SIGN 143: DIAGNOSIS AND MANAGEMENT OF EPILEPSY IN ADULTS

IMPLEMENTATION EVENT

Scottish Epilepsy Centre, Glasgow

18 JUNE 2015

SUMMARY REPORT

Beatrice Cant

Programme Manager, SIGN

CONTENTS

1. Introduction

SIGN 143 Diagnosis and management of epilepsy in adults was published in May 2015 and is the second revision of the original guideline published in 1997 (SIGN 21) and revised in 2003 (SIGN 70). SIGN 143 includes new chapters on psychiatric comorbidity, sleep, and mortality, and an extensively revised chapter on epilepsy and women's health focusing on issues around contraception and pregnancy. With these new chapters appearing alongside revised chapters on diagnosis and treatment of epilepsy and models of care, the guideline development group felt it was very important not only to disseminate the new guideline widely but also to look at ways of supporting implementation of the recommendations in order to ensure that people with epilepsy receive the best possible care and treatment.

It was agreed that a one-day implementation event would be held in conjunction with the National Neurological Advisory Group (NNAG) who already have an infrastructure in place for delivering changes to neurological services, including those for people with epilepsy, across Scotland. Implementation of SIGN guidelines is the responsibility of each NHS board. SIGN promotes and disseminates its guidelines and can provide support for implementation activities, such as this event, but clearly cannot implement changes. Working with the NNAG provided an ideal opportunity to bring together those who had developed the guidelines with those who can bring about changes and improvements in clinical practice in Scotland.

The meeting was open to all interested individuals and was held at the Scottish Epilepsy Centre in Glasgow, a fitting venue for a meeting whose main purpose was to improve the care and treatment of people with epilepsy. Over 80 people (see Annex 1) from across Scotland, from Dumfries to Aberdeen, and representing primary and secondary care, hospital and community based services, the Scottish ambulance service, the voluntary sector, the prison service and others, attended the meeting and enjoyed a mixture of presentations and workshop sessions.

2. Aims of the meeting

The main aim of the meeting was to support implementation of the key recommendations from *SIGN 143 Diagnosis and management of epilepsy in adults* by:

- bringing together interested experts from across Scotland
- presenting the key recommendations from the new guideline
- discussing the recommendations and agreeing the priorities for implementation
- discussing and agreeing what actions were needed to support implementation of the identified priorities
- agreeing how, by whom, and when action would be taken.

The main focus of the meeting was the workshop session in the afternoon when delegates attended one of five workshops, focussing on specific aspects of the key recommendations, to agree what action needed to be taken, by whom and when.

Individuals were also asked to record one or more 'pledges' identifying what they, personally, were going to do to support implementation of the guideline recommendations.

3. Priorities for implementation

The morning session involved short presentations covering the patient, SIGN, and national perspectives on implementation of the guideline, and a series of five short presentations from members of the guideline development group highlighting what they felt were the key recommendations. The latter presentations covered:

i. diagnosis, electrophysiology and clinical management/service provision
ii. epilepsy and women's health
iii. living well with epilepsy/mortality in epilepsy
iv. identification and treatment of psychiatric comorbidities
v. management of prolonged seizures in the community.

These presentations formed the background to the workshop sessions in the afternoon.

Following the presentations, and a welcome break for refreshments and networking, delegates got down to the serious business of discussing and agreeing the priorities for implementation. This facilitated discussion session gave every delegate the opportunity to discuss the recommendations and suggestions put forward by the guideline development group members earlier in the morning, put forward their own suggestions and agree the priorities for implementation.

During the discussion, the following points were raised by delegates:

Diagnosis

- The guideline says diagnosis should be made by an epilepsy specialist – what about non-clinician diagnosis, eg epilepsy specialist nurse? One ESN present commented that, personally, she did not feel it was appropriate for her to make a diagnosis
- Access to long-term EEG monitoring – there can be a very long wait which can render it invalid. Does the recommendation therefore need a time-frame attached to it?
- Inappropriate referrals to EEG would have an adverse impact on acute neurology services

Epilepsy and women's health

- Pre-conceptual counselling/clinic – the women most at risk are the ones who are least likely to turn up. Is there a role for public health in this? Could something be put on the prescription to encourage women to attend?
- How often and by whom should postpartum follow-up be carried out?

