

"I'm pickin' up good 'connections'...!"

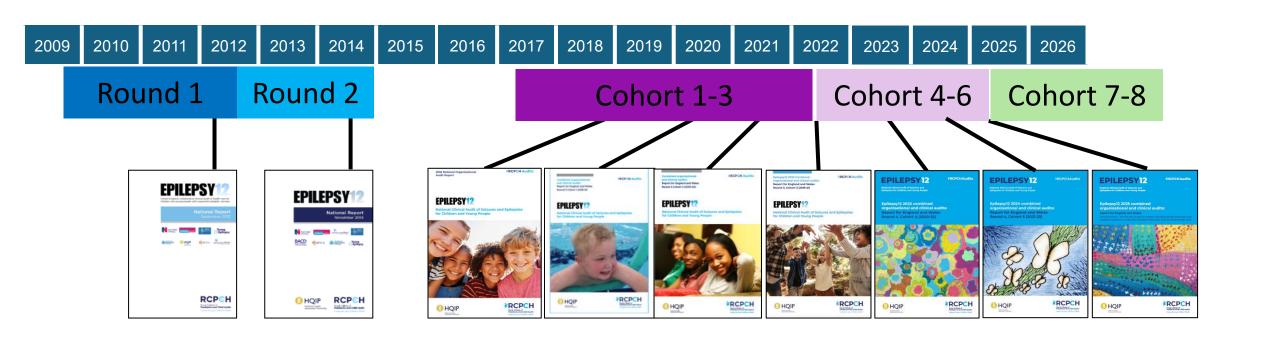


Connect you...

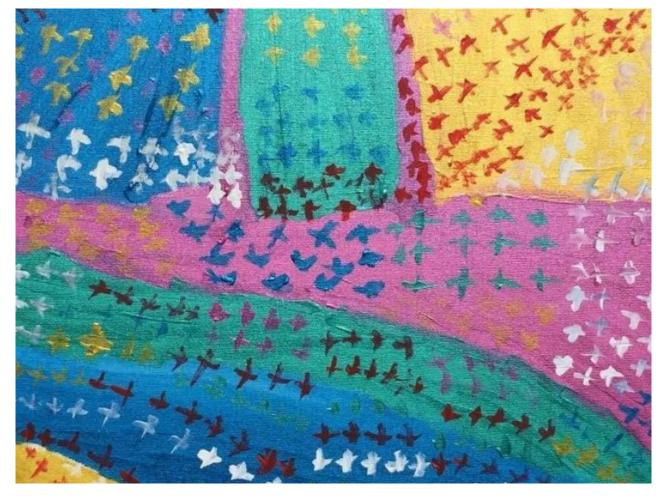
- To improvements and connections in our latest Epilepsy12 results
- To updates in the platform and reporting dashboards
- To a 15 year long view!
- To what's next and future steps...



Since 2009...







Front Cover – 'Live your Dream 1' is an artwork created by Janet Lee, an international artist from Malaysia who lived with epilepsy (1989 - 2023). This was created using acrylic paints on a canvas surface, and with the following message: someone once said, "You'll never know how far you can fly until you spread your wings. It is another glorious day. Follow your heart and set yourself free."



Cohort 6 published, 2025

2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026

Inclusion criteria:

- Child or young person with a first diagnosis of an epilepsy
- First paediatric assessment date for first seizure(s) within a defined yearly cohort within England/Wales







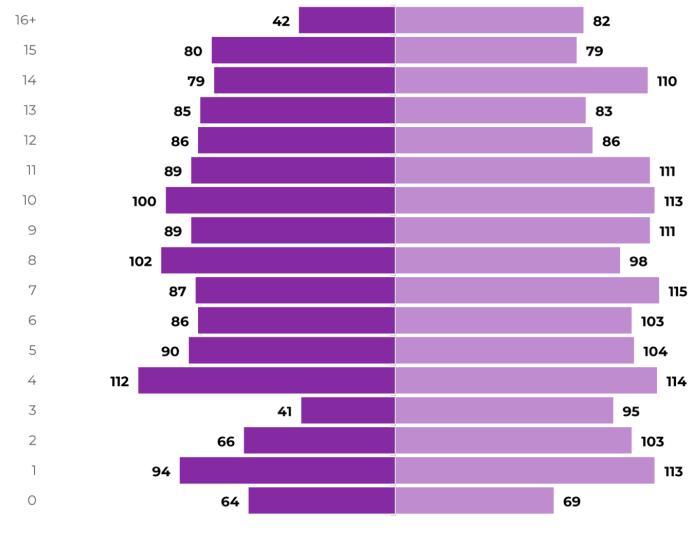
Cohort 6 published, 2025

N = 3,105

- 120 hospital and community services
- 54% male, 46% female
- 28% (854/3,105) had a neurodevelopmental condition and/or learning disability



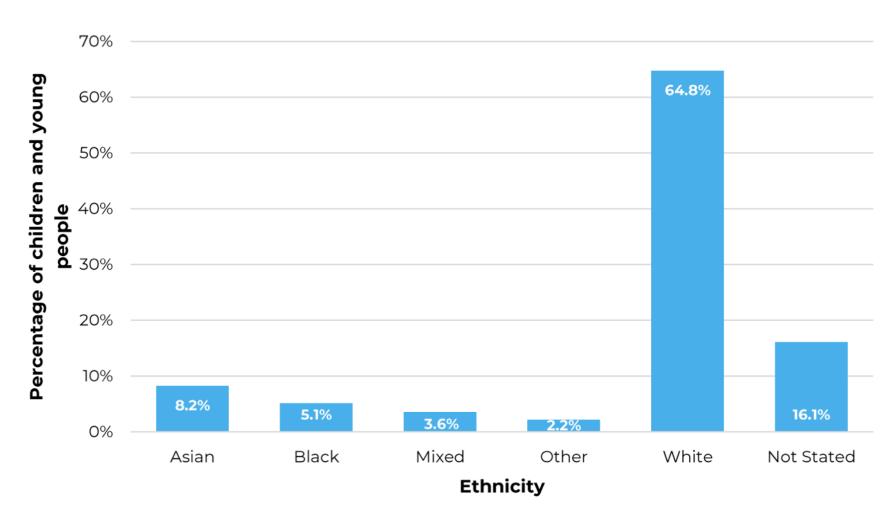
Age at first assessment & sex distribution







Ethnicity







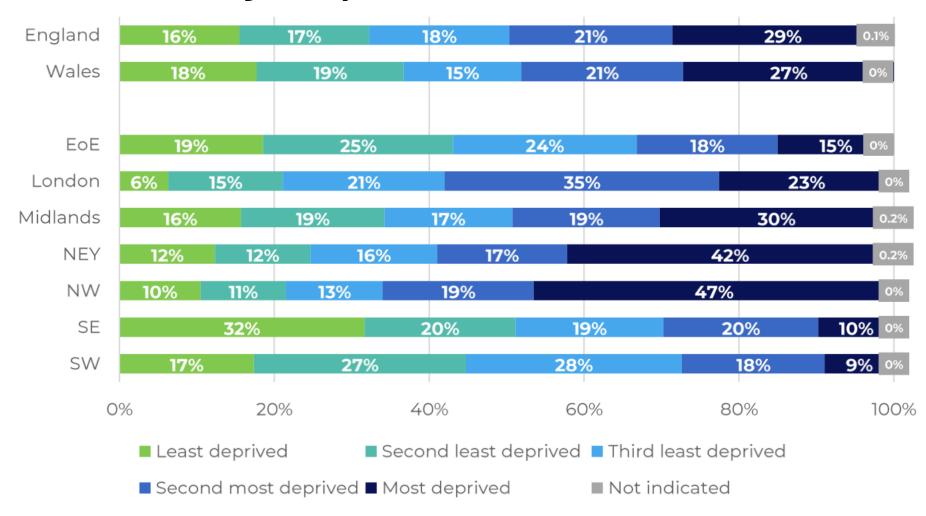
Neurodevelopment and mental health

	National
Neurodevelopmental condition	27.5% (854/3105)
Autistic Spectrum Disorder	13.9% (431/3105)
Intellectual disability/global developmental delay/'learning disability'	21.9% (681/3105)
Mental health condition	9% (278/3105)
Anxiety disorder	3.6% (111/3105)
Emotional/behavioural	4.6% (144/3105)
Mood disorder	1% (31/3105)
Self-harm	0.9% (27/3105)
Other	1% (32/3105)





