

Paediatric Epilepsy Service Referral Pathways

**(For use by Emergency Department,
Paediatric Wards, and RMS Vetting Team)**

V1.0

December 2023

Summary

This Guideline outlines the referral pathways for children with suspected seizures / epilepsy within Royal Cornwall Hospital.

It will be used to inform decisions about referral and follow up of suspected seizures / Epileptic disorders in children presenting to the Emergency Department and Paediatric wards. It also outlines criteria for acceptance to Paediatric Epilepsy clinics for referrals from General Practice with paroxysmal events.

These pathways should be used alongside the following existing Paediatric Neurology guidelines:

- [First Afebrile Seizures in Children Clinical Guideline.](#)
- [Fits, Faints and Funny Turns in Children Clinical Guideline.](#)
- [Febrile Convulsions Clinical Guideline.](#)

1. Aim/ Purpose of this Guideline

- 1.1. To help clinicians working within Royal Cornwall Hospital decide on the correct pathway for children (Under 16 years old) with possible seizures/ paroxysmal events.
- 1.2. These pathways are relevant for children seen on Paediatric wards/ Paediatric Assessment Unit (PAU)/ Emergency Department (ED) and General Practice (GP) referrals through Referral Management System (RMS).
- 1.3. There are three Pathways presented depending on the location of the patient.
 - 1.3.1. Pathway 1- Referral pathway for paediatric patients with suspected seizures in PAU/ Paediatric wards/ Emergency Department.
 - 1.3.2. Pathway 2- Referral pathway for paediatric patients with suspected seizures via GP referral to RMS.
 - 1.3.3. Pathway 3- Referral pathway for patients seen in General Paediatric clinics with probable Epilepsy in RCHT.
- 1.4. These pathways should be used alongside the following clinical Paediatric Neurology guidelines:
 - [First Afebrile Seizures in Children Clinical Guideline.](#)
 - [Fits, Faints and Funny Turns in Children Clinical Guideline.](#)
 - [Febrile Convulsions Clinical Guideline.](#)
- 1.5. Due to the complexity of neurological presentations this guideline assumes that health care professionals will use their clinical judgement when applying the recommendations to the management of individual patients.

Data Protection Act 2018 (UK General Data Protection Regulation – GDPR) Legislation.

The Trust has a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out, it must be opt in.

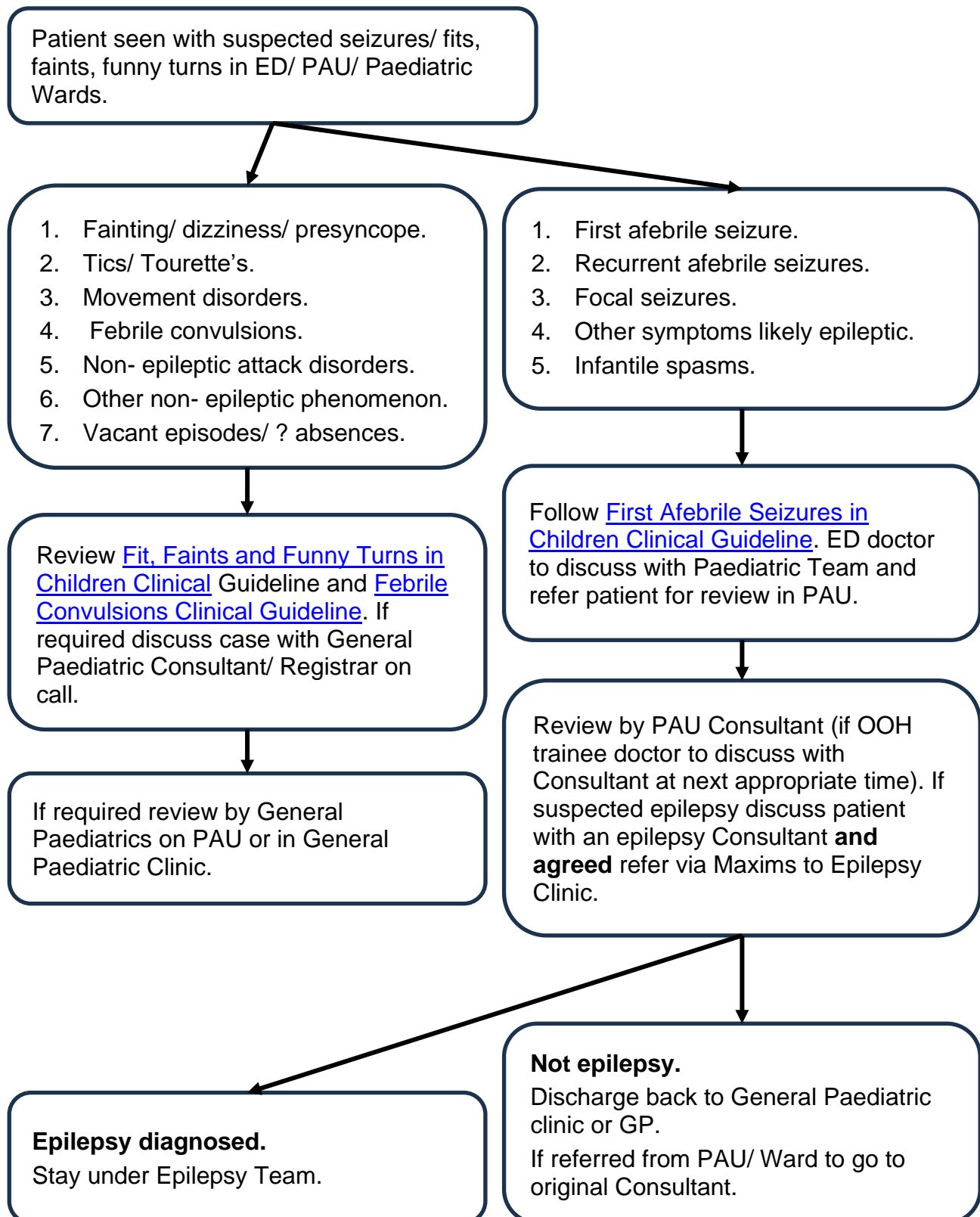
Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 is applicable to all staff; this includes those working as contractors and providers of services.

