

Epilepsy12 Quality Improvement Case Studies 2023

Hartlepool and North Tees NHS Trust

We identified an issue with waiting times for first paediatric assessments. Time from referral to assessment was up to 16 weeks, well above the NICE guideline of 2 weeks.

We found increasing demand for these epilepsy clinics as guidance now recommends that all patients are seen after a first seizure, and that children with epilepsy should be managed by a paediatrician with expertise in epilepsy. This has meant that some patients had moved from other caseloads to the epilepsy caseload. Furthermore, referrals were often addressed to individual paediatricians, whose waiting lists and availability could vary.

The EQIP programme guided the project and encouraged all team members to be involved in quality improvement where possible. Dissecting and analysing the referral pathway allowed us to try and rebuild it with new goals in mind.

In response, we increased the number of specialist clinics for epilepsy from 6 sessions a month to 14 sessions. The clinic slots were then reworked to increase the number of new patient slots and reduce the number of review slots in each clinic. Additionally, referrals could no longer be addressed to an individual doctor, so appointments would be allocated to the first available space.

Outcomes

The new pathway has been shared within and understood by the wider team, including the staff that handle referrals. There is now greater equity in waiting times and, 6 months into the project, waiting times have been reduced to 4 weeks.

The sources of referrals have broadened. Prior to the project, referrals were primarily from GPs. Additional referrals can now come from paediatricians and A&E, and these make up a substantial proportion of referrals.

The project also encouraged teamworking, by giving the team a shared goal and improving.

Next steps

Several further ideas are to be explored within this project, including:

- Addressing fragmented care for CYP with other health needs who may have many different appointments.
- Following up missed appointment with phone calls to ensure that spaces are made available.
- Treating all referrals with the same urgency, so urgent requests cannot be made by phone.
- More clinics

- Offering structured review appointments with epilepsy specialist nurses.