

Time since first referral to first paediatric assessments

Salisbury NHS Foundation Trust

RCPCH Epilepsy Quality Improvement Programme project team:

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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 Epilepsy12.

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Project aim

Improve first seizure pathway with key aim to ensure 75% or more of first seizure patients are seen within 2-4 weeks.

Background

Salisbury NHS Foundation Trust is a DGH with a 16-bed inpatient unit and a paediatric epilepsy service team for 160 patients – one paediatrician with epilepsy interest, ESN, and admin support. The team actively takes part in Epilepsy12 data submission, with data returns that are well above the regional and national average. Previous audit results for patients with a first seizure seen by a paediatrician with an interest in epilepsy within 2 weeks revealed some patients were waiting over 16 weeks to be seen in clinic. Epilepsy12 data: Quality statement 1: Are patients with suspected seizures seen within 2 weeks? 2019: 50% seen in 2-6 weeks, 25% in >16 weeks; 2020: 30% in <4 weeks, 40% in 6-12 weeks, 25% in >14 weeks.

Area of focus

The team plans to map the patient journey to uncover the barriers and help reduce waiting time by developing/changing their referral process and improving their first seizure advice and information for patients and their families.

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Driver diagram

Team

JIM - LEAD
 CLARE
 NATALIE
 VANESSA
 ANDY

Project aim - by early 2022
 75% of children with first A&E seizure will be seen in epilepsy clinic within 2 weeks of presentation to ED (week or within 2 weeks of GP referral.

Primary Drivers

Hint: use verb noun construct

Improve pathway for first A&E admissions in children attending hospital

Improve pathway for first admissions to ED
 Referrals from GP

Develop & improve protocols for new seizure admission and standardized information checklist

Review number of first admission seizure referrals (A&E vs GP) and clinic capacity

Secondary Drivers

Areas where your PSDAs will be applied

ED + Day assessment
 - Education of staff regarding first seizure pathway
 - Hand-off of ED attendance to review patients assessed versus not assessed

Bookings - first separate pathway
 - Increase time and pathway for GP referred patients

Insert text

Ideas for change

The PSDAs you undertake Teams identify project plans

- 1) ED + clinic change/primary - All referring faster → Ep-seizure clinic
- 2) ED + clinic first assessment - Seizure pathway / flow chart
- 3) Assess + patients information requirements → increase → info + ED
- 4) Education + Awareness of first fit patients
- 5) New ED + clinic first assessment ED + GP clinics
- 6) Awareness of Seizure team + Admin team for 'first fit clinic' pathway
- 7) Patient education re: first seizure 'what to do next?' - Encourage?

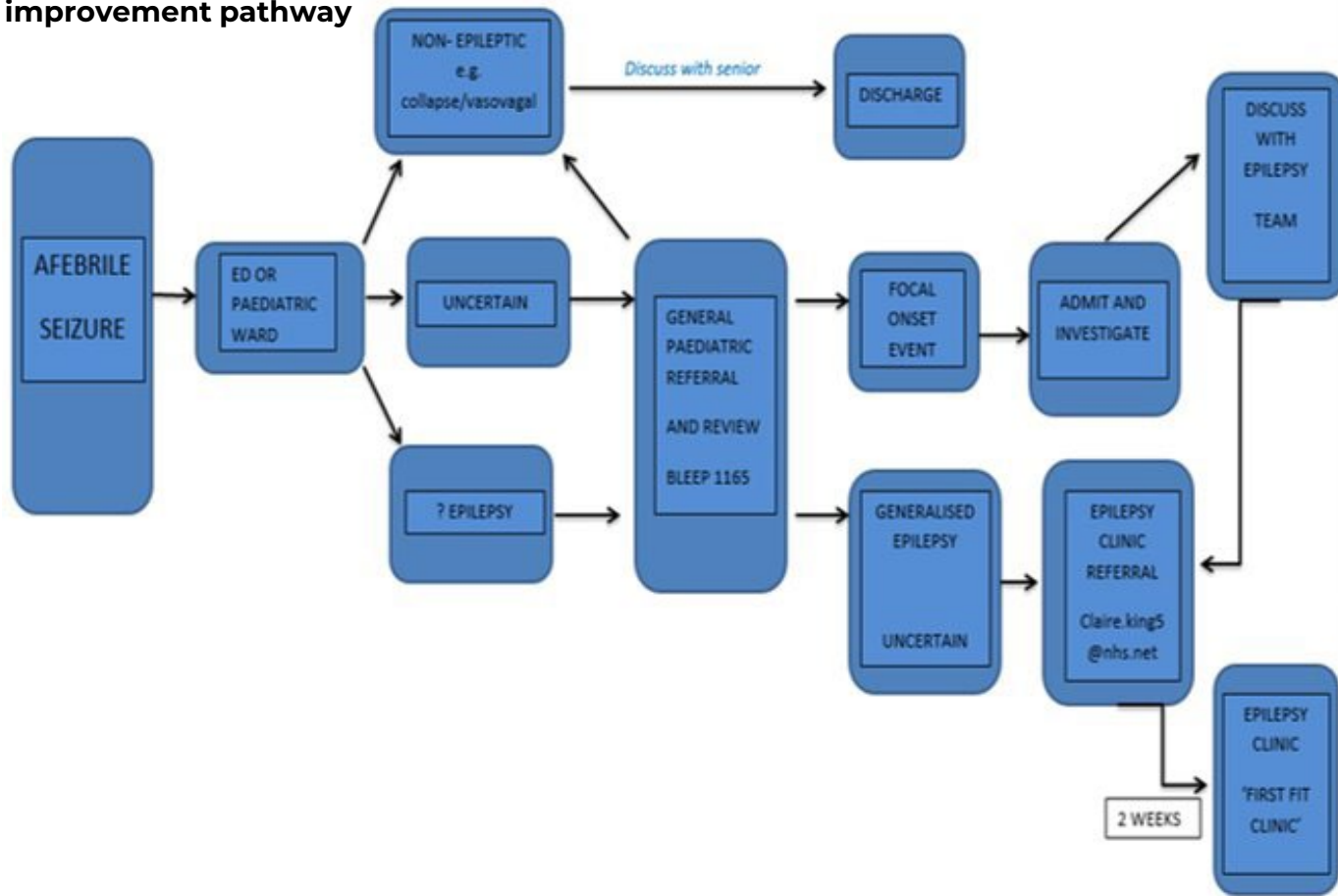
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Changes