For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 please see the Information Use Framework Policy or contact the Information Governance Team.

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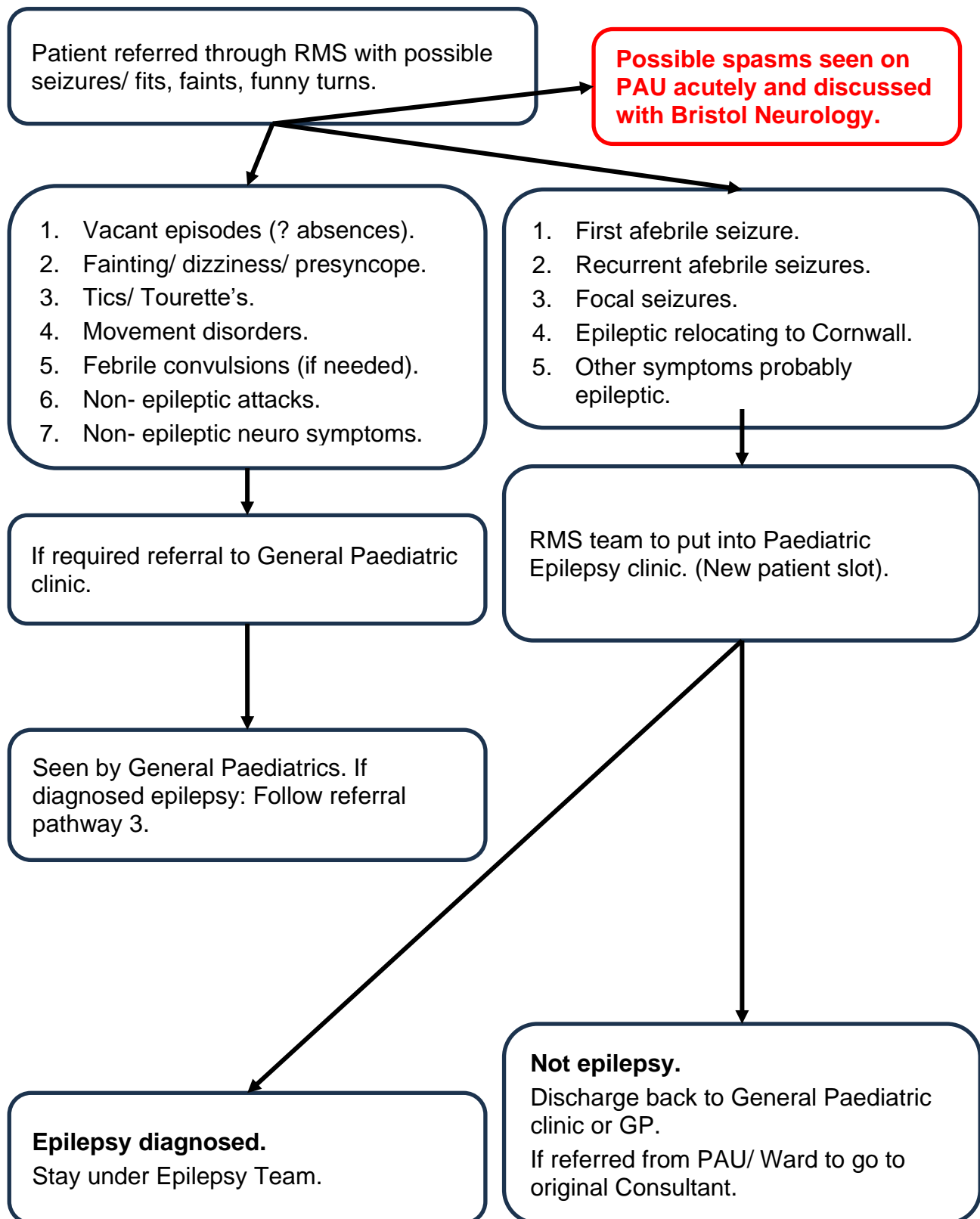
2. The Guidance

