RCPCH Epilepsy Quality Improvement Programme August 2021 – April 2022

Mental health referral pathways

Warrington and Halton Teaching Hospitals NHS Foundation Trust

RCPCH Epilepsy Quality Improvement Programme project team:

Dr Kate Hunter, Consultant Paediatrician, Epilepsy Interest Dr Rachael Sutton, Paediatric Consultant, Epilepsy Interest Dr Aarti Sridharan, Paediatric Consultant, Epilepsy Interest Claire Charleston, Epilepsy Specialist Nurse Sue Jones, Epilepsy Specialist Nurse

National audit results included within this case study acts as a guide only to performance standards. The service improvements made during the EQIP cannot be entirely attributed to the reported results in the Epilepsyl2.



Project aim

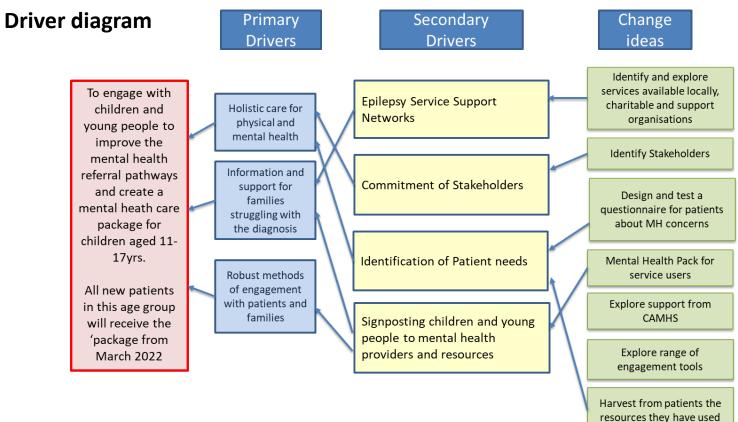
To engage with children and young people to improve the mental health referral pathways and create a mental health care package for children aged 11-17 years. All new patients in this age group will receive the package from March 2022. **Background**

Warrington and Halton Teaching Hospitals NHS Foundation Trust are a small team based in a district general hospital and are supported by tertiary neurologists and the Trust's management team. They have two very experienced specialist nurses and three paediatric consultants. The initial project aim was influenced by Epilepsyl2 audit data, which showed the Trust was underperforming in the documentation of comprehensive care planning. However, during the process of being on the RCPCH Epilepsy Quality Improvement Programme, the team gained insights from increased patient engagement, which led to an understanding of patients wanting more support in areas of mental health and wellbeing. This resulted in the team adjusting their project aim to improve upon current mental health pathways to meet the needs of their patients and families.

Area of focus

Using patient engagement methods to capture the views of their current needs and mental health support to co-produce a care package with relevant information and useful signposted links to local and national organisations.





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Changes

- Following the EQIP initial training launch in September 2021, the team decided to initially focus their QI project on improving the documentation of clinic letters by producing standardised clinic letters. The overall aim was to develop a pro forma that could achieve the majority of this as a tick-box response or shorthand recording of a small narrative, which would then provide a wealth of information meeting Epilepsyl2 standards, but in a personalised manner and by reducing the administration workload for the secretaries.
- However, over the course of the EQIP, the team decided to change their project aim based on insights from the views captured through patient engagement, which resulted in patients reporting back that they wanted more support in areas of mental health and wellbeing, which led to the idea of developing a mental health pathway/package for their epilepsy patients.
- In October 2021, the team engaged with the CAMHS department and had a productive meeting that discussed the following:
 - Negotiated an agreed pathway with CAMHS service for children with epilepsy who had significant mental health symptoms would be accepted by CAMHS for assessment.



Changes

- Discussed the children who did not meet the criteria but still required some support.
- Shared info on the PHE pilot to have Children and Young People Wellbeing Practitioners (CYWP) based in schools and how this may be an additional source of help.
- Provided information on the 40 schools within the area that have an allocated CYWP, so that can be signposted to their patients where possible as an additional level of support.
- Explored the current support in the area and the support that can be targeted for the package. The CAMHS representative helped with identifying age-appropriate wellbeing information for the packages.
- In terms of data collection, the team developed four questions using jars.
 - >1-year-old children were identified, without learning needs, to contribute to their data collection.
- Changes to communications to patients by letter were tested and standardised.
- Local data identified information and support for mental health issues that was lacking.
- Patient journeys were mapped and examined.
- Reviewed and revised the current assessment tools with three consultants.



Results

- Feedback from interaction with the jar display included the following:
 - >50% of patients do have worries and anxieties about having epilepsy; they worry about being lonely or getting a job, and, generally, patients seek help from friends and family.
- This helped the team develop and shape their mental health package to focus more on maintaining wellbeing and not just on signposting for support. Through engagement with the epilepsy charity Epilepsy Action, the CAMHS team, and Sophie Bennett, a psychologist involved with the MICE project developed by GOSH, the team gained support and advice on the content provided within the pack.
- Both Sophie Bennett and the CAMHS team provided guidance and reading support on wellbeing resources to go alongside the research completed by the team.