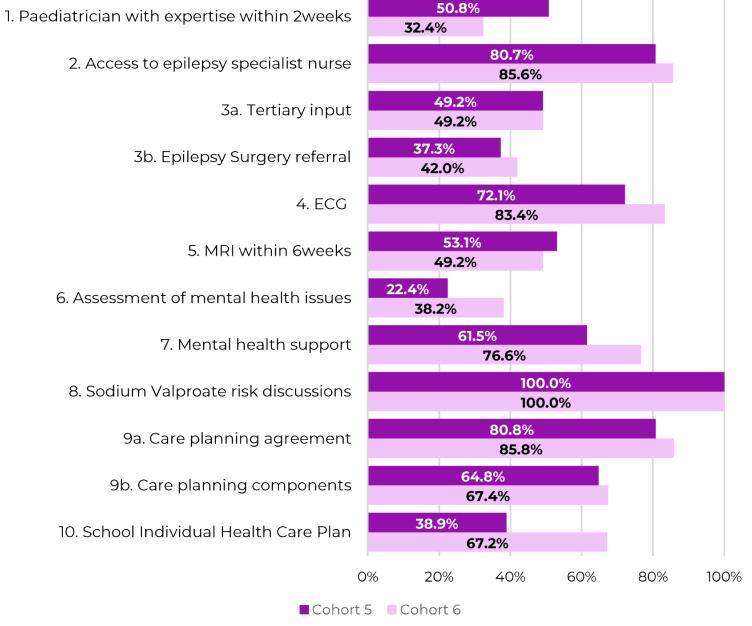
Distribution by deprivation







Summary of KPIs, cohort 6







Contributing and participating Key theme:

- 80% (120/150) of registered Health Boards and Trusts registered into Epilepsy12 participated in the cohort 6 clinical audit
- **76**% (114/151) submitted organisational data to describe their service as at 1 November 2023. This now includes data from Jersey.
- 3,152 children and young people with epilepsy were registered onto the Epilepsy12 platform and allocated to cohort 6 before the January data submission deadline.
- 3,105 had fully completed first year of care forms and were included in analyses.



Contributing and participating Key theme:

- 40% (46/114) of Health Boards/Trusts did not have any time specified towards local epilepsy audit and quality improvement (QI) activity for teams in job plans.
- For teams with some time indicated, the median amount for audit/QI was 1 hour/week
- 35% (40/114) of Health Boards and Trust had no time specified for epilepsy leadership.
- For teams with some time indicated, the median amount for epilepsy leadership was 1 hour/week



Contributing and participating Recommendations 1&2



Support Health Boards and Trusts identified as nonparticipation outliers. Identify specific barriers and enablers to facilitate and resource epilepsy team involvement. Work with young people and families, including the Epilepsyl2 Youth Advocates and RCPCH Engagement Team, to help promote and support local participation.

Action by: Integrated Care Boards across England and Local Health Boards across Wales.



Agree recommendations around appropriate allocation of time within multidisciplinary epilepsy teams and individual job plans for epilepsy specific audit participation, quality improvement and service leadership.

Action by: The UK Epilepsy Programme Board and the Organisation of Paediatric Epilepsy Networks in the UK (OPEN UK) working group.



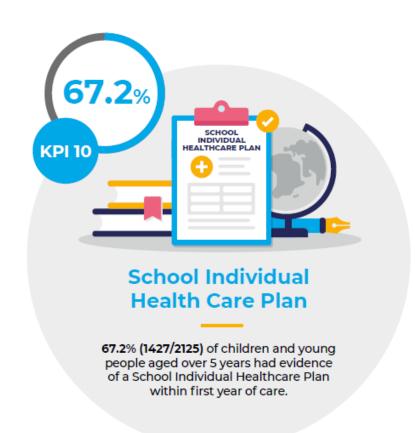
- 86% (2,665/3,105) of children and young people with epilepsy had evidence of care planning agreement within the first year of care in cohort 6
- 67% (2,093/3,105) had evidence of achieving all core elements of care planning

KPI 9b. All core elements of care planning	67.4% (2,093/3,105)
If prescribed rescue medication, prolonged seizures care plan	94.7% (748/790)
Water safety	86.7% (2,691/3,105)
First aid	89.3% (2,772/3,105)
General participation and risk	88.4% (2,744/3,105)
SUDEP	68.5% (2,127/3,105)
Service contact details	90.4% (2,806/3,105)

Table 1 - Cohort 6 results for Key Performance indicator (KPI) 9a and 9b in England and Wales.







- 67% (1,427/2,125) of children and young people with epilepsy aged over 5 years had evidence of a School Individual Health Care Plan
- A large increase compared to previous cohorts, eg 39% (573/1,472) in cohort 5



- In 2024, **89% (101/114)** of participating Health Boards and Trusts had an agreed referral pathway to adult services, compared to 91% in 2023.
- 76% (87/114) used structured transition resources
- 61% (70/114) had clinics specifically for young people with epilepsy and 67% (76/114) involved both adult and paediatric professionals in transition services.



Service	England Jersey and Wales	England	Jersey	Wales			
Structure of outpatient services involving adult and paediatric professionals							
Single joint appointments	53.9% (41/76)	55.6% (40/72)	N/A	25.0% (1/4)			
Mixed (joint and individual)	32.9% (25/76)	31.9% (23/72)	N/A	50.0% (2/4)			
Several joint appointments	7.9% (6/76)	6.9% (5/72)	N/A	25.0% (1/4)			
Other	5.3% (4/76)	5.6% (4/72)	N/A	0% (0/4)			





Building community and neighbourhood provision Recommendation 3:



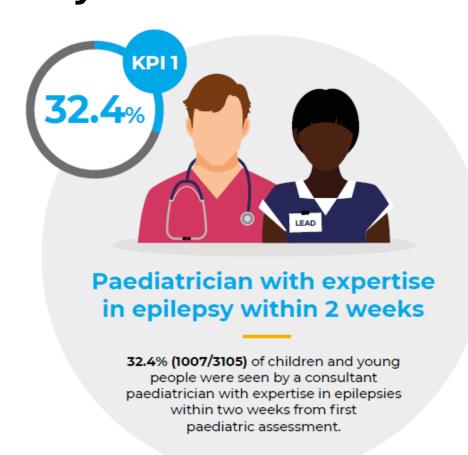
To strengthen community and neighbourhood provision and address limitations in assessing quality of transition from paediatric to adult services, the long-term plans for NHS services in England and Wales should focus on the following to support children and young people with epilepsies:

 Developing digital tools and systems to support equitable communication, documentation and care planning, passports, mental health screening, transition, self-management and patient reported outcome and experience measures (PREM/PROM) within the home, community and education settings. This should include connecting families to their care quality information via NHS digital systems and the Epilepsyl2 data platform.

Action by: NHS England and NHS Wales.



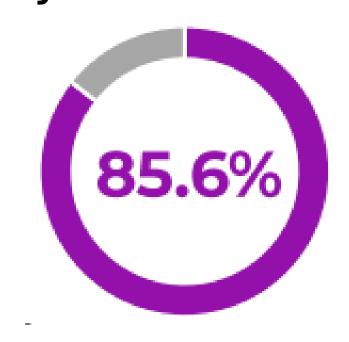
Strengthening epilepsy pathways Key theme:



- This was a decrease from 51% (1,123/2,212) in cohort 5, probably because 'input' clarified as 'direct input'
- 90% (2,801/3,105) were seen within the first year of care
- The mean Whole Time Equivalent (WTE) in Health Boards and Trusts for 'consultant paediatrician with expertise' was 2.2 WTE in 2024



Strengthening epilepsy pathways Key theme:



- Increase compared to **81**% (1,786/2,212) in cohort 5.
- 97% (110/114) of Health Boards/Trusts had some ESN provision
- 1.8 WTE in 2024 mean per health board/trust (1.6 in 2023)

86% (2,659/3,105) of children and young people with epilepsy were seen by an ESN within the first year



Strengthening epilepsy pathways

Key theme:

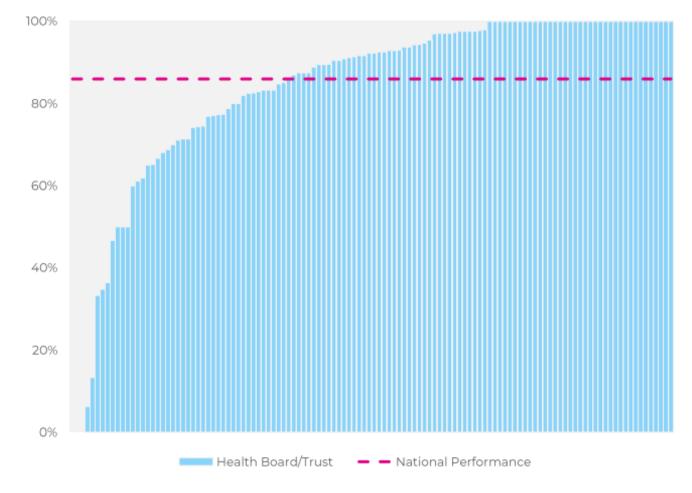
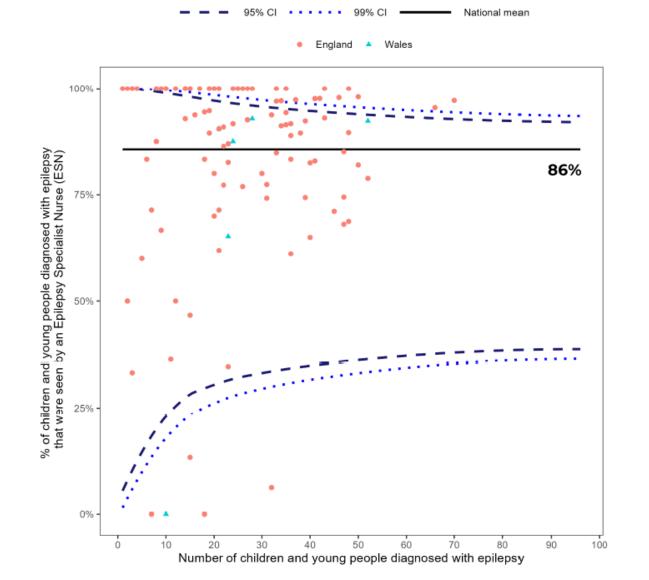


Figure 13: Access to Epilepsy Specialist Nurse by Health Board and Trust, cohort 6. Each participating Health Board or Trust is represented by a vertical bar in the order of the percentage score, including those scoring 0% in this graph.



