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EPILEPSY SERVICE INNOVATION—SWITCHING TO OPEN ACCESS

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Background The Epilepsy service (ABUHB) ran along a traditional booking model. The follow-up burden was not serviced by fixed capacity. Follow-up appointments over target time were measured at 1023 and typically routine follow-ups were 18 months overdue.

Innovation We implemented a switch to 'open access' service (OAS). Stable patients do not need to be automatically booked into a specialist service as they will receive an annual review in primary care (NICE 2012). In contrast, patients experiencing a sudden deterioration in seizure control need rapid intervention. This model requires ESNs provide advice/management changes and if necessary, book patients into rapid access clinics. Specialist epilepsy management is undertaken by the ESNs with appropriate consultant support.¹ This enables patients to access services as and when they need it, rather than at a pre-specified time in the future.

Outcomes At 6 months our current mean wait time for OAS is 13.4 days(d). Prior to OAS, patients deemed to need an expedited epilepsy appointment waited a mean of 52d. A consequence of having unfilled hot slots in our OAS clinic has been a reduction in our TLOC wait time from 66d to 28d.

Summary Individuals with clinical needs are now being seen in a timely manner.