



National Clinical Audit of Seizures and Epilepsies for Children and Young People

UPCARE: 0.01 Programme name - please do not change this field.*	National Clinical Audit of Seizures and Epilepsies for Children and Young People
0.02 Workstream name (if applicable) - please do not change this field.*	Not applicable
0.1 Contract status	Ongoing
0.2 Audit or non-audit	Audit
0.3 HQIP commissioned*	Yes
0.41 HQIP AD	TS
0.42 HQIP PM	GC
1.0 Included in current NHS Quality Accounts*	Yes
1.1a Geographical coverage - HQIP agreement*	England; Wales; Jersey
1.1b Geographical coverage - External agreement*	Jersey
1.2a Topic - please select which ONE of the following best describes the topic area for the programme or workstream. If more than one apply, please select 'Other' and add comment to the next question.*	Neurological
1.3a Healthcare setting*	NHS secondary or tertiary care; NHS community care; Paediatric

1.4a Does your patient cohort include the following?*	Both adults and under 18s
1.4b Inclusion and exclusion criteria*	<p>A child or young person, aged 0-24 years, under the care of an NHS service in England, Wales and Jersey having a first paediatric assessment for a paroxysmal episode(s) AND subsequently diagnosed as having epilepsy.</p> <p><u>Inclusion</u></p> <ul style="list-style-type: none"> • Is a patient under the care of a NHS service within NHS England, Wales or Jersey AND • Has had a first paediatric assessment for an episode that was ultimately deemed to be epileptic AND • Has had two or more epileptic seizure episodes at least 24 hours apart OR diagnosed with epilepsy for any other reason. <p><u>Exclusion</u></p> <p>The child or young person has had ONE or MORE of the following exclusion criteria:</p> <ul style="list-style-type: none"> • Previously been diagnosed with epilepsy before the first paediatric assessment recorded at the Trust • Previously had a paediatric assessment for earlier seizure episodes considered to be epileptic • Previously been registered in the Epilepsy12 audit • Has ongoing care within the first year of care for their epilepsy provided by adult or non-NHS services by an inpatient or outpatient, hospital or community paediatric service, or a dedicated paediatric team based in ED. This also includes any treatment outside of the UK.
1.5 Methods of data submission*	Bespoke data submission by healthcare provider
1.6a 2023/24 data submission closes - please indicate date, series of dates or frequency.*	<p>2023/24 data submission deadline was 9 January 2024 and included clinical data for cohort 5 (first assessment between 1 December 2021 - 30 November 2022) and 2023 organisational audit data.</p> <p>(Annual data submission deadlines on the second Tuesday of January each year.)</p>
1.6b 2024/25 data submission closes - please indicate date, series of dates or frequency.*	<p>2024/25 data submission deadline was 14 January 2025 and included clinical data for cohort 6 (first assessment between 1 December 2022 - 30 November 2023) and 2024 organisational audit data.</p> <p>(Annual data submission deadlines on the second Tuesday of January each year.)</p>
1.6c 2025/26 data submission closes - please indicate date, series of dates or frequency.*	<p>2025/26 data submission deadline will be 13 January 2026 and include clinical data for cohort 7 (first assessment between 1 December 2023 - 30 November 2024) and 2025 organisational audit data.</p> <p>(Annual data submission deadlines on the second Tuesday of January each year.)</p>

1.6d 2026/27 data submission closes - please indicate date, series of dates or frequency.*

2026/27 data submission deadline will be 9 January 2027 and include clinical data for cohort 8 (first assessment between 1 December 2024 - 30 November 2025) and 2026 organisational audit data.

(Annual data submission deadlines on the second Tuesday of January each year.)

1.7 Data flow diagram

Can be downloaded from our website: <https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit/methodology-data-submission#downloadBox>

1.8 Data quality & analysis plan

Data Analysis:

The Epilepsy12 audit will provide clinical audit reporting outputs for users at a Health Board/Trust provider level and will also produce annual national reports of analysis of data at Health Board/Trust, NHS region and Integrated Care Board (ICB), OPEN UK regional network, Country* (England, Wales and Jersey individually) and overall National* (England, Wales and Jersey combined) levels which will be made available in the public domain. The data platform allows reporting at sub-Health Board/Trust level - 'organisation level' - however, this is only accessible for certified users and will not be publicly available.