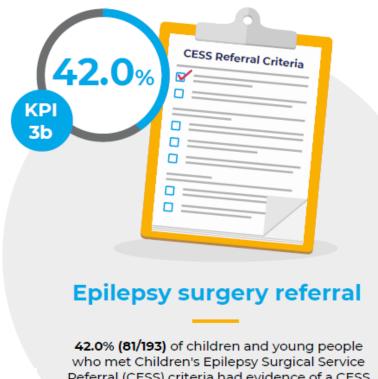
Funnel plot showing ESN access outliers...







Strengthening epilepsy pathways Key theme:

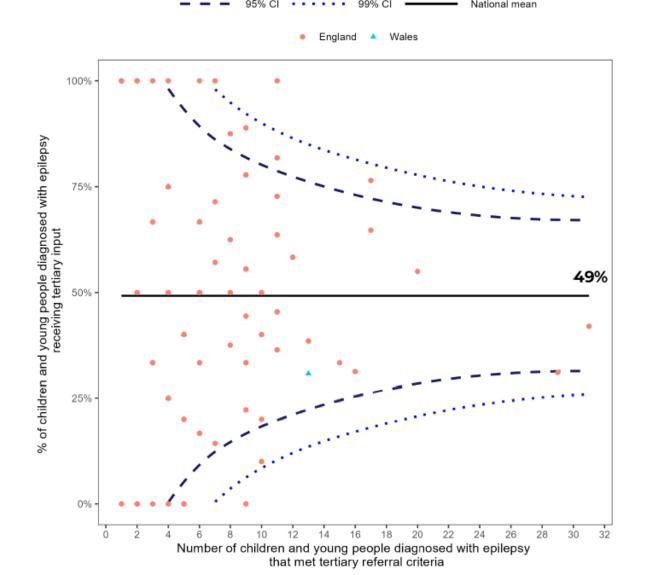


Referral (CESS) criteria had evidence of a CESS referral within the first year of care.

- This was an increase compared to 37% (41/110) in cohort 5.
- 49.2% (388/788) of children and young people with epilepsy meeting defined criteria for tertiary input, received input of tertiary care. This appears static.



Funnel plot showing Tertiary input outliers...







Strengthening epilepsy pathways Recommendation 4:



Improve timely and equitable access to tertiary and epilepsy surgery services by:

 Reviewing and updating referral criteria and pathways for epilepsy surgical evaluation, ensuring ongoing consistency between the evidence base, national recommendations and regional and local practices. Reviewing the specification of tertiary neuroscience services to ensure commissioning towards a sustainable workforce and capacity to meet the needs of local populations.

Action by: NHS England, the Children's Epilepsy Surgery Service (CESS) in England and Integrated Care Boards across England. The Welsh Government and Local Health Boards across Wales.





Supporting mental health and wellbeing Key theme:



- This increased from 22% (330/1472) in cohort 5.
- Only 9% (278/3,105) of children and young people in cohort 6 had a mental health condition identified, suggesting under-diagnosis of mental health.
- 77% (213/278) of children and young people with epilepsy that had an identified mental health problem, also had evidence of receiving mental health support. This increased from 62% (83/135) in cohort 5.



Mental health screening...

Table 26: Percentage of Health Boards and Trusts that use each mental health screening questionnaire in England, Jersey and Wales.

Screening questionnaire	England, Jersey and Wales	England	Jersey	Wales
BDI – Beck Depression Inventory	0.9% (1/114)	0.9% (1/108)	0% (0/1)	0% (0/5)
Connor's questionnaire	4.4% (5/114)	4.6% (5/108)	0% (0/1)	0% (0/5)
Emotional thermometers tool	0.9% (1/114)	0.9% (1/108)	0% (0/1)	0% (0/5)
GAD – Generalised anxiety disorder	0.9% (1/114)	0% (0/108)	0% (0/1)	20% (1/5)
PHQ – Patient Health Questionnaire, PHQ2, PHQ9	2.6% (3/114)	1.9% (2/108)	0% (0/1)	20% (1/5)
SDQ – Strength and Difficulties Questionnaire)	14% (16/114)	14.8% (16/108)	0% (0/1)	0% (0/5)
Other	17.5% (20/114)	17.6% (19/108)	0% (0/1)	20% (1/5)
None of the above	70.2% (80/114)	69.4% (75/108)	100% (1/1)	80% (4/5)





Supporting mental health and wellbeing Recommendation 5:



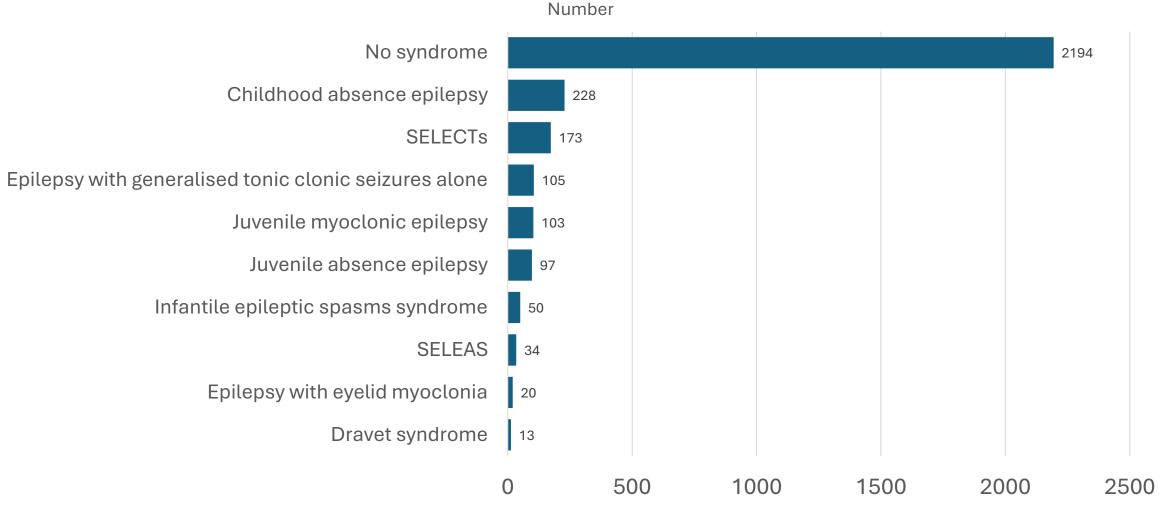
Support improvements in mental health provision, including screening, signposting, triaging, co-locating and clinical management, for children and young people with epilepsy in England and Wales. This could be achieved by:

 Completing the evaluation of mental health pilots in England including how they impact on Epilepsy12 performance metrics. Identifying opportunities for scaling and sustaining equitable mental health provision.

Action by: NHS England Epilepsy Oversight Group and Integrated Care Boards across England. The Welsh Government and Local Health Boards across Wales.