2.1. Pathway 1- Referral pathway for paediatric patients with suspected seizures in PAU/ Paediatric Wards/ Emergency Department.

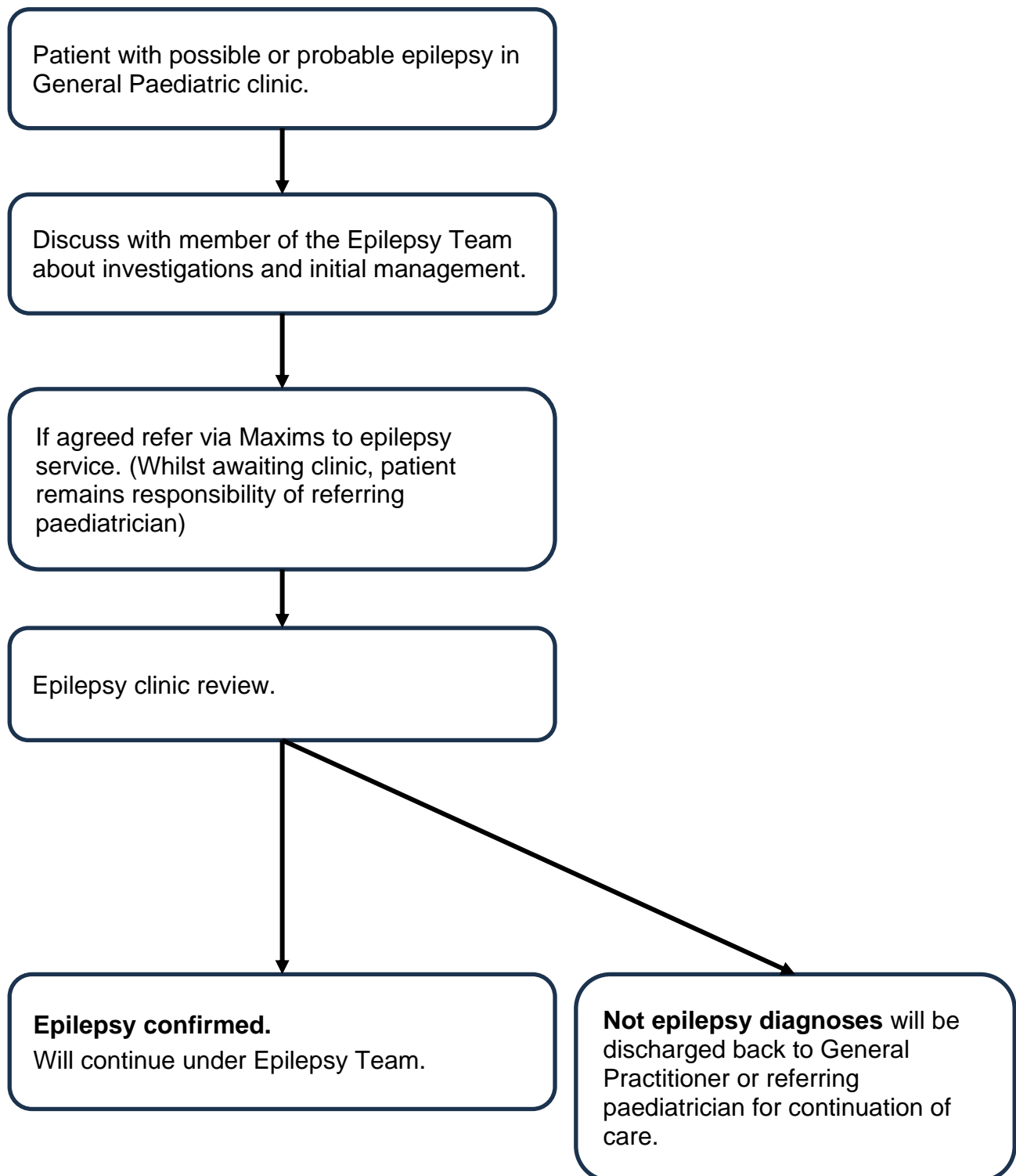


(Please note whilst patients are awaiting review in Epilepsy clinic patients care remains the responsibility of the referring consultant)

2.2. Pathway 2- Referral pathway for paediatric patients with suspected seizures via GP referral to RMS.



2.3. Pathway 3) Referral pathway for patients seen in General Paediatric clinics with probable Epilepsy in RCHT.



(Please note whilst patients are awaiting review in the Epilepsy clinic patients care remains the responsibility of the referring consultant)

3. Monitoring compliance and effectiveness

Information Category	Detail of process and methodology for monitoring compliance
Element to be monitored	Compliance with policy/ key changes to practice.
Lead	Paediatric guidelines and audit leads.
Tool	The Epilepsy consultants will monitor the referrals when patients are seen in clinic.
Frequency	No report required based on this guideline as continual monitoring of referrals as patients are seen in clinic will occur.
Reporting arrangements	Child Health Audit and Guidelines Group.
Acting on recommendations and Lead(s)	Ward managers/ Matron/ Consultants/ CD's.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned within 3 months, immediately if required. A lead member of the team will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant staff/ stakeholders.

4. Equality and Diversity

- 4.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [Equality Diversity And Inclusion Policy](#) or the [Equality and Diversity website](#).
- 4.2. Equality Impact Assessment

The Initial Equality Impact Assessment Screening Form is at Appendix 2.

Appendix 1. Governance Information

Information Category	Detailed Information
