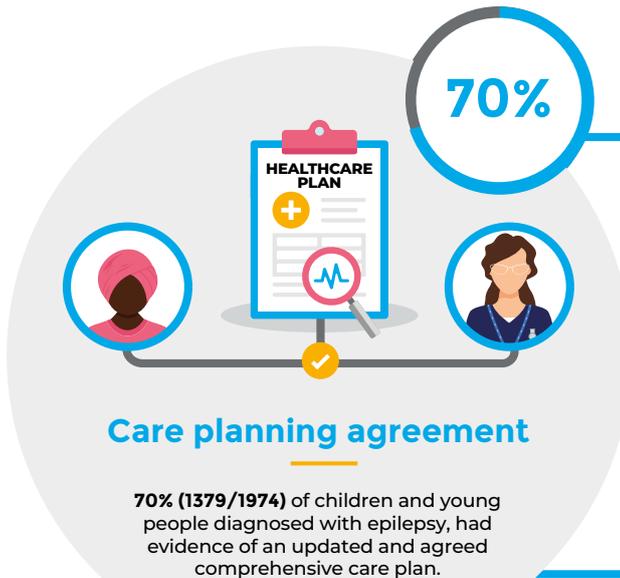


## Key messages



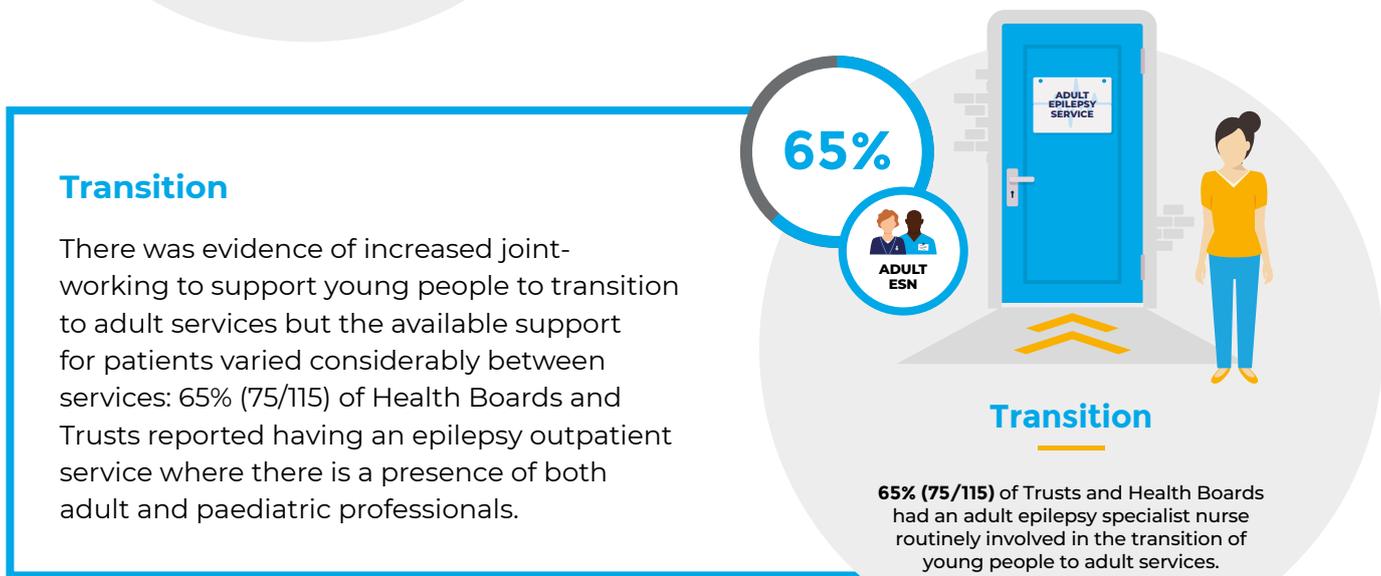
**70%**

**Care planning agreement**

**70% (1379/1974)** of children and young people diagnosed with epilepsy, had evidence of an updated and agreed comprehensive care plan.

**Care planning**

There was evidence of wide-spread use of comprehensive, individual care planning for children with epilepsy. Most care plans were agreed and updated. The proportion of plans which contained all the required elements also increased to 75% (1487/1974) in cohort 3.



**65%**

**Transition**

There was evidence of increased joint-working to support young people to transition to adult services but the available support for patients varied considerably between services: 65% (75/115) of Health Boards and Trusts reported having an epilepsy outpatient service where there is a presence of both adult and paediatric professionals.

**Transition**

**65% (75/115)** of Trusts and Health Boards had an adult epilepsy specialist nurse routinely involved in the transition of young people to adult services.



**54%**

**First EEG waiting times**

**54% (1058/1974)** of children and young people diagnosed with epilepsy, obtained their EEG within four weeks of request.

**First EEG waiting times**

There was an increase in children and young people waiting more than 16 weeks for an initial Electro-encephalogram (EEG) in cohort 3 (10%, 191/1974). NICE Quality Standard 27 (statement 2) states that children and young people having initial investigations for epilepsy undergo the tests within 4 weeks of being requested.

5%



### Mental health care

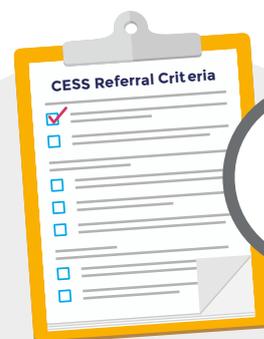
**5% (53/1124)** of children and young people between the age of 5-15 years and diagnosed with epilepsy in cohort 3, had an identified mental health condition.

### Mental health care

Research suggests there is a higher incidence of mental health problems among children and young people with long term conditions, but very few of the epilepsy patients had an identified mental health condition (5%, 53/1124). Few epilepsy services could provide co-located mental health provision as recommended within the Best Practice Criteria (18%, 12/115).

### Children's Epilepsy Surgical Service (CESS)

Some children and young people with epilepsy may be missing out on, or having delayed referral to, epilepsy surgery assessments. 28% (38/135) of children and young people diagnosed with epilepsy who met surgical referral criteria had a referral for surgical evaluation during their first year of care.



28%

### Children's Epilepsy Surgical Service (CESS)

**28% (38/135)** of children and young people diagnosed with epilepsy who met surgical referral criteria, had a referral for surgical evaluation.



### Recommendations for improvement

EEG and epilepsy services continued to submit their data to Epilepsy12 despite significant challenges of the pandemic. We want to recognise the dedication to children with epilepsy that this shows.

The recommendations made in the report focus on areas for improvement, however the overall consistency of the results with those from pre-pandemic cohorts is a testament to how hard teams and individuals have worked to maintain services and care.