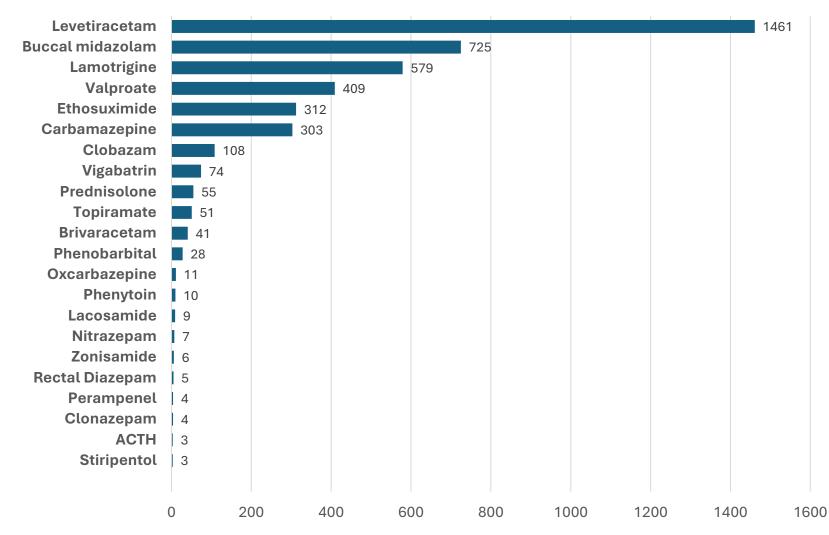
Epilepsy syndromes-Top 10







Anti-seizure medication







Valproate



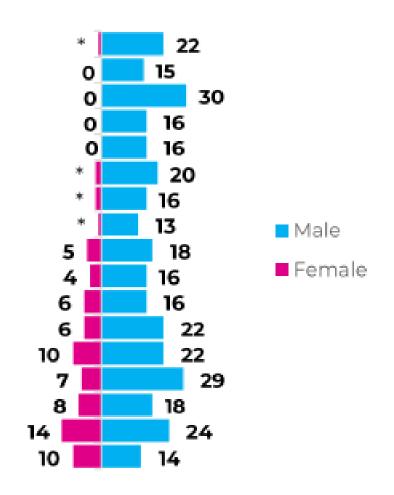


Figure 28: Number of males and females on sodium valproate by age.







HQIP / News / HQIP-Commissioned Audit Sees 72.8% Increase in School Healthcare Plans for Young People with Epilepsy

72.8% INCREASE

IN SCHOOL
HEALTHCARE PLANS
FOR YOUNG PEOPLE
WITH EPILEPSY

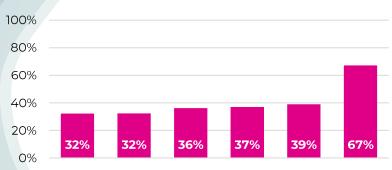






HQIP-Commissioned Audit Sees 72.8% Increase in School Healthcare Plans for Young People with Epilepsy

KPI 10. School Individual Health Care Plan

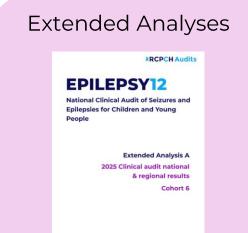


Round 3, Round 3, Round 4, Round 4, Round 4, Cohort 1 Cohort 2 Cohort 3 Cohort 4 Cohort 5 Cohort 6

Epilepsy12 reporting

Annual report





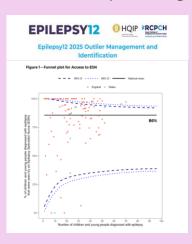
OHQIP

***RCPCH**





Outlier reporting





Monthly dashboard



Live dashboard*



Frequent Reporting Dashboard

EPILEPSY12

Home

England and Wales view

Country view

OPEN UK Network view

NHSE Region view

NHSE ICB view

Trust/Health Board view







Key Performance Indicator (KPI) Dashboard

Epilepsy12 are pleased to introduce these interactive dashboards. Only data from children and young people who have completed their first year of care and a completed audit record were included in the reports. Please note that data for Cohort 7 are provisional, and may be subject to change before the annual report publication.

Please contact the Epilepsy12 team at epilepsy12@rcpch.ac.uk with any queries regarding the data.

Use the buttons on the left panel to view key performance indicator data at each level of geographical granularity; national, country, OPEN UK network, NHS region, ICB and Trust/Health Board.



Click on the calculator icon to find out how the performance indicators are calculated



Click the information icon to find out more about the audit's methodology



Click the question mark icon to find our FAQs

Cohort 7

Patients with a first paediatric assessment for a paroxysmal episode between 1 December 2023 and 30 November 2024.

Cohort 6

Patients with a first paediatric assessment for a paroxysmal episode between 1 December 2022 and 30 November 2023.

Cohort 5

Patients with a first paediatric assessment for a paroxysmal episode between 1 December 2021 and 30 November 2022.

770

Children and Young People with Epilepsy included in this report.

3105

Children and Young People with Epilepsy were included in the completed cohort.

2212

Children and Young People with Epilepsy were included in the completed cohort.

updates ❖ 6 levels of

Monthly

6 levels of geographical reporting

Ongoing. Updated 08/08/2025

We update these reports each month (twelve times a year).

Complete

Annual report published in July 2025.

Complete

Annual report published in July 2024.

Press the ∠ button below to view in full screen mode

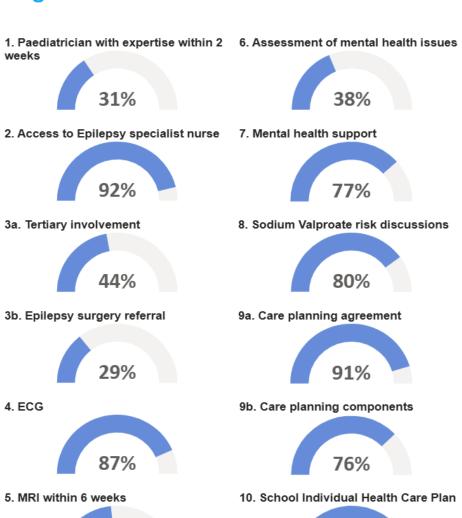
Frequent Reporting Dashboard – monthly updates

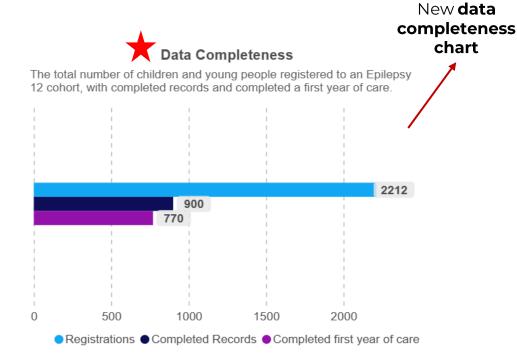
EPILEPSY12 NAVIGATION Home **England and Wales** Country **OPEN UK Network NHSE Region** ICB Trust/Health Board **E12 COHORT** Please select the cohort of interest: Cohort 5 Cohort 6 Cohort 7

Users can now **select**

the cohort of interest

England and Wales Combined



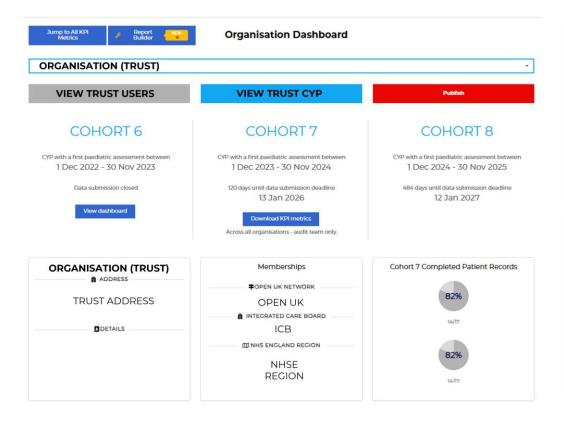


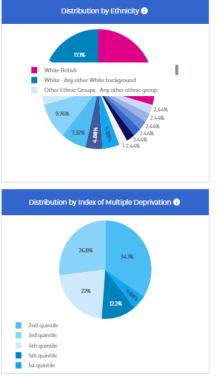
Measure	Percentage	Numerator	Denominator
Paediatrician with expertise	31%	242	770
Epilepsy specialist nurse	92%	712	770
3a. Tertiary involvement	44%	77	174
3b. Epilepsy surgery referral	29%	12	42
4. ECG	87%	425	490
5. MRI	47%	274	588
Assessment of mental health issues	38%	213	567
7. Mental health support	77%	43	56
Sodium valproate	80%	4	5
9a. Comprehensive care planning agreement	91%	697	770
9b. Comprehensive care planning content	76%	583	770
10. School Individual Health Care Plan	77%	438	567

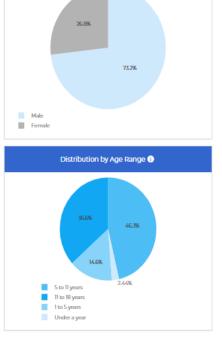
New Epilepsy12 data platform

Aims to reduce data entry burden

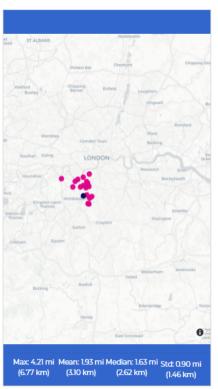
- Focused case ascertainment only confirmed epilepsy patients
- Minimised dataset mostly Y/N questions
- Easier navigation





