

EPILEPSY12

**The national clinical audit of health care for
children and young people with suspected
epileptic seizures**

Overview of the methodology for Round 4

As at
September
2022

Contents:

Epilepsy12 Aims	Page 3
Audit structure and engagement	Page 3
Epilepsy12 Round 4 Components	Page 4
Service Descriptor Domain	Page 4
Clinical Care Domain <ul style="list-style-type: none"> - Clinical Cohort Ascertainment - Initial patient registration - Trust and inclusion criteria verification - Validation Criteria for next steps - Key referencing audit criteria - Verified Patients - Diagnostic status dataset - Epilepsy confirmation and ongoing auditing - Diagram showing dataset organisation (dataset macro) - Ascertainment and data completeness - Participation completeness - Ascertainment completeness - Internal Ascertainment completeness - Data completeness 	Page 5 Page 5 Page 5 Page 6 Page 6 Page 7 Page 7 Page 7 Page 8 Page 8 Page 9 Page 9 Page 9 Page 9 Page 9
Epilepsy 12 Clinical Performance Indicators	Page 9
Table of Epilepsy 12 Clinical Performance Indicators Involvement of appropriate professionals <ol style="list-style-type: none"> 1. Paediatrician with expertise in epilepsies 2. Epilepsy Specialist Nurse 3. a. Tertiary input 3. b. Epilepsy Surgery Referral Evidence of appropriate assessment <ol style="list-style-type: none"> 4. ECG 5. MRI Mental Health <ol style="list-style-type: none"> 6. Recognition or mental health issues 7. Mental health support Care Planning <ol style="list-style-type: none"> 8. Sodium Valproate 9. a. Care planning agreement 9. b. Care planning content 10. School Individual Healthcare Plan 	Page 11 Page 11 Page 11 Page 11 Page 11 Page 11 Page 12 Page 12 Page 12 Page 12 Page 12 Page 12 Page 13 Page 14 Page 15
NICE Quality Standard (27) - Epilepsy in children and young people Epilepsy12 Performance Indicator links to NICE Q27 Statements Best Practice Criteria (BPC) 2019/20 Care Quality Commission Metrics (CQC) Outlier Analysis Description of clinical audit patient cohorts	Page 16 Page 16 Page 16 Page 17 Page 17 Page 17

Epilepsy12 Aims

- To facilitate health providers and commissioners to measure and improve quality of care for children and young people with seizures and epilepsies
- To contribute to the continuing improvement of outcomes for those children, young people and their families

Audit structure and engagement

- The UK is currently divided into 17 established Organisation of Paediatric Epilepsy Networks in the United Kingdom (OPEN UK) regions, national clinical networks, each with a defined link/lead person. The NHS within England is also divided into 7 regions.
- Regions are divided into relevant Health Boards/Trust* with a defined 'link paediatrician' lead for Epilepsy12.
- More recently NHS England has also been divided into 7 NHS regions
- Relevant Trusts are those within the UK comprising a paediatric service providing initial care and/or ongoing care for children with seizures and/or epilepsies
- Registration and reporting of results will be at a Trust-wide level at the most granular level, but some larger Trusts may choose to view patient data and results at a 'sub-Trust' granularity reflecting separately functioning epilepsy services and the Epilepsy12 data system will allow for this
- Each relevant Trust/ Health Board will register with Epilepsy12
- Defined Trusts/Health Boards will have unique permissions within the audit data platform
- Defined paediatricians, epilepsy specialist nurses and other professionals will have unique functionality, permissions and roles within their Trust's access on the data platform

*For ease of reference the term "Trust" will be used throughout the remainder of this document, however the Epilepsy12 Project Team recognises that participation in the audit will be by "Health Boards" in Wales and "Trusts" in England.