- Created clinic space; added extra patient(s) as needed to clinics.
- Altered GP referral review and case triage; electronic referral system done by two consultants; pathway altered for new seizure referrals by easy access to contact ESN.
- Designed and hung posters providing information on the new pathway and information for the paediatric and ED teams to email referrals to the admin/ESN team.
- Produced a flow chart that maps out the pathway of what should happen when a patient is admitted with a first seizure and displays it for DSU staff to refer to first.
- Reviewed the data collected on the time taken from the referral for the team to see them in clinic and developed a new first seizure pathway using this baseline data.
- Continued to develop and standardise improved information shared with parents and patients.

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Mapping improvement pathway



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Results

- Simple baseline data collected by ESN
- Monthly data review by the team
- October – March: 33 new patients seen in clinic
- All were seen within 7 weeks
- Approximately 80% seen within 4 weeks
- Created discharge pack for first seizure patients; contents include:
 - Electronic discharge summary
 - What happens next?
 - Seizure recording chart
 - RCPCH first seizure leaflet
 - Fits, Faints and Funny Turns leaflet (Wessex Healthier Together)
 - Open access
 - Other resources

Audit results cohort 3/4 – professional input – Salisbury NHS Foundation Trust

NICE recommends that children and young people presenting with suspected seizure are seen by a specialist in the diagnosis and management of epilepsies within 2 weeks of presentation (Quality statement 1).

The percentage of CYP with input from a paediatrician with expertise in the first year of care was 100% in 2021 above regional and national average. In 2022, this figure was 86%. Additionally, the percentage of CYP with input from an epilepsy specialist nurse in their first year of care has decreased to 50% in 2021 then increased to 91% in 2022, above national and regional averages.

Percentage of CYP with input from:	2019	2020	2021	2022	2021 – WPNN	2021 – England & Wales	2022 – WPNN	2022 – England & Wales
Paediatrician with expertise OR paediatric neurologist (PI.1)	100%	100%	100%	86%	94%	88%	90%	91%
Paediatrician with expertise	100%	100%	100%	95%	93%	85%	94%	89%
Paediatric neurologist	50%	24%	0%	23%	20%	25%	33%	20%
Epilepsy specialist nurse	100%	94%	50%	91%	61%	80%	83%	80%