Psychiatric co-morbidity

- Neurologists and epilepsy specialists, including GPs, need expertise in this as psychiatrists are not interested (there is no evidence relating to psychosis)
- A framework for managing epilepsy is needed for GPs and primary care
- The aspiration should be neuropsychiatrist and neuropsychologist provision in all specialist epilepsy centres

Prolonged seizures

- Ambulance service involvement in developing protocols for pre-hospital care is needed.

4. Agreeing the way forward

i) Topic specific workshops

After lunch, delegates joined one of the following five workshops *(number of delegates shown in brackets below; for workshop attendees, see Annex 1)* to discuss and agree the way forward:

1. Diagnosis, electrophysiology and access to services (16)
2. Epilepsy and women's health (12)
3. Avoiding mortality in epilepsy (12)
4. Identification and treatment of psychiatric comorbidities (24)
5. Management of prolonged seizures in the community (16).

Each workshop was led by an experienced facilitator and workshop delegates appointed a scribe and someone to provide feedback in the subsequent session.

The purpose of the workshops was to identify:

- what actions need to be taken
- by whom
- by when
- what success would look like.

Delegates were asked to identify, from within the workshop attendees, a working group who would take forward the agreed actions.

Table 1 summarises the outputs from the five workshops.

Table 1 – Topic specific workshops - summary of agreed actions

	Action	By whom	By when	What does success look like?
1.	**Diagnosis, electrophysiology and access to services (**Facilitator: Roberta James)			
a.	Gather data on: • Access to first seizure clinic within two weeks of referrals in all centres (referral is currently not timely in many cases) • Provision of adequately trained staff to undertake EEG	• NNAG • NHS boards governance structures • Neurology leads • Acute medicine leads • GPs with special interest	2016/17	90% of first seizure patients seen at two weeks
b.	Standardisation of appointment letters for first seizure clinic	• Working group • Audit by NNAG (health board clinic letter)	Dec 2015	Standard letter used for 100% of appointments for first seizure clinic
c.	Increase investment in staffing and equipment for neurophysiological services	Scottish Government		
		Working group is SMASAC Neurology and neuro-physiology leads		
2.	**Epilepsy and women's health (**Facilitator: Jane Ross)			
a.	Link to public health	Link to clinical effectiveness leads in NHS boards too	Meet in Sep 2015 to agree audit data and actions	Baseline data required upon which to subsequently measure improvement
b.	Patient information card – better communication needed with all women with epilepsy of childbearing potential and postpartum			
c.	Community pharmacies – link through them to access vulnerable women?			
d.	Sexual health nurses			

	Action	By whom	By when	What does success look like?
e.	Leaflet with medication	Link with Primary Care SPSP Programme and the Medicine Sick Day Rule Cards	Meet in Sep 2015 to agree audit data and actions with a plan to re-meet Spring 2016	Reduction of complications of patients with complex medicine regimes
f.	Checklists – eg for pre-conception counselling	ESNs Family planning centre		Baseline data required upon which to subsequently measure improvement
g.	Contact GP surgeries	ESNs		
h.	Carry out audit of patients	ESNs		Baseline data required upon which to subsequently measure improvement
i.	Contact health boards for number of patients of child bearing potential with epilepsy who have used service	Clinical effectiveness for each Health Board Dr Linda Stephen to contact (Glasgow)		Baseline data required upon which to subsequently measure improvement
j.	Health visitor training via their professional training. Also training for obstetricians.	ESNs		
3.	**Avoiding mortality in epilepsy (**Facilitator: Gerarad Gahagan)			
a	Shorten SIGN patient information checklist (page 63 of guideline) and send it to patients with their invitation to an appointment asking them to identify what they want to talk about, eg, side effects, SUDEP. Use of checklist in review of epilepsy	Karen Lanyon to undertake a pilot study, building this into annual review of patients in primary care and also into review of patients in hospital setting. Linda Radcliffe	Sep 2015	Pilot study undertaken and results examined.
b	Information to be sent to GPs reassuring them of the safety of appropriate prescribing of antidepressant medication	E-mail to GPs? E-learning		

