



Department
of Health

From the Rt Hon Jeremy Hunt MP
Secretary of State for Health

Richmond House
79 Whitehall
London
SW1A 2NS

PO-1024186

020 7210 4850

The Rt Hon George Howarth MP
By email to: george.howarth.mp@parliament.uk

05 APR 2016

De George

Thank you for your email of 14 March on behalf of a number of your constituents about epilepsy.

We appreciate that epilepsy is a serious condition that can have major implications for a person's quality of life. Epilepsy affects around 400,000 people in England and we want our NHS to be among the best in Europe at supporting people with ongoing health problems, such as epilepsy, to live healthily and independently with much better control over the care they receive. In its guideline *Epilepsies: diagnosis and management*, published in 2012, the National Institute for Health and Care Excellence recommends that people having a first seizure should be seen as soon as possible by a specialist with training and expertise in epilepsy.

Once diagnosed and receiving the right anti-epileptic drugs, the majority of people with epilepsy can achieve good seizure control. For those whose epilepsy cannot be satisfactorily controlled, or whose condition cannot be appropriately diagnosed, NHS England commissions specialised neurological services nationally, where patients have access to a specialist multidisciplinary team and expert treatments. NHS England has issued guidance setting out what providers must have in place to offer specialised care for patients with neurological problems, including epilepsy.

NHS England has also created a new national children's epilepsy surgery service to treat around 350 children each year. Uncontrolled epilepsy can be damaging to a child's development and this important service, which became fully operational this year, now offers the chance of symptom improvement and even a cure for children whose epilepsy cannot be well managed by routine treatments and for whom surgery is appropriate.

With regard to your constituents' request for a clinical audit, the Healthcare Quality Improvement Partnership (HQIP) commissions, develops and manages the National Clinical Audit and Patient Outcomes Programme (NCAPOP), on behalf of NHS

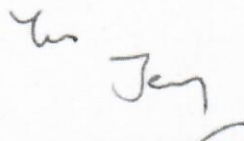
England. Whilst there is no specific morbidity audit planned that covers all cases of epilepsy, there are a number of NCAPOP audits and reviews that are of relevance.

The audit for paediatric epilepsy, which is being re-commissioned this year, looks at the quality of healthcare services for children and young people with epilepsy in the UK. The audit is managed by the Royal College of Paediatrics and Child Health. Its 2013 review report looked into cases of mortality and prolonged seizures in children and young people with epilepsies.

Your constituents may wish to know that the recently commissioned *National Mortality Case Record Review: Programme for England and Scotland* aims to improve understanding and learning about problems in care that may have contributed to a patient's death. In addition, the Maternal, New-born and Infant Clinical Outcome Review Programme will be undertaking a review of cases of mortality and morbidity for pregnant women with severe epilepsy that will report in December 2017. This review will be carried out by an HQIP-appointed collaborative, MBRRACE-UK (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK), led by the National Perinatal Epidemiology Unit at the University of Oxford.

Finally, the National Institute for Health Research (NIHR) invests over £1 billion a year in research, bringing benefits to patients with epilepsy and other conditions. The NIHR Clinical Research Network is currently recruiting patients to 27 epilepsy trials and studies.

I hope this reply is helpful.



JEREMY HUNT