

Improving the Effectiveness of Epilepsy
Services in Primary Care



Epilepsy – How change can be brought about in Primary Care?



Dr. Greg Rogers

My Background;

From East Kent



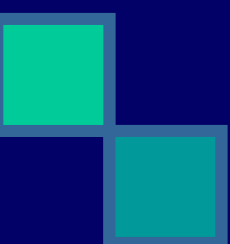

Margate Sea Front



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Services in Primary Care

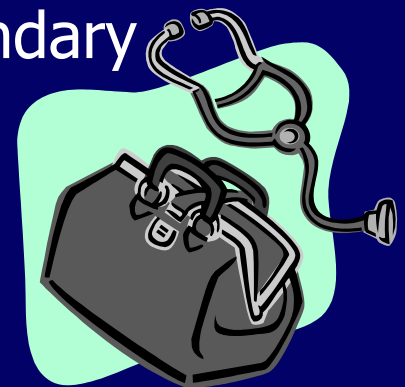


My Background;

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- Undergraduate Experience
 - Firm belief in Family Medicine
 - MSc. in Epilepsy
 - GP with a Special interest in Epilepsy
[GPwSI]
- 


General Practitioners in the UK [GP's]

- GP's practice family medicine in the community
- Everybody is allocated a GP, who holds their medical records [computerised]
- GP's see patients over a professional lifetime
- People are seen both in good health and when they are ill
- They are the main 'Gate-keepers' to secondary care






Epilepsy- It's current place in General Practice

- The track record for UK GP's in treating epilepsy has not always been good
 - The Evidence – CSAG Survey
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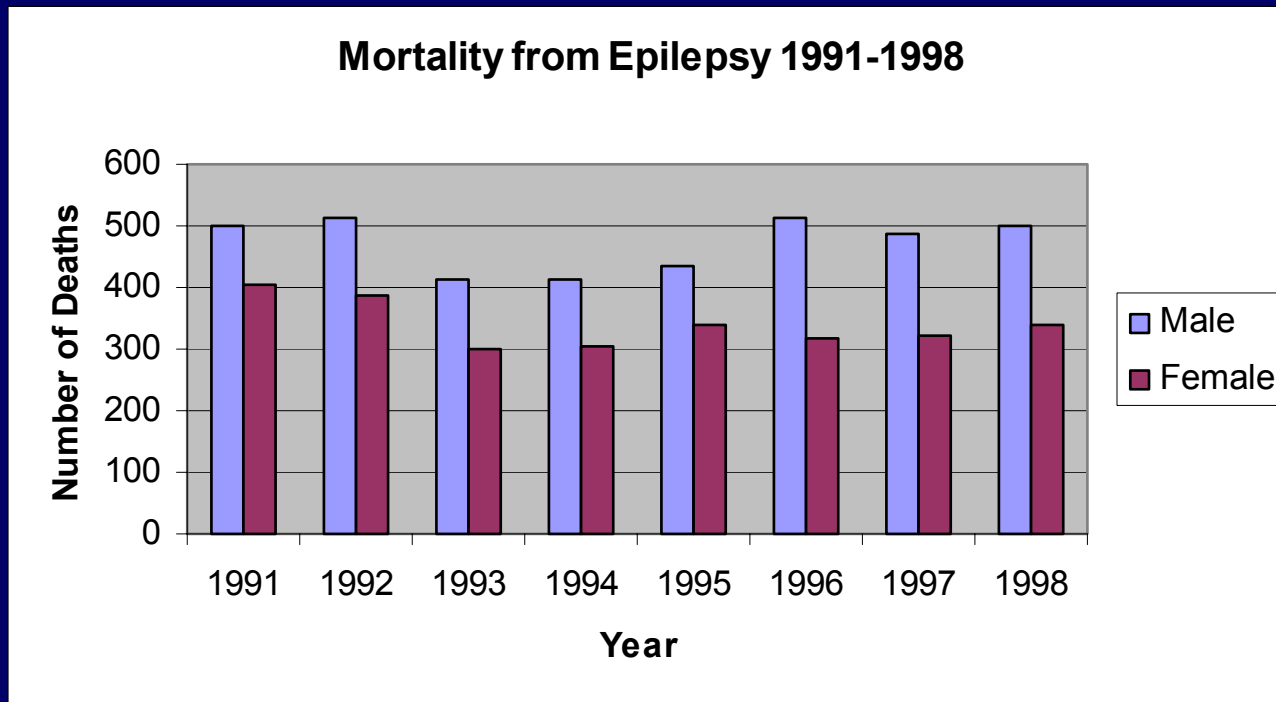
GP's – Do we have a role in treating epilepsy?



