

Implementation Programme

NICE support for commissioners using the quality standards for the epilepsies in adults and the epilepsies in children and young people

February 2013

1 Introduction

This document summarises the key commissioning issues and the resource impact that will arise from implementing the recommendations in NICE guidance and other [NICE accredited guidelines](#), to support improvements in the quality of care offered to adults, children and young people with epilepsy, in line with the statements and measures that comprise the [NICE quality standards](#).

More detailed support for commissioners is provided in the NICE guide for commissioners on [services for the diagnosis and management of the epilepsies in adults, children and young people](#).

2 Using NICE quality standards

[NICE quality standards](#) define high-quality care for patients across a care pathway or clinical area. They are based on NICE guidance, and other [NICE accredited guidelines](#), and are presented as a set of specific, concise statements that represent high-quality care, with associated measures. The NICE quality standard for the epilepsies in adults and the NICE quality

standard for the epilepsies in children and young people were developed by a Topic Expert Group using the best available evidence, and were produced collaboratively with the NHS along with their partners and service users.

Each quality statement has accompanying quality measures. At present, the number of health outcome measures is limited so the quality measures focus on improving the processes of care that are considered to be linked to health outcomes.

The [Clinical Commissioning Group Outcome Indicator Set](#) (CCG-OIS) (formerly known as the Commissioning Outcomes Framework) is part of the NHS Commissioning Board's systematic approach to promoting quality improvement. It provides clinical commissioning groups and health and wellbeing partners with comparative information on the quality of health services commissioned by clinical commissioning groups and the associated health outcomes. Indicators derived from NICE quality standards are incorporated in the CCG-OIS. Commissioning services in line with the quality standard should support commissioners to improve health outcomes in line with the CCG-OIS.

Trusts and other service providers may refer to the quality standards in their quality accounts in order to assess the quality of their healthcare services and demonstrate quality improvement within their organisation.

NHS commissioners can use the quality standards to improve the services commissioned from providers by including quality statements and measures within the service specification element of the standard contract, by establishing key performance indicators as part of a tendering process and incentivising provider performance by using the quality standard measures, where they are provided, in association with incentive payments such as [Commissioning for Quality and Innovation](#) (CQUIN). NICE quality standards can also provide a baseline against which improvements can be measured and rewarded, enabling commissioners to address gaps in service provision, support best practice and encourage evidence-based treatments and care.

3 Resource and commissioning implications

The cost of meeting the [NICE quality standard for the epilepsies in adults](#) and the [NICE quality standard for the epilepsies in children and young people](#) is dependent on current local practice and the progress that organisations have made in implementing [NICE clinical guideline 137](#).

Improved diagnosis for people with epilepsy leading to tailored treatment is likely to reduce the number of seizures and seizure-related injuries, which may contribute to reducing emergency admissions to secondary care and therefore to potential savings for the NHS.

Commissioners may wish to refer to the NICE commissioning and budgeting (CAB) tool for the [epilepsies in adults](#) and the NICE commissioning and budgeting (CAB) tool for the [epilepsies in children and young people](#) within the NICE guide for commissioners on [services for the diagnosis and management of the epilepsies in adults, children and young people](#) to help estimate and inform the level of service needed, the cost of commissioning decisions and potential savings that may be achieved from reduced rates of emergency admissions.

It is estimated that 5–30% of people diagnosed with epilepsy are misdiagnosed. If 70% of these misdiagnoses are avoided, a saving of £1100 to £9500 per 100,000 population could be achieved. In addition, reducing emergency admissions could save between £18,000 and £53,000 for a population of 100,000 people (see table 1).

Table 1 Potential savings from reducing emergency admissions for epilepsy per 100,000 population

Emergency admissions for epilepsy	Adults			Children		
	10%	20%	30%	10%	20%	30%
Possible reduction in emergency admissions						
Potential savings generated	£10,000	£20,000	£29,000	£8000	£15,000	£24,000

Based on [Epilepsy Action report on best care: the value of epilepsy specialist nurses](#), it is likely that additional investment in epilepsy specialist nurses (ESNs) may be needed. The cost would be approximately £70,000 for a population of 100,000 people.

Table 2 summarises the commissioning and resource implications for each quality statement for commissioners and service providers working towards achieving the quality standards.

For further details of how the commissioning and resource implications have been estimated, please see the NICE guide for commissioners on [services for the diagnosis and management of adults, children and young people with the epilepsies](#).