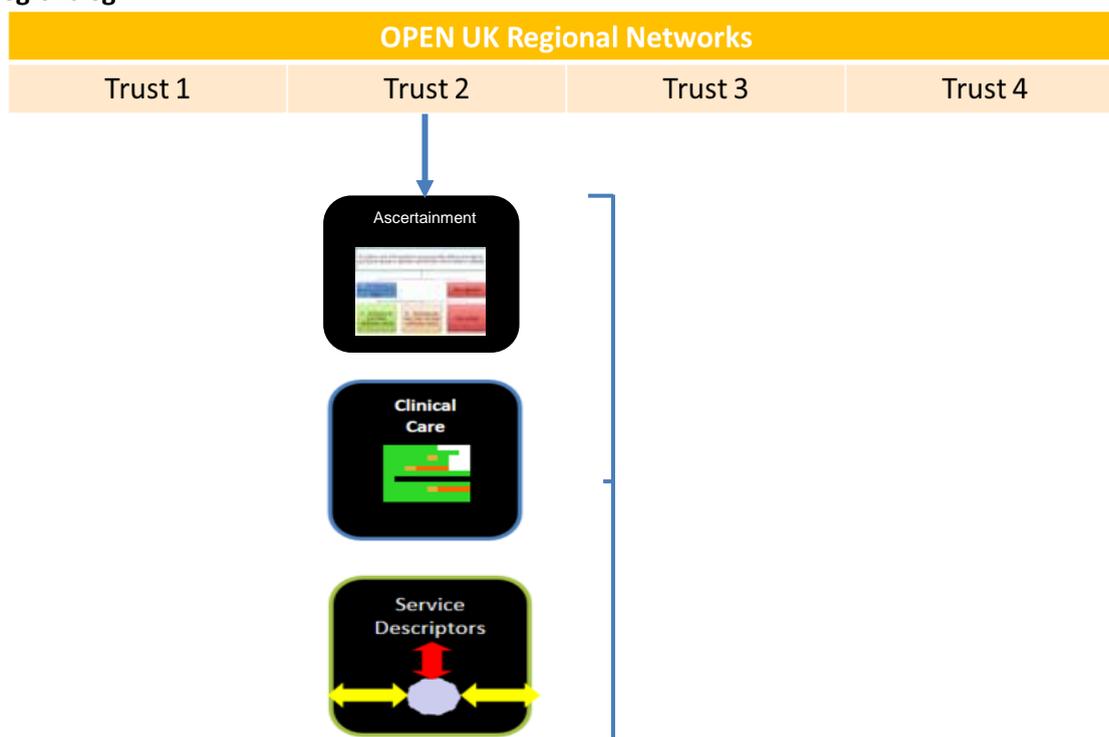
**Where the term "UK" is used throughout this document this currently refers to England and Wales participation. This is due to contractual and information governance arrangements not being currently agreed for Health and Social Care (HSC) Trusts in Northern Ireland and Health Boards in Scotland.

Epilepsy12 Round 4 Components

The audit is comprised of 2 audit domains:

- Service descriptor domain (Organisational Audit)
- Clinical care domain

The Epilepsy12 audit domains align to each participating Trust within a OPEN UK or NHSE regions eg.



Domains are mapped to participating Trusts at relevant points in time throughout the ongoing audit. The Epilepsy 12 round 4 Reporting Timeline diagram on page 21 shows how data for the domains will be collected sequentially and analyzed and reported on over time.

Round 4 methodology refers to work from 1 April 2022.

Service descriptor domain (Organisational Audit)

Each relevant Trust will complete a yearly service descriptor dataset describing their Trust's current epilepsy service. Live updates (for example service improvements, changes to staff workforce or reconfigurations) can be made to this ongoing dataset but all questions must be answered by a defined closing date for a submission for each yearly 'census day.'

Clinical care domain

Defined children and their ongoing care will be captured within the Epilepsy12 audit.

Clinical Cohort Ascertainment

Epilepsy12 will aim to include all UK children under the care of a paediatric service with suspected epilepsy with a defined first paediatric assessment date. The Epilepsy12 audit's inclusion criteria is defined as '*A child or young person (1) having a first paediatric assessment for a paroxysmal episode or episodes, and subsequently diagnosed as having epilepsy.*'

Clinical data entry will include key stages

- Initial registration
- Verification
- First year of care clinical dataset entry

Each child has only one lifetime entry in the Epilepsy12 platform *[even if their seizures or epilepsy is uncertain, has a remission phase or if they have successive seizure or epilepsy diagnoses]. In other words, they may not meet registration or inclusion criteria initially but may later.*

Initial registration

Initial registration will be possible from different individuals and services via the web platform. This initial heterogeneous and non-specific group will be identified principally from both the referring clinical team and EEG services who will be facilitated to register via the Epilepsy12 platform. The initial registration processes will check against the patient's NHS/CHI number to ensure no duplication of individual patients.