	Action	By whom	By when	What does success look like?
4.	**Psychiatric comorbidities (**Facilitator: Lesley Holdsworth)			
a.	Working group to agree: • who to screen • what with • how often	Working group	3 months (end Sep)	Everyone who attends epilepsy review clinics has a mental health screen
b.	Raise awareness within primary care of mental health issues, eg raise GP confidence in prescribing antidepressants			
c.	Raise awareness across all sectors of people with learning disabilities.			
d.	Working group to take this forward. Consider whether can align with NNAG/epilepsy groups. Paula Aldin (NNAG Administrator) to discuss with NNAG epilepsy group to ensure no duplication of work and provide feedback to (SIGN) working group on how work should be taken forward.	Paula Aldin Donald Mackintosh Charlene Campbell Denyse Kersel Sharon Mulhern Andrew Boyle Donna Macleod Yvonne Leavy James Anderson Maria Oto		
5.	**Management of prolonged seizures in the community (**Facilitator: Anne Hanley)			
a.	Improve early access to treatment in the community (ambulance service, emergency first responders, primary care). • Start with: Paramedics – state registered	John Paul to email Jim Ward	End July 2015	Monitor outcome % of patients getting midazolam

	Action	By whom	By when	What does success look like?
	• Medicines management via Jim Ward → Implications: – Cost – Frequency of use – Benefits (evidence?) – Training – Stocks Patient GP Directive.			
b.	Improve access to midazolam nationally (currently some areas do not use because of lack of adult license)	• Patient GP Directive • Medicines management committee • Trained paramedics	Aim to have up and running within a year	
c.	Raise awareness of buccal/intranasal midazolam as a treatment option in hospital emergency departments (especially where IV access delayed).	College of Emergency Medicine John Paul will contact		
d.	IV valproate access	John Paul will contact		
e.	Out-of-hours GP use of midazolam (intranasal/buccal)	Anne Coker to e-mail out-of-hours directors	End July 2015	Change in content of out-of-hours bags
f.	SIGN – acute seizure management	Speak to SIGN – Roberta James. Extra PDF resource website – Alison Corp, Joanne HIll	End 2015	SIGN Quick Reference Guide covering management of *status epilepticus?*
g.	First responders training?			
	Working group to take this forward	Joanne Hill Alison Corp Mark Gallagher Anne Coker Christine Robertson Aileen Kidd Derek Robertson		

ii) Individual Pledges for Action

All delegates were asked to complete one or more 'pledge cards' during the afternoon. The purpose of the pledge cards was to tap into the enthusiasm generated during the meeting and provide a lasting reminder of at least one action that each delegate undertook to take in order to improve the care and management of people with epilepsy. The pledges made reflect the wealth of experience and differing professional backgrounds of those attending the event.

More than half of delegates completed a pledge card, 3 anonymously, and their names and the pledges they made are listed in Table 2. It is hoped that listing these will act as a reminder to those who made the pledges and also inspire others to make pledges of their own.

Table 2 – pledges made by delegates

	Pledge
1.	I will encourage people/colleagues to give midazolam for emergency use in A&E and valporate as first line in status epilepticus.
2.	Discuss with local hospital pharmacist and find out availability of S/L midazolam in medical wards.
3.	Ensure all links and connections with the NWAG, OMG & Epilepsy subgroup are strong and understood.
4.	Consider models/approach/develop self-guided neuro-rehab resources.
5.	Endeavour to NDDI-E screen my patients. Aim to capture postpartum patients and a more structured appointment sharing GP/health visitor/epilepsy nurse specialist/Consultant Neurologist.
6.	Initiate screening for depressive symptoms amongst learning disability client group – probably using GDS–LD. Contribute to working group generated during workshop 4.
7.	Start NDDI-E screening tool in epilepsy specialist nurse clinic.
8.	Discuss with practices possible use of checklist for epilepsy review to be sent out to patients prior to appointment.
9.	Management of prolonged seizures in community. Email out-of-hours & Dr M re training.
10.	Input into working group re epilepsy and women's issues.
11.	Facilitate buccal midazolam training for support workers in local A&T service.
12.	Input working group. Audit current service.
13.	I am going to explore other screening tools other than HADS for use with my service users, in case an alternative would be more effective for them. I am going to discuss this with my team.
14.	I plan to get back in touch with my local neurologist to try to set up another joint clinic in learning disability epilepsy as there is currently no specialist learning disability epilepsy service in the Scottish borders.
15.	I will continue carrying out HADS screening tool with clients that present at my organisation with anxiety issues and refer on by letter to GP with HADS result for follow up.
16.	Involved in PGD
17.	Help in adoption of midazolam in acute setting. Contact Scottish Ambulance Service and acute medicine trainers.

