence of **withdrawal of diagnosis of epilepsy** by 1 year
- ◆ Percentage diagnosed as epilepsy with **evidence of seizure classification** by 1 year
- ◆ Percentage diagnosed as epilepsy with evidence of **epilepsy syndrome or syndromal category classification** by 1 year
- ◆ Percentage having **no** evidence of **inappropriate EEG**
- ◆ Percentage with indications for **neuroimaging** having neuroimaging by 1 year
- ◆ Percentage with convulsive seizures having **12 lead ECG** by 1 year
- ◆ Percentage females >12 years old commenced on epilepsy medication with **evidence of discussion regarding pregnancy or contraception** related issues
- ◆ Percentage commenced on **carbamazepine with absence of contraindications** for carbamazepine
- ◆ Percentage meeting referral criteria for tertiary involvement with evidence of input of **tertiary care** by 1 year.

## Patient Questionnaire

The project will include capturing the experiences of children and young people with epilepsies and their families. We are currently surveying what is important for a good experience for this group. The findings will be used to inform the development of a questionnaire which units will be asked to send out at the appropriate time to eligible patients to be completed anonymously.

More details to follow in the next issue.

## Come and visit us at the RCPCH Annual Spring Meeting

Visit the project team at our RCPCH national audit stand in the exhibition centre stand at Warwick April 20-22nd 2010.

[www.rcpch.ac.uk/Education/Events\\_and\\_Courses](http://www.rcpch.ac.uk/Education/Events_and_Courses)

## Scotland and Northern Ireland

We are planning to roll out the audit to the rest of UK and are currently in discussions with Quality Improvement Scotland and Northern Ireland.

More details to follow.

## Tertiary Links

The project team identified 20 regional tertiary links with the aim of strengthening 'epilepsy networks' in their regions and supporting the Epilepsy12 audit.

They will help to:

- ◆ Finalise the Epilepsy12 audit infrastructure regionally
- ◆ Promote participation in the Epilepsy12 audit
- ◆ Act as the link between the project team and the secondary epilepsy services
- ◆ Provide ongoing feedback on the project to facilitate future development

The following clinicians have kindly agreed to take on this important role:

- |                                    |                                      |
|------------------------------------|--------------------------------------|
| ◆ Dr Sunny Philip, West Midlands   | ◆ Dr William Whitehouse, Trent       |
| ◆ Dr Phil Jardine, South West      | ◆ Dr Ailsa McLellan, Scotland        |
| ◆ Dr Elaine Hughes, South Thames   | ◆ Dr Sameer Zuberi, Scotland         |
| ◆ Dr Robert Robinson, North Thames | ◆ Dr Deirdre Peake, Northern Ireland |
| ◆ Dr Tony Mchshane, Oxford         | ◆ Dr Tim Martland, North West        |
| ◆ Dr Colin Ferrie, Yorkshire       | ◆ Dr Christopher Rittey, Trent       |
| ◆ Dr Jayaprakash Gosalakkal, Trent | ◆ Dr Neil Thomas, Wessex             |
| ◆ Dr Cathy White, Wales            | ◆ Dr Frances Gibbon, Wales           |
| ◆ Dr Anita Devlin, North East      | ◆ Dr Alasdair Parker, East Anglia    |
| ◆ Dr Martin Kirkpatrick, Scotland  | ◆ Dr Rachel Kneen, Mersey            |

## Help desk

For all enquires relating to the audit please contact in the first instance Zaki Kramer, Project Support or Rita Ranmal, Project Manager who will be happy to help.

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**The next project newsletter will be issued in June 2010**