Dr Frank Atherton
Prif Swyddog Meddygol/Cyfarwyddwr Meddygol GIG Cymru
Chief Medical Officer/Medical Director NHS Wales

Llywodraeth Cymru
Welsh Government

At: Gyfarwyddwyr Meddygol, pob bwrdd iechyd lleol a PGIAC

Chwefror 2020

Annwyl Gyd-weithiwr

Ym mis Tachwedd cyhoeddodd y Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal (NICE) ganllawiau am ddefnyddio *Cannabis-based medicinal products* (NG144) ar gyfer rhagnodi cynhyrchion meddyginiaethol sy'n seiliedig ar ganabis i bobl â chyfogi a'r pwys anhydrin, poen gronig, sbastigedd ac epilepsi llym sy'n gwrthsefyll triniaeth. Wedyn ym mis Rhagfyr, argymhellodd NICE ddefnyddio cannabidiol â clobazam i drin trawiadau epileptig sy'n gysylltiedig â syndrom Dravet (TA614) ac â syndrom Lennox–Gastaut (TA615).

Er mwyn cefnogi niwrolegwyr pediatrig sy'n ystyried rhagnodi cynhyrchion meddyginiaethol sy'n seiliedig ar ganabis i gleifion pediatrig ag epilepsi llym sy'n gwrthsefyll triniaeth, mae Ysbyty Great Ormond Street (GOSH) ynn cynnal gwasanaeth clinigol newydd i'r DU gyfan. Mae'r Gwasanaeth Cynghori Clinigol Arbenigol i Epilepsi Anhydrin (RESCAS) yn darparu fforwm i drafod achosion epilepsi anodd sy wedi cyflwyno anawsterau diagnostig neu reoli ac sy'n anhydrin i driniaeth. Atodaf fanylion pellach a ffurflen atgyfeirio ar gyfer cysylltu â'r gwasanaeth cynghori (Saesneg yn unig).

Byddwn yn ddiolchgar pe baech yn dosbarthu'r wybodaeth hon i'ch adran niwroleg a chyd-weithwyr eraill â diddordeb.

Yn gywir

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Amg.

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Refractory Epilepsy Specialist Clinical Advisory Service (RESCAS)

The new national Refractory Epilepsy Specialist Clinical Advisory Service (RESCAS) is made up of a network of UK paediatric neurology specialists. The service provides a forum for the discussion of difficult epilepsy cases that have presented diagnostic and/or management difficulties and have proven refractory to treatment.

RESCAS is hosted at Great Ormond Street Hospital NHS Foundation Trust (GOSH) but is jointly run with paediatric neurologists from throughout the UK. The service has been commissioned by NHS England and is supported by NHS Scotland, NHS Wales, and Health and Social Care Northern Ireland.

Any regional paediatric neurology centre can refer a case to RESCAS for discussion at a fortnightly virtual multidisciplinary team meeting (MDT). The meeting will have input from Paediatric Neurologists from centres around the UK, including GOSH, with additional input from neurophysiologists, geneticists, radiologists, pharmacy and clinical nurse specialists where appropriate. Written advice will be provided to the referring clinician within five working days of the meeting. In exceptional cases (for example when it would be inappropriate to wait for the fortnightly MDT) interim advice will be provided through an internal MDT including the epilepsy team at GOSH and the referring consultant paediatric neurologist, who will participate through a web link or telephone conference.

RESCAS is an advisory service and complements regional clinical services. The clinical responsibility for the care of patients discussed at RESCAS will remain with the referring paediatric neurology team.

Those wishing to refer must complete the RESCAS referral form and email to

gos-tr.advisorynetwork.referrals@nhs.net.

Please note the RESCAS service does not provide out of hours or weekend advice, and will only accept and process referrals from Monday to Friday, 9am – 5pm.

Great Ormond Street Hospital for Children NHS Foundation Trust

Refractory Epilepsy Speciality Clinical Advisory Service Referral Template

Name	
Date of birth	
NHS number	
Address	
GP	
Referring Consultant Paediatric Neurologist (Name + Institution)	
Local Paediatrician (Name + Institution)	
Referral Question(s)	
Previous MDT discussions (indicate as appropriate)	☐ Internal MDT (referring paediatric neurology centre) ☐ Regional Epilepsy network detail: ……. ☐ Regional CESS MDT detail: ……. ☐ National virtual CESS detail: ……..
Background information	
Epilepsy syndrome diagnosis (if known)	

Aetiology of epilepsy (if known)	
Summary of course of epilepsy • **age of onset** • **seizure types, evolution**	
Birth history - complication	**Yes/No** if yes -details
History of status epilepticus	**Yes/No** If yes details:
Relevant Family history	
Current situation: • **Inpatient or at home** • **Seizure types** • **Seizure frequency** • **Impact of epilepsy (use of emergency seizure medication, hospital admissions/attendances/ education)**	
History of status epilepticus	**Yes/No** If yes details:

Clinical examination: Sensory or motor deficits	
Current medication and doses	
Previous medications	
Neurodevelopment	
Developmental milestones:	□ Normal □ Delay / plateaued □ Regression (age onset loss of skills
If Yes, please specify details	Cognitive impairment: □ Yes □ No Language impairment: □ Yes □ No
Has the child previously had a formal neuropsychology or developmental assessment?	**Yes/No** Summary:
Psycho social and education	
Safeguarding concerns:	**Yes/No** If Yes, details:
Investigations	
EEG	Please confirm □ All relevant EEG reports enclosed (mandatory information - we cannot process referral without this) □ EEG data will be presented by referring paediatric neurology team at virtual MDT

MRI Images (other neuroimaging)	Please confirm ☐ Reports attached ☐ Images have been send by IEP (mandatory-we cannot process referral without neuroimages)
Genetic investigation performed	☐ No ☐ Yes: all reports attached which tests: ☐ Results pending: which tests:
Other investigations: Please tick as appropriate ☐ **Metabolic** ☐ **Infection** ☐ **Autoimmune**	Please summarise relevant results:

Completed referral forms should be emailed to:

gos-tr.advisorynetwork.referrals@nhs.net