18.	As Clinical Governance lead for INS Glasgow, will highlight and promote the need for investment in staff & equipment in neurophysiology to address the issue of access to urgent EEG.
19.	NIDD-E on all patients.
20.	Myself and Fife Epilepsy Specialist Nurse will try to improve preconceptual advice in women on AEDs.
21.	Raise awareness of co-morbidities.
22.	Input to women's issues working group.
23.	Create a discussion on the Epilepsy Scotland contact team's Facebook page. Engage with people with epilepsy; get their opinion on the SIGN guidelines. Ask how they would like them to work and how they would be most effectively used to help seizure control from diagnosis to long term epilepsy.
24.	Start screening for depression, get involved in steering group.
25.	Input in a working group. Inform my GP practice about new guidelines.
26.	Women's issues group going to look at pigs for women with epilepsy and of child bearing age and numbers of women not receiving pre-conception information.
27.	Present to Scottish Learning Disability Nurses Network annual conference
28.	Inform my two leads of the day and recommendations. Consider the epilepsy screening pathway further.
29.	Intention to continue and develop screening for emotional distress in people with epilepsy.
30.	Work with small implementation group locally and look at how NHS A&A are meeting the guideline, identify the gaps and work to meet them.
31.	Engage with all neurology staff to update everyone on today's event.
32.	Develop role/programme for training GPs/Practices in use of midazolam for prolonged/serial seizures.
33.	Input in women's epilepsy working group.
34.	I will be involved in the working group on epilepsy and women's health.
35.	Raise profile of neurophysiology and need for increased staffing/resources.
36.	Raise profile/plight of neuro-physiology services in Scotland both physiologist and clinician.
37.	Liaise (more closely) with local neurophysiology/EEG service. Contribute as much as possible to workshop 1 actions.
38.	To improve good practice within my own role and within the organisation. How can we improve services and make services better for people with epilepsy?
39.	Take part in working group for diagnosis, electrophysiology and access to services for epilepsy and EEG services.
40.	Regularly reinforce pre-conception counselling in female patients of childbearing age.
41.	Working with NHS Dumfries & Galloway, discuss with clinicians how the current epilepsy service could be improved by provision of information for patients and carers.
42.	Work hard to integrate the enthusiasm identified today into existing support and engagement structures.
43.	Working group for implementation of psychiatric group recommendations.
44.	Make the implementation of midazolam as a rescue medication a priority.
45.	Take forward the implementation of key recommendation 5.

5. Feedback from workshops

In the penultimate session of the day, members from each workshop group presented feedback on what they had agreed (as shown in Table 1) and there was a further, facilitated, discussion of the actions presented.

The need for coordination of the approach regarding different issues to GPs was highlighted - could this be done through the NNAG?

- Lesley Holdsworth pledged to take up issues regarding the new HEPMA prescribing system – adding prompts and alerts – with the HEPMA team
- Are there any similar GP systems that could be tapped into?

6. Summing up and way forward

SIGN will produce a short post-event report and send it to all delegates.

SIGN will be handing over further work on implementation to the NNAG, the delegates at the event and the working groups they have established today.

There was a feeling that today's event could act as a springboard for change, harnessing the evidence and recommendations in SIGN 143 with the enthusiasm of professionals and voluntary sector staff to the NNAG infrastructure, to deliver real, positive improvements in the care and management of people with epilepsy in Scotland.

