

SHORT COMMUNICATION

A 2 year follow-up of NHS Executive Letter 95/120: where is the commitment to quality?

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INTRODUCTION

In January 1996, the National Health Service Executive for England and Wales (NHSE) issued an Executive Letter, EL(95)120¹, which asked both purchasers and providers to work towards best practice in commissioning, contracting and service delivery for epilepsy. This occurred against a backdrop of recognition that there was a significant shortfall in the quality of epilepsy services nationally. The British Epilepsy Association (BEA) is the largest consumer-led epilepsy organization in the world. In January 1997 the BEA conducted a nationwide survey of health authorities² to assess local purchasing and planning activity for epilepsy and to identify the current commitment to change, following the Executive Letter. This survey of health authorities was repeated in February 1998 to determine whether the proposed development and improvement of epilepsy services, generated by the Executive Letter, had taken place.

During 1997, as a response to the needs identified by the initial survey results, the BEA launched a series of regional workshops entitled *Putting Best Practice Into Practice*; with one subsequently targeted at each NHS Executive Region. Each meeting invited delegates from three or four health authorities, together with local secondary care specialists and general practitioners, with the objective of advising and supporting those present to review their current service provision and to plan for change or improvement, where necessary. By the time that the 1998 BEA survey was distributed, seven of these regional meetings had taken place. A further analysis of the survey results has been used to determine the effectiveness of the *Putting Best Practice Into Practice* meeting series in raising awareness of the need to improve services and to provide a foundation on which health authorities can plan such improve-

ments. Considerable involvement, input and support was given by the NHSE in developing these surveys and programmes.

MATERIALS AND METHOD

All health authorities in England and Wales and health boards in Scotland and Northern Ireland were sent a questionnaire in February 1998. The questionnaire asked respondents to provide a 'Yes' or 'No' response to six questions that matched those of the previous survey², together with six additional questions (based on some of the needs identified at the *Putting Best Practice Into Practice* meetings), all covering epilepsy service provision and planning.

RESULTS

Of the 124 questionnaires sent out, 102 completed responses were returned, including eight health authorities who returned two responses from different individuals. Only one response from each of these health authorities was included in the analysis. In cases where responses were different from the same health authority, the comments sections were reviewed to establish the representative response.

A total of 94 responses were included in the analysis giving an overall response rate for health authorities and health boards of 75.8%, matching the 75.8% response rate in 1997². Of the responders to the 1997 survey, 74.5% responded again in 1998. Of the 25 health authorities that attended the *Putting Best Practice Into Practice* meetings, 19 responded to the survey giving a response rate of 76%. The overall responses to each question are described in Table 1.

Table 1: Responses of health authorities to BEA questionnaire.

Question	Yes responses (%) — 1997	Yes responses (%) — 1998
Do you plan any reviews for epilepsy during 1997/98?	32 (34.0%)	19 (20.2%)
Has an epilepsy needs assessment been undertaken?	17 (18.0%)	13 (13.8%)
In your Health Authority is there a published strategy that is specific to epilepsy?	4 (4.2%)	3 (3.2%)
Has a service specification for epilepsy been developed?	7 (7.4%)	5 (5.3%)
In the 1997/98 purchasing round will this service specification be adopted?	8 (8.5%)	7 (7.4%)
Do you currently purchase epilepsy services under block contract? (e.g. general neurology or general medicine).	93 (98.9%)	88 (93.6%)

Table 2: Responses of health authorities to the six additional questions.

Question	Yes responses (%) — 1998
Do you currently have an 'Epilepsy Specialist Nurse' (ESN)?	30 (31.9%)
If no, do you have access to the services of an 'Epilepsy Specialist Nurse'?	11 (11.7%)
Alternatively, are you planning to appoint one in 1998/99?	5 (5.3%)
Do you have a co-ordinated/planned approach for 'fast referral' (patients suspected of having a first seizure)?	20 (21.3%)
Are separate channels of care available for paediatric and adult patients with epilepsy?	78 (82.9%)
Has an audit been carried out locally by M.A.A.G.?	20 (21.3%)

Table 3: BEA Survey 1998 — comparison of health authorities that have attended the *Putting Best Practice Into Practice* (PBPIP) meeting series against those that have not.