The initial registration dataset will cover the following details:

- Confirmation that it is an NHS patient, not private
- Referral made by a paediatric service rather than adult service
- Confirmation no previous EEGs
- First name
- Surname
- Gender
- Ethnicity
- Date of birth
- Home postcode
- NHS/CHI number
- Name of the Trust where first paediatric assessment undertaken

Verification

All children meeting verification criteria can then be verified by the relevant Trust. This phase is about adding key confirmatory information.

Trust and inclusion criteria verification on the Epilepsy12 system will cover the following:

- Whether the child had a paroxysmal episode or episodes prompting first paediatric assessment which subsequently led to a diagnosis of epilepsy
- Confirmation of the date on which the very first paediatric assessment for the episode or episodes occurred
- Whether the patient had previous EEG or first paediatric assessment for similar episodes or episodes or epilepsy

Validation Criteria for next steps

- Confirmation that the parents or young person have not requested opt out at any time; either within the Epilepsy12 audit, or via the NHS National Data Opt Out (England only)
- The child has had a paroxysmal episode or episodes prompting a first paediatric assessment.
- The date of 'First paediatric assessment' for the 'paroxysmal episode or episodes' must have occurred after 12 July 2018)
- The patient has not had a first paediatric assessment previously for a similar episode or episodes or epilepsy prior to first paediatric assessment AND prior to Epilepsy12 day 0. In this situation, it would be the original first assessment that counts. If they had a paediatric assessment previously after day 0, and had not been registered for whatever reason, then the child's very first assessment is the key verification date that should be entered
- Children where the verification criteria are not determined or are not determinable (e.g. notes not available or unclear labelled as not done/uncertain) will not be included. The non-inclusion of such children will be reflected in a reduced ascertainment completeness.
- The system will be configured to allow re-joining of the audit for those children previously registered who need to re-join. For example, due to:
 - Late initial registration
 - Previous initial registration but left out of the ongoing audit because of non-attendance, diagnosis of no epileptic, epilepsy or uncertain episodes at 1 year after initial first assessment and then new concern regarding epileptic seizures
 - Entry to the UK from another country where the first paediatric assessment was undertaken elsewhere

Key referencing audit criteria

- Date of first paediatric assessment
- Relevant Trust
 - Trust providing ongoing care for the seizure and epilepsy at one year after the first paediatric assessment

Verified Patients

Each child identified as verified for inclusion will be added to a platform worklist for the relevant Trust. The patient data will be submitted by describing care between the first paediatric assessment date and the subsequent 12 months. Data will be updatable via a 'Live Update' functionality within the system. Data will be obtained by a series of predominantly mandatory questions to be completed throughout the first 12 months after the first paediatric assessment and before a defined audit year closing date.

Diagnostic status dataset

Diagnostic status will be a key dataset item updated at ongoing points in time to confirm those children having achieved a diagnosis of epilepsy.

The following table illustrates the way that diagnostic status can be considered at the defined points in time and that some children may have a mixture of types of episodes that are considered as uncertain initially but later become diagnosed as non-epileptic or epileptic episodes.

Episode type	Number of episodes			Other factors affecting diagnostic status
Epileptic	Single	Cluster within 24 hours	2 or more episodes more than 24 hour apart	If single or cluster, is the child or young person considered as having epilepsy for other reason <ul style="list-style-type: none">• single epileptic seizure and epilepsy syndrome diagnosis made• other reason
Non-Epileptic	Episode or episodes			ILAE selection list of epilepsy imitators [Can have multiple selected]
Uncertain	Episode or episodes			