ANNEX - Delegate list

Guideline Group and Speakers						**Workshop**
Prof	Martin	**Brodie**	Clinical and Research Director	University of Glasgow	Glasgow	-
Ms	Beatrice	**Cant**	Programme Manager	SIGN	Edinburgh	-
Dr	Anne	**Coker**	General Practitioner	Ninewells Hospital	Dundee	5
Ms	Alison	**Corp**	Epilepsy Service Lead	Learning Disability Tier 4 Services	Glasgow	5
Dr	Chris	**Derry**	Consultant Neurologist	Western General Hospital	Edinburgh	1
Dr	Susan	**Duncan**	Consultant Neurologist	Western General Hospital	Edinburgh	3
Mr	Gerard	**Gahagan**	Head of Clinical Services	Scottish Epilepsy Centre	Bridge of Weir	1
Ms	Irene	**Hamill**	Epilepsy Nurse Specialist	Southern General Hospital	Glasgow	
Dr	Lesley	**Holdsworth**	Internal Improvement Lead	Healthcare Improvement Scotland	Edinburgh	4
Ms	Zareen	**Iqbal**	Network Development Officer	Health and Social Care Alliance Scotland (the ALLIANCE)	Glasgow	4
Dr	John Paul	**Leach**	Consultant Neurologist	Southern General Hospital	Glasgow	4
Mrs	Yvonne	**Leavy**	Epilepsy Specialist Nurse	Western General Hospital	Edinburgh	4
Mr	Stuart	**Macgee**	Patient Representative		Kilmarnock	5
Dr	Maria	**Oto**	Consultant Neuropsychiatrist	The William Quarrier Scottish Epilepsy Centre	Glasgow	4
Dr	Linda	**Stephen**	Associate Specialist	Epilepsy Unit	Glasgow	2
Ms	Gayle	**Weir**	Epilepsy Field Worker	Epilepsy Connections	Glasgow	2
Dr	Kathleen	**White**	Consultant Neurologist	Ninewells Hospital	Dundee	1
Dr	Margo	**Whiteford**	Consultant Clinical Geneticist	Southern General Hospital	Glasgow	2
Mr	Andy	**Wynd**	Chair	The National Neurological Advisory Group		5
Delegates						
Dr	Javed	**Akhter**	Consultant Physician	NHS GG & Clyde	Alexandria	1
	Paula	**Aldin**	Neurological Alliance	Advisory Group Project	Edinburgh	
Mr	James	**Anderson**	Clinical Psychologist	Scottish Epilepsy Centre	Glasgow	4
Mrs	Jane	**Anderson**	Epilepsy Specialist Nurse	Victoria Hospital	Kirkcaldy	4
Mrs	Elaine	**Blackley**	Patient Participation Coordinator/Volunteer	William Quarrier Scottish Epilepsy Centre	Glasgow	2
Mr	Andrew	**Boyle**	Epilepsy Specialist Support Nurse	Lynebank Hospital	Dunfermline	4

Mrs	Charlene	**Campbell**	Epilepsy Specialist Nurse	Ninewells Hospital	Dundee	4
Mrs	Norma	**Choat**	Prescribing Support Pharmacist	East Dunbartonshire CHP	Glasgow	3
Mrs	Elaine	**Collard**	Epilepsy Specialist Nurse	New Craigs Hospital	Inverness	2
Mr	Keith	**Colver**	Clinical Governance Manager	Scottish Ambulance Service	Edinburgh	5
Mr	Gareth	**Davison**	Deputy Charge Nurse	NHS Ayrshire and Arran - Learning Disability Service	Ayr	5
Ms	Gillian	**Dow**	Director	Mainstay Trust Ltd	Glasgow	5
Mrs	Nanisa	**Feilden**	Programme Manager	Healthcare Improvement Scotland	Edinburgh	3
Mrs	Joan	**Fletcher**	Clinical Effectiveness Facilitator	NHS Lothian	Edinburgh	3
Mr	Mark	**Gallagher**	Nurse Lecturer	Glasgow Caledonian University	Glasgow	5
Mrs	Anne	**Hanley**	Operations Manager	Healthcare Improvement Scotland	Edinburgh	5
Miss	Katherine	**Harvey**	Epilepsy Fieldworker	Epilepsy Connections	Glasgow	4
Ms	Joanne	**Hill**	Clinical Nurse Specialist	Scottish Epilepsy Centre	Glasgow	5
Mrs	Fiona	**Hughes**	Epilepsy Nurse Specialist	Victoria Hospital	Kirkcaldy	2
Dr	Mark	**Hughes**	Consultant Psychiatrist in Intellectual Disabilities	Scottish Borders Learning Disabilities Service	Newstead	4
Dr	Roberta	**James**	Programme Lead	SIGN	Edinburgh	1
Mr	Paul	**Kelly**	Clinical Governance Manager	Scottish Ambulance Service	Edinburgh	5
Mrs	Jill	**Kerr**	Clinical Effectiveness Co-ordinator	The State Hospital	Lanark	4
Miss	Aileen	**Kidd**	Practitioner Nurse	Glenochil Prison	Tullibody	5
Dr	Karen	**Lanyon**	General Practitioner wsi Epilepsy	Aberdeen Royal Infirmary	Aberdeen	3
Dr	Veronica	**Leach**	Consultant Neurophysiologist	Southern General Hospital	Glasgow	1
Dr	John	**Lee**	General Practitioner	Inverkeithing Medical Group	Inverkeithing	
Miss	Claire	**Leonard**	Education and Outreach Worker	Epilepsy Connections	Glasgow	4
Mrs	Rachel	**Lloyd**	Epilepsy Liaison Nurse	Western General Hospital	Edinburgh	2
Mr	Donald J	**Mackintosh**	Epilepsy Nurse Specialist – Adult LD	New Craigs Hospital	Inverness	4
Dr	Donna	**Macleod**	GPS1 1st Seizure	Western Infirmary	Glasgow	4
Mr	Ian	**Martin**	West of Scotland and Tayside Epilepsy MCN Manager	Southern General Hospital	Glasgow	1
Dr	Rebecca	**Martin**	General Practitioner	Taybank Medical Centre	Dundee	3
Mrs	Eileen	**McCubbin**	Epilepsy Nurse Specialist	Ayrshire Central Hospital	Irvine	2
	Jonathan	**McLaughlin**	CT2 Liaison Psychiatry	Southern General Hospital	Glasgow	
Miss	Caryn	**McWhirter**	Student Learning Disability Nurse	Edinburgh Napier University	Edinburgh	5
Ms	Hilary	**Mounfield**	Epilepsy Ambassador	Scottish Epilepsy Centre	Edinburgh	
Dr	Sharon	**Mulhern**	Consultant Clinical Psychologist, Neuropsychology	Ayrshire Central Hospital	Irvine	4