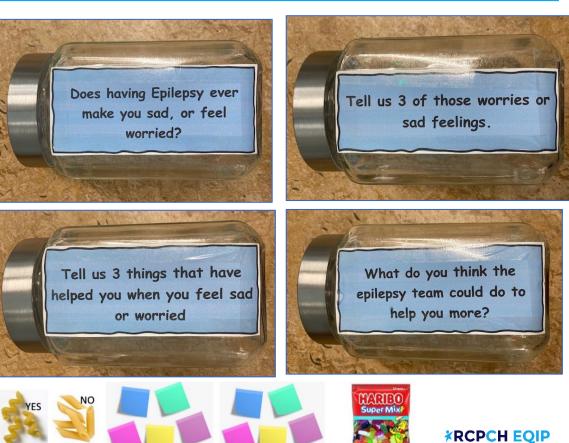
Can You Help Us?

We want to develop a package of information to support children and young people who have Epilepsy. This information is specifically to help with the worries and anxieties that having Epilepsy may cause. You are the experts at telling us what worries you most and what would help you most.

So......we want you to help us get this package right so that we can help you, and other children and young people, who are starting out on their Epilepsy journey too.

Please can you answer our questions in the jars.....(in the waiting room)

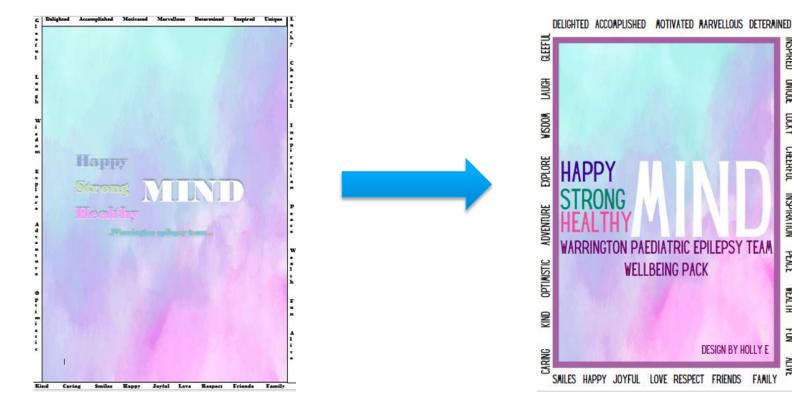
Thank you xxxxxx



Examples of patient feedback



Co-designing support pack with patients and families



Epilepsy quality improvement programme

INSPIRED

UNIQUE

LUCKY

CHEERFUL

INSPIRATION

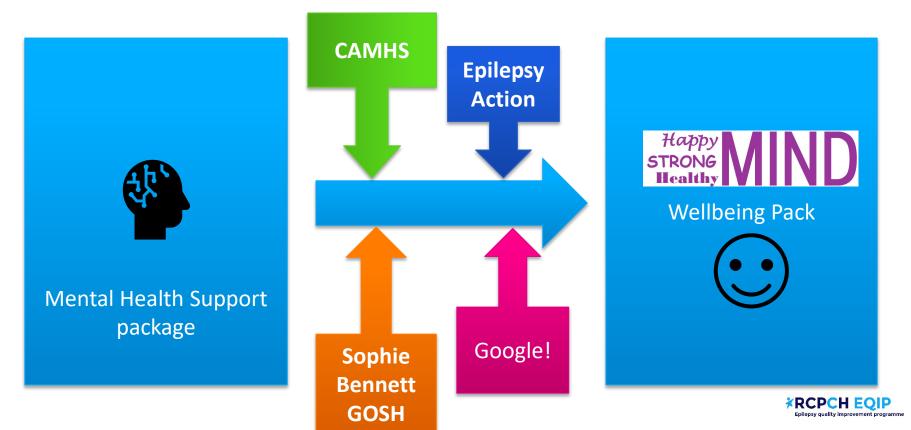
PEACE

WEAL TH

FUN

ALIVE

Co-designing support pack with support organisations





"No changes needed, it's really helpful, especially the 1st aid advice". "I really like it! I would recommend it! Useful information and wellbeing advice. I like the emergency card. I will be pinning the '5 ways to feel better' and 'Do more to feel better' on my notice board! Thank you for the pack".

"It's really good! Some cards are brilliant! I really like the 1st aid one – I'll keep it in my blazer. I'm impressed with the relaxation exercises". "Typo in the sleep section, other than that – all good!"

Implementation of support pack and patient feedback

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Audit results cohort 3/4 – ability to refer – Warrington and Halton Teaching Hospitals NHS Foundation Trust

Warrington and Halton Teaching Hospitals service are able to continue to refer patients for a clinical psychology assessment and have neuropsychology assessment either within or outside of their Trust.