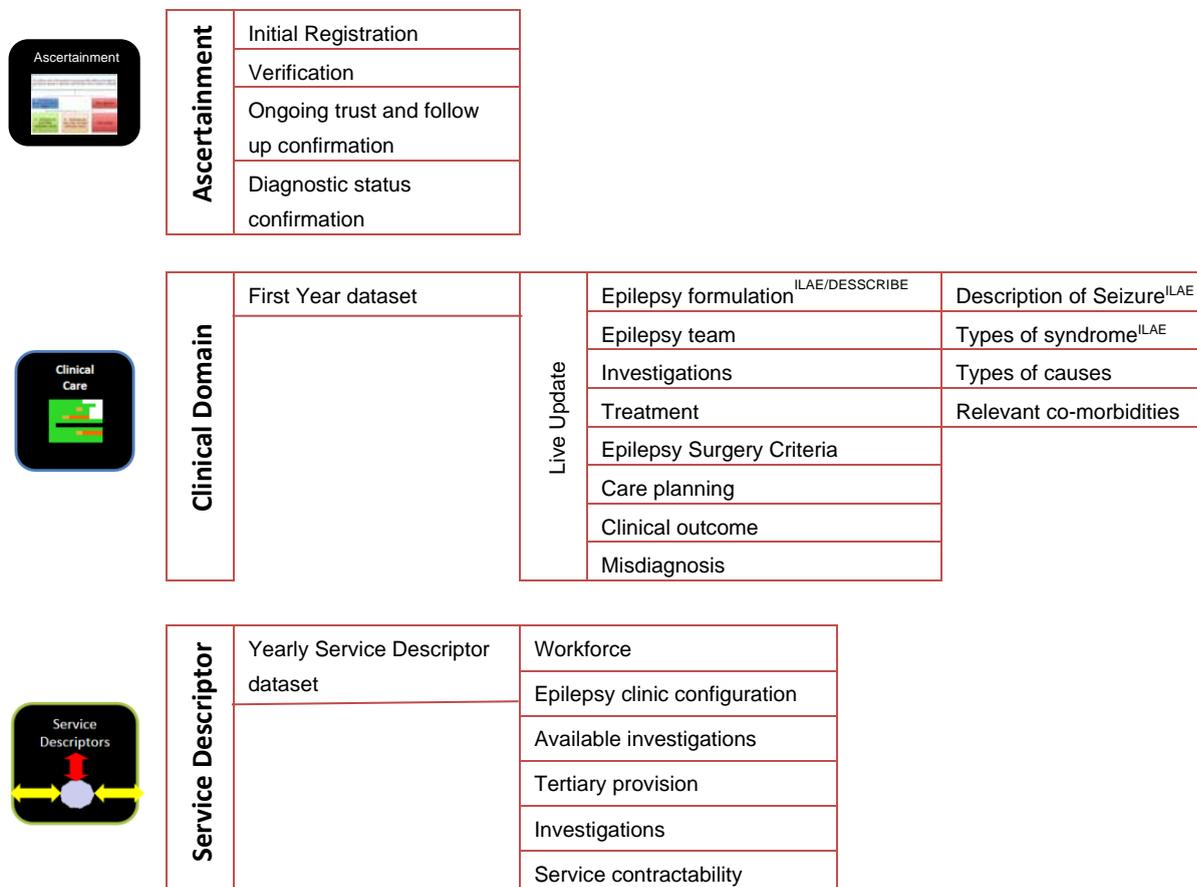
Epilepsy confirmation and ongoing auditing

Children whose updated diagnostic status at any time is '2 or more epileptic episodes' or 'considered as having epilepsy for other reason' at any time will be deemed as eligible for the clinical audit datasets (as summarised in the datasets macro diagram). Children with a diagnostic status that does not include epilepsy will not have full auditing datasets required at that point in time.

The following table illustrates the different points in time when ongoing audit data will be captured by the Epilepsy12 platform.

Audit dataset	Completed by	Focus of questions	When completed	Audit context
First year audit dataset	Auditing team at the Trust providing care at the point 12 months on from the first paediatric assessment	Summary of the care provided during the first year of care after the first paediatric assessment.	Can be completed prospectively via Live Updates or retrospectively at any time but with a mandated dataset for the first year of care completed by a defined audit year closing date	Informs Performance indicators for the Trust where care is provided at the point 12 months after the first paediatric assessment

Diagram showing dataset organisation (dataset macro)



Ascertainment and data completeness

Will be reported at trust, ICS, NHSE regional, OPEN UK regional, national and UK levels for each audit year:

Participation completeness

The degree of audit participation that will be reported for all UK secondary paediatric service health providers. This will include the following statuses: Not relevant; No participation; Organisational domain only: Organisational and clinical domain participation (full participation)

Ascertainment completeness

Number of children with newly diagnosed epilepsy for a given trust with completed data entry for a given cohort/Number with estimated newly diagnosed epilepsy based on population and published incidence data.

