

# Epilepsy: a Multidisciplinary Approach

## Primary Care - A Sleeping Partner or an Active Member in Epilepsy ?



**East Kent**

9th February 2008

Dr Greg Rogers

# Epilepsy Knowledge Gap ?

## All Levels?

- General Public
- Community Care Team
- Secondary Care
- Tertiary Care?

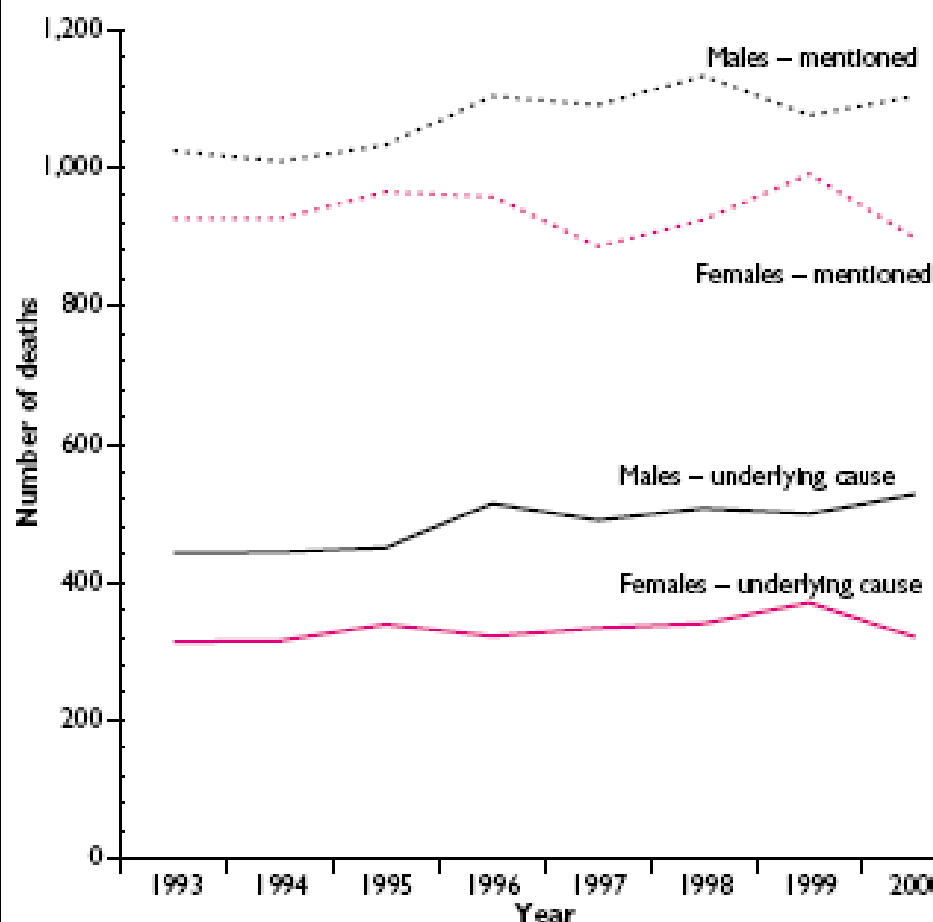
Is there any need  
for change?

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**Figure 1**

**Numbers of deaths from epilepsy,  
1993–2000**

England and Wales

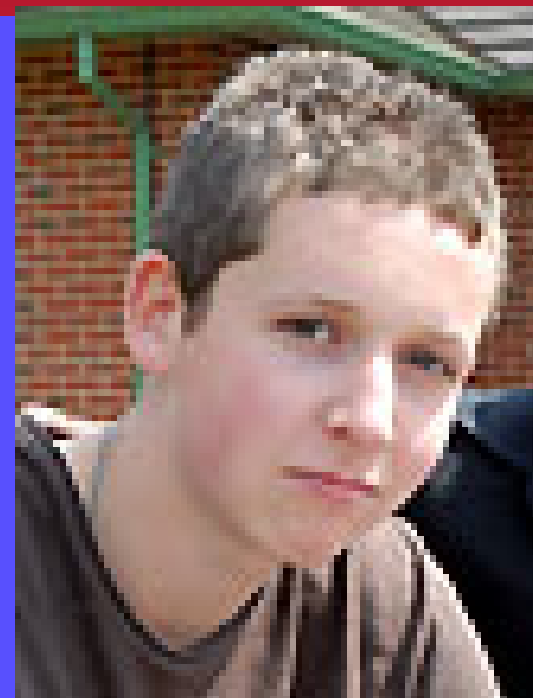


## Harry's story

My name is Harry Gillespie. I am 21 years old and I have epilepsy. But of course , like the other 456,000 people in the UK with epilepsy, there is much more to me than this.

