



Guidelines for the appointment of

General Practitioners with Special Interests
in the Delivery of Clinical Services

Epilepsy

April 2003

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This general practitioner with special interest (GPwSI) framework is one of a number which the Department of Health has commissioned the Royal College of General Practitioners (RCGP) to produce. The frameworks have been written following extensive consultation with general practitioners, secondary care specialists, Primary Care Trust managers, patients, the Department of Health and the PwSI team in the NHS Modernisation Agency. What follows are recommendations for the local implementation of a GPwSI service, intended to be advisory for the development of local services, offering good practice, drawing on local experience.

This guidance should be read in conjunction with the Department of Health and Royal College of General Practitioners' *Implementing a scheme for General Practitioners with Special Interests* (April 2002, www.doh.gov.uk/pricare/gp-specialinterests), and the NHS Modernisation Agency's *Practitioners with Special Interests: A Step by Step Guide To Setting Up a General Practitioner with a Special Interest (GPwSI) Service* (April 2003, www.gpws.org).

Rationale for GPwSI service in epilepsy

Epilepsy is the most common chronic disabling condition of the nervous system affecting around 380,000 people in England. It is likely that each GP in full time clinical practice will look after around 8-12 patients each year who have epilepsy and can expect to see one or two new cases of epilepsy based on an average list size of 1,800 patients. Almost 800 people die every year as a result of epilepsy and most of these deaths are associated with seizures, this figure has changed little over the last decade. Optimising the care of patients with epilepsy minimises the risk of death and hence the need to promote the best possible care of all patients with epilepsy.

The National Clinical Audit of Epilepsy-related Death (SUDEP audit) has provided some useful information to improve our understanding of epilepsy deaths. The full report is on the internet at <http://dspace.dial.pipex.com/epilepsybereaved/>, and a summary at <http://www.nice.org.uk/pdf/epilepsyreport.pdf>. The audit looked at the overall quality of care received by individuals in general practice and hospitals and in general the findings showed an overall poor quality.

One of the challenges to primary care is to identify those at risk of death and to play a part in optimising their management. Since 1953, five major reports have highlighted the need for improvement in the care of epilepsy in general practice.

The most recent report is the National Sentinel Clinical Audit of Epilepsy-Related Death,¹ which confirms the need for change. Details of this report can be found on the website: <http://www.sudep.org.uk>

¹ National Sentinel Audit into Epilepsy Related Death: Hanna N.J., Black M., Fish D., Sander J.W.A.S., Smithson W.H., Brown S., Appleton R.W., *Epilepsy - death in the shadows*, HMSO, 2002.

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The Epilepsy Action Plan, aimed at improving services for people with epilepsy, their families and carers has been published for consultation may be useful when considering a GPwSI service in epilepsy. <http://www.doh.gov.uk/cmo/epilepsy>.

a. The core activities of a GPwSI service in epilepsy

Good medical care in epilepsy implies a comprehensive, multidisciplinary specialist epilepsy service to which every person should have access. A GPwSI should add value to this service and aim to ensure that a general practitioner's response to patients with epilepsy is in line with best practice.

The exact activities provided will vary within each primary care organisation (PCO) but should include aspects of clinical work, education, and leadership as described below.

Clinical

Provide a clinical service for patients with epilepsy, including where appropriate, care to special groups (e.g. those with learning disabilities, pregnant women, and adolescents) or conditions. The type of clinical service will be locally determined. In conjunction with others (specialists, voluntary sector, users, and carers), develop clinical pathways for patients with epilepsy between primary and secondary care interfaces.

Education and Liaison

- In partnership with others develop the skills and knowledge of primary (and secondary) care to manage patients with epilepsy.
- Provide information and support to practices and practitioners on best practice in relation to the care of their patients, as defined by local and national guidance or protocols, see www.nice.org.uk/pdf/epilepsyreport.pdf
- Support practices to use templates for annual review of patients with epilepsy and to assist them in carrying out audits of their care of patients with epilepsy and to develop an epilepsy register.
- Have up-to-date information of how to access education, employment and related social aspects of epilepsy.
- Support to general practitioners and primary health care teams in the care of patients with epilepsy and improve the care that these clinicians provide to these patients.

Service development/Leadership

- Provide clinical leadership for developing epilepsy services for primary care across the PCO.
- Lead the development for shared care services for patients with epilepsy.
- Understanding of key national documents, strategies, action plans and tool kits aimed at improving services to patients with epilepsy.

New draft GMS contract

The new draft GP GMS contract defines a number of quality markers relevant to the care of patients with epilepsy. The GPwSI would have an important role in helping practices reach the quality targets as well as supporting the development of Enhanced Services in epilepsy.

www.bma.org.uk

b. The core competencies recommended for the GPwSI service

These will depend on the core activities of the service provided, but it is recommended that the GPwSI would demonstrate elements of the following:

Generalist

The competencies to deliver a GPwSI service should be seen as a development of generalist skills such as good communication skills, competence in teaching and training health professionals and a commitment to cascading knowledge and skills.

and

Good negotiating and communicating skills

and

Special Interest area

- The ability to undertake a full medical and neurological history with access to the appropriate investigations to make an accurate diagnosis of epilepsy and its subtypes.
- Understand the psychosocial aspects of epilepsy.
- Understand the natural history of epilepsy.
- Have a sound knowledge of the pharmacological treatments for epilepsy, their uses, side effects, drug interactions, and effect on the foetus and the implications of drug treatment in preconception care and the management of breast-feeding mothers.
- Understanding of co-morbid factors influencing effective seizure control, e.g. learning disabilities.
- Understand the use of and make appropriate referral to, appropriate specialist investigations.
- Able to establish an epilepsy register and use it for call, recall, audit, and outcome.
- Understand the role of the voluntary sector and other support organisations.
- Able to provide information about support organisations and the legal aspects, e.g. driving, as well as the role of the expert, patient and carers.
- Able to understand the networks of carers and services involved in the provision of care to patients with seizures.