Question	% of yes responses	
	PBPIP	Others
Do you plan any reviews for epilepsy during 1997/98?	42%	14.7%
Has an epilepsy needs assessment been undertaken?	21.1%	12%
In your Health Authority is there a published strategy that is specific to epilepsy?	5.3%	2.7%
Has a service specification for epilepsy been developed?	0%	6.6%
In the 1997/98 purchasing round will this service specification be adopted?	0%	9.3%
Do you currently purchase epilepsy services under block contract? (e.g. general neurology or general medicine).	100%	92%

The 1998 survey, when compared to the results of the 1997 survey, suggests that the activities of the health authorities and health boards that support epilepsy service provision are in decline. This can be seen in Fig. 1.

The responses to the additional six questions asked in the 1998 BEA survey are described in Table 2.

The comparison of the responses of the health authorities that have attended a *Putting Best Practice Into Practice* meeting with those that have not is provided in Table 3 and illustrated in Fig. 2.

These results show that the health authorities that have attended *Putting Best Practice Into Practice* meetings are significantly more advanced in reviews, needs assessment and strategy development than the broad base of health authorities. Those health authorities known to have service specifications were generally not included in the meetings programme as they had already completed the first parts of the planning and development process.

DISCUSSION

At the time of the development of the Executive Letter, EL(95)120¹, epilepsy service delivery was fragmented,

and a co-ordinated approach between purchasers and providers of care was lacking in many parts of the country. The decline in the number of health authorities addressing all issues of service delivery for epilepsy, seen within the 1998 survey in comparison to 1997, provides great cause for concern. The decline may be accounted for by the 25 months that has passed since Executive Letter, EL(95)120¹ was issued, or by the many changing priorities faced by health authorities. Whatever the reason, the results demonstrate that there is now a greater need to improve services. Every key parameter is in decline, even more so if the positive results of the *Putting Best Practice Into Practice* meetings are excluded.

The BEA led initiative, *Putting Best Practice Into Practice*, has demonstrated what can be achieved to progress the key parameters of an epilepsy service. At each of the meetings, purchasers, providers, primary care representatives and service users are facilitated to develop local action plans through locality-based task groups. This meeting series has identified interest and commitment from the health authorities involved to improve service provision for patients with epilepsy. The survey responses for the health authorities that have attended a *Putting Best Practice Into Practice* meeting,

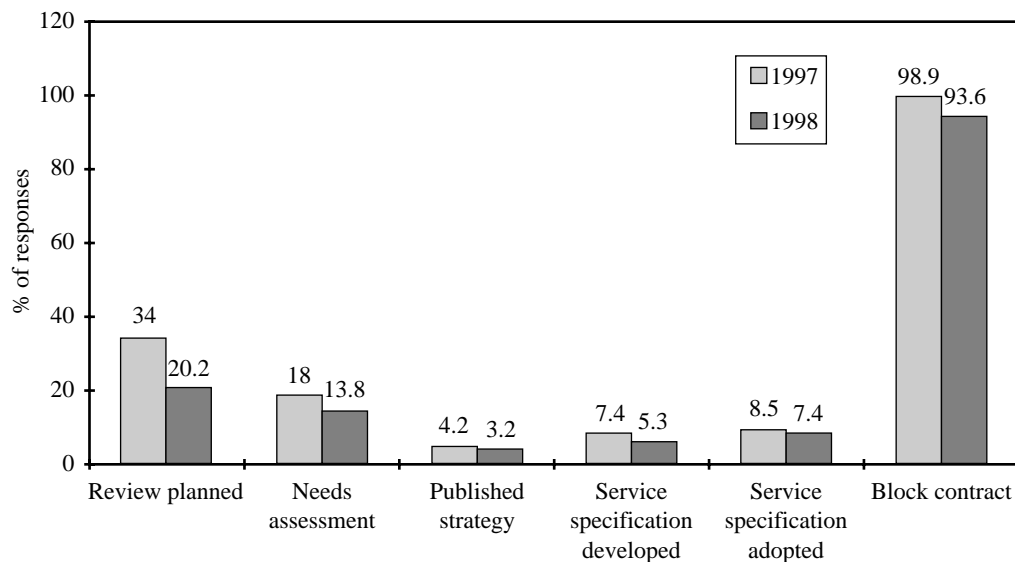


Fig. 1: BEA survey — comparison of results 1997/98.

