

Epilepsy: A Multidisciplinary Approach

Workshop B Towards Continuity of Care

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Issues that hinder continuity of care in Malta

- **No continuity of care:**
A proportion of patients with epilepsy do not have a specific general practitioner (GP) to whom they relate to with their health problems. These patients tend to refer themselves to the Emergency Room from where they are often directly referred to consultant neurologists. Thus they cannot be followed up in primary care by the same doctor.
- **Lack of communication between consultants and GP's:**
 - When discharged from hospital, there is lack of emphasis on the importance of the patient being followed up in the community
 - Discharge letters are not detailed enough
 - No patient notes are available in primary care setting.
- **GP's lack access to government health service facilities:**
GP's cannot order investigations, such as therapeutic drug monitoring of anticonvulsant medications, for their patients through the government health services. If patients are referred to health centres they have to be seen again by the health centre doctor.
- **Lack of human resources:**
 - Health centre services have been dwindling over the past few years
 - Lack of secretarial staff in hospital to transcribe letters to GP's after each visit at the hospital clinic.

Suggestions made to encourage continuity of care

- **Setting up an Epilepsy Clinic:**
 - A multi-disciplinary team comprising a consultant neurologist, a nurse specialist, a clinical psychologist, a social worker and a pharmacist
 - Patients with epilepsy could be referred to GP's with a special interest in epilepsy. Only new cases and patients with difficult epilepsy would be managed by hospital consultants.
- **Guidelines:**
 - Guidelines regarding the management of patients with epilepsy at the interface between secondary and primary care should be developed
 - Already-existing guidelines, such as SIGN guidelines, could be amended for local use.

- **Documentation:**
 - Ticket of referrals and discharge letters should be written up in as detailed a manner as possible
 - Communication with primary care should be documented in the patient's file
 - Employment of clerical staff to transcribe communications with GP's after each hospital visit.
- **GP and Nurse training:**
 - The current GP training curriculum already includes exposure to patients in the hospital setting. GP's who show a special interest in epilepsy should be given the appropriate training and opportunities
 - Newly graduated nurses should be encouraged to further their career in Neurology, particularly in the sub-specialty of epilepsy.
- **Politicians:**
 - All the above suggestions should be written down in a report and put forward to the local politicians.

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