Mrs	Marie	**Nimmo**	Governance Senior Facilitator	Crosshouse Hospital	Ayrshire	3
	Audrey	**Noble**	CNS Senior Hospital Specialist	NCB Pharma		
Mrs	Christine	**Pacitti**	Clinical pharmacist mental health and learning disability	Leverndale Hospital	Glasgow	4
Dr	Carol	**Page**	Consultant Psychiatrist in Learning Disabilities	Lynebank Hospital	Dunfermline	3
Mrs	Allana M	**Parker**	Public Affairs Officer	Epilepsy Scotland	Glasgow	1
Mrs	Pamela	**Parker**	Epilepsy Specialist Nurse	NHS	Renfrewshire	4
Ms	Linda	**Radcliffe**	Learning Disability Epilepsy Specialist Nurse	NHS Greater Glasgow and Clyde	Glasgow	3
Dr	Omer	**Rashid**	Consultant Psychiatrist	NHS Ayrshire and Arran	Ayr	4
Mrs	Gillian	**Rennie**	Epilepsy Nurse Specialist	Hairmyres Hospital	Glasgow	3
Mrs	Christine	**Robertson**	Operational Lead Neurology	Kirklands Hospital	Bothwell	5
Mr	Derek	**Robertson**	Epilepsy Liaison Nurse	NHS Lothian	Edinburgh	5
Ms	Jane	**Ross**	Improvement Lead	Healthcare Improvement Scotland	Edinburgh	2
Ms	Anna Maria	**Rossi**	Volunteer Co-ordinator	Epilepsy Connections	Glasgow	4
Dr	Aline	**Russell**	Consultant Clinical Neurophysiologist	Scottish Epilepsy Centre	Glasgow	1
Dr	Eleonora	**Saturno**	Consultant Neurologist	NHS Fife	Edinburgh	1
Dr	Carolyn	**Sleith**	Information Scientist	Healthcare Improvement Scotland	Glasgow	3
Mrs	Pauline	**Smith**	Epilepsy Specialist Nurse	Ninewells Hospital	Dundee	2
Mrs	Sharon	**Thinn**	Service Manager/Lead Physiologist	Victoria Hospital	Kirkcaldy	1
Ms	Michele	**Thorpe**	Lead Physiologist Neurophysiology	Western General Hospital	Edinburgh	4
Mr	John	**Toland**	Epilepsy Specialist Nurse	Lynebank Hospital	Fife	1
Mr	Sam	**Whitmore**	Training and Development Manager	Epilepsy Connections	Glasgow	5
Dr	Elaine	**Wilson**	Associate Specialist in Epilepsy	Western Infirmary	Glasgow	2
Mr	Grant	**Wright**	Trainer/Epilepsy Specialist Nurse	Epilepsy Scotland/Crichton Royal Hospital	Dumfries	1