

Epilepsy Nurse - Led New Patient Clinic to Improve Access to the Service

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BACKGROUND

NICE Guidance (CG137) indicates that children presenting with a suspected seizure are seen by a specialist in the diagnosis and management of the epilepsies within two weeks of presentation.

Our service design did not allow us to meet this standard; waiting times for a consultant appointment were around eight weeks, with further 8 weeks for outpatient EEG. We reviewed our service model to improve our new patient waiting times to meet the standard

OBJECTIVES

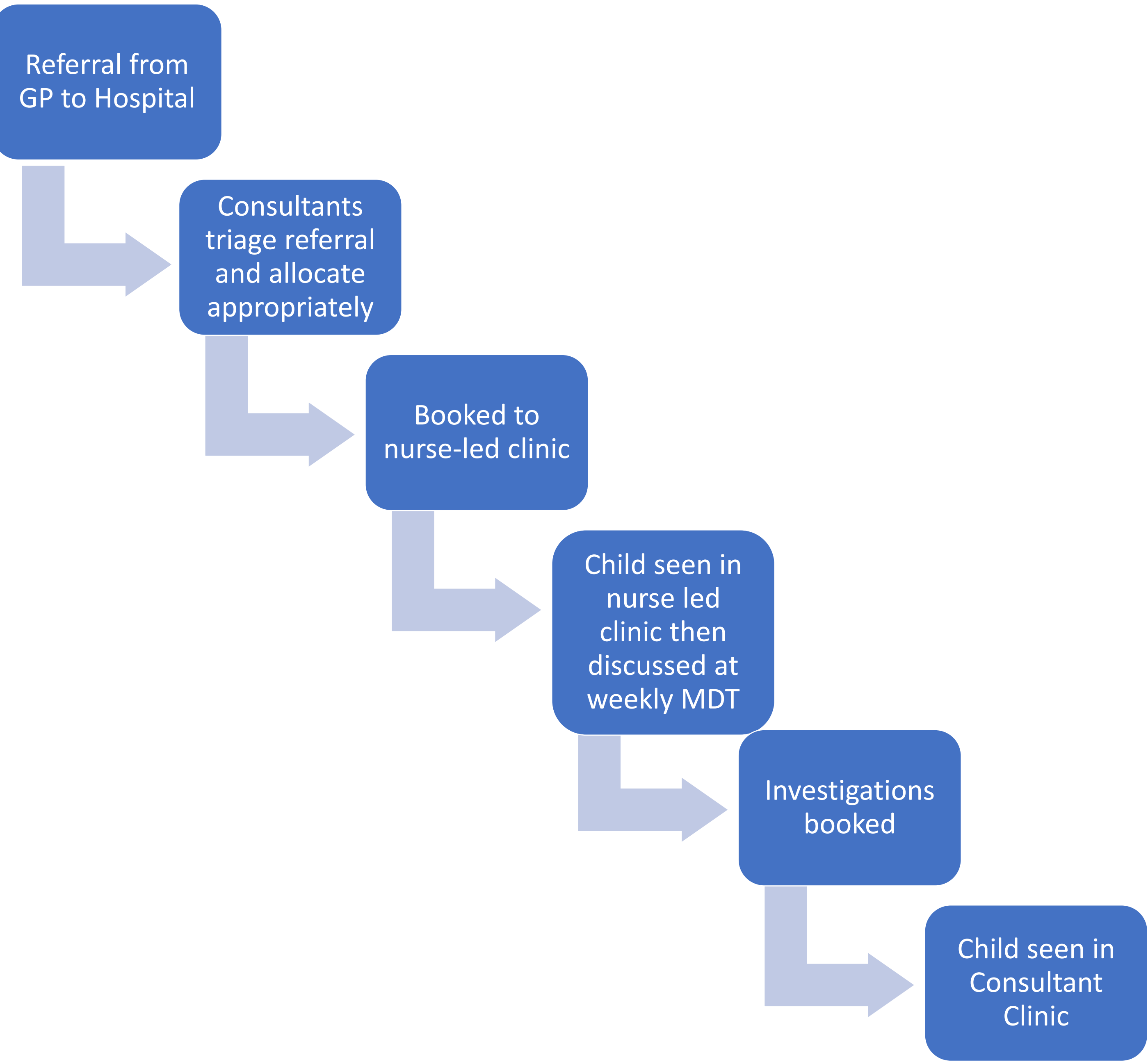
- To improve waiting time in line with NICE guidance
- To provide safety information to families in a timelier manner
- To provide families access to specialist support sooner
- To get any investigations (Home video / EEG) requested if needed before consultant appointment
- To identify those children who may need more urgent review or admission

