

## **12 Working towards co-led improvements in care for patients with learning disability and epilepsy**

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**Aims and hypothesis:** We present a co-led and co-designed quality improvement project and audit of epilepsy management and SUDEP risk assessment in adults with learning disability with Haringey community LD psychiatry service. Our aims were to; 1) create an integrated care pathway within a community LD service to standardise care for patients with ID and epilepsy, 2) design this pathway with the support from professionals and carers, 3) Re-audit to assess if the new pathway improves the understanding of epilepsy and SUDEP in families and carers and outcomes to people with ID and epilepsy. **Background:** Epilepsy has a high prevalence within the LD population, of around 20-25%. LD patients are less able to advocate for themselves regarding their epilepsy care, requiring support of a care framework. SUDEP risk factors are particularly prevalent within LD populations. Previous audit in 2019 showed that carers and families lacked knowledge about SUDEP. There were modifiable risk factors that were not looked in to. Most patients did not have epilepsy care plans. **Methods:** We worked within a multi-disciplinary team, together with carers, to design a pathway for patients with ID and epilepsy in Haringey. This included developing a new pathway and creating an integrated resource pack consisting of epilepsy resources designed to inform both LD patients and their carers. This aimed to provide information and care plans for all patients at first diagnosis or when they become known to our service with emphasis on SUDEP risk factors that are modifiable. We worked to ensure all patients had a specifically adapted personal epilepsy care plans developed by with the support from carers. We used promotional materials to educate primary and secondary care staff to refer to our support pathway. **Results:** We were able to create a streamlined referral pathway and integrated resource pack to improve the care for patients with LD and epilepsy and education of their families and carers in supporting them in managing their condition. **Conclusions.** Patients with LD and epilepsy are less able to advocate for themselves in the complex needs for their care. Their carers can need support in understanding and managing their epilepsy. Community LD staff do excellent work supporting this, however this can be improved by implementing a standardised care pathway and integrated care resource supplied to all patients.