* Jersey may be excluded from public outputs if sufficient levels of data are not obtained, as per our data disclosure risk management policy.

Each of the 10 key performance indicator (KPI) are mapped to the relevant NICE Guidance and Quality Standards recommendations, or other national guidance for areas of care not currently covered by NICE.

Each KPI has a defined method of calculation, numerator and denominator which is indicated in the methodology and data submission page of the Epilepsy12 website: <https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit/methodology-data-submission>

For each KPI, 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. KPIs are designed such that the 100% end of the scale represents better care rather than 0%.

Data Quality:

Examples of validation include:

- Piloting and refining data collection methods and dataset changes
 - Data platform applies automated validation rules and real-time error checks
 - Validation by clinical Lead and teams
 - Monthly / real-time dashboards highlight participation & data quality issues for services to address
 - Pre-analysis checks assess completeness, logic, and missing data
 - Data undergoes targeted cleaning with escalation for unresolved issues
 - Analysis code is quality assured, version-controlled, peer-reviewed, and RAP-compliant
 - New and complex analysis methods receive additional external statistical assurance
- Clinical review and disclosure-risk checks ensure safe, accurate outputs.

1.9a Link to the outlier policy* Epilepsy12 will undertake outlier analysis for a defined set of performance indicators to facilitate clinical improvement and reduce practice variation. Audit data is used to identify areas of improvement and to encourage units to use quality improvement methodologies.

Epilepsy12 measures Health Boards and Trusts on two metrics with reference to outlier analysis. These are two of the 10 key performance indicators; Access to Epilepsy Specialist Nurse (KPI 2) and Tertiary input (KPI 3a). The complete outlier analysis is defined by the RCPCH audit outlier policy, which can be downloaded from our website: <https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit/methodology-data-submission#downloadBox>

Outliers are defined as Health Boards and Trusts with a performance outside of 2 and 3 standard deviations on the national (England and Wales combined) average for the metric. Positive and negative outliers are defined for the 2 clinical performance indicators:

1. Access to Epilepsy Specialist Nurse (KPI 2)
2. Tertiary input (KPI 3a)

Additionally, non-participation outliers are identified. Participation is defined as submitting at least one first year of care record in the relevant clinical cohort before the data submission deadline. Any Health Boards or Trusts not meeting this will be a non-participation outlier.

The process details to the outlier analysis is defined by the RCPCH audit outlier policy, which can be downloaded from our website: <https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit/methodology-data-submission#downloadBox>

1.9b Link to the cause for concern policy* The Epilepsy12 cause for concern policy can be downloaded from our [Methodology & Dataset webpage](#).

2.1 Outcome measures The Epilepsy12 performance indicators align with NICE Guidelines *[NG217]*, and Quality Standards *[QS211]* and cover the following areas:

- Comprehensive care planning agreement and components
- School Individual Health Care Plan
- Identification of mental health conditions
- Identification of neurodevelopmental conditions/learning disabilities
- Annual risk acknowledgement forms and/or initiation of a Pregnancy Prevention Programme for females aged 12 years and over currently on valproate treatment

2.2 Process measures The Epilepsy12 performance indicators align with NICE Guidelines *[NG217]*, and Quality Standards *[QS211]* and cover the following areas:

- Input from a paediatrician with expertise in epilepsies within 2 weeks of referral
- Access to an epilepsy specialist nurse
- Tertiary input
- Epilepsy surgery referral
- Access to electrocardiogram (ECG)
- Access to magnetic resonance imaging (MRI) within 6 weeks of referral

- Assessment of mental health issues
- Access to mental health support

2.3 Organisational measures

- Consultant paediatrician with expertise in epilepsy
- Epilepsy Specialist Nurse
- Defined epilepsy clinic
- Epilepsy Best Practice Tariff (BPC) – England only
- Paediatric neurology services
- Investigations
- Service contact
- Transition services for young adults
- Mental Health screening and support
- Neurodevelopmental support
- Care planning
- Patient database or registry