Like all of them, I look forward to the day when I don 't need to explain to people what epilepsy is – the day when there is a much wider understanding of the condition, a greater awareness of what to do if someone has a seizure, and a more positive attitude from organizations about employing people with epilepsy.

<http://www.epilepsynse.org.uk/pages/involved/donation/appeal.cfm>



## Primary care –

**Variable track record in treating epilepsy but focusing at the lowest common denominator could loose a useful partner.**

- Capacity
- Access to everyone with epilepsy
- Disease registers enable pro-active care.

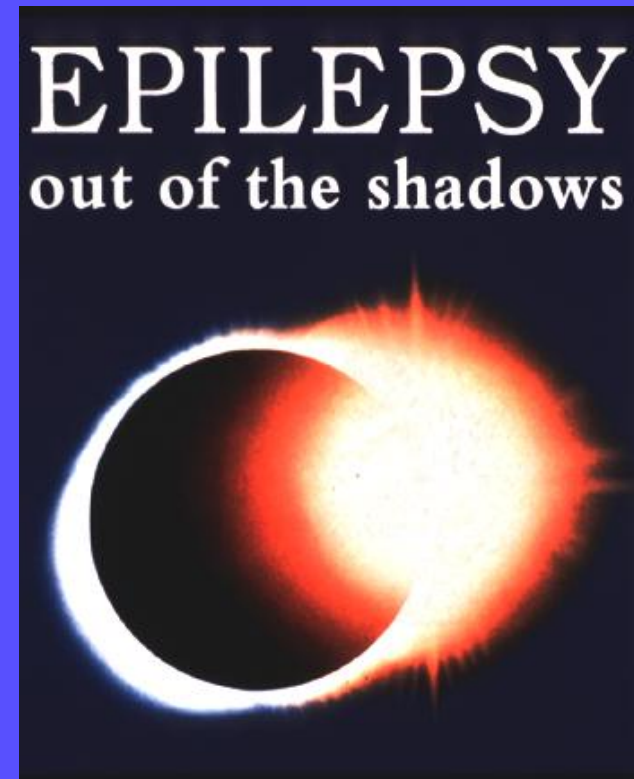
## A Reminder of the high risk groups who are liable to not access epilepsy services;

- The Elderly
- People with learning disability
- People with Psychiatric illness
- Chaotic group with Drug or Alcohol addiction



## Associated Social needs which are easily overlooked in a busy neurology clinic

- relationship breakdown,
- unemployment,
- stigma,
- isolation,
- poor self esteem .