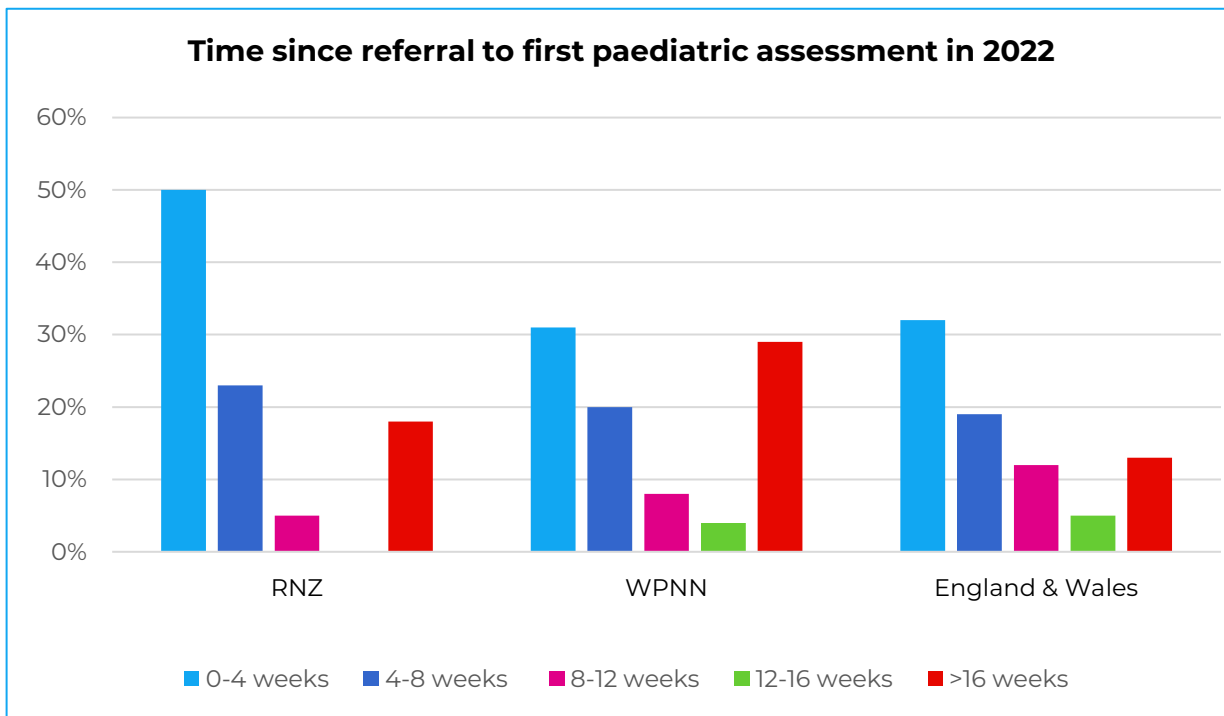
Audit results cohort 3/4 – time since first referral – Salisbury NHS Foundation Trust

The Salisbury paediatric epilepsy service are able to provide some level of input from a paediatric consultant with expertise in epilepsy.

The percentage of CYP who were seen by a paediatrician with expertise in epilepsy within 2 weeks of first referral increased to 36% in 0-2 weeks and 14% in 2-4 weeks of first referral in 2022, above regional and national averages.

first paediatric assessment					WPNN	England & Wales	WPNN	England & Wales
0-2 weeks	0%	24%	0%	36%	31%	23%	23%	21%
2-4 weeks	25%	6%	0%	14%	14%	12%	8%	11%
4-6 weeks	25%	0%	0%	9%	4%	9%	10%	11%
6-8 weeks	0%	29%	0%	14%	6%	7%	10%	8%
8-10 weeks	0%	6%	50%	5%	10%	5%	6%	7%
10-12 weeks	0%	6%	0%	0%	0%	3%	2%	5%
12-14 weeks	0%	0%	0%	0%	4%	3%	2%	3%
14-16 weeks	0%	6%	50%	0%	6%	2%	2%	2%
16+ weeks	25%	18%	0%	18%	14%	13%	29%	13%

Audit results cohort 3/4 – time since first referral – Salisbury NHS Foundation Trust



Graph showing Trust-level, regional and national results on time since referral to first paediatric assessment in 2022. RNZ represents Salisbury NHS Foundation Trust.

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Challenges

- The team previously found patient engagement challenging, but participating in the EQIP provided training and guidance on the simplicity of the approach to patients and families.
- There has been no funded uplift in service yet.
- The team identified the need to improve clinic efficiency.
- The team struggled at times with progressing the project due to staff absences.
- Challenges to finding team time to plan activities and engage in EQIP events.
- The team reflected and acknowledged that patient engagement could have been done better.

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Outcomes

- Monitored the improvements against Epilepsy12 audit results and already achieved a reduction in waiting times from 16 weeks to less than 6 weeks.
- Improvements have been made in waiting times in outpatient clinics over a period of 4 weeks by increasing access to patient slots for around three 3 patients per week.
- Between October and March, the team added 33 new patients, and 80% were able to see them within 4 weeks.
- 100% of new patients were seen within 7 weeks.
- Improved first seizure and initial referral review times.
- Continued to see 1 extra patient (or 2) per clinic.
- The epilepsy team will take on the booking process for all patients.
- In the future, we will test other engagement methods because the questionnaire method is not the best tool for patient feedback.
- Improved (standardised) information pack for patients and families and will continue to develop our patient engagement using simple approaches and activities.

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National audit results

- The percentage of CYP with input from a paediatrician with expertise in the first year of care was 100% in 2021, above regional and national averages; in 2022, this figure was 86%. Additionally, the percentage of CYP with input from an epilepsy specialist nurse in their first year of care decreased to 50% in 2021 then increased to 91% in 2022, above national and regional averages.
- In 2022, the percentage of CYP who were seen by a paediatrician with expertise in epilepsy within 2 weeks of first referral increased to 36% in 0-2 weeks and 14% in 2-4 weeks in 2022, above regional and national averages.

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Lessons learnt

- We can make simple improvements as a team.
- Start small and try something new.
- The team worked well together as a small team.
- Improved team understanding of QI methodology.
- Patient engagement can be simple, and we can do this more and even better.
- Just do it!

Visual presentation of team project intervention

[Team video presentation](#)

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