Table 2 Potential commissioning and resource implications of achieving the quality standards for the epilepsies in adults and the epilepsies in children and young people

Area of care	Estimated commissioning impact	Estimated resource impact
Referral to a specialist	<ul style="list-style-type: none"> • A change in practice to ensure that people are seen by a specialist within 2 weeks of presentation. • Monitoring of the proportion of people presenting with a suspected seizure who are seen by a specialist and are seen within 2 weeks of presentation. 	<ul style="list-style-type: none"> • Possible costs involved to ensure people are seen within 2 weeks.
Investigations	<ul style="list-style-type: none"> • A change in practice to ensure that people receive investigations within 4 weeks of them being requested. • Monitoring of the proportion of people having initial investigations for epilepsy within 4 weeks of them being requested. 	<ul style="list-style-type: none"> • Possible costs associated with increasing capacity to enable diagnostic investigations to be undertaken within 4 weeks of them being requested.
Magnetic resonance imaging	<ul style="list-style-type: none"> • A change in practice to ensure that people who meet the criteria for neuroimaging for epilepsy receive magnetic resonance imaging. • Monitoring of the proportion of people (including people with learning disabilities) who meet the criteria for neuroimaging for epilepsy who have magnetic resonance imaging. 	<ul style="list-style-type: none"> • Possible costs involved where other different investigations are carried out.
Epilepsy care plan	<ul style="list-style-type: none"> • A change in practice to ensure that people have an agreed comprehensive written epilepsy care plan. • Monitoring of the proportion of people who have an agreed comprehensive written epilepsy care plan and who believe they have been involved in developing and agreeing their plan. 	<ul style="list-style-type: none"> • Possible additional costs involved in developing comprehensive epilepsy care plans.
Epilepsy specialist nurse	<ul style="list-style-type: none"> • Monitoring the proportion of people who have a named 	<ul style="list-style-type: none"> • Potential cost for additional ESNs

	<p>ESN following initial diagnosis, who have seen the ESN at their review (adults) and the proportion who have the contact details of the ESN.</p> <ul style="list-style-type: none"> • Patient satisfaction with access to epilepsy specialist nursing. 	<p>anticipated at £70,000 per 100,000 population.</p>
Prolonged or repeated seizures	<ul style="list-style-type: none"> • A change in practice to ensure that people with a history of prolonged or repeated seizures have an agreed written emergency care plan. • Monitoring the proportion of people with a history of prolonged or repeated seizures who have an agreed written emergency care plan. • Monitoring of accident and emergency department attendances and hospital admissions for prolonged or repeated seizures and patient satisfaction with emergency care for prolonged or repeated seizures. 	<ul style="list-style-type: none"> • Possible costs involved. These should be reviewed locally.
Referral to tertiary care	<ul style="list-style-type: none"> • Monitoring the proportion of people who meet the criteria for referral to a tertiary care specialist to be seen within 4 weeks of referral. 	<ul style="list-style-type: none"> • Possible additional costs where there are increased referrals to tertiary care, follow-up appointments and in circumstances where further diagnostic investigations are necessary.
Re-access to specialist care (adults)	<ul style="list-style-type: none"> • Referral pathways and capacity in place for adults to have access to specialist epilepsy services for medical or lifestyle issues that need review. • Monitoring the proportion of adults with epilepsy who have medical or lifestyle issues needing review and are referred to specialist epilepsy services. 	<ul style="list-style-type: none"> • Possible additional costs associated with re-access to specialist care.
Review	<ul style="list-style-type: none"> • Monitoring the proportion of 	<ul style="list-style-type: none"> • Possible costs involved.

(children and young people)	<p>children and young people with epilepsy whose most recent structured review with a paediatric epilepsy specialist was no later than 1 year (or individually agreed interval) after their previous review.</p> <ul style="list-style-type: none"> • Patient or carer satisfaction with review content and frequency of reviews. 	<p>These should be reviewed locally.</p>
Transition from children's to adult services	<ul style="list-style-type: none"> • Monitoring the proportion of young people with epilepsy who are new transfers to adult epilepsy services who had a transition period between paediatric and adult services. • Young people's experience of transition to adult services. 	<ul style="list-style-type: none"> • Possible costs involved. However, these are likely to be small because the number of children involved is small.