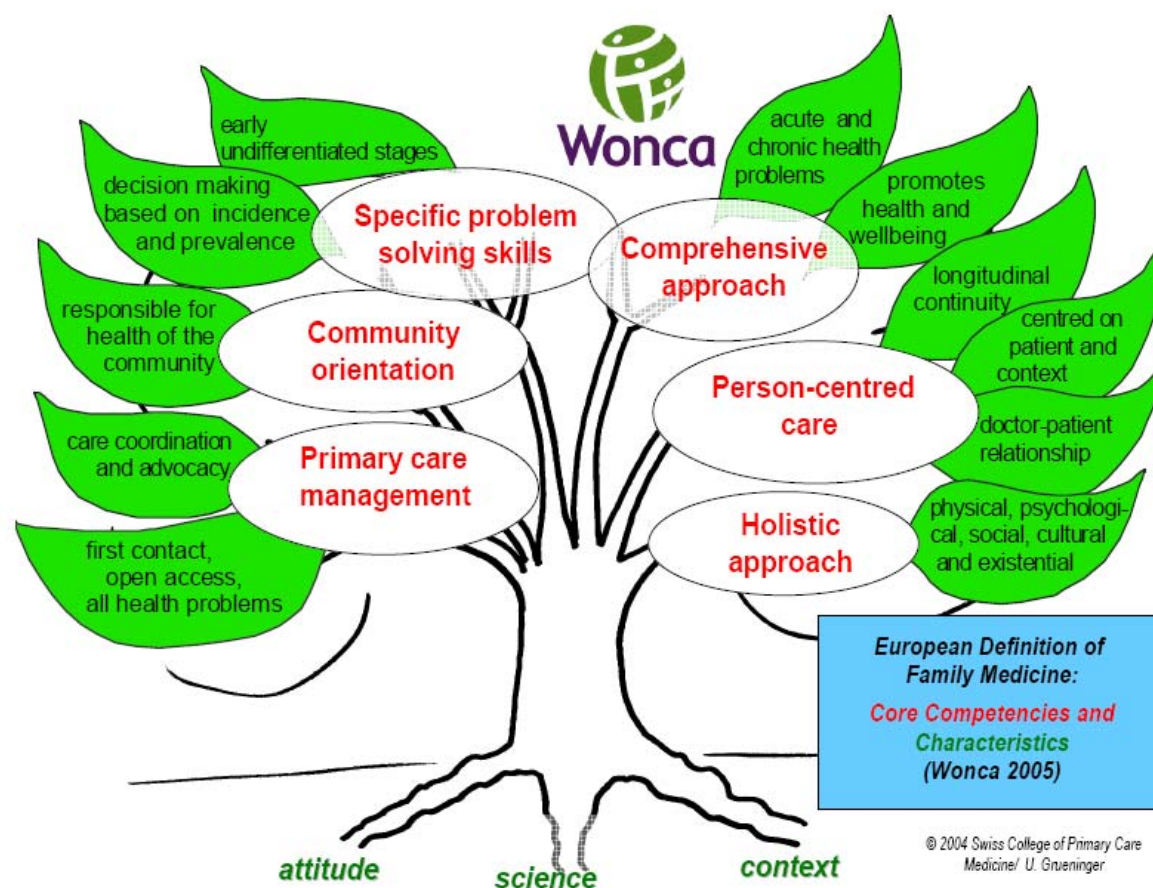


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# The Remit of General Practice



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## The challenge

- Develop a Primary Care service for epilepsy
- Maintain care close to home of the patient
- Ensure that Primary Care is competent to manage epilepsy – identify roles.
- Foster seamless care with hospital specialists

## Competency

- Standardisation of expertise,
- Criteria are needed to commission this new level of care
- Approved training and appropriate experience;
- Ring fenced time – not simply 'added on' to full time commitments;



We are all learning.

A balance between  
encouragement to  
try to develop skills  
to help people with  
epilepsy and  
patients safety

"On the side of the people in need"  
"Mal-Bniedem f'diffikultà"

## Intermediate care - Teacher and their apprentice

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## Seamless Care- Allows the “Right person, The Right place at the Right time.”

- Effective communication with the specialist hospital clinics
- Close Liaison with Epilepsy specialist nurses - who have permanent salaried posts and remain above the specialist family doctors in the medical hierarchy
- Good referral pathways

## Team Roles

### 1) Neurologists;

- Service Lead
- The role of diagnosing epilepsy left in the hands of neurologists,
- Complex and refractory disease
- Assessment of patients for telemetry and surgery

## Team Roles

### 2) Nurse specialists

- Bridge between hospital and community care,
- Patient advocates
- Practical support.
- Prescribing - wide range of competencies from Specialist nurse to Nurse Practitioner and Nurse Consultant .

Local interpretation of professional roles



## Team Roles

### 3) GP with a Special Interest in epilepsy [GPwSI]

- On-going problems related to established epilepsy e.g. side effects, female problems on-going seizures, recent increase in seizures etc.
- Newly diagnosed epilepsy which is not yet stabilised,
- Vulnerable groups

# Skills matter rather than position ?



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## **An example of a current solution;**

- A network of specialist family doctors, 8 in a population of 500
- Large and Flexible Capacity,
- Peripatetic
- Competencies and specialist training in place
- Close collaboration with Specialists
- Approximately 80% of referrals come from Secondary Care

## Identified by the UK Government

- *"For one example of good practice, I would like to mention King's College hospital, which is providing a comprehensive service from diagnosis to treatment. High quality care is being provided also through the community-based service in east Kent. That is an example of the direction of travel in which we want to see services going, which would embrace networks of general practitioners, with a special interest, and epilepsy nurses working in collaboration with the local neurology service." 17 July 2007 : Column 42WH*

# Any Questions?



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