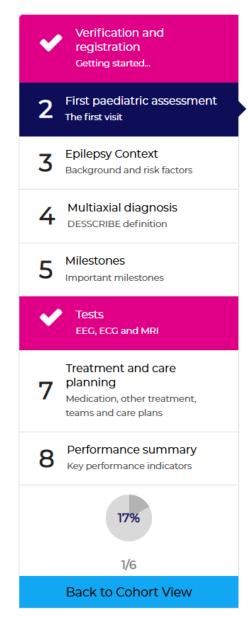


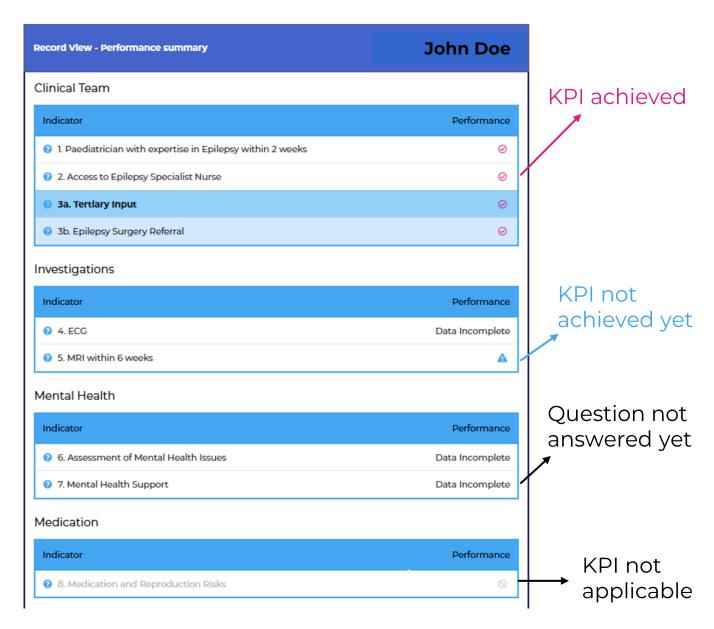
Distribution by Sex (1)



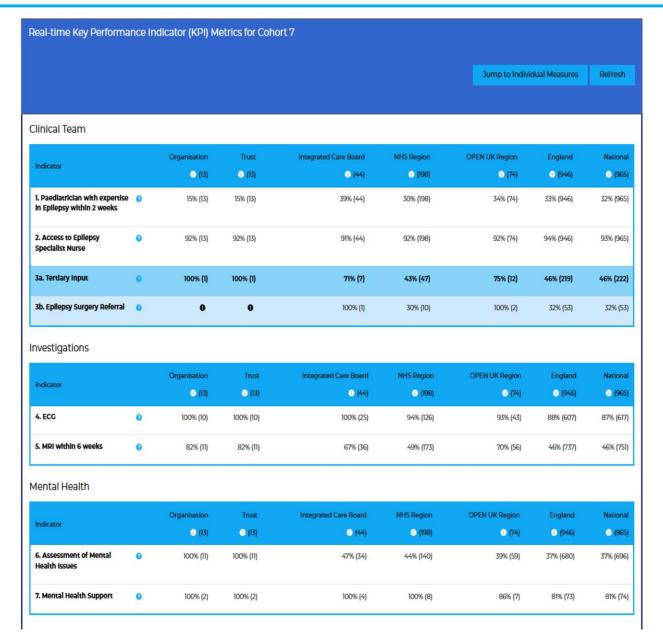
Patient performance summary

Record progress & completeness





Real-time benchmarking data







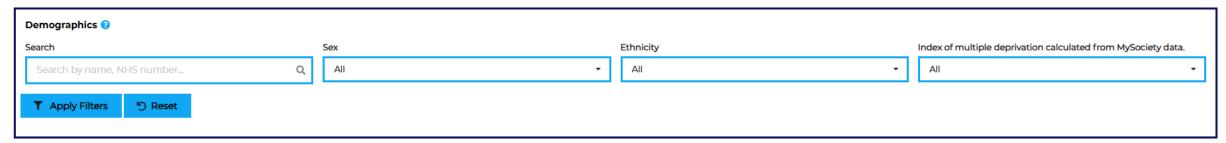
Next steps - 'report builder'

Health Board / Trust Report Builder

443 31

1

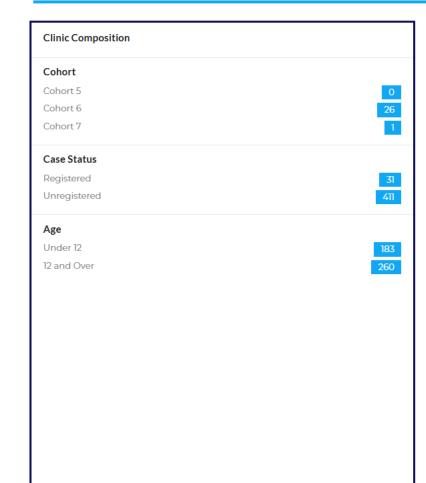
OTAL CASES REGISTERED TOTAL EPISODES



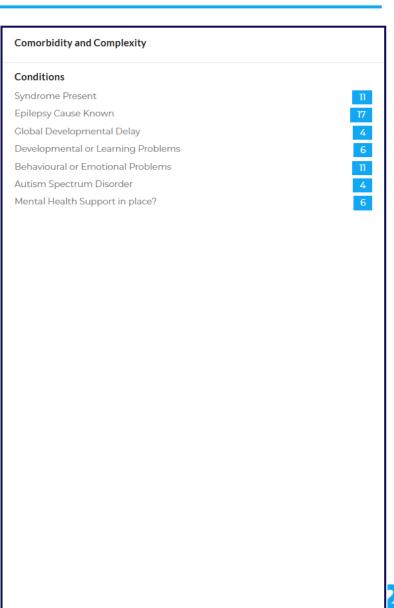
Name	ID	NHS Number	Date of Birth	Cohort	Status	Actions
Will Again Male	8	2680239407	02/01/2019	Cohort 6	• Incomplete	
Lily Allen Female	13	9435753973	02/02/2017	Cohort 6	Incomplete	
Michael Barton Male	439	6239431915	01/01/2009	Cohort 6	Incomplete	
Michael Barton Male	437	9876543210	26/07/1989	Unregistered	— N/A	Z +
blank blank Female	446	6879105424	04/03/2025	Cohort 8	Incomplete	
Jackie Brown Female	21	9200468039	01/02/2018	Cohort 6		
Beth Carr Female	19	9435737048	15/04/2015	Cohort 6	Incomplete	
test child child	14	9434765919	01/01/2024	Cohort 5		50 Lu

*Dummy data

'Report builder' - filter options



Audit Process and Completion	
Audit Progress	
Complete	8
Incomplete	23
KPI Measures not achieved	
Professional Input	
KPI1 🔞	9
KPI 2 🔞	12
KPI 3 🔞	12
KPI 3b 🔞	4
Appropriate Assessment	
KPI 4 🔞	6
KPI 5 🔞	20
Mental Health	
KPI 6 🔞	6
KPI 7 🔞	5
KPI 8 🔞	2
Care Planning	_
KPI 9a 🔞	15
KPI 9a(a) 🔞	12
KPI 9a(b) 😯	15
KPI 9a(c) 🔞	13
KPI 9b 🔞	17
KPI 9b(a) 😯	13
KPI 9b(b) 😯	14
KPI 9b(c) 🚱	13
KPI 9b(d) 🚱	14
KPI 9b(e) 🕖	13
KPI 9b(f) 🕖	15
KPI 10 🔞	8



'Report builder'

