Background The UK has higher rates of epilepsy deaths among children and young people than comparable countries, and poor care quality is a contributing factor a significant proportion of epilepsy-related deaths. Admission rates are widely used as a proxy measure of care quality in other paediatric conditions. For epilepsy, admission rates vary 4–5 fold between areas in England and the national clinical audit of paediatric epilepsy care (Epilepsy 12) shows wide variation in measures of care quality. It is not known whether better audit performance is associated with lower admission rates.

Objective To investigate the degree to which better performance in the national clinical audit is associated with lower admission rates for children and young people (0–19 years) with epilepsy.

Methods *Independent variables:* 12 unit-level quality indicators including access to paediatric, specialist nurse and paediatric neurologist expertise. (Round 1=2009–12; Round 2=2014) n=144 units.

Dependent variable: unit-level epilepsy admission rate (admissions calculated from Hospital Episode Statistics (HES 2011/12–2013/14); estimated unit catchment populations derived from age-specific, all-cause admissions and population data).

Analyses

- Cross-sectional, multi-level regression models of Round 2 audit data and contemporaneous admission rates.
- Difference-in-difference analyses comparing time trends in performance measures and admission rates between 2011/12 and 2013/14.

All analyses excluded tertiary centres.

Results In 2013/14, matched data were available on 8685 epilepsy-related admissions across 144 units.

In the longitudinal model, increased involvement of paediatric neurologists was associated with a small relative increase in admission rates over time ($\beta=0.13$ (95% CI: 0.03 to 0.22), $p=0.007$). There was no significant relationship between paediatric neurologist involvement and admission rates in the cross-sectional model ($\beta=-0.04$ (–0.14–0.05)). No other performance indicator from the Epilepsy12 audit was associated with adjusted, unit-level admission rates on either cross-sectional or longitudinal models.

Conclusions Neither cross-sectional nor longitudinal models showed any consistent relationship between performance on the national clinical audit and unit-level admission rates for epilepsy among children and young people. This may reflect inconsistency in how the performance indicators are interpreted and measured, as well as the limitations of admission rates as a proxy for good seizure and quality of life among children and young people with epilepsy.

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TRANSITIONAL CARE FROM PAEDIATRIC TO ADULT FOR ADOLESCENT WITH EPILEPSY: LOCAL SURVEY

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10.1136/archdischild-2018-rcpch.298

Background Transition is a ‘planned, purposeful movement of the young person from a child centred to an adult orientated healthcare system’.¹ The transitional period from paediatric to adult care can be challenging for adolescence with epilepsy. Children with chronic illnesses often struggle more than their peers during adolescence, when healthcare providers change

from the nurturing, family-centred style of paediatrics to the individualistic, ‘autonomous’ approach of adult healthcare.² Poorly managed transitional period can therefore cause poor treatment compliance, and may have long term implications on the epileptic control and well-being of the adolescence.³ According to the National Institute for Health and Clinical Excellence (NICE), adolescence with epilepsy should have an agreed transition care period with joint adult and paediatric services.⁴ Hence, this qualitative survey aims to understand the patients’ perspective of the joint transitional clinic.

Methods A 7 questions, qualitative questionnaire is used to survey the transitional of care for adolescence with epilepsy in joint adult and paediatric service in our trust. The clinic is held 4 times a year, and attended to 35–40 patients with the presence of paediatrician and adult neurologist. The questionnaire was distributed to the adolescent/parents during the transitional clinic.

Results The survey showed that 90% of patients are satisfied with the care, with 60% of respondents suggested that more information on the cause of epilepsy and possible side effects of medication should be provided. The survey also highlighted the issues of lengthy clinic waiting times and the need for several clinic visits before transfer. Additionally, parental/patients’ concerns around driving, career options, contraception, and epilepsy inheritance were also raised.

Conclusion There are no data available to which model would best fit the transitional epilepsy clinic. However, the survey found that patients/parents are generally satisfied with the transitional care of joint paediatric and adult services. The transition process is complex. Therefore, the utilisation of best available resources such as, epilepsy nurses, family support groups, specific interest groups, and primary care services should be planned early. Lastly, future survey should address the concerns on education about driving, career options, epilepsy inheritance and contraception in adolescence with epilepsy.

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NATIONAL TRAINEES SERVICE EVALUATION OF THE MANAGEMENT OF IDIOPATHIC INTRACRANIAL HYPERTENSION (IIH) – PSEUDOTUMOR CEREBRI IN CHILDREN

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10.1136/archdischild-2018-rcpch.299

Introduction IIH is characterised by raised intracranial pressure mostly affecting young females. It can lead to severe and irreversible visual loss. There is little consensus or evidence based