

Appendix 1: Health Overview & Scrutiny Recommendation Response Pro Forma

Where a joint health overview and scrutiny committee makes a report or recommendation to a responsible person (a relevant NHS body or a relevant health service provider [this can include the County Council]), the Health and Social Care Act 2012 and the Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013 provide that the committee may require a response from the responsible person to whom it has made the report or recommendation and that person must respond in writing within 28 days of the request.

This template provides a structure which respondents are encouraged to use. However, respondents are welcome to depart from the suggested structure provided the same information is included in a response. The usual way to publish a response is to include it in the agenda of a meeting of the body to which the report or recommendations were addressed.

Issue: Epilepsy Services

Lead Cabinet Member(s) or Responsible Person:

- Sarah Fishburn- Senior Clinical Quality Improvement Manager, NHS England South East Region.
- Dan Leveson -BOB ICB Place Director for Oxfordshire.
- Professor Arjune Sen- Consultant Neurologist, OUH.
- Jackie Roberts- Lead Learning Disability Epilepsy Specialist Nurse, OUH.
- Rohini Rattihalli- Consultant Paediatric Medicine, OUH.
- Marcus Neale- Epilepsy Specialist Nurse, OUH.
- Rustam Rea- Deputy Chief Medical Officer, Director of Safety and Effectiveness, Consultant in Diabetes & Acute General Medicine, OUH.
- Jane Adcock- Consultant Neurologist, OUH.
- Janice Craig- Medicines Optimisation Lead Pharmacist, NICE Medicines and Prescribing Associate, BOB ICB.

It is requested that a response is provided by BOB ICB and OUH to recommendations 1 and 2, and that a response is provided by NHSE South East to recommendation 3 (all 3 recommendations are outlined below).

Deadline for response: Tuesday 3rd December 2024

Response to report:

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Response to recommendations:

Recommendation	Accepted, rejected or partially accepted	Proposed action (including if different to that recommended) and indicative timescale.
<p>1. BOB ICB & OUH- Give priority to patient safety for people with epilepsy and their families in Oxfordshire, and to the welfare of the Oxfordshire epilepsy team, and to set out how that priority will be addressed through their governance and management at a board level. The governance and management of these priorities should also be inclusive of people with lived experience and their charity representatives, as well as their concerns regarding tailored and balanced communications and the use of existing empowerment tools.</p>	<p>Accept</p>	<p>Oxford University Hospitals NHS Foundation Trust (OUH) welcomes the support of the HOSC in its attention to Oxfordshire residents who have epilepsy, their families and their care teams. OUH prioritises the safety of all patients, including those with epilepsy.</p> <p>The OUH People Plan guides the Trust in how best to support the welfare of all our staff including the epilepsy team. An update of the plan and work resulting from this was shared at HOSC April 2024 meeting.</p> <p>The challenges around capacity within OUH of the Epilepsy service has been escalated. They have also been shared with BOB ICB and NHS South East Region who work with NHS England. There are concerns regarding the challenge of the pre-existing workload, which have now significantly increased by Medicines Regulatory Authority mandated additional reviews.</p> <p>OUH has a robust governance process to raise and prioritise patient safety risks. These risks are reviewed regularly at Departmental, Divisional and Executive level and where appropriate at Board level through the Board Assurance Framework. Aspects of the service are</p>

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		<p>already on the Neurosciences Divisional Risk register and are reviewed regularly.</p> <p>OUH is committed to including people with lived experience and their charity representatives. People with epilepsy and their charities support OUH in understanding the specific needs of patients and families. The epilepsy team at OUH will work with them to co design services. The Epilepsy team always prioritises involvement of those with lived experience in their care, for example using the co designed SUDEP check list SUDEP and Seizure Safety Checklist - SUDEP Action with patients and families.</p>
<p>2. BOB ICB & OUH- To secure further funding and resource for epilepsy services.</p>	Accept	<p>BOB ICB, OUH, and NHS South East Region are working together to secure additional clinical staff including additional nursing capacity.</p> <p>At OUH, a business case has been submitted for an additional neurology consultant post, with administrative and pharmacy support. The OUH Epilepsy team is also working to secure clinical research funding to support an Epilepsy Clinical Research Fellow.</p>
<p>3. NHS England South East Region- Give support to the ICB and Oxford University Hospitals NHS Foundation Trust to help achieve the above prioritisations.</p>	Accept	<p>Regional support initiated to follow up Cumberlege 'First Do No Harm' and MBRRACE (Mothers and Babies: Reducing Risk through Audits and Confidential Enquiries across the UK) reports (both 2020) to improve patient safety and person-centred care. Support offered through:</p> <ul style="list-style-type: none"> • Regional webinar June 2023 to share national approaches and understand clinicians' concerns, including capacity issues and the need for a digital solution for annual reviews. • Development of a logic model with national support to assist ICBs and providers with developing a business case to support new approaches to prescribing review including a digital tool. This included two webinars supported by a national lead.

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		<p>Development of ICB business case template with support from BOB ICB.</p> <ul style="list-style-type: none">• Digital pilot project to include OUH, production of easy-read and translated patient information leaflets, and inclusion in regional approach to valproate prescribing.• Liaison with MHRA and Patient Safety Specialist & Clinical Improvement Lead, and colleagues to share concerns raised by clinicians and ICBs in the SE region.• Attendance at national Valproate Integrated Quality Improvement community of practice calls (VIQI). Opportunity to understand approaches nationally and share SE approach.• Attendance at launch of Patient Safety Commissioner's launch of Redress Report into valproate and mesh (February 2024).• Attendance at ICB valproate meetings in BOB and liaison with ICB patient safety lead.• Meeting with experts by experience from Oxfordshire and across the region. These included charity and care provider leads, parents of people with epilepsy, people with learning disability, and carers of people with learning disability.• Oversight of regional neurology and mental health appointment delays to understand regional variation and issues arising from additional workload potentially increased by MHRA requirements.• Governance of regional valproate programme continues through Regional Quality Group. Progress is also reported in the internal regional weekly status and monthly quality reports.• Updates are shared across the region in a regular valproate newsletter.
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