SERVICE STRUCTURE

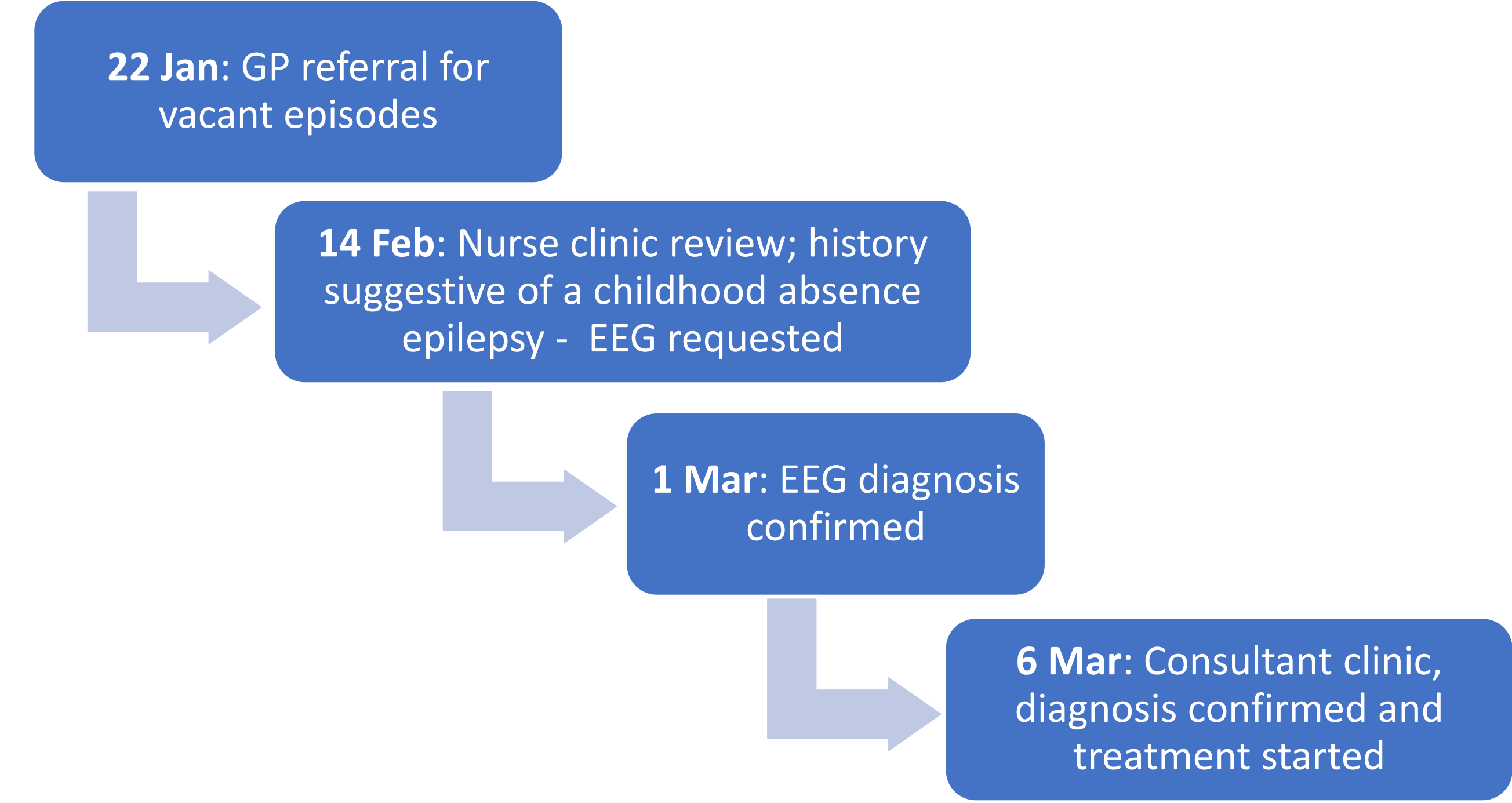
The service has two nurses within the team with more than 10 years’ experience and are independent nurse prescribers

There are two consultants with special interest in Paediatric epilepsy

NEW PATHWAY



CASE REVIEW



RESULTS

Time	6 Months
Total Patients	63
Boys	39
Girls	24
Age	1-14 yrs. (Average 6.7yrs)
Average waiting time	17 days

CLINICAL OUTCOMES

- DNA: 7.9%
- Concordance with Consultant diagnosis: 93%
- Epilepsy Diagnosis: 33%
- Number of additional comorbidities identified in nurse lead clinic: 44
- More effective use of consultant appointment review as families come prepared with event diary and video recordings.
- Reduced number of consultant follow up appointments required
- Reduction in waiting time from referral to diagnosis and treatment by 8weeks

PATIENT EXPERIENCE MEASURE

Response rate to service questionnaire: 58%

Positive feedback

- Being seen quickly
- Having a contact number if any concerns
- Safety information to manage seizures helped them feel more confident

Negative Feedback

- Would have preferred to see Consultant sooner rather than nurse
- Thought the appointment was to get tests done
- Unclear about the nurse role

CONCLUSION

- Children and families have felt better supported by early intervention by nurses
- The new pathway utilises the experience of the Epilepsy nurses in a more efficient way to deliver a timelier approach to seeing new patients. This still needs to improve to meet NICE Guidance
- Consultants support and supervision including effective triage is necessary for success of the pathway.

FURTHER SERVICE IMPROVEMENT MEASURES

- We now send out some information about the nurse appointment with appointment letter
- Business case for additional epilepsy nurse recently approved to increase our nursing capacity