

# MORE TRAINING

A lack of training for medical professionals leads to increased treatment and hospital costs. For example, paramedics regularly take epilepsy patients into hospital, simply because they don't know how to manage seizures.

- The NHS needs to ensure that all epilepsy professionals receive adequate training, so that an efficient and cost-effective service can be provided.

# BETTER INFORMATION

400 of the 1000 deaths from epilepsy each year are due to Sudden Unexpected Death in Epilepsy (SUDEP), and these are thought to be preventable. Each lost life costs the country thousands of pounds.

- An unacceptable number of people with epilepsy don't even know about the risks of SUDEP, because they are not being given this information, or being told where they can get it. With better information, not only will the number of preventable deaths decrease, but so will Government costs.

Most Primary Care Trusts/health boards do not even know how many people with epilepsy live in their area

- A better evidence base, including improved research and dissemination of data, would help PCTs provide a much more targeted, efficient and cost effective service.

For detailed references, see [www.jointepilepsycouncil.org.uk](http://www.jointepilepsycouncil.org.uk)

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# EPILEPSY

**CHANGE LIVES AND SAVE  
£220 MILLION A YEAR**

Better management of care and resources is needed to improve the diagnosis and treatment of epilepsy. This could prevent 400 deaths per year, bring thousands more people into jobs and boost the education of young people with epilepsy. It could also save Government over £220 million a year!

The Joint Epilepsy Council of 24 epilepsy charities is calling for change.



# BETTER PLANNING

Five years on, people with epilepsy are still not receiving the service that National Institute of Health and Clinical Excellence (NICE) guidance recommends. For example only 18% of people who are referred to a specialist after a suspected first seizure are seen within two weeks.

- Health commissioners need to work more closely with clinicians, people with epilepsy and carers, to plan and implement best practice care pathways. These should include regular reviews for people with epilepsy and easy access to specialists.

For detailed references, see [www.jointepilepsycouncil.org.uk](http://www.jointepilepsycouncil.org.uk)

# MORE SPECIALISTS

There is a severe shortage of neurologists and epilepsy specialist nurses (ESNs) in the UK, resulting in a 21-30% misdiagnosis rate, a poor level of services and an unacceptable level of incorrect / unnecessary treatment.

- The Government needs to provide for more neurologists and ESNs, as it promised to do five years ago. Just £40,000 a year for an ESN could bring the right expertise and treatment to at least 250 people with epilepsy and help many get better control of their seizures.

For Ireland statistics, email Peter Murphy at Brainwave, [pmurphy.brainwave@epilepsy.ie](mailto:pmurphy.brainwave@epilepsy.ie)

# MORE RESOURCES

Both children and adults with epilepsy experience unnecessary episodes in A&E and unnecessary hospital admissions, due to insufficient epilepsy resources.

- The NHS needs to both increase and better manage its resources, so that an annual (six monthly for children) medication review is possible for every person with epilepsy. This would significantly reduce unnecessary drug costs and acute hospital admissions.

For detailed references, see [www.jointepilepsycouncil.org.uk](http://www.jointepilepsycouncil.org.uk)