

Workshop A – Addressing Medical Needs

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- What do you feel needs to change and how can the minister help?
- - o Receive meds from gov. but sometimes it all out of stock this is detrimental to the health of persons with epilepsy.
 - o Not always the same dose is given out (sometimes 50ml & sometime 100 ml) so no sense of continuity
 - o Orders for meds can take up to 3 weeks
- 1. Government ensures that there is a sufficient stock of medication therefore ensuring easy access to medication

Lack of communication for criteria that determines whether you can get an extra supply of medication (e.g. if you're going abroad)

Flexibility in terms of prescriptions (instead of only for 2 months)

Investment in psychological support
- 2. Adopt guidelines for first time seizures, e.g. NICE guidelines to see someone after 1st seizure within 2 week of admission.

Go to a private neurologist and claim money back from the Government

Increase outpatient time (atm only 8-2pm) introduce an afternoon shift.
- 3. Emphasize telephone or skype consultations; even if for a limited time during the day

Have students take your patient history & then discuss it with the consultant in front of patient. This means probably there will be new faces each time, people want continuity so this would not work well with most epilepsy sufferers.
- 4. Also information may get 'lost in translation' from one person to the next. Especially since not all consultants speak Maltese.

Follow ups on new cases in the community. This would help with waiting lists in hospital.

Doctors tend to focus on how to prevent seizures and on medication. They should also give importance to the improvement of the quality of life in general.

May be done by having psychologist specialised within the community.

Introduce psychological help for carers/parents/family.

Epilepsy should be addressed in schools raising awareness through distribution of posters.
- 5. Shared decision making – improved outcomes – involve patient in their care, listen to them (issue of ego in doctors)

6. Teachers need to be educated (as well as parents!) Parents do not always support teachers; so need for more communication between parents and teachers.
In case that it's the 1st seizure; doctors must explain what is going on to patient and family. Then frequent follow ups after being discharged.
7. Having someone to talk to after being diagnosed. How to cope with it emotionally not only with seizures. No psychologist specialized on epilepsy. Need for continuous emotional support. A support group; yet importance of inclusion must be noted. Need to educate people. Counselling service at school to be expanded, community nurses.

Summary of Workshop A:

1. Medical supply
2. Follow NICE guidelines
3. Telephone/skype consultations
4. Doctors to speak maltese
5. Shared decision making
6. Posters, social media, education of adults and kids
7. Psychological support