Can your trust refer to any of the following where required, either within or outside of your trust?	2018	2019	2020	2021	2022	2021 – EPIC	2021 – England & Wales	2022 - EPIC	2022 – England & Wales
Clinical psychology assessment	Yes	Yes	Yes	Yes	Yes	62%	78%	63%	80%
Psychiatric assessment	Yes	Yes	Yes	No	No	88%	90%	88%	90%
Educational psychology assessment	No	No	No	No	No	12%	44%	25%	45%
Neuropsychology assessment	Yes	Yes	Yes	Yes	Yes	50%	51%	75%	50%
Formal developmental assessment	Yes	Yes	Yes	Yes	Yes	100%	85%	100%	87 %
None	No	No	No	No	No	0%	7%	0%	5%

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Audit results cohort 3/4 – referral pathways – Warrington and Halton Teaching Hospitals NHS Foundation Trust

Warrington and Halton Teaching Hospitals have continued to have agreed referral pathways for children with anxiety, depression and mood disorder mental health concerns.

Does the trust have agreed referral pathways for children with mental health concerns?	2019	2020	2021	2022	2021 – EPIC	2021 – England & Wales	2022 – EPIC	2022 – England & Wales
Anxiety	No	Yes	Yes	Yes	62 %	60%	63 %	64%
Depression	Yes	Yes	Yes	Yes	62 %	60%	63 %	65%
Mood disorder	Yes	Yes	Yes	Yes	62 %	59%	63 %	63%
Non-epileptic attack disorder	Yes	Yes	No	Νο	38%	44%	50%	52%
Other	No	No	No	No	25%	5%	25%	7 %
None	No	No	No	No	38%	34%	38%	30%



Audit results cohort 3/4 – appropriate first assessment – Warrington and Halton Teaching Hospitals NHS Foundation Trust

The percentage of children and young people with evidence of description of consideration of emotional or behavioural problems and developmental, learning, or schooling progress, increased to 87% in 2021 and 75% in 2022; however, both percentages remained above regional and national averages.

Percentage of CYP with evidence of description of:	2019	2020	2021	2022	2021 – EPIC	2021 – England & Wales	2022 – EPIC	2022 – England & Wales
Appropriate first paediatric clinical assessment (PI.4)	64%	81%	87%	57%	76%	63%	66%	63%
Episode	100%	100%	100%	96%	99%	99%	99%	99%
Age/timing of first episode	82%	92%	100%	75%	90%	83%	86%	81%
Frequency	100%	100%	0%	89%	98%	95%	96%	95%
General examination	100%	100%	100%	96%	93%	92%	93%	93%
Neurological examination	82%	96%	97%	96%	91%	89%	91%	91%
Developmental, learning, or schooling progress	100%	88%	87%	75%	89%	85%	82 %	84%
Consideration of emotional or behavioural problems	82%	81%	87%	75%	78%	72 %	62 %	70 %



Challenges

- A significant number of follow-up appointments were offered via telephone appointments, which made obtaining face-to-face input and feedback from our children and young people difficult.
- The Trust's Children's Outpatient Department was relocated for redevelopment, which meant clinic appointments were also being switched to telephone clinics. However, the relocated service at the outpatient site allowed for some face-to-face appointments. Patients aged 11 and older were selected to see if they would attend face-to-face appointments to contribute to their project.
- Teamwork proved challenging due to team absences.
- Feedback from patients was limited due to issues with clinic relocation, phone follow-ups, cancelled clinics (holiday/duty weeks), age of patients in the clinic, and COVID patients.
- The team implemented a psychology referral pathway with CAMHS, but their service plans to recruit a psychologist for the team did not progress because no one had applied for the position. In the interim, senior management offered the following:
 - To employ a CYWP.
 - To refer patients on an individual basis for 6 sessions of psychological support via a private company as needed.
 *RCPCH EOIP

Outcomes

- Implemented a new Happy Strong Healthy Mind support package in co-design with patients and advice from mental health agencies. The package is designed to support the wellbeing of patients via 10 wallet-sized cards that provide resources for help, advice, and signposting to children over 11 years old. This was achieved and implemented by March 2022.
- Successful conversations with senior Trust members have resulted in repurposing funds to appoint CYWPs.
- Through an established new pathway with CAMHS, the service was able to signpost patients to schools within the area that have allocated CYWPs that offer additional support.
- The wellbeing pack had received positive feedback from patients and families on that content, which offered support and signposting for the main worries about their condition. Surprisingly, for the team, the areas on first aid, safety, and "what people around them could do if they had a seizure" were very popular with the children and young people.
- The wallet-style pack has gained interest amongst other epilepsy paediatric services within their region, and the EQIP team at West Yorkshire ICS plans to adopt and tailor a similar package for their patients and families.



Lessons learnt

- Taking small steps using QI tools was easy, fast, and effective.
- The team changed the way feedback is gathered and actioned by no longer creating long questionnaires and has learned new ways of engaging that are fun and effective for children and families.
- Staff absences within the service team became a challenge, as did the rise in COVID, which meant telephone appointments limited patient input, compounded by the Children's Outpatient Department being relocated for redevelopment.
- Patients and families have the driving force behind making the required changes, which demonstrates the power of feedback that can help deliver what service users want.
- If everyone gives a little, a lot can be achieved.
- Shared learning of their EQIP QI journey and outcomes continues by presenting at network meetings attended by regional and local teams.

Visual presentation of team project intervention

<u>Team poster</u> Team video presentation





https://eqip.rcpch.ac.uk

eqip@rcpch.ac.uk





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