Internal Ascertainment completeness

Number of children verified or excluded via verification process for a given trust/ Number of children registered for a given trust

Data completeness

Number of children with completed and submitted data entry/ total number of verified

Epilepsy12 Clinical Performance Indicators

There are 10 defined performance indicators derived from national guidelines and recommendations with a defined percentage score. The Epilepsy12 audit will provide Live Dashboard reporting outputs for users at a Trust provider level and will then produce annual reports of analysis of data at Trust, ICS, Regional, National and UK levels which will be made available in the public domain.

- Date of first paediatric assessment
- Each performance indicator (PI) is mapped to the relevant recommendation. Eg. NICE guideline recommendations, NICE quality standards or other national recommendations
- Each PI has a defined method of calculation, numerator and denominator.
- For each PI 100% is the maximum 'score'. However, it may not be optimal for a service to score 100% as patients and circumstances differ and not all children fit with all models of care. PIs are designed such that the 100% end of the scale represents better care rather than 0%
- 'League tables' remain considered as an inappropriate and non-meaningful approach to displaying results
- Individual Trust's scores will be shown alongside others (e.g. in a funnel plot type representation)
- There may be a few larger Trusts where additional epilepsy service reporting is facilitated in addition to other reporting levels but only within the internal data system itself rather than published reports
- Interpretation should be guided by knowledge of ascertainment methods and composition of the cohorts of children and the methodological limitations of retrospective case-not analysis
- In some cases, the performance indicator is looking for internal consistency within the

diagnosis/management rather than objectively assessing management. For example, MRI is deemed 'appropriate' if the assessor diagnoses epileptic seizures under 2 years; the 'correctness' of this diagnosis however is not ratified by the audit process i.e. if the diagnosis was incorrect (e.g. non-epileptic) MRI may not have been indicated.

Epilepsy12 Clinical Performance Indicators Table

No.	Brief Title	Full Title	Epilepsies in children, young people and adults [NG217] April 2022	Other Recommendation Source	Additional Rationale	Calculation for the relevant audit cohort
Involvement of appropriate professionals						
1	Paediatrician with expertise in epilepsies	Percentage of children with epilepsy, with input by a 'consultant paediatrician with expertise in epilepsies' within two weeks from first paediatric assessment	The diagnosis of epilepsy in children should be established by a specialist paediatrician with training and expertise in epilepsy and this should be within 2 weeks of initial referral [Statement 1.1.1]	N/A	N/A	Numerator = Number of children and young people diagnosed with epilepsy at first year AND who had input from a paediatrician with expertise in epilepsy OR a paediatric neurologist within 2 weeks of initial referral. Denominator = Number of children and young people diagnosed with epilepsy at first year
2	Epilepsy Specialist Nurse	Percentage of children with epilepsy input by an epilepsy specialist nurse by first year	Ensure that all children, young people and adults with epilepsy have access to an epilepsy specialist nurse [Statement 11.1.1]	N/A	N/A	Numerator = Number of children and young people diagnosed with epilepsy at first year AND who had input from an epilepsy specialist nurse within the first year of care Denominator = Number of children diagnosed with epilepsy at first year
3	a. Tertiary Input	Percentage of children meeting defined criteria for paediatric neurology referral, with input of tertiary care and/or CESS referral by first year	Referral should be considered when tertiary paediatric epilepsy service are present [Statement 3.1.4]	N/A	National recommendations state indications for neurologist referral other than is appearing in this PI. However, the PI is limited to those children where the indications for neurology referral are determinable using this retrospective methodology	Numerator = Number of children less than 3 years old at first paediatric assessment OR less than 4 years old with myoclonus OR who had 3 or more maintenance AEDs at first year OR have ongoing seizures and meet CESS criteria AND had evidence of referral or involvement of a paediatric neurologist or CESS Denominator = Number of children less than 3 years old at first paediatric assessment with epilepsy OR less than 4 years old with myoclonus OR who had 3 or more maintenance AEDs at first year OR who have ongoing seizures and meet CESS criteria with epilepsy at first year
	b. Epilepsy Surgery Referral	Percentage of ongoing children meeting defined Children's Epilepsy Surgery Service (CESS) referral criteria with evidence of CESS referral	N/A	N/A	Based on current CESS referral criteria	Numerator = Number of children and young people diagnosed with epilepsy AND meet CESS criteria AND have evidence of referral or involvement of Epilepsy Surgery Service Denominator = Number of children and young people diagnosed with epilepsy AND meet CESS criteria at first year

