

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Indicator Equality Impact Assessment

### Topic: Epilepsy

1.1 Have any potential equality issues been identified during the development process?

[Public Health England's report on Health inequalities: Epilepsy](#) indicates that in 2017/18 17.9% of people with learning disability were receiving drug treatment for epilepsy compared to 0.6% of people with no recorded learning disability (GPES data). The report indicates that 'convulsions and epilepsy' accounted for more than 40% of all emergency admissions for ambulatory care sensitive conditions for people with learning disabilities, accounting for 6,000 admissions and 28,000 bed days per year. Epilepsy or convulsions has also been identified as an important and to some extent potentially preventable cause of death of people with learning disability. The report states that problems associated with epilepsy may be compounded by a lack of access to appropriate healthcare for people with learning disabilities.

[Public Health England's report on making reasonable adjustments to epilepsy services for people with learning disabilities](#) indicates people with learning disabilities may be more likely to have adverse cognitive effects of anticonvulsant medication. They also might have difficulties in reporting side-effects. Therefore, it is important that clinicians allow sufficient time at appointments to achieve effective management. [The Confidential Inquiry into deaths of people with learning disability](#) (2013) had concerns that some people labelled as having epilepsy were not receiving regular reviews.

[The NHS RightCare Epilepsy Toolkit](#) (2020) indicates that people with epilepsy are at high risk of developing depression, anxiety and other mental health conditions. This is also important for people with a learning disability where

common mental health conditions are likely to be missed. There was a concern that people with epilepsy and depression and anxiety symptoms are less likely to be referred to Improving Access to Psychological Therapies (IAPT) services because of their pre-existing epilepsy and that the general IAPT services would find these patients complex to treat. Mental illness has been linked to greater frequency of seizures in epilepsy. Therefore, there is a need to provide appropriate mental health and well-being support to people living with epilepsy alongside regular review of their epilepsy. It is a priority to ensure appropriate referral or sign-posting to mental health services.

[The NHS RightCare Epilepsy Toolkit](#) (2020) indicates that epilepsy is often undiagnosed, under-referred and confused with other conditions in the elderly. Due to frailty, a seizure can cause significant harm that can lead to further injuries therefore it is important to develop sufficient support for this group. Priorities include:

- Ensuring there is clarity on the complete comorbidities of people with epilepsy and who are also frail.
- Supporting people with dementia to manage their medication reminders.

An [article on epilepsy in elderly people](#) indicated that epilepsy is the most common serious neurological disorder in the elderly after stroke and dementia. Old age is now the most common time to develop epilepsy. The annual incidence is 85.9 per 100,000 for people aged 65-69 years and 135 per 100,000 for those aged over 80 years.

The committee considered separate indicators for adults with a learning disability and people with a serious mental health condition as these groups are more vulnerable to serious consequences from loss of contact with services. The committee decided not to take these indicators forward given existing review requirements in general practice for these population groups. These groups are included in the overarching indicator being progressed.

Stakeholders highlighted at consultation the importance of ensuring that general practices communicate in accessible formats with people with a disability when

inviting them for an epilepsy review. It was suggested that it may also be important to include the person's carer in the review.

Stakeholders suggested at consultation that this indicator will only reduce health inequalities if it can reach those who traditionally do not access healthcare readily. It was suggested that those with poor concordance with appointments such as socially deprived groups may have to be accessed in alternative settings or when attending the surgery for other reasons, opportunistically. It was suggested that it may be that a community nurse or pharmacist could be trained in performing these reviews potentially making them more accessible to the widest population possible. It was also suggested that it is important to include groups at risk of being excluded from epilepsy reviews, for example, because they are an inpatient in mental health care.

1.2 Have any population groups, treatments or settings been excluded from coverage by the indicator? Are these exclusions justified – that is, are the reasons legitimate and the exclusion proportionate?

The indicator is for adults only as care for children and young people with epilepsy is mostly managed in secondary rather than primary care.

The indicator is focussed on those receiving drug treatment for epilepsy as this is the population included in the general practice epilepsy register. It is important to review treatment regularly to ensure it is effective. Those who are not receiving treatment are less likely to have regular contact with their GP.

1.3 Does the indicator make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?

The indicator does not make it more difficult for specific groups to access services.

1.4 Is there potential for the indicator to have an adverse impact on people with disabilities because of something that is a consequence of the disability?

The indicator is not expected to have an adverse impact on people with disabilities.

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