Document Title:	Paediatric Epilepsy Service Referral Pathways (For use by Emergency Department, Paediatric Wards, and RMS Vetting Team) V1.0.
This document replaces (exact title of previous version):	New Document.
Date Issued/Approved:	December 2023.
Date Valid From:	December 2023.
Date Valid To:	December 2026.
Directorate / Department responsible (author/owner):	Dr. Chris Butler; Paediatric Consultant (Epilepsy).
Contact details:	01872 252716.
Brief summary of contents:	Guidelines for referrals from various locations into the paediatric epilepsy service.
Suggested Keywords:	Paediatric epilepsy pathways.
Target Audience:	RCHT: Yes CFT: No CIOB ICB: No
Executive Director responsible for Policy:	Chief Medical Officer
Approval route for consultation and ratification:	Child Health Audit and Guidelines Meeting.
Manager confirming approval processes:	Caroline Chappell.
Name of Governance Lead confirming consultation and ratification:	Melanie Gilbert.
Links to key external standards:	NICE Epilepsies in Children, Young People and Adults (NGC 217).
Related Documents:	<ul style="list-style-type: none"> First Afebrile Seizures in Children Clinical Guideline.

Information Category	Detailed Information
	<ul style="list-style-type: none"> • Fits, Faints and Funny Turns in Children Clinical Guideline. • Febrile Convulsions Clinical Guideline.
Training Need Identified?	No
Publication Location (refer to Policy on Policies – Approvals and Ratification):	Internet and Intranet
Document Library Folder/Sub Folder:	Clinical/ Paediatric/ Neurological

Version Control Table

Date	Version Number	Summary of Changes	Changes Made by
December 2023	V1.0	Initial issue.	Dr Christopher Butler; Paediatric Consultant (Epilepsy Lead)

All or part of this document can be released under the Freedom of Information Act 2000.