Appropriate assessment						
4	ECG	Percentage of children with convulsive seizures and epilepsy, with an ECG at first year	Evaluate people after a first suspected seizure with a 12-lead ECG to help identify cardiac-related conditions that could mimic an epileptic seizure. [Statement 1.2.2]	N/A	NICE and SIGN are more aligned now but this indicator will remain attributed to those children with convulsive epileptic seizures	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> with convulsive episodes at first year <u>AND</u> who obtained 12 lead ECG Denominator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> with convulsive episodes at first year
5	MRI	Percentage of children with defined indications for an MRI, who had timely MRI brain within 6 weeks of request	MRI should be the imaging investigation of choice in individuals with epilepsy [Statement 1.3.1]	N/A	National recommendations state MRI for children other than is appearing in this PI. The PI is limited to those children where the indications for MRI are objectively determinable using a retrospective methodology	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> who are NOT JME or JAE or CAE or CECTS/Rolandic <u>OR</u> number of children aged 2 years and under at first assessment with a diagnosis of epilepsy at first year <u>AND</u> who had an MRI within 6 weeks of referral. Denominator = Number of children less than 2 years old at first assessment with a diagnosis of epilepsy at first year <u>OR</u> children with a diagnosis of epilepsy at first year who are NOT JME or JAE or CAE or BECTS/Rolandic
Mental Health (TBC)						
6	Assessment of mental health issues	Percentage of children with epilepsy where there is documented evidence that they have been asked about mental health either through clinical screening, or a questionnaire/measure	Offer people with epilepsy, and their families and carers if appropriate, opportunities at each appointment to discuss issues that concern them including, but not limited to; Emotional health and psychological wellbeing (depression, anxiety or low mood)			Numerator = Number of children and young people over 5 years diagnosed with epilepsy <u>AND</u> who had documented evidence of enquiry or screening for their mental health Denominator = Number of children and young people over 5 years diagnosed with epilepsy
7	Mental health support	Percentage of children with epilepsy and a mental health problem who have evidence of mental health support	neurobehavioural disorders commonly associated with epilepsy, including autism or attention deficit hyperactivity disorder and stigmatisation of epilepsy [Statement 2.1.11]			Numerator = Number of children and young people diagnosed with epilepsy <u>AND</u> had a mental health issue identified <u>AND</u> had evidence of mental health support received Denominator = Number of children and young people diagnosed with epilepsy <u>AND</u> had a mental health issue identified
Care Planning						
8	Sodium Valproate	Percentage of all females 12 years and over currently on valproate treatment with an annual risk acknowledgement form completed	In girls of childbearing potential, including young girls who are likely to need treatment into their childbearing years, the risk of the drugs causing harm to an unborn child should be discussed with the child and/or her carer, and an assessment made as to the risks and benefits of treatment with individual drugs [Statement 4.4.4]	Valproate and developmental disorders: new alert asking for patient review and further consideration of risk minimisation measures, MHRA, April 2017	Females 12 years and over is an operational interpretation of 'child-bearing Potential' the current risk acknowledgment process is relevant. This includes those with intellectual disability.	Numerator = All females 12 years and over with epilepsy on valproate in defined audit year <u>AND</u> evidence of Valproate annual risk acknowledgement form completed Denominator = All females 12 years and over with epilepsy on valproate at first year