→ Filtered list of CYP

J

5

0

OTAL CASES

Cohort: 6 X

REGISTERED

TOTAL EPISODES

Active Filters

Audit Progress Complete: X

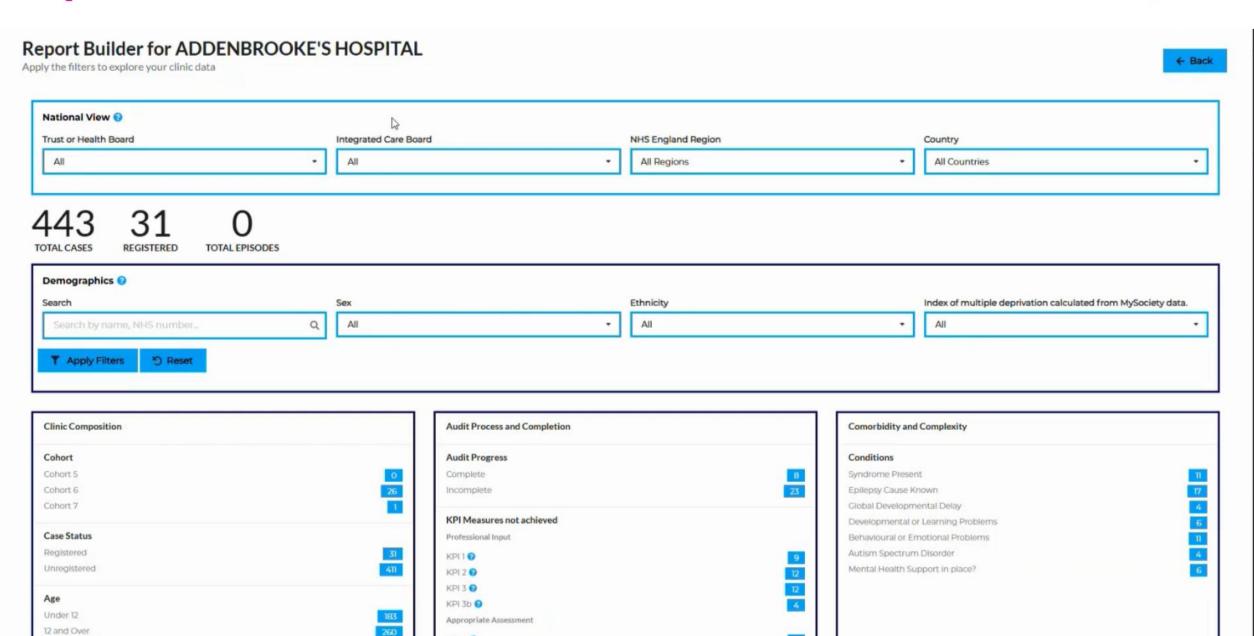
KPI: 2 - Epilepsy specialist nurse X

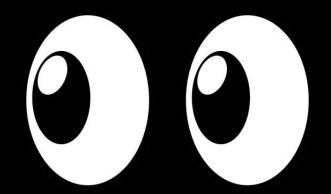
Name	ID	NHS Number	Date of Birth	Cohort	Status	Actions
Jackie Brown Female	21	9200468039	01/02/2018	Cohort 6		
test child child Male	14	9434765919	01/01/2024	Cohort 6		
Lisa Davis Female	28	8929039197	05/04/2021	Cohort 6		
Daffyd Jones Male	25	5331990541	29/01/2018	Cohort 6		
TEST TEST Female	440	000000000	15/06/2008	Cohort 6		



Report Builder Demo

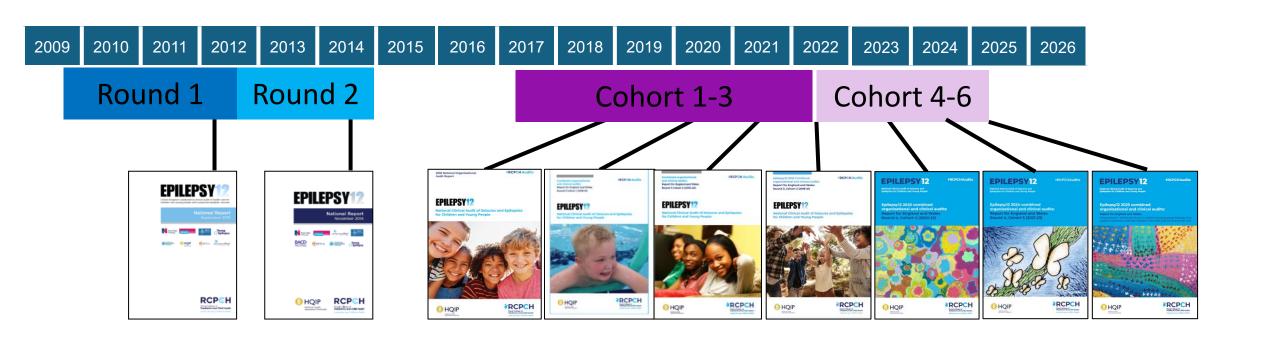






Looking back...

Since 2009...





Aims

To describe longitudinal trends in quality of care across England/Wales since the commencement of the Epilepsy12 in 2009



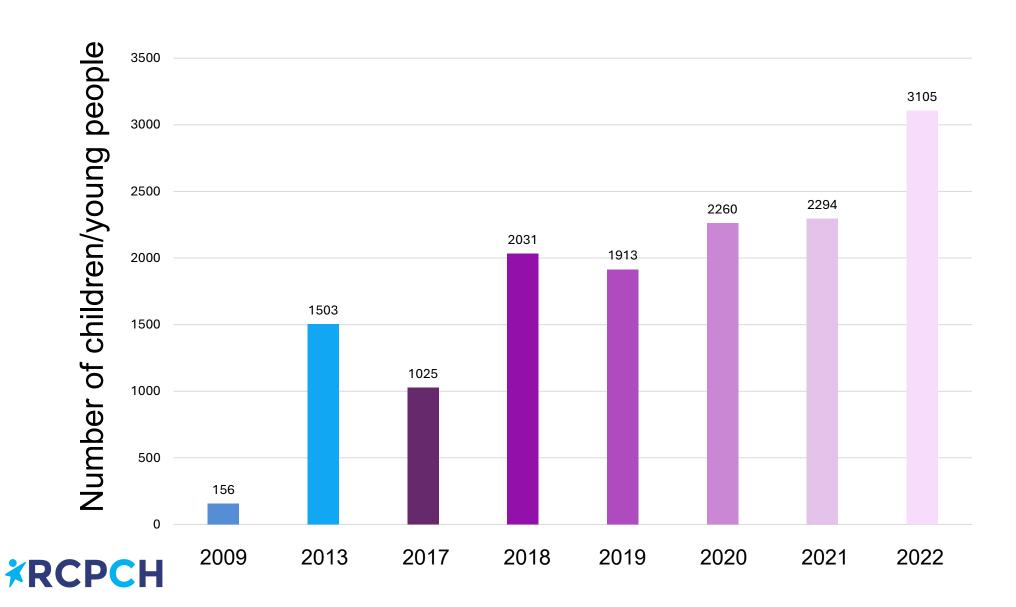
Methods

- All 8 cohorts since 2009 reviewed
- All KPIs reviewed to facilitate longitudinal comparison
- National levels presented

- Round 1 (2009-2010)
- Round 2 (2013-2014)
- Cohort 1 (2017-2018)
- Cohort 2 (2018-2019)
- Cohort 3 (2019-2020)
- Cohort 4 (2020-2021)
- Cohort 5 (2021-2022)
- Cohort 6 (2022-2023)