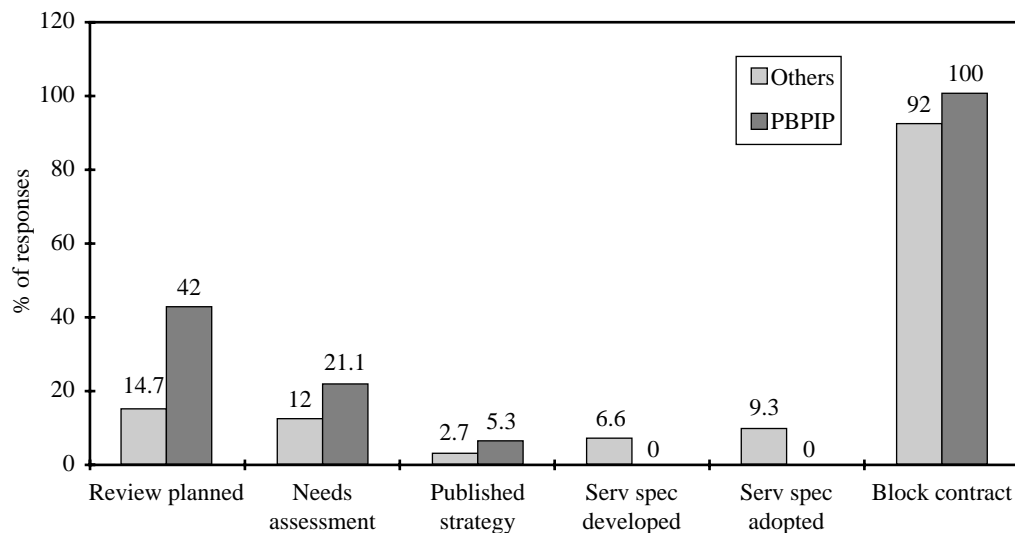


Fig. 2: BEA survey 1998 — comparison of PBPIP health authorities against others.

when compared to those that have not, show that these meetings provide support and encouragement in the improvement of service provision with a greater percentage of attending health authorities undertaking needs assessments, developing local strategies and planning service reviews. With many of the health authorities learning of the need for improved services at the meeting, they have put in place the first steps towards the necessary improvements. It would be expected that the development of service specifications and their adoption will follow. While block contracts for neurological services still dominate, the development of service specifications should facilitate a move to the provision of specific epilepsy contracts.

The 1998 survey also identified some positive outcomes through the additional questions. The provision of a specialist nurse service has been seen as fundamental to improving services, both from the perception of the patients, and in terms of providing dedicated, cost effective, liaison. It is therefore encouraging to see that 32% of those responding have appointed an 'Epilepsy Specialist Nurse' (ESN), with nearly 18% able to access the services of an ESN and 5% of health authorities planning to appoint one. While the provision of a specific 'fast referral' service is low at 21%, 83% of health authorities have separate provision for adults and children. With the auditing of current services being so important in the development of improved services, it

is again encouraging to see that 21% of health authorities have had their services audited by the Medical Audit Advisory Group (M.A.A.G.), or the equivalent body. The results to these questions illustrate the current situation but cannot be compared against 1997 as there was no base data generated within the first survey.

CONCLUSION

The NHS Executive Letter EL(95)120¹ created some momentum in the process of improving health services for people with epilepsy in the UK. However, the subsequent decline in commitment to change at the health commissioning level, which we have demonstrated in this survey, gives great cause for concern. The key activities needed to improve services have been supported by the *Putting Best Practice Into Practice* meeting series. It is encouraging that health authorities whose representatives have attended these meetings show evidence of a commitment to develop and improve local services. This second survey indicates, however, that further additional support and direction is essential to help develop epilepsy services to a minimum acceptable level. Perhaps this should take the form of a new

initiative. Further input from the NHSE, in the form of a Health Service Circular (a 'follow-up' Executive Letter), may regain the momentum of positive change and facilitate improvement in services. Until this happens the National Health Service will continue to fail to meet the reasonable aspirations of many of the 350 000 people in the UK with epilepsy.

ACKNOWLEDGEMENTS

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