9	a. Care planning agreement	The percentage of children with epilepsy after 12 months where there is evidence that:	All children, young people and adults with epilepsy should have a comprehensive care plan that is agreed between the person, their family and/or carers as appropriate, and primary and secondary care providers. [Statement 2.1.7]	N/A	N/A	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> (with an individualised epilepsy document or copy clinic letter that includes care planning information) <u>AND</u> evidence of agreement <u>AND</u> care plan is up to date including elements where appropriate as below Denominator = Number of children and young people diagnosed with epilepsy at first year
		a. care planning includes a patient held individualised epilepsy document or copy clinic letter that includes care planning information		N/A	In some situations, the individualised epilepsy document is contained within a copy clinic letter.	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> (with individualised epilepsy document or copy clinic letter that includes care planning information) Denominator = Number of children and young people diagnosed with epilepsy at first year
		b. there is patient/carer/parent agreement to the care planning		N/A	N/A	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> with evidence of agreement Denominator = Number of children and young people diagnosed with epilepsy at first year
		c. care planning has been updated when necessary		N/A	N/A	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> with care plan which is updated where necessary Denominator = Number of children and young people diagnosed with epilepsy at first year
9	b. Care planning content	Percentage of children diagnosed with epilepsy with documented evidence of communication regarding core elements of care planning	All children, young people and adults with epilepsy should have a comprehensive care plan that is agreed between the person, their family and/or carers as appropriate, and primary and secondary care providers. [Statement 2.1.7]	N/A	Key elements of a comprehensive care plan have been defined. Those children fulfilling all elements are defined as having evidence of a comprehensive care plan. SUDEP added	Numerator= Number of children and young people diagnosed with epilepsy at first year <u>AND</u> evidence of written prolonged seizures plan if prescribed rescue medication <u>AND</u> evidence of discussion regarding water safety <u>AND</u> first aid <u>AND</u> participation and risk <u>AND</u> service contact details <u>AND</u> evidence of discussions regarding SUDEP Denominator= Number of children and young people diagnosed with epilepsy at first year
		Parental prolonged seizures Care Plan	Treatment should be administered by trained clinical personnel or, if specified by an individually agreed protocol drawn up with the specialist, by family members or	N/A	Rescue medication is generally recommended for children with history of a generalised	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> prescribed rescue medication <u>AND</u> evidence of a written prolonged seizures plan

			carers with appropriate training. [Statement 7.3]		convulsive seizure > 5 mins. Some children with prolonged focal seizures will also have rescue medication. An emergency plan should be in place for those children with rescue medication	Denominator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> prescribed rescue medication
	Water safety		All children, young people and adults with epilepsy and learning disabilities should have a risk assessment including: bathing and showering [Statement 2.1.11]	N/A	N/A	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> with evidence of discussion regarding water safety Denominator = Number of children and young people diagnosed with epilepsy at first year
	First aid		Children, young people and adults with epilepsy and their families and/or carers should be given, and have access to sources of, information about...first aid... [Statement 1.1.8]	N/A	N/A	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> with evidence of discussion regarding first aid Denominator = Number of children and young people diagnosed with epilepsy at first year
	General participation and risk		..., safety and injury prevention at home and at school or work [Statement 1.1.8]		This may or may not encompass elements like road safety, heights, cooking, sleep, adherence, SUDEP and is likely to include emphasising what the child can do to ensure continuing participation at home and school.	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> with evidence of discussion regarding general participation and risk Denominator = Number of children and young people diagnosed with epilepsy at first year
	SUDEP		... and reducing epilepsy-related risks, including sudden unexpected death in epilepsy (SUDEP) [Statement 10.1.4]			Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> with evidence of discussions regarding SUDEP <u>AND</u> evidence of a written prolonged seizures plan Denominator = Number of children and young people diagnosed with epilepsy at first year
	Service contact details		The child, young person or adult with epilepsy and their family and/or carers as appropriate should know how to contact a named individual when information is needed. [Statement 1.1.8]	N/A	N/A	Numerator = Number of children and young people diagnosed with epilepsy at first year <u>AND</u> with evidence of discussion of been given service contact details Denominator = Number of children and young people diagnosed with epilepsy at first year

10	School Individual Health Care Plan	Percentage of children and young people with epilepsy aged 4 years and above with evidence of a school individual healthcare plan by 1 year after first paediatric assessment.	Healthcare professionals have a responsibility to educate others about epilepsy so as to reduce the stigma associated with it. They should provide information about epilepsy to all people who come into contact with children, young people and adults with epilepsy, including school staff, social care professionals and others [Statement 1.1.11]	Supporting pupils with medical conditions at school [Department for Education, December 2015]	N/A	Numerator = Number of children and young people aged 4 years and above diagnosed with epilepsy at first year <u>AND</u> with evidence of IHP Denominator = Number of children and young people aged 4 years and above diagnosed with epilepsy at first year
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NICE Quality Standard (27) - Epilepsy in children and young people