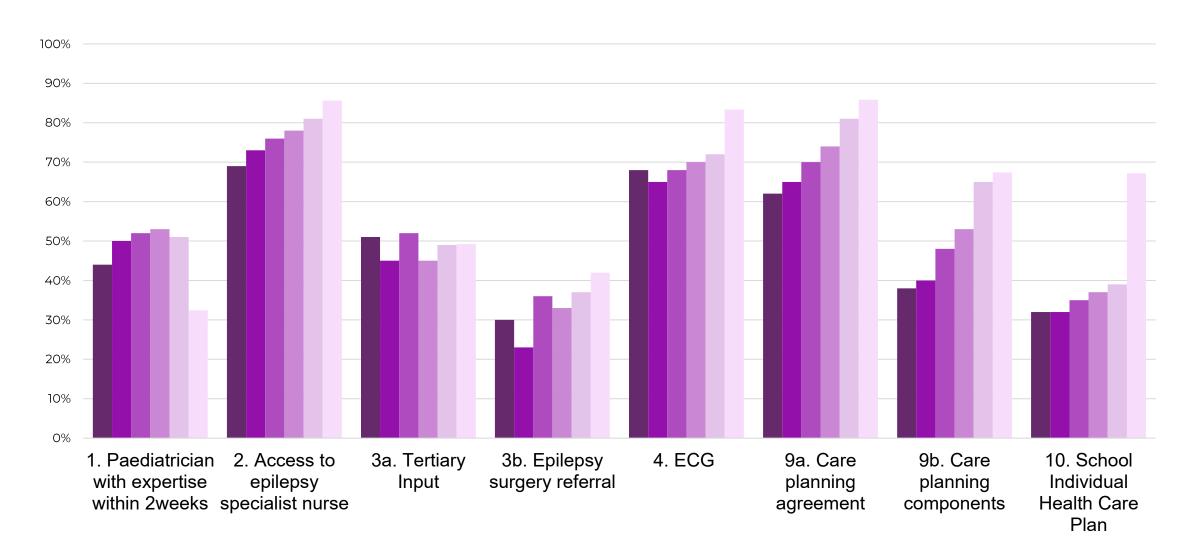


Results - Cohort size





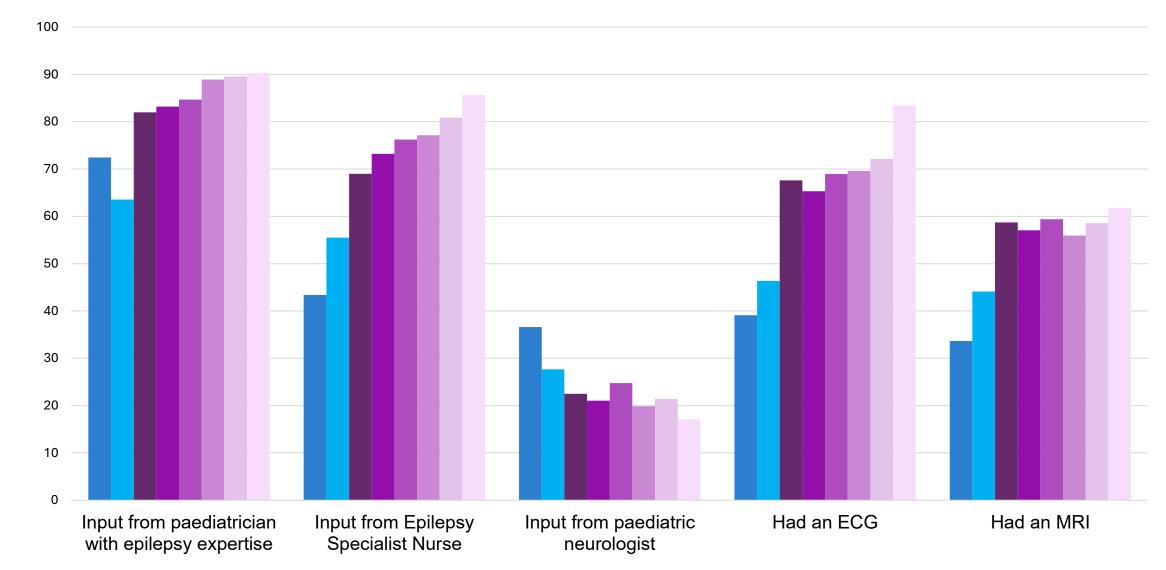
8 KPIs over 6 cohorts from 2017





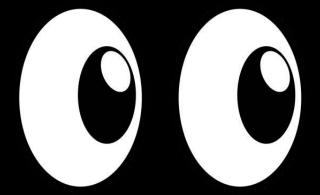


5 KPIs over 8 cohorts from 2009





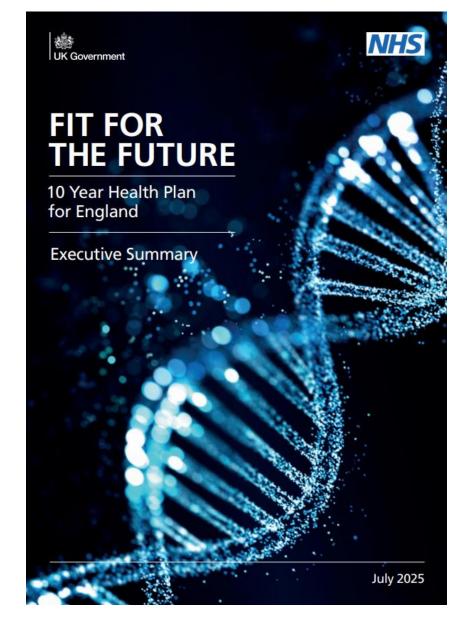




Looking forward...

A bit about the 10 year plan...

No mention of epilepsy....however...







A bit about the 10 year plan...

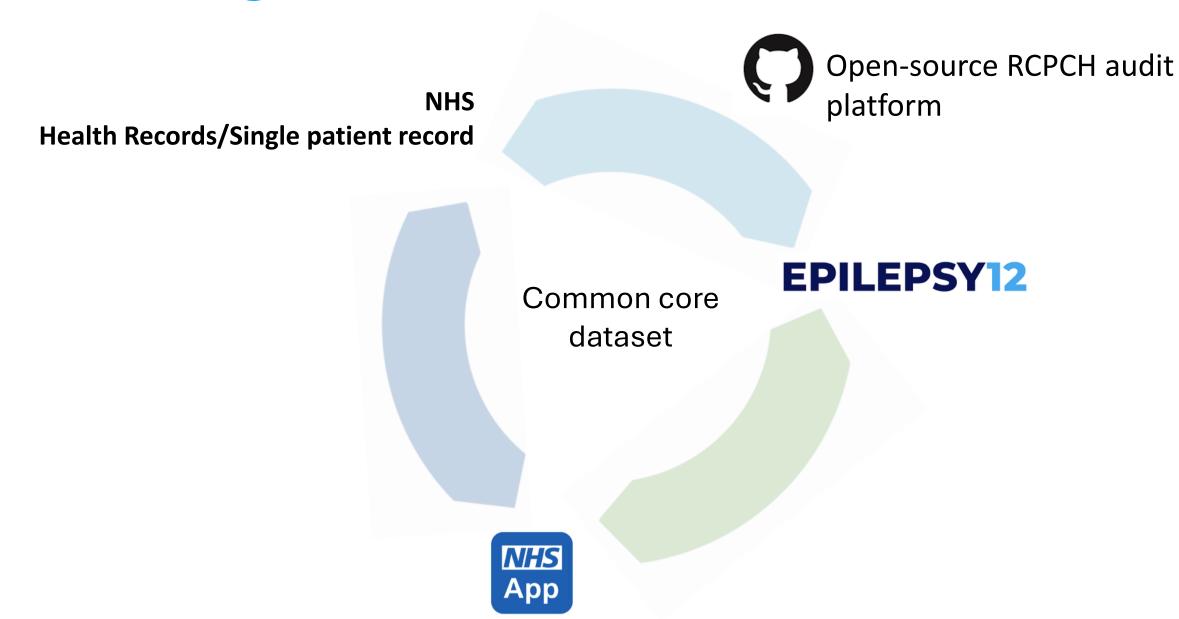
- From sickness to prevention
- From hospital to neighbourhood
- From analogue to digital
- Equitable



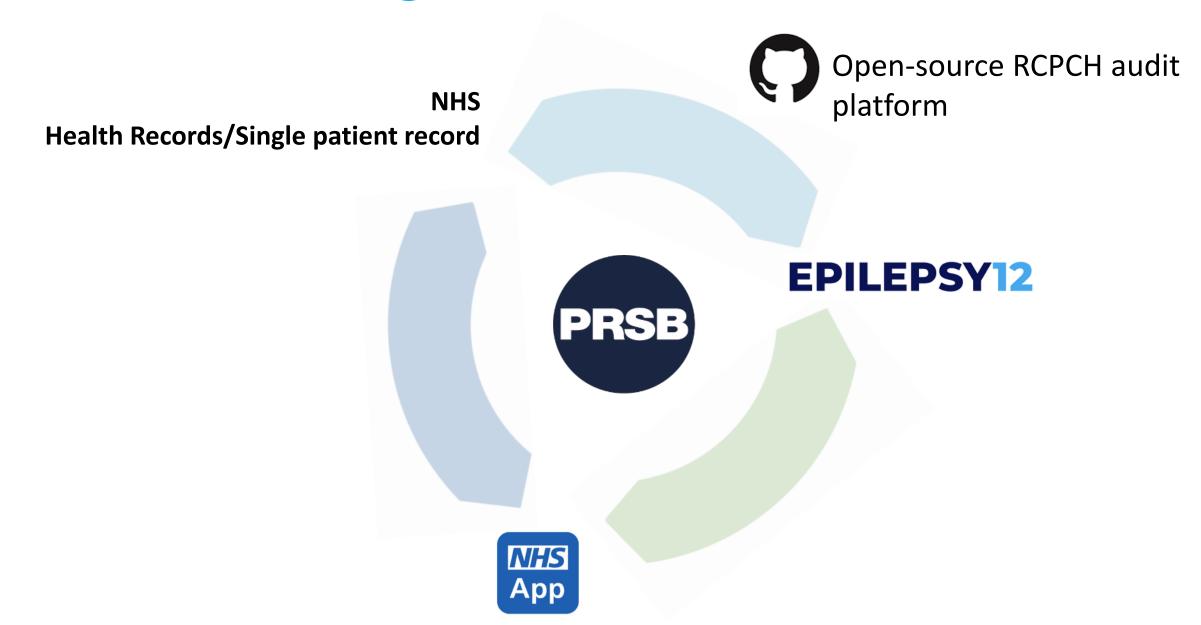




Creating data fit to flow...



Standardising the Data to flow...