2.6a Do measures align with any of the following sources of evidence (select all that apply)

NICE clinical guideline; NICE quality standard

2.6b Evidence supplemental information

The Epilepsy12 clinical audit key performance indicators are described in detail on pages 9 to 15 of the Epilepsy12 round 4 methodology, which is available to view and download at: <https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit/methodology-data-submission#downloadBox>

3.1 Results visualisation

Annual report; Patient report; Static data files; Interactive online portal (run charts available)

3.2a Levels of reporting*

Trust or health board; National; Integrated care system (ICS); Other (please describe in next question); NHS region or other geographic area

3.2b If you selected 'Other' above, please provide details*

OPEN UK Network and Country level, in addition to the above granularities.

3.3 Timeliness of results feedback

Within 1 year; Within 24 hours; Within 1 month

3.4 Link to dynamic reporting*

<https://www.rcpch.ac.uk/resources/epilepsy12-audit-dashboard>

4.01 2023/24 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*

12/01/2021 - 11/30/2023

4.02 2024/25 Dataset covers the period

12/01/2022 - 11/30/2024

FROM/TO (within financial year 01/04 to 31/03)*	
4.03 2025/26 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	12/01/2023 - 11/30/2025
4.04 2026/27 Dataset covers the period FROM/TO (within financial year 01/04 to 31/03)*	12/01/2024 - 11/30/2025
4.10 Dataset #1 name	Clinical Audit
4.11 Dataset #1 type	Clinical audit
4.12 Dataset #1 population coverage*	Sample of eligible patients
4.13 Dataset #1 items collected (n)	200
4.15 Dataset #1 use of existing national datasets	N/A
4.16 Dataset #1 specification	http://www.rcpch.ac.uk/sites/default/files/2023-12/epilepsy12_round_4_clinical_audit_dataset_v1_20231128.pdf
4.20 Dataset #2 name	Organisational audit
4.21 Dataset #2 type	Organisational audit
4.23 Dataset #2 items collected (n)	30
4.25 Dataset #2 use of existing national datasets	N/A
4.26 Dataset #2 specification	http://www.rcpch.ac.uk/sites/default/files/2023-12/epilepsy12_round_4_organisational_audit_dataset_v1_20231128.pdf
4.30 Dataset #3 name	Not applicable
4.40 Dataset #4 name	Not applicable

<p>5.00 When was your healthcare quality improvement plan (referred to as a QI Plan) last reviewed? Please upload under 'Files' below using the HQIP naming convention (click on response to see pop-up help text).</p>	<p>01/01/2026</p>
<p>5.10 When were your clinical performance indicators (referred to as metrics) signed off by funders? Please upload under 'Files' below using the HQIP template and naming convention (click on response to see pop-up help text).</p>	<p>04/01/2025</p>
<p>5.11 Please add the hyperlink to where your clinical performance indicators (referred to as metrics) are published on your project website.*</p>	<p>https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit/methodology-data-submission</p>
<p>5.20 National report publication date (within calendar year 01/01 - 31/12/2023)*</p>	<p>The 2023 Annual Report was published online in July 2023.</p>
<p>5.21 Published/planned national report publication date (within calendar year 01/01 - 31/12/2024)*</p>	<p>The 2024 annual report was published online in July 2024.</p>
<p>5.22 Planned national report publication date (within calendar year 01/01 - 31/12/2025)*</p>	<p>The 2025 annual report was published online in July 2025.</p>
<p>5.23 Planned national report publication date (within calendar year 01/01 - 31/12/2026)*</p>	<p>The 2026 annual report will be published in July 2026.</p>

5.24 Planned national report publication date (within calendar year 01/01 - 31/12/2027)*

The 2027 annual report will be published in July 2027.

6.0 Please add the most recent date that you have reviewed and updated an online version of UPCARE Workstream section(s) on your project's website (click into the response to see pop-up guidance).

02/13/2026

6.1 Please add a hyperlink to UPCARE Workstream section(s) on your website (click into the response to see pop-up guidance).*

<https://www.rcpch.ac.uk/work-we-do/quality-improvement-patient-safety/epilepsy12-audit/methodology-data-submission>