Do we really need to alter the current situation?


- Improved Understanding of the Processes Involved
 - Better Diagnostics
 - Wider Choice of Medication- more acceptable new medication
 - Specialists in Epilepsy at many levels
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The Past Decade;





Mortality and Morbidity in Epilepsy

- Is directly related to Seizure Frequency¹
 - Everybody with Epilepsy Needs to be Reviewed [including men]- Cohort effect
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- ¹Tomson T. Mortality in Epilepsy *J. Neurol* 2000 ; **247**:15-21


Reducing the Effects of Epilepsy

- Pro-Active rather than Re-Active ...
....[optimising treatment rather than
'fire fighting']





Possible Reasons for the Current Situation

- Epilepsy care was taken out of General Practice ¹
 - Secondary / Tertiary Care Consultants specialised
 - Low number of Neurologists in the UK
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Result ;

- Excellent Care for a relative few, which tends to be Reactive

¹1987 Oxley J. et al.


Annual Review of Everybody with EpilepsyAchieving the Impossible?

- Harness all the help we can – 40,000 GP's in the UK!
- Know our strengths and weaknesses
- Work as a team
- Harness the power of computerised audit
- Partnership with the Medical Management





Pro-active ManagementIs it possible ?

- History of East Kent pilot - PRICCE Computerised Audit and treatment
 - Financed scheme
 - Uptake by 85% of Practices in East Kent
 - Highlighted the need to improve epilepsy care
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The New GP Contract

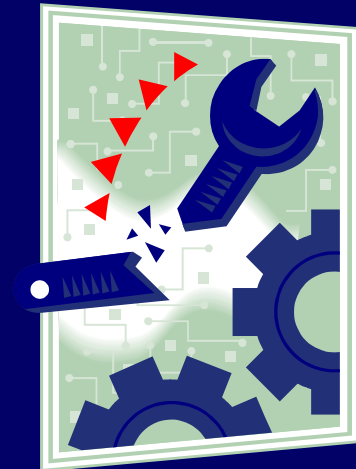


■ GMS 2- April 2004

1. Epilepsy register [100%]
2. Seizure frequency [90%]
3. Medication review [90%]
4. Seizure freedom in the previous 12 months [70%]

Potential Problems in the Pro-Active management of Epilepsy

- Insufficient skills
- Hospital Overload
- Territorialism vs. Patient centred treatment





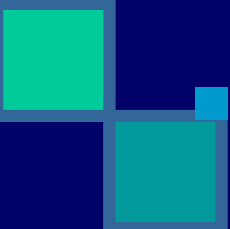

Potential Problems in the Pro-Active management of Epilepsy

Solutions

- Educational needs must be met
- Effective Teamwork
- If possible more Neurologists and Epilepsy Specialist Nurses
- GPwSI's in Epilepsy [CSAG] → Primary Care Epilepsy Service




Primary Care Epilepsy Service ...How it will work

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- Audit identifies people who need optimisation of treatment,
 - A network of specially trained GP's → GPwSI's with Epilepsy Diploma
 - After assessment a treatment plan is agreed
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Primary Care Epilepsy Service

...continued

- With time there will be a re-education of GP's in epilepsy, bringing routine care back to GP's
 - Effective teamwork ensures people with epilepsy see the appropriate member of the team.
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Acceptability and benefits of a Primary Care Epilepsy Service

- Results of East Kent 'Road Shows' with users of the service
 - Relieve Pressure on Consultants and Nurses
 - Low Estate costs
 - Utilises the investment and power of computer directed audit
 - Offers a career development for GP's
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For the Future....

- Epilepsy Organisations having a regular presence in GP's surgeries
- Prospective study of incidence and prevalence will help to match resource with need.
- Reduction in mortality and morbidity for Epilepsy
- Reduction in Hospital Admission rates

N.B. Please continue lobbying to keep epilepsy in the new GP contract