- Commenced 2022 with PRSB
- UK wide, whole health, whole lifetime
- NHS funded via Epilepsy12 and now NHSE
- A 6-stage cycle co-created, vendor-neutral
- To facilitate and mandate interoperability across the NHS and social care digital landscape



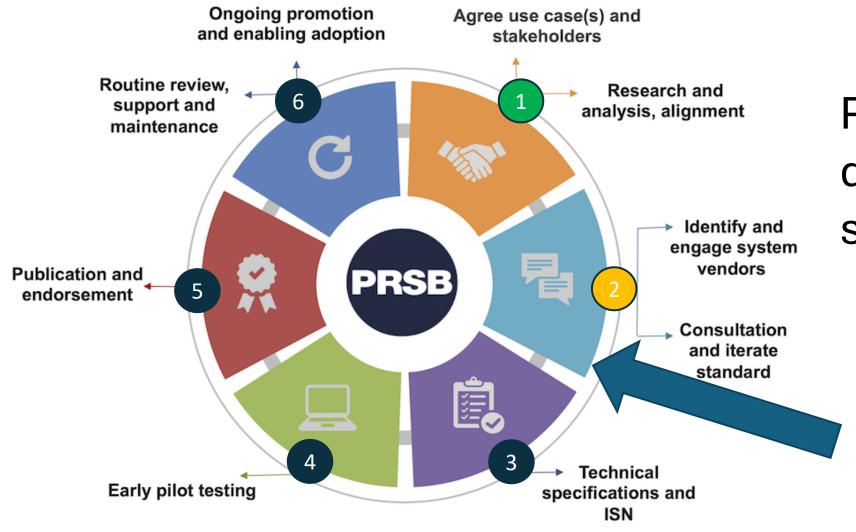






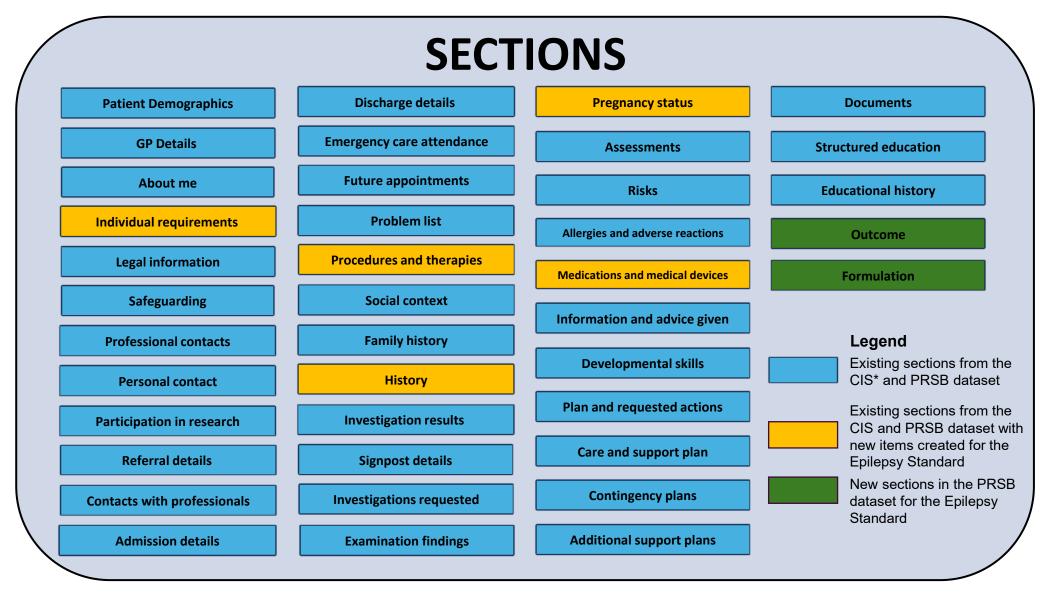


Now completing stage 2...



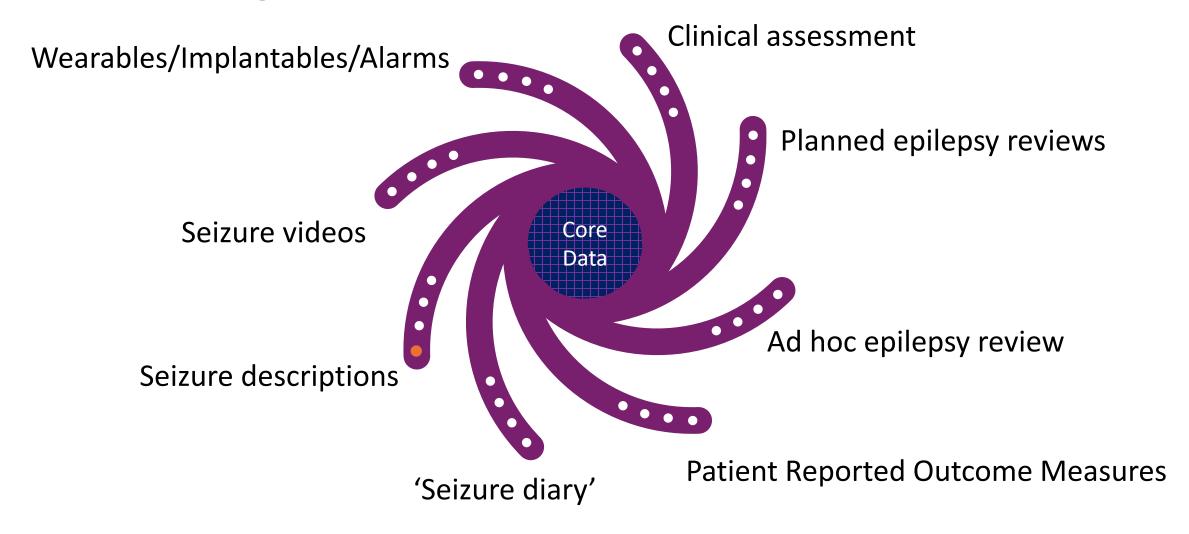
Published 1st draft data standard, 2024

EPILEPSY FRAMEWORK



^{*}Core Information Standard (CIS) defines a set of information that can potentially be shared between systems in different sites and settings, among professionals and people using services.

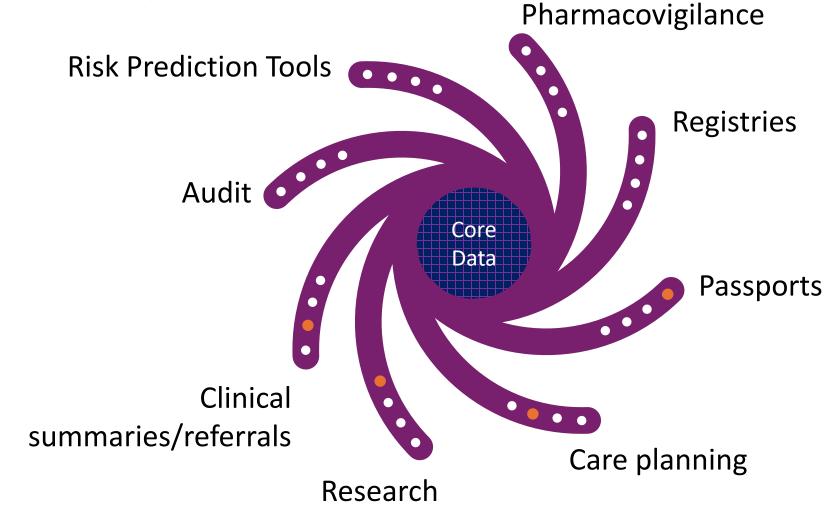
Connecting inputs...







Connecting outputs...





Conclusions...

- There are notable improvements this year in the areas of ascertainment, ESN provision, epilepsy surgery referrals, ECGs, mental health screening/support and school individual health care plans
- There is **statis** in terms of tertiary neurology input for children with complex epilepsies and overall mental health provision is insufficient
- In the longer term there is good evidence of reducing gaps in care for children with epilepsies across England and Wales
- We can be increasingly focussed on the effects of different individual attributes and potential service factors enablers



Next steps...

- Opportunities for further enhancing Epilepsy12 participation and job planned time, managing flow and capacity within tertiary and surgical provision and embedding mental health provision
- Plan to map Epilepsy12 data to clinical outcomes, health service activity and health economics
- Translate the data standard work from theory into connected health records and tools
- Plan for big data and Al opportunities using structured population health data encompassing clinical, audit, research and strategic benefits



Thank you...

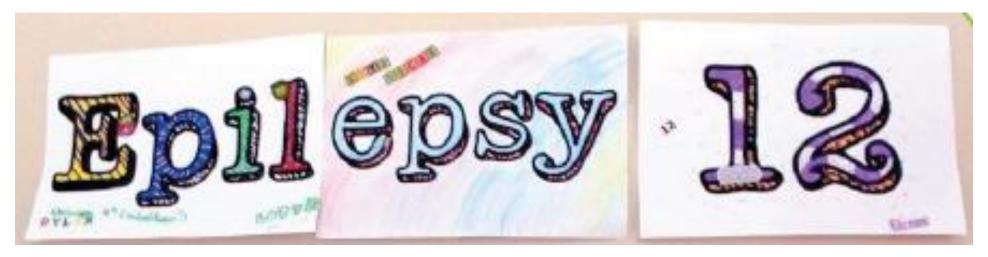
- All paediatric epilepsy teams submitting data in participating NHS Health Boards and Trusts
- Epilepsy12 Youth advocates and the RCPCH& Us team
- Epilepsy12 Project Team, Methodology & Dataset group, Project Board
- RCPCH, epilepsy charities and key stakeholder organisations
- HQIP (Healthcare Quality Improvement Partnership), NHS England, Welsh Government and Jersey



Let knit good connections...

...into the 'real world'!









www.rcpch.ac.uk/epilepsy12