c. Evidence of training and experience for competencies

These will depend on the core activities of the service provided though the GPwSI would be expected to demonstrate elements of the following:

Generalist skills

Primary care organisations will need to ensure that the GP is a competent and experienced generalist, as well as having the specific competencies and experience for the special interest area. This can be assessed in a number of ways but is readily demonstrated by GPs who have passed the Examination of the RCGP and who are also current members of the College.

and

Skilled at training health care professionals

and

Special interest

Evidence of working under direct supervision with a specialist clinician in relevant clinical areas. The number of sessions should be sufficient to ensure that the GPwSI is able to meet the competencies of the service requirements. For a clinician with little or no experience in managing patients with epilepsy or related conditions this is likely to be in the region of 40 – 50 clinical sessions.

or

Personal development portfolio showing evidence of advanced clinical skills and knowledge.

and

Evidence of attendance at relevant courses or self directed learning to meet educational requirements gaps identified through the Professional Development Plan and through annual appraisal.

d. Evidence of successful acquisition of competencies

The RCGP recommends that GPwSI in all areas maintain a personal development portfolio to identify educational requirements matched against the competencies required for the service, and evidence of how these needs have been met and maintained. This portfolio can serve as a training record, counter-signed as appropriate by an educational mentor or supervisor/s to confirm the satisfactory fulfilment of the required training experience and the acquisition of the competencies enumerated in this document and others thought necessary by

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the employing authority. This portfolio should form part of the GPwSI annual appraisal.

and

Evidence of delivering and maintaining an epilepsy service of quality within his/her general practice.

e. Evidence of maintenance of competencies

The GPwSI would be expected to maintain his or her competencies through a programme of continued professional development and education. It is recommended that they undertake a minimum of 15 hours CPD in the special interest area and undergoes annual appraisal and revalidation in the special interest and generalist areas.

Membership by the GPwSI to a national primary care network in Epilepsy or related areas would add value to their personal development portfolio.

In order to maintain skills and expertise the RCGP recommends that a GPwSI work at least one session per week in the special interest area (ideally more) and one session per week as a generalist practitioner (ideally more).

f. Accreditation process

This involves determining the core competencies for the special interest area, evidence required to demonstrate these competencies and criteria for maintenance as defined in this framework. These criteria have been set nationally following stakeholder consultation.

Before appointing a GPwSI, the PCO will need to ensure that the doctor has submitted evidence of his or her required competence to the expected standard defined by these criteria for accreditation.

The mechanism for this process can be determined locally, although it is recommended that this should be through an assessment of evidence of competence contained in the practitioner's ongoing personal development portfolio by local (e.g. Clinical Governance Lead, Medical Director, local specialist) and/or national (representative from professional body or special interest PCO) assessors, where at least one assessor has in-depth specialist knowledge of the clinical area.

The PCO would be expected to provide a working environment as part of the GPwSI post that enables the doctor to practise the special interest area in a competent manner.

g. The types of patients suitable for the service including age range, symptoms, severity, minimum and maximum caseload /frequency and reason for referral

When planning the details of the service it is important to recognise that it is **not** expected that a GPwSI in Epilepsy will accept, assess, investigate, and treat new referrals in isolation of specialist services.

The service configuration will depend on the needs of the PCO and other local factors. In all GPwSI services, the caseload should be sufficient such that the doctor is able to exercise their generalist skills and deal with the physical, psychological, and social aspects of disease.

h. Local recommendations on the use of the service

These guidelines may include information for referring clinicians about: -

- Type of patients to be referred to the GPwSI service from local practitioners, including inclusion and exclusion criteria.
- Referral pathways (for example in most circumstances referrals will be to the lead specialist who will then direct appropriate cases to the GPwSI. In other services the GPwSI may receive direct referrals for example review or advice around optimising care.)
- Response time
- Communication pathways.

i. Recommended facilities to deliver the GPwSI service in epilepsy.

These will alter according to individual requirements, configuration of PCO, and existing service provision in Acute Trusts. However, in most circumstances the GPwSI should have access to the following:

- In line with local guidelines or protocols, direct access to specialist support including direct access to specialist investigations, including EEG, neuro-imaging, neuro-psychology, and ideally neuro- psychiatry.
- Direct access to therapeutic monitoring of anti-epileptic-drugs.
- Access to clinical network/mentor or educational supervisor.
- Access to educational material, including provision of courses, conferences etc.
- Access to shared care services, including multidisciplinary team members.

In addition and where appropriate

- Direct access to genetic and pre-natal counselling services.
- In line with local guidelines and protocols, direct access to neuropsychological and neuropsychiatry services.

j. The clinical governance, accountability and monitoring arrangements, including links with others working in the same clinical area in primary care, at PCO level and in acute trusts

The GPwSI will be accountable to the PCO Board with clinical responsibility resting with the GPwSI. Clinical supervision will include a session on a regular basis, ideally monthly, with a consultant in secondary care.

The Clinical Governance arrangements will follow those normally used for the PCO and should include systems or mechanisms for defining clinical audit and communication standards, significant event monitoring and complaint handling.

k. Induction and support arrangements for the GPwSI

The induction process may include the following elements:

- Risk management.
- Networking with other professionals.
- Involvement in national clinical networks.
- Clinical Governance arrangements.
- Audit and reporting mechanisms.

The GPwSI should have the appropriate funds and time for continuing professional development, including attendance at multiprofessional team meetings, audit events, relevant courses, and conferences.

l. Monitoring and clinical audit arrangements

To be locally determined based on national guidance.