NICE quality standard 27 will be derivable from the Epilepsy12 methodology and dataset. Epilepsy12 annual reports will include results of the analysis of these metrics at a Trust, Regional, National and UK levels

Epilepsy12 performance indicators as designed also encompass the following statements from NICE Quality Standard 27. (*qualifications in italics*). Clicking on the numbered statement in blue will take you to full details for the statement on the NICE website:

[Statement 3](#). Children and young people who meet the criteria for neuroimaging for epilepsy have magnetic resonance imaging.

[Statement 4](#). Children and young people with epilepsy have an agreed and comprehensive written epilepsy care plan.

[Statement 5](#). Children and young people with epilepsy are seen by an epilepsy specialist nurse who they can contact between scheduled reviews. (*New questions regarding ESN functions have been added to the service descriptor dataset. Epilepsy12 will report those services with an ESN who fulfills these functions and those children who have evidence of access to the ESN*)

[Statement 6](#). Children and young people with a history of prolonged or repeated seizures have an agreed written emergency care plan.

[Statement 7](#). Children and young people who meet the criteria for referral to a tertiary care specialist are seen within 4 weeks of referral.

(criteria within Epilepsy12 methodology are simplified to children < 2 years and children with 3 or more AEDs or fulfilling CESS criteria; timeliness of referral not currently captured)

Epilepsy12 Dataset rounds 3+ will also include metrics to encompass the following NICE Quality Standards:

[Statement 1](#). Children and young people presenting with a suspected seizure are seen by a specialist in the diagnosis and management of the epilepsies within 2 weeks of presentation.

[Statement 2](#). Children and young people having initial investigations for epilepsy undergo the tests within 4 weeks of them being requested.

[Statement 8](#). Children and young people with epilepsy have a structured review with a paediatric epilepsy specialist at least annually.

[Statement 9](#). Young people with epilepsy have an agreed transition period during which their continuing epilepsy care is reviewed jointly by paediatric and adult services.

[Statement 11](#). Children and young people with epilepsy have access to an epilepsy specialist nurse

Best Practice Criteria (BPC) 2019/20

- BPC tariff is applicable to England only and is under review.
- BPC elements are collected within the organisational domain and considered relevant for all trusts

Care Quality Commission Metrics (CQC)

Epilepsy12 has defined 2 of the 10 clinical performance indicators, as well as case ascertainment, as suited for use within the CQC inspection framework. These are:

1. Case Ascertainment
2. Epilepsy Specialist Nurse
3. Tertiary input

Alongside other Epilepsy12 reporting processes these 3 metrics will be provided to the CQC for inclusion within their reporting visualisations and processes

Outlier Analysis

Epilepsy12 will undertake outlier analysis for a defined set of performance indicators. Positive and negative outliers will be defined for case ascertainment and 2 of the 10 clinical performance indicators. These are:

1. Case Ascertainment
2. Epilepsy Specialist Nurse
3. Tertiary input

The approach to outlier analysis will be defined by the RCPCH audit outlier policy.

Description of Clinical Audit Cohorts

The clinical audit phase focuses on care provided to patients with a suspected new diagnosis of epilepsy. Clinical audit data entry is prospective, with eligible patients grouped into the following cohorts. These updated criteria are to be implemented from Cohort 5 onwards.

Round 4:

- Cohort 4 – Patients with a first paediatric assessment for a paroxysmal episode (or episodes) between 1 December 2020 to 30 September 2021
- Cohort 5 – Patients with a first paediatric assessment for a paroxysmal episode (or episodes) between 1 December 2021 to 30 September 2022
- Cohort 6 – Patients with a first paediatric assessment for a paroxysmal episode (or episodes) between 1 December 2022 to 30 September 2023

The date of first paediatric assessment is the key date as the Epilepsy12 clinical performance indicators relate to the care that is provided to each patient in the 12 months that follow the date of their first paediatric assessment. The data platform will allow clinical teams to capture data for each child within each cohort for the first year of their care.

Cohort 4