All Policies, Strategies and Operating Procedures, including Business Plans, are to be kept for the lifetime of the organisation plus 6 years.

This document is only valid on the day of printing.

Controlled Document.

This document has been created following the Royal Cornwall Hospitals NHS Trust [The Policy on Policies \(Development and Management of Knowledge Procedural and Web Documents Policy\)](#). It should not be altered in any way without the express permission of the author or their Line Manager.

Appendix 2. Equality Impact Assessment

Section 1: Equality Impact Assessment (EIA) Form

The EIA process allows the Trust to identify where a policy or service may have a negative impact on an individual or particular group of people.

For guidance please refer to the Equality Impact Assessment Policy (available from the document library) or contact the Equality, Diversity, and Inclusion Team

richt.inclusion@nhs.net

Information Category	Detailed Information
Name of the strategy / policy / proposal / service function to be assessed:	Paediatric Epilepsy Service Referral Pathways (For use by Emergency Department, Paediatric Wards, and RMS Vetting Team) V1.0
Directorate and service area:	Child Health
Is this a new or existing Policy?	New
Name of individual completing EIA (Should be completed by an individual with a good understanding of the Service/Policy):	Child Health Audit and Guidelines Group
Contact details:	01872 252716

Information Category	Detailed Information
1. Policy Aim - Who is the Policy aimed at? (The Policy is the Strategy, Policy, Proposal or Service Change to be assessed)	Paediatric patients presenting with possible seizures to ED, paediatric wards, and paediatric clinics.
2. Policy Objectives	To guide clinicians on the correct referral pathways for children presenting with possible seizures and fits, faints and funny turns.
3. Policy Intended Outcomes	To improve the well-being of patients by offering the appropriate referral pathway into an epilepsy clinic.
4. How will you measure each outcome?	Audit/ incidents/ risk management.
5. Who is intended to benefit from the policy?	All clinicians who assess and manage paediatric patients

Information Category	Detailed Information
6a. Who did you consult with? (Please select Yes or No for each category)	<ul style="list-style-type: none"> Workforce: Yes Patients/ visitors: No Local groups/ system partners: No External organisations: No Other: No
6b. Please list the individuals/groups who have been consulted about this policy.	Please record specific names of individuals/ groups: Child Health Audit and Guidelines Meeting.
6c. What was the outcome of the consultation?	Approved- 16 November 2023
6d. Have you used any of the following to assist your assessment?	National or local statistics, audits, activity reports, process maps, complaints, staff, or patient surveys: No

7. The Impact

Following consultation with key groups, has a negative impact been identified for any protected characteristic? Please note that a rationale is required for each one.

Where a negative impact is identified without rationale, the key groups will need to be consulted again.

Protected Characteristic	(Yes or No)	Rationale
Age	No	
Sex (male or female)	No	
Gender reassignment (Transgender, non-binary, gender fluid etc.)	No	
Race	No	Any information provided should be in an accessible format for the parent/ carer/ patient's needs- i.e., available in different languages if required/access to an interpreter if required.

Protected Characteristic	(Yes or No)	Rationale
Disability (e.g. physical or cognitive impairment, mental health, long term conditions etc.)	No	Those parent/ carer/ patients with any identified additional needs will be referred for additional support as appropriate- i.e., to the Liaison team or for specialised equipment. Written information will be provided in a format to meet the family's needs e.g., easy read, audio etc.
Religion or belief	No	All staff should be aware of any beliefs that may impact on the decision to treat and should respond accordingly.
Marriage and civil partnership	No	All staff should be aware of any marital arrangements that may have an impact on care (for example: separated parents, domestic abuse).
Pregnancy and maternity	No	
Sexual orientation (e.g. gay, straight, bisexual, lesbian etc.)	No	

A robust rationale must be in place for all protected characteristics. If a negative impact has been identified, please complete section 2. If no negative impact has been identified and if this is not a major service change, you can end the assessment here.

I am confident that section 2 of this EIA does not need completing as there are no highlighted risks of negative impact occurring because of this policy.

Name of person confirming result of initial impact assessment: Child Health Audit and Guidelines Group

If a negative impact has been identified above OR this is a major service change, you will need to complete section 2 of the EIA form available here:
[Section